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Brent

NHS
North West London
Clinical Commissioning Group

Health and Wellbeing Board

Thursday 13 January 2022 at 6.00 pm

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Any formal decisions required to be taken during the meeting will be subject to formal ratification at the next quorate meeting.

**Agenda republished on 10 January 2022 to include item 6 and 7, on 12 January 2022 to include a paper to accompany item 9a, and on 13 January to include item 8.*

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	NWL CCG
Councillor McLennan	Brent Council
Councillor Nerva	Brent Council
Vacancy	Brent Council
Councillor Kansagra	Brent Council
Sheik Auladin	NWL CCG
Dr Ketana Halai	NWL CCG
Fana Hussain	NWL 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

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** To approve as a correct record, the attached minutes of the previous meeting held on 19 October 2021.	1 - 8
4	**Matters arising (if any)** To consider any matters arising from the minutes of the previous meeting.	
5	**Covid-19 Update** To receive a verbal update regarding Covid-19.	Verbal update
6	**Winter Planning and Acute Assurance** To receive an update regarding winter pressures on the health and care system, as well as the system response.	9 - 18
7	**Joint Brent Health and Wellbeing Strategy Update** To receive an update on the Joint Brent Health and Wellbeing Strategy (JHWS).	19 - 64
8	**Integrated Care Partnership (ICP) Governance Update** To receive an update on the Integrated Care Partnership (ICP) Governance arrangements.	65 - 80

9 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.

a) ***Better Care Fund Plan 2021-22*** 81 - 88

As previously detailed on the agenda, attached is a report which asks the board to note and comment on the Better Care Fund proposals.

10 Exclusion of Press and Public

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

Date of the next meeting: Wednesday 16 March 2022

Brent

NHS
North West London
Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Tuesday 19 October 2021 at 6.00 pm

PRESENT: Councillor Farah (Chair), Councillor McLennan (Brent Council), Councillor Mili Patel (Brent Council), Councillor Kansagra, Fana Hussain (Borough Lead Director – Brent, NWL ICS), Judith Davey (CEO, BrentHealthwatch), Carolyn Downs (Chief Executive, Brent Council – non-voting), Claudia Brown (Director of Adult Services, 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), Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust – non-voting).

Also Present (all present in a remote capacity): Councillor Nerva (Brent Council), Dr M C Patel (NWL ICS), 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 (HealthWatch Brent) (remote attendance), Josefa Baylon (NWL ICS) (remote attendance), John Watson (LNWUHT) (remote attendance)

The Chair led opening remarks, and welcomed Fana Hussain to the Board who was the new Borough Lead Director for Brent.

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

Apologies for absence were received from the following:

- Apologies for lateness from Carolyn Downs (Chief Executive, Brent Council)
- Phil Porter (Strategic Director Community Wellbeing, Brent Council)
- Dr Ketana Halai (NWL ICS)
- Sheik Auladin (NWL ICS)
- Basu Lamichhane (Brent Nursing and Residential Care Sector)

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting held on 14 July 2021 be approved as an accurate record of the meeting, and to ratify the decisions made during the meeting.

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

None.

5. **Brent Children's Trust Update**

Gail Tolley (Strategic Director Children and Young People, Brent Council) introduced the report, which provided an update of the BCT work programme covering the period April 2021 to September 2021. She advised that the Brent Children's Trust fed in to the Health and Wellbeing Board as a statutory requirement, and ensured that the needs of children and young people had a strong profile in Brent.

The Trust had focused on transitional safeguarding with some good close working with Community Wellbeing colleagues and health partners. A report on transitional safeguarding had been presented to the Brent Safeguarding Adults Board that week. Children's mental health and wellbeing had also been a focus, particularly during the pandemic, and Gail Tolley advised that there had been good synergy between the Trust and the Integrated Care Partnership on that work. Support for children with SEND was a priority for the Trust and Gail Tolley expressed that she was pleased with the launch of the Brent SEND Strategy 2021-2025, which had been endorsed by Councillor Stephens (Lead Member for Schools, Employment and Skills, Brent Council), and parents and children at the Learning Zone. The Strategy and the work being done on Education Health Care Plans (EHCPs) had been shared with the Department for Education (DfE) who had flagged it as an exemplar of best practice and had wanted to know more about how it was being delivered so effectively. Gail Tolley advised that parents and children & young people were at the core of the work and they would ensure it was being delivered on behalf of children. She hoped the members of the Health and Wellbeing Board were content to provide support to the ongoing work of the Trust.

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

- The Board welcomed the report, expressing that it was a comprehensive update. The Board highlighted the importance of the Trust's focus on children's mental health, and Healthwatch colleagues advised they were seeing children's mental health emerging strongly as a priority in the community and were happy to engage with the Trust and bring those voices into the discussion.
- In relation to children and young people's mental health services and CAMHS, Gail Tolley advised that schools and family wellbeing centres at the pre-CAMHS stage were now seeing a strengthening of resources and training for staff in that area, but there remained challenges for CAMHS services regarding resourcing of staff. Robyn Doran (ICP Director for Brent, COO for CNWL) advised that there was money going into CAMHS via the national mental health investment standard, but one of the challenges was recruitment due to shortages of CAMHS specialists. She advised that waiting times had improved slightly over the past few months but there was still a lot of work to do which the ICP was monitoring closely. The working group sponsored by the ICP, which had been requested by the Brent Children's Trust, was a multi-agency group working with third sector partners to look at what agencies were available in the Borough to engage children as early as possible regarding their wellbeing and mental wellbeing. She advised that the working group would make a significant difference and think creatively to address children's mental health within the resource constraints.
- In terms of transitional safeguarding, the Board queried what was needed from the Local Authority and what was needed from the local NHS to further improve that work. Gail Tolley advised that, as indicated in the report, there was a need to address the thresholds for adult social care and mental health services, as well as the pathway between children's mental health services and adult's mental health services, and children's social care and adult safeguarding. There was pilot work between colleagues across the Council looking at this, which had resource implications but was being looked at in a collective and creative way.

RESOLVED:

i) To note the work of the Brent Children's Trust for the period April 2021 to September 2021.

6. **Integrated Care Partnership (ICP) Update**

Janet Lewis (Director of Operations for CLCH) introduced the report, which provided an update on the setup and progress of community health services in Brent as part of the new Integrated Care Partnership (ICP). Central London Community Healthcare (CLCH) were the current provider for Brent Community Services following the transfer from London North West Hospital Trust (LNWHT) on 1 August 2021. The Board were advised that CLCH as a provider sat within the NWL Integrated Care System (ICS), and sat within the Brent Integrated Care Partnership (ICP) as part of that system. Within the ICP executive there were 4 priorities, agreed following feedback from stakeholders and Brent residents, one priority of which included community services. A Community Services Executive Group had been set up which Janet Lewis co-chaired with Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust) with wide stakeholder engagement. They were looking to include voluntary groups and third sector organisations in that group at a strategic level.

In updating the Board on community services, Janet Lewis advised that the first piece of work conducted was to safely transfer community services from LNWHT to CLCH. She expressed that throughout the period of transition it had been a pleasure to work with the acute hospital trust, the ICP, the Council and others to ensure the transfer was safe for patients within Brent and that 400 staff members were safely transferred from the acute hospital to CLCH. She advised that there had been some small challenges during the transfer, such as maintaining IT systems, but on the whole it was a successful transfer which was monitored through a mobilisation board that fed into the ICS regularly.

In terms of the priorities of the Community Services Executive Group, Janet Lewis advised that many aligned with the NWL ICP priorities. The priorities focused on planned care, such as district nursing, tissue viability, and in-reach in care homes to standardise care across NWL and ensure services were provided as close to home as possible. The aim was to work at a local level because patients wanted to access services much closer to their homes. Priorities also focused on unplanned care and the need to ensure the rapid response service within Brent was maintained to prevent hospital admissions. The Board were advised patients appreciated that they could have frontline care and management in their own homes with an assessment of whether hospital care was required. The Executive Group were also making sure children's community services were aligned with the work of the Brent Children's Trust so there was no duplication. Work on rehabilitation and reablement was in progress, in order to deliver those services in a more integrated way. Work in care homes was being prioritised, focusing on improving 9 care homes in the Borough rated by CQC as 'needing improvement'. This was being done through a peer support programme, and those care homes who had been engaged were transitioning nicely to moving out of requires improvement. The Board heard that the work would continue until all Brent care homes were rated as 'good', if not 'outstanding'. Continuing to detail the work going on in care homes, Janet Lewis advised that the work to vaccinate care home residents was continuing, as well as the mandatory staff vaccinations needing to be administered by 11 November 2021.

The Board were advised of the work on the hospital discharge process, working with LNWHT as the core provider around discharge hubs. There were now integrated posts to ensure patients were discharged in a timely and appropriate way on the correct pathway, with NWL having an integrated discharge system across the whole of its providers to ensure a joined up model. As the hospitals moved in to winter, the Board were advised that winter planning would be a key part of the work of CLCH, to ensure rapid response teams

could keep patients at home with the back-up of other community services in order to stabilise the patient.

Simon Crawford added that Northwick Park Hospital for the past 8 weeks had been under severe pressure and often had 20+ patients waiting for access to a bed on Monday mornings. For that reason, he advised it was critical the discharge pathway worked as seamlessly as it could, and felt that it was working extremely well. The support the hospital had received had allowed those pathways to be seamless in terms of accessing care homes and care plans and accessing social worker assessments. He informed the Board that LNWHT for the past 6 months had been in the top 7 in London, out of 21 providers, for 7 day length of stay performance. The provider had also been the top 4 performer for 14 days length of stay, and the top 3 performer for 21 days length of stay where previously it had been towards the bottom. The challenge for LNWHT as an acute trust provider was around the volume of patients entering the Urgent Treatment Centre and finding alternative pathways for them in the community, and a focus for the next three months would be how patients could be provided with proactive care in the community.

The Chair thanked health colleagues for their introductions and invited comments and questions from those present, with the following issues raised:

- In relation to the user perspective, the Board queried whether there was a written down process on the discharge pathway for patients and their families, in order for them to know what to expect, particularly following unexpected hospitalisation. Simon Crawford confirmed that the patient and family were involved in those discharge plans. When the hospital was under challenge patients could not always have their first choice in terms of care home or designation, but it would always be a safe and appropriate discharge. The aim was always to get patients home with a package of care and support in a familiar environment, and the hospital worked with the discharge team supporting that as well as the Council's social workers, who were very active in having those conversations with patients and relatives. Janet Lewis added that there may be some work CLCH could do around communication of the pathways and they were happy to review the literature. The system had learned through Covid-19 that there were 4 clear pathways which had brought clarity for patients and if the system stuck with those 4 it was much clearer and more transparent.

- Regarding what work was being done within community services to support more discharges out of acute hospitals, Simon Crawford advised that this was often through the Trust providing advice and support on the pathways, or community services using linkages through the primary care networks (PCNs). A new forum to engage with PCNs from an acute perspective was being set up, and staff had been engaged at a primary care summit involving the 3 Boroughs LNWHT served, with different initiatives coming out of those that Brent would be looking to do. For example, in Ealing there was work being done on the heart failure lounge and acute pathways into STEC. They were also looking at the support that could be provided to patients on particular medications and looking at the hotline to access the right clinical advice. From a community services perspective, Janet Lewis advised that they were reviewing pathways for patients with specific diseases such as heart failure, respiratory conditions and diabetes. They worked closely with GPs across the PCNs to map patients who had, in the past, more than one admission, or several admissions, to manage them to remain at home. They were currently looking at how they could improve that service out of home, and were investing in additional resource for an Enhanced Home Care Team. They were also ensuring transition from the Rapid Response Team into existing community services was seamless so patients did not see a gap. She advised there was a lot of work that

needed to be done but was confident they were on track with the right engagement from the right people.

- In relation to care standardisation, Fana Hussain (Borough Lead Director, NWL ICS) advised that standardisation of primary care had been a major area of focus for the past 2 years with attention on cancer screening, prescribing and service delivery. She advised the Board that there were good pieces of work on standardisation of bowel screenings with patients eligible to receive that service. Primary care also worked with charities such as Cruise and Cancer Research to improve the uptake of those services. Additional appointments had been added for cervical screenings which included access to hubs over evenings and weekends. Where there were practices with good standards of care they were being paired up with those practices requiring additional support to keep that work an area of focus. For those practices which were not at the same level of care as others the Brent Health Matters Team were working with those to improve their standards. Dr M C Patel (NWL ICS) highlighted that PCNs needed to make a standard offer to all their residents for the services being offered to the community, therefore PCNs needed to take responsibility to look at specialist services their own practices may require. He highlighted that PCNs received considerable resource they could use to fund various initiatives. Simon Crawford added that for the discharge hubs, a standard model across NWL ICS had been agreed, which included what a hub should look like, its size, capacity and seniority. On the Northwick Park Hospital site an appointment had been made on the person that would lead that function going forward.

- The Board queried whether care navigators and social prescribers were still part of PCNs. Janet Lewis advised that there were a range of posts within community services, such as Care Co-ordinators who sat within the district nursing services, the Community Champions and Health Educators within the Brent Health Matters Team, and Integrated Case Management Co-ordinators. Fana Hussain added that Care Navigators continued to work in Primary Care alongside Social Prescribers, Care Co-ordinators and Clinical Pharmacists, all employed by GPs through the additional role reimbursement scheme which encouraged practices to employ additional staff to support the patient population. The system was currently looking at implementing Mental Health Support Teams who would be jointly employed between CNWL and GPs.

- In terms of communicating to stakeholders and patients, Robyn Doran advised that they would look to work with communications teams and Healthwatch to get messages out about all of the workstreams going on, and were happy to follow up on communication at a future meeting.

RESOLVED: to note the information provided in the paper, and request that the next update report includes information on the communication of discharge pathways and the various workstreams.

7. **Changes to services during Covid-19**

Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust) introduced the report which detailed the changes within the Trust that were necessary during the response to Covid-19. Changes were detailed in Appendix 1 of the report. He highlighted the key points as follows:

- In response to Covid-19, all elective activity had been reduced and then moved to Central Middlesex Hospital to provide a “green” pathway for elective activity.

