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Health and Wellbeing Board

Wednesday 29 March 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 and Krupa Sheth

Councillors: Hirani and Mistry

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

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **www.brent.gov.uk/democracy**

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.
(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
(d) **Land -** Any beneficial interest in land which is within the council's area.
(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.
(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:
- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:
- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

Agenda

Introductions, if appropriate.

Item		Page
1	**Apologies for absence and clarification of alternate members** For Members of the Board to note any apologies for absence.	
2	**Declarations of Interest** Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3	**Minutes of the previous meeting** To approve as a correct record, the attached minutes of the previous meeting held on 12 January 2023.	1 - 10
4	**Matters arising (if any)** To consider any matters arising from the minutes of the previous meeting.	
5	**Primary Health Update - GP Access** For the Health and Wellbeing Board to receive an update from the Integrated Care Partnership (ICP) on primary health care.	11 - 20
6	**HeathWatch Programme Update** To provide the Health and Wellbeing Board with an update on HealthWatch Brent's progress throughout 2022-23 and the development of the HealthWatch Brent workplan for 2023-24.	21 - 40
7	**Winter Planning Update** To update the Health and Wellbeing Board on winter planning.	41 - 48
8	**London North West University Healthcare NHS Trust - Five Year Strategy**	49 - 156

To provide information to the Health and Wellbeing Board on the newly launched five year strategy at London North West University Healthcare NHS Trust.

9 Local Governance in the Context of NWL Relationship - Integrated Care Partnership Asks 157 - 160

To provide an update to the Health and Wellbeing Board on local governance in the context of the NWL relationship.

10 Any other urgent business

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

- Please remember to turn your mobile phone to silent during the meeting.
- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis.

Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Thursday 12 January 2023 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Muhammed Butt (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Grahl (Brent Council), Jackie Allain (Director of Operations, CLCH), Simon Crawford (Deputy Chief Executive, LNWUHT), Judith Davey (Chief Executive, Brent HealthWatch), Robyn Doran (Brent ICP Director), Basu Laminchane (Residential and Nursing Sector), Carolyn Downs (Chief Executive, Brent Council – non-voting), Phil Porter (Corporate Director Adult Social Care and Health, 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: Tom Shakespeare (Integrated Care Partnership Director), Jonathan Turner (Borough Lead Director – Brent, NWL NHS), David Petrie (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Natalie Connor (Governance Officer), Antoinette Jones (NWL NHS), Steve Vo (NWL NHS), Josefa Baylon (NWL NHS), Nipa Shah (Programme Director, Brent Health Matters), Marie McLoughlin (Public Health Consultant, Brent Council), Susan Elden (Consultant in Public Health, NHS England – London), Anne Tunbridge (Immunisation Commissioning Manager, NHS England - London Region), Versha Varsani (Head of Primary Care (Brent), NWL NHS)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Councillor Mili Patel, who was substituted by Councillor Muhammed Butt

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 13 October 2022, be approved as an accurate record of the meeting.

4. Matters arising (if any)

The Chair confirmed that the Better Care Fund for Brent had been approved formally.

5. Children's Services Update

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools, Brent Council) introduced the update, highlighting that she was grateful for the request to update the Board on contingency planning for children's healthcare and addressing new challenges such as Polio and Strep A.

In further introducing the report, Jonathan Turner (Borough Lead Director – Brent, NWL NHS) advised the Board that the report reviewed the current situation and response to winter pressures with a specific focus on children, and also detailed the Integrated Care Partnership (ICP) priorities to bring together a specific focus on children. In updating the Board on current issues, he highlighted the following points:

- In the latter part of the summer, routine monitoring of sewage in London showed the presence of the Polio virus,, therefore the Joint Committee for Vaccination and Immunisation (JCVI) had advised that across London the NHSE should offer an inactivated polio vaccine booster for children aged 1 – 9 years. The ICP had moved rapidly to set that up, and the latest figures were that around 13,000 children had received their booster in Brent. This equated to around 32% of the eligible population, which was a strong starting basis.
- Routine immunisations were ongoing, including an outreach centre with SPIN GPs specifically working around improving childhood immunisation uptake.
- Strep A clinics had been set up to reduce the pressure on the system and provide extra access for parents and children. As of the week of the meeting, the additional clinics had delivered around 892 additional appointments.
- Enhanced access hubs were in operation, with joint primary and secondary care clinics set up for paediatrics in the North and South of the borough.
- Within the ICP, the children's priorities working group had met to look at where the areas of need were and where partners could collaborate most effectively, which was outlined on pages 12-13 of the report. Focus was on developing a holistic support offer to address the inequalities and prevention agenda, which included specific focus on healthy weight, smoke free homes and a healthy start. Immunisations were also a priority for the ICP
- In relation to mental health and wellbeing there was a new national Thrive model, and partners were now working together to map out the requirements of that. CAMHS was another area of focus to reduce the substantial waiting list, and there had been work across the system to secure additional non-recurrent funding for the year to reduce the waiting list. Jonathan Turner and Robyn Doran (ICP Director) had been in discussion with NWL ICS to secure additional resources to reduce those waiting lists and keep them down.
- A new neurodiversity pathway was being implemented, with jointly commissioned speech and language therapy.
- Work was being done to improve the diagnosis and control of asthma, focusing on inhaler technique, and working with housing teams on mould in houses and the links between air quality and environment on asthma.
- It was anticipated that these workstreams would report to the ICP exec groups and maintain a close dialogue between ICP leadership, the Corporate Director Children and Young People, and the Borough Lead Director. Jonathan Turner and Robyn Doran were also members of the Brent Children's Trust so there was close linkage on a governance basis.

The Chair thanked Councillor Grahl and Jonathan Turner for their introductions, and invited contributions from those present. The following issues were raised:

- In relation to the 30-35% increase in out of hours calls, the Board asked whether there were any emerging themes. Jonathan Turner advised that there would need to be further analysis to understand if there were any themes, but envisaged there would be a wide range of themes.
- In response to what outcomes were hoped for in regards to the ICP children's priority, Jonathan Turner advised that part of the programme of work would be to define those outcomes, but he suggested they would include addressing the issues that appeared each year within the JSNA, such as childhood obesity, asthma admissions and non-elective hospital admissions. The final details would need to be

worked through with all representatives from the provider organisations to ensure the right areas were targeted. Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that he would hope to see improvements in progress at school for children with an Education Health and Care Plan and more effective and timely provision of speech and language therapy and occupational therapy.

- The Board asked whether 65% uptake on the health inequalities clinics was expected. Dr Haidar advised the Board that the clinics were organised on weekends to avoid parents and children missing school and to improve access, and the uptake had been very good. As a result of the good practice, other boroughs were looking to learn from the clinics.
- In relation to mental health and the national Thrive model, Robyn Doran advised that this focused on early intervention. Through the work done around the CAMHS waiting list it had been found that having the third sector involved with triage and intervention had made a big difference, and the Thrive model would do more downstream work with families and children to prevent break downs and children ending up in emergency departments.
- Noting the transformation work on speech and language therapy, the Board asked whether this included rehabilitation. For example, they asked whether the work helped children and young people who were partially sighted learn to use a cane or get to school. Nigel Chapman confirmed that there was a specialist SEND pre-school panel where he would expect additional or unmet needs to be supported there, separately from speech and language therapy.

RESOLVED: To note the report. and request that the Health and Wellbeing Board be presented with metrics on CAMHS, particular in relation to the impact of triage, and any updates on investment.

6. Childhood Immunisations

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which described the current arrangements for childhood and school aged immunisations. She advised the Board that the scope of the report had been deliberately limited due to the complex nature of childhood immunisations. NHSE were responsible for the commissioning of routine immunisations and had been able to provide figures for the Board. In Brent, the school age programme was commissioned through CNWL. She concluded that there were longstanding challenges with raising childhood immunisation rates in Brent.

The Chair thanked Dr Melanie Smith for introducing the report and invited NHSE colleagues Susan Elden (Public Health Consultant, NHSE) and Anne Tunbridge (Immunisation Commissioning Manager, NHSE) to speak. The following issues were raised:

- The Board's attention was drawn to section 6 and 7 of the report, which detailed the headline figures for Brent. Generally, London coverage of childhood immunisations was lower than the national average. In Brent, the figures were slightly lower than the regional London average, but were on par with other boroughs in NWL.
- During the pandemic, coverage figures fell to their lowest ever across Brent, which were now showing signs of recovery but still not back to the 2018 baseline. As NHSE attempted to close that gap, new children fell into the age category of requiring vaccinations ie the numbers of children now needing immunisations is increasing.
- Section 7 detailed the collective efforts happening across agencies to improve vaccination rates in Brent. A focus going forward was around reducing inequalities and catching up on missed groups, listening to communities and building trust with providers and people.

In considering the presentation, the Board raised the following points:

- The Board asked if there was any demographic data on the groups where vaccination uptake was particularly low and if there was anything the Council could do to work more closely with those groups. Dr Melanie Smith advised the Board that she was looking to improve data quality, and a big achievement of the work done during Covid-19 was the ability to track vaccination rates alongside deprivation which was not currently possible for childhood immunisations. Immunisation data was held on a national system, and, until Covid-19, NHS data collection did not prioritise ethnicity or deprivation. She felt there was a need to supplement the very well-established national database with other initiatives to improve that data quality. In terms of working closely with groups who had low vaccination rates, Dr Melanie Smith highlighted that there was targeted outreach and a variety of offers from primary care to encourage uptake of vaccinations and make access easier, acknowledging, that for some families, attending their GP surgery was not always convenient. School aged immunisations had been offered outside of school settings and in December 2022 79 children had been vaccinated in 1 day in Brent Civic Centre. She commended children and young people services, public health, and NHSE colleagues who had been flexible in their approach to immunisation since Covid-19. Going forward, she wanted the universal offer through primary care to be as efficient as possible in order to free up time and resource for more targeted outreach for those communities who had not accessed the traditional offer.
- Versha Varsani (Head of Primary Care (Brent), NWL NHS)) highlighted that a large proportion of clinics had signed up to the extra health inequalities clinics held on weekends, and a number of children had been coming in for vaccinations on those days. As there was higher deprivation in the south of the borough, a focused clinic had been held there with at least ten children vaccinated in the short session held and information given out to other attendees. The ICB team worked closely with the regular immunisation working group, meeting every 2-4 weeks to look at challenges and improving rates for immunisation.
- Dr Haidar felt that another approach to improving vaccination uptake was to hold education workshops about the impact of illnesses and the importance of protection against them, and steer away from words like vaccination and immunisation which may discourage engagement due to stigma. In response to what was being done about the perception that immunisations caused autism, Dr Haidar informed the Board that health providers could only reinforce the fact that the initial theory spread by the media was not correct and the clinician whose research was published had been discredited. Primary care colleagues were still communicating this with patients and reassuring them that immunisations did not cause autism.
- As to whether there was any practice guidance and peer support across NHSE and other Local Authorities, Anne Tunbridge advised that part of her job as commissioning manager was to liaise closely with ICB colleagues to disseminate and share information. As a team within NHSE, they were aware of the patterns across London and this was shared directly with local ICBs and the NHSE team. In addition, immunisation co-ordinators were employed to work on the ground with GP practices and help NHSE understand the specific issues within the GP setting around vaccination. Dr Haidar highlighted the importance of working together to address the challenges faced by GPs. There were many other different ways NHSE linked in and worked closely with the local authority and ICB to target specific areas with issues. As of April 2024, a lot of the functions around vaccination would be delegated to ICBs so NHSE felt it was important to take steps to get closer to local communities.
- The Board asked when they would see another report on this topic. Susan Elden advised that if there was anything concerning or positive to report they would be able to provide that information as requested, but in regular business felt that the

most appropriate timings for a report of this nature would be annually in order to see directions of trends.

RESOLVED: to note the information provided in the paper.

7. NWL summary of additional health inequalities funding and Brent Health Matters Update

7i. NWL Additional Health Inequalities Funding

Nipa Shah (Programme Director, Brent Health Matters) introduced the report, which provided a summary of additional health inequalities funding. She informed the Board that additional funding had been released nationally in October 2022 to fund health inequalities work, and NWL had been allocated £7m from that fund. Out of that, a decision was taken to give 60% of that funding to borough-based partnerships, with Brent's allocation being £783k. Officers had prepared a business case which split that fund, with around £300k earmarked for community organisation grants and £483k going towards implementing Community Co-ordinators, dedicated GP time, and business analyst support to work more closely with the 5 Brent Connect areas. There was also a pot of money for additional schemes, and Brent had asked for £300k from that pot of money to continue supporting Brent Carers Centre who were providing a Health Educator Service. Brent Health Matters were now awaiting a final decision on the business case before implementation.

RESOLVED: To note the report.

7ii. Brent Health Matters Update

Nipa Shah (Programme Director, Brent Health Matters) introduced the report, which provided an update on the Brent Health Matters Programme. In considering the report, the following points were raised:

- The Board commended the work done so far, and were encouraged to hear about the UCL funding to use community assets to improve Health and Wellbeing. They felt that learning from the programme could be used for other mainstream services.
- Noting that some of the health events that had been held had identified some people who were acutely unwell, the Board asked whether there was any learning around types of conditions, demographics or where they were living. Nipa Shah informed the Board that the presentations had been varied, from people who had not seen their GP to people who were well versed in looking after themselves but had not felt it was important. Dr Haidar added that some of the conditions being identified were cases of high blood pressure, and those patients had now been educated and help allocated accordingly. The more events that BHM did, the more themes officers could pick up on. Data collection was in the process of being improved, with BHM working with the performance team to take cuts of data on the people they saw, including ethnicity, age range, and the last time they had seen a GP. When the new BHM dashboard was developed, officers would be able to start recording these engagements, which could then be quantified and included within reports.
- The Board asked what the dashboard intended to capture and who was intended to use it. Nipa Shah advised that the intention was for officers to be able to use the dashboard to record data and pull reports, and this could be shared with councillors. Tom Shakespeare (Managing Director, Brent ICP) informed the Board that there was ongoing work around the development of population health dashboards, and the intention was for them to be available at practice level, neighbourhood level and community level, to help focus on each area to see if there were any pockets of communities not accessing particular services.

The Board **RESOLVED** to note the report.

8. Brent Integrated Neighbourhood Teams Development

Josefa Baylon (Head of Integration, NHS NWL) introduced the report, which updated the Board on the progress of integrated neighbourhood team development in the borough since the last Health and Wellbeing Board meeting. She provided the Board with a summary of activity that had taken place, risks and mitigations, and the next steps for the development.

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

- In considering the next steps for the development of integrated neighbourhood teams, the Board asked if there were any risks with achieving those. Josefa Baylon advised the Board that there could be risks with use of premises, such as rent rates and service costs, meaning there was a need to work in partnership to find and use premises, including considering waiving or reducing rates for partners. There was a need to acknowledge that the voluntary and community sector paid bills for their premises.
- Dr Haidar added that the purpose of the neighbourhood work was to put residents at the heart of services. He was encouraged by the design of the programme and the hard work the team was doing to wrap around services for residents to access. He highlighted that it would not be a quick process and would have short term, medium term and long term goal setting.

RESOLVED:

i) To note the report.

9. Health and Wellbeing Strategy - Healthy Lives

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report with an update on Healthy Lives, which formed one of the 5 themes of the approved Health and Wellbeing Strategy. She highlighted that the theme focused on enabling residents to make healthy, easy choices for themselves and who they cared for and had ten commitments. She drew the Board's attention to the wide range of partners involved in delivering those commitments, such as the local authority, NHS and voluntary and community sector organisations. The overall progress on this theme had been good, and work had begun on developing a food strategy, which would drive forward some of the commitments such as healthy catering and Incredible Edible Brent.

In terms of areas of achievement, Dr Melanie Smith highlighted the work of the Brent Resident Support Fund and the oral health work where public health had seen an innovative and award-winning model implemented. In addition, two workstreams that focused childhood obesity, which had been a long-term entrenched issue in Brent, had seen some positive success. In one programme, professionals delivered intervention for pre-school children through their regular duties, such as Family Wellbeing Centres and the 0-19 service. Public Health had also commissioned an intervention programme for school aged children which had been co-produced with families. Both of those interventions had shown positive benefits in terms of behaviour change and weight loss, which was the first time Public Health had been able to report positive outcomes in interventions to reduce childhood obesity in Brent.

RESOLVED:

i) To note the report.

10. Borough Plan

Councillor Nerva introduced the item by commenting on the importance of all statutory agencies involved in health and wellbeing knowing what was envisaged in Brent as part of the new Borough Plan. There would be responsibilities and key issues for implementation which could not be done by the Council alone but in partnership with NHS and other agencies. He had requested this item at the Board as an opportunity to reflect on discussions on the issues raised during the meeting such as asthma, childhood obesity, and health inequalities.

