



### Health and Wellbeing Board

**Thursday 12 January 2023 at 6.00 pm**

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

This meeting will be held as an in person physical meeting with all members of the Board required to attend in person.

**The meeting will be open for the press and public to attend. Alternatively, the link to follow the live webcast will be made available [here](#).**

#### **Membership:**

Councillor Nerva (Chair)	Brent Council
Dr Mohammad Haidar (Vice-Chair)	NWL Integrated Care Board
Councillor Donnelly-Jackson	Brent Council
Councillor Grahl	Brent Council
Councillor M Patel	Brent Council
Councillor Kansagra	Brent Council
Judith Davey	Healthwatch Brent
Robyn Doran	NWL Integrated Care Board
Simon Crawford	NWL Integrated Care Board
Jackie Allain	NWL Integrated Care Board
Basu Lamichhane	Brent Nursing and Residential Care Sector
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Nigel Chapman	Brent Council - Non-Voting
Dr Melanie Smith	Brent Council - Non-Voting
Claudia Brown	Brent Council - Non-Voting

#### **Substitute Members (Brent Councillors)**

Councillors: M Butt, Knight, Krupa Sheth and Southwood

Councillors: Hirani and Mistry

**For further information contact:** Hannah O'Brien, Governance Officer  
Tel: 020 8937 1339; Email: [hannah.o'brien@brent.gov.uk](mailto: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 or trade union).
- (b) The interests 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.
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# Agenda

Introductions, if appropriate.

Item	Page
<b>1 Apologies for absence and clarification of alternate members</b>	
For Members of the Board to note any apologies for absence.	
<b>2 Declarations of Interest</b>	
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.	
<b>3 Minutes of the previous meeting</b>	1 - 6
To approve as a correct record, the attached minutes of the previous meeting held on 13 October 2022.	
<b>4 Matters arising (if any)</b>	
To consider any matters arising from the minutes of the previous meeting.	
<b>5 Children's Services Update</b>	7 - 16
To provide an update on the joint health and local authority response to winter pressures arising in the shorter-term and outline the Integrated Care Partnership's (ICP) priorities for children over the medium and longer term.	
<b>6 Childhood Immunisations</b>	17 - 42
To provide the current arrangements for childhood and school aged immunisations, including responsibilities for commissioning, delivery and quality assurance.	
<b>7 NWL summary of additional health inequalities funding and Brent Health Matters Update</b>	43 - 58
<ul style="list-style-type: none"><li><b>7i. NWL Additional Health Inequalities Funding</b> (<i>Pages 43 – 48</i>)</li></ul>	
To receive a summary of additional health inequalities funding	

- **7ii. Brent Health Matters Update** (*Pages 49 – 58*)

To receive an update on the Brent Health Matters Programme

**8 Brent Integrated Neighbourhood Teams Development** 59 - 64

To provide an update on Brent Integrated Neighbourhood Teams Development.

**9 Health and Wellbeing Strategy - Healthy Lives** 65 - 72

To provide an update on healthy lives, one of the five themes of the Health and Wellbeing Strategy.

**10 Borough Plan** 73 - 102

To provide the Borough Plan to the Health and Wellbeing Board.

*Published to agenda on 11 January 2022.*

**11 Winter Planning and Adult Social Care Discharge Funding** 103 - 108

To provide a brief update on the winter schemes in Brent and inform the Health and Wellbeing Board of Brent's preparedness to manage the additional Adult Social Care (ASC) Discharge Funds to support winter pressures on the local health and social care system.

**12 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.

**Date of the next meeting: Wednesday 29 March 2023**

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| <ul style="list-style-type: none"><li>• Please remember to turn your mobile phone to silent during the meeting.</li><li>• The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis. Alternatively, it will be possible to follow proceedings via the live webcast <a href="#">here</a>.</li></ul> |
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North West London

## **MINUTES OF THE HEALTH AND WELLBEING BOARD** **Held as a hybrid Meeting on Thursday 13 October 2022 at 6.30 pm**

**Members in attendance:** Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Mili Patel (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Simon Crawford (Deputy Chief Executive, LNWUHT), Carolyn Downs (Chief Executive, Brent Council – non-voting), Claudia Brown (Director Adult Social Care, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting)

**In attendance:** Councillor Grahl (Brent Council) (in remote attendance), Tom Shakespeare (Integrated Care Partnership Director), David Petrie (Strategic Partnerships Manager, Brent Council), James Kinsella (Governance Manager), Hannah O'Brien (Senior Governance Officer, Brent Council), Steve Innit (HealthWatch Brent) (in remote attendance), Antoinette Jones (NWL NHS), Steve Vo (NWL NHS), Josefa Baylon (NWL NHS)

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

Apologies for absence were received from the following:

- Councillor Grahl (Brent Council) (present in remote capacity)
- Councillor Donnelly-Jackson (Brent Council)
- Robyn Doran (Director of Transformation and Brent ICP Director)
- Phil Porter (Corporate Director Adult Social Care and Health)
- Jonathan Turner (Borough Lead Director – Brent, NWL NHS)
- Judith Davey (Chief Executive, HealthWatch Brent)

### **2. Declarations of Interest**

None declared.

### **3. Minutes of the previous meeting (28 July 2022)**

RESOLVED: That the minutes of the meeting, held on 28 July 2022, be approved as an accurate record of the meeting.

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

None.

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

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools, Brent Council) introduced the update on the activities and priorities of the Brent Children's Trust (BCT). In introducing the item, she highlighted the following key points.

- She highlighted the critical role of different agencies outside of the Council, particularly the voluntary sector and healthcare, in the lives of children and young people, which she felt would become more important with the rising cost of living and resource pressures in the Council. She felt that BCT was vital in bringing all those various

organisations together into one place to co-ordinate support for children, young people and families.

- The report detailed the work being done by the BCT on the implementation of the SEND green paper. She relayed the experience of one parent who had disclosed that her daughter was not speaking when she was 2 years old and had entered reception still unable to speak. The parent tried to access support from her GP, Council and schools but was told her daughter was shy. When the parent's daughter was 7, she began self-harming, and was no longer able to remain in mainstream education, moving in and out of various schools for the duration of primary school. The daughter had now been placed in a SEND school and had just finished year 7, which was the first time the daughter had finished a full school year since the age of 7. Councillor Grahl felt this case study highlighted the importance of early help and intervention. She was pleased to see the BCT were looking at a neurodiversity pathway review considering 42% of children with an Education, Health and Care Plan (EHCP) had a diagnosis of autism. She highlighted it was positive that there was a clear plan for this area to address gaps in provision and support families.
- Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that the focus for the BCT was now working on the 4 joint priority areas – inequalities, mental health and wellbeing, community services, and primary care. He felt that there had been good progress with looking at the details underneath those priority areas in the most recent BCT sessions, but acknowledged there were challenges that would be faced particularly around SEND. The challenges around demand for SEND had been heard at the most recent Community and Wellbeing Scrutiny Committee meeting, including the approaches the children's services department were taking to deal with the increasing demand.

The Chair thanked Councillor Grahl and Nigel Chapman for their introduction, and invited contributions from those present. The following issues were raised:

- The Board were advised that there was currently no specific Autism Strategy in place for young people, however there was an expectation from the Integrated Care System (ICS) that there would be an Autism Board established in each borough, which Integrated Care Partnerships (ICPs) would have oversight of. The intention would be to jointly develop an Autism Strategy with the local partnership, and Nigel Chapman highlighted that the partnership had been particularly good at identifying the issue of rising autism diagnoses locally and responding through special school provision. He felt more now needed to be done to support children and young people with autism at an early stage through early intervention.
- Considering the high number of children waiting for an ASD or ADHD assessment, the Board queried why that number was high and how long it took once a child was referred to be assessed. Nigel Chapman agreed that the numbers were high and children's services were ensuring this was dealt with as a priority within the NHS system. He felt the higher numbers were an indication of the greater awareness of ASD and ADHD now, and was another reflection of the huge growth of demand in the system over the past 4-5 years, which had seen an increase in EHCPs by 50%. It was agreed that Nigel Chapman would request the waiting times from referral to assessment from CLCH, who carried out the assessments.
- The Board queried how the BCT linked into the borough-based partnership to bring the NHS and local authority together to plan for the future. Nigel Chapman advised the Board that the ICP and children's services colleagues had met twice within the last month to discuss priorities first, in order to ensure a shared vision, before looking at governance. It was agreed that something like a Trust needed to remain in the health system going forward to maintain operational focus of children as a priority within the system.

- The Board asked whether there would be any additional work done through the funding for the 'Troubled Families Programme'. Nigel Chapman confirmed that the programme would be a continuation of existing work rather than additional provision. The Board heard that children's services relied almost entirely on the Supporting Families Programme to fund intervention work which supported the Family Wellbeing Centres, triage officers, identifying families in need, Citizen's Advice, and the Council's own staff who worked with families needing higher levels of intervention.
- The Board heard that the success of the polio vaccination campaign was mixed, but the offer continued to be available at the Brent Civic Centre and there was a small and steady stream of parents bringing children in to be vaccinated. Dr Melanie Smith (Director of Public Health, Brent Council) encouraged anyone with a child aged between 1-9 years old to bring them in to the Civic Centre to get their polio vaccination.
- Simon Crawford (Deputy Chief Executive, LNWUHT) highlighted that Northwick Park were seeing increasing numbers of young people presenting through A&E with mental health issues and spending a long time in the hospital. He asked what the relationship was between the BCT and CNWL, who commissioned CAMHS, and whether there was focus on this within the BCT. Nigel Chapman confirmed this was a priority area under the mental health and wellbeing priority. The focus was on a 'Thrive' model, looking to deal with issues at a Tier 2 level opposed to Tier 3. In the past year, there had been focus on dealing with the waiting times for CAMHS, which had improved to around 11-12 weeks compared to double that the previous year. An important part of that work was educating frontline staff on when it was appropriate for a CAMHS referral to be made. Regarding presentation at A & E, the ICS were seeking to find Children's Home providers that would take children as a step-down immediately from A&E in partnership with health colleagues, as it was unsatisfactory for children with behavioural conditions to be held in A&E for significant lengths of time. The Chair requested that this issue was raised at a borough partnership level to focus in on the approach.

RESOLVED: To note the report.

## 6. **Joint Health and Wellbeing Strategy Thematic Update – Healthy Places**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which updated the Board on one of the 5 themes of the Health and Wellbeing Strategy. She advised the Board that the report detailed the commitments made within the Healthy Places theme and the actions taken so far. The theme reflected what officers had heard from the community, which was a need expressed for safe, clean places that were near to people where they could meet up, relax and exercise. She highlighted that, if the Strategy was being written now, officers would have included 'warm' into safe and clean places. In introducing the report, she explained that the Health and Wellbeing Strategy was one of a number of strategies, and there were links to other pieces of work such as the Youth Strategy and Transport Strategy. Overall, she felt there had been good progress in some areas, whereas other areas had seen little progress due to resource constraints, such as funding that was hoped for from TFL not materialising. She concluded by commending the breadth of activity taking place across the piece of work from all areas of the Council as well as the health and voluntary sector.

The Chair thanked Dr Melanie Smith for introducing the report and invited comments and questions, with the following issues raised:

- In relation to section 3.9 of the report regarding improving access to parks for people with disabilities, the Board requested more detail on the number of accessible equipment being installed in parks and their location. They highlighted that Roundwood

Park had installed one piece of accessible equipment and felt it could lead to a queue, asking if it was possible to go further and have more equipment on offer. Dr Melanie Smith acknowledged the feedback, highlighting that the officers would not yet consider the work completed, but it was a positive start, particularly as the project had been co-designed with children and families.

- Dr Melanie Smith confirmed that the 'Our Parks' free physical activity sessions had been targeted at women specifically, as women and girls were less physically active.
- The Chair highlighted that there were significant public realm implications when looking at healthy places, which, in turn, impacted resources. He asked if there were any opportunities for community organisations to bid for NCIL as part of healthy places or if there were initiatives the Council could promote without financial consequence. Dr Melanie Smith advised that, in terms of value added from community groups and NCIL, community gardens and growing projects offered significant benefits for both physical and mental health, and community organisations were much better placed to make those sustainable long term.
- The Board asked for the Council to look at making parks available for community groups to organise games and sports across the summer.

RESOLVED: to note the information provided in the paper.

## **7. Community Service Work Stream Update – Integrated Neighbourhood Team Development**

Tom Shakespeare (Integrated Care Partnership Director) introduced the report, providing an update on the development of Integrated Neighbourhood Teams. The idea behind the teams was to bring together health and care services, wrapping primary care around residents on a geographical basis, based on the 5 neighbourhood connect areas in Brent. This would bring in some of the new roles coming into primary care and build on the foundations of the Brent Health Matters (BHM) programme to have a strong focus on inequalities. The workstream looked to take a whole life approach.

Josefa Baylon (NWL NHS) added that, in order for the teams to be effective, there were 3 key enablers; workforce, including working in partnership with partners, the Council, NHS and voluntary sector; estates and aspirations for the future, including 'superhubs'; and interconnectivity of digital information systems. Listening and engagement sessions were ongoing, and the next phase of those sessions would be delivered through the Council's Brent Connects meetings online. Josefa Baylon would join those meetings to get the views and aspirations of the constituents in those neighbourhood areas.

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

- The Board queried what the resource implications for the Council and health service were for this workstream. Tom Shakespeare highlighted that the aim of the project was to work within the existing resources around staffing and bring teams together to effectively deliver outcomes for residents. It was anticipated there would be estates and infrastructure costs associated with the work and the Integrated Care Partnership (ICP) would work closely with colleagues across NWL to support that. There were potential opportunities to co-locate services with existing Hubs and Family Wellbeing Centres to minimise additional costs.
- In terms of the 'end-state' vision, the Board heard that the work aimed to build on where foundations were already strong, listening to Primary Care Networks (PCNs) and communities about where they felt the teams should be focusing. There was already

strong working around diabetes which offered a good starting point. The aim was to start small and build up over time.

- In response to what would happen if a patient found that the PCN their GP was part of was not in the same locality as where they lived, Josefa Baylon confirmed that the plotting of the 51 practices had only identified 7 specific practices that were not geographically aligned. Learning had been taken from other areas of London who had already done this programme and no problems were anticipated from a resident point of view.
- The Board asked what methods of learning were best for hearing the voice of residents. Josefa Baylon advised the Board that real-life stories from residents were the most powerful way of designing the programme going forward to effectively shape the neighbourhood teams.
- There was a discussion about the need for engagement with residents, with HealthWatch representatives feeling that there could be more. Josefa Baylon highlighted that the team had worked closely with officers in Healthwatch Brent on an engagement piece and would want to continue to work with Healthwatch to reach residents. Residents were also reached through the Community and Voluntary Sector, with BHM reaching out to 440 voluntary care sectors within Brent. Carolyn Downs (Chief Executive, Brent Council) highlighted that that there had already been considerable engagement for the project to work with, and as this was a priority area it should be implemented as soon as possible.
- Dr Haidar advised the Board that the project was in its very early stages and congratulated the team for the progress already made. The ICP website was another way of communicating with the wider public to show what was on offer, and there was a lay person from the public who sat on the diabetes project board.

RESOLVED: To note the report and receive an update in January 2022.

## **8. Winter Planning**

Claudia Brown (Director Adult Social Care, Brent Council) opened the report, explaining that this was an integrated plan for winter which had been worked on with all partners. Steve Vo (NWL NHS) advised the Board that the focus of the plan was to ensure sufficient levels of beds in both hospitals and the community, enable the best usage of current capacity, and reduce A&E and urgent care demand. A number of schemes had been put in place to mitigate the discontinuation of discharge to assess and support hospital discharge flow, as detailed in the paper.

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

- Carolyn Downs (Chief Executive, Brent Council) confirmed that NWL ICS had now received £9m from the government and added £5m themselves for winter planning, who were the only ICS who had contributed their own funding. Social care was no longer excluded from receiving that funding. She had sent a letter from herself and Tom Shakespeare to the ICS Chief Executive to explain that the only way to help flow from hospital was for more step-down and step-up beds, which needed to be NWL wide. Those conversations were ongoing, but she felt it was important there were colleagues based locally who could do brokerage between continuing healthcare and the Council in order to speed up the process. She felt that the position was in better shape now and that the ICS were trying to get this to a better place.
- Simon Crawford (Deputy Chief Executive, Brent Council) echoed Carolyn Down's points and highlighted that, from an acute trust perspective, he was very grateful for the support that had been given to prevent unnecessary hospital admissions and support ongoing

discharges. By way of an update, he explained that Northwick Park Hospital had been under sustained pressure and the last 8 weeks had seen highly pressurised day-in-day-out demand on hospital beds and acute pathways. He felt that all of the schemes detailed in the report were vitally important to support the Trust in providing safe care to patients and effective discharge. In addition, he had joined some of the discharge calls which were ran well in terms of staff knowing the patient, knowing the case and supporting the discharge. This week, the Trust had given confirmation of funding for beds, which was for additional capacity of 68 beds, with 40 open as of the week of the meeting.

- The Board asked whether officers were confident staff could be recruited to implement the schemes detailed in the report. Claudia Brown highlighted that staffing was one of the biggest challenges going forward, particularly as ADAS had ceilings for how much agency staff could be paid. There may be a need to go above those levels to encourage staff in. Having said that, not all of the schemes required additional staff, particularly in the region of primary care where beds were being put in through the independent sector. Some of the schemes which had proven successful last year had already began mobilisation with staff as part of that mobilisation. Antoinette Jones (NWL NHS) added that CNWL had assured her that agency staff and existing staff could be used to implement schemes, and 2 voluntary sector providers had confirmed they were ready to mobilise their schemes based on their existing staff.

RESOLVED:

- i) To note the local Winter Planning initiatives.

#### 9. **Better Care Fund 2022-23**

Tom Shakespeare (Integrated Care Partnership Director) introduced the item, explaining that this was a yearly approval process to ratify the Better Care Fund proposals for 2022-23. The cover paper detailed additional schemes included under the fund, and the same approach as the previous year had been taken in that any uplifted amounts were allocated against new schemes, particularly to support the winter care pressures.

RESOLVED:

- i) To ratify the 2022-23 Better Care Fund Plan for Brent.

#### 10. **Any other urgent business**

None.