- Elderly care transfers from Northwick Park to Central Middlesex Hospital for step-down recovery care was stopped to enable the Central Middlesex site to remain a Covid-19 “green” pathway for elective activity. This also meant elderly care patients did not have to move site which reduced the length of time they needed to stay in hospital, therefore reduced their risk of infection exposure and helped them return home sooner.

- The high volume, low complexity surgical hub was also provided on the Central Middlesex site alongside services provided by St Mark’s Hospital. This increased the bed capacity at Northwick Park and provided benefits to Saint Mark’s patients by allowing surgery and cancer care to continue. The CQC had been impressed with the improvements following the changes that had been made.

- Due to the benefits of the changes made as a result of Covid-19, the Trust would work on a Case for Change particularly around St Mark’s Hospital, which would be brought to the Council in the new year following stakeholder engagement with patients, staff and Healthwatch. This would involve detailed analysis of patient referrals, where they lived, and travel times.

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

- Regarding how patient voice was factored in to the decision making and how it would be included moving forward, Simon Crawford advised that decisions taken were in response to Covid-19 as an immediate and necessary action to provide access to surgical interventions to patients. Patients had been engaged on an individual basis to explain the move in site but that they would continue to access their consultant and surgical team. Not all patients had been transferred on day 1, and he acknowledged there was some confusion for some patients in the early days of the transfer but the Trust had worked hard on those communications and improved on them. He added that as time moved on it became more uncertain for patients where their care would be delivered and that was why the Trust felt the need to do a Case for Change.

- In relation to the Case for Change, Simon Crawford advised that they would be commissioning a piece of work through the St Mark’s Foundation to undertake the Case for Change. The Trust would look to engage with partners and stakeholders as part of that and get Healthwatch involved as well as members of the Council and the broader patient population. There would be a need to agree which Committee the case was most appropriate to be seen by within the Council. The Trust were looking to formally commission the work in the next week with a commencement date of 1 November 2021, and run that for 6-8 weeks in the lead up to Christmas. They would look to come back to the Council in the new year.

RESOLVED: To note the Brent Health Matters Update.

8. **Public Health Covid-19 Update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update on Covid-19. She advised that, at the time of the meeting, Brent’s infection rates were lower than the London average and London rates were considerably lower than the rest of England. The rates in Brent were currently increasing slowly as were the rates across the capital, with a steady upward trend as the country entered winter. The testing rates in Brent overall fared favourably with the rest of the country and the positive rate was lower than

England and London. The highest rates for positivity were amongst 11-16 year olds, who tended not to become severely ill with Covid-19. Rates for older age groups were being monitored.

The vaccination programme was now focussed on providing boosters, and there was still work being done on the 'evergreen' offer reaching out to those who had not had their first dose or second dose of the vaccine. The schools vaccination programme in Brent had started the previous week and Brent was seeing lower consent rates than the public health team would have liked, but that were expected given the JCVI had determined the risk / benefit of the vaccination for those age groups to be less clear cut than for older age groups.

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

- The Board had some concern about the level of take up in schools compared to the standards in the rest of North West London. Dr Melanie Smith advised that she had opened up the conversation with NHS England Leads about what Councils could do in schools, and the positive news was that the national booking system would soon open up to allow vaccination for school age children through the national system. She advised there was a need to ensure capacity outside of schools to meet that demand. Fana Hussain (Borough Lead Director, NWL ICS) added that from the 23 October GPs and local vaccination sites would have permission to vaccinate 11-15 year olds with consent, and the LDO vaccination site would be working with those age groups. Other vaccination sites were also interested in vaccinating 11-15 year olds. In relation to the recording of vaccinations, Fana Hussain advised that all vaccination sites, including schools, were using the same system in one place. Gail Tolley (Strategic Director Children and Young People, Brent Council) advised that Brent Council placed some Brent children in schools outside of Brent, and there were some schools in Brent with children from outside of Brent. As such, those records provided for immunisations taking place on a school site would include both Brent and non-Brent resident children. She advised it was important to look at the London and subregional picture to give a view.

- The public health team would look at a combined communication to explain that the mass vaccination centre within Wembley was now closed and that the national booking system was now open to 11-15 year olds.

- In terms of the Covid-19 position in hospitals, Simon Crawford (Director of Strategy and Deputy CEO, London North West Healthcare NHS Trust) advised that Northwick Park had 51 Covid-19 patients in beds that day, which was the equivalent of 2 wards. Of those 51, 9 were in critical care or high dependency units. The number in hospital had gone down and throughout September there were around 20-25% of Covid-19 patients in critical care or high dependency unit. In response to a query, he advised that those patients were predominantly not vaccinated but there were some vaccinated patients.

RESOLVED:

i) To note the update.

9. **The Joint Health and Wellbeing Strategy Development Update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the update on the development of the Joint Health and Wellbeing Strategy. She advised that since the last update there had been development in the consultation and engagement with communities and she thanked Healthwatch for the work they had done on that to reach a large number of people. The Council would now go back to communities to check what they had heard was correct with the 5 priorities identified. The draft Strategy, included in the papers, included "we will" statements to indicate the commitment of the Council.

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

- In relation to how the Strategy would be reviewed and monitored to ensure delivery, Dr Melanie Smith advised that the work that had been done on the Covid-19 vaccination programme had shown that it was very possible to measure objectively the impact on inequalities, and they were striving to develop performance indicators for the strategy. They would look to measure the impact by ethnicity, deprivation, age, sex and disability.

- The Board noted that the Carers' Forum and care leavers had been engaged on the strategy and Dr Melanie Smith advised that they would be going back to those groups who had inputted on the strategy previously, plus any groups that they may have missed. She hoped that a much greater emphasis on children and young people, and their mental health and wellbeing, was evident in the current draft of the strategy.

- Robyn Doran (COO, CNWL) advised that it was important there was a focused discussion within the Integrated Care Partnership (ICP) involving all key members about what they as service providers would do to deliver on the strategy.

- Simon Crawford highlighted section 4 of the report and advised that from a Trust perspective they were interested in working within that space with the Council to implement healthy ways of working. For example, the Trust aimed to get to level 3 as a Disability Confident Employer, and there were a number of things they were doing that would work on a broader scale if they could do that in partnership.

RESOLVED:

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

10. **Any other urgent business**

None.

The meeting was declared closed at 19:30pm

COUNCILLOR FARAH, CHAIR

Brent NHS North West London Clinical Commissioning Group	**Health and Wellbeing Board** 13 January 2022
	Report from Chairs of Integrated Care Partnership Executive

Winter pressures and system response

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)	Tom Shakespeare Director of Integrated Care tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 To provide the Board an update regarding winter pressures on the health and care system, as well as the system response

2.0 Recommendation(s)

2.1 To note system-wide response to winter pressures, and provide comment upon the overall approach.

3.0 Detail

3.1 Summary

3.1.1 Plans to mitigate Winter pressures on the health and care system remain a top priority for the ICP Exec. All partner organisations have co-developed plans to mitigate the impact on their individual organisations, and these plans have been shared and refined and overseen by ICP Exec.

3.1.2 In addition there are daily and weekly system calls at both a local ICP and NW London level, including DASS and NHS system calls to compare approaches and ensure a whole system rapid response to rapidly changing circumstances.

3.1.3 The new Omicron Covid-19 variant has provided a new unknown variable to the previous year's winter pressures. So far, significant increases in infection across London have not translated into large increases in hospitalisations. This is thought to be as a combined result of vaccination rates and / or past infection in the population. However, this situation remains under constant review, and the ICP Exec will respond swiftly and appropriately should this situation change.

3.1.4 Workforce absences due to self-isolation from Covid-19 have become the largest pressure for the system across all NHS and care providers. NHS Trusts have re-prioritised their services to ensure no disruption to core and essential services. Care providers have been allocated over £900,000 in workforce capacity funding to support recruitment and retention of staff within the independent sector. The situation remains challenging, but will be kept under constant review should additional measures be required

3.2 Adult Social Care and Hospital Discharge

3.2.1 As with previous years, pressures on the hospital system are already starting to increase – both in terms of admissions and backlog in discharges

3.2.2 Brent has sufficient capacity to meet any increased demands for placements and packages of care at home, resulting from the increased pressures

3.2.3 The NHS has made available significant additional funding to support hospital flow, and the NHS system has asked the council to make additional beds and packages of care available, as well as to operate 7 days including weekends, which has now been mobilised. Other schemes mobilised by adult social care this year include:

a) Reablement – additional packages
b) 7 day services – 1 deputy team manager, 4 social workers, overnight care packages
c) Pathway 3 (nursing and residential care) – additional social workers and advanced care practitioners. Additional 15 beds, plus 4 extra care units for Covid+ discharges
d) Pathway 1 (Home First) – additional social worker
e) Pathway 0 (Home) – voluntary sector support commissioned to aid settlement, and provide food parcels
f) Mental health – 1.5 posts for mental health workers to support rough sleeping
g) Positive behavioural support – new pilot service to support care providers with positive behavioural management of patients discharged from hospital

3.2.4 In Brent, we know that a significant cause for delayed discharges is due to the complex needs of a small minority of patients being discharged, and so significant focus is being made to address this alongside the requests from NHS partners

3.2.5 This winter pressure support is in addition to a number of other high priority transformation priorities across the system, including but not limited to: step down capacity in nursing, residential and supported living settings (including for Covid+ patients); 20 general rehab beds in Aster unit for pathway 2; adaptations within hospital trusts to enable management of Covid+ patients; enhancement

of hospital front door triage arrangements to support management of health and care needs in the community, and to minimise admissions; distribution of workforce capacity funding to care providers and a home first and hospital discharge service to support timely discharge to a range of community or home based settings

3.3 Primary Care Winter capacity plans

GP appointments

3.3.1 The increase in demand for GP appointments over the Winter period is a known factor and plans have developed to provide additional capacity at registered GP practices. An innovative project has been piloted which commissions GP practices to provide an additional 2.5 additional appointments per 1,000 patients, capped to maximum of 30 appointments per week. For a practice list size of 10,000 patients this equates to 25 additional appointments per week. For the borough of Brent this equates to 946 additional appointments per week. 15,134 appointments from 13 December to 3 April 2022. Patients are therefore able to access additional appointments at their own practice. All practices have signed up to offer the service, with most practices recruiting additional GPs to meet this requirement.

Online consultations

3.3.2 All practices continue to offer on line consultations. This service enables patients to obtain advice, guidance and submit medical enquiries to their practices. E-consultations continue to provide access to a patients GP practices and is particularly welcomed by those patients who may not be able to access their surgeries during opening hours or who prefer this mode of consultation. With 2,108 e-consults submitted in a week period commencing 27 December 2021. It is also recognised that advancements in on-line consultations also provides an opportunity to review the market and re-procurement of the on line consultation services which are more user friendlier and focused on meeting needs of the wider patient population. This procurement will commence in early 2022 with the aim of completion by March 2022. It is certainly recognised that on-line consultations improve access to primary medical services for those patients who value this mode of consultation. The table below shows on line consultation activity for one PCN.

Visits 1820	Unique visitors 1039	Self-help visits 46
Pharmacy self-help visits 42	Call service provider visits 2	eConsults submitted 517

GP access hub

3.3.3 The Hubs have provided extended access to GP appointments in weekdays, weekends and on Bank Holidays. Access Hub appointments have been extended to provide access during core hours (core hours being Mon- Fri: 8.00am to 6.30pm). The additional capacity is aimed at supporting:

- on the day demand for GP appointments
- support increase demand at Urgent Treatment Centres (UTC) and NHS 111, with Access Hub accepting re-direction from UTC and 111 providers
- provide resilience to GP practices where GP practices experience workforce issues as result of sickness absences

Urgent Treatment Centre

3.3.4 Increase in patient attendance at Urgent Treatment Centres (UTC) during the Winter period can result in increase pressure on finite resources at these centres and within A&E departments. To support colleagues in acute settings, an innovative pilot has been established between Harrow and Brent NHS Borough teams, the UTC team and LNWUT (London North West University Trust), which aims to ensure patients with primary care conditions are managed by a Nurse and GP lead. Patients are assessed for those suitable for management by the on-site GP or those that require access to a face to face appointment at a nearby Hub. The success of the pilot has resulted in those patients that require a UTC appointment are seen more quickly and efficiently, while patients with primary care condition receive the required intervention.

Community pharmacy

3.3.5 Influenza (flu) vaccinations have offered by community pharmacies since September 2015, recently the delivery of Covid vaccinations have also been offered by certain pharmacies in Brent. The additional capacity for Covid and Flu immunisations have been welcomed and encouraged. The accessibility and static opening hours of community pharmacies enable patients to receive vaccinations at more local facilities and at a time which is convenient.

3.3.6 The table below shows the current pharmacies providing Covid vaccination, along with numbers vaccinated at each site (total cumulative vaccination) and numbers of patients vaccinated on one particular day (on 19th Dec 21). Community pharmacies are particularly effective in encouraging uptake of first and second doses.

		Numbers on Foundry to 19/12/2021			
Health borough	Site Name	Total cumulative Vaccinations 19/12/2021	Vaccinated 19/12/2021	Uploaded 19/12/2021	Backlog entered 19/12/2021
Brent	Clockwork Pharmacy - Neasden	1,260	335	335	0
	JADE PHARMACY (ALPERTON)	11,961	88	90	2
	JADE PHARMACY (KINGSBURY)	11,637	86	86	0
	Judds (Chemists) - Kingsbury	984	0	0	0
	Leigh Pharmacy - Kingsbury	3,626	61	61	0
	OPTIPHARM PHARMACY	835	31	31	0
	TESCO - Brent Park (Wembley)				
	UNP Pharmacy - Kingsbury	278	0	0	0

3.3.7 Niks Pharmacy is yet to go live with the vaccine programme and Tesco Pharmacy (near IKEA) has withdrawn their application. A further community pharmacy in South Kilburn is currently undergoing the assurance process.

3.3.8 In addition to vaccinations, Community pharmacies have also been commissioned to provide a Minor Ailment service. GP practices and community pharmacies are developing process to enable suitable patients to receive timely care at a community pharmacy setting. The NHS Community Pharmacist Consultation Service (CPCS)[1] will aim to create additional capacity for patients to receive the necessary advice, guidance and medication for suitable conditions.