In introducing the item, Tom Pickup (Policy, Partnerships and Scrutiny Manager, Brent Council) presented a powerpoint with the following key points raised:

- The public consultation on the Borough Plan had ended on 10 January 2023, so the information presented to the Board was the most up to date feedback received. It was estimated that the consultation period had resulted in approximately 900 responses through various different means including an online survey and engagement such as workshops, focus groups, community hubs and forums.
- The Plan was drafted in the context of operating in a post-pandemic era with a rising cost of living. This had an impact on what the Plan could commit to, what priorities to pursue, and what should be considered over the next 4 years. The rising cost of living affected not only residents, communities, and businesses but also the Council, NHS and other organisations. As a result, the Plan was written in the context of the Council looking to make £18m in savings over the next year.
- The priorities of the Plan were outlined. The final priority most relevant to the Health and Wellbeing Board was healthier Brent. This priority was about tackling health inequalities and ensuring there were localised services for localised need.
- One of the questions during consultation had been ‘what should Brent look like in 2027’, and the three most common words emerging from that question had been ‘clean’, ‘safe’ and ‘green’, which was something to consider for the final iteration of the Plan due to be presented to Cabinet for approval on 6 February 2023. Each of the existing priorities would now be tweaked to reflect the feedback from consultation, which broadly aligned with the draft priorities. For example, prosperity and pride saw a clear theme around creating more jobs and skills. A cleaner, greener future showed themes around better maintained parks and more visible greenery. The theme of safety had emerged and the importance of feeling safe, particularly for women and children. Respect and renewal saw feedback focused on improved air quality, reducing congestion and traffic and a visibly cleaner borough. Those who engaged in consultation wanted more and better affordable housing with accessible infrastructure such as GP surgeries. There were calls for more opportunities for work experience to support young people into work under the best start in life priority. In relation to healthier Brent, people aligned health with happiness, and linked to that was awareness and access for mental health support and reducing health inequalities. These findings would continue to be analysed, with the finalised plan presented to Cabinet on 6 February 2023 with the feedback incorporated.

In considering the presentation, the following issues were raised:

- The Board asked how many young people put forward their priorities and whether it was possible to split that data out. Tom Pickup explained that equality monitoring questions had been included in the survey, so officers were able to pull out demographics for survey responses, and that would be available in the final findings

report. Targeted engagement had also taken place with young people, such as Local Democracy Week, where 30 young people were engaged on the Plan.

- ICB colleagues were reassured from a health perspective that the areas of focus and priorities for the ICB were aligned with what people were asking for. HealthWatch Brent agreed that the priorities were echoed in what they heard in their engagement with residents, particularly around air quality.
- Simon Crawford asked to what degree LNWUHT could help deliver the strategy and embed the concept of working together as anchor organisations. Tom Pickup advised that the ambition, once the Borough Plan was finalised, would be to continue that dialogue, as a lot of times the feedback from engagement events was that those events should not be the only time partners speak about priorities. It was felt by partners that the conversation needed to keep going, looking at how to pull resources together and continue supporting people during a time where there were less resources available.
- Councillor Nerva advised the Board that the Plan would go to Cabinet who would look at performance monitoring and resourcing issues. He felt the Health and Wellbeing Board had an important role to play in terms of bringing together those key anchor institutions to carry it forward, and it would be useful for the Board to look at how over the next few years it could work across the local authority, NHS and voluntary and community sector to maximise opportunities for delivery of the Plan.

RESOLVED:

i) To note the report.

11. Winter Planning Update and Adult Social Care Discharge Funding

Tom Shakespeare (Managing Director, Brent ICP) introduced the report, which informed the Board of Brent's plan and preparedness to manage the anticipated winter pressures on the local health and social care system and manage the additional Adult Social Care (ASC) Discharge Funds to support winter pressures. He highlighted that this work was being done in the context of the significant pressures the NHS was currently facing. In updating the Board, he raised the following key points:

- Members had heard at the previous Board meeting the £1m worth of schemes Brent were proposing, and some additional funding of approximately £2.2m was now coming into the Brent system in addition to that £1m to support winter pressures on the acute system. It was hoped those additional schemes would have a significant impact on reducing pressures in the hospital and improving flow.
- All schemes were now live with the exception of three. Two of the three schemes were now in the process of being mobilised. This meant there were a total of 24 schemes developed in Brent from the significant amount of funding that had entered the local system.
- Simon Crawford added that, from an acute trust perspective, they had received good support from the local authority and community services regarding discharges. There were individual cases that were more complex where escalation calls were required occasionally, but generally there was reliable attendance on all discharge calls on a daily basis, including out of hours coverage. He added that this was a significant improvement to several years prior.
- The formal ratification of the Adult Social Care Discharge Funding was required from the Health and Wellbeing Board as this would form part of the Better Care Fund and Section 75 Agreement.

In considering the report, the Board raised the following points:

- The Board highlighted the recent press coverage that elderly people were being discharged into large hotels, and asked if that was happening within Brent. Phil Porter (Corporate Director Adult Social Care and Health, Brent) confirmed this was not the case within Brent.
- The Board commended Antoinette Jones (Head of Delivery (Brent and Harrow), NHS NWL) and her team for co-ordinating the very complex set of funding that had been released from different pots at different times. The timing of funding releases had not always been helpful, and the Council had fed back to the Department of Health and Social Care that it would be helpful to receive money earlier, be clearer about the outcomes they wanted partnerships to achieve, and allow partnerships the flexibility to implement the schemes that were locally needed. The Board recognised the difficulties of the timings of funding announcements. Tom Shakespeare agreed that there was a shared view that it had not been an ideal process, but was confident that Brent had planned some positive schemes despite those difficulties.
- Carolyn Downs (Chief Executive, Brent Council) had been in discussion with all 8 NWL borough Chief Executives and the ICS leadership to raise the issue of the newly announced funding of £250m discharge funding, due to concerns about the requirements of the scheme. From that discussion it was clear that there was a will to look at how systems could improve the flow to both keep people out of hospital and get them out of hospital if they did enter hospital care, which she had been reassured by.
- In relation to funding for care home beds, Phil Porter confirmed that a different set of funding was used for that. A recent cost of care exercise had been done, which would be published in February 2023. The position in Brent was to have a clear focus on the cost of care in order to ensure the rates being paid matched that cost, which was the evidence to date. Having said that, the ICB recognised the pressures on care homes, as well as all services, and there were ongoing conversations between care home managers and the commissioning team to ensure the system was responsive to that.
- The Board asked how patient and resident voice would be factored in to the evaluation of the schemes, which Tom Shakespeare would take away for a discussion. Simon Crawford added that, in relation to patient and resident voice, as part of discharge planning for each patient there were conversations with the patient and family in terms of the most appropriate discharge pathway. With the pressure the acute trust was under, patients did not always get a long list of choice, but they were consulted and an assessment of need done, and then placed in the most appropriate place. Care homes also looked to determine whether they had the right provision in place to be able to care for each patient.

As no further issues were raised, the Board RESOLVED:

i) To note the report.

ii) To formally ratify the winter scheme plan and adult social care discharge funding.

12. Any other urgent business

Simon Crawford informed the Board that LNWUHT had moved from level 3 to level 2 in terms of NHS assessment of performance, which was a positive move in the right direction. The Trust had previously been at level 3, requiring monthly oversight meetings to review performance, quality and implementation of plans for a number of years. Level 2 was a lighter touch of oversight, reflecting the sustained improvement of performance quality. For example, the emergency pathway had seen improvements, and there was good progress on elective and recovery, with around 105% of activity compared to pre-covid. There had been good improvements on the CQC maternity improvement plan with less incidents,

better management, improved infection control and good progress on financial efficiency. Theatre performance was judged as good and there were reduced cancellations. The Trust had delivered its financial plan for the past 2 years and was on track to deliver it again this year. He highlighted that the improvements were reflected in the feedback received from patients and staff.

The Board commended this positive achievement, and hoped that partners present could work together to disseminate that message so that residents had a perception that they had access to a good and safe service.

The meeting was declared closed at 20:00

COUNCILLOR NEIL NERVA
Chair

Brent NHS North West London	**Brent Health and Wellbeing Board** 29 March 2023
	Report from Brent Borough Team

GP Access in Brent - Update

Wards Affected:	All
Key or Non-Key Decision:	Non-key Decision – Progress Update
Open or Part/Fully Exempt:	N/A
No. of Appendices:	None
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Dr Mike Edbury Clinical Director for Brent Primary Care m.edbury@nhs.net Fana Hussain AD Primary Care fana.hussain@nhs.net

1.0 Purpose of the Report

1.1 To provide an update on progress of the five Priority areas for improving access in Brent to address the findings of the Brent Community and Wellbeing Scrutiny Committee report 'No one left Behind' GP Access in Brent, July 2022[i].

2.0 Recommendations

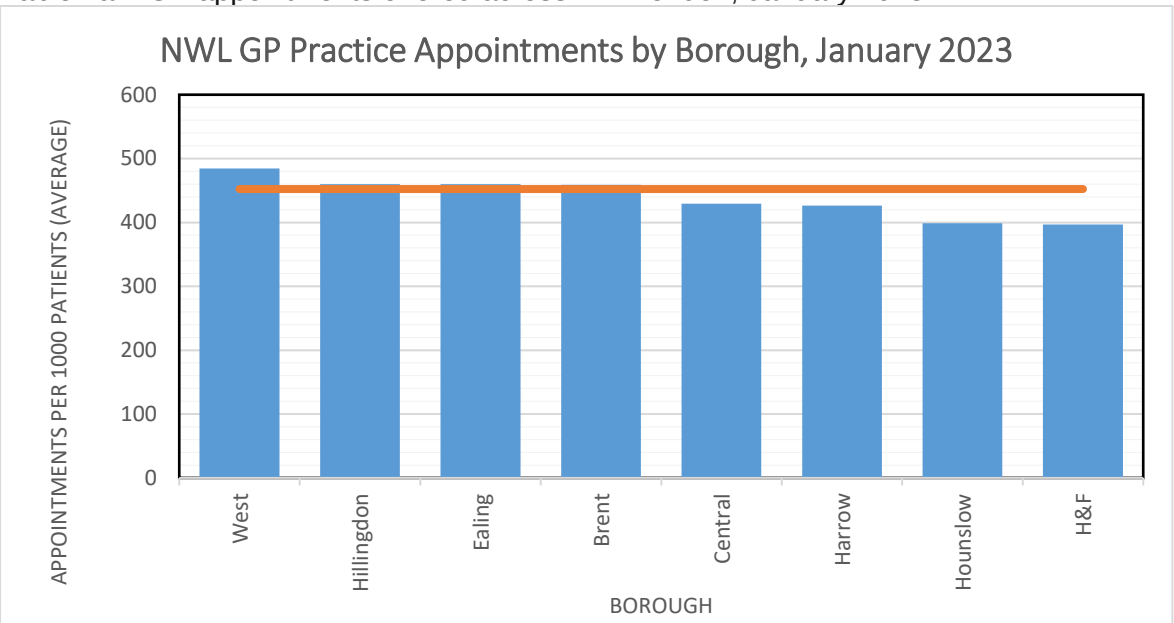
2.1 To note the progress to date on the Access priorities, the challenges and the planned proposals for improving access to GP led services in Brent.

3.0 Detail

3.1 Availability of GP led appointments are at their highest they have ever been since the last five years – the numbers of appointments offered by practices in Brent is amongst the highest in North West London (source: NHS Digital GP appointment data, Jan 2023[ii]). In spite of efforts to make more GP appointments available through various local and national initiatives, demand for appointments continue to outstrip supply with increasing challenges in recruitment and retention in general practice.

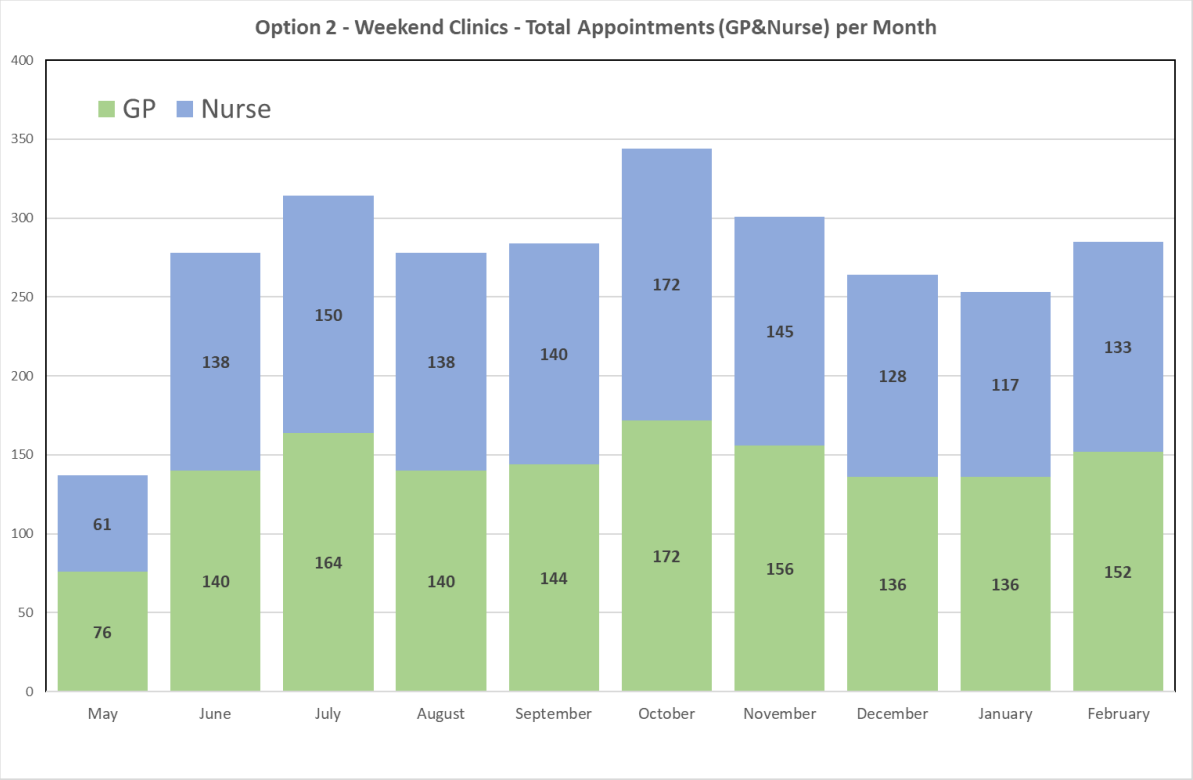
3.2 GP appointment data for January 2023 in comparison to the eight NW London Boroughs are set out below. Please note that, the data excludes appointments provided in the Enhanced Access Hub and those provided in Multi-Disciplinary Team (MDT) settings.

Table 1a – GP appointments offered across NW London, January 2023



3.3 GP practices have highlighted the increasing demand in primary care and the increasing requirements on practices to manage patients in community settings, with new initiatives adding additional pressures to limited resources at practice level. For example, Advice and Guidance from secondary care consultants has resulted in upskilling of GPs, who are able to manage patient's conditions without the need for referral into an acute setting, the limited number of GPs and very limited nursing capacity.

3.4 As part of efforts to increase access to GP-led appointments we launched a local scheme; Health Inequalities Clinics (HIC), to provide more GP and Nurse-led appointments on weekends. Some of our GP surgeries provided additional appointments on alternative Saturday mornings, offering those people with a busy lifestyle, carer responsibilities or extended shift work with additional appointments at their own surgery. These clinics have added an additional 2,738 GP-led appoint. We also provided additional weekday, weekend and evening clinics for Acute Respiratory Infections (Suspected Strep A) clinics (7,954 appointments) and Polio clinics (752 appointments)



3.5 The Brent Community and Wellbeing Scrutiny Committee report 'No one left Behind' GP Access in Brent, July 2022, set out the challenges facing patients in the Borough when accessing health care. The report focused on barriers to accessing healthcare e.g. registering with a GP practice, with requirements for photographic ID forming part of the registration process to timely access to advice and guidance. The report highlighted how access issues were impacting the most vulnerable patients in the community, those patients where English was not a first language, the younger populations and those with disabilities.

Addressing The Challenges - Update on Progress

3.6 Since the publication of the report, the Clinical Directors of the seven Primary Care Networks (PCNs[iii]) and the Borough team have assessed the challenges and identified five main priority areas to develop. These priority areas have sought to improve accessibility while also ensuring the systems and infrastructure required to deliver services are in place, for example the Training Hub role is to ensure the recruitment and retention of staff meets the current skills shortages and the future staff skill set.