The meeting was declared closed at 19:24  
COUNCILLOR NEIL NERVA, CHAIR

	<b>Brent Health and Wellbeing Board</b> 12 January 2023
	<b>Report from Brent Integrated Care Partnership (ICP)</b>
<b>Children's Services Update</b>	

<b>Wards Affected:</b>	All wards
<b>Key or Non-Key Decision:</b>	Non-Key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	None
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Jonathan Turner Borough Director Brent (ICP)  Shirley Parks Director, Safeguarding, Partnerships and Strategy – Brent Council Shirley.Parks@brent.gov.uk

## 1.0 Purpose of the Report

This report provides an update on the joint health and local authority response to winter pressures arising in the shorter-term and outlines the ICP's priorities for children over the medium and longer term, together with an explanation of the governance structures that will oversee the programmes and ensure progress is achieved.

The report also outlines where there are any resource gaps. A full report will be provided on these at the next meeting of the Health and Wellbeing Board, alongside the Children's Trust report.

## 2.0 Recommendations

Health and Wellbeing Board are asked to note:

- 2.1 That the NHS and the LA continue to support their local populations with additional resourcing and response, such as the additional Strep A and polio clinics.
- 2.2 That the ICP Children's Priorities are being taken forward through the existing 4 Executive Groups and report into these. A fuller report on the progress of these schemes will be provided to the next HWB session in the New Year.

### **3.0 Detail**

#### **3.1 Polio Response**

Over the course of the Autumn, sewage sampling identified at least one positive sample of the poliovirus currently present in the sewage of a number of London boroughs, including Brent. This suggested that there was community transmission of the virus within London.

Most people have been vaccinated against polio, so the risk to the public is low. However, the Joint Committee on Vaccination and Immunisation (JCVI) has advised that, to be safe, an inactivated polio vaccine (IPV) booster dose should be offered to all children aged one to nine in London.

This will help ensure that there is a high level of protection against polio and it will reduce the risk of it spreading through the community.

In response to this, primary care in Brent set up a polio booster vaccination programme, where all eligible children between the ages of 1-9 years were offered the polio vaccine. To support individual practices, additional Health Inequalities Clinics were stood up a maximum of 3 Saturday or Sunday clinics.

A task and finish group had been established with GP network leads and public health colleagues to collaborate to help maximise vaccination rates – this has now merged into the Brent Immunisations Working Group.

Brent Civic Centre vaccination centre has also stepped up to provide the polio vaccine at their current COVID vaccination clinic, thus expanding the offer.

#### **3.2 Routine Childhood Immunisations**

All practices offer and encourage children and parents to have their routine childhood vaccinations, which is essential to ensure protection against harmful diseases circulating in the environment.

Outreach work has been taking place at local sites such as Brentfield Medical Centre for all of the children covered by the Harness network, and awareness sessions by the NWL Immunisations lead and the Family Wellbeing Centres.

22 GP practices are offering Saturday morning surgeries to enable working parents to bring their children in for their immunisations.

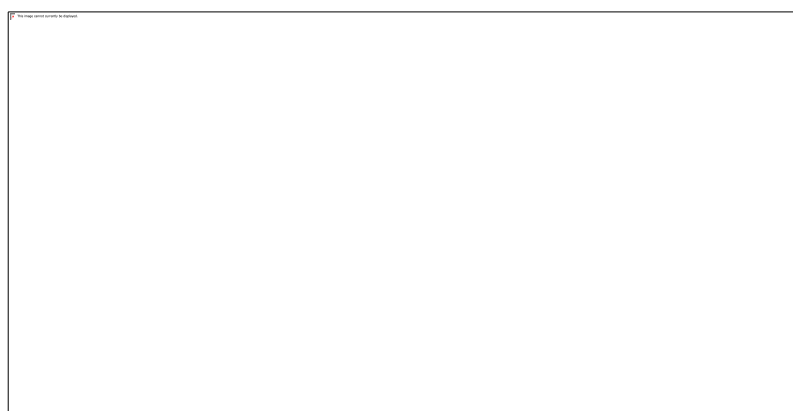
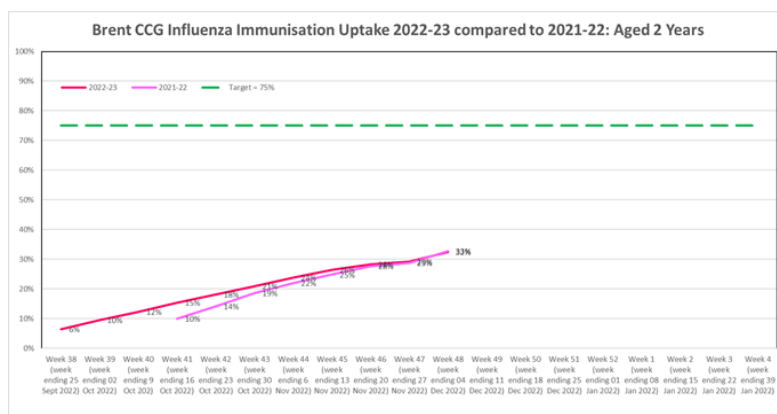
Other surgeries are offering evening appointments to ensure equity of access.

The SPIN (Salaried Portfolio Innovation) GP at Brentfield Medical Centre has undertaken sessions to improve child immunisation uptake rates. She has presented on Beat Radio on the merits of child vaccinations and has also held two open clinics for parents to come in and speak to her about vaccinations and any concerns they may have. Child immunisation vaccination was offered in the clinics if parents were willing. Uptake was good with 15 families attending the first session.



### 3.3 Children's Flu Vaccine

The flu vaccine in 2 and 3 year olds continues to be promoted via their GP surgery. School aged children continue to be provided with vaccination and a catch-up clinic has been set up at Brent Civic Centre for children aged 5 to 11 Years. No appointment is necessary, and this is eligible to all children (including non-Brent residents). Flu immunisation achievement so far is shown on the graphs below:



### 3.4 Health Inequalities – Group A Streptococcus (commonly referred to as “Strep A”)

The winter of 2022 is the first winter following the complete cessation of all COVID pandemic restrictions. The combination of previous lockdown measures where children did not build up as much natural immunity to circulating infections, and the subsequent cessation of pandemic-related restrictions is thought to have led to the current scenario where a large number of non-COVID infections are circulating – notably influenza, RSV (Respiratory Syncytial Virus) and Strep A infections. This has led to an increase in emergency department and Urgent Treatment Centre attendances by children and parents in the recent weeks, together with increased pressure on General Practice as well.

In response, primary care health inequalities clinics have been laid on and launched from 12<sup>th</sup> December 2022 for a period of 13 weeks to support with increased capacity to manage Strep A cases. This reduces pressure on busy

A&E departments and provides children and their parents with a more convenient and local response, which for the vast majority of children does not require a hospital based intervention.

These health inequalities clinics provide additional capacity through General Practice:

- Opening Hours: One additional hour of consultation from 6.30pm to 7.30pm (or a clearly identified clinic for GAS children) 5 days a week from Monday to Friday (or on the weekend)
- Additional slots are provided, resulting in 4 to 5 appointments per day per practice. The booking pathway is either through a self-referral, or a referral from 111.

The team are expecting 65% of practices (31 practices) to sign up to this scheme. Some practices may decide to offer a longer Saturday clinic –opening 9 hours as opposed to their current 4 hours of health inequalities clinic.

The Practice Plus Group (PPG) has also reported an increase of 30-35% in out of hours calls related to the under 18s. PPG has confirmed that additional capacity has been stood up for the out of hours period to help meet additional demand over the weekend, when practices are closed. Additional capacity has been sought from PPG and has been put in place from 18<sup>th</sup> December 2022 forward.

### 3.5 Enhanced Access Hubs

Brent currently has six Enhanced Access Hubs that are open, and are now contactable through a single point of access number that has been made publicly available through various means. The access hubs are open to all patient groups for primary care, and this also applies to children.

The 6 available sites and their opening times are shown below, together with the single point of access telephone number. This means that patients are no longer dependent on booking into the hubs through their GP practice and can contact the hub directly.

PCN	Extended Access Hub	Hub Address	Standard hub opening hours	Single Point Access Number
Harness South Primary Care Network(PCN)	Central Middlesex Hospital (Park Royal MC)	Acton Lane, Park Royal, London , NW10 7NS	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 8.00pm	07541490200
Harness North PCN	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	Sunday – 10.00 a.m to 4.00 pm (Park Royal)	
Kilburn PCN	Staverton Surgery	51 Staverton Rd, London NW2 5HA	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm	03333212084
K&W PCNs	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm	03000339955
	Lonsdale Surgery	24 Lonsdale Rd, London NW6 6RR		
	Kingsbury Health and Wellbeing	245 Stag Ln, London NW9 0EF		
	Willesden Medical Practice	144-150 High Rd, London NW10 2PT		

### 3.6 Paediatric Community Primary Care-Led Clinics

Dr Neel Trivedi (GP) is holding regular Paediatric clinics with consultant support from Northwick Park Hospital to support local GPs in managing children with complex needs. MDT sessions are held once per month currently from Gladstone Medical Centre in Neasden. Dr Trivedi is also working on developing a minor ailment booklet for new mothers. Initial signs are that this model is successful in preventing unnecessary hospital admissions and there are plans in train to expand this model to 4 sites across Brent.

### 3.7 Health Visitors

The Public Health Team has been developing material for patients and healthcare professionals to make accessing the service easier, including contact details for the service.

Several different leaflets have been developed. The first specifically provides health promotional information such as safe sleeping, mental health, eRedbook, vitamins, and introduction to solids. There is also a button that people can click to translate the details into their own language.

It can be found here: <https://clch.nhs.uk/services/new-baby-and-parent-resources>

The second leaflet is about the Brent Infant Feeding Team. It can be found here: <https://clch.nhs.uk/services/new-baby-and-parent-resources/infant-feeding-services/breast-feeding-brent>

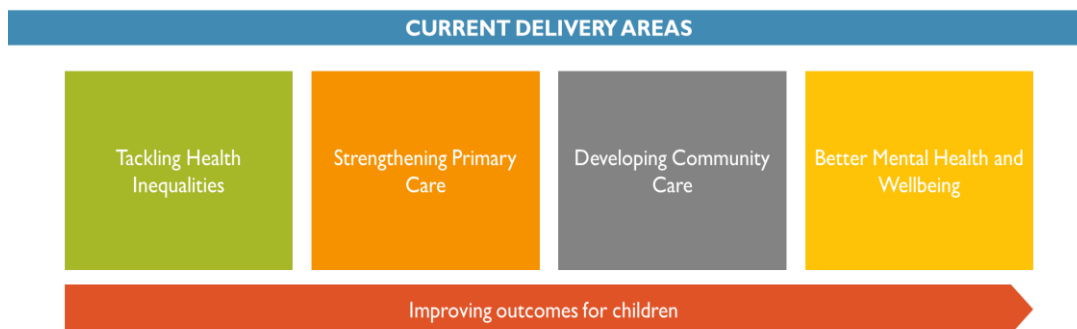
The third is the “Birth to Five” book, which many years ago used to be available as a physical copy but is now online as a virtual book.

The final code is the Learning to Communicate handbook from the MECSH programme which is shared with all Brent families in order to support with learning activities up until the child is one years old. [https://www.slhd.nsw.gov.au/learningtocommunicate/pdf/LtC\\_ParentHandbook.pdf](https://www.slhd.nsw.gov.au/learningtocommunicate/pdf/LtC_ParentHandbook.pdf)

### 3.8 ICP Children’s Priorities

Since the formation of the ICP, all partners have agreed that there should be a closer focus on children and that specific priority should be given to the full range of children’s services across physical and mental health.

The ICP priorities will evolve over time, but the current agreed areas of focus and delivery programmes include:



The priorities will be driven by engagement with communities and residents, national and regional requirements for health and care services, and through co-design with stakeholders. The health and care system faces significant pressures and there are considerable capacity challenges, but there is commitment across the ICP to developing sustainable transformation programmes that will be part of the long-term solution to this challenge.

With these aims in mind, the ICP recently appointed Dr Anne Murphy as the clinical director responsible for transforming children's services within Brent.

A working group across health and Children and Young People met to determine the most pressing priorities for children's services as set out below, alongside the logic of focussing upon these areas and a brief outline of the planned transformation:

Area	Description	Logic of choosing this area	Transformation
Inequalities	Developing a holistic support offer through our families hubs, Brent Health Matters and Neighbourhood teams	The group felt that a greater focus on the social determinants of health was necessary, expanding the approach of BHM to children.	Possible areas of focus include oral health, healthy weight, smoke free homes, healthy start
Mental Health and Wellbeing	Implementing a THRIVE model for mental health and wellbeing	THRIVE is the new national framework that all mental health services should be working towards for children. It seeks to create a coherent and resource efficient community of mental health	The starting point is to map existing services against the THRIVE framework and to identify the cultural and system changes that are needed to deliver THRIVE in Brent.

Area	Description	Logic of choosing this area	Transformation
		and wellbeing support for children, young people and families.	
Immunisations	Improving the uptake rate of childhood vaccinations in Brent	Uptake rate is lower than average in some areas of Brent, which may be linked to deprivation and vaccine myths/ conspiracies. Increasing uptake can reduce preventable childhood diseases	Work with our communities in an “every contact counts” approach and work with our community groups and social prescribers through BHM
Mental Health and Wellbeing	CAMHS improvement and waiting list target reduction	Demand has been exceeding capacity and a waiting list had been building up. System resources are under review.	Triage of waiting list by community and voluntary sector providers with counselling and support put in place. Ongoing dialogue with wider system around resourcing for this area.
Community	Implementing the neurodiversity pathway	There are significant waiting lists for diagnosis and there is an identified need to provide more support up-front rather than waiting a long time for a diagnosis. There is a need to develop a smooth pathway or of services across the ICP.	Develop a full neurodiversity pathway, including mapping the current approach and developing strategies to to provide more support at an earlier stage and to reduce barriers inbetween services.

Area	Description	Logic of choosing this area	Transformation
	Speech and Language Therapy transformation	SLT is commissioned by both the LA and by the NHS and there is a need to develop a joint commissioning approach that ensures the best value out of the service with combined resources.	Review of key challenges within the service and development of a common specification across health and local authority. .
	Supporting children through the integrated neighbourhood model	This is part of the work relating to the setup of integrated health and social care neighbourhood teams. Support for children and families should be a key component of this.	Identification of scope of the neighbourhood teams with input from service users.  Identification of hub sites, resource and staffing model to support.
Primary Care	Implementing paediatric hubs.	Imperial have successfully rolled out paediatric hubs in several other NWL boroughs. There is scope for ensuring better collaboration between secondary and primary care to manage a range of paediatric conditions.	Several hubs have already been rolled out such as that based in Neasden (Gladstone Medical Centre). The aim is a borough-wide roll out with 4 clinics across Brent.
	Asthma diagnosis and control improvement (primary and community)	National Review of Asthma Deaths showed that some deaths were preventable, as well as non-fatal	Focus upon asthma checks in primary care, better inhaler technique and working with housing team

Area	Description	Logic of choosing this area	Transformation
		exacerbations that were avoidable, through better inhaler technique and medication compliance, as well as regular asthma checks in primary care. Air quality and accommodation may also play a role.	around mould in houses, as well as the link with air quality and environment.

### 3.9 Governance and Reporting

The Brent Children's Trust Board (BCT) (responsible for ensuring that system resources are allocated and utilised to deliver maximum benefits for Children and Young People in Brent) and the Brent Integrated Care Partnership Board (responsible for improving health and wellbeing of the Brent population; with a focus on tackling inequalities) are working closely together to support better outcomes for children and young people. In practice this means cross-membership across the two boards and a commitment to building strong relationships between members of the two boards.

The BCT and the ICP have established a single system planning process to develop a set of shared annual priorities. As part of this process a clear 'delivery vehicle' is being defined for each of the priorities agreed.

Sub-groups of the ICP Transformation Executive groups are being established to focus on children's priorities, reporting to the relevant ICP Transformation Executive group. Where relevant they will work closely with the Children's Trust sub-groups, in particular the Inclusion Board and the Early Help and Intervention Group to deliver on the shared priorities for children and young people. In practice named owners from the local authority, the ICP and providers have been identified to lead this partnership work.

As part of the development of governance, the following actions have been agreed:

- Keep the governance under review as the partnership evolves, ensuring that the remit and membership are right to move forward.
- To keep under the review the BCT groups and how they work with the new ICP children's sub-groups.
- The establishment of the ICP Mental Health Executive as the single group across the BCT and ICP to cover Mental Health and reforming the BCT MHWB group to be a partner stakeholder group

- Development of programme and project plans for each of the identified areas

### 3.10 Next Steps

A working group has been meeting over the past month to develop the plans and outcomes for each of these programmes. Some are more developed than others currently and need to be completed early in the new year.

Named leads have been identified across the LA, NHS borough team and from providers. These workstreams will start reporting into the Executive Groups in the New Year.

### 3.11 Risks

There are some risks around capacity of the teams to manage an increased number of transformation programmes, given an increased focus on winter pressures within the NHS at the current time and in light of the recent industrial action, as well as staff sickness and vacancy levels. The borough team's structure is currently under review to understand where we can bring in additional support to run these transformation schemes. For example, the paediatric hub roll-out may be at risk due to limited capacity of the current lead.

## 4.0 Financial Implications

- 4.1 The costs of the additional Strep A clinics are estimated at £168k, which will be provided for from existing NHS budgets.

The other programmes mentioned in this paper do not have financial implications, but may identify further service gaps that may require future business cases, depending on availability of funding.

## 5.0 Legal Implications

- 5.1 There are no direct legal implications from the work that has been undertaken to date.

## 6.0 Equality Implications

- 6.1 The programmes mentioned above are intended to directly respond to the inequalities agenda and to ensure that all sectors of the population can access appropriate care for their children at the right place and the right time.