Workforce

3.3.9 Increase prevalence of Covid virus circulations has resulted in workforce issues within GP practices, with staff members testing positive and requiring to self-isolate. A daily sit rep captures data on staff absence and resilience of practices. To date four practices have reported issues with workforce capacity, however local support structures have enabled services to continue without interruption. To protect primary care staff, measures to limit patient numbers attending practices is currently in place, in line with national guidance. Brent GP practices continue to deliver a near normal service to local patient populations.

3.4 London Northwest NHS Trust

3.4.1 LNWH planned it's response to winter over the summer months, in conjunction with the local A&E Delivery Board, which Brent Council are members of. The plan consisted of a range of additional capacity, which has delivered additional beds as well as patient flow improvements, designed to reduce delays in hospital and improve care outcomes for patients.

3.4.2 The LNWH winter plan included now well-tested adjustments to respond to a further surge in cases of Covid-19 over the winter period. This included additional infection prevention and control measures, supplies of PPE protection, lateral flow tests, flu and booster jabs, system partnership on discharge arrangements and enhanced staff support.

3.4.3 The plan has now been fully delivered, but challenges with workforce absence (due to the prevalence of the Omicron variant) continue to challenge staffing levels. Plans have since been adjusted and strengthened to manage this impact, both locally and within the NHS North West London Sector, via mutual aid between NHS providers. The majority of elective services are still being maintained, but there has been some elective care that has unfortunately had to be re-arranged. Central Middlesex Hospital remains a 'green' Covid-19 protected site, to help facilitate as much elective care as possible, away from the pressures of the Trusts A&E departments. All hospitals continue to maximise on-line options for patient appointments, where this is safer to do so and if the patient is able to access their care in this way. Whilst the hospital A&E, Urgent Treatment Centre and wards remain exceptionally busy, the Trust has not yet had to exceed its winter planning provision. Enhanced Partnership

[1] https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/community-pharmacist-consultation-service/

working through the Brent Integrated Care System is part of supporting this achievement.

Managing Winter & Covid-19 Update

3.4.4 The current number of patients being admitted with Covid-19 as their primary diagnosis remains high. However, this has proved to be below what was anticipated and prepared for by the trust, and as such, whilst these patients certainly bring extra site pressure, a reduced number of extra capacity beds are now thought to be required. Twenty additional beds have been opened at Northwick Park, the Trust has converted its Private Patients facility to NHS care facilitating a further nineteen beds. This is in addition to planned further beds at Central Middlesex Hospital and extra beds at Ealing, which remain on standby. Furthermore, approximately forty to fifty percent of Covid admissions are those who have 'incidental Covid' or Covid-19 as a secondary diagnosis. These patients would likely have been admitted anyway so this cohort has not led to a large increase in 'extra' admissions. However, it is important to caveat that they do create logistical challenges including a need for more Covid wards/capacity and they can have an extended stay due to discharge complications associated with having Covid. Currently four wards at Northwick Park Hospital have been converted to fully Covid wards, with additional Covid-19 care provision in both adult critical care and the Trust's high dependency care facilities.

3.4.5 Similar to all NHS Hospitals, staffing levels have been problematic over the last month, due to the rapid spread of the Omicron variant. Additional staffing safety huddles take place every day and throughout the day, 7 days a week. These are used to move workforce to where it's required and to directly support areas with higher absence rates. Extra shifts have been enhanced and some staff have voluntarily worked additional hours or come in on their days off.

3.4.6 Planning the Trust's workforce capacity against a further impact of Covid-19 was a key consideration over the summer months. This year's plans reduced the number of physical beds usually opened over the winter period in favour of supporting two key initiatives: Expansion of the Trust's Same Day Emergency Care Facility and Patient Flow Improvement's. These initiatives meant that the required workforce for winter was much wider than just nurses and doctors, this year it also included additional:

- Therapy Support
- Pharmacy Support
- Radiology Support
- Phlebotomy Support
- Discharge Co-ordinator Support
- Urgent Treatment Centre queue triage and streaming support roles
- Single Point of Access Support (supporting GP's with advice and guidance on same day emergency care and other hospital based urgent care pathways)
- Discharge Lounge Support
- Weekend ward cover
- Paediatric higher dependency care & rapid assessment support

- Mental Health support roles to co-ordinate care
- Pathology expansion for Covid and Flu testing
- Volunteers working with young people in A&E and end of life care support

Whilst workforce absence remains high at 7% (as per the date of this report), this approach to spread the workforce and improve patient flow has assisted the Trusts position.

3.4.7 Patient flow has also been improved by the enhanced partnership working with Brent Council. Specific examples include the way joint delivery of the vaccine effort has been conducted, additional Social Worker capacity at weekends and the Brent Discharge Hub; which facilitates care planning and on-going care for patients who require this to return home. As a result of these and other initiatives, delays for patients leaving hospital or patients remaining in hospital for longer than 21 days have been reduced.

<u>Continuing to address Elective Care Recovery</u>

3.4.8 The elective recovery programme continued to progress despite the current wave of the pandemic. The Trust is working in partnership with the North West London Sector to align recovery across all in sector providers. This process is supporting:

- Increasing virtual / digital solutions to clinic appointments to maintain the national requirement for >25% of outpatient activity delivered virtually
- Prioritisation of admitted waiting lists to support waiting list management
- Tracking activity against pre Covid baselines
- Mutual aid for admitted and non-admitted pathways to transfer waiting lists across the sector where clinical suitable and agreed by the patient
- Reducing long waiting patients monitoring patients waiting over 52 and 104 weeks
- Operating Central Middlesex Hospital as a non-Covid site to maintain elective flow
- Maximising capacity using independent sector partnerships for outpatient, diagnostics, and theatre capacity
- Aligning the Trust's internal recovery plan to national benchmarking published via the Model Hospital (NHS Improvement).

3.5 Central London Community Healthcare

3.5.1 CLCH winter plan along with partners through the local A and E delivery board, the focus of the plan is to ensure continued support for hospital discharges through provision of community beds and core community nursing services. Prevention of hospital admission is also a critical factor via the rapid Response service.

3.5.2 Challenges to the winter plan over December have largely been through COVID outbreaks both on the Robertson ward but also at the Aster Unit where CLCH provide the in reach therapy team. Following daily review of the Robertson COVID outbreak the unit has now been open to admissions to support flow within the NW London system.

3.5.3 Sickness within the workforce has also been a challenge through December and into January sitting around 6% however staff have also had to work increasingly from home due to the need to isolate with household outbreaks. These staffing shortages have forced CLCH to implement its Business Continuity Plans and the redeployment of staff to ensure core service delivery is maintained.

3.5.4 There are daily COVID calls both at trust and divisional level to ensure that service monitoring, resolution of issues and actions from the NW system Gold command can be enacted at speed.

3.6 CNWL NHS Trust

Inpatient position

3.6.1 Ward closures during December 2021 to January 2022 due to Covid outbreak are:

Ward	Outbreak dates	Number of patients in total	Number of staff in total
Caspian	Ward closed from 15/12/2021-26/12/2021	12 of 13 were positive – all out of isolation	Total of 6 staff tested positive during outbreak
Pond	Ward closed to admissions – potential reopening 13/01/2022	8 of 18 are positive	1 positive staff, 2 isolating
Pine	Ward closed to admissions – potential reopening 13/01/2022	7 of 20 – in total during outbreak; currently 2 positive in isolation	6 staff in total during outbreak currently only 1 positive
Shore	No recent outbreak	2 positive patients who tested positive on admission, therefore not an outbreak. Isolation now finished.	5 staff Dec/Jan with 2 currently positive
Ellington (older adult beds)	Ward closed to admission – reopens 12/01/2022	10 of 18 come out of isolation early next week	

3.6.2 All wards have experienced staff shortages due to a mixture of COVID, planned leave and general absence. All ward managers have tested positive for COVID which impacts on leadership. Bank/agency tend to cancel shifts when they find out COVID outbreak on ward. All shifts are overbooked to try and prevent staff shortages.

Bed Pressures

3.6.3 Brent has been overusing its allocated bed base since 25 November 2021. Currently we +25, this means Brent has 25 more people in acute psychiatric beds above the Brent allocated bed base. Within this we have 11 ECRs, 1 in NHS bed the others in the private sector.

3.6.4 A number of factors have caused bed pressures, including:

- The ward closures don't help as we cannot admit to our local beds but this in itself does not drive the bed pressures.
- Length of stay on the wards is much higher than it would normally be and this is driven by predominantly mental state of patient's and complexity of cohort on the ward.
- We currently have 4 beds blocked by patients waiting for forensic units. We currently have no social care delays but we do have patients with significant social care needs.
- The front door i.e. the patients pending for potential admission each morning has gradually risen from mid-November, it has been greater than 5 peaking at 12 just before Christmas. This list is what is generating the demand for beds. Currently there are 8 waiting. Each day this list is reviewed and alternatives to admission discussed and sought where appropriate.
- At the front door we are seeing a significant number of patients presenting with suicidality linked to social issues predominantly housing. These patients take significant amount of work to divert if we are able.
- The HTT caseload remains high during this period.

Community position

3.6.5 There has been minimal impact on community mental health services and learning disability services, with very low numbers of staff reporting absence due to COVID. Services have continued to operate as usual. The HBPOS has been closed on several occasions due to staff shortage but this was not COVID related. IAPT has experienced the greatest impact with 12 staff off during this period, causing cancellations to appointments in December and January.

CAMHS position

3.6.7 CAMHS continue to have a large waiting list of 300+ children and young people. With the introduction of weekend clinics and some subcontracting to support Neurodiversity assessments, wait times are projected to drop below 18 weeks by end of January 2022.

4.0 Financial Implications

4.1 No immediate financial implications

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 Ongoing

8.0 Human Resources/Property Implications (if appropriate)

8.1 None

Report sign off:

Phil Porter
Strategic Director Adults and Housing, Brent Council

Robyn Doran
Chief Operating Officer, CNWL NHS Trust

Brent NHS North West London Clinical Commissioning Group	**Brent Health and Wellbeing Board** January 2022
	Report from the Director of Public Health

The draft Joint Health and Wellbeing Strategy (JHWS)

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices	Appendix 1 – Draft Joint Health and Wellbeing Strategy
Background Papers	None
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 is an update report on the Joint Health and Wellbeing Strategy (JHWS).

2.0 Recommendations for BHWB

2.1 To note the work so far to develop the Joint Health and Wellbeing Strategy (JHWS) and to note the timeline for completion of the strategy.

2.2 For all partners to promote the stage three consultation across partnership networks, and to ensure full input to the finalisation of delivery plans and performance frameworks.

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

Health and Wellbeing Strategy for their local population. The **Brent Health and Wellbeing Board** (BHWB) has responsibility for this duty.

The journey so far

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 has met 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. The Healthwatch consultation took place during January and 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.

3.5 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.

3.6 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

3.7 Healthwatch and officers consulted from June to September 2021 across a range of audiences. Stage two consultees include partners, key external and internal forums, and key community and voluntary sector groups, This stage 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?

3.8 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.

Stage three consultation

3.9 Taking into account all the feedback we had received in stages one and two of the consultation, and following on from input from partners, officers produced a draft strategy. This draft strategy is currently in the final consultation phase.

3.10 Following on from the BHWB meeting in October 2021, the draft strategy has been made available to all for the stage three consultation. The key main consultation options are:

- Respond digitally via Citizen Lab, the council's online portal
- Respond via physical survey – copies of the strategy and the survey have been made available in libraries.

3.11 Officers have also continued to work with Healthwatch to deliver specific stage three focus groups for key target audiences, including:

- Brent Disability Forum
- Children and young people
- Those affected by poor mental health

3.12 Given the increase in Covid19 cases, impacts on communities and partners, and the increased restrictions in place, the decision was taken to increase the stage 3 consultation period for the JHWS to 31 January 2022. Partners are requested to continue to promote the consultation across their networks

3.13 Alongside the strategy consultation, officers have been working across partners to develop the delivery plan. The delivery plan is comprehensive and will include

performance measures. The delivery plan will be taken through partner internal decision making processes and the Integrated Care Partnership. Partners are requested to take the delivery plans through their own structures as required, with any support from council officers as required.

Next steps

3.14 Following on from stage three consultation, the final strategy will be written, and with its high level delivery plan and performance framework will be brought to the Brent Health and Wellbeing Board on 16 March 2022 to be agreed.

3.15 The Brent Health and Wellbeing Board will receive regular updates on the work undertaken in response to the strategy, and this will be .embedded within the BHWB work plan, which will also be presented at the March 2022 meeting.

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.

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*".