3.7 For ease of reference the five priority areas for access are set out below, please note Priority 1, Access to Primary Care, is further sub-divided into additional four focus areas. The progress to date on the priority areas are also set out:

Priority 1 – Access to Primary Care

This focuses on meeting the needs of an increase in demand for primary care access/ services by working alongside Community pharmacies, UTC team and patient representative groups to ensure accessibility to services in the right setting. In addition, we are facilitating easier patient registration and upskilling front line staff to co-ordinate patients into the most appropriate setting and also meeting demand by expanding the staff mix in primary care:

a. **Safe Surgeries and Digital Registration** – any GP practice which commits to taking steps to tackle the barriers faced by patients (particularly migrants) in accessing healthcare is considered a *Safe Surgery.* Across Brent, 40 practices (76%) have signed up this initiative and 80 staff have attended a training session on safe surgeries. We continue to engage with practices that are yet to sign-up to this initiative and encourage them to do so. The Safe Surgery training raises awareness at practice level on barriers to patient registration and assists the practice in eliminating or reducing these barriers. Patients requesting registration, whether face to face or on line are able to register more easily.

All practices are encouraged to enable digital online registration on their websites without the need to physically attend the GP surgery. At the time of this report 42 practices **(82%)** have digital online registration. Practices are reminded to provide further information on their websites to explain to patients why an ID may be required in some instances and that this will not be a barrier to registration. Discussions are on-going with the remaining 9 practices to work with them and website providers to offer digital online registration.

b. **Increase in Appointment Options Through Additional Alternative Staff in Primary Care** – The Additional Roles Reimbursement Scheme (ARRS) is designed to expand the primary care workforce and enable more proactive, personalised and integrated health and social care provision within primary care settings. PCNs across Brent have taken advantage of the scheme and are being supported in the proactively recruiting additional staff. Through active recruitment throughout the year we have seen a **101%** increase in ARRS roles across different disciplines supporting priorities within the Network Contract DES, achievement of QoF indicators and personalised care planning for patients on different care pathways. There are currently 167 (194 staff minus 27 leavers) active ARRS staff in post across the 7 PCNs. Turnover of staff remains high and the capacity for training and development of new recruits remains a challenge. The additional staffing levels increase capacity in general practice which translate to an improvement in access within primary care.

ARRS Roles	K&W Central	K&W North	K&W South	K&W West	Harness North	Harness South	Kilburn Partnership	Grand Total
Advanced Practitioner	1	1						2
Care Coordinator					7	6	4	17
Clinical Pharmacist	11	9	11	14	10	6	16	77
Dietician	1	3	2	2	2	2		12
Digital and Transformation Lead							1	1
First Contact Physiotherapist	5	4	4	6	1	3	1	24
Health and Wellbeing Coach	2			3	3	3	1	12
Pharmacy Technician					1	1		2
Physician Associate		2	1					3
Social Prescribing Link Worker	5	2	5	5	9	14	5	45
Total	**24**	**21**	**23**	**30**	**33**	**35**	**28**	**194**

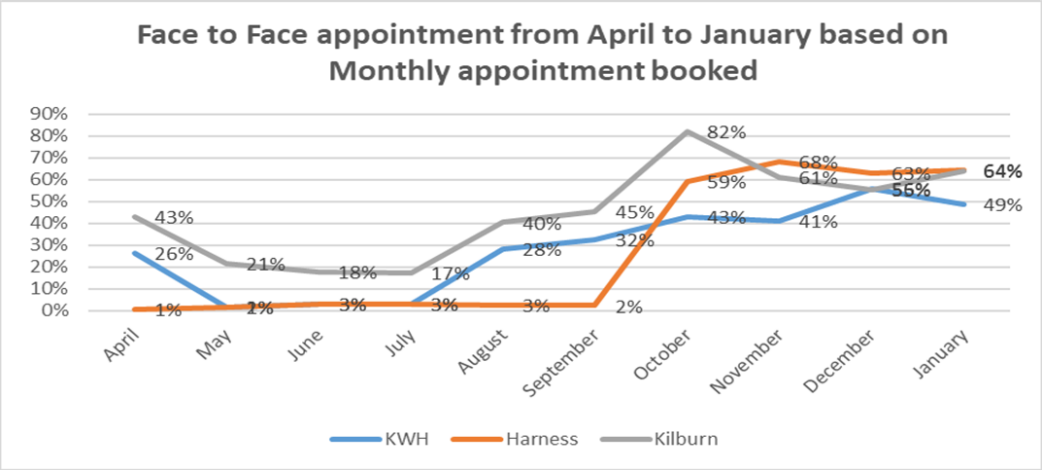
c. **Upskilling of Reception and Other Admin Staff in GP Practices** – as part of this reception and Practice admin staff have all been offered Customer Service Training and Handling of Difficult Conversations Training to give patients the best experience when accessing primary care services and to direct patients appropriately to the right service for care. Initial course offered to 100% of practices with further courses planned. To date 29 staff from 15 practices have attended the Customer Services training and 27 staff from 14 practices attended the Handling of Difficult Conversations training.

d. **Implementation of the Enhanced Access Hub Service** – this service provides additional at scale access to primary care on weekdays from 6.30pm to 8pm and Saturdays from 9am to 5pm. All PCNs have mobilised an Enhanced Access Hub service providing one hour of extended provision per 1,000 patients. This equates to

10,418 appointments per month (>135,000 additional appointments per year). Patients are able to book into the service via their GP or through NHS 111. A direct booking telephone number is also available for patients for Harness and Kilburn PCNs.

PCN	Hub name and address	Hub Address	Proposed Standard hub opening hours
Harness South PCN	Central Middlesex Hospital (Park Royal MC)	Acton Ln, Park Royal, London , NW10 7NS	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm
Harness North PCN	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	
Kilburn PCN	Staverton Surgery	51 Staverton Road, NW2 5HA	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm
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
	Lonsdale Surgery	24 Lonsdale Rd, London NW6 6RR	
	Kingsbury Health & Wellbeing	235 Stag Lane, Edgware, HA9 0EF	

Patients requests for face-to-face appointments has been acknowledged with an increased focus on availability of face-to-face appointments (F2F). The second graph sets out the increased availability of these appointments, with Harness and Kilburn PCNs providing over 60% of face to face appointments. Similarly, in GP practices over one third of patients are F2F.



Priority 2 – Children and Young People

Improving access to on the day demand for Advice and Guidance (A&G) through closer working with Community Pharmacies and expanding on our Paediatric Hubs to support management of patients in the community. We are working to increase public awareness of the support available through the Community Pharmacy Consultation Service (CPCS) and access to Paediatric Hub GPs. All Pharmacies in Brent offer CPCS and there are two Paediatric Hubs in Brent, with a third hub proposed.

All PCNs have Community Pharmacy Lead who hold regular meetings with the PCN. Community Pharmacy Leads are established and they drive the CPCS and other services that require collaborative work with PCNs to implement. The Pharmacy team have been doing presentations at PCN meetings to raise awareness and encourage collaborative working, especially once the support plan for NW London with PCC has been finalised. Two of the four Paediatric Hubs are in place with a Clinical GP in post:

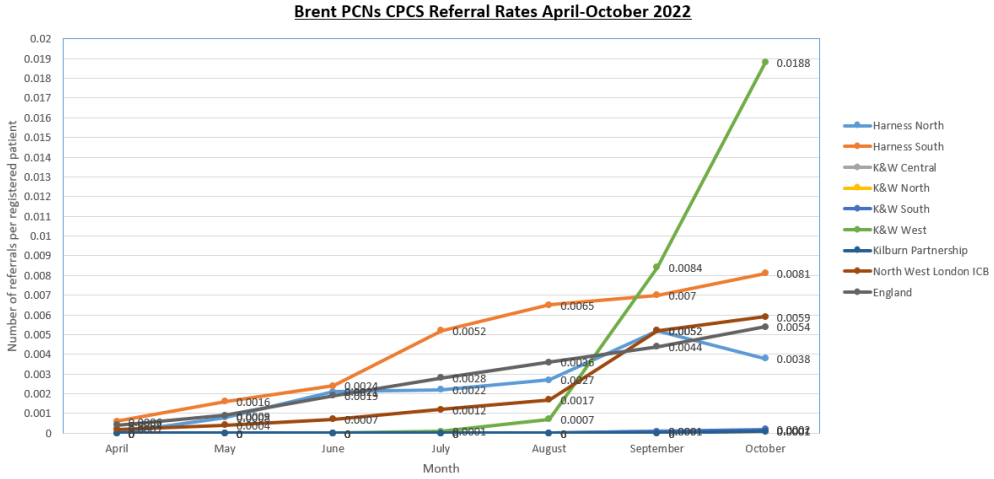
- K&W South – Paediatric MDT established with oversight from Consultant.
- Harness South, focus on prevention, child immunisation & MDT established.
- Clinical lead has identified a third Spin GP for the third hub, focus on UTC integration for paediatric patients.

The graph below shows the increased number of referrals between GP surgeries and community pharmacies under the Community Pharmacy Consultation scheme, leading to a much more integrative way of working across GP and Community pharmacy to manage on the day demand for appointments.

Community Pharmacy Consultation Service (CPCS)

CPCS aims to relieve pressure on GP surgeries by connecting patients with community pharmacy for low acuity conditions such as bites and stings, coughs and cold and gastric and bowel issues.

CPCS takes referrals from NHS 111 and GP practices, and with most people living within easy reach of a pharmacy, with many open in the evening and weekends CPCS offers patients with improved access. Brent is the highest user of CPCS referrals in NW London with approximately 5000 referrals per month.



Priority 3 – Integrated Working at Scale

Focusing on wrapping around services based on assessed population health needs and working with Partners to deliver services in the community / neighbourhood areas of Brent, closer to home. Patients will receive improved access to services through partner organisations working in integration, enabled by:

- Resilient (MDT) workforce, who are motivated, engaged and flexible
- Integrated and closer to home “super hubs” across Brent’s 5 connect areas / neighbourhoods
- Inter-operable Information Systems across provider partners providing near real-time information / data.
- More joint up working with Community Pharmacy teams and other community providers to deliver joint initiatives to support patient care.

Progress:

a. Workforce and OD Action Learning Sets 1, 2, 3 and 4 were successfully completed with over 250+ participants from partners representing the NHS, Council, VCSEs and wider community. The next stage is to operationalise themes captured through structured facilitation in all (5) neighbourhoods, starting from end of April. / early May
b. On-going ocular site visits to further 11 sites across the Borough. Completed 24 ocular site visits out of 35 identified sites to date. Created a local catalogue of estates to assist in matching supply with partners' needs / demand, i.e. community clinics for heart failure, retinal screening, audiology, IAPT, CYP assessment for ASDs, carers programme, etc. Brent Strategic Estates Group (SEG) has its inaugural meet last 8th of March 2023.
c. NWL NHS ICT, Digital and Data Strategy has been refreshed and shared locally to the ICP. DHSC Digital strategy is available too. We will look to identify synergies with the Council's digital strategy alongside other partners in the Borough as well as its alignment with the national DHSC digital ambitions.

Priority 4 – Population Coverage of Local Enhanced Services

We are working to ensure that essential local primary care services are accessible to all Brent registered patients. Where a practice is unable to provide a service PCNs are encouraged to provide and deliver at scale to ensure equity in service provision. The aim is to have a 100% coverage of ECG, ABPM and Paediatric Phlebotomy and the remaining enhanced services, to ensure all patients in Brent have access to the same services at the same standard, irrespective of where they are registered. The Enhanced Service contract is currently in mobilisation phase with implementation from April 2023.

PCNs will continue to refer to a Phlebotomy walk-in service where the service is not provided at a Practice level. Practices are also encouraged to inter-refer for ABPM and ECG where this is not provided in-house. Improvement in quarterly activity through continued efforts with practices to ensure accurate coding and in-house monitoring. PCNs continue to explore at scale delivery for services which require specialist staff, e.g. Spirometry.

Priority 5 – Workforce Development

Establishing a Training Hub structure and supporting PCNs to develop into Learning Environments, to enable them to provide on the job training for future healthcare staff. The Clinical Lead and managerial lead have recently been recruited. The Workforce Transformation Lead (short-term contract) and the Training Hub Lead all in post. Portfolio supported with Integrated Neighboured Teams and Professional Lead for AHP. Harness South and Harness North are on track to become Learning Environments.

Next steps – Ambitions and Planned Work

3.8 As highlighted the demand for GP led appointments remains at an all-time high with requests for appointment exceeding capacity. The 'first past the post' concept has resulted in patients with more acute conditions being unable to access a much needed appointment. The requirement to triage patients appropriately and manage demand based on clinical need is a priority for successful management of patient care.

3.9 The PCN Clinical leads' vision is to establish a **Single Point of Access (SPA) service** – this would be a direct telephone number into a triage hub and also a single point of access for on line consultation. The Triage hub will assess the patient's condition and aim to direct patients to the right setting first time. Patients may be offered a face to face appointment, or clinically managed via a telephone consultation or re-directed to an appropriate service (Community Pharmacy, Self-help, IAPT etc.).

3.10 The SPA will draw upon partner organisations to establish an integrated model of care for patients, working closely with NHS 111, District Nursing team, Health visitors, Out of Hours providers as well as Community Pharmacies.

3.11 The Clinical leads are reviewing proposals for targeted and proactive focus on some of the most vulnerable patients within our communities, especially housebound patients and their carer, the homeless and those in none CQC registered homes. Investment of £1.2m is available for a locally commissioned service to develop services based on population needs.

3.12 In recognition of the fact some communities may be apprehensive to access services in an unfamiliar setting, especially for vulnerable patients, the familiarity of their own GP practice provides reassurance, there has been more focus on practice level access with national funding being allocated to PCNs to review the national patient survey and appointment data to improve patient experience of contacting the practice and improving overall patient satisfaction, further details on the GP Contract for 2023 are awaited at the time of writing this report, a high level summary is set out below

In Q1 of 23/24 PCNs will be required to review baseline data e.g. GPAD, national GP survey results, local results and agree with commissioners an access improvement plan covering 3 broad areas:

(i) Improving patient experience of contacting their practice and receiving a response
(ii) Accuracy of coding in GP appointment dataset
(iii) Improving overall patient experience

3.13 In addition to the priority areas identified there remains a focus on managing vulnerable patients and those who may not be engaging with their health professional. A new pilot to focus on Clinical Effectiveness is to be piloted in Brent Borough.

3.14 **Patient registration** will be simplified for those patients already registered with a GP and have access to the NHS App. Patients will be able to change GPs without need for any form of validation (documents or practice approval) under the digital changes being introduced in the new financial year

3.15 **Integration and neighbourhood teams** – the incresae demand on the NHS has further highlighted the need for joint working and the sharing of skills and resources across teams. The Enhanced Service contrcat and the Access model sets the grounds for developmnet of the neighbourhood team and the new financial year will focus on expanding the Acces Hub to include partner organisations

3.16 **Additional staff in Primary Care** – a further increase in Additional Roles Reimbursement (ARR) is proposed for the upcoming year – with a proposed increase of 25% more staff, the aim will be to Advanced Nursing staff roles and apprentice Physicians Associates.

Building on the success of ARRS we will support PCNs to recruit the teams they need by:

- **increasing the cap on Advanced Practitioners** from two to three per PCN where the PCN's list size numbers 99,999 or fewer, and from three to six where the PCN's list size numbers 100,000 or over
- **reimbursing PCNs for the time that First Contact Practitioners** spend out of practice undertaking education and training to become Advanced Practitioners
- **including Advanced Clinical Practitioner Nurses** in the roles eligible for reimbursement as Advanced Practitioners (APs)
- **introducing apprentice Physician Associates** (PAs) as a reimbursable role
- **removing all existing recruitment caps** on Mental Health Practitioners
- **amending the Clinical Pharmacist role description** to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

3.17 Practice staff development and ensuring a happy and supported workforce remains a critical area of focus. Further investment in developing front line reception staff to manage patient needs more effectively wil remain a focus area for the Training Hub. A new role of GP assistant is in development which wil aim to support individual GPs at prcatice level and reduce thetime GPs spend on administrative tasks, the ultimate aim is to free up clinical capacity at practice level.