### **Report sign off:**


*Nigel Chapman*

Corporate Director Children and Young People, Brent Council

*Tom Shakespeare*

Managing Director, Brent Integrated Care Partnership



	<b>Brent Health and Wellbeing Board</b> 12 January 2023
	<b>Report from the Director of Public Health and NHSE</b>
<b>Childhood Immunisations</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 – Childhood Immunisation Programmes in Brent 2018-2022
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Marie McLoughlin Consultant in Public Health. <a href="mailto:Marie.mcloughlin@brent.gov.uk">Marie.mcloughlin@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 The report describes current arrangements for childhood and school aged immunisations including responsibilities for commissioning, delivery and quality assurance. The paper outlines how immunisation coverage statistics are produced and contains the most recent *published* data. Immunisation rates in Brent are consistently below the 95% recommended by WHO for primary immunisations and MMR in order to achieve herd immunity. Rates of school-aged immunisations were impacted by the COVID pandemic and remain low.
- 1.2 Finally, the report discusses action underway to improve childhood and school aged immunisation rates. These include efforts to improve the immunisation offer from primary care (where the majority of primary immunisations are given), to address data quality issues in routine data, to improve communications and to make the school aged immunisation offer more efficient with the provision of catch up clinics

## 2.0 Recommendations

- 2.1 Members of the Brent Health and Wellbeing Board are asked to note and support the work that system partners across London, including NHSE (London) the local authority and the ICB are doing to increase vaccination coverage and immunisation uptake in Brent

## 3.0 Detail

- 3.1 This is contained within the paper from NHSE

## 4.0 Financial Implications

- 4.1 There are no financial implications arising directly from the report

## **5.0 Legal Implications**

- 5.1 The report describes the legislative arrangements which underpin the commissioning and delivery of childhood immunisations

## **6.0 Equality Implications**

- 6.1 Unfortunately, routine data does not allow for the examination of inequalities in immunisation at a borough level by deprivation, ethnicity or physical / learning disability. Recent experience with COVID vaccination did show such inequalities and action to improve childhood immunisation rates recognises the need for universal *and* targeted immunisation offers, using the learning of partnership work during COVID and local action to address health inequalities through Brent Health Matters.

### **Report sign off:**

*Melanie Smith*

Director of Public Health, Brent Council

# Report to Brent Health and Wellbeing Board on Section 7A

## Child Immunisation Programmes in Brent 2018- 2022

### Report on Section 7A Immunisation Programmes in the London Borough of Brent

Prepared by: NHSE (London) Immunisation Commissioning Team

Presented to: Brent Health and Wellbeing Board



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# 1. Aim

- The purpose of this paper is to provide an overview of section 7A, childhood and school age immunisation programmes in the London Borough of Brent for 2022. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.
- Section 7A immunisation programmes are immunisation programmes provided by the NHS that cover the life-course and for the purposes of this report include:

## **Routine Childhood Immunisation Programme for 0-5 years**

The routine childhood immunisation programme protects against:

- Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
- Pneumococcal disease, (PCV)
- Meningococcal group C disease (Men C)
- Meningococcal group B disease
- Measles, mumps and rubella (MMR)

## **School age Vaccinations**

- HPV vaccine for 12–13-year-olds– (since September 2019 boys receive the vaccine as well as girls).
  - Tetanus, diphtheria, polio booster (teenage booster) age 14/15
  - Meningitis ACWY at age 14/15.
- Members of the Brent Health and Wellbeing Board are also asked to note and support the work that system partners across London, including NHSE (London) the local authority and the ICB are doing to increase vaccination coverage and immunisation uptake in Brent.

## 2. Roles and Responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.
- Under this guidance, NHS England through its 7A Regional Team is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the section 7A agreement. In this capacity, NHS England is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- The UK Health Security Agency (UKHSA) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Brent this function is provided by the UKHSA North West London Health Protection Team.
- Integrated Care Boards (ICBs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services. ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve immunisation uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, will work to progress delegated commissioning for vaccination and screening. The national aim would be for the first wave of delegation of the commissioning of immunisation services to happen in Spring 2024.
- Across the UK, the main providers of adult and childhood immunisation are GP practices. In Brent, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- Central North West London NHS Foundation Trust (CNWL) are contracted by NHSE (London) to provide the school age immunisations and neonatal BCG in Brent.
- Immunisation data is captured on Child Health Information System (CHIS) for Brent as part of the NWL CHIS Hub (provided by InHealth Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system

provided by In-Health Intelligence. The CHIS provides quarterly and annual submissions to UKHSA for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics.

- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England and Improvement, UKHSA and providers.
- Directors of Public Health across London also receive quarterly reports from the Association of Directors of Public Health (ADPHs)



### 3. What is COVER and how is it produced?

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1<sup>st</sup> January 2020 to 31<sup>st</sup> March 2021, 1<sup>st</sup> April 2020 – 30<sup>th</sup> June 2021. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5<sup>th</sup> birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years. It is an important point to note COVER data are published 6-18 months later and short-term planning is used to address the improvement of uptake, utilising local data sources and IT systems.
- There are known complexities in collecting data on childhood immunisations. Indeed, since 2013, London's COVER data is usually published with caveats and drops in reported rates are always due to data collection or collation issues for that quarter. Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities.

#### 3.1 Role of Child Health Information Service (CHIS)

- London has three CHIS Providers covering 5 ICB's – North East London ICB and North Central London ICB (provider is North East London Foundation Trust, NELFT), South East London ICB and North West London ICB (provider is In-Health Intelligence), South West London ICB (provider is Your Healthcare CIC). The CHIS are commissioned by NHSE to produce and report London's quarterly and annual childhood vaccination submissions to UKHSA for COVER.
- A 'script' or algorithm is utilized to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified.
- CHIS Hubs are commissioned to check and refresh the COVER reports before final submission to UKHSA.
- CHIS Hubs are also commissioned to ensure the denominator is as up to date as possible, with the children currently resident in London by routinely undertaking 'movers in and movers out' reports and other activities. The data set also includes children who are not registered with a GP but are resident in London.

## 3.2 Role of Data Linkage Systems

- Immunisation data is extracted from London's general practices' IT systems and uploaded onto the CHIS systems. This is currently undertaken by data linkage systems interfacing between GP IT systems and CHIS systems.
- Since the primary purpose of CHIS is to hold health information on individual children, the immunisation data extracted from general practices is patient identifiable data (PID). As a result, data sharing agreements are in place between each general practice and CHIS.
- NHSE (London) Immunisation Commissioning Team supports both GP practices and CHIS hubs in the submission of the most accurate data possible for the purposes of COVER data and GP payments.

## 3.3 Role of General Practice

- GPs are responsible for immunising patients, maintaining patient records and providing call and recall for patients. Vaccines remain an "evergreen" offer that is always available to eligible people.
- While data linkage systems provide an automated solution to manual contact between CHIS and general practices, data linkage does not extract raw data. General practices are responsible for preparing the data for extraction every month.

## 4. Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- The COVID-19 pandemic in 2020 onwards impacted upon the delivery of section 7A immunisation programmes, pausing some programmes and reducing delivery on others due to non-pharmaceutical interventions, re-deployment of workforce onto COVID-19 pandemic and the introduction of the COVID-19 vaccination programmes.
- Recent changes to health service policy have resulted in the formation of ICBs. Governance processes are still evolving, and system partnerships working across ICBs is key moving forward. NHSE will work closely with local authority and ICB partners to support the new delegated commissioning process for immunisations which is likely to take effect from April 2024.
- The London Immunisation Board paused in 2020 but has recently re-launched. In 2023, the governance arrangements and terms of reference for the Board will be updated to reflect the new structures and partnerships across health and immunisation.
- London faces challenges in attaining high uptake and coverage of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- From 1 April 2021, the GP contract agreement has been updated to include new standards for vaccination and immunisation services.
- The provision of vaccination and immunisation services has become an essential service for all routine NHS-funded vaccinations with two exceptions: childhood & adult seasonal influenza and COVID-19 vaccination
- Five core GP contractual standards have been introduced to underpin the delivery of immunisation services. These are:
  - A named lead for vaccination service.
  - Provision of sufficient convenient appointments.
  - Standards for call/recall programmes and opportunistic vaccination offers
  - Participation in national agreed catch-up campaigns.
  - Standards for record keeping and reporting.

- A single item of service fee has been fully implemented for all doses delivered in vaccination programmes funded through the GMS contract
- The Childhood Immunisation Target DES was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22. The objective of the Quality and Outcomes Framework (QOF) is to improve the quality-of-care patients are given by rewarding practices for the quality of care they provide to their patients, based on several indicators across a range of key areas of clinical care and public health. QOF indicators are currently in place for primary childhood immunisations, for MMR and for the pre-school booster.

## 5. Routine Childhood Immunisation Programme (0-5 years)

- The routine childhood immunisation programme protects against:
  - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
  - Pneumococcal disease, (PCV)
  - Meningococcal group C disease (Men C)
  - Meningococcal group B disease
  - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered 2<sup>nd</sup> dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

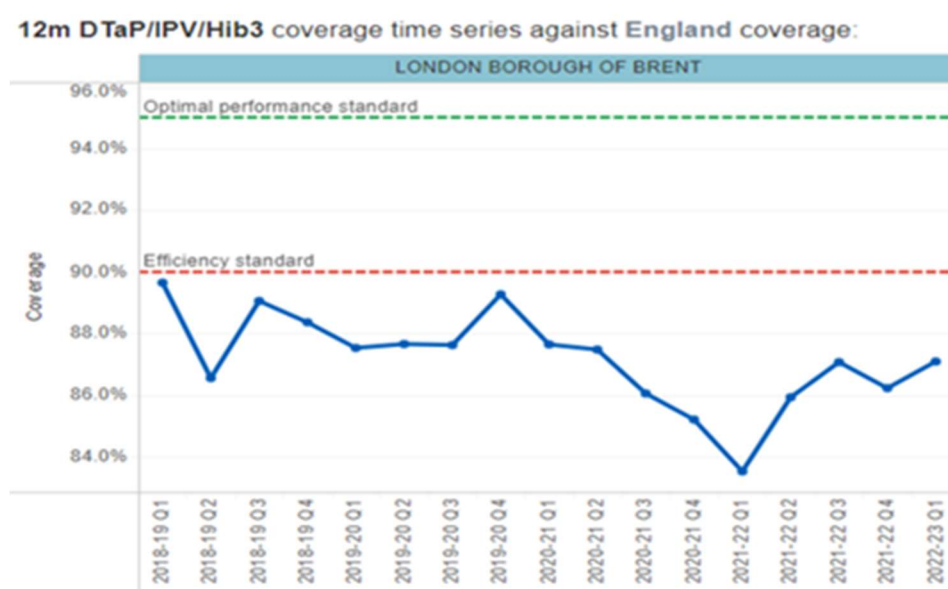
## 6. Brent and the challenges

- Brent is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
  - Complexities in data collection for COVER statistics.
  - London's high population mobility which affects data collection and accuracy.
  - Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere).
  - Inconsistent patient invite/reminder (call-recall) systems across London.
  - Declining vaccinating workforce.
  - Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
  - Difficulties accessing appointments.
  - Large numbers of underserved populations who are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).
  - Growing vaccine hesitancy and apathy (i.e. confidence in vaccine, lack of convenience, complacency and saturation of vaccine offer post the COVID-19 pandemic and vaccination programme).
- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Westminster's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.
- Using annual rates for London – which are less prone to natural fluctuations than the quarterly rates - there are small decreases in annual MMR1 rates from 82.4% in 2020/21 to 79.9% in 2021/22 and 75.1% to 74.2% for MMR2. In comparison, England averages were over 89% for MMR1 and 85% for MMR2 (91.7% and 85% in 2021/22). London is the lowest of all the regions –The North East had the highest coverage (94.5%). No region met the National target of 95%.
- As discussed in Section 3, there are several challenges with COVER data capture, accuracy and timeliness. COVER data is dependent on having an accurate estimate for the eligible population (denominator). It should be triangulated with other data sources and community-based qualitative information for a more holistic population-based picture of immunisation coverage in Brent.

## 6.1 Brent's uptake and coverage rates

- Like many other London boroughs, Brent has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e., the proportion of people that need to be vaccinated to stop a disease spreading in the population).
- Figures 1-5 illustrate the Trend Data from the period 2018 - 2022 using quarterly COVER statistics for the uptake of the six main COVER indicators for uptake. These are:
  - The primaries (i.e. completed three doses of DTaP/IPV/Hib/HepB) used to indicate completion of age one immunisations.
  - PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2.
  - Preschool booster and second dose of MMR for age 5.
- The full childhood immunisation schedule can be found in the [Green Book](#) and any relevant changes to that schedule are reviewed and recommendations made at the UK Joint Committee on Vaccination and Immunisation (JCVI).
- Quarterly rates vary considerably more than annual rates but are used here so that Quarter 1 data from 2022/23 (the latest available data) could be included.

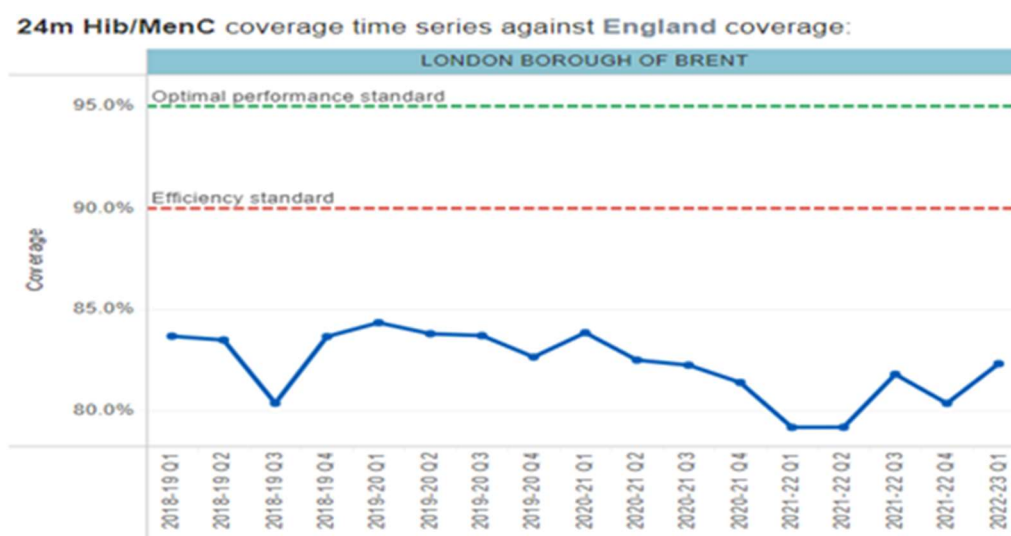
**Figure 1: Brent – 12 Month Primary Course (12m DTaP/IPV/Hib3), 2018-2022**



Source: UKHSA (2022)

Alongside other London Boroughs, Brent falls below the 90% coverage target. Time trend data shows a further percentage decline in coverage during the Covid pandemic with a sharper increase in Q2 2022 approaching 2018 levels.

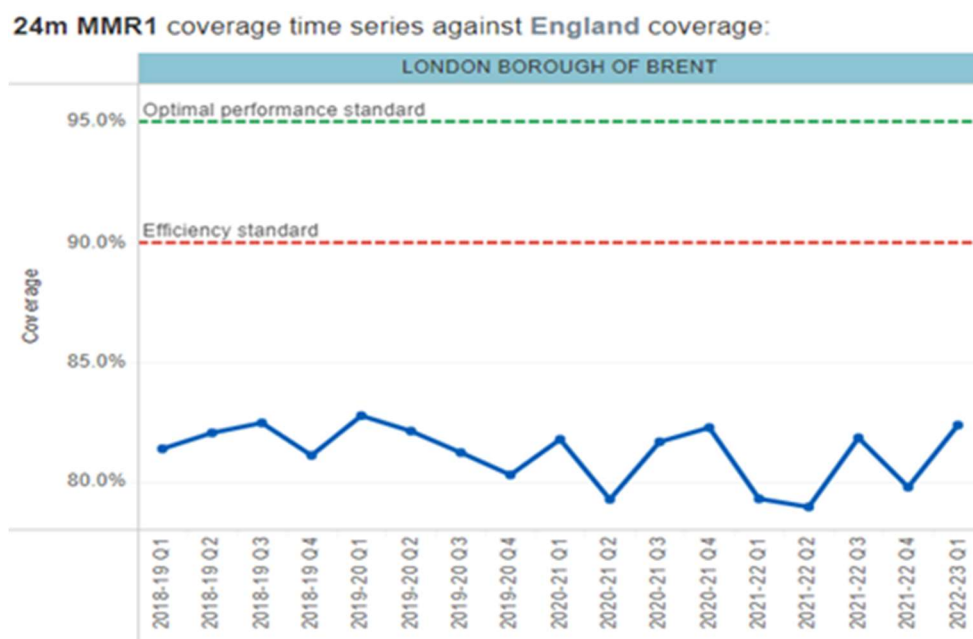
**Figure 2: Brent – 24 month Hib/Men C, 2018-2022**



Source: UKHSA (2022)

Hib/MenC coverage has remained between 80-85%. After an initial decline in 2020 and a drop below 80% during the Covid 19 pandemic period of Q1 and Q2, rates are showing signs of recovery in the 2022.

**Figure 3: Brent – 24m (Post 1 year) MMR 1, 2018-2022**

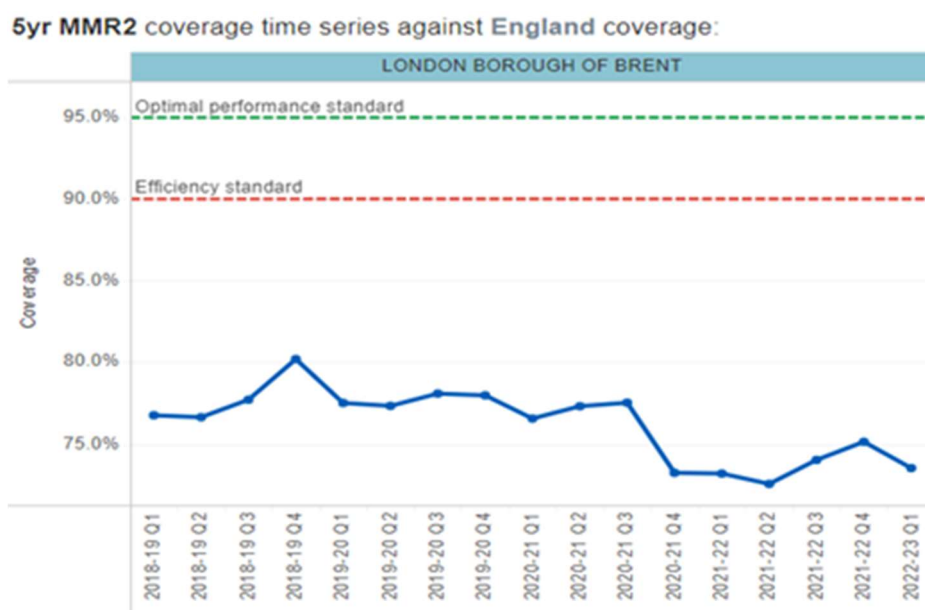


Source: UKHSA (2022)

MMR1 rates for Brent are below the England average (92.9%) and northwest London average (87.2%)



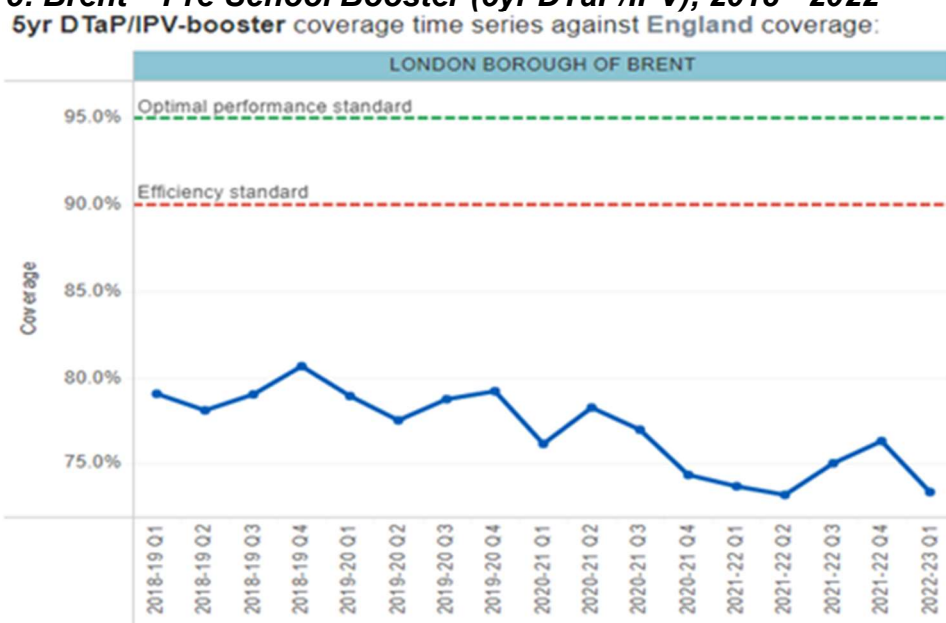
**Figure 4: Brent – 5yr (given between 3yr4m and 5yr) MMR 2, 2018-2022**



Source: UKHSA (2022)

MMR2 rates are lower overall than MMR. Following a further drop in Q4 2020 below 75%, rates have begun to recover but remain lower than historic trends from 2018.