Report sign off:

Dr Melanie Smith
Director Public Health

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Brent Health and Wellbeing Board

Joint Health and Wellbeing Strategy:

Tackling Health Inequalities

2022-2027

Contents page and foreword

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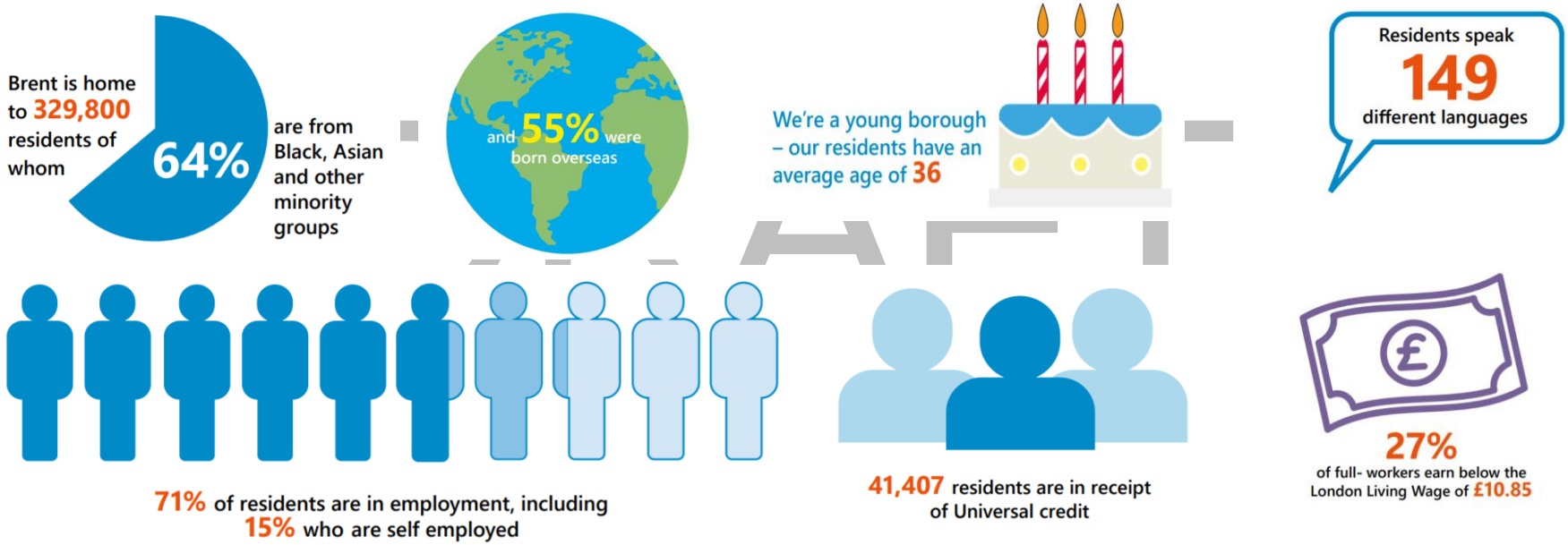
About Brent

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.

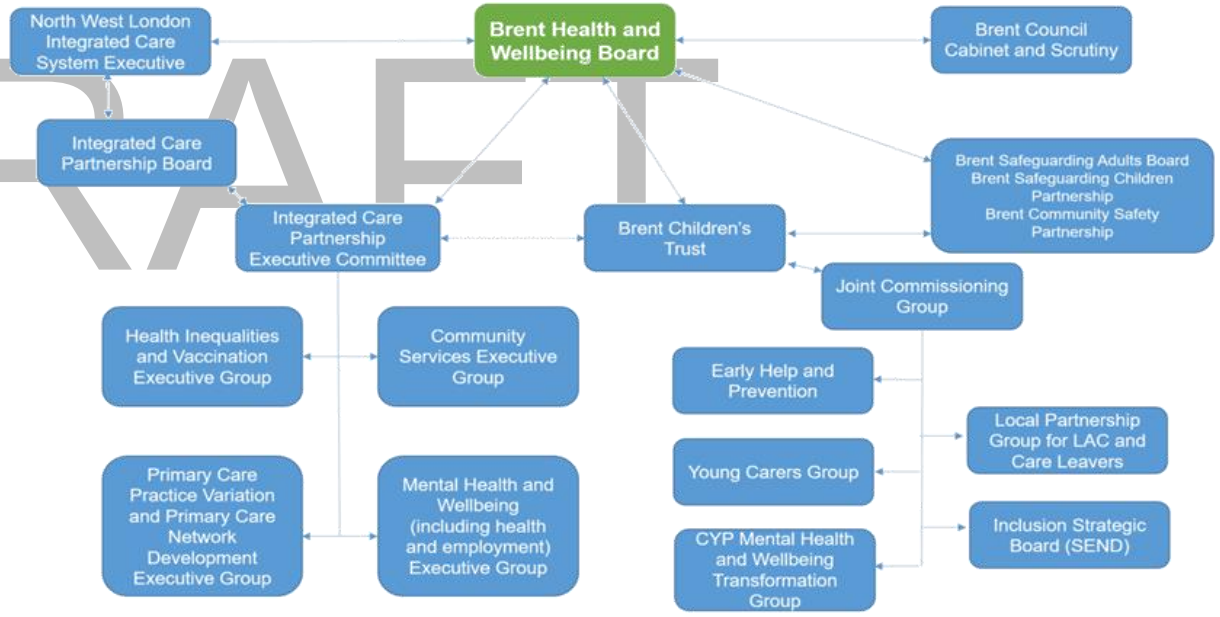
Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population.

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:

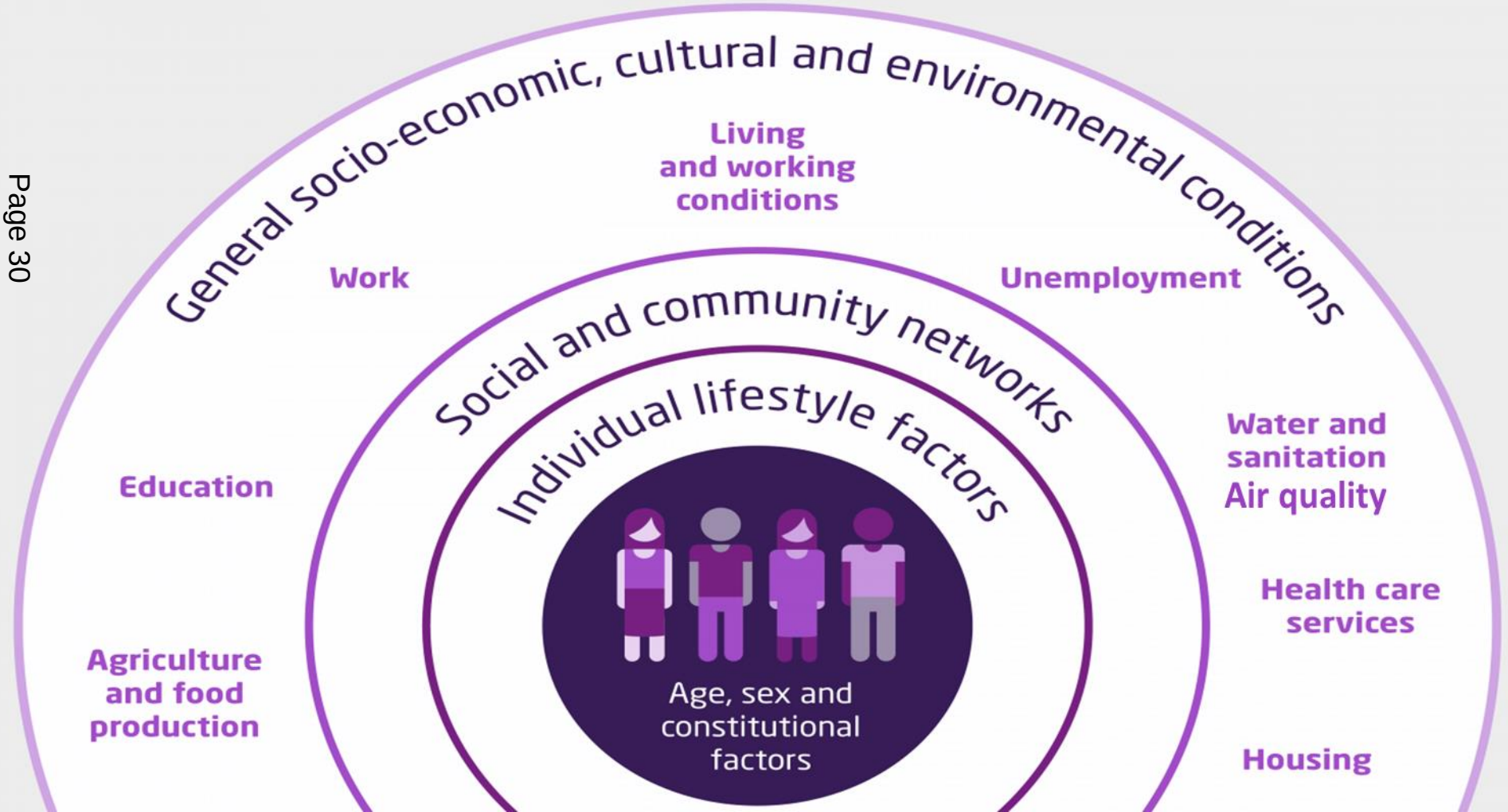
- Children and Young People's Mental Health Wellness Group
- Local Partnership Group for Care Experienced Children and Young People
- Inclusion Strategic Board (Children and Young People with Special Educational Needs and/or Disability)
- Early Help and Prevention Group
- Young Carers Champions Group

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

Brent healthwatch 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:

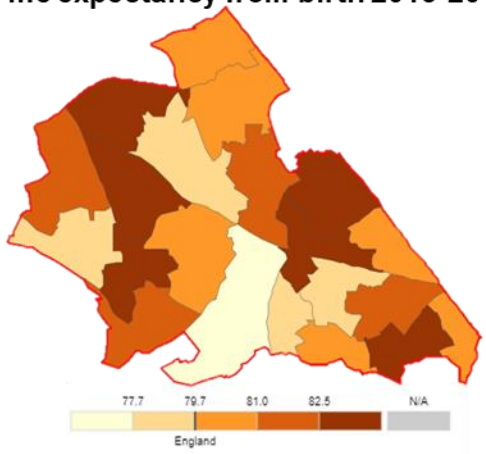
- If someone has any health conditions
- If people are able to access treatment when they need it
- The quality of the care and treatment when it is needed
- Behaviours including drinking alcohol and smoking
- Wider socio and economic determinants of health, for example where someone lives, their housing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

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

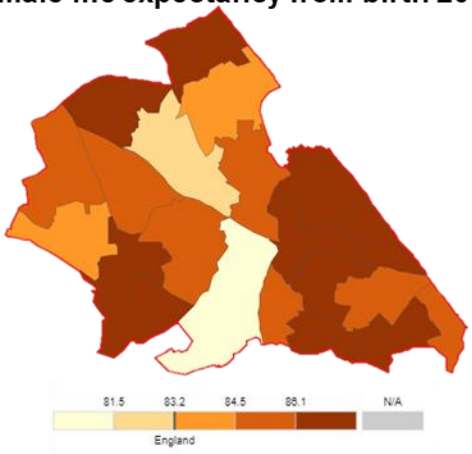
- Those living in more deprived areas and other socio-economic factors, for example those on lower incomes
- Younger and older people, those from black and minority ethnic communities and those living with a disability
- Socially excluded groups such as people experiencing homelessness

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:

Male life expectancy from birth 2015-2019



Female life expectancy from birth 2015-2019

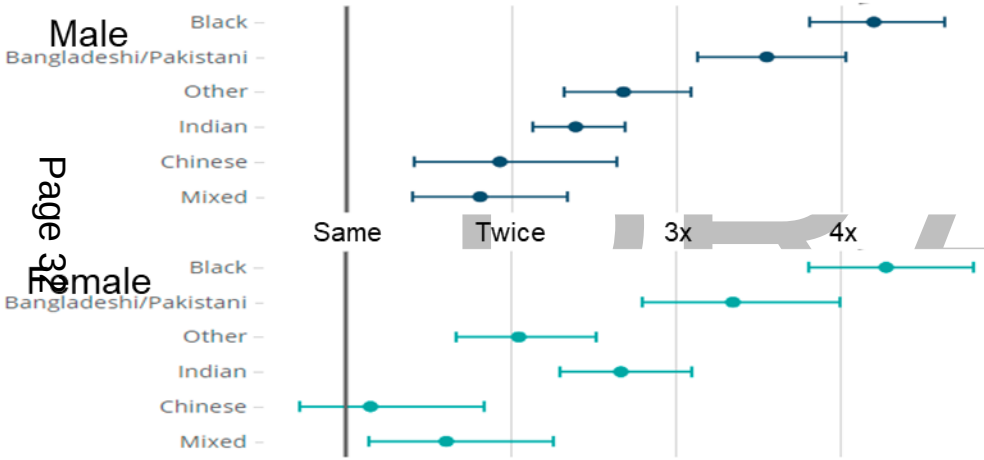


Covid-19

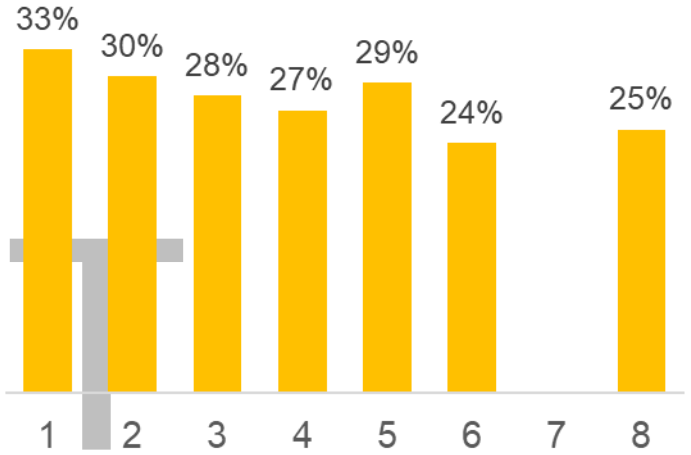
Covid-19 has had a major impact on the world, the country, and right here on Brent communities, where the first wave hit particularly hard. Many people in Brent lost people they loved and cared for, and others are still suffering from Long Covid.

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.

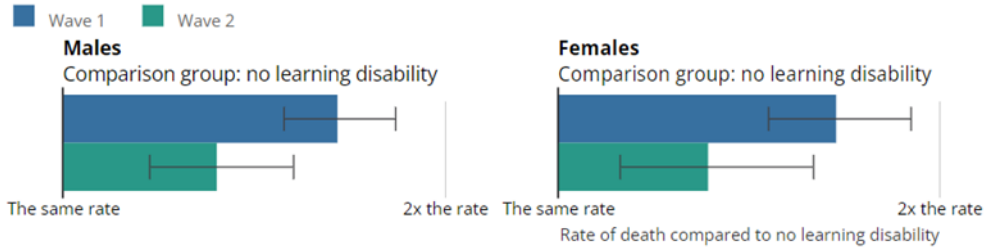
Likelihood of dying from Covid compared to white ethnic group (first wave)



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



Excess COVID-19 mortality risk for individuals with a learning disability



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, UK primary school pupils had experienced 1.8 months of learning loss in reading and 3.7 months in mathematics.

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

Nationally, 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 some communities 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 2,000 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.