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Communication plan

3.18 Feedback on local communities continues to focus on not being able to gain a GP appointment. While feedback from local GPs fouses on the range of enquiries received from patients including housing letters, test kit requests for national campaigns (recent bowel cancer TV campaign), worried well patients and solicitor requests. These varied request distrcat from prcatices being able to manage those sick patients that require their intervention. It is therefore important patients are signposted correctly to the right service. A current pilot in K&W South PCN and Harness PCN which is trialling a single point of access number has highlighted the number of non-GP related queries received where patients have tried various telephone numbers in an aim to address their query. Our communication will focus on:

- signposting to appropriate services – each grouping of PCNs to provide a **direct telephone number for General practice related enquiries** – this team to work alongside partner organisation to assist signposting of patients to appropritae services.
- feature article in Your Brent household magazine to raise profile of Enhanced Access Hub and direct booking numbers
- engagement with faith leaders and community groups through Community Forums to support patients in accessing healthcare. The bi-monthly forum is well attended and serves as an oppurtunity to share the new inovative plans developed to help improve access
- Practice level communication on accessing on accessing appointments in hours and out of hours through practice GP websites
- GP practices engaging with registered patients and involving them in plans to improve access, with regular Patient Participation Group (PPG) meetings held at practice level

4.0 Financial Implications

4.1 No direct financial implications to ICP. Investment is provided from Integrated Care Board in the form of levelling up funding to the tune of £4m for 2023/24 and £133K for current financial year for Medical devices.

Direct funding from NHS England for GP Contractual changes for financial year 2023/2024 of 8% across England.

5.0 Legal Implications

5.1 Not applicable

6.0 Equality Implications

6.1 None identified

Report sign off:

Tom Shakespeare
Integrated Care Partnership Director

[i] Brent Community and Wellbeing Scrutiny Committee report 'No one left Behind' GP Access in Brent, July 2022
https://democracy.brent.gov.uk/documents/s119673/10a.%20Appendix%201%20-%20GP%20Access%20Task%20Group%20Report.pdf

[ii] NHS Digital, GP appointment data Appointments in General Practice, January 2023 - NDRS (digital.nhs.uk)

[iii] Primary Care Networks (PCNs) definition https://www.england.nhs.uk/primary-care/primary-care-networks/

Brent NHS North West London	**Brent Health and Wellbeing Board** 29 March 2023
	Report from Healthwatch Brent

Healthwatch Brent progress and priorities March 2023

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt:	Open
Appendices:	Appendix 1 - Healthwatch Brent Outcomes 22-23 Appendix 2 - Patient experience report Q3 2022-23
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Cleo Chalk Healthwatch Brent Manager cleo.chalk@healthwatchbrent.co.uk

1.0 Purpose of the Report

1.1 To provide members of the Brent Health and Wellbeing Board (BHWB) with an update on Healthwatch Brent's progress throughout 2022/23 and the development of the Healthwatch Brent workplan for 2023/24.

1.2 The workplan aims to ensure that all residents in the borough, those experiencing the biggest health inequalities, are able to influence the commissioning and delivery of the health and social care service in Brent.

2.0 Recommendations

2.1 To recognise and note Healthwatch Brent's progress and outcomes for 2022/23.

2.2. To provide strategic input into Healthwatch Brent's priorities for 2023/24.

3.0 Detail

3.1 <u>Outcomes 2022/23</u>

Throughout 2022/23 Healthwatch Brent has worked closely with a number of community groups to understand and address barriers in accessing health and social care. This has included making a series of recommendations to improve local mental health in-patient care, supporting co-design work between Somali groups and mental health services, carrying out targeted engagement with the Romanian community and developing cancer screening awareness sessions to be delivered to at-risk community groups. We have provided a short summary of these outcomes in appendix 1.

3.1.1 From Q1 – Q3 we engaged with 800 members of the public through a mix of focus groups, targeted outreach, service visits and surveys (delivered online and in person). We have listened to experiences of health and social care, sharing key themes/challenges directly with relevant services and more widely through our quarterly patient experience reports. Brent residents have also come to us for advice and signposting, receiving information such as how to access services or make a complaint. Themes from the most recent patient experience feedback can be found in the Q3 Patient Experience report (appendix 2).

Alongside collecting general feedback, we carried out targeted engagement to understand specific experiences of key groups. This included working with Pakistani and Bengali communities to review experiences of the Covid-19 vaccination programme. The feedback which was shared directly with NHS England and will help shape future vaccination communication. A second piece of work, commissioned by the London Ambulance Service (LAS), involved speaking to local people about their experiences of urgent and emergency care. We identified a series of key priorities which have been shared with the LAS and will feed directly into their strategy for the next five years.

3.1.2 The Healthwatch Brent team has continued to build strong links with local services, statutory partners and partners from the community/voluntary sector. We have also developed an engagement strategy that will allow us to add value to these stakeholders by facilitating greater collaboration and coproduction between services and patients – particularly those experiencing the greatest health inequalities.

3.1.3 885 members of the public and local partners attended our health inequalities and 'Speak Up' development lectures throughout 2022. Our health inequality sessions have provided vital health education on topics such as transitional safeguarding, mental health, end-of-life care and gambling addiction. Because these topics are open to all and attract a mixed audience of health professionals and non-health professionals, they provide a unique opportunity for members of the public, experts and those working in the field to have discussions about the important issues that affect us all. These events have also created opportunities for further networking and collaboration between partners.

In January, we hosted our first in-person health equalities lecture, where audience members could also get a health check from Brent Health Matters – and following the success of this we plan to continue with a combination of online and in-person events. Separately, the 'Speak Up' series has focussed on providing local organisations and others working in our sector with information and support on key issues impacting our work – such as modern slavery and the cost-of-living crisis – as well as approaches for improving service delivery such as co-production.

3.1.4 In August 2022 we made a series of visits to GP practices to carry out evaluations of the extended access offer. Our evidence from these visits demonstrated the enormous value that extended opening offered to patients, and helped to secure an extension of the scheme.

3.1.5 At the end of 2022, Healthwatch Brent carried out a series of three Enter and View visits to in-patient wards at Park Royal Centre for Mental Health. We have made a number of recommendations for improving care, particularly focusing on patient information about care plans, complaints and advocacy, providing access to cultural/religious items, and providing a suitable range of activities. We have received responses from the wards outlining how they plan to address these improvements, and will follow up regularly to ensure changes are made.

3.1.6 Healthwatch Brent is an active member of the Northwick Park Maternity Voices Partnership, and we have been working closely with Northwick Park's maternity team to carry out engagement with patients. Last quarter we carried out work to understand experiences of antenatal services, and will work with the team to address improvements around waiting times. In 2023 we will carry out further engagement to understand experiences of post-natal care.

3.2 Priorities 2023-24

We have identified a series of key priorities which will inform our project and engagement work for 2023-24. These are based on information shared by the public, our partners, and our knowledge of health inequalities in Brent.

3.2.1 Our first priority area is mental health in key communities and geographical hotspots. This will build on our existing collaborative work with the Somali community, and we are also developing a new project understanding and addressing barriers to accessing mental health care within the Pakistani community. Focus on these groups is in response to insights from local services showing that they are accessing services less frequently.

3.2.2 The second priority area is those requiring translation or additional support to access services. Our ongoing work with Northwick Park maternity department will focus on those who do not speak English as their primary language, and we will be working closely with the service to ensure that patients who do not speak English are receiving all of the information and resources that they require, in an appropriate format. We will also be developing our engagement with the Romanian community, reaching Romanian-speaking groups who may be facing more severe health inequalities – such as homeless people, people in precarious working situations, young people and new mothers. Phase one of this project has involved collecting feedback in the Romanian language to identify barriers and challenges. The research has found that key barriers include lack of access to translated information, lack of trust in the NHS system and difficulty navigating the system due to lack of information. Alongside more targeted engagement, phase two will involve working with the Romanian community to develop culturally-appropriate resources and community support.

3.2.3 Our third priority area will be residents of the most deprived wards, who may be experiencing multiple disadvantages. We will continue our targeted engagement in Harlesden and Stonebridge, and develop further engagement with residents and groups in Kensal Green. Based on concerns raised by local people, we are developing a series of cancer screening awareness events which will be delivered in these areas. These events will be co-designed with the local community; we are in discussions with groups to understand what type of speakers and information they need, and how they would like the events to be formatted. We are connecting closely with partner organisations such as Brent CVS and public health to ensure that work is collaborative and not duplicated.

3.2.4 In addition to the three priority areas listed above, we will work closely with children and young people's services to ensure that the voice of young people is included in the development of services. We have recently met with the Director for Children and Young People to understand current priorities and potential areas for Healthwatch to add value. It is crucial that children and young people are able to contribute to the development and evaluation of services.

3.2.5 Issues around social care services, and specifically the experience of being discharged from hospital into a care home, is a new theme that has been emerging within our engagement work. We will continue to monitor this issue and build links with Brent

Adult Social Care, with the intention of developing future project work in this area as capacity allows.

3.2.6 Following on from our previous work evaluating patient experience of accessing a GP appointment, we continue to hear from many local people that they are struggling to see their GP. We will follow up with the practices highlighted in our initial report to ensure that recommendations have been made, and carry out further evaluations through a series of enter & view visits.

3.2.7 To deliver additional social value to local people, we will be continuing our popular health inequalities lecture series and developing this to include more in-person sessions where Brent residents can meet clinicians and learn about key issues affecting their health and wellbeing. We will also be delivering a series of safeguarding training sessions to local organisations and community groups, to ensure that people are aware of the processes available to protect people from abuse and neglect.

3.3 Engagement

Healthwatch Brent maintains an active presence at key working groups and committees, ensuring that we understand the wider priorities and work taking place across the borough and can support key projects.

Over the past year, we have focused on building our connections with community groups across the borough. We engage regularly with more than 50 different CVS groups, giving them the opportunity to feed into our projects and creating links so that residents can be referred to the correct services for advice and information. These connections allow us to carry out targeted engagement work – such as recent work understanding experiences of urgent & emergency care for unpaid carers.

We are developing ambitious targets to extend both the number of groups we are reaching, and the number of individuals engaged with through outreach events, pop-ups and other community activity.

3.4 Service development

Alongside the priorities listed above, we have identified several areas for service development. Upskilling volunteers will allow us to expand our advice and information service to support more residents with specific health signposting needs. We will also be creating more capacity for responding to advice and signposting requests within our team, as we see this as a key tool for supporting those in Brent with the greatest unmet need. Cases brought to our service are typically complex and reflective of the broader health inequalities seen within the borough.

Following the success of our volunteering program, which now has 16 active volunteers supporting a diverse range of activities, we will be producing a volunteer management training offer to support other organisations within Brent and in the wider community sector.

3.5 Governance and staffing

Healthwatch Brent now has a permanent manager in place, Cleo Chalk. We also have a new Healthwatch Service Manager, Danni O'Connell, who will provide strategic oversight across all local Healthwatches hosted by The Advocacy Project.

The team is currently recruiting for a new Engagement Officer. Once this position is filled, we will be at full capacity.

3.5.1 Our Advisory Group has continued to meet regularly to review our priorities and provide insight into our projects. We have also commissioned an external consultant to work with the advisory group in developing a new engagement strategy which reflects our ambition of developing stronger links with key stakeholders in the borough, and moving towards a co-production model for our projects which ensures local people and groups are at the heart of everything we do.

3.6 System partners

Together with the other local Healthwatch organisations in North West London (NWL), we are committed to developing a model of practical cooperation to support public engagement in Health & Social care across the NWL ICS. We have worked closely with the other local Healthwatch groups to develop a collaborative agreement, outlining how we will work together to service our responsibilities at borough-level while also influencing decisions taken at the ICB and holding them to account. It is vital that we work together to strengthen the influence and impact or residents within Brent and across North West London.

4.0 Financial Implications

4.1 No immediate financial implications

5.0 Legal Implications

5.1 No immediate legal implications

6.0 Equality Implications

6.1 The Healthwatch Service has been assessed against the Equality and Diversity Policy so that it ensures we are fully committed to and undertaking action under the Equality Act 2010 and other forms of legislation that combat discrimination and promotes equality and diversity.

Report sign off:
Judith Davey
CEO, Healthwatch Brent

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Healthwatch Brent Outcomes: 22-23

Public Engagement

800

800 people told us about their experiences with health and social care. Their stories have fed directly into our projects and priorities. We also share the detail with relevant services.

We asked people for their views on specific priorities, including Covid-19 vaccination and the London Ambulance Service. This information will be used for service improvement.

Advice and signposting is available for all Brent residents, giving information about how to access services or make a complaint.

Enter and View visits

Volunteers carried out three Enter and View visits to in-patient wards at Park Royal Mental Health Centre. We made a series of recommendations to help improve quality of care.

We have received responses from the Ward Managers outlining how they will meet the recommendations, and will maintain close contact to ensure changes are implemented.

Community projects

We're working closely with local community groups to address barriers to accessing health and social care. This includes co-design work with Somali groups and mental health services, targeted engagement with the Romanian community and a new series of cancer screening awareness sessions to be delivered to at-risk community groups.

Events and lectures

885

885 members of the public and local partners attended our health inequalities and 'Speak Up' lectures throughout 2022.

These events have provided vital education on topics such as transitional safeguarding, mental health and gambling addiction. They also provide a unique opportunity for members of the public, experts and professionals to discuss health inequalities.

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healthwatch Brent

Patient feedback report Q3

October – December 2022

Summary of intelligence collected in Q3 (October –December 2022)

This report shares feedback collected from 372 Brent residents, including:

- Surveys
- Meetings between Healthwatch Brent and our Grassroots Community Voices network
- Outreach and engagement events run by our team and visits to events from other organisations
- Conversations on social media, and on community and neighbourhood sites
- Information collected and shared by Healthwatch Brent volunteers

This quarter we...

- Attended or hosted 16 community outreach events
- Supported 23 people who came to us for information and signposting
- Shared information with 612 people through our monthly newsletter

Signposting and advice: spotlight on NHS complaints

A large proportion of the enquiries we receive are from people struggling to understand the NHS complaints process. This quarter, 10 out of the 23 cases we responded to required information about complaints, and in four cases we made a referral so that the individual could be supported through Independent Health Complaints Advocacy (IHCA).

In many cases, patients were aware of the process for complaining directly to the service, but wanted to understand alternative options. This was typically due to concerns that an investigation made by the GP practice would be biased, or not taken seriously. In some cases, patients had already made a complaint to the service, but had not received a response.

"I would like to know the best process in order for my complaint to be taken seriously."

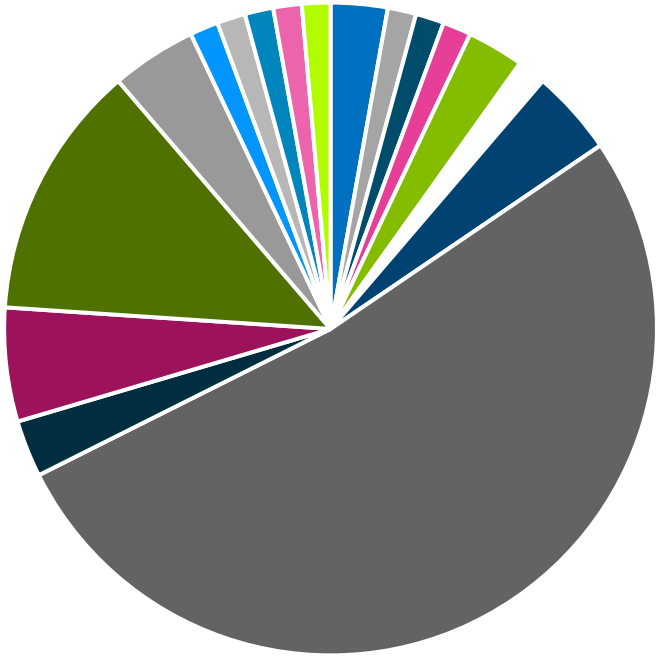
"I hope I will not be batted away to the hospital concerned. I have raised my concerns on numerous occasions to several people who claim to be in charge. This is counter-productive as it means that I am ignored and my concerns apparently deemed irrelevant."

"I have tried to send them a complaint about all this last week and was ignored."

We were able to discuss the complaints process in detail with these patients, to ensure that they understood all their options, as well as the possibility of escalating their concerns if needed. We have developed a close working relationship with POhWER, who provide IHCA services in Brent, and that means we are also able to make quick referrals for those who would benefit from additional support with their complaint.