**Figure 5: Brent – Pre-School Booster (5yr DTaP/IPV), 2018 - 2022**



Source: PHE 2022

With a similar pattern to MMR2, Brent coverage of the preschool booster showed a declining trend when was sharper during the pandemic but has shown some initial signs of recovery in Q3 and Q4 2021.

## 6.2 Poliovirus update

- In June 2022, as part of routine environmental surveillance, the virus that causes polio was detected in sewage samples in north-east London. In addition to the inactivated polio vaccine (IPV) which is used as part of the childhood routine schedule, all children aged 1 to 9+364 days, in London are being offered a campaign polio vaccine dose or booster.
- NHS London, local authorities and ICBs are working together on the IPV booster with a key emphasis on reaching under-vaccinated children and increasing uptake in communities with the lowest coverage. The polio booster response for children aged 1 to 9+364 will continue until late December with the aim to review the approach and make recommendations for 2023.
- Polio booster data is not included in COVER data analysis, as it is an outbreak campaign. As of 8 December 2022, NHS England data shows that 328,302 vaccinations have been provided across [London](#). The data at local authority level is currently being monitored and reviewed but it is not yet published and therefore subject to change. As the situation evolves, further updates and analysis will be available.

## 6.3 Hepatitis B and targeted BCG

- Children born to mothers who have Hepatitis B infection require unique actions to prevent them acquiring Hepatitis B from their mothers. The Hepatitis B Selective Immunisation Programme for these children consists of extra doses of Hepatitis B vaccine and a blood test at the age of 12 months to check for Hepatitis B infection.
- Brent Hepatitis B coverage for the period Apr-June 22 consisted of a denominator of 5 infants with 100% uptake.
- BCG Vaccine is given to those babies who are likely to be in contact with, or who have parents or grandparents born in a country with a high rate of Tuberculosis (TB). In London, the programme changed from a universal programme to a targeted programme in line with WHO guidance in September 2020. Then in September 2021 there was a further national change to the programme to accommodate the introduction of Severe Combined Immuno-deficiency Disease (SCID) screening as part of the newborn blood spot screening programme at 5 days of age. From September 2021, neonates eligible for a BCG vaccination must have the results of their SCID screening available before the BCG vaccination can be given, meaning that a BCG vaccination needs to be given by 28 days of age, rather than soon after birth. Maternity units are responsible for identifying eligible infants. This information is then sent to the CHIS and the BCG provider (CNWL) to ensure an offer and appointment are made.

- Brent Vaccine coverage for the period Apr-June 22 consisted of 3 month of age denominator totalling 732 infants with an uptake of 29.1%.
- The new national pathway has taken time to bed in. NHSE London is working with maternity units and BCG providers to make local pathways more robust and reduce DNA rates.

## 6.4 School Age Vaccinations

- School Age vaccinations consist of:
  - HPV vaccine for 12-13 year olds (since September 2019 boys receive the vaccine as well as girls).
  - Tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15
  - Meningitis ACWY at age 14/15.

### HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer.
- HPV vaccination has been offered to 12–13-year-old girls (Year 8) since the academic year 2008/09, From September 2019 12–13-year-old males became eligible for HPV immunisation alongside females based on JVCi advice.
- By August 31<sup>st</sup> 2021, Brent's uptake for the number vaccinated with at least one dose for females (Year 8) is 44.9% which is above the London average of 33.7% and lower than the England average of 60.6%.
- By August 31<sup>st</sup> 2021 Brent's uptake for the number vaccinated with at least one dose for males (Year 8) was 39.1% which is above the London average of 32.2% and below the England average of 54.7%.

*Source: UKHSA (2022)*

### Men ACWY

- This vaccination protects against four main meningococcal strains (A, C, W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.
- The MenACWY programme in 2020 to 2021 was disrupted due to school closures in response to COVID-19.
- The uptake rate for Brent for year 9 was 37.7% which is below London (71.1%) and England (76.5%) average.
- The uptake rate in Brent for year 10 was 74.6% which is below the London (78.6%) and England (80.9%) average.

*Source: UKHSA (2022)*

### Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.
- The uptake rate for Brent for year 9 was 37.7% which is below the London (71.7%) and England (76.4%) averages.
- The uptake rate for Brent for year 10 was 74.5% which is below the London (78.5%) and England (80.3%) averages.

*Source: UKHSA (2022)*

## 7. What are we doing to improve uptake in Brent?

- Locally in Brent, ICB, local authority and NHSE London partners and the community and voluntary sector are striving to improve uptake across all areas and there are many routes we use to support our local GP practices, communities and patients with the improvement in uptake, particularly in childhood immunisations.
- Effective partnerships are the cornerstone of improved vaccination uptake. NHSE London is working to improve partnerships, develop new and strengthened relationships at the hyperlocal, borough, and subregional level (North West London Integrated Care Board) to identify missed communities, improve uptake and reduce inequalities. Brent's community and voluntary sector plays a critical role through programmes like Family Wellbeing Centres and Brent Health Matters and more.
- Improving access to vaccinations is a key priority going forward. Building on the lessons of COVID-19 and the emerging findings from Mpox (monkeypox) and polio campaigns NHSE London will work closely with partners to expand access through more targeted outreach and locally available and accessible services through a range of providers and collaborations with community and voluntary groups, pharmacies and other non-traditional sites.
- NHSE London funds Immunisation Coordinators across the region (approximately one for every 2 London boroughs). The North West Immunisation Coordinator works closely with NW ICB leads, Local Authorities and across primary care teams and in partnership with key immunisation programme providers such as GP practices, Primary Care Networks, School Age Vaccinations Services, Health Visitors and Pharmacy) to share best practice, improve data flows and to establish and embed call and recall services.
- Brent's dedicated Immunisation Co-ordinator works across the borough with multiple stakeholders to increase immunisation uptake. A summary of the current work includes:
  - Working with practices to support their adherence to the GP Core Contractual Standards, ensuring effective call/recall standards using different methods and how to optimise it and addressing barriers to uptake with patients and supporting their overall delivery.
  - Encouraging all practice staff to feel confident discussing childhood immunisations with their patient population and understand the benefit of increasing uptake (clinically appropriate to the role). This can include safe clinical practice and safeguarding (as appropriate).

- Supporting practices to support national and local agreed catch up campaigns, such as the London polio response and national MMR campaigns.
  - Ensuring practices have knowledge of available resources to support immunisation delivery and how to access them, including those in multiple languages.
  - Ensuring GP patient lists are updated periodically including data clearing and clearing any moved, non-existent or “ghost” patients.
  - Encouraging attendance for all at UKHSA/NHSE webinars around Childhood Vaccinations as well as any local webinars delivered by NWL ICB.
  - Ensuring practices are using the correct and most up to date IT templates to record vaccinations.
  - Re-establishing working relationships with 0-19 Team to support vaccination promotion within families.
  - Using targeted, local approach based on demographics and vaccine update to link with Community Champions to support outreach to the local population to disseminate appropriate vaccine information.
  - Advocating to establish strong working relationships across ICB, NHSE and G.P Practice/Primary Care to support opportunities as well as communicate the challenges with increasing vaccination uptake in Brent.
- Primary care and GP practices are ideally placed to help improving overall vaccination uptake. Some examples of local initiatives in Brent GP practices include:
    - Establishing a local dashboard to present practices with real-time data to support more efficient, accurate, targeted work.
    - The local team use the opportunity to share data, ideas and challenges with practices. This gives practices the opportunity to hear from how their colleagues in different parts of the borough have made improvements and overcome similar challenges.
    - The local immunisations working group, held at borough level, with representatives from each of the federations, nursing, NHS England and local ICB team provides the forum to discuss changes, challenges and discuss best practice. Representatives feed back to their relevant groups.
- Outreach and communications with the local communities is another important strand. Some examples include:
    - Local Radio: residents discuss their views and ideas on vaccination alongside providers (GPs, Nurses, Community Leaders).
    - Parent Workshops: held at a local GP practice where vaccine uptake is lower than other areas across Brent, parents were able to share concerns, ask questions and get their child vaccinated on site if they were able to do so. Further workshops are being explored.
    - Family Wellbeing Centres: These centres support families from pregnancy through to 18 years old. With 8 centres across Brent,

information sessions are being explored to offer sessions for parents around childhood immunisations.

- For school aged children, CNWL has rolled out the use of e-consent to improve the ease of authorisation and remove barriers. They also offer catch up clinics to ensure that missed children have additional opportunities to get vaccinated.
- The NHSE London Health Equity and Legacy Partnership (HELP) has developed a 2-year programme of work to close the equity gap in vaccinations. The programme will work with ICBs and local authorities to explore different hyper local approaches and models to improve uptake. This might include, for example, developing models for delivery for school aged populations or the housebound.
- In order to improve MMR1 and MMR2 uptake amongst under-vaccinated populations, a national NHS England initiative has been implemented, that sends letters and text messages to parents of children aged 1-6 who are eligible but have not yet taken up the offer of vaccination for their MMR dose 1 and or dose 2. The letter recommends parents to make an appointment with their GP to discuss vaccinations and take up the offer of vaccination.

## 8. Contacts

Name, Role	Contact
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 <b>Brent</b> <b>NHS</b> <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 12 January 2023
	<b>Report from Director of Brent Health Matters</b>
<b>NWL summary of additional health inequalities funding</b>	

<b>Wards Affected:</b>	All wards
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 – NWL Health Inequalities Funding
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Nipa Shah Director of Brent Health Matters <a href="mailto:nipa.shah@brent.gov.uk">nipa.shah@brent.gov.uk</a> 07825106079

## 1.0 Purpose of the Report

- 1.1 To provide a summary of additional health inequalities funding.

## 2.0 Recommendations

- 2.1 To note the summary of additional health inequalities funding.

## 3.0 NWL summary of additional health inequalities funding

- 3.1 NHS England has provided ICSs with additional resources to help to reduce inequalities. For NWL, this is £7.022m per year, which will be used to:
  - Strengthen health equity in winter readiness, thereby sustaining independence and reducing reliance on emergency care
  - Support more new grass-roots voices in coproduction, improving the likely impact of health and care service improvements
  - Make greater use of local evidence and insights in identifying and tackling health inequalities
  - Strengthen systematic population health management capabilities to tackling health inequalities (NHS Operating Plan requirement)
  - Accelerate delivery of ICB service restoration with an increased focus on Core20plus5 and the NWL ICB health inequality framework
- 3.2 Options for apportioning the funding were debated and developed with multi-agency partners:
  - PPHMI Board agreed principles for all spending to meet, in addition to NHS England's requirements (see slide 3), as part of a listening exercise with partners including Directors of Public Health

- Agreed split is 60%for Borough Based Partnerships (BBPs), 15% for cross-system infrastructure to respond to pre-existing requests and build capacity for future years, 25%for flexible use for additional schemes
- Agreed BBP split uses the apportionment agreed by Local Authorities as reflecting population size and need
- Agreed that 2022/23 non-recurrent underspend will support health equity in winter readiness and grass-roots voices
- ICB financial and equality impact governance will be followed, with task and finish group set up to support process and maximise benefits

3.3 Brent Borough Partnership allocation funding for 2022/23 is £326,523 for recurrent schemes and £457,132. Funding for 2023/24 is £783,655 recurrent. A business case will be developed for recurrent funding to include the Clinical Team, Mental Health Support and Community Coordinators.

#### **4.0 Financial Implications**

4.1 None.

#### **5.0 Legal Implications**

5.1 None.

#### **6.0 Equality Implications**

6.1 None.

#### **Report sign off:**

*Tom Shakespeare*  
Managing Director, Brent Integrated Care Partnership

# NWL summary of additional Health Inequalities funding

**NHS England has provided ICSs with additional resources to help to reduce inequalities**

**•For NWL, this is £7.022m per year, which will be used to:**

- Strengthen health equity in winter readiness, thereby sustaining independence and reducing reliance on emergency care
- Support more new grass-roots voices in coproduction, improving the likely impact of health and care service improvements
- Make greater use of local evidence and insights in identifying and tackling health inequalities
- Strengthen systematic population health management capabilities to tackling health inequalities (NHS Operating Plan requirement)
- Accelerate delivery of ICB service restoration with an increased focus on Core20plus5 and the NWL ICB health inequality framework

**•Options for apportioning the funding were debated and developed with multi-agency partners:**

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- Agreed BBP split uses the apportionment agreed by Local Authorities as reflecting population size and need
- Agreed that 2022/23 non-recurrent underspend will support health equity in winter readiness and grass-roots voices
- ICB financial and equality impact governance will be followed, with task and finish group set up to support process and maximise benefits

# Brent Borough Partnership allocation

- Funding for 22/23 is
  - Recurrent schemes: £326,523
  - Non recurrent schemes: £457,132
- Funding for 23/24 is £783,655 recurrent


# Business cases submitted

- Business case submitted to NWL for £784,128 for non recurrent funding for 22/23 to fund
  - Community champions, 1 each for the 5 connect areas in Brent to work with local communities and voluntary organisations to understand issues and barriers they face and develop a hyper local action plan
  - Grants scheme for community organisations to support the community through winter
- Business case also submitted for Health Educators programme to be provided the voluntary sector to increase awareness of Health conditions and support self management in the community

# Funding for 23/24

- Business case to be developed for recurrent funding to include:
  - Clinical team
  - Mental Health support
  - Community coordinators



 <b>Brent</b> <b>NHS</b> <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 12 January 2023
	<b>Report from Director of Brent Health Matters</b>
<b>Brent Health Matters programme update</b>	

<b>Wards Affected:</b>	All wards
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 – Brent Health Matters Update
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Nipa Shah Director of Brent Health Matters <a href="mailto:nipa.shah@brent.gov.uk">nipa.shah@brent.gov.uk</a> 07825106079

## 1.0 Purpose of the Report

1.1 To provide an update on the Brent Health Matters programme.

## 2.0 Recommendations

2.1 To note the progress made by Brent Health Matters programme.

## 3.0 Brent Health Matters update

3.1 Over the last few months, progress has been made on the key priorities of the Brent Health Matters programme. The key priorities are:

- Community engagement and involvement: to increase residents' trust in statutory services and demonstrate that they have been heard.
- Inform and support residents: to better equip residents with information on the range of services, support, education and advice available to support management of long-term conditions and self-care.
- Improve access to services: Improve residents' access to the range of services available in the borough, at a time and place that suits residents.
- Active community partners: increase residents' knowledge and confidence to be active partners in addressing barriers in managing their health and wellbeing issues and reducing inequalities in Brent.
- Inform, perform and learn: develop a performance framework of how statutory services will achieve a reduction in health inequalities, and how they will improve the health and wellbeing of residents.

3.2 Community engagement and involvement

- Held virtual community forums on 'access to GP services' and 'access to emotional support'. Liaised with services to discuss ideas and concerns by communities around access and awareness of services, to identify and implement suitable actions.
- Started holding bi-monthly stakeholder meetings for VCS organisations, BHM and other council/NHS staff, to provide an open engagement platform between organisations.
- Community network includes informing/involving/consulting/co-producing with 440 VCS organisations and 43 volunteer Community Champions so far.
- Co-delivered local actions in all Brent Connects areas, for example ran healthy eating and cooking sessions to 8 people with learning disabilities in partnership with Brent Mencap, and formed the Brent Somali Forum with 9 Somali community organisations.

### 3.3 Inform and support residents

- Held health and wellbeing live radio phone-in panel sessions on mental health, organ donation and childhood immunisations – engaged with listeners on the Beat FM with a panel of health experts and residents with lived experience.
- Health Educators engaged with 11,826 people so far, to raise awareness about Diabetes through events, workshops, health education sessions and stalls in the community. Health Educators started 3-month case management approach in August 2022 – successfully provided support to 12 residents so far.
- Delivered mental health and wellbeing awareness sessions to communities.
- Clinical team proactively contacted and supported patients from GP practices, to help them manage their health conditions through vaccinations, health checks and screenings. The Clinical team also continued to support people with GP registrations.
- Health Digital Champions delivered diabetes digital training course to digitally excluded residents with Diabetes – 84 people have gained access to personal Know Diabetes account and graduated from course so far.

### 3.4 Improve access to services

- Held 22 large-scale events in the community so far to diagnose, educate and increase self-management of Diabetes, and raise awareness of other local services including Housing, Public Health, Adult Social Care and Employment – 2,878 people attended, over 2,474 health checks done. Started holding regular clinics at 4 community venues.
- Continued to run Patient Advice line that any Brent resident can contact to ask about any health and social care concerns or queries, so that they can be signposted to the right support.
- Engaged with POHWER & Healthwatch to understand existing barriers and issues raised by communities, to inform how services' approach needs to change. Feedback collated and shared with BHM leads for discussion.
- Brent Mencap and Streetlink delivered awareness sessions to BHM staff on 'Learning Disability and Hate Crime' and 'How best to support rough sleepers this winter?'