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 work together to reduce 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
- Housing Strategy
- Brent SEND Strategy
- Brent Youth Strategy
- Long-term Transport 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 relax, exercise for free, meet with like-minded people, and where we can grow our own food.

Understanding, listening and improving

I, and those I care for, can have our say and contribute better 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

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
- Understanding, Listening and Improving

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.

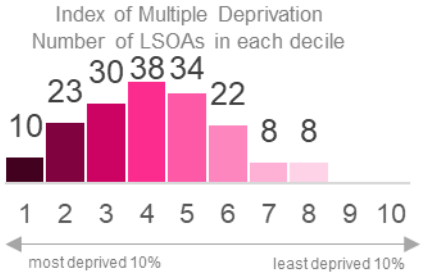
Everyone gets what they need.

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

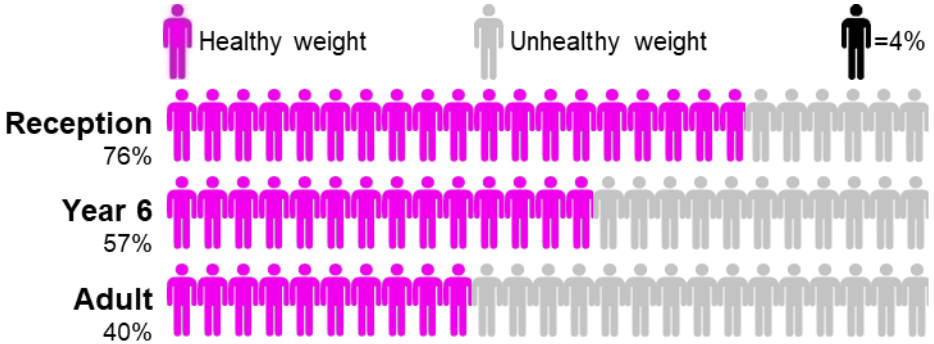
16%

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

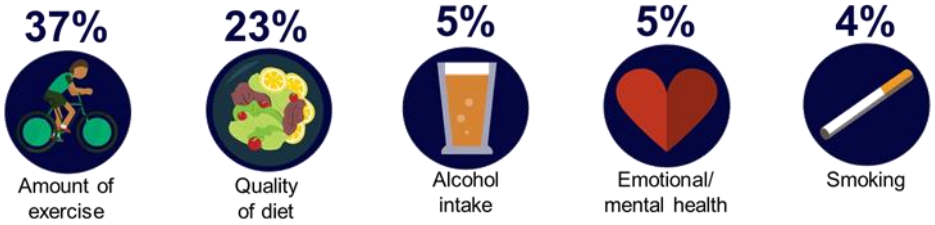
In the consultation people talked about healthy diet and lifestyle as important. Data show healthy weight decreases with age.



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 four 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. 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 encourage families to take up the offer of free NHS dentistry for their children as well.

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 from 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

1. Healthy Lives: Other strategies

Climate and Ecological Emergency Strategy

This strategy looks at food waste and how we can cut down on it in a number of different ways:

- re-using leftovers in other meals;
- eating vegetables in season;
- only eating vegetarian food (as it has a lower environmental impact, but is often also healthier);
- encourage food growing on balconies and in pots

Local Plan

The Development Management section of the Local Plan limits takeaways and gambling premises. Both applications for Shisha cafes and takeaways have a blanket ban within 400m of a secondary school or further education establishment. The proportion of takeaways and gambling premises are also restricted in High Streets and parades of shops.

Poverty Commission

The Poverty Commission looks in detail at Food Aid and Food Poverty, including foodbanks and food voucher. It has two related recommendations, one about tackling issues post Covid – scaling up the focus on food and fuel poverty, and increasing debt advice, and the other about supporting the sustainability of food aid agencies in the borough.

Special Educational Needs and Disabilities (SEND) strategy

The SEND strategy has five main priorities, one of which is healthy lifestyles. Within this priority, the strategy aims to support young people to have healthy lifestyles in a number of ways, including opportunities to eat healthily, access to sexual health services, access to emotional health and wellbeing services, and through teaching them to build resilience in education in schools and settings.

NHS Long Term Plan

Obesity features strongly in the NHS Long Term Plan. The government has pledged to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. To level up health inequalities, the NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+. Nutrition training varies across different medical schools, so the NHS intends to level this up by giving nutrition training a greater place in professional education training.

Hospitals will introduce healthier food options for both staff and patients.

Some hospitals have improved the quality of alcohol-related care, by establishing specialist Alcohol Care Teams (ACTs). ACTs significantly reduced accident and emergency (A&E) attendances, bed days, readmissions and ambulance call-outs. Over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs

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
- Community toilets

Healthy places

Near me there are safe, clean places where I, and people I care for, can go to relax, 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. Healthwatch's discussions with residents revealed a demand for access to community gardens or spaces to grow food 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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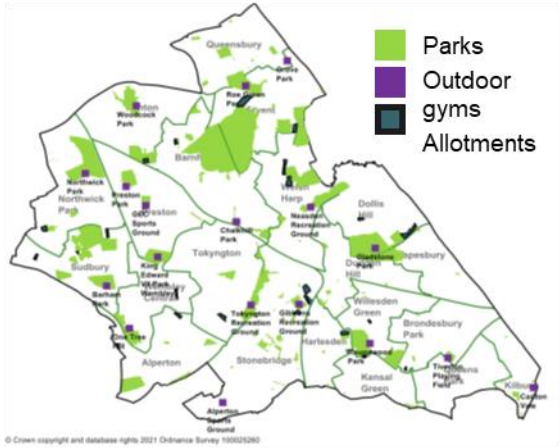
Parks, outdoor gyms, and allotments



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.

We will increase the number of community and accessible toilets in 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 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 opportunities 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 nine.

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 cultural 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 continue to maintain and improve physical accessibility to parks, for example improving car park areas and maintaining 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 attended 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.

As part of this, 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 and community organisations, the LCEP will develop a creative offering that can help children and young people build resilience, through supporting their mental health, self-esteem, friendships and relationships. The LCEP will also promote pathways into employment in the creative industries 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). The council and the NHS will work with families and voluntary organisations to expand the use of family wellbeing centres as hubs of support for parents and carers and children and young people.

We will build on the results of the Healthy Neighbourhood Trials

A Healthy Neighbourhood is a group of residential streets where vehicle traffic that isn't local to the area is either discouraged or removed. The aim is to tackle drivers using residential streets as a short cut, to make it safer and easier to walk and cycle, restore quieter streets and improve air quality.

There are nine areas in Brent where this is currently being trialled.

The trials were consulted on in October 2021. The outcomes are yet to be published, but the response will be taken into account in the final strategy.

2. Healthy Places: other strategies

Poverty Commission

Housing has an enormous impact on health; for the security and comfort it provides as well as the condition of the housing. The commission made nine recommendations about housing, including considering accessibility requirements for those with disabilities, increasing the numbers of affordable homes, and a review of the private rented sector.

SEND strategy

The SEND strategy includes access to sport and fitness opportunities in Brent for young people; opportunities for young people to socialise and experience culture; supporting young people to live independently as well as to stay in Brent through access to better quality housing, and developing SEND friendly parks and town centres.

Housing Asset Management Strategy

The strategy commits to understanding the housing stock and providing and maintaining quality, safe homes for our residents. It also will build on residents feedback to provide homes and estates where residents feel proud to live.

NHS Local Plan

The London Plan is also part of the development plan, and this stipulates internal spacing and standards. We set local standards for external spaces for new build properties and developments which exceed those in the London plan ensuring our residents have ample outdoor space.

Digital strategy

Brent's digital strategy has different strands including improving residents' access to the internet and their digital skills.

Climate strategy

The climate strategy is committed to making as many homes as possible in the borough energy efficient. This can also help to reduce fuel poverty and will ensure our residents are living in warm and comfortable homes. Nature and green space is a priority and actions around active Travel and electric vehicles are also included in this strategy, which should have a positive effect on both physical and mental health and wellbeing as well as improving air quality.

Long Term Transport Strategy

The first objective in Brent's Long Term Transport Strategy is to increase the uptake of sustainable modes, in particular active modes of travel. It also has an objective about improving air quality and reducing vehicular trips.

Homelessness and Rough Sleeping Strategy

The Homelessness and Rough Sleeping strategy has five commitments:

1. Develop informed, targeted solutions and continually improve
2. Our services are prevention focused, offering the right advice and support to those who need it.
3. Increase the supply of and access to stable and affordable homes in the borough
4. Minimise the use of temporary accommodation
5. Personalise our services to individuals needs

Infographic Three

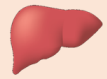
Cancer screening

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

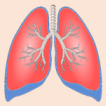
If caught early, there is a higher chance that cancer can be successfully treated

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

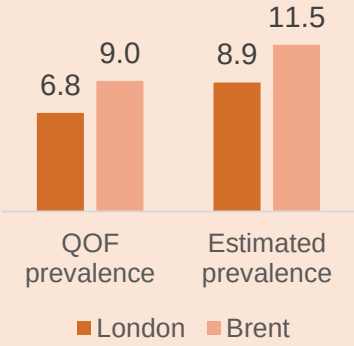
Cancer — 44.4

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 maintaining 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 impact 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 respond 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.

Scrutiny Councillors currently have a task group looking at access to GP practices. The task group is gathering evidence to understand how residents can currently access GP practices and what their needs are. The task group will then make recommendations to improve access to GP practices. These findings will be included in the strategy once they are published.

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 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.

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 and young people 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 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.

Following the 2020 Ockenden Report, Northwick Park is renewing its maternity services strategy. The strategy includes plans to address health inequalities experienced by service users from ethnic minority backgrounds as well as plans to review how the service communicates with families who do not speak English as a main language. Among other improvement measures, Northwick Park is auditing its risk assessment processes and reviewing antenatal guidelines; it is also developing its own guidelines with other maternity units in north-west London to ensure consistency for all service users.

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 1,152 care beds. (with 792 specialist: 690 nursing beds; 102 residential dementia) 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.

Each care home in Brent follows 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.

We will ensure residents are supported under existing rehabilitation and reablement services. Under this scheme residents can avoid unnecessary hospital admissions or reduce their stay in hospital by receiving a reablement package of care for up to four weeks.

Reablement services build on what people can do and support them to regain skills to increase their confidence and independence. These services aim to maximise long-term independence, choice, and quality of life and minimises the need for ongoing support and care.

First Response Teams are a 24 hour community based team providing assessments to people over 18 (including people in need of mental health act assessments) requiring emergency access to acute mental health services including Home Treatment Teams (HTT).

Rapid care and response teams assess patients in their own home within two hours of a telephone referral. In Brent the team is also based in the emergency department of Northwick Park Hospital and assesses patients to prevent hospital admissions.

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 residents.

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. We have developed a programme to engage with the community and improve their health. The programme is called Brent Health Matters. It has recruited Community Health Champions. These Community Health Champions are local people who volunteer their time for the programme and share health messages in their communities.

Another aspect of the programme is its Community Forums. Each forum is an opportunity to connect residents with council and NHS health services to tackle health inequalities.

3. Staying Healthy: other strategies

NHS Long term plan

The NHS Long Term Plan pledges to be more joined up and co-ordinated in its care, more proactive in the services it provides, and more differentiated in its support offer to individuals.
The NHS plans to redesign services over the next five years. It also plans to narrow health inequalities, including those relating to poverty.

SEND strategy

The SEND strategy will support young people to have healthy lifestyles by delivering timely access to emotional health and wellbeing services and being able to access healthcare locally, meaning that young people who are unwell physically or emotionally know where and how to access support.

Black Community Action Plan

Brent's Black Community Action Plan has a priority around tackling health inequalities.
It states: "*Covid-19 threw a sharp and painful relief on health inequalities, caused by structural inequalities. BAME communities are disproportionately affected by the pandemic in terms of contracting the virus, mortality rates and other life effects. The council, along with local and regional partners, will examine the full impact and plan for actions to reduce the disproportionate impact on BAME communities as well as identifying and addressing the structural reasons for the inequalities.*"

Addresssing health inequalities across North West London

The NHS North West London Integrated Care System strategy aims to level up health inequality. It recognises that health inequality exists in a number of different ways, and disproportionally affects those in poverty, and those from Black, Asian, and minority ethnic backgrounds. The strategy recognises these and seeks to understand and address them. "***To do that, we need to work with and truly understand our communities, their different views and cultures and their experience of our services. We need to work together to come up with solutions that influence long-term change and start to tackle our differential outcomes****."* There are four specific areas it addresses: reducing inequalities in health outcomes; reducing inequalities in access; reducing economic/employment impact of our work; reducing inequalities of experience.
One area of initial focus is: "***Working with Primary Care Networks to improve outcomes in a specific clinical area aligned to local priorities***
As an integrated health and care system, we will be working closely with individual Primary Care Networks and local borough teams to help prioritise and focus on the greatest areas of need in their community and support them to improve outcomes and equity in specific clinical areas such as diabetes."

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 individuals will affect the recovery and resilience of health and care services. 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 our 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.

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.

4. Healthy ways of working: other strategies

Addressing health inequalities across North West London

Domain one of this strategy is "Supporting the local economy". It recognises that the NHS and other public sector partners are large local employers and focuses on how this economic power can be used to improve opportunities for people in this place. It has five main areas of focus:

1. Vaccination centre staff retention – continuing employment or finding volunteering opportunities in the NHS for these staff members
2. A new model for NHS recruitment in north west London which draws on the diverse local talent pool, providing local jobs for local people
3. Skills and training – identify and provide pre-employment training through a local Health and Skills care academy approach
4. Volunteering and employment strategy – develop a clear volunteering to employment policy so there is a clear process for our volunteers
5. Special educational needs and disabilities – increasing the employment of people with a learning disability and autism in the health and care sector

Volunteering strategy

Brent Together is the council's commitment to increase the scope of volunteering in Brent, It's overarching aims are:

- People from across Brent's communities, of different backgrounds, feel encouraged and motivated to volunteer their time;
- Brent offers the best possible volunteering opportunities in terms of both range and quality;
- Volunteering is truly inclusive and brings our diverse communities closer together;
- The council leads the way as an example of good practice in volunteering

Digital strategy

Brent is invested in finding better ways of utilising new and emerging technologies to both improve the customer experience and to rationalise its use of IT systems.