Key stats – Services we heard feedback for

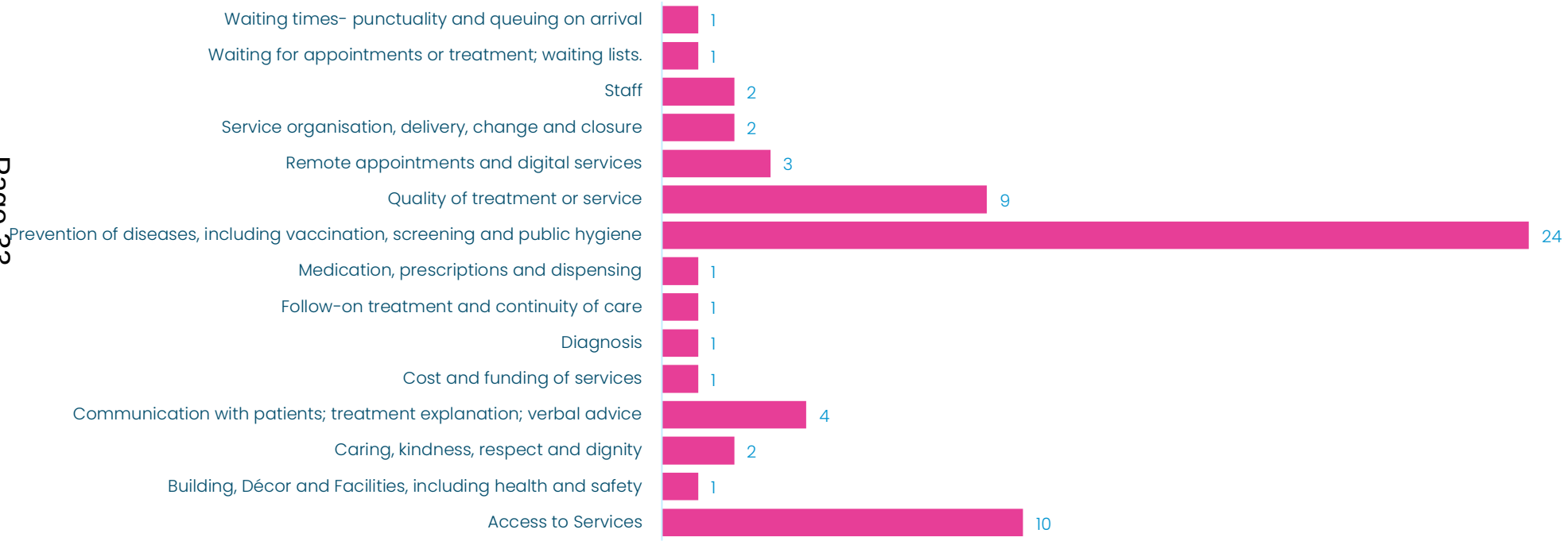
As in previous months, the majority of people we spoke to wanted to share feedback about their GP practice. This accounted for just over half of the responses. Maternity services and general in-patient care were the next biggest areas.



- Adult social care, including care packages and social workers
- Ambulances and paramedics
- Community Mental Health Team (CMHT) and specialist Mental Health services
- Counselling/Psychotherapy/ Improving Access to Psychological Therapies (IAPT)
- Dentist
- Emergency department (inc A&E)
- General outpatients and hospital-based consultants
- General Practice (GP)
- Hospital services- not stated
- Inpatient care/ General inpatients
- Maternity care
- Other
- Public health (inc healthy lifestyle services such as smoking cessation or weight management)
- Screening services and testing
- Services for people with Autism/on the Autism spectrum
- Speech and language therapy; occupational therapy; other allied health professions
- Unknown

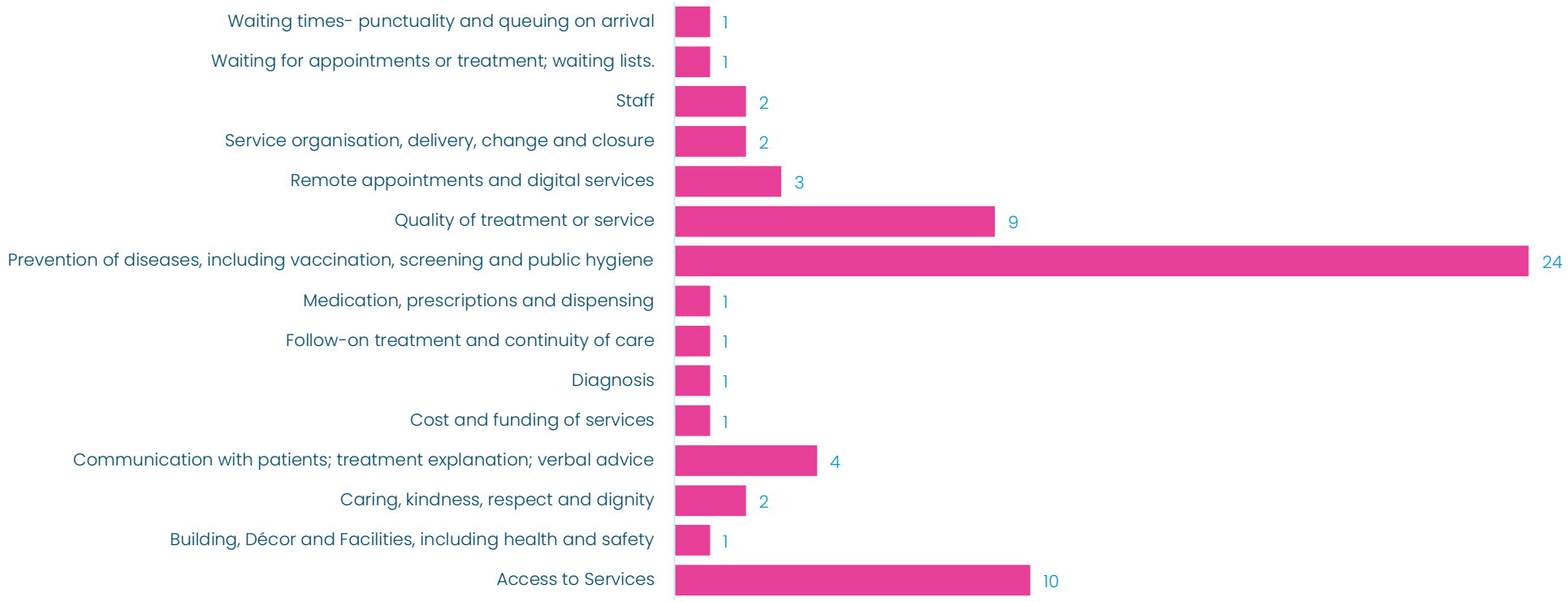
Key stats – Overall themes

Primary themes – the main reasons people contacted us



Key stats – Overall themes

Secondary themes – additional comments people shared



Spotlight: Covid-19 vaccination

We spoke to 29 people from Pakistani and Bangladeshi communities about their views on the Covid-19 vaccination program, and other types of vaccination. This was part of a piece of work commissioned by NHS England to address lower uptake of the Covid-19 vaccine within these communities. A detailed report has been shared with NHSE.

From the feedback we received...

- **24** of the participants stated that they would be happy to take both the Covid-19 vaccine and the flu vaccine
- **19** participants said that they would have got the vaccine without needing reminders from the NHS
- **The majority of participants felt that messaging about the Covid-19 vaccine could be improved.** Most common feedback was that messaging could be made simpler and more direct, and that information needs to be provided in community languages and a variety of accessible formats.

"My mum has no written language skills in any language. Sending written communication is pointless as one of us has to translate. There is quite a number of the community in the same position. They need to have translators at vaccination centres and have people from our community to be able to speak to."

Spotlight: Northwick Park maternity

We completed our engagement with patients at Northwick Park's antenatal clinic, speaking to 37 women in total and collecting their views about access to care and quality of treatment.

- **26 patients** rated their experience as good or excellent
- **3** rated their experience as okay
- **1** rated their experience as very poor
- The remaining Seven people chose not to rate their experience.

In addition, 27 people agreed or strongly agreed that staff were friendly, and 23 people agreed or strongly agreed that it was easy to access the service. However, long waiting times at the clinic were highlighted as an area for improvement.

"Staff are lovely and kind, they answer all my questions."

"Waiting times can be quite long at the appointments - always waiting for at least 30 minutes."

The full report is available on the Healthwatch Brent website, and has been shared with the department. Our next step will be to complete a similar engagement project with postnatal patients, and compare the results.

Spotlight: cancer awareness evening

In November we hosted our first community health awareness evening, focussing on information about cancer screenings, as this was an area that the local community had expressed interest in learning more about. This was hosted at Chalkhill Community Centre, and open to all members of the public.

- We partnered with the Imperial Patient Experience Research Centre to deliver the event. Imperial connected us with expert speakers who could share information about bowel cancer and prostate cancer screening, as well as patients who could offer their own unique perspective.
- Representatives from local community groups, charities and Brent Health Matters also attended and hosted information stands.
- Members of the public who attended the session found the information helpful, and said they would like to attend future events focussing on different topics. However, we also found that it was difficult to find a time that was suitable for the diverse range of people interested in attending the event.

In response to feedback from the event, as well as those unable to attend, we are developing a new project that will focus on delivering targeted cancer screening awareness to specific community groups.

Other key themes in our data

We gather feedback from residents on all health and social care services in Brent. Here are some of the key themes from our data.

GP practices

52% of feedback we received related to GP practices, and as in previous quarters the majority of this feedback related to access to services. In particular, patients were concerned about long waiting times on the telephone, lack of face-to-face appointments and difficulties using online booking systems.

> “I can't get an appointment. I was told to go online, but this is too difficult. All the staff know me but they won't help. I'm not happy with this GP at all.”

> “It’s not the same since Covid. Harder to get an appointment as you have to use the e-consult system, send a photo and wait a couple of days for someone to get back to you (…) some people are choosing to keep their GP out of borough due to bad reputation of services in Brent.

Hospitals

Most of the feedback about hospital care related to the London North West University Healthcare NHS Trust. Quality of care was rated as good overall, however patients also highlighted issues with long waiting times and administration.

> "My partner with appendicitis was left waiting for a long time. However after we raised the issue with them they have been very responsive."

> "[I had a] very negative experience with Northwick Park. Appointments for prostate cancer were messed up, and after complaining I did not get a satisfactory response."

Access to dentists

Although representing a smaller proportion of overall feedback, access to dentists continues to be a key concern for residents – and particularly for those approaching us for information and advice.

> "I have been trying to find a dentist for about 6 months. Most practices say they do take new patients on their website but when you call, they confirm otherwise and ask me to call again in the following month. Are you able to help in any way?"

Any questions or comments? Get in touch to find out more

www.healthwatchbrent.co.uk

t: 020 2896 9730

e: info@healthwatchbrent.co.uk

healthwatch Brent

Brent NHS North West London	**Health and Wellbeing Board** 29 March 2023
	Report from Brent Integrated Care Partnership (ICP)

Winter Schemes/DHSC ASC Update

Wards Affected:	All Brent
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	N/A
No. of Appendices:	N/A
Background Papers	N/A
Contact Officer(s): (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 This report provides an update on the joint health and local authority delivery of Winter Planning and Department of Health and Social Care (DHSC) funded schemes. The report outlines the progress and key headlines of winter planning schemes and additional discharge funding.

2.0 Recommendation(s)

2.1 The NHS and Brent Local Authority (LA) continue to deliver and support 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. We continue to provide through the DHSC funding additional capacity for complex discharges, including care home placements and domiciliary care.

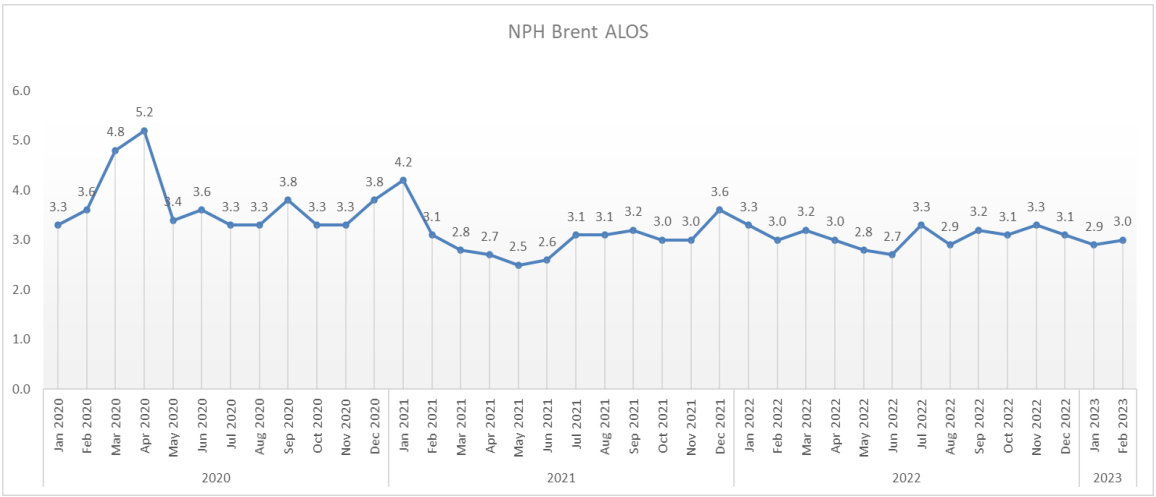
3.0 Detail

3.1 A total of **£3.35m** has been secured across the system. The breakdown of the funding streams, spending to date, and likely year-end position is set out in table 1 below: An underspend of **£298k** is likely at the end of March 2023, and this is mainly due to two schemes (1) Step down beds £**162k**, following agreements of alternative arrangements agreed for patients. (2) PCN Primary Care redirections **£135k** due to NWL ICB directly funding schemes that impact direct patient care.

Table 1: Spend by Funding Stream.

Funding Stream	Allocation	Spend to Date	FOT (March 23)	Variance (Underspend)
NWL ICB Funded Schemes	£562k	£438k	£562k	£0
LA Section 256	£517k	£219k	£219k	-£298k
DHSC Funding				
LA Allocation	£1.119m	£741k	£1.119m	£0
NWL ICB Allocation	£1.153m	£1.112k	£1.153m	£0
Total Sets Funds	**£3.351m**	**£2.510m**	**£3.053m**	**-£298k**

3.1.1 Evidently, challenges still exist in the system, with recorded increases in A&E and NEL attendance and admissions. However, we saw a sharp improvement in delayed discharges and average Length of Stay (LOS) in the run-up to Christmas and January 2023, and this has somewhat slowed in early February 2023. The charts below illustrate current performance and trends.



NEL Admissions continue to increase year on year; however, there's a slight improvement in the LOS. December 22 and February 23 have remained stable at an average of 3 days compared to previous years.

3.2 Several partnerships implemented schemes accept patients and referrals. This in turn, is having a positive impact on our acute hospitals.

3.2.1 Discharges from the hospital: This metric below is reported by Brent Local Authority and NWL Integrated Care Board (ICB)as part of governance for monitoring via fortnightly returns to the Department of Health via the Better Care fund, with the first submission having taken place on 6th January 2023.

3.2.2 Most of the discharges were for patients on Pathway 1, both in terms of the discharges from the hospital and the use of home care, domiciliary and reablement hours. Staff overtime and additional staff secured via agency and bank have helped the LA process discharge cases more quickly. Table 2a and 2b below show weekly performance, which illustrates the number of discharges and care packages (DHSC Funding) by pathway.