### 3.5 Active community partners

- Distributed £250k to 29 VCS organisations following 'decision days'. Several organisations have started implementing projects.
- Provided capacity building to VCS organisations and individuals, to apply for other funding opportunities.
- Facilitated Diabetes peer support group sessions – 20 residents participated in groups so far.

### 3.6 Inform, perform and learn

- Developing new BHM dashboard to align with refreshed programme priorities.
- Awarded UCL-BHM grant towards 9-month community research project. Awaiting recruitment of Community Research Officer.

### 3.7 Example of joint working with local services

- The Brent Health Matters team are working with the employment team, where the skills training and employment teams have attended various community events.
- BHM is working with Catalyst, a local housing association, which has 3,455 properties in Brent.
  - Supported residents to set up a Resident Association, which was disbanded during Covid, which will improve links and communications between tenants and staff
  - Promoting use of Unity centre for Health and Wellbeing events, which is positive view of the centre for the community, rather than somewhere which holds funerals
  - Clarifying role of Catalyst neighbourhood teams and their responsibilities, compared to council neighbourhood teams
  - Repair of local park, and tackling antisocial behaviour which has enabled use of the park for children
  - Setting up weekly Health and Wellbeing café at Unity centre with various organisations in attendance to discuss any issues with tenants invited including Met Police, Hestia, Green Doctors, Trussell Trust etc.
  - Developing the existing gym in Unity centre to more community activity unit
  - Held 2 HWB events at the Unity Centre (one with a local church) with over 400 people attending
  - Completed healthy cooking classes on budget including educational element on residents request
  - HWB event with Somali community (bringing 9 local Somali organisations together) with health checks, MH teams

### 3.8 Example of working with health services

- BHM local action plan which includes priorities identified by local communities being fed into the development of Integrated Neighbourhood teams
- Community events done in collaboration with local PCNs where the practices have send text messages to a targeted cohort of patients
- Closer working relationships developed with GP practices for patient escalations identified in the community
- Closer working relationships developed with CLCH community services, which enables BHM to refer patients directly
- Improved pathways for registering with GP practices

## 4.0 Financial Implications

4.1 None.

## 5.0 Legal Implications

5.1 None.

## 6.0 Equality Implications

6.1 None.

### **Report sign off:**

Tom Shakespeare  
Managing Director, Brent Integrated Care Partnership

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# Brent Health Matters update HWBB January 2023

*Working with communities - protecting people from Covid-19  
and tackling health inequalities in Brent*

# Key highlights (1)

## 1) Community engagement and involvement

- Held virtual forums on 'Access to GP services' and 'Access to emotional support'. Liaised with services to discuss ideas and concerns by communities around access and awareness of services, to identify and implement suitable actions.
- Started holding bi-monthly stakeholder meetings for VCS organisations, BHM and other council/NHS staff, to provide an open engagement platform between organisations.
- Community network includes informing/involving/consulting/co-producing with 440 VCS organisations and 43 volunteer Community Champions so far.
- Co-delivered local actions in all Brent Connects areas, for example ran healthy eating and cooking sessions to 8 people with learning disabilities in partnership with Brent Mencap, and formed the Brent Somali Forum with 9 Somali community organisations.

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## Inform and support residents

- Held health and wellbeing live radio phone-in panel sessions on mental health, organ donation and childhood immunisations – engaged with listeners on the Beat FM with a panel of health experts and residents with lived experience.
- Health Educators engaged with 11,826 people so far, to raise awareness about Diabetes through events, workshops, health education sessions and stalls in the community. Health Educators started 3-month case management approach in August 2022 – successfully provided support to 12 residents so far.
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- Health Digital Champions delivered diabetes digital training course to digitally excluded residents with Diabetes – 84 people have gained access to personal Know Diabetes account and graduated from course so far.

# Key highlights (2)

## 3) Improve access to services

- Held 18 large-scale events in the community so far to diagnose, educate and increase self-management of Diabetes, and raise awareness of other local services including Housing, Public Health, Adult Social Care and Employment – 2,598 people attended, over 2,267 health checks done. Started holding regular clinics at 4 community venues.
- Continued to run Patient Advice line that any Brent resident can contact to ask about any health and social care concerns or queries, so that they can be signposted to the right support.
- Engaged with POHWER & Healthwatch to understand existing barriers and issues raised by communities, to inform how services' approach needs to change. Feedback collated and shared with BHM leads for discussion.
- Brent Mencap and Streetlink delivered awareness sessions to BHM staff on 'Learning Disability and Hate Crime' and 'How best to support rough sleepers this winter?'

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## 4) Active community partners

- Distributed £250k to 29 VCS organisations following 'decision days'. Several organisations have started implementing projects.
- Provided capacity building to VCS organisations and individuals, to apply for other funding opportunities.
- Facilitated Diabetes peer support group sessions – 20 residents participated in groups so far.

## 5) Inform, perform and learn

- Developing new BHM dashboard to align with refreshed programme priorities.
- Awarded UCL-BHM grant towards 9-month community research project. Awaiting recruitment of Community Research Officer.

# Working with local services

- Joint working with employment team, where skills training and employment teams have attended various community events
  - BHM working with Catalyst, local housing association which has 3,455 properties in Brent
- Supported residents to set up a Resident association which was disbanded during Covid, which will improve links and communications between tenants and staff
- Promoting use of Unity centre for Health and Wellbeing events, which is positive view of the centre for the community, rather than somewhere which holds funerals
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- Held 2 HWB events at the Unity Centre (one with a local church) with over 400 people attending
- Completed healthy cooking classes on budget including educational element on residents request
- HWB event with Somali community (bringing 9 local Somali organisations together) with health checks, MH teams



# Working with local health services

- BHM local action plan which includes priorities identified by local communities being fed into the development of Integrated Neighbourhood teams
- Community events done in collaboration with local PCNs where the practices have send text messages to a targeted cohort of patients
- Closer working relationships developed with GP practices for patient escalations identified in the community
- Closer working relationships developed with CLCH community services, which enables BHM to refer patients directly
- Improved pathways for registering with GP practices

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 <b>Brent</b> <b>NHS</b> <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 12 January 2023
	<b>Progress Report from Integrated Care Partnership</b>
<b>Brent Integrated Neighbourhood Teams Development</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	None
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Josefa Baylon Head of Integration, Integrated Neighbourhood Team Development <a href="mailto:j.baylon@nhs.net">j.baylon@nhs.net</a>  Tom Shakespeare ICP Managing Director <a href="mailto:Tom.Shakespeare@brent.gov.uk">Tom.Shakespeare@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 To update the Board on the latest progress of *integrated neighbourhood team development* in the Borough since the last report on the 13<sup>th</sup> of October 2022.

## 2.0 Recommendations

- 2.1 The Board is asked *to note* and *provide comment* upon the latest developments of integrated neighbourhood teams programme in the Borough.

## 3.0 Detail

- 3.1 Summary - An integrated neighbourhood team is a group of various clinical, care and support staff, volunteers and wider partners working together to deliver seamless service in 5 neighbourhood connect areas of Brent. There is strong evidence to suggest that if local teams are aligned with local population needs, those populations in a neighbourhood tend to live better, healthier and happier lives. We believe that we will be able to achieve an effective, multidisciplinary integrated team working at each neighbourhood areas through 3 key enablers:
- *Workforce + OD and Leadership* - ensuring that we are developing the roles and skills that we need in our neighbourhoods, supporting even greater collaboration and partnership working.

- *Estates Optimisation* - developing health and care hubs (ultimately 'superhubs') within the neighbourhoods to deliver joined up health + care services under one physical space, co-locating our integrated workforce
- *ICT & Digitalisation* - ensuring that staff can access the information they need about a resident to deliver the best possible care and to support effective communication between staff working for various organisations.

### 3.2 Recap of next steps and progress from the last 13<sup>th</sup> October 2022 report –

Identified <i>next steps</i> from last report	Progress to date (12 <sup>th</sup> Jan. 2023)
On-going listening-engagement sessions with partner organisations, staff from CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM, UEC services and residents. Planned engagement with Urgent Emergency Care teams including Acute NHS Hospital Trusts; NHS + Council Property Services as well as ICT/Digitalisation Teams from NHS and the Council.	On-going – our listening engagement sessions have now reached more than 400+ members of staff across partner organisation and VCSEs. We have attended various residents' forums in Harlesden, Church End and Wembley to name a few alongside BHM events and sessions dotted around the Borough. This is on top of the usual ICP workshops we already have with partners and local organisations in Brent. We have more roadshows booked from this month onwards alongside BHM and will be attending the Brent Together Assembly on the 24 <sup>th</sup> of January 2023, organised by Brent CVS, representing 65+ local charities and VCSEs.
On-going Action Learning Sets (using Appreciative Enquiry framework) is set for the 20 <sup>th</sup> of October and 3 <sup>rd</sup> ALS for the 1 <sup>st</sup> of December. Further sessions plotted for the rest of the financial year (see timeline in Sec. 3.5 for details)	On-going – Action Learning Sets 1, 2 and 3 have been completed which focused on discovery, dream and design phase of the programme. ALS 4 is booked for the 2 <sup>nd</sup> of Feb. 2023 which will focus on <i>delivery phase</i> - to look at how the teams are going to deliver those identified models of care and pathways from the design phase.
Distribute / share the Contact List Directory of <i>Who's Who in the Neighbourhood?</i>	Completed – well received by partners in the Borough. Department of Works and Pensions (DWP) has since shared their own contact directory to be included at our local directory. The local Brent Job Centre Plus sites cater for significant number of daily footfall and if we work closely in partnership with Brent JCPs, will enable better integrated access for those visiting DWP's sites who may also need health and care support.
Scope, develop, produce specification for the <i>superhubs</i> , co-design/produce with local residents	Work in progress – commenced the draft criteria, requirements and core offer at health and care hub sites, on-going co-development with residents through on-going listening-engagement sessions. Plan is to develop Equality Health Inequalities Impact Assessment (EHIA) and Quality Impact Assessment (QIA) to ensure that the programme looks at potential impact

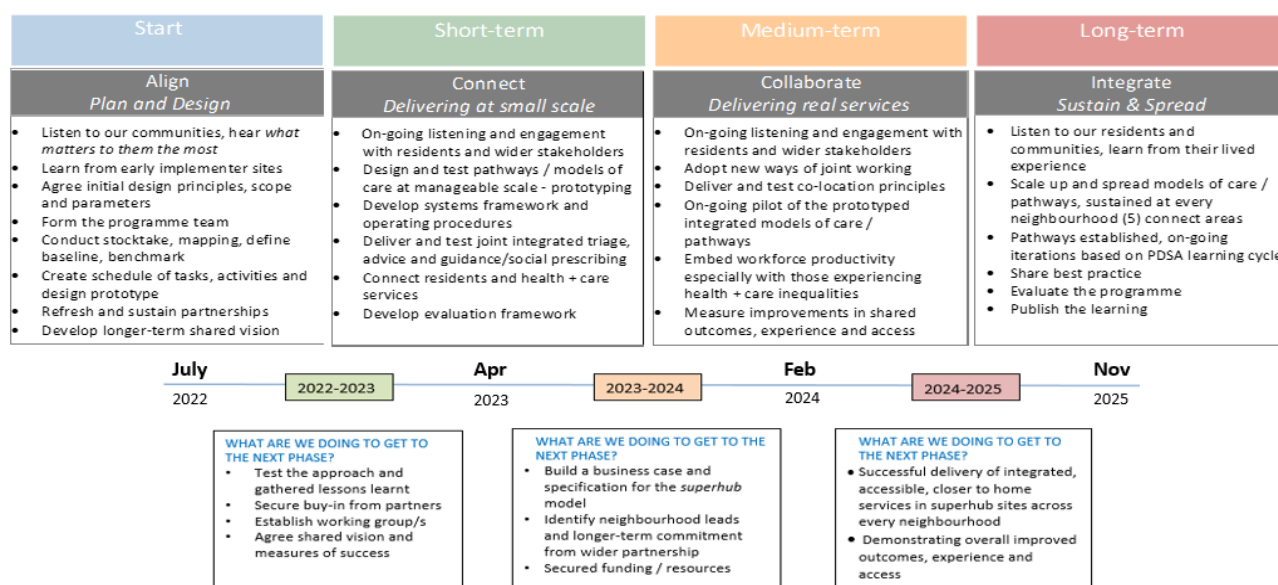
	especially to those experiencing inequality as well as in compliance with governance assurance processes.
Assist in addressing the <i>here and now</i> needs of staff (i.e. ARRs) locations (office base) in the community as well as their ICT and office space requirements	On-going – pressing needs are being addressed for existing and growing numbers of Associated Roles Reimbursement Scheme (ARRs) staff in Primary Care to find working space for continued collaborative work with colleagues and wider partners to ensure they have office-base to enable them to settle in within their neighbourhoods, access training, development, and CPDs are met. We have put a capital bid through to NHSE for refurbishment work to ensure office / clinic base has appropriate fixtures and ICT provision.
Roll-out the Diabetes Neighbourhood MDT pilot, starting with Harlesden area, scale up swiftly using qualitative improvement principles	On-going – commenced the prototyping of the Diabetes Neighbourhood Team in Harlesden, Stonebridge and Kensal Green areas. Excellent learning gathered will now be rolled out as a pilot on 5 neighbourhood areas and PCNs with MDT partners – PCNs, CLCH, CNWL and ASC. The next phase is to expand and include VCSE partners’.

### 3.3 Further activities and deliverables to date:

- Strengthened the connections with partners through matching premises with partners’ needs and service demands. For example, community pulmonary rehab classes will now be hosted at Willesden Library. Selected mental health sessions hosted at Granville FWBC in Kilburn. These are excellent examples of collaborative work across Brent Integrated Care Partnership.
- On-going visits to more potential health and care hub sites. Estates/premises are categorised as either short term, medium term and long term potentials. Maximising existing sites such as FWBCs, Libraries and Sports Centres as well as optimising NHSPS void spaces for joint health and care functions whilst designing the future “superhub” aspirations alongside existing major developments in the Borough.
- Bid for capital funding to NHSE for refurbishment and conversion works on short and medium term sites to help address the *here and now* issues with local partners’ immediate estates needs including clinical consulting rooms and office spaces for i.e. ARR staff and wider partners
- Alongside colleagues, represented Brent at the NWL Fuller Implementation workshop (6<sup>th</sup> October 2022) and the London Festival of Integration (11<sup>th</sup> October 2022) – Brent had a booth for Brent Health Matters and co-presented the Integrated Neighbourhood Team Development programme at the events, shared best practice.
- Commenced work on stocktake of ALL commissioned services Borough-wide to better understand local system demand and capacity – commissioned by the NHS, Council, PHE and others

### 3.4 Timeline to date

Our Maturity Index



### 3.5 Issues, Risks and Mitigations

Our risks remain with our capacity with partner Providers to send representations and attend working group sessions as well as the capacity in Estates & Digitalisation working group - the amount of work required in the development of “health + care hubs” and ICT interoperability will need dedicated project team members once workstream mobilisation commence.

We aim to mitigate this through creating a culture of learning and development across partners and wider Provider Collaboratives, highlighting benefits of participation. Furthermore, continue to raise with Brent ICP Board / Exec resource requirements for mobilisation of workstreams

### 3.6 Next Steps

- Focused engagement with Council members (Councillors) representing their local neighbourhood constituencies to ensure better understanding of the programme and its impact with local residents they serve
- Further engagement and ocular visits on potential health + care hub sites, particularly around Kingsbury-Kenton areas.
- Align Brent ICP and NWL Estates strategy, aim for *One Borough Estates* with Council, NHS Property Services and VCSE-owned premises
- On-going specification development of health + care / superhub model – focused engagement with partner hub leads including GP Enhanced Access Hub and Brent Community Hubs to begin with
- On-going stocktake of ALL commissioned services to better understand current baseline, demand and capacity at Borough level and continue to grow local contact list of all partners – aim for external public facing version at future iterations
- To share widely draft co-designed specification of the integrated neighbourhood teams – its model of care, core offer, requirements and enablers, etc.

### 4.0 Financial Implications

Nothing to update at this stage, in contrast with the previous report.

**5.0 Legal Implications**

5.1 None

**6.0 Equality Implications**


6.1 Positive impact noted

**Report sign off:**

Tom Shakespeare  
Managing Director, Brent Integrated Care Partnership

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	<b>Brent Health and Wellbeing Board</b> 12 January 2023
	<b>Report from Director of Public Health</b>
<b>Health and Wellbeing Strategy thematic update: Healthy Lives</b>	

Wards Affected:	All
Key or Non-Key Decision:	n/a
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Dr Melanie Smith Director of Public Health <a href="mailto:Melanie.Smith@Brent.gov.uk">Melanie.Smith@Brent.gov.uk</a>  Adshayan Saravanamuthu Assistant Analyst <a href="mailto:Adshayan.Saravanamuthu@brent.gov.uk">Adshayan.Saravanamuthu@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to Brent Health and Wellbeing Board (BHWB) on the delivery plan for the Health and Wellbeing Strategy. The Health and Wellbeing Strategy was ratified by BHWB on 16 March 2022, and it was agreed that regular updates would be provided, each update focusing on one of the five themes: Healthy Lives; Healthy Places; Staying Healthy; Understanding, Listening, and improving; and Healthy Ways of Working. This report provides an update focusing on the theme: Healthy Lives.

## 2.0 Recommendations

- 2.1 That Brent Health and Wellbeing Board note the contents of this report.

## 3.0 Detail

- 3.1 The Health and Wellbeing Strategy was developed in partnership with our residents and was agreed by the board on 16 March 2022. The strategy has five main themes:
- Healthy Lives
  - Healthy Places
  - Staying Healthy
  - Understanding, Listening and Improving
  - Healthy Ways of Working
- 3.2 Regular updates will be provided to the board, focusing on one theme at a time. The focus for this paper is Healthy Lives.
- 3.3 The overall outcome for Healthy Lives is: *I am able to make the healthy choice and live in a healthy way, for myself and the people I care for.*
- 3.4 There are ten commitments in the delivery plan under the Healthy Lives theme, and an update for each commitment is contained below.