London North West University Healthcare

One of the goals of London North West University Healthcare (LNWH), which Northwick Park Hospital and Central Middlesex Hospital are part of, is "Engage with staff to develop them and transform services". As part of this they pledge to:

- reduce inequalities in the workplace and improve staff's working lives;
- Implement a transformation programme that trains and empowers our staff to think and act differently to improve patient care, staff experience, and reduces waste.

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.

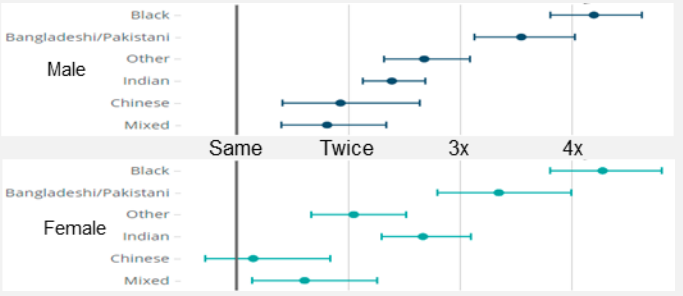
Understanding, Listening and Improving

I can have my say and contribute better 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. Understanding, Listening, and Improving

I can have my say and contribute better 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 and 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.

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.10

5. Understanding, Listening, and Improving: other strategies

Digital Strategy

Brent's digital strategy has a number of different strands. There are three strands which aim to improve the digital experience for residents. These are: improving access, connectivity; and skills.
Another strand in the strategy is about how we use data and using data better, including developing and using a data lake. These data can be used to understand our population better.

Black Community Action Plan

The Black Community Action Plan contains two relevant workstreams; one titled "Supporting the black community and voluntary sector - grant funding to voluntary sector organisations and procurement" which includes actions to review our grants and funding streams and produce options to enable black community projects to flourish and reviewing the support given to the black voluntary and community sector. The other related workstream is titled "Accountability and Engagement". This intends to enable the black community to get involved in the work of the council and partner organisations so their voices are heard.

Stronger Communities Strategy

The Stronger Communities Strategy includes engaging with new and emerging communities and more generally building a localised approach through the roll out of Hubs across the borough..

Addressing health inequality across North West London

We have shown the benefits through our vaccination equity programme when we utilise quantitative data and qualitative insights driven by a continuous improvement method and working with local community groups to understand how to best meet local need. There are four overarching messages we will use to define our future work:

1. Communities do more when they decide for themselves
2. Community and faith spaces are the lifeblood of local action
3. Systemic inequalities have a negative impact on the health of our population, in particular the health and wellbeing of vulnerable and excluded communities
4. Measure what people value – work with residents and communities to agree a shared purpose and locally defined, individual, community and system outcomes.

NHS Long Term Plan

Two of the five ambitions of the current Long Term Plan feed into this priority. One is to give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities. The other is to make better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data

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

NHS North West London Clinical Commissioning Group Brent	**Brent Health and Wellbeing Board** 13 January 2022
	Report from Chairs of Integrated Care Partnership Executive Committee

Brent Integrated Care Partnership Governance

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1– Governance Structure Appendix 2 - Draft BICPB terms of reference Appendix 3 – BHWB terms of reference
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	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 Brent Integrated Care Partnership (BICP) governance structures.

1.2 The report aims to engage Brent Health and Wellbeing Board (BHWB) input to future ways of working.

2.0 Recommendations

2.1 To note the Brent Integrated Care Partnership (BICP) structures and focus, and the governance structure (Appendix 1).

2.2 To note the new date of July 2022 for Integrated Care Systems (ICSs) to move to a statutory footing.

2.3 To discuss the arrangements and provide strategic direction to officers as required.

3.0 Detail

<u>The Integrated Care System and local governance arrangements</u>

3.1 The Health and Care Bill 2021 establishes Integrated Care Systems (ICS) as statutory bodies. The North West London ICS is already functioning in shadow form and many of the structures that have been set up under the single CCG arrangements will prepare the system well for the anticipated legislative changes. The NWL ICS is led by an independent Chair and a Chief Executive has been appointed. The ICS is likely to

be coterminous with the North West London borough boundaries currently in existence. Following an announcement in December 2021, ICSs are now expected to come into force in a statutory sense by July 2022.

3.2 The ICS health and care partnership will be responsible for developing and performance managing a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities will be required to 'have regard to' when making decisions. ICSs will be expected to work closely with Health and Wellbeing Boards (HWBs) and required to 'have regard to' Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

3.3 The Health and Care Bill also recognises the importance of 'place', which is a smaller footprint than that of an ICS, often that of a local authority. The Integrated Care Partnership (ICP) level is not given a statutory underpinning in the Health and Care Bill. There is a clear expectation that ICS bodies will delegate 'significantly' to place level. The development of place-based partnerships has been left to local determination, building on existing arrangements where these work well. There have been a number of different approaches taken to developing the ICP structures.

ICP arrangements in Brent

3.4 Draft terms of reference for the Brent Integrated Care Partnership Board (BICPB), the Brent Integrated Care Partnership Executive Committee (BICPEC) and Brent Integrated Care Partnership Executive Groups are in development. The draft Terms of Reference for the BICPB are attached at Appendix 2.

3.5 Key in consideration in drafting the terms of reference has been:

- Health and Wellbeing Boards' role as confirmed within the Health and Care Bill, published in July 2021.
- Building on existing successful ways of working e.g. the effective links between the Mental Health and Wellbeing ICP Executive Group and the Brent Children's Trust (BCT).
- Creating clear space and areas of responsibilities and accountabilities across the integrated care partnership and other related structures.
- Ensuring democratic oversight and the effective linking of the BICP structures and the BHWB, with the Brent Integrated Care Partnership Board to become the 'PCG' to the BHWB's 'Cabinet'.
- Ensuring effective community voice and effective challenge and scrutiny e.g. Healthwatch is not involved in the BICPB in order to preserve their independence and ability to provide challenge and scrutiny at the BHWB, of which they are a statutory member. Community voice is represented robustly at the ICP Executive Group level.
- Connectivity between local ICP arrangements to local and sub-regional decision making bodies e.g. the NWL ICS.
- Best use of resources and officer time.

Brent Integrated Care Partnership Board (BICPB)

3.6 The **BICPB** will focus on Brent residents of all ages – adults, children, and young people - and will:

- Set the strategic direction, create system unity and clarity of purpose
- Provide the strategic leadership and drive partnership working for the benefit of our local population, including the delivery plans of the Joint Health and Wellbeing Strategy

- Ensure clear and robust partnership arrangements; minimising duplication with existing structures/governance and holding local leadership to account in the implementation of the BICP / NWL ICS
- Enable effective decision making through the Brent Health and Wellbeing Board (BHWB), by meeting six weeks in advance of the BHWB. A joint BICPB and BHWB work plan will be annually agreed and will ensure a coherent pathway through decision making structures
- Ensure structures manage thematic delivery effectively, within agreed performance management frameworks. Review the BICP's success in delivering the agreed strategy, outcomes and work programmes, intervening as required to address any concerns
- Respond to changes in the operating environment, such as national policy or regulatory requirements
- Act as champions for the BICP and its key strategies, both within and outside organisations

3.7 The draft terms of reference of the BICP are being developed (please see Appendix 2). Consideration as outlined above has been given to the membership, which has been based on the membership of the 'Septet', with some additions e.g. the Cabinet Member responsible for children and young people's health and wellbeing.

3.8 Officers are also exploring options to develop an 'alliance agreement', for members to sign up to and activity will be reported back to the BHWB.

<u>The Children's Trust</u>

3.9 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 utilised to deliver maximum benefits for children and young people in Brent

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

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

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

a. Working with parents and carers to positively impact on children's health and wellbeing with specific focus on:
    1. Healthy weight in childhood
    2. Oral health
    3. Childhood immunisation
b. Special Educational Needs and Disabilities (SEND) – with a focus on early intervention and prevention.
c. Children and Young People's Mental Health and Wellbeing – with a continued focus on the delivery of the transformation plan.
d. Integrated Disabled Children and Young People Service 0-25 - with a focus on Stage 2, the integration of health and local authority provision, which was paused in 2020 due to Covid-19 Pandemic.

e. Transitional safeguarding between CYP and Adult Services - with a focus on adolescent safeguarding.
f. Young Carers - with a renewed focus on raising awareness of young carers across the partnership.

Brent Integrated Care Partnership Executive Committee (BICPEC)

3.13 The **BICPEC** meets fortnightly and:

- Leads on the integration and systems working in order to improve delivery, ensures effective strategic and operational planning and use of resource.
- Oversees and drive the delivery programmes of the four BICP executive groups, ensuring a reduction in health and wider determinant of health inequalities.
- Ensures engagement and involvement with key stakeholders and partners outside of the BICP structures, including local communities, service users and carers.
- Develops and maintain trust, healthy and constructive challenge, and collective accountability.
- Aligns budgets where possible to ensure money is spent wisely to ensure the best outcome from resources. Oversees the development and deployment of relevant pooled funds, ensuring they are aligned to priorities.

Brent Integrated Care Partnership Executive Groups

3.14 The priorities of the BICPEC have been set, with four executive groups established to deliver them as follows:

- Health Inequalities and Vaccination Executive (HIVE)
- Primary Care Network Development Executive (PCNDE)
- Community and Intermediate Health and Care Services Executive (CIHCSE)
- Mental Health and Wellbeing Executive (MHWE)

3.15 The ICP executive groups oversee the integration of the health and care systems their area of focus, with the following aims:

- System recovery post Covid19
- To provide senior operational oversight over key programmes relating to joint programmes of work between the council and NHS partners
- To monitor the progress of key milestones and actions across joint programmes
- To oversee the allocation of resources for joint programmes, and advise when reallocation is required.
- To provide a key point of escalation for joint programmes, and escalate risks and issues to the IPCEC if required.
- To assimilate and appraise proposed interventions for joint programmes.
- To manage the brokerage of dependencies for joint programmes when escalated.

3.16 The **Health Inequalities and Vaccination Executive** (HIVE) will initially focus on the following priorities:

- Increasing the take up of vaccination and testing amongst BAME and disadvantaged communities.
- Increasing engagement, utilisation and awareness of services in communities.
- Reducing variation of impact from long term conditions between communities.

3.17 The **PCN Development Executive** (PCNDE) has as its priorities as the following:

- Supporting development and maturity of PCNs and empowering them to innovate and be proactive in delivering services to meet population health needs.
- Ensuring variations in care are highlighted and addressed at the earliest opportunity with relevant infrastructure to improve health outcomes.
- Support PCN leadership development.

- Ensure resilience and self-sustainability of PCNs and PCN practices in delivering primary care services in line with national and local directives.

3.18 The **Community and Intermediate Health and Care Services Executive** (CIHCSE) is focused on the following priorities:

- Improving the coordination and alignment of community and intermediate health and care services.
- Establish clear interface between PCNs, community services and council services, including addressing the challenges of cross border service provision in North West London.
- Evaluate impact of Covid19 on community health and intermediate care services, and establish joint programme of work to improve services and pathways in response.
- Establish and embed a core minimum standard and offer to care homes, including sufficient care home capacity and infrastructure.

3.19 The **Mental Health and Wellbeing Executive** (MHWE) current priorities are:

- Increase engagement, utilisation and awareness of mental health support services in communities.
- Reduce variation in mental health care and support for the local Brent communities
- Support people with mental illness to access employment opportunities.
- Ensure housing and accommodation provision is accessible and reflects identified needs locally.
- CYP/Transitions – ensure the additional needs and identified gaps as a direct result of the pandemic are addressed and aligned to the Children's Trust Board priorities.
- Align identified areas of mental health inequalities from this work stream to HI&VE.

<u>The Brent Health and Wellbeing Board</u>

3.20 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. As well as its statutory role, the Brent Health and Wellbeing Board (BHWB) ensures system leadership across commissioners and providers working in Brent. The current terms of reference as outlined in the council's constitution is attached as Appendix 3.

3.21 Health and Wellbeing Boards were enshrined in the Health and Care Bill, published in July 2021. HWBs are given a number of new responsibilities in the Bill, including the review of Integrated Care Board joint forward plans, which outline how they will deliver duties including improving quality of services, reducing inequalities, public involvement and consultation, and financial duties.

3.22 There will be a need to review the terms of reference and membership once the ICS is formalised in July 2022, to reflect the changed health and care landscape and the BICP structures.

4.0 Financial Implications

4.1 There are no financial implications within this report.

5.0 Legal Implications

5.1 Health and Wellbeing Boards (HWBs) were formed under the Health and Social Care Act 2012. Their original purpose was to improve the health and wellbeing of the local population by providing a forum for health leaders (including those from NHS, local government and public health) to come together and agree health priorities and actions for the area. HWBs have a statutory duty to work alongside the Clinical Commissioning Group (CCG) to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for the local population.

5.2 More recently there has been a growing movement towards more integrated care. The Department of Health and Social Care (DHSC) published the legislative proposals (White Paper) for a Health and Care Bill in February 2021. The proposals in the White Paper were a combination of: Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan. They form the main essence of the document as the NHS England/ Improvement engagement paper 'Integrating Care' proposes significant changes for both regional 'Integrated Care Systems' (ICS) and local place based partnerships for health and care 'Integrated Care Partnerships' (ICP). The central theme in the NHS's Long Term Plan is the importance of joint working with colleagues in local government and elsewhere, on the basis that neither the NHS nor local government can address all the challenges facing whole population health on their own. Additional proposals in the white paper relate to public health, social care, and quality and safety matters, which are dependent on legislative change.

5.3 A number of policy changes requiring action are set out with a timetable, which includes key milestones at April 2021 (shadow arrangements) and July 2022 (implementation).

5.4 As the proposals and governance structures develop and legislative changes are implemented, guidance from legal services will be sought.