Table 2a - Number of Discharges from Hospital

Reporting Period	**No 1**	**No 2**	**No 3**	**No 4**	**No 5**
Dates	06/01/23	20/01/23	3/02/23	17/02/23	03/03/23
Pathway 1 = homecare, home first, Daycare, community care	63	75	60	57	53
Pathway 2 = Rehabilitation	0	0	0	0	5
Pathway 3 = Residential and Nursing	2	2	4	6	2
Other pathway one support (meals on wheels)		2	1	1	
Number of intermediate (reablement) care beds			0	0	11
Total	**65**	**79**	**65**	**64**	**71**

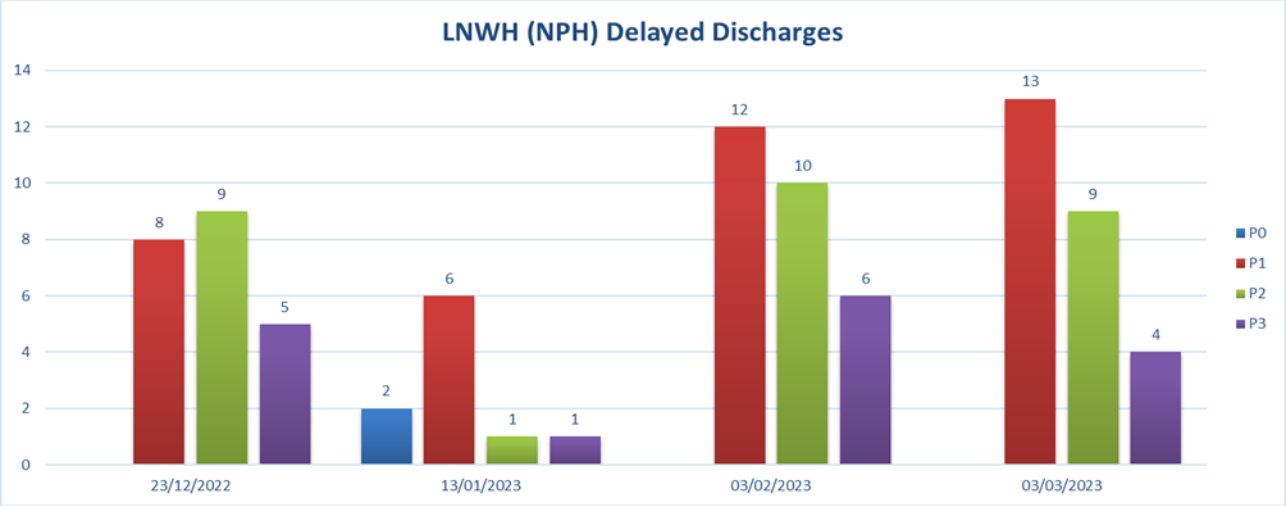
Table 2b - Home or Domiciliary Care and Reablement Hours

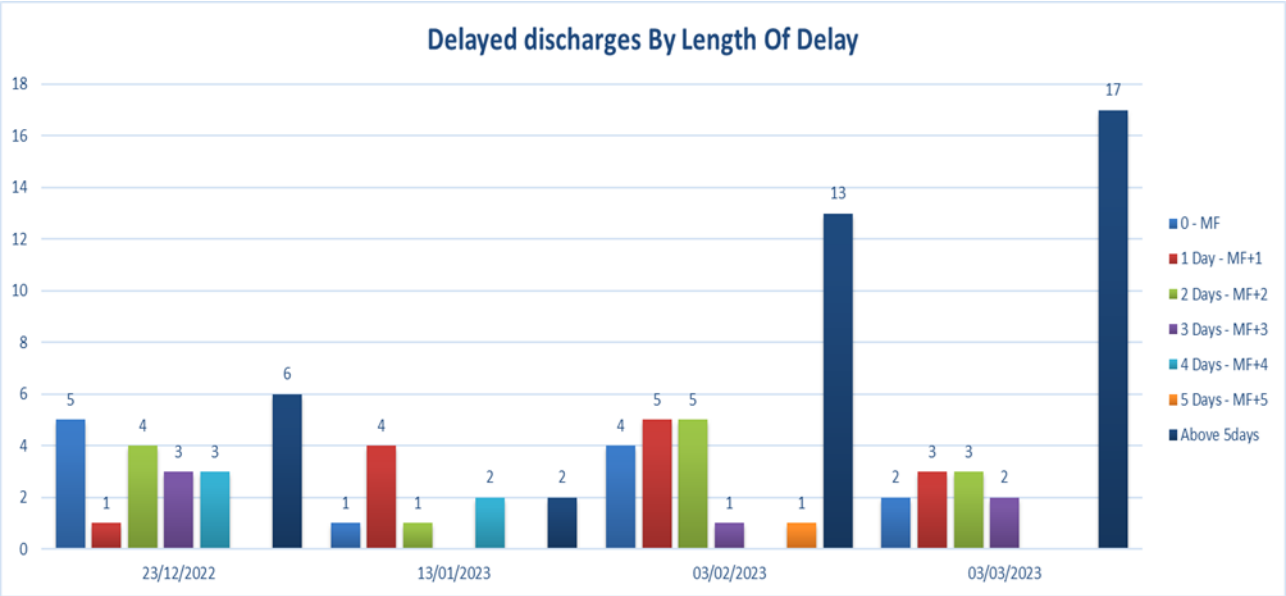
Reporting Period	**No 1**	**No 2**	**No 3**	**No 4**	**No 5**
Dates	06/01/23	20/01/23	03/02/23	17/02/23	03/03/23
Pathway 1 = homecare, home first, Daycare, community care	570	463	740	970	738
Pathway 2 = Rehabilitation	144	48	0	0	72

Pathway 3 = Residential and Nursing	11	2	4	6	2
Total	**725**	**513**	**744**	**976**	**812**

3.2.3 Although there has been much effort in reducing LOS and increasing numbers of discharges, there is an increase in delayed discharges particularly for patients with over 5-day LOS in the reporting period of 3rd March**.** There has been an increase in referrals with patients with complex needs and also an increase of requests for care home placements although care homes have limited availability for patients with complex care needs. Furthermore, there have been reported delays to the supply of community equipment needed to facilitate patient discharges.

Table 3a&3b: Delayed Discharges by pathway and LOS.





3.2.4 D2A Local Mitigation Plan (due to discontinuation of D2A funding): Ten step-down beds were commissioned for the winter period. Six beds, especially for those with complex needs and who are challenging to place, and four beds for people with lesser complex needs. The four beds have been fully occupied since mid-December 2022

3.2.5 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 to get the patients home, settle them back at home, ensure appropriate follow-ups are in place, and signposting patients or their carers to relevant third-sector organisations for long term comprehensive support. The table below illustrates the scheme's impact following our formal contribution and buy-in as part of Winter Planning.

Table 4 Northwick Park Hospital Discharge Support Service

3.2.6 Urgent Response Care Team: This service provides additional capacity in the system to provide social care in patients' homes for a short period to allow full social care assessment.
The team is operating at full capacity; the initial plan was to offer support to **8** patients per day. Due to increasing demand, the team has been expanded, and there are now **19** patients supported through home care agency workers.

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3.3 Supporting Mental Health Service Users: The following are schemes dedicated to supporting Mental Health service users.

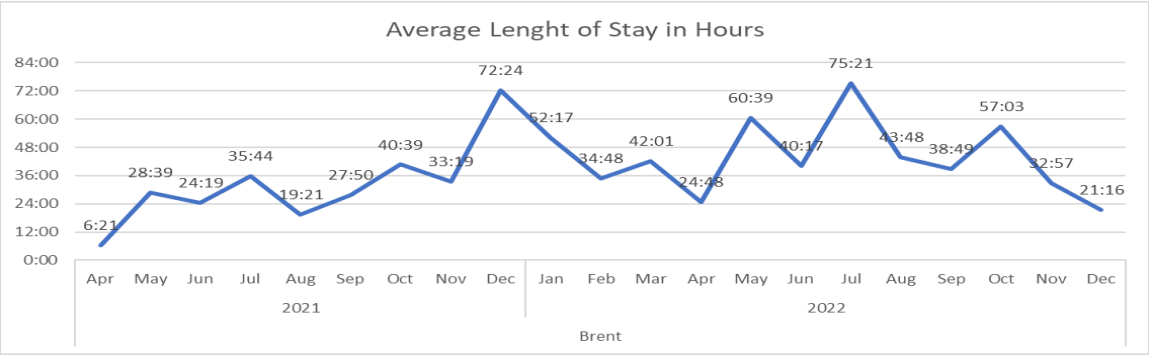
3.3.1. Holistic Support and Wellbeing: Community response and support for urgent Mental Health Crisis Support. The service was commenced at Ashford Place, supporting early interventions for patients at higher risk of experiencing a mental health crisis.
The service provides bereavement support by providing group and individual counselling to improve emotional and mental wellbeing for those experiencing loss and grief. As of the end of January 2023, **148** assessments have been delivered against an indicative baseline of 100 to be delivered from December to March 2023.

3.3.2 Northwick Park Hospital Adult Mental Health Emergency Centre (MHEC) 7-day working: The Mental Health Emergency Centre is funded on a 7-day working basis, staffed by three Mental Health 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 hospital admission and facilitate earlier discharge from A&E. Table 3 below illustrates that between November and January 2023, **24** patients from Brent were admitted to the Northwick Park MHEC from A&E for further treatment or review. Of the 24, only four were admitted to the hospital. The rest were signposted to appropriate services and discharged from the MHEC.

Table 5 MHEC Activity December 22

Discharge Reason – Brent	Nov	Dec	Jan	Total
Admitted to Hospital	1	1	2	4
Discharged - Moved out of the area				0
Discharged - Referred for MHA Assessment				0
Discharged - Referred to other speciality/Service	1	4	5	10
Discharged - Service no longer required	1	1	2	4
Discharged - to GP				0
Discharged - Treatment completed				0
Finished by Patient's Non-attendance				0
Finished by Patient's Non-engagement				0
Inappropriate Referral				0
Please Select Reason	1	2	1	4
Transferred to Primary Care Mental Health Team				0
Transferred to Secondary Care MH Service		1	1	2
Total	**4**	**9**	**11**	**24**

Table 6 MHEC Average LOS (Hours)



The chart above illustrates improvements in average LOS for patients.

3.3.3 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. Based on the admission criteria, seven patients have been admitted to the facility, and five patients have since been found a place and discharged.

3.4 Increasing Capacity in Reablement and Rehabilitation through the Extension of the D2A Pilot: More people are discharged directly home from the hospital. This would help prevent admissions and support discharge. Service users should rely less on ASC provision with targeted reablement support at home. The service is up and running. Eighteen therapy sessions are now delivered weekly. In January, there were 13 referrals from acute and seven from the reablement team to the service. At the end of February 23, 47% of Patients had greater control of daily life and had achieved their goals against a target of 50%. In addition, 52% of people did not require ongoing home care services post 6-week reablement.

4.0 Financial Implications

4.1 Underspend is reported on two schemes (1) Step down beds **£163k**, due to alternative arrangements agreed for patients. (2) PCN Primary Care redirections **£135k** due to NWL ICB directly funding schemes that impact direct patient care.

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:

Tom Shakespeare
Managing Director
Brent Integrated Care Partnership

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Brent North West London NHS	**Brent Health and Wellbeing Board** 29 March 2023
	Report from London North West University Healthcare NHS Trust
Our Way Forward, LNWH Strategy 2023-2028	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt:	Open
No. of Appendices:	2 – Appendix 1 – 2023-2028 Strategy Appendix 2 – Strategy Presentation
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Simon Crawford Deputy CEO, LNWUHT simon.crawford1@nhs.net

1.0 Purpose of the Report

1.1 This report aims to raise awareness of Our Way Forward, LNWH's strategy 2023-2028.

2.0 Recommendations

2.1 The Board is requested to: Note and share the report and accompanying presentation and the Strategy Document itself.

3.0 Detail

3.1 Executive Summary

Our Way Forward will shape LNWH's work for the next five years, setting a clear vision for the future: to put **quality at our HEART**.

We started work on Our Way Forward in spring 2022. During its development, we had over 3,000 inputs from valued partners, patients, and colleagues: we can truly and proudly say it's been a real team effort.

Just as we've worked with you to develop Our Way Forward, we will only realise our vision by continuing to work together as a collaborative, as a sector, and as a system.

Over the next five years, we will put quality at our HEART by working together to:

1. provide high-quality, timely and equitable care in a sustainable way

2. be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers
3. base our care on high-quality, responsive, and seamless non-clinical and administrative services
4. build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities.

3.2 High-quality partnerships

Building effective and purposeful partnership working relationships is needed to improve the health of our communities. These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services.

Our sub-priorities for partnership working include:

- Working with our partners to improve the quality of incoming referrals, discharge processes and support patients with mental health needs
- Support the standardisation of best practice support services, training, care pathways and specialist services across the north west London acute provider collaborative
- Support our partners to deliver their neighbourhood and placed-based health priorities
- Explore and create mechanisms to communicate our quality of care to our local population

What this will mean for our partners

- Improved clarity in our working relationships
- Improved access to our specialist expertise
- New levers and opportunities to improve care of our population
- Improved signposting to community services

What this will mean for our local authorities:

- Increased acute presence in place-based and neighbourhood team meetings
- More access to acute resources (e.g., data) to drive local authority health priorities

3.3 What else is changing

We have extended our definition of quality care from safe, effective and patient-centred to include equity, timeliness and sustainability

We have taken a focus to improve our non-clinical and administrative support services. Over the years we have focused so heavily on clinical care that our supporting services and systems have fallen behind. This results in inefficiency and harms patient experience. We are committing to improving these services, improving the experience of both our patients and employees.

We will emphasise our role as an anchor organisation, including by supporting current staff and future recruits from our local communities to grow and develop their careers at LNWH. For example, closer work with local education providers will offer additional routes to employment, reduce vacancies and support high quality care.

We look forward to working closely with you to deliver Our Way Forward.

4.0 Financial Implications

Any resulting actions from the strategy will be subject to an appropriate financial assessment and planning process.

It should be noted that our strategy is based on an important assumption: that many service improvements can and will be achieved by making better use of the resources we already have. This reflects our diagnosis where we expected no major increase in our resources and benchmarking insights that found opportunities to improve our productivity when comparing our performance to other leading organisations.

Some new schemes will need to be funded through improvements in our productivity or justified through return on investment.

5.0 Legal Implications

Any resulting actions from the strategy will be subject to an appropriate legal assessment process.

6.0 Equality Implications

No Equality Analysis Assessment has been undertaken. Any significant change coming from a recommendation in the strategy, however, will follow an appropriate consultation process and EAA.

It should be noted that equity of input has been core to the strategy design process. As part of this we sought to gain as representative a sample as possible – focusing engagement efforts where we were lacking certain demographic groups.

Moreover, equity is a core focus of the strategy:

- As part of extending our definition of quality care to include equity, we are committed to reducing the inequities that exist within our services. We will improve how we measure and identify them.
- We will also support our local partner organisations in delivering their broader health and equity priorities.

Report sign off:

Simon Crawford
Deputy CEO, LNWUHT

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NHS
London North West University Healthcare
NHS Trust

Our Way Forward

Strategy 2023 to 2028

This information in different languages and formats

The information in this report is available in large print by calling 020 8869 5118. If you would like a summary of Our Way Forward, please call 020 8869 5118 and state clearly in English the language you need, and we will arrange an interpreter to speak to you.

إذا كنت ترغب في الحصول على ملخص عن طريقنا إلى الأمام ، فيرجى الاتصال بالرقم 020 8869 5118 وذكر بوضوح باللغة الإنجليزية اللغة التي تحتاجها ، وسنرتب مترجمًا فوريًا للتحدث إليك.

જો તમને અવર વે ફોરવર્ડનો સારાંશ જોઈતો હોય, તો કૃપા કરીને 020 8869 5118 પર કૉલ કરો અને તમને જોઈતી ભાષામાં સ્પષ્ટપણે અંગ્રેજીમાં જણાવો અને અમે તમારી સાથે વાત કરવા માટે દુભાષિયાની વ્યવસ્થા કરીશું.

Jeśli chcesz otrzymać streszczenie Our Way Forward, zadzwoń pod numer 020 8869 5118 i jasno określ język, którego potrzebujesz, a my zorganizujemy rozmowę z tłumaczem.

ਜੇਕਰ ਤੁਸੀ ਸਾਡੇ ਵੇਅ ਫਾਰਵਰਡ ਦਾ ਸਾਰ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ 020 8869 5118 'ਤੇ ਕਾਲ ਕਰੋ ਅਤੇ ਤੁਹਾਨੂੰ ਲੋੜੀਂਦੀ ਭਾਸ਼ਾ ਅੰਗਰੇਜ਼ੀ ਵੱਿਚ ਸਪਸ਼ਟ ਰੂਪ ਵੱਿਚ ਦੱਸੋ, ਅਤੇ ਅਸੀ ਤੁਹਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦਾ ਪ੍ਰਬੰਧ ਕਰਾਂਗੇ।

Dacă doriți un rezumat al Our Way Forward, vă rugăm să sunați la 020 8869 5118 și să precizați clar în engleză limba de care aveți nevoie, iar noi vom aranja un interpret pentru a vă vorbi.

Haddii aad rabto in la soo koobo Jidkayada Hore, fadlan wac 020 8869 5118 oo si cad ugu sheeg Ingiriisi luqadda aad u baahan tahay, waxaanan kuu diyaarin doonaa turjubaan kugula hadlo.

Contents

Foreword from our chair and CEO

I am proud to present Our Way Forward, a new five year strategy for London North West University Healthcare NHS Trust (LNWH).

LNWH is uniquely placed to care for our local population with a highly skilled and passionate workforce that truly represents our diverse communities.

Our Way Forward will play an important part in improving the health of our population, helping us deliver even better care locally and across the evolving north west London healthcare system.

Through our acute provider collaborative our research and education teams will take a leading role in sharing excellent practice in north west London and beyond, strengthening our ties to our wider healthcare system.

By placing **quality at our HEART**, we stand to create an organisation, a collaboration, and care system that delivers outstanding quality of care."

M. Swindells

Matthew Swindells
Chair

Our Way Forward does more than provide direction to outstanding. It sets out our commitment to our local communities, partners, and people.

We've listened to thousands of people – colleagues, patients, and partners – to develop Our Way Forward. In this spirit, the themes of co-creation, teamwork, and equity are deeply embedded throughout.

The feedback was clear: our healthcare professionals can only provide outstanding, life-saving, and sustainable care with the help of responsive, highly-skilled, and well-invested non-clinical services.

To do so, we need to become a high-quality, local employer that works in partnership with our wider health and social care colleagues.

I'm proud of the work our teams do every day, and I'm looking forward to putting **quality at our HEART**."

Pippa Nightingale
Chief Executive

Introducing Our Way Forward

Our Way Forward is an ambitious strategy for 2023-2028.