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

- 3.5 Work is underway to promote the Healthy Start Card scheme to retailers and residents. This means tested benefit allows eligible mothers to free healthy food at participating retailers. Feedback from health and care professionals is that there is much stigma to the use of the Card. Accordingly the public health team are working with retailers to ensure that residents are not challenged when using their Healthy Start cards at the till but are rather treated with respect and courtesy.

Public health have agreed with Sufra and the Transformation Team that the Healthy Start Card will operate within the community shop to be based at the Bridge Park Community Leisure Centre. The shop will encourage conversations between staff and residents to promote the scheme and families will be able to sign up to the programme on the spot.

Further promotion of the initiative to retailers will also take place through a number of channels including through the Brent Magazine and to professionals through the cost-of-living presentation series.

- 3.6 A joint pilot project between Harrow and Brent Councils has been agreed and is currently in development. The pilot will work with Northwick Park Hospital (NPH) maternity services to disseminate vitamins to *all* pregnant women who choose Northwick Park as their place of birth. A non means tested offer of adult vitamins will be offered to mothers to be at their:
- Booking appointment
  - Their 12-week appointment
  - Their 20-week appointment
  - Their 28-week appointment
  - And upon discharge from their hospital once they have given birth.

This arm of the project also provides an opportunistic promotion of the Healthy Start Card programme, see above

This will be supported by a new vitamin provision pathway at Family Wellbeing Centres (FWC) to ensure that parents can be

- Linked to Family Wellbeing Centres
- Receive vitamins for themselves and their children
- Be supported with signing up to Healthy Start initiative if they are eligible

All key partners have been engaged up to this point, and a plan is in place to set up the infrastructure for both NPH and FWC including:

- The development of training for all staff
- Setting up accounts with NHS supply
- Building the Communications plan

The plan is both projects will be ready to go live by 1<sup>st</sup> March 2023

#### We will increase sign up to the Healthier Catering Commitment

- 3.7 The Healthier Catering Commitment is a voluntary scheme aimed at small fast food outlets and retailers. Businesses who commit to actions to provide healthier options, e.g. by changing the oil and the shape of chip used for deep frying, by not pre-salting food and by providing water as well as carbonated drinks, are eligible for an award which can be displayed on the door and / or used in publicity. Currently 57 businesses are signed up in the borough.

Staff turnover has meant a pause in signing up new businesses. Discussions are underway with Environmental Health to explore whether promotion of the HCC could be incorporated into their work with food businesses.

#### We will create an incredible edible Brent

- 3.8 Resource constraints and competing priorities have limited strategic work by the Council to develop opportunities for healthy food growing in the Borough. There are, however, a number of initiatives delivered by the VCS. Brent Mencap has a gardening project for people with learning disabilities who grow fruit and vegetables, some of which are used in community cooking sessions. Sufra runs a community garden, St. Raphael's Community Garden. It's open to everyone and the produce is used in their food banks. They also focus on the therapeutic aspect of gardening. Harlesden Town Garden is a community garden which is also open to everyone where people can grow their own food.

In the new year, work will begin on a Food Strategy for Brent which will, amongst other aspects, provide a strategic context for community food growing

### We will run community cooking lessons

- 3.9 Brent Health Matters (BHM) with Mencap have delivered a cooking course for residents with LD. The course ran for 6 weeks, teaching basic cookery skills with a Brent Health Matters Community Champion as the tutor. Each week of the course covered a different meal idea, and the recipes were co-designed with the service users to be affordable, easy to follow and healthy. Also with Mencap, BHM has held a number of healthy eating sessions for community groups including Ashford Place, Unity Centre and schools involved in Healthy Schools London. A 6-week programme on healthy cooking was delivered at Unity Centre in partnership with Brent Start. The programme received good feedback and was well attended.

Family Wellbeing Centres are also offering a healthy eating programme. More programmes are being planned across the borough for Jan-March.

BHM will be developing this work stream, tailoring it to the needs of different communities, as they have been approached by a number of organisations. The team are currently liaising with WDP New Beginnings (who provide substance misuse treatment and recovery services) and Asda Park Royal to start cookery sessions in the new year. Brent Mencap also want to develop more classes as there is more interest from their clients.

The evident interest in community cooking classes will inform the development of the Brent Food Strategy in the new year

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

- 3.10 The health, exercise, nutrition for the really young (HENRY) programme is a childhood obesity prevention programme that supports families with young children to develop healthy lifestyles. It operates as universal service for families with children aged 0-5 and has been implemented in Brent by public health

Staff from both the Family Wellbeing Centres and from the 0-19 public health service were trained together in HENRY in March 2022 (15 staff from each service). Pairs of staff (from each service) then co-delivered sessions for parents.

So far, six programmes have been delivered in Brent. Four programmes prior to the summer holidays and two programmes running now. The programmes prior to the summer were evaluated with positive results. 72% of parents completed the 8-week long programme and 88% of respondents would recommend the programme to other families.

### We will improve the oral health of children in Brent

- 3.11 The Public Health team responded to the poor oral health of local children by using a bus with two clinical rooms, and parking in a park or a green space near schools with high obesity rates. Working in close collaboration with Early years, libraries, CLCH, Whittington Health, NHSE and service providers an appealing oral health promotion offer was made via the schools and proved very popular with parents who brought their children to the bus after school.

Over 8 sessions, 534 children were booked in / walked in, most of which were in the 5-10 year old age band. Of those attending 41% had caries (dental decay) and 44.3% had multiple caries. These children were referred on to an NHS dentist. This approach builds on the outreach work on the vaccine bus in response to Covid. The project won the Public Health Nursing award at this year's Nursing Times Award in October 2022.

Focusing on older children, public health piloted a survey of year 9 and 10 secondary school students last year. In four weeks, 187 children responded:

- Around 6 in 10 respondents have said they digest sugar rich foods or drinks more than once a week with roughly a third of responses reporting these foods or drinks at least once a day
- 3 in every 4 responses said that they visit the dentist yearly or more frequently
- Over 95% of respondents said that oral health is important or very important to your wellbeing
- Around half of the students would want to have a dental check-up in school

The questions from the teenage oral health knowledge and attitude pilot survey were revised by members of the Brent oral health network and expanded to explore smoking/vaping habits and oral piercing practices. A revised survey was conducted between October and December and will feed into a larger children and young people oral health needs assessment that is to be developed in 2023.

We will work with North West London partners to implement Long Term Plan actions to address nicotine addiction

- 3.12 The NHS Long Term Plan contained commitments to address nicotine addiction in maternity services, acute inpatients and mental health trusts. Funding has been made available for NHS providers to screen for nicotine addiction and offer support and NRT. This should be in the context of a multi-agency strategic partnership plan. The NWL ICB has paused this work

We will review alcohol and cannabis misuse patterns as part of our JSNA

- 3.13 A revised substance misuse needs assessment is close to completion. This is a requirement of the additional SSMTR (supplementary substance misuse treatment and recovery) grant income secured by public health from OHID / DHSC. The needs assessment includes the quantitative analysis required by

OHID but also includes a wider qualitative piece of work to understand experiences, referral routes and how numbers accessing the services can be increased. Service users and health and care professionals' views will be captured.

We will increase the take-up of our residents support fund

- 3.14 The Resident Support Fund continues to offered to all Brent residents affected by fuel poverty, increasing cost of living and digital exclusion through applications to the fund.

The Household Support Fund, which is a Government funded initiative, sits alongside the Resident Support Fund and since April 2022 payments have been made to the following targeted groups:

- pensioner residents
- residents who are disabled
- families who receive free school meals
- There are also plans to make payments to residents on Housing Benefit who would miss out on winter-support payments they would receive if they were receiving other benefits.

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

- 3.15 The Maternal Early Childhood Sustained Home Visiting (MECSH) programme is an evidence-based health visiting intervention aimed at supporting vulnerable mothers and children through the first two years of life. MESCH is included in the local specification for the public health 0-19 service commissioned by Brent public health and provided by CLCH.

A local clinical audit of the MECSH model in 2019 found:

- MECSH has helped families come off child protection plans by improving the child home environment. In 2019, of the mothers entering MECSH in with a child protection plan for the new/unborn child, 40% subsequently came off the programme within that year
- Over the 12-month period, client feedback reported 89% of mothers felt the health visitors had good communication skills, and 83% reported the health visitor spent sufficient time with them
- 55% of clients reported that they were very satisfied with the service
- Mothers in the programme also felt more enabled. 89% of clients reported that because of the health visits they were better able to understand their baby. 89% of clients also reported that they were better able to help themselves

Public health propose to build on MESCH and to pilot an Infant to School (I2S) programme.

I2S is a needs-based health and development interaction for children aged under 2 months to one year prior to school. I2S is based on the MECSH way of working with families and the programme can be offered to:

- Families who have completed MECSH but continue to have significant unresolved needs.
- Families who have missed the age cut off for MECSH
- Families identified as experiencing significant and sustained adversity

Brent will be the first area outside of Australia to pilot the I2S project. The plan is to increase the nursery nurse staffing levels to deliver this model, reflecting the difficulties in recruitment and retention of health visitors. In keeping with the local specification of the MESCH model where all health visitors should be able to offer the programme and support MESCH clients, I2S will not be offered as a stand-alone service but rather as an enhancement to the professional practice of the nursery nurses. Subject to procurement regulations, all staff will be trained and recruited in early 2023, ready to go live 1<sup>st</sup> June 2023. The pilot will be for 2 years with an evaluation.

#### **4.0 Financial Implications**

- 4.1 In terms of the Joint Health and Wellbeing Strategy development, there are resource implications for 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.
- 4.2 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 of Public Health



	<b>Brent Health and Wellbeing Board</b> 12 January 2023
<b>Brent Borough Plan 2023-2027 Draft Version</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Two: Appendix A - Draft Brent Borough Plan 2023-2027 Appendix B – Draft Borough Plan outline and emerging consultation and engagement findings
<b>Background Papers</b>	<a href="#">Brent Borough Plan 2019 - 23</a>
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Lorna Hughes Director, Communities <a href="mailto:Lorna.hughes@brent.gov.uk">Lorna.hughes@brent.gov.uk</a>  Tom Pickup Policy, Partnerships and Scrutiny Manager <a href="mailto:Tom.pickup@brent.gov.uk">Tom.pickup@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 To present the draft Brent Borough Plan 2023-27 and share emerging findings from the associated consultation and engagement, ahead of finalising in February 2023.

## 2.0 Recommendations

- 2.1 To note and comment on the ambitions and detail within the draft Borough Plan 2023-27, including on the emerging findings outlined in Appendix B.

## 3.0 Draft Brent Borough Plan 2023-27

- 3.1 The Borough Plan 2019-23 outlines Brent Council's current strategic ambitions. It was updated and refocussed in 2020 to respond to the challenges, needs and events of global events - including the pandemic and the amplification of racial inequality. As we approach 2023 (the end of our previous strategy) and with a new administration in place, the council is in the process of updating its ambitions and priorities to best support the borough.

- 3.2. The draft Brent Borough Plan 2023-27 (see Appendix A) captures the council's achievements over the last four years and provides the context, narrative and strategic priorities for our new ambitions. The Borough Plan states our provisional commitments and desired outcomes for the next four years.
- 3.3. In April 2022, the council established a set of provisional ideas and identified areas for further exploration in order to shape and inform new strategic priorities. To help this process, the council undertook focus groups with specific stakeholders (see in Appendix A) in May 2022. This research intended to help us to understand the needs and priorities of groups and individuals with particular characteristics and life circumstances. The groups were asked to analyse and feedback on the following areas which, overall, were considered by the groups as relatable and important to drive the ambition of a better borough:
- Accessibility – Enabling people with disabilities to participate in all walks of life; access to information; people knowing their rights and entitlements.
  - Removing barriers – equity in all areas - Tackling inequalities, including health inequalities. This is about making life better for the most disadvantaged.
  - Active and connected residents – Support local community life; neighbourhoods; caring for our communities (through mutual aids and volunteering); working with and listening to our residents and provision of places for people to meet.
  - A decent standard of living underpinned by secure homes, jobs, and incomes – Affordable, quality and suitable homes; reducing homelessness; real jobs and real wages; employment support; inclusive growth.
  - A green and sustainable Brent – Improved accessible green spaces and places to exercise; responding to the climate and ecological emergency; keeping our streets clean. In relation to safety – reducing crime and anti-social behaviour.
  - Digital enablers – Upskilling residents; providing support and technology; using technology to support innovation (e.g. customer access; health interventions).
  - Leading anchor institutions across the borough - digital opportunities; social value and ethical procurement; leading local government workforce.
  - Community safety – A borough where residents feel safe; this includes safeguarding and addressing issues such as modern slavery.
- 3.4. Following the new administration being formed in May 2022, data that captures the needs and priorities for Brent (which will be presented in an evidence base alongside the final Borough Plan) and the findings from the initial engagement were then used as a foundation to establish key areas for improvement, focus and ambitions for the council's service areas.
- 3.5. However, this is only a draft. To ensure our priorities are right, resonate with communities and partners and are ambitious the council has been undertaking a series of engagement activities to capture people's and partners voice, priorities and perspectives.

## 4.0 Borough Plan public consultation and engagement - emerging findings

### Engagement undertaken

- 4.1 Since 31 October, the council has been consulting and engaging with residents, partners, stakeholders and specific communities. The aim of this consultation phase, which will end on the 10 January 2023, is to:
- Share and amplify the new, proposed strategic ambitions
  - Provide information on the council's current pressures
  - Understand and align our ambitions with stakeholder, partner and resident priorities
- 4.2 We aim to engage and involve as many people as possible. To ensure this, we have undertaken thorough engagement activities across the following key groups: specific communities, stakeholders and partners, general public and internal staff. As outlined in the table below, the engagement has consisted of the following:
- Drop-in sessions and community events
  - A range of meetings and focus groups in each Brent Connect area
  - Information sessions at libraries and hubs
  - Online information sessions
  - Online survey/ feedback form
  - Multimedia campaign
  - CitizenLab
  - Focus groups with underrepresented groups
  - Meetings with partnership and stakeholder groups
- 4.3 To date, it is estimated that we have reached out to thousands of residents, communities and organisations and received around 900 responses through the online survey and the range of activities as outlined below:
- Survey responses: 411
  - Focus groups and workshops: 73
  - Drop-in sessions: 105
  - Partner events, forums and meetings (including Brent Multi-Faith Forum, VCS Question Time, sessions with schools, Local Democracy Week, ICP Board): approximately 350

Group Category	Engagement activity
<b>Specific communities</b>	<ul style="list-style-type: none"><li>• Drop in sessions at local libraries and community hubs</li><li>• Focus groups and workshops in December</li><li>• Social Media</li><li>• Online survey</li></ul>
<b>Stakeholders and Partners</b>	<ul style="list-style-type: none"><li>• Engagement at specific meetings and forums</li><li>• Online survey</li></ul>
<b>General public</b>	<ul style="list-style-type: none"><li>• Brent Connects</li><li>• Website</li><li>• Social Media</li><li>• Online survey</li></ul>
<b>Internal staff</b>	<ul style="list-style-type: none"><li>• Internal and digital Platforms</li><li>• All-staff session</li></ul>

## Emerging consultation and engagement findings

- 4.4 At the time of writing this report the consultation is still live; however, having engaged with a range of residents, communities, partners and staff, we are at a stage where there are a clear set of emerging themes.
- 4.5 While these themes are not yet final, we are seeing alignment between the feedback and the ambitions outlined in the draft Borough Plan. The table provides a strong indication of what matters to people who live and work in Brent and suggest how the final borough plan can be updated to reflect this (also see Appendix B):

<b>Draft Borough Plan priority</b>	<b>Emerging findings and themes</b>
Prosperity, Pride and Belonging in Brent	<b>Creating more jobs and developing skills.</b> This means creating more and better paid local jobs. To complement local people should be supported to develop new and existing skills.
A Cleaner, Greener Future	<b>A greener Brent.</b> Respondents call for better maintained parks and open spaces. This also includes having a visibly greener borough with more trees and greenery.  <b>Safety.</b> This is characterised by the importance of feeling safe, particularly for women and young people. Aligned with this, responses referred to the need to reduce and prevent crime, focusing particularly on anti-social behaviour, violent crime and drugs.  <b>Vibrant communities.</b> For respondents this means fostering greater cohesion and inclusion as we continue to harness diverse communities across Brent.
Respect and Renewal in Brent	<b>A cleaner borough.</b> This is characterised by improving air quality within Brent which can be achieved by reducing congestion. Additionally, respondents refer to having a visibly cleaner borough.  <b>Affordable Housing.</b> This means creating more affordable and 'better' housing that is supported by accessible infrastructure (e.g. health services, community facilities, vibrant high streets).
The Best Start in Life	<b>Young People.</b> This is characterised by ensuring more opportunities and work experience to support young people into employment, in addition to creating/re-establishing local youth activities.
A Healthier Brent	<b>Health and happiness.</b> A significant number of responses aligned health and 'happiness'. For respondents this means: <ol style="list-style-type: none"><li>1. Improving awareness and accessibility to mental health support</li><li>2. Reducing health inequalities in the borough</li><li>3. Having a proactive approach to help people achieve their health and wellbeing goals.</li></ol>

- 4.6 A comprehensive analysis and report that details the final set of themes and findings will be completed as part of the finalised Borough Plan.

## **5.0 Next steps**

- 5.1 As part of the consultation and engagement the council is seeking feedback from the Health and Wellbeing Board on the draft ambitions, particularly in relation to the emerging feedback to date. This will contribute to the final Brent Borough Plan 2023 – 27.
- 5.2 The council will consolidate and present the final Borough Plan to Cabinet and then Full Council in February for it to be adopted.

## **6.0 Financial Implications**

- 6.1 The draft Borough Plan highlights the existing financial context, such as the cost of living and post-pandemic recovery.
- 6.2. The Budget report will go to the same Full Council as the Borough Plan. The budget report will set out the overall financial position facing the Council next year highlighting significant risks, issues, and uncertainties. It will also sets out the draft budget proposals that will be consulted on for 2023/24 to deliver a balanced budget.
- 6.3. At the time of reporting, the working assumption is that £18 million worth of savings will need to be found to balance the budget for 2023/24.

## **7.0 Legal Implications**

- 7.1 The Borough Plan is one of the council's policy framework documents. This means that once consultation has been completed the policy will be considered and agreed by Cabinet and then referred to full Council for final approval and adoption.