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 2010 provides that the Health and Wellbeing Board must, in the exercise of its functions, have due regard to the need to:

a) Eliminate discrimination, harassment and victimisation
b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

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

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

Related documents:
Brent Health and Wellbeing Board Governance, ICP delivery vehicles and highlights update 14 July 2021

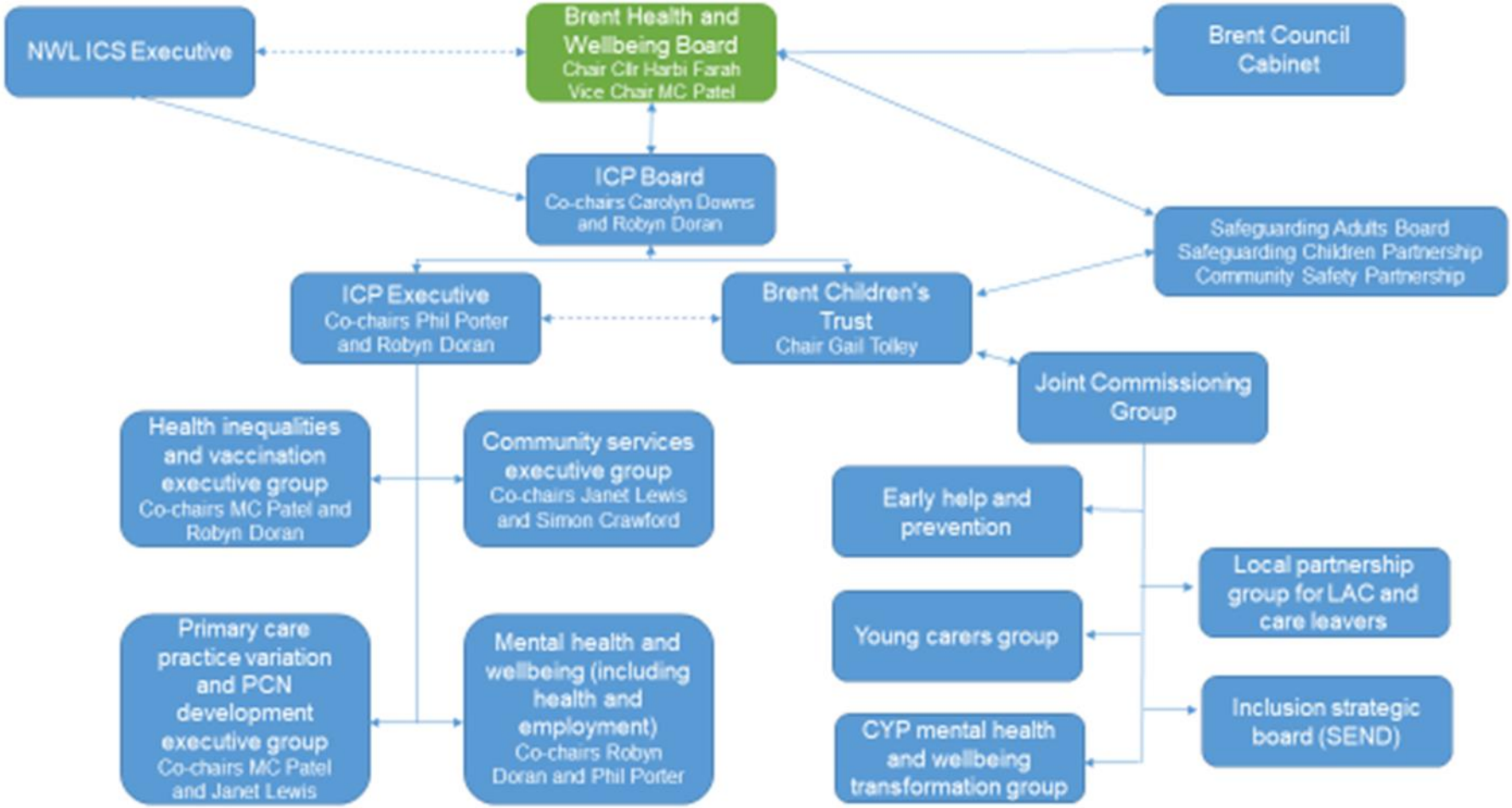
Report sign off:

Phil Porter
Strategic Director, Community and Wellbeing

Robyn Doran
Chief Operating Officer, CNWL NS Trust

Appendix 1

Governance structure 2022/23



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Appendix 2 Brent Integrated Care Partnership Board

Terms of Reference

DRAFT

Introduction

Health, care and wellbeing partners across Brent have a long history of working together to agree and deliver shared outcomes. The approach taken has been inclusive, bringing together commissioners, providers and colleagues from the third/voluntary sector, such as Healthwatch.

The Brent Integrated Care Partnership (BICP) is the place based health and care partnership, as set out in the Health and Care Bill 2021. The BICP works to improve health and wellbeing outcomes by targeting inequalities ensuring bespoke delivery tailored to our needs and our communities, as outlined within the Joint Health and Wellbeing Strategy.

This document sets out how the Brent Integrated Care Partnership Board (BICPB) will work to strategically direct and oversee the activity and progress in delivering the Brent Joint Health and Wellbeing Strategy and other strategic plans.

Structure and partnership environment

The Brent ICP sits within a wider framework of partnerships. See Appendix 1 for further detail.

Purpose of the BICPB

The BICPB will focus on Brent residents of all ages, and will:

- Set the strategic direction for the Brent Integrated Care Partnership, responding to BHWB policy framework to create system unity and clarity of purpose
- Provide the strategic leadership and drive partnership working for the benefit of our local population, including the delivery plans of the Joint Health and Wellbeing Strategy
- Ensure clear and robust partnership arrangements; minimising duplication with existing structures/governance and holding local leadership to account in the implementation of the BICP / NWL ICS
- Enable effective decision making through the Brent Health and Wellbeing Board (BHWB), by meeting six weeks in advance of the BHWB. A joint BICPB and BHWB work plan will be annually agreed and will ensure a coherent pathway through decision making structures
- Ensure structures manage thematic delivery effectively, within agreed performance management frameworks. Review the BICP's success in delivering the agreed strategy, outcomes and work programmes, intervening as required to address any concerns
- Respond to changes in the operating environment, such as national policy or regulatory requirements
- Act as champions for the BICP and its key strategies, both within and outside organisations

Membership

The composition of the BICPB contains representatives from the wider partnership environment, including the Brent Health and Wellbeing Board (BWB), the Brent Integrated Care Partnership Executive Committee (BICPEC), the Brent Children's Trust (BCT) and the North West London Integrated Care System (NWL ICS).

The following organisations/departments/roles are represented as the core membership:

Organisation / Partnership	Position / detail
Brent Council	Chief Executive (Chair)
	Director of Public Health
BHWB	Cabinet Member for Adult Social Care (Chair of BHWB)
	Cabinet Member responsible for Children's Safeguarding, Early Help, and Social Care
	Cabinet Member for Public Health
BCT	Strategic Director Children and Young People (Chair, BCT)
BICPEC	ICP Independent Director (Co-Chair, ICPEC)
	Strategic Director Community and Wellbeing (Co-chair ICPEC)
CCG / ICS	Chair, Brent CCG
	Brent Borough Director
	NWL ICS link
Providers	Director, Central London Community Healthcare Trust
	Director, London North West University Hospital Trust
	Director, Central and North West London NHS Trust

There will be a wider invitation list to the meetings of the BICPB as required by the agenda - individuals and organisations with known expertise and knowledge may be requested to attend meetings or relevant items.

Frequency

The BICPB will meet quarterly, six weeks in advance of the Brent Health and Wellbeing Board.

Quorum

A valid quorum for meetings is half of the members present. No decision shall be taken without:

- One local authority representative
- One provider representative
- One ICPEC representative

Membership expectations

- To attend the meetings of the BICPB and when they cannot attend to send a named deputy who has been briefed prior to their attendance.
- To have authority to be able to take action and make decisions as required
- To work together productively to overcome any cross-organisational barriers
- To take the lead on the delivery of specific priorities or actions as required

Chair

The role of the Chair is to ensure:

- BICP governance is annually reviewed, to include agreement of a shared work plan with the BHWB
- The BICPB agrees annually updated delivery plans as required, which must include the JHWS delivery plans

The ICP Independent Director will act as vice chair as required.

Confidentiality

All attendees have a duty of confidentiality regarding all information disclosed, shared and discussed between and during BICPB meetings. There will be occasions when selected information must not be disclosed outside the BICPB. The person disclosing such information is responsible for identifying it as confidential at the time it is given and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information will be referred to the Chair, whose decision on the matter will be final.

Administrative support

The administration of the BICPB will be provided by Brent Council.

Subgroups

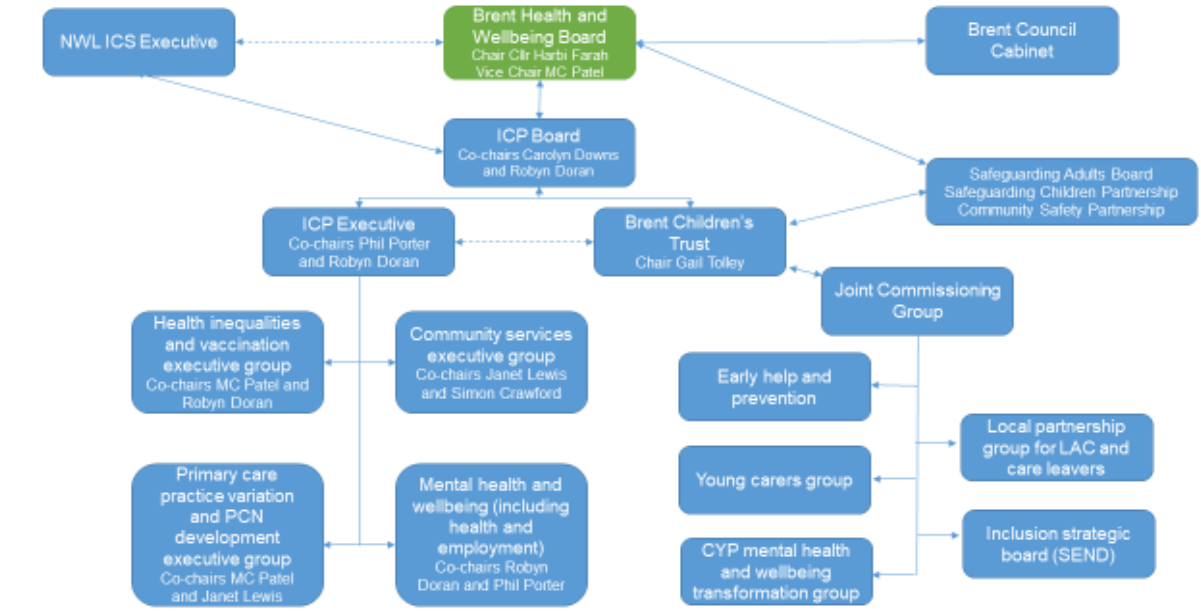
Any other subgroup required can be established at the discretion of the Chair.

Urgent matters

Decisions may be made about urgent matters without a group meeting providing the written consent of the Chair is sought and given. In this case the Chair must ensure that every effort has been made to consult informally with members and report any decisions taken at the next meeting.

Appendix 1

Governance structure 2022/23



North West London Integrated Care System

The NWL ICS current priorities are:

- Recovering elective care and addressing the backlog of other unmet care needs
- Strengthening out of hospital care, with focus on prevention and management of long term conditions and improving outcomes for people with mental health needs, learning disabilities an autism
- Improving the workforce experience, best use of estate and driving innovation
- Ensuring fair allocations of resources

Appendix 3: BHWB ToR

Brent Health and Wellbeing Board membership:

- 5 elected councillors to be nominated by the Leader of the Council. Four councillors will be Cabinet members from the majority party. The fifth member will be an opposition member.
- 4 representatives of Brent CCG
- A representative of Health Watch
- Chief Executive, London Borough of Brent
- Strategic Director Community Wellbeing
- Strategic Director Children and Young People
- Director of Public Health
- Strategic Director Regeneration and Environment

An elected councillor will chair the Health and Wellbeing Board. At least one of the Brent CCG members shall be a GP.

All members of the Health and Wellbeing Board have voting rights, except council officers.

The quorum for the Health and Wellbeing Board is four voting members, with at least two councillors and two other voting members present in order for a meeting to take place.

Brent's Health and Wellbeing Board will:

1. Lead the improvement of health and wellbeing in Brent, undertaking duties required by the Health and Social Care Act 2012.
2. Lead the needs assessment of the local population and subsequent preparation of the borough's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy and ensure that both are updated at regular intervals.
3. Oversee the implementation of the priorities in the borough's health and wellbeing strategy and other work to reduce health inequalities in Brent.
4. Develop initiatives between the council and health service partners to improve health and wellbeing, focussing on tackling Brent's health inequalities.
5. Promote integration and partnership working between health, social care and public health by developing joined up commissioning plans.
6. Provide steer and oversight to CCG and social care commissioning plans to ensure they meet the borough's health needs and the wider strategic plans for health and social care.
7. Consider the wider determinants of health including (but not limited to) housing, education, and the environment to ensure that there is an integrated response to tackling health and wellbeing priorities and health inequalities in Brent.
8. Oversee the borough's plans to respond to a health related emergency.
9. Oversee the development of the borough's pharmaceutical needs assessment, which requires updating every three years.
10. Agree an annual work programme for the Board

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Brent NHS North West London Clinical Commissioning Group	**Health and Wellbeing Board** 13 January 2022
	Report from the Director of Integrated Care

Better Care Fund Plan 2021/22

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Tom Shakespeare Director of Integrated Care tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 To note the changes in the Better Care Fund (BCF) national requirements and plan in 2021/22

1.2 To provide a summary of the projects and funding included as part of the 2021/22 (BCF) Plan submission, for approval by the Board

2.0 Recommendation(s)

2.1 For the Board to note and comment on the proposed projects and funding as part of the Better Care Fund Plan for 2021/22 as set out in Section 4 of the report.

3.0 Summary and key changes in the BCF Plan for 2021/22

3.1 The Better Care Fund (BCF) aims to support closer integration between health and social care. In 2015 Brent Council and CCG first entered the National Health Service Act 2006 (a “s75 Agreement”) in respect of the Better Care Fund and pool funds for one year. Subsequently, there was agreement for entry into a longer term agreement. The agreement provided for an initial term followed by the ability of the parties to agree annual extensions.