We aim to:

- maximise the opportunities offered by working more closely with our NHS and social care partners across north west London, through the new integrated care system and acute provider collaborative
- build on the strengths that helped us through the acute phase of the Covid-19 pandemic
- shape how we meet the challenges we face now and in the future.

Everything has changed

Our world has changed since we last published our strategy in 2017.

Covid-19

The Covid-19 pandemic has left us with exhausted employees, patients who have been waiting longer for care, and patients whose needs have become more complex.

Our local communities were among those most affected by the first and second waves of the pandemic, which acutely demonstrated the terrible impact of health inequalities on real lives.

Yet at the same time, our teams responded with extraordinary dedication and, at times, inspiration. The pandemic massively accelerated the transformation of care, from innovative treatments and research practices to the development of virtual wards and video appointments.

Less visible, but equally vital, was the strengthening of our relationships with our partners, and the empowerment of our front line.

A new board in common

In 2022, the four acute Trusts in north west London appointed a Chair in Common and established a single board in common as part of forming a new acute provider collaborative. It will strengthen our collaborative decision-making and help us to make the best use of our collective resources across all our boroughs.

The north west London acute provider collaborative

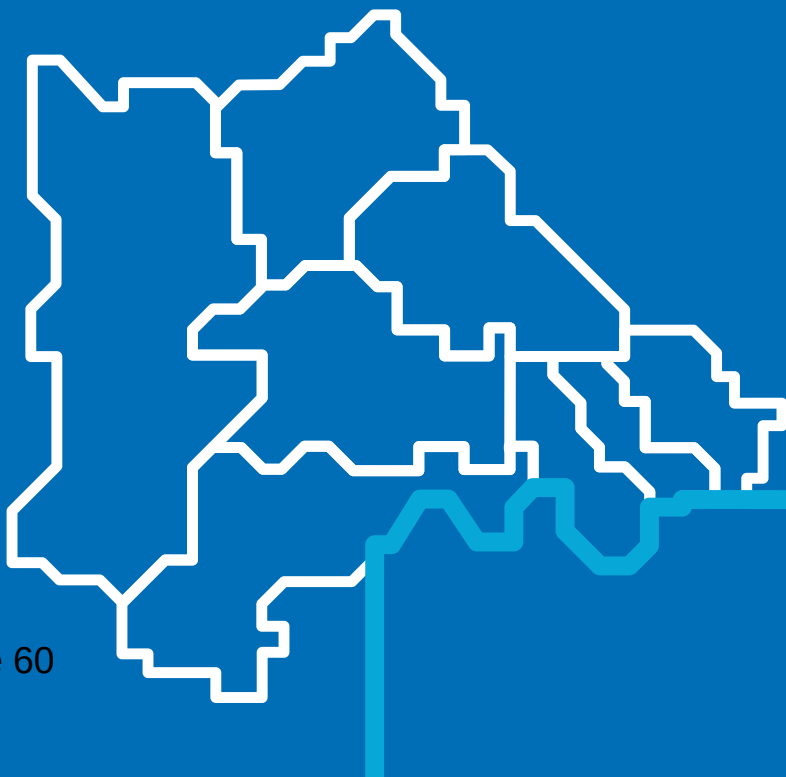
The north west London acute provider collaborative is a collaborative body between four NHS acute hospitals in our region:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- London North West University Healthcare NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust

The collaborative aims to better equip the four trusts to face the challenges in our future, and to build an exceptional healthcare system.

We share seven collaborative principles:

1. a commitment to delivering a step change in quality and financial and operational performance across our system
2. a commitment to treat everyone fairly and inclusively
3. maximising the benefit of our collective resources by improving coordination and avoiding duplication
4. collective decision-making for the benefit of our patients, communities and staff
5. transparency of our data, information and decisions
6. a commitment to join up our strategies and planning
7. respect for the continuing statutory roles of our respective trust boards and councils of governors (in the case of foundation trusts).



A new system

The North West London Integrated Care System (NWL ICS) changes how all our NHS services are funded, are organised, and how they work together. We will work as part of the NWL ICS as it develops its new strategic priorities and creates new connections and opportunities across health, social care, and the wider north west London community.

Changing our strategy

Because of all this change, we've taken a dramatically different approach to the way we've produced our strategy in the past.

In particular, we have made crucial changes, including:

- expanding our definition of quality to include equity of access to care, sustainability and timeliness
- a greater focus on supporting our people, drawing on learning from the Covid-19 pandemic
- reflecting the feedback from our teams about the vital importance of non-clinical and administrative services running effectively and efficiently
- looking up and out from our own organisation to connect and collaborate more effectively with partners in our communities and work better together.

Harnessing change

With so much rapid change in our recent past, it has become ever more important to set out a new strategy for our future. Our new vision and objectives will offer a guiding light in an ever-shifting world and help us harness change in the interests of our colleagues and communities.

Co-creating our strategy

We put patient, community, partner and employee engagement at the heart of developing our strategy.

Over the six month process, we heard from:

- 2,314 employees
- 887 members of our local community
- 42 representatives of partner institutions.

We sought engagement from the very start of the process so that we could truly co-create our strategy, and we worked closely with our communities throughout the development and drafting process.

This engagement has taken place both face-to-face and online, including stakeholder forums, online workshops, and questionnaires available in seven languages.

The development of the strategy has been led and managed by eight employees seconded from roles right across the Trust, including doctors, nurses, allied health professionals, administrators, and management colleagues.

The process has been governed through a dedicated steering group including:

- operational, clinical, administrative, and corporate employee representatives
- leaders from partner organisations across our boroughs
- members of our local communities.

Building our strategy

We built our strategy in three phases, following best practice:

- Diagnosis: identifying both the critical challenges facing our organisation and what strengths we can build upon
- Focused response: designing an approach that best overcomes the challenges we identified in our diagnosis
- Actions: defining the objectives that represent our focused response, and the actions we need to take to achieve them.

This strategy is therefore supported by:

- detailed analysis that describes the context in which LNWH works
- insights from our engagement
- detailed action plans supporting each of our objectives.

This analysis is available separately at **lnwh.nhs.uk/OurWayForward**.

Read more about building our strategy in **appendix III, page 70**.

Forging a bright future

In Our Way Forward, we've considered our past, and the changes that are coming about as we write.

We've extensively researched the health and socio-economic reality of our communities and asked our patients and local people what they want most from us.

We've listened to our teams and colleagues on the issues that have a direct impact on their working lives and challenged them to work with us on exciting new answers.

Throughout, it embodies a belief and a promise: that by working together, we can forge a better future than we can working alone.

Our diagnosis

We're proud to offer truly excellent services in many areas. But we also recognise that everyone should be entitled to the same high standards of care, employment and opportunities that we offer when we're at our best.

Our diagnosis shows us where we are right now and sets out the socio-economic context that inevitably impacts the way we work.

Our communities

We serve about one million people, primarily in the boroughs of Brent, Ealing and Harrow.

Our communities are highly ethnically diverse: three in five people in our boroughs are from an ethnic minority background.

We also know that they experience health inequalities, both in outcomes and sometimes in service provision. These inequalities:

- are significant when compared with regional and national data
- affect our patients and people who may need our care in the future
- affect our 8,200 employees and their loved ones, many of whom live locally
- are not compatible with either the NHS's founding principles or our own HEART values, which include equity.

Health needs

Our communities have different health needs to other parts of London and the UK.

They have the highest diabetes and childhood dental decay prevalence in England, and diabetes disproportionately affects our Asian and Asian British communities.

Cancer is the largest cause of preventable mortality across our local boroughs, followed by cardiovascular disease.

Although other long-term conditions such as hypertension, depression, dementia and stroke are still prevalent, their incidence is lower in our local communities than the London or national average.

Health behaviours

Behaviours that influence health present several challenges for our local population: particularly obesity, alcohol and violence.

Ealing has the highest alcohol related hospital admissions in London, and Brent and Ealing have the highest hospital admissions per capita for violence, including sexual violence, in London and in the country.

While obesity incidence is below the London average, it remains prevalent in our local communities, with three in five adults and one in five ten-year-olds in Brent, Ealing and Harrow overweight or obese.

Fewer than one in twelve people smoke in Ealing and Harrow, while Brent is in line with the London and England average of one in nine people.

Wider determinants

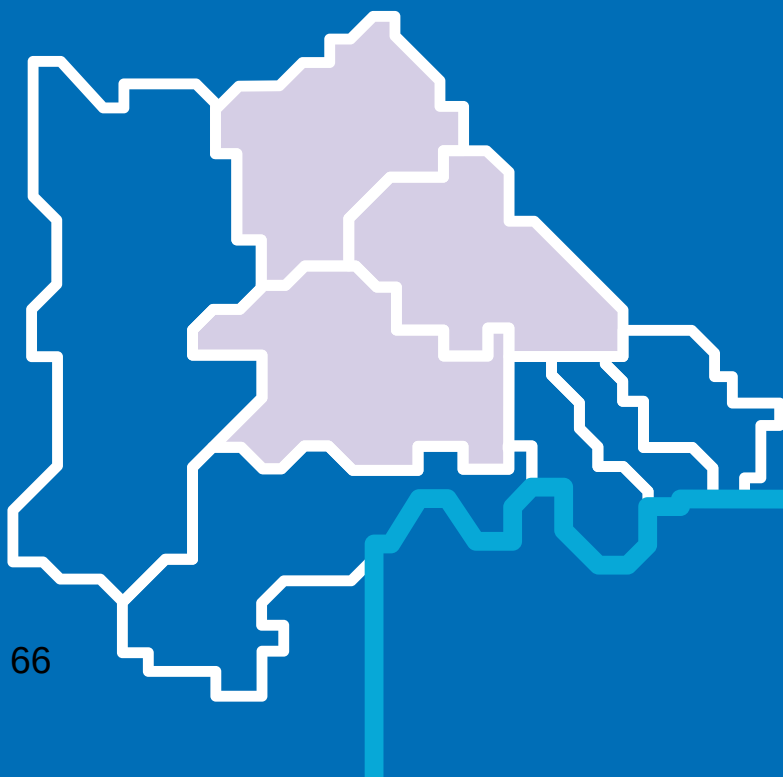
Our catchment area has some of the highest fuel poverty, homelessness and unemployment levels in the country.

In Brent, 17.3% of people experience fuel poverty, which is the sixth highest prevalence in London, while Ealing and Harrow are substantially above the national average.

Brent and Ealing have some of the highest prevalence of homelessness in London.

Three in ten people in Harrow and Brent are unemployed, with two of the highest unemployment levels in the country.

Data sourced from the Office for Health Improvement and Disparities Public Health Profiles [1].



1: Office for Health Improvement and Disparities; Public Health Profiles. [online] Available at fingertips.phe.org.uk [Accessed 10 July 2022]

Our role

Our role is to provide acute care for our local communities. This includes working with local partners to support healthier, happier lives.

We must therefore prioritise the following areas:

- providing timely access to our services seven days a week
- sustaining core expertise and capacity in emergency care, diagnostics, paediatrics, maternity, and planned care, including cancer
- measuring and reducing inequities in our services.

Our pathways, and especially our emergency pathways, are a major touch point with our under-served communities, so we must work with partners to intervene and act on wider health determinants at these points.

Our people, skills, facilities, and scale mean that we can contribute more than just acute care. We have influence as a major employer, educator, research hub, voluntary hub, and a voice in our communities.

Our services

We must develop our services based on what our local population need and want. This means:

- offering timely access to diagnostics and planned treatments to reduce and eliminate long waiting times made worse by the Covid-19 pandemic
- supporting better prevention and management of long-term conditions, especially diabetes, dementia, chronic kidney disease, and respiratory and cardiovascular conditions
- supporting the diagnosis and treatment of cancers and cardiovascular diseases, which make up the leading causes of premature mortality in our communities
- developing effective pathways to support patients with mental health needs, both in an emergency and in the longer term, to address poorer physical health outcomes among people who have a mental health condition
- providing tailored access for communities that may be unregistered with other NHS services or are historically under-served
- meeting patient preferences for having access to the latest treatments and pathways, arranging follow-up appointments when patients need them, and organising tests and results during one visit wherever possible.

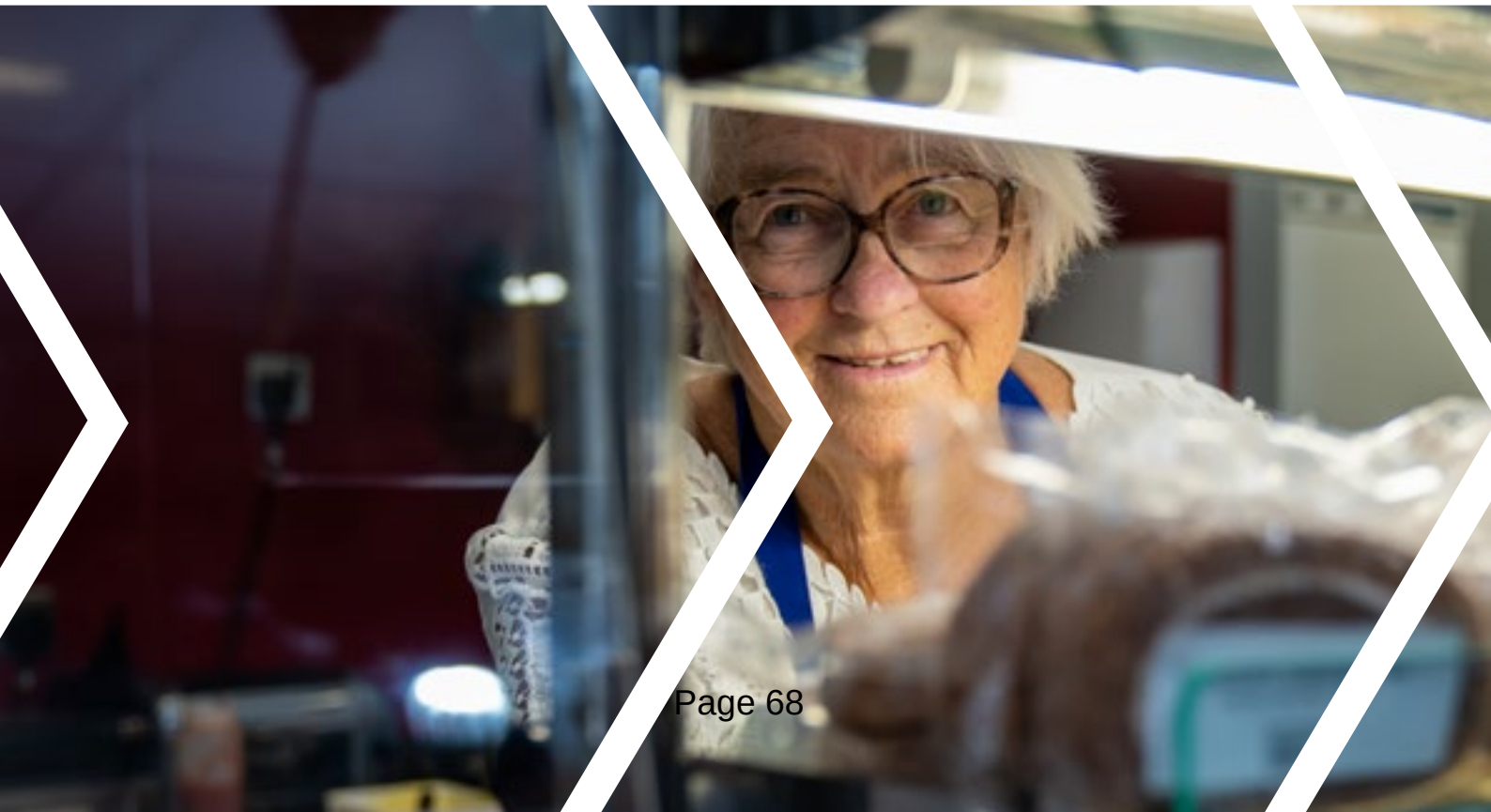
Our starting point

Our strengths

LNWH has many considerable strengths, and it is vital that we build upon these areas of excellence in determining how we can best contribute to our communities.

They include:

- the sheer volume of activity we deliver in caring for more than one million people every year
- some of the busiest emergency pathways nationally, as well as significantly sized planned care services with a range of complex specialist services
- the high quality of our care, along with the clinical skills and caring nature of our employees
- the significant diversity of our population and staff, offering deep connections with our communities
- an unusual breadth of skills, experiences, career and research opportunities
- our multiple sites, which allow us to tailor our services to reflect local community needs and develop centres of excellence
- our collection of nationally and regionally leading specialist services – notably St Mark's Hospital, which has an international profile
- our strong teamwork, and the ambition of our teams to provide exceptional care for our local communities
- local partnerships with our communities: we strengthened our partnerships during the Covid-19 pandemic, and they continue to grow in momentum
- closer working within the north west London acute provider collaborative, which will influence the way we design and provide our services
- our forthcoming adoption of the Cerner electronic patient record, which will mean that all four acute trusts in north west London share one record and are better able to coordinate patient care.