## **8.0 Equality Implications**

- 8.1 The Council must, in the exercise of its functions, have due regard to the need to:
  - (a) eliminate discrimination, harassment and victimisation
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it, pursuant to s149 Equality Act 2010. This is known as the Public Sector Equality Duty.
- 8.2. 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.
- 8.3. The purpose of the Duty is to enquire into whether a proposed decision disproportionately affects people with a protected characteristic. In other words, the indirect discriminatory effects of a proposed decision. Due regard is the regard that is appropriate in all the circumstances

- 8.4. There will be equality implications, positive and negative, for many of the activities undertaken under the Borough Plan in the next four years.
- 8.5. All departments implementing changes, through policies or initiatives will complete an Equality Impact Analysis. These will be reviewed by the Equality Officer before submission. In addition, a full EIA will be completed for the Borough Plan in its entirety.
- 8.6. Responses from the public consultation on the plan will form a key of the evidence to support these.

**Report sign off:**

Lorna Hughes

Director of Communities, Brent Council



# Moving Brent Forward Together for **2023-2027**









### **It gives me great pleasure to introduce Brent's Borough Plan for the next four years.**

This document is informed by your priorities, expressed through your vote at the ballot box earlier this year and through your participation in the Residents Attitude Survey that over 1000 people completed at the end of 2021. Throughout this plan, my eyes remain on the same principle as always – to leave no resident behind. This will be more important than ever, as we stare down the cost of living emergency together.

The plan on the following pages sets out the direction of travel Brent Council will take over the coming years. It is a snapshot of what we want to achieve and the path we will take to get there together.

What is still unclear is our destination. As you will recognise, four years is a long time in the world of today, where every day brings a new unknown and a different crisis to respond to. With every change comes opportunity and Brent is a borough of unlimited opportunities.

Over the last ten years, Brent Council has needed to strip out close to £200m from its budgets. We have needed to be agile, cut back our workforce and reduce spend. We have innovated, using new technology and modern ways of working. We have streamlined senior management and worked ever more closely with community groups and residents.

Our ambitions for Brent can regrettably diminish in line with inflation. The same rising cost of living that has affected us all individually has also cut our already shrinking pot of funding even further. Increased inflation does not only drive up the price of everyday essentials, it stretches the cost of goods, services, supplies and running buildings too.

This has obvious

effects on what it is we can deliver for you.

With all that said, we will look to continue our record as the Council of the Year, the award we received back in 2020 – recognising that despite the challenges, Brent Council will always take tough decisions in seeking to ensure that no one is left behind. We will continue to prioritise the most vulnerable in our community and make sure that essential services like waste collection, libraries, education, public health and care are protected.

In Brent, like every London borough – we face a constant balancing act between the many challenges that await us. We face unprecedented demand in housing services; many more residents requiring round the clock care in later life; an increase in interventions by children's social services; and the ever present need to keep our borough safe, secure and clean.

We have so much to be hopeful for though. We are a place of renewal; filled with people that come from far and wide, people that wish for a brighter future. Our children attend more Ofsted 'Good' and 'Outstanding' schools than ever. We will seek to deliver more genuinely affordable homes than any other London Borough and we will re-affirm our commitment to do whatever we can to respond to the Climate Emergency before us.

Brent Council exists to serve you, our residents.

I hope that our new Borough Plan shows that we are committed to supporting everyone that lives and works in Brent. Together we will build a better Brent, with a brighter future.

**Cllr Muhammed Butt**  
Leader of Brent Council



## Building a Better Brent – our journey

In Brent we think it is important to always talk to you, our residents, about what our plans should be now and in the future. In 2019 we spoke and engaged with residents (you) across Brent to decide on the five priorities to build a Better Brent. Since this, we also updated the plan during Covid. We wanted to make sure we supported you, the people of Brent, in the best way we could, by responding to the pandemic's impact on our communities.

Here are the previous priorities and what we have achieved so far:

### Every opportunity to succeed

We focused on equipping our young people for the future. We wanted to improve attainment and exam results for our young people who are in or have left care, our young men of Black Caribbean heritage and to help young people to have more employment opportunities. We invested £44 million to upgrade our schools, adding 427 places for our young people with special education needs and disabilities. We have helped 1,000 residents into employment, including over 200 apprenticeships and 90 kick-start places.

### A future built for everyone, an economy fit for all

We focused on making Brent a great and affordable place to live and work. We are committed to investing in our towns and high streets and bringing jobs into Brent. We wanted to provide safe, affordable housing for our residents. Over the last four years, our council homes programme has built 871 homes. We have introduced licencing laws to protect our renters' safety and wellbeing. We repaired over 128km of roads and pavements.

### A cleaner, more considerate Brent

We focused on how we could play our part in tackling climate change and improve air quality. By 2030 we aim for Brent to be a carbon-neutral borough. £500,000 has been provided to make residents' homes more energy efficient and for community groups to run education programmes. In Brent, we have installed over 21,000 energy efficient streetlights. We have fitted 515 electric vehicle charging points. We have planted 4,533 trees, 22 wild-flower meadows, and bee corridors to protect residents from harmful emissions.

### A Borough where we can all feel safe, secure, happy, and healthy

We focused on crime, safeguarding, physical activity, and culture. We aimed to reduce anti-social behaviour and violent crime, with reported incidents falling over the last 4 years. We strived to increase resident physical activity as we were the fourth lowest borough. We have installed 20 open space gyms and offered free instructor-led sessions. We sought Brent to be a borough where culture is celebrated and vibrant. We were awarded the Borough of Culture in 2020, which our culture services delivered successfully.

### Strong foundations

We focused on making Brent a digital place, where our services meet the needs of residents and are value for money. We created a new way of working with our voluntary and community sector. Our digital strategy has set up a fund to provide residents with a free laptop internet, and training. We have given over £16 million in funding to our communities. We created a social value and ethical procurement policy, which means our suppliers have agreed to invest in Brent.

## Our plan for the next 4 years

The new Borough Plan builds on our work and progress over the last four years but recognises that we have more to do. The Borough Plan will be a guide for the things we will prioritise and focus attention on as a council, as we try to make Brent the best place it can be. We will support our residents and businesses through the cost of living crisis and help everyone to recover following the pandemic. We recognise that we need a Borough Plan that builds on the lessons we have learned and prepares us for the challenges facing our residents, communities, partners and businesses. We must also be honest and acknowledge that the cost of living crisis will impact our resources and capacity to provide everything we have in the past. We expect to see an increase in our costs to deliver services. We have listened to, and will continue to listen to residents and partners to decide the best way for us to respond to any upcoming challenges together.

We would like to build on the strong community spirit in Brent, which saw the council and residents working together so effectively during the pandemic. We want the council and the community to continue to work together, building on these strong foundations and making sure your voices are heard and influence the services we deliver. To capture your voices, in recent months we have consulted:

- Our young people,
- Our residents who are carers,
- Our residents with disabilities,
- Our older people,
- Our homeless community,
- Our business community,
- Our key partners e.g. NHS,
- Our community and voluntary sector,
- Our residents who are in low social-economic situation,
- Our staff.

To help present a picture for Brent and demonstrate how our ambitions are informed by data, we have put together the information we have gathered in one document ["<<hyperlink>>"](#), published alongside the Borough Plan. We have called this document an evidence base as it tells us the make-up of our borough, our needs, our diversity, our uniqueness, and also includes opportunities for Brent.

By building on what you told us and using the evidence, we commit to delivering a Borough Plan 2023-27 that prioritises:

1. Prosperity, Pride and Belonging in Brent
2. A Cleaner, Greener Future
3. Respect and Renewal in Brent
4. The Best Start in Life
5. A Healthier Brent

## Strategic Priority 1: Prosperity, Pride and Belonging in Brent

The cost of living crisis is affecting everyone in Brent, with residents and communities with the most complex needs being hit the hardest. In our residents attitude survey, one in five people stated their finances will get worse over the next year. We expect greater demand for our support as energy costs and use of foodbanks continues to increase.

We want to tackle inequality and ease the pressure of the rising cost of living. This means continuing to work with partners and building on our existing joint plans to reduce poverty and ensure everyone has access to direct support when they need it – whether it be financial, digital, welfare centred advice or for employment. This is also about making sure our residents and communities with more complex needs receive the best possible support. To enable this, we will continue our progress to be a Digital Place and Digital Council that make it easier for residents to access support and for us all to interact.

We want to be clear that Brent is open for business. This means building stronger partnerships to ensure our high streets and local organisations are able to thrive. To achieve this, we will support our business community in providing and developing appropriate training. This will help residents gain the high quality skills they need to access and secure local well-paid jobs.

### DESIRED OUTCOME 1: Easing the Cost of Living Crisis

We will:

- Work together with partners across Brent to work collaboratively to reduce poverty. This includes spreading awareness, improving access to services and support and providing tools and resource to help residents improve their lives.
- Provide a range of programmes which residents can access and understand their options for direct support. This includes maintaining support already available through the Resident Support Fund, Digital Inclusion, Fuel Poverty Toolkit, Fuel Vouchers, Digital devices.
- Deliver welfare support services from Brent Hubs to ensure residents access advice and guidance, help them to understand their rights and entitlements, promote Credit Unions and provide support that encourage small businesses to thrive.
- Provide tailored resources to those residents with the most complex needs to ensure our services are as accessible as possible and remove any unnecessary barriers.
- Work with partners, to create more opportunities for residents to develop skills and secure higher-paid jobs in growth markets, for example tech and green skills.

### DESIRED OUTCOME 2: Brent for Business

We will:

- Improve the way we work with businesses to better support our high streets by increasing footfall and creating a Community Shops that encourage local shopping and increase the reuse, hire, and to reduce the cost of household goods.
- Lead by example and work with partners to employ more local people and create more opportunities to develop skills and training that help people to secure well-paid jobs.
- Work with neighbouring boroughs to attract more large businesses to the North West London and support them with local recruitment, skills and training.
- Better understand our business community so that we can raise awareness of appropriate training and employment opportunities for local people.
- Supporting community wealth building by encouraging retention of investment in the Brent economy and connecting local businesses to help them access supply chain opportunities.

### What Success Will Look Like

- Greater accessibility for our welfare support and advice programmes, including Brent Hubs, Family Wellbeing Centres, Resident Support Fund, Digital Inclusion, Fuel Poverty Toolkit, Fuel Vouchers.
- More council homes and more temporary accommodation provided by the council.
- Providing digitally excluded households with devices, internet access and digital skills.
- Greater availability and uptake of skills development and training initiatives.
- More people securing work through training and development provided through Brent Works and Brent Starts.
- The council continues its commitment to, and encourages more businesses and partners to pay the London Living Wage.
- More people are employed in well-paid jobs and an increase in average hourly wage.
- Creating a Community Shop that supports local communities and their needs.





## Strategic Priority 2: A Cleaner, Greener Future

You have told us that safety should be the most important priority for the council. We commit to working hard to prevent crime and anti-social behaviour. Prevention is essential so we want to tackle the causes of crime. We will help people leave criminal lifestyles and we will pursue justice for victims. We will also work with our communities to build trust, prevent criminality and improve our response to crime.

In addition to making our borough safer, we want to make it cleaner. However, if we want to deliver quality public services such as street cleansing, bin collections and park maintenance, we need you to tell us what you want and need from these services. We need to ensure there are ways for you to do that, which give you the opportunity to influence decisions on council services and activity.

The effects of climate change are here, and we all have a role to play. We are determined to work with our residents, partners and communities to reduce our carbon footprint as far as possible. We will also work with partners to reduce our emissions and usage of harmful material.

We want you, as a community, to have opportunities to take part in the council's decision-making process. Brent Connects is a central part of our approach to this, as it allows residents to come together, discuss what matters most to them, and work with us to develop and test new ideas. We will continue to work with faith leaders, Brent hubs, and other voluntary and community sector partners to engage with under-represented groups. Another way we enable the community to influence council decisions is through You Decide. You Decide is a funding initiative, also known as participatory budgeting, which allows local residents to vote on which local projects should receive grant money.

## DESIRED OUTCOME 1: A Cleaner and Safer Borough

We will:

- Offer provision of high quality responsive universal services to all residents, ensuring we reduce negative impacts on the environment while delivering high standards and meeting our Customer Promise— for example, clean streets, waste collection, skills, parks and libraries.
- Work with the Safer Brent Partnership and our partners to improve community safety, and reduce violence and vulnerability with a focus on reducing violence against women and girls.

## DESIRED OUTCOME 2: Empowering our Communities

We will:

- Introduce and deliver our new Community Engagement Framework. The framework is our plan to engage with people at a neighbourhood level to better capture and understand residents' voices, encourage greater involvement in council activities, and use different methods to do this.
- Support the Voluntary and Community Sector with clear communication and forums to provide insight, data and case studies of the lived experiences of residents.
- Deliver grant funding schemes that enable local people to lead on community activities and infrastructure

## What Success Will Look Like

- Maintain our recycling targets as a proportion of overall waste.
- Reduced incidents of anti-social behaviour and fear of crime.
- Increase in resident engagement and influence in decision making.
- Delivery of successful and impactful grant funded programmes, including those delivered in collaboration with the voluntary sector and community sector.



### Strategic Priority 3: Respect and Renewal in Brent

We want Brent to continue to grow, prosper and be a place where people want to live and work. To support this aspiration, we will do two things:

- Ensure sustainability is central to the growth of our borough and local economy
- Invest to make our streets cleaner and healthier.

We will create more accessible and genuinely affordable housing. We want to be the leaders in London for inclusive housing development that works better for everyone. This means buying houses; building new social, accessible and affordable homes and improving our existing estates. We will also continue working with partners to increase the supply of private rented accommodation.

We want a growing borough which puts sustainability and social value at the heart of all its development. This means making it easy for local businesses to choose to invest locally. We want to see as much of Brent's money as possible, re-invested in Brent. We are also developing our Local Plan to attract businesses from growing sectors into Brent. This will bring new well-paid jobs to the borough. Our Local Plan aims to revitalise and strengthen our town centres and high streets, making Brent more prosperous.

Cleaner and safer environments are key to communities becoming healthier. To do this we will invest in, and work with local communities and partners to recycle more, and to keep streets cleaner. We also want to support residents' health and wellbeing by making walking and cycling safer and more accessible in Brent.

#### DESIRED OUTCOME 1: Safe, Secure and Decent Housing

We will:

- Continue with our pledge to deliver 1,000 new council homes and continue to be leaders in London in building inclusive and genuinely more affordable homes.

#### DESIRED OUTCOME 2: A Sustainable Borough and a Greener Economy

We will:

- Seek ways of improving the use of the civic centre, including waste reduction and income generation, to lead by example, and encourage partners and the community to adopt more sustainable ways of living and working.
- Use our planning powers and land ownership opportunities to deliver more joined up projects and services with localities and neighbourhoods. Learn from good examples such as the Church End Council led development that will bring an additional £3m Social Value into the area
- Work with partners, through the West London Alliance, to create more opportunities for residents to develop skills and secure higher-paid jobs in growth markets, for examples tech and green skills.

- Ensure our social value policy encourages all the organisations we buy services from to provide benefit to our local communities, through jobs, skills, apprenticeships and training places.

#### DESIRED OUTCOME 3: Keeping Brent on the Move

We will:

- Invest in our roads and pavement improvement to help keep our streets clean, improve recycling, and reduce the use of waste landfill and incinerators.
- Deliver the Healthy Streets programme to encourage more walking and cycling in safe, inclusive, designed environments.
- Continue to strengthen our work force and its ability to deliver fair and equitable services through development and leadership programmes, ensuring the workforce is representative of the borough at all levels where we can.

#### DESIRED OUTCOME 4: A Representative Workforce

We will:

- Continue to strengthen our work force and its ability to deliver fair and equitable services through development and leadership programmes, ensuring the workforce is representative of the borough at all levels where we can.

#### What Success Will Look Like

- More genuinely affordable and accessible homes available to families and residents.
- New ways for council to generate income.
- More local investment and social value commitments from our suppliers in Brent.
- Increase in residents walking and cycling.
- Achieving our roadways and pavements maintenance targets.
- More local residents in council jobs, including those in graduate or entry level roles.
- Improve the representativeness of senior management, compared to the Brent population, within the organisation



## Strategic Priority 4: The Best Start in Life

We want our young people to get the best start in life. We want them to receive the support they need when they need it. We also want our young people to receive a quality education, which develops their skills and allows them to achieve their potential and realise their aspirations. To do this, we will work through our Family Wellbeing Centres, with partners, communities, businesses and residents, and in particular our young residents. We also want to ensure our children and young people are safe and will aim to achieve this by improving our approach to safeguarding, including for those who are transitioning to adulthood.

We will raise attainment and aspirations. Working with schools and partners we will make sure access to education is fairer and more equal. This includes ensuring there is tailored support for our Black African, Caribbean and Somali communities to harness their talent and potential. We will also build on our existing investment to upgrade provision and SEND school places.

We want all our young people from all backgrounds to be seen and heard in our services. We will create more opportunities and spaces to empower our young people to have their say – for example, the Youth Advisory Group used their lived experience to influence the delivery of the Black Community Action Plan. We must hear all our young people's voices, from newly arrived refugees to long-established communities; from our young people with disabilities and those who belong to the LGBT+. We will constantly review how we engage with our young people to ensure we hear views from different groups of young people from across the borough.

### DESIRED OUTCOME 1: Raised Aspirations, Achievement and Attainment

We will:

- Raise aspirations and address any underachievement from age 0-25 by promoting inclusion and inclusive schools.
- Focus on the Black African, Caribbean and Somali communities, through the Black Community Action Plan initiatives to continue to develop future community leaders.
- Improve our approach and support around safeguarding, both in relation to contextual and transitional safeguarding
- Promote the value of early intervention and prevention by working with families and through the activities of our Family Wellbeing Centres.
- Ensure the Children's Trust and Integrated Care System provide value for money and build better partnerships to improve our Children's Services.

### DESIRED OUTCOME 2: Young People are Seen and Heard

We will:

- Enhance our existing young peoples' forums, including Brent Youth Parliament, School Councils, Children in Care Council and Youth Advisory Groups by encouraging greater involvement of diverse groups and newly arrived residents.
- Encourage young people to become active in their communities and ensure their voices are central in our key sustainability projects.
- Directly engage with our young people across all service areas using approaches and methods outlined in the Community Engagement Framework.

### What Success Will Look Like

- More people leave education better equipped for future life.
- More people have the skills and attributes for work, enabling them to make a positive contribution to their communities.
- More people to enter employment including apprenticeships and graduate schemes.
- Improved opportunities and achievements for people from Black African, Caribbean and Somali communities.
- Increased use and take up of Family Wellbeing Centre support and offers.
- More opportunities for young people to participate in decisions, including more engagement with young people and people from a range of different communities.