3.3 The funding for the BCF s75 Agreement is negotiated on an annual basis between the council and CCG and subject to agreement, the s75 Agreement extended.

3.4 As with previous years, the national publication of the BCF planning guidance has fallen part way through the financial year. Brent's draft plan was therefore developed at pace in collaboration through partners on the ICP Exec, and submitted to the national team in draft form in November, subject to formal approval by the Health and Wellbeing Board, to enable a S75 agreement to be put in place

3.5 It is proposed that the existing arrangements are extended for a further 12 months. The purpose of this extension is to enable the continued delivery of agreed services between the Brent Council and Brent CCG, and to formally enable funding to be transferred from the CCG to the local authority for the delivery of those services

3.6 The plan consists of a narrative and financial and activity plan, both of which are attached to this document as appendices.

3.7 There are a small number of variations to the BCF agreement, which should be noted. These are:

(a) That all reference to Brent CCG be removed and replaced with NW London CCG, with the accountable officer as Jo Ohlson

(b) Appendices are updated with a new narrative plan and activity and finance plan

3.8 This year's BCF planning guidance included an uplift in the CCG minimum contribution, including a 5.4% increase in CCG contribution to adult social care. As with previous years, existing allocations of Adult Social Care Winter Funding has formally included as part of BCF planning process

3.9 The other proposed additions to the BCF schemes for the plan in 2021/22 are as follows:

a) Inflationary uplift for all bedded care costs
b) Additional ASC staff to support with hospital discharge and Winter pressures, including to cover work 7 days a week
c) Additional beds and packages of care, including overnight support and more larger packages of care for more complex patients
d) Commissioning voluntary sector support to enable settlement of people at home following hospital discharge
e) Positive behavioural support pilot
f) Inclusion of full year costs associated with rehab bed provision at Aster Unit

3.10 Subject to approval from the Health and Wellbeing Board for this plan, it is anticipated that the plan will receive formal approval from national partners. Informal approval has already been provided based on the draft plan submitted. Following formal approval, the Section 75 agreement will be signed by Brent Council and NWL CCG to enable funding to be transferred

4.0 Financial Implications

4.1 The overall Financial Contribution is as follows

Running Balances	Expenditure
DFG	£5,316,897
Minimum CCG Contribution	£24,452,535
iBCF	£12,952,325
Additional LA Contribution	£0
Additional CCG Contribution	£70,900
Total	**£42,792,657**

4.2 The Out of Hospital and Adult Social Care Contributions are as follows:

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£6,948,717	£15,878,097	£0
Adult Social Care services spend from the minimum CCG allocations	£8,574,258	£8,574,438	£0

4.3 The detailed BCF Schemes are as follows

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Residential Provision	Spot provision of residential care placements	Residential Placements	Care home	Social Care	LA	Local Authority	Minimum CCG Contribution	£1,293,695	Existing
2	Carers Service	Brent Gateway service to support carers	Carers Services	Respite services	Social Care	LA	Local Authority	Minimum CCG Contribution	£204,000	Existing
3	Reablement Service (IRRS)	Funding integrated rehab and reablement service	Reablement in a persons own home	Reablement to support discharge - step down (Discharge to Assess pathway 1)	Social Care	LA	Local Authority	Minimum CCG Contribution	£948,000	Existing
4	Reablement Home Care Packages	Provision of reablement packages at home	Reablement in a persons own home	Reablement to support discharge - step down (Discharge to Assess pathway 1)	Social Care	LA	Local Authority	Minimum CCG Contribution	£750,000	Existing
5	Step Down Beds	Block nursing beds - Contribution to provision of step down nursing beds for discharge to assess for CHC and complex care	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Social Care	LA	Local Authority	Minimum CCG Contribution	£255,000	Existing
6	Nursing Care Provision	Spot provision of nursing care placements	Residential Placements	Nursing home	Social Care	LA	Local Authority	Minimum CCG Contribution	£1,936,581	Existing
7	Disability Facilities Grant	Provision of a integrated universal access services to support home adaptations. Budget is pooled with other grants to provide this service	DFG Related Schemes	Discretionary use of DFG - including small adaptations	Social Care	LA	Local Authority	DFG	£5,316,897	Existing
8	BCF and STP Programme Management	Support staffing for integrated transformation team	Enablers for Integration	Programme management	Social Care	LA	Local Authority	Minimum CCG Contribution	£300,000	Existing
9	New Accommodation Independent Living	Provision of new supported living units to support people to remain independent	Housing Related Schemes		Social Care	LA	Local Authority	iBCF	£3,417,698	Existing
10	Reablement and Step Down Beds	Spot purchase step down beds to meet demand	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Social Care	LA	Local Authority	iBCF	£840,000	Existing
11	Homecare	Provision of homecare packages	Home Care or Domiciliary Care	Domiciliary care packages	Social Care	LA	Local Authority	iBCF	£5,551,590	Existing
12	Block Purchasing of Beds	Residential Placements	Residential Placements	Care home	Social Care	LA	Local Authority	iBCF	£1,010,748	Existing
13	Additional Social Work, Occupational Therapy and Housing Staff	Additional staff to support hospital discharge and MDT	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	iBCF	£850,000	Existing
14	Handy Man Service	Handy man service to provide speedy adaptations/blitz cleans to support hospital discharge	Housing Related Schemes		Social Care	LA	Local Authority	iBCF	£31,000	Existing
15	Fund additional placements, both block and spot	Additonal nursing and residential placements to meet surge pressures during Winter	Residential Placements	Care home	Social Care	LA	Local Authority	iBCF	£1,034,289	Existing
16	Fund additional social work and care assessor resource for Hospital Discharge Team	Expand staffing to hospital discharge team to ensure resilience during Winter, whilst supporting expansion of Home First pathways	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	iBCF	£217,000	Existing
17	Positive behavioural management in care homes	Pilot of new service to support people with demntia in care homes to reduce NEL and discharges	Other		Social Care	LA	Local Authority	Minimum CCG Contribution	£83,000	Existing
18	Voluntary sector support	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Social Care	LA	Local Authority	Minimum CCG Contribution	£30,000	Existing
19	Fund 2 Social Workers in the Home First team	Additional capacity to mange increased flow into Home First pathway	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum CCG Contribution	£104,000	Existing
20	Reablement training	Provision of training to reablement providers to drive up quality and effectiveness of reablement	Enablers for Integration	Workforce development	Social Care	LA	Local Authority	Minimum CCG Contribution	£20,000	Existing

21	Nurse Assessor	CHC nurse assessor to manage hospital discharge into Home First and step down beds, and support flow through step down beds	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum CCG Contribution	£67,400	Existing
22	Extra care (Visram) step down capacity	Residential Placements	Housing Related Schemes		Social Care	LA	Local Authority	Minimum CCG Contribution	£221,450	Existing
23	Nurse prescriber - to support rehab and reablement team	New role to support with effective and timely discharge home	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Social Care	LA	Local Authority	Minimum CCG Contribution	£40,000	Existing
24	Upskill homecare provision to support with more complex health tasks - hybrid workers	Two new roles: First to support with training, developemtn and governance. Second to support with developing systems and processes to ensure delivery against clear objectives	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)	Social Care	LA	Local Authority	Minimum CCG Contribution	£75,000	Existing
25	Shared patient record	Dedicated work to develop a shared patient record and systems - to work with NWL for EMIS to interface more effectively with social care - with view to shared record.	Enablers for Integration	System IT Interoperability	Social Care	LA	Local Authority	Minimum CCG Contribution	£25,000	Existing
26	Discharge Hub	Recruiment of 1 interim administrator to manage discharge outcomes and support discharge	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum CCG Contribution	£30,000	Existing
27	Additional social worker to support with ICP	Support with additional capacity to support patient flow in rehab beds and deliver 7 day working in line with NWL requirements	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum CCG Contribution	£40,000	Existing
28	Health inequalities pilot	Recruitment of additonal staff to support pilot, and production of resources to address health inequalities in line with joint programme	Prevention / Early Intervention	Social Prescribing	Social Care	LA	Local Authority	Minimum CCG Contribution	£129,000	Existing
29	Reablement home care packages	Home care	Reablement in a persons own home	Reablement to support discharge - step down (Discharge to Assess pathway 1)	Social Care	LA	Local Authority	Minimum CCG Contribution	£550,000	Existing
30	Step down beds	Spot purchase nursing and residential beds in care homes	Residential Placements	Care home	Social Care	LA	Local Authority	Minimum CCG Contribution	£250,000	Existing
31	BCF and STP Programme Management	Support staffing for integrated transformation team	Enablers for Integration	Programme management	Social Care	LA	Local Authority	Minimum CCG Contribution	£270,000	Existing
32	Reablement Home Care Packages	Reablement	Reablement in a persons own home	Reablement to support discharge - step down (Discharge to Assess pathway 1)	Social Care	LA	Local Authority	Minimum CCG Contribution	£633,927	Existing
33	Community service - locality team development	Programme manager for 6 months	Community Based Schemes	Integrated neighbourhood services	Social Care	LA	Local Authority	Minimum CCG Contribution	£45,000	New
34	Rehab and complex nursing care co-location	Programme manager for 6 months	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum CCG Contribution	£45,000	New
35	Care home and homecare recruitment and retention campaign	Comms and publicity spend	Enablers for Integration	Workforce development	Social Care	LA	Local Authority	Minimum CCG Contribution	£27,265	New

36	Pathway 1 - Additional Social worker (Nov - Feb)	Ensuring the flow of Homefirst (non-complex patients)	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Social Care	LA	Local Authority	Minimum CCG Contribution	£21,120	New
37	Pathway 3 - 2 x Additional Advanced care practitioner (Nov - Feb)	Ensuring the flow of HDT (Complex patients)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Social Care	LA	Local Authority	Minimum CCG Contribution	£45,000	New
38	B&B - 2x Level access rooms	Ensuring the flow of patients homeless patients with low level needs	Housing Related Schemes		Social Care	LA	Local Authority	Minimum CCG Contribution	£16,000	New
39	Handyman Service - 1 additional (x 2 FTE total)	Ensuring same day discharge - setting up home environmental changes/key safes etc Hospital avoidance scheme	Housing Related Schemes		Social Care	LA	Local Authority	Minimum CCG Contribution	£24,000	New
40	Hospital to Home Service	Ensuring same day discharge - ensuring food and home environment is safe	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)	Social Care	LA	Local Authority	Minimum CCG Contribution	£30,000	New
41	Community input - Food parcel etc	Hospital avoidance scheme	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)	Social Care	LA	Local Authority	Minimum CCG Contribution	£10,000	New
42	Rotating OT service - 2x Band 5 OT	Ensuring flexible capacity and staff retention	Enablers for Integration	Workforce development	Social Care	LA	Local Authority	Minimum CCG Contribution	£55,000	New
43	Integrated Care Planning and Navigation	Whole systems support	Integrated Care Planning and Navigation	Care navigation and planning	Community Healt	CCG	CCG	Minimum CCG Contribution	£1,647,386	Existing
44	Community Based Schemes	Community rapid response service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Healt	CCG	CCG	Minimum CCG Contribution	£5,037,276	Existing
45	Community Based Schemes	Proactive outreach of rapid response service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Healt	CCG	CCG	Minimum CCG Contribution	£966,335	Existing
46	Community Based Schemes	Development of Integarted Care partnership arrangements	Community Based Schemes	Integrated neighbourhood services	Community Healt	CCG	CCG	Minimum CCG Contribution	£548,065	Existing
47	Intermediate Care Services	Provision of reablement packages at home	Intermediate Care Services		Community Healt	CCG	CCG	Minimum CCG Contribution	£550,000	Existing
48	Community Based Schemes	Falls prevention service	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)	Community Healt	CCG	CCG	Minimum CCG Contribution	£362,000	Existing
49	Intermediate Care Services	Provision of step down beds to support discharge to assess and complex care	Intermediate Care Services		Community Healt	CCG	CCG	Minimum CCG Contribution	£250,000	Existing
50	Community Based Schemes	Support to disctrict nursing, as part of new ICP	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Healt	CCG	CCG	Minimum CCG Contribution	£604,469	Existing

51	HICM for Managing Transfer of Care	Support to care homes to suppoirt hospital discharge and reduce admissions	HICM for Managing Transfer of Care		Community Healt	CCG	CCG	Minimum CCG Contribution	£696,183	Existing
52	Residential Placements	Provision of CHC and FNC	Residential Placements	Nursing home	Community Healt	CCG	CCG	Minimum CCG Contribution	£3,435,861	Existing
53	Community Based Schemes	Supporing staff	Community Based Schemes	Integrated neighbourhood services	Other	CCG	CCG	Minimum CCG Contribution	£270,000	Existing
54	Community Based Schemes	Community Rehabiliation	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Community Healt	CCG	CCG	Minimum CCG Contribution	£627,513	Existing
55	Community Based Schemes	Community Rehabiliation	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Community Healt	CCG	CCG	Minimum CCG Contribution	£67,009	Existing
56	Community Based Schemes	Community Rehabiliation	Bed based intermediate Care Services	Other	Community Healt	CCG	CCG	Minimum CCG Contribution	£816,000	Existing
57	Community Based Schemes	Community Based	Other		Social Care	LA	Local Authority	Additional CCG Contribution	£45,900	New
58	Community Based Schemes	Community Based	Other		Social Care	LA	Local Authority	Additional CCG Contribution	£25,000	New
	Grand Total								**£42,792,657**	

6.0 Legal Implications

6.1 Subject to any comments from the Health and Wellbeing Board to the revised funding and projects, formal approval to extend and vary the Section 75 Agreement will be sought from the parties and following such approval, the extension and variation will be signed.

7.0 Equality Implications

7.1 None directly

7.0 Consultation with Ward Members and Stakeholders

7.1 Ongoing

8.0 Human Resources/Property Implications (if appropriate)

8.1 None directly

Report sign off:

Phil Porter
Strategic Director Adults and Housing, Brent Council

Robyn Doran
Chief Operating Officer, CNWL

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