## Strategic Priority 5 – A Healthier Brent

The pandemic highlighted the health inequalities that exist in our communities. In Brent, we saw that there were more Covid cases and deaths in some groups, specifically: older people; men; Black and Asian people; and those living in more deprived areas. We know that there are a range of underlying factors such as housing, employment, and income that contribute to these inequalities. To tackle this, we want to establish ways to improve health outcomes for those who need it most.

We will learn from the pandemic. We will make sure our health services meet local need and reduce health inequalities. This means engaging with our communities and health partners to understand the challenges and differences that exist. We will use this information to develop community-centred approaches and solutions. We also want to improve communication with our communities so our residents know to access support and improve their health.

We want Brent to be a healthier and stronger borough. We can do this by removing barriers residents face to becoming physically active. This includes making our green spaces, walking, and cycling routes more SEND friendly, inclusive, and well-maintained.

### DESIRED OUTCOME 1: Tackling Health Inequalities

We will:

- Work with the North West London Integrated Care Partnership Board to address health inequalities and strengthen our relationship with health partners to deliver priorities in the Health and Wellbeing Strategy.
- Work with the North West London Integrated Care Partnership to ensure children's health needs are prioritised. For example, addressing health inequalities for young people and ensuring children gain access to mental health and wellbeing support when they need it.
- Maintain preparedness to cope with public health emergencies. Make sure lessons from the pandemic are used to focus public health attention and resources to the communities most affected by and still recovering from Covid.
- Work with NHS and partners to deliver more cross-sector working within services that impact on health, such as housing, mental health and community safety.
- Use the Health and Wellbeing Strategy action plan to make sure Parks and Green spaces offer more opportunities for accessible physical activities and exercise. This includes making inclusive design improvements and management of pocket parks and community gardens.

### DESIRED OUTCOME 2: Localised Services for Local Needs

We will:

- Respond to the Health and Social Care Act 2022 with the creation of more locality-based decision-making and delivery of services that meet the needs of Brent's diverse localities.

- Continue our community based work through Brent Health Matters and work with NHS partners to increase more community led approaches.
- Focus our commissioning approach on prevention and wellbeing and ensure residents are involved in deciding local solutions.
- Engage with communities to ensure they can access information and services to support them in managing their health better. This includes investing more and working within our Voluntary Community Sector organisations.
- Build on the successful methods of communication and engagement used during the pandemic, such as webinars with key speakers and social commentators for ongoing discussion with residents.

### What Success Will Look Like

- More residents have access to outdoor activities.
- More accessible facilities in public spaces.
- Reducing health inequalities, particularly for groups disproportionately impacted by Covid and through co-designed approaches with communities.
- More people supported to sign up to GP practices.
- More people are seen by the Brent Health Matters team.
- Improved outreach to communities and residents.
- A reduction in referrals to more acute/emergency services.



### Black Community Action Plan

In July 2020, Brent talked to its Black community about the inequalities they face. Together we developed our [Black Community Action Plan](#) to address these inequalities.

### Brent Connects

[Brent Connects](#) is a space for local communities to come together, discuss the things that matter most to you and work with the council and its partners to develop and test new ideas that will improve the lives of Brent residents. There are five Brent Connects areas.

### Brent Health Matters (BHM)

[Brent Health Matters](#) is a programme to reduce health inequalities. BHM works with the local communities to find out what services they want and need. It then delivers those services in a way which is easy for local residents to access.

### Brent Hubs

[Brent Hubs](#) provide advice and support for residents in different locations across the borough.

### Brent Customer Promise

[The Brent Customer Promise](#) is our commitment and promise sets out the standards of service you can expect from us whichever service you use.

### Community gardens

A community garden is owned and run by the local community. It is often used to grow food.

### Contextual safeguarding

An approach to safeguarding that recognises that young people may be at risk of significant harm not only within their home environment, but also outside it.

### Digital Council

Digital Council is a term used in our [Digital Strategy](#). It means that we are improving the way we use technology and data. By collecting data in an ethical and secure way we are using it to make our services and information more accessible, personalised and responsive.

### Digital Place

Digital Place is a term used in our Digital Strategy. It means we are building a borough-wide digital infrastructure providing fast connection to the internet. It also means we are providing training to improve residents digital skills.

### Integrated Care Partnership (ICP)

The Integrated Care Partnership is a partnership of local health and care providers in Brent. Its aim is to improve local health and remove health inequalities.

### Local Plan

The [Local Plan](#) is a collection of planning documents which sets out our strategy for future development in Brent

### Resident Support Fund

Brent's [Resident Support Fund](#) is a support fund available to residents who are in financial difficulty.

### SEND

SEND is an acronym which stands for Special Educational Needs and Disability.

### Transitional safeguarding

A safeguarding approach and response that addresses specific developmental, social and contextual needs from a person going from adolescence to adulthood.

### West London Alliance

The [West London Alliance](#) is a partnership between seven London boroughs. They are: Brent, Barnet, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, and Hounslow.

### You Decide

[You Decide](#) is a Brent programme in which local people choose how local funds are spent. Projects are submitted and local residents are invited to a decision day to vote on which projects they think would benefit their community, and they would like to go ahead. Funding is then given to these projects.









# Brent Borough Plan 2023-27

## *[draft]*

Health & Wellbeing Board – January 2023

# Our journey to date

We are now in the process of creating a new Borough Plan.

The new plan will build on progress and learning from the last four years and reflect the new context we're operating in:

- post-pandemic
- cost of living
- budget savings

## Upcoming Budget Savings for 2023/24

- As a result of rising inflation, rising interest rates, increasing demand for services and insufficient government funding, the Council needs to **make £18m of savings next year and possibly raise Council Tax by 5%.**
- The new savings proposals are designed to limit reductions on our services and the impact on front line services.
- There is a separate consultation underway on our proposals.

# Our journey to date – shaping the draft strategic priorities

## Resident engagement:

- Residents Attitude Survey
- Focus groups and conversations with:

Young people	Residents who are carers
Residents with disabilities	Older people
Homeless community	Business community
Key partners e.g. NHS	Community and voluntary sector
Residents in low socio-economic situations	Staff

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## Data and evidence

- Councils and official sources of data and information – evidence base to follow

## National and global context



# New strategic priorities (draft)

## Prosperity, Pride and Belonging in Brent

1. Easing the Cost of Living Crisis
2. Brent for Business

## A Cleaner, Greener Future

1. A Cleaner and Safe Borough
2. Empowering our Communities

## Respect and Renewal in Brent

1. Safe, Secure and Decent Housing
2. A Sustainable Borough and a Greener Economy
3. Keeping Brent on the Move
4. A Representative Workforce

## The Best Start in Life

1. Raised Aspirations, Achievement and Attainment
2. Young People are Seen and Heard

## A Healthier Brent

1. Tackling Health Inequalities
2. Localised Services for Local Needs

# Prosperity, Pride and Belonging in Brent

## Easing the Cost of Living Crisis

- Reducing poverty, including providing and promoting awareness for available support
- Tailoring resources to those with complex needs
- Support people to develop skills and secure higher-paid jobs

## Brent for Business

- Support our high streets
- Employ more local people – also supporting skills development and access to well-paid jobs
- Attract more large businesses
- Community wealth building – creating resilient and inclusive local economies



# A Cleaner, Greener Future

## A Cleaner and Safer borough

- Reduce negative impacts on the environment
- Improve community safety
- Reduce violence and vulnerability

## Empowering our Communities

- Deliver our new Community Engagement Framework – capturing voices at a neighbourhood level and getting greater local involvement in council activities
- Better support the Voluntary and Community Sector
- Deliver grant funding schemes that empower local people to lead on community activities





# Respect and Renewal in Brent

## Safe, Secure and Decent Housing

- Deliver more new council and genuinely affordable homes – meeting our commitment of 1000 new homes

## A Sustainably Growing Borough and Greener Economy

- Ensure the services we buy benefit our local communities through social value
- Deliver more joined up planning and land projects and services with local communities
- Leading by examples for sustainable working by better using the Civic Centre

## Keeping Brent on the Move

- Keeping our streets clean and maintained
- Encourage walking and cycling

## A Representative Workforce

- Proactively supporting the development and progression of all staff
- Ensuring our workforce is representative at all levels, where we can



# The Best Start in Life

## Raised aspirations, achievement and attainment

- Address any underachievement
- Focus on our Black, African, Caribbean and Somali community to develop future community leaders
- Improve our approach to safeguarding, both in relation to contextual and transitional safeguarding
- Promote the value of early intervention and prevention by working with families

## Young people are seen and heard

- Enhance our young peoples' forums e.g. BYP, School Councils, Youth Advisory Groups
- Encourage young people to become active in their communities
- Directly and proactively engage with and capture young people's voices



# A Healthier Brent

## Tackling Health Inequalities

- Address health inequalities and wider determinants of health with partners, as outlined in the Health & Wellbeing Strategy
- Prioritise children's health needs - addressing inequalities earlier and ensuring access to mental health and wellbeing support
- Improve our use and offer of parks and green spaces

## Localised services for local needs

- Create more locality-based decision making that meets the needs of our diverse communities
- Continue community based work through Brent Health Matters, increasing community-led approaches
- Improve access to, and communicate information that helps people manage their health.



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Value	Count
clean	86
safe	66
green	42
community	28
housing	27
young people	25
education	23
healthy	22
happy	20



# Consultation and engagement – emerging findings

To date, we have around 900 responses to the consultation. Here are the emerging themes:

## Prosperity, Pride and Belonging in Brent

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### Creating more jobs and developing skills:

- Creating more and better paid local jobs.
- Supporting local people to develop new and existing skills.



## A Cleaner, Greener Future

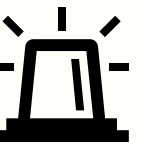
### A Greener Brent:

- Having better maintained parks and open spaces
- Planting more trees and creating more visible greenery



### Safety:

- Importance of feeling safe, particularly for women and young people
- Reducing and preventing crime - with a focus on anti-social behaviour, violent crime and drugs



### Vibrant communities:

- Fostering greater cohesion and inclusion across the borough
- Continue harnessing levels of diversity



# Consultation and engagement – emerging findings

## Respect and Renewal in Brent

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### **A Cleaner borough:**

- Improving air quality
- Reducing congestion
- Creating a visibly cleaner borough



### **Affordable Housing:**

- Creating more affordable and 'better' housing...
- ... that is supported by accessible infrastructure




## The Best Start in Life

### **Young People:**

- Creating more opportunities and work experience to support young people into employment
- Creating more/re-establishing local activities for young people



	<b>Brent Health and Wellbeing Board</b> 12 January 2023
	<b>Report from</b> Brent Integrated Care Partnership (ICP)
<b>ASC Discharge Funding £16m</b>	

<b>Wards Affected:</b>	All Brent
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b>	N/A
<b>No. of Appendices:</b>	N/A
<b>Background Papers</b>	N/A
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Tom Shakespeare Managing Director Brent Integrated Care Partnership (ICP) Tom.shakespeare@brent.gov.uk  Steve Vo Assistant Director of Integration and Delivery, NWL ICB Brent Borough  Antoinette Jones Head of Delivery Brent and Harrow Borough's

## 1.0 Purpose of the Report

1.1 The report aims to:

- 1.1.1 Inform the Board of Brent's plan and preparedness to manage the anticipated winter pressures on the local health and social care system
- 1.1.2 Inform the Board of Brent's plan and preparedness to manage the additional Adult Social Care (ASC) Discharge Funds to support winter pressures on the local health and social care system.

## 2.0 Recommendation(s)

- 2.1 It is recommended that the group notes and comments on our local discharge Planning initiatives, which have been identified and developed to enable more people to be discharged to an appropriate setting with adequate and timely social care support and help to free up hospital beds notes in addition to our local Winter Planning initiatives, which have been identified to look after our

residents over the winter period proactively. and reduce the number of bed days lost.

- 2.2 The Board are requested to ratify the ASC Discharge Funds and Winter Planning plan as described in Section 3.6.

### 3.0 Detail

- 3.1 Key stakeholders from Brent Integrated Care Partnership (ICP) have come together as a single Borough team to jointly establish various schemes to support pressures on the hospital system during Winter. Partners on the ICP include Brent Council, London North West University Hospital NHS Trust (LNWUHT), Central and North West London NHS Foundation Trust (CNWL), and Central London Community Healthcare NHS Trust (CLCH) have come together via multiple Task and Finish Groups
- 3.2 The Partnership adopted a whole system early planning approach, which entailed looking at all potential funds collectively (BCF, ASC and NWL ICB funds) in the context of a collective understanding of system pressures. The schemes that have been developed are built on existing solid joint working, including multiple initiatives supporting part of business as usual working to reduce hospital delays, including a dedicated hospital discharge team, step-down beds, Home First and several schemes supporting our Mental Health Service users.
- 3.3 There has already been much effort across the NWL system overall and Brent ICP to ensure an efficient level of beds in both hospitals and Community, best usage of the current capacity, and a reduction in A&E and urgent care demand. In addition, key representatives from each ICP partner have met to propose a long list of schemes started in July 2022. This led to further meetings to refine the schemes with clear objectives, finance, plans and key deliverables. As a result, the long list has been prioritised to create the following local schemes as depicted in the table below
- 3.4 Initial schemes developed by the joint Partnership received buy-in and support from all Brent ICP partners. The Partnership agreed that locally lodged NHS funds are used to fund these schemes, pending any allocations of Winter funding and D2A funding from NW London
- 3.5 System pressures Performance summary
- 3.6 It should also be noted that DHSC has now confirmed Brent LA will receive a direct allocation of 40%( £1.1m) and an additional (£1.2m) of the 60%, subject to robust plans submitted. This means in addition to NWL ICB funds £562k and the LA NHS lodged funds of £517k. A total of **£3.35m** has been secured across the system. Further details on the high-level allocations is set out in Appendix A and summarised below



Area	Funding Allocation	Funding
LA use of staffing overtime enhanced payments to support discharge schemes	40%	£620K
Domiciliary care packages and Direct payments	40%	£500k
Urgent response, complex care Teams supporting and facilitating hospital discharges	60%	£430k
Caseworkers/Discharge Facilitators, Trusted Assessors, Social Workers, Therapist	60%	£359k
Services Supporting MH Users (Including Step Down beds)	60%	£350k
Market quality (additional capacity in Care Homes)	60%	£15k
<b>Total DHSC</b>		<b>£2.273k</b>
D2A Mitigation Plan (due to the discontinuation of D2A funding)		£387k
PCN Primary Care Redirections		£150k
<b>Total LA Section 256</b>		<b>£517k</b>
Rapid Response, Urgent Response and Reablement, target 7 days working (Social Work)		£434k
Holistic Support, MH and Wellbeing		£128k
<b>Total Funding NWL ICB</b>		<b>£562k</b>
<b>Total Funding Streams</b>		<b>£3.352m</b>

3.7 Several fully/partially implemented schemes accept patients and referrals. This in turn is having a positive impact on our acute hospitals.

3.7.1 Discharges from the hospital; under the ASC DF initiatives are starting to impact Brent's patients, as reported through the Local A&E Delivery Board. Performance data submitted to the DHSC on January 6 2023, reported that patients were supported as follows; Home or Domiciliary care 12, residential care 1, nursing care 1, and other pathways home first 51.

3.7.2 Packages of care booked or in use since spending under the ASC DF commenced have increased for the following hours of home or

domiciliary care packages (570), hours of reablement in a person's own home (144), care home beds (5 complex/nursing), and the number of care home beds (6 residential).

- 3.7.3 D2A Local Mitigation Plan (due to discontinuation of D2A funding)  
Four out of the ten step-down beds proposed have been commissioned for the winter period. The remaining six beds, especially for those with complex needs and who are challenging to place are being sought from an alternative care home due to operational challenges in acceptance criteria. The four beds are fully occupied.
- . 3.7.4 Holistic Support and Wellbeing: Community response and support for urgent Mental Health Crisis Support. Service has commenced at Ashford Place, supporting Early interventions for patients at higher risk of experiencing a mental health crisis.
- . 3.7.5 Holistic Support and Wellbeing: Bereavement Support by Providing group and individual counselling to improve emotional and mental wellbeing and support for those experiencing loss and bereavement. The service has accepted 65 referrals to date, and 53 assessments have been undertaken
- . 3.7.6 Take home and settle Service Monday – Friday: This is a reactive discharge service that supports the discharge of patients predominantly aged 50 and older across the hospital. The service supports transport to get the patient home and a staff member to settle them back at home and ensure appropriate follow-ups are in place/ the patient and/or their carer have been signposted to relevant third-sector organisations to obtain more comprehensive support for the long term. At the end of November 2022, 31 patients were supported from LNWHT to their usual place of residence at home.
- . 3.8 Supporting Mental Health Service Users: The following are schemes dedicated to supporting Mental Health service users.
  - 3.8.1 Mental Health Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge: This scheme supports earlier discharge from general acute and mental health wards, working from admission through to discharge. Multi-Disciplinary agency and Hospital discharge support workers based in inpatient wards, working alongside the acute team to facilitate early discharge for patients deemed clinically appropriate. This scheme is now fully operational and accepting referrals.
  - 3.8.2 Northwick Park Hospital Adult Mental Health Emergency Centre (7-day working): The Mental Health Emergency Centre will be funded on a 7-day working basis, staffed by three MH workers and two outreach

workers who will work to offer contact at the point of admission. The outcome of this scheme is to reduce avoidable admission to general acute or mental health and facilitate earlier discharge from A&E. The joint team would work to support and divert people to settings that better meet their needs while improving patients' experience. This scheme is now fully operational and accepting referrals. The service accepted 41 referrals in November and 35 in December. The exact numbers for Brent are to be confirmed.

- 3.8.3 Community Places for People with Mental Health Issues and at Risk of Homelessness: This scheme stabilises patients in step-down beds, works closely with community outreach workers and supports patients towards living as independently as possible. The aim is to prevent patients from using A&E as the only place of safety, preventing avoidable Urgent and Emergency Care (UEC) admissions. There are currently four step-down beds occupied.

#### **4.0 Financial Implications**

- 4.1 Total funding secured for the Discharge Planning Schemes is **£ 3.352 million**.

#### **5.0 Legal Implications**

- 5.1 N/A

#### **6.0 Equality Implications**

- 6.1 N/A

- 6.2. N/A

#### **7.0 Consultation with Ward Members and Stakeholders**

- 7.1 All Winter Planning and ASC Discharge Planning Schemes have been worked through and agreed upon by all Brent key partners.

#### **8.0 Human Resources/Property Implications (if appropriate)**

- 8.1 N/A

**Report sign-off:**

**Phil Porter**

Corporate Director - Adult Social Care and Health

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