Our challenges

Our employees most often cite workforce as our biggest challenge.

We know that:

- we have gaps in some specialist clinical and non-clinical skillsets among our employees that can affect our productivity and performance, and have affected the time we have available to make longer-term improvements
- we have ways of working, explaining decisions, digital systems, processes, and culture that can frustrate both patients and employees, and lead to weaknesses in how we can collect, analyse, and use the information we need
- our ability to recruit and retain colleagues and attract new people is affected by a range of factors, including burdensome ways of working and historic challenges to our reputation.

We must also be prepared to address other challenges, including:

- the legacy of Covid-19, with a triple impact of exhausted employees, many patients who have been waiting longer for care, and patients whose needs have become more complex
- historic challenges for our reputation, including our current CQC rating of requires improvement
- our financial deficit situation before the pandemic, including years of low capital investment. This has led to an aged estate and digital system limitations
- the need to strengthen the working relationships and collaborative systems outside of acute providers (such as primary care and community care)
- an exceptionally challenging environment: we expect no major increase in our resources, while at the same time facing the need to support pressures and associated health inequalities arising from climate change and the rising cost of living among our communities and our employees.

Many of these internal barriers are symptoms of a wider root cause. In the past, we have focussed on our strength in prioritising clinical care. We have, therefore, undervalued, and under-invested in supporting skills and systems that underpin modern healthcare. This leads to gaps in wider skills, inefficient processes, and the ineffective use of digital systems.

Extra investment is not enough. We need to change our culture to value these skills and processes in the same way that we celebrate clinical care, from high data quality, to booking and administration, to effective communication.


Northwick Park Hospital
P
hello my name is...
Clare

Our vision, values, and objectives

Our vision is quality at our HEART ♥

Quality…

Delivering quality means consistently meeting requirements and exceeding expectations.

We strive to deliver quality in everything we do – from the clinical care we provide to the support services and systems that underpin our care.

And in delivering high-quality clinical care, we mean services that are safe, effective, offer a good patient experience, are timely, equitable, and sustainable.

…at our HEART

By placing **quality at our heart**, everything we do as an organisation should further our ability to deliver quality.

This includes the people we hire, the skills our employees develop, the behaviours we celebrate, how we think and act, the investments we make, our systems and processes, and our organisational values.

Our vision also encompasses our HEART values, which were shaped and developed in 2017 by more than 2,500 employees as well as many patients.

Our HEART values are:

- **Honesty:** we're truthful, we're open, and we speak up
- **Equity:** we're kind and caring, we act with fairness, and we're understanding
- **Accountability:** we're professional, we strive for excellence, and we improve
- **Respect:** we're attentive and helpful, we're appreciative, and we act with empathy
- **Teamwork:** we involve others, we support our colleagues, and we set clear goals.

Our objectives

Our objectives set out how we plan to realise our vision. They offer our employees, partners and our communities clarity about what we will do.

We will provide high-quality, timely and equitable care in a sustainable way

We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Quality at our HEART


PHARMA

Objective 1:
We will provide high-quality, timely and equitable care in a sustainable way

Improving quality is the core focus of Our Way Forward. We define quality through six attributes.

1. **Safe:** we will avoid harming patients when providing the care intended to help them.
2. **Effective:** we will achieve leading clinical outcomes by providing services based on scientific knowledge to everyone who could benefit from them and refraining from providing services to people who are unlikely to benefit (avoiding underuse, misuse, and unwarranted variation).
3. **Patient-centred:** we will respect and respond to individual patient preferences, needs, and values and ensure that patient values guide all our clinical decisions.
4. **Timely:** we will reduce waits and sometimes harmful delays for those who receive care.
5. **Equitable:** we will provide care that is consistent in quality regardless of personal characteristics such as gender, ethnicity, disability status, geographic location, and socioeconomic status.
6. **Sustainable:** we will avoid waste, including waste of equipment, supplies, ideas, time, talent, resources, money, and energy.

Our definition of high quality care

- **Safe**, **effective**, and **patient-centred** are taken from our previous definition of quality.
- **Timely**, **sustainable**, and **equitable** have been added to form our expanded definition of quality.

What we'll do

Digital care record

We will use our digital patient care records and systems to transform the quality of care we provide.

We will proactively lay the foundations for our services to thrive when the new electronic patient care record goes live in August 2023. After its launch, we will use our shared domain to develop innovative pathways across the acute hospitals in north west London with resulting benefits to quality and productivity.

Our pathways

We will make our planned care, cancer and emergency pathways work as efficiently and effectively as possible and strive for consistency across the north west London acute provider collaborative.

Caring for patients who need a hospital admission is at the core of what we do: we will provide this care in a patient-centred, safe, timely and effective way.

As one of the largest providers of emergency care in the NHS, we will build on our track record of innovation and continuous quality improvement. We will further develop our emergency pathways so that we can help people go home both swiftly and safely. This will include expanding triage and signposting services, same day emergency care and virtual wards as appropriate alternatives to a hospital stay.

We will improve the speed with which our patients can access planned care and save them time with a smoother experience. We will do this by expanding:

- one-stop shops for cancer pathways, where patients can have several investigations and appointments at one time and in one place
- patient-initiated follow-up appointments, so patients with certain long-term conditions can access care when they need it, rather than an arbitrary scheduled point
- virtual ward early supported discharge, so patients who are well enough can recover at home sooner and more comfortably, while remaining under the care of our clinical teams.

We will also work with our partners to improve the quality of incoming referrals and discharge processes and support those of our acute patients who need mental health care.

Quality improvement

We will empower our employees to continuously improve our services and invest in comfortable, safe environments. We will build new ways for our employees to help us choose the quality priorities we focus on each year and create structures so that we are consistently using our resources to deliver these priorities.

Our sites

We must use all our sites to their full potential.

We will:

- make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
- further increase the amount of low complexity planned care that we provide at Central Middlesex Hospital and offer better facilities for patients and employees
- refresh our site strategy for Ealing Hospital so we can improve its use by:
  - creating gynaecology and general surgery centres of excellence
  - expanding and re-configuring its emergency department
  - building strong links with the community diagnostic centre.

Combating inequity

We are committed to reducing the inequities that exist within our services. We will improve how we measure and identify them.

As this aim is shared by the other members of the north west London acute provider collaborative, we will explore ideas that we can develop in common. One example is exploring the creation of a Chief Equity Officer to define and put in place policies and ways of working that reduce inequities in all our services.

We will also support our local partner organisations in delivering their broader health priorities, as described later in this strategy.

Out of hours care

The care we provide outside core working hours is not always consistent, and this is referred to as unwarranted variation.

Our ambition to achieve seven days working is hard to achieve, given the current pressure on our colleagues and our financial constraints.

Therefore, we will lay the foundations for targeted seven days working by:

- identifying areas where the quality of care we provide varies out of hours
- proactively aligning local policies with seven-day working models.

We will deliver targeted seven day working in our services where the benefits to quality offer positive returns.

Sustainability

We will manage our money so that our services are financially sustainable. We will do this by:

- making our work more consistent and removing variation that doesn't have a justifiable cause
- continuing to make local efficiency savings by transforming our services and improving our use of resources
- delivering efficiencies of scale through the north west London acute provider collaborative for both clinical and non-clinical areas.

We will also improve the environmentally sustainability of our services through our Green Plan.

Goals and priority actions

Goal 1.1: We will make the most of our new digital care record (Cerner) to get the best from our services

We will:

- provide resources to ensure that both clinical and non-clinical services are prepared and engaged ahead of our Cerner launch
- deliver our Cerner implementation plan, with a launch in Autumn 2023, after which we will embed its use and make use of its long-term benefits
- make the best use of our shared electronic patient record to improve care and efficiency across the acute collaborative (see **goal 4.2, page 52**)
- advocate for Cerner capabilities that align with our definition of quality, including equity.

Goal 1.2: We will make our emergency and planned pathways work as effectively as possible, both locally and across the acute collaborative

We will:

- develop pathways that get people home as quickly and safely as possible, focusing on optimal triaging, same day emergency care, and using virtual wards as an appropriate alternative to admission
- create and enhance planned care pathways that improve our productivity, such as advice and guidance, targeted support for frailty, cancer one-stop shop services, and patient-initiated follow up appointments
- work with colleagues across the acute collaborative to standardise and consolidate pathways
- work with community partners to improve the quality of incoming referrals, discharge processes, and support mental health (see **objective 4, page 49**).

Goal 1.3: We will make best use of our estates to improve quality

We will:

- invest in rolling refurbishment so our facilities are safe and comfortable
- make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
- develop Central Middlesex Hospital as a low complexity hub for planned care
- improve use of Ealing Hospital by creating gynaecology and general surgery centres of excellence, renovating its emergency department, and creating close connections with its local community diagnostic centre.

Goal 1.4: We will improve how we deliver continuous quality improvement and transform services

We will:

- create ways for employees to help choose our annual quality thematic priorities, and build processes to align and focus our resources on these priorities
- establish a quality management system (see **goal 3.3, page 45**)
- empower our employees to deliver quality and transform services (see **goal 2.5, page 37**).

Goal 1.5: We will create tools, policies, and governance structures to reduce inequities in our services

We will:

- measure how the quality of our care varies by patient characteristics and make it easier to analyse across our data systems
- explore the creation of a Chief Equity Officer
- review how we identify and code patient characteristics such as learning difficulties and check that these processes are matched to best practice
- support our partners' broader health priorities (see **goal 4.3, page 53**).

Goal 1.6: We will reduce unwarranted variation in services out of hours

We will:

- analyse and highlight differences in quality out of hours – for example, for length of stay, readmissions, incidents, and patient experience
- make our local and system policies consistent with targeted seven day working, including advocating for local payment variations
- put in place targeted seven day working or hospital at night services, based on areas of greatest quality benefit.

Goal 1.7: We will achieve sustainability by delivering local and partner-working efficiencies

We will:

- support the north west London acute provider collaborative in standardising, automating, or consolidating support services across north west London (see **goal 3.3, page 45**)
- deliver financial sustainability through continuously improving and transforming our services and by making our pathways more efficient both locally and with our partners
- provide resources to deliver our Green Plan, prioritising actions which offer the highest combination of impact and feasibility.

Why we chose this objective

We chose this objective because:

- employees and patients both highlighted access to latest treatments and highest quality of care as being most important to them
- although we offer areas of real excellence, such as having some of the lowest mortality in the country, we are not consistent in the quality of care we provide
- despite recent quality improvements, our CQC rating remains requires improvement
- variable equity in our services unfairly affects our highly diverse population.

What it means for our patients and carers, partners and employees

Patients and carers

- Our patients will receive high-quality care when they need it, no matter what background they come from, what characteristics they have, or what day of the week they need our help
- Our patients may sometimes travel further as we create centres of excellence between our sites, but they will receive better quality of care.

Partners

- We will work with our partners to help patients access other kinds of support suitable for their needs when they come into contact with our services
- We will work more smoothly with colleagues in other acute trusts because of sharing one Cerner domain.

Employees

- Our employees will have access to improved information helping them to deliver the highest quality care and identify opportunities for improvements
- Our employees working at nights and on weekends will be better supported to deliver high quality care.

What it means for our pathways and sites

Our pathways

- Emergency pathways: we will get people home as quickly and safely as possible and provide excellent care when they need an admission by strengthening high-quality and responsive interventions
- Planned care pathways: we will see patients sooner due to high levels of productivity in our centres of excellence and through improved coordination of care
- Maternity: we will offer local people safe, personal, and high-quality maternity care
- Specialist services: we will maintain our existing specialist commissioned services, such as St. Mark's Hospital, and will invest in their continuous improvement as with other services.

Our digital services

- Cerner: we will make the most of the north west London Cerner electronic patient record both locally and through harnessing transformation across the north west London acute provider collaborative
- Digital pathways: we will expand our existing digital pathways, including outpatients and virtual wards, to deliver high-quality care in our patients' homes where safe and appropriate.

Our sites

Central Middlesex Hospital

- Sector hub for planned care, including the North West London Elective Orthopaedic Centre and other high-volume specialties like ophthalmology
- Continued investment as the home of St Mark's Hospital
- Focused site culture on timely, efficient, and exceptional planned care experience
- Outpatient activity aligned to planned surgical activity.

Ealing Hospital

- Better use of the site, including A&E, same day emergency care, and operating theatres
- Gynaecology and upper GI general surgery centres of excellence
- Shared pathways for mental health and homelessness
- Strong links to community diagnostic centre.

Northwick Park Hospital

- Major hub for emergency and critical care, cancer and specialist surgery
- Our main maternity and paediatrics centre
- Centres for excellence supporting shorter waiting times via one stop models
- Shared pathways with partners, such as for mental health and long-term conditions.

Objective 2:
We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Our employees are our greatest strength. Without them, nothing in this strategy is possible.

All our work depends on having enough people who have the right skills and are empowered to apply them effectively.

We are deeply committed to improving our quality as an employer, something we must do urgently both to improve our colleagues' working lives and to support them in delivering high-quality services to our patients and communities.

All our people should feel a sense of belonging to Team LNWH and be empowered to grow their skills and careers throughout their time with us.

Because our employees are so important, issues with retention and recruitment are one of the biggest threats to improving quality. A survey among our teams and an analysis of employee exit reports revealed that the main causes of poor retention and recruitment issues were unrealistic work expectations, poor leadership, limited support in developing skills and careers, and bullying and uncivil behaviours.

What we'll do

Workforce planning

We will take active steps to mitigate the impact of NHS-wide workforce challenges on our employees. We will do this by developing a local workforce plan to set out both current and future staffing requirements for each of our services. We will use this plan for targeted planning purposes.

Wellbeing and support

We will improve our support services and make them more focussed on users, thus reducing avoidable demands on our employees.

We will also strengthen our existing wellbeing provision by delivering more evidence-based interventions and improving the environment in which we work.

Leadership

We will improve leadership at all levels of LNWH by establishing a leadership competency framework, aligned to a leadership development programme and a performance management framework.

We will explore creating a wellness budget mechanism, with the aspiration that team wellness is as well tracked and governed as a financial budget. We will also make it easier for leaders and managers to recognise and reward their teams and colleagues.

Development

We will offer stronger development for our employees and attract those that share our values. We will create a learning academy to coordinate and deliver high-quality professional development and talent management.

We will expand our apprenticeships for employees and partner with further education in our local communities. We will use apprentices to support our workforce planning.

Inclusivity and anti-racism

We will build an inclusive, anti-racist workplace. To do this, we will launch a culture change programme to better identify and combat racism, bullying and harassment at work. We will increase the resources available to deliver action plans from annual equality audits.

We will support collaboration between our staff groups to enhance actions around intersectionality (how race, disability status, class, gender, and other individual characteristics overlap and interact with one another).

We will follow best practices to eliminate bias in our recruitment and career progression processes.

Empowerment and values

We will empower our people to deliver quality and live our values. To achieve this, we will introduce a probation support programme, refresh the programme we offer to our new starters, and expand our quality improvement training. We will continue to embed our HEART values.


Lond ulance Service
NHS Trust
Caitriona

Goals and priority actions

Goal 2.1: We will support our employees' wellbeing

We will:

- develop our workforce plan to identify and deliver the right level of staffing for our services
- improve supporting processes and services to reduce avoidable demands for our people (see **objective 3, page 41**)
- refresh our wellbeing provision to offer more evidence-based opportunities and better support the wellbeing and health of our employees
- invest in environments that support wellbeing as part of our estates plan, such as team rest areas.

Goal 2.2: We will build high-quality leadership at all levels

We will:

- put in place a leadership competency framework that includes compassionate, inclusive, and anti-racist leadership, and align it to a new leadership development programme and leadership performance management framework, including improving succession planning
- create a mechanism to track our teams' wellness with associated reporting and governance, known as a team wellness budget
- create processes and ringfence funding for managers to recognise and reward their teams.

Goal 2.3: We will develop our employees and attract quality people who share our values into new and existing roles

We will:

- develop LNWH learning academy linked to a north west London education and professional development network (see **goal 4.2, page 52**) to coordinate and deliver high-quality professional development, digital skills training and talent management
- expand our apprenticeships for employees and partner with local communities to support workforce planning
- provide resource for a role redesign programme to embed and expand new roles.

Goal 2.4: We will build an inclusive, anti-racist workplace

We will:

- launch a culture change programme to better identify and combat racism, bullying and harassment at work and to improve our environment
- deliver improvement action plans from the workforce disability equality standard, workforce race equality standard, gender pay gap and ethnicity pay gap annual audits and to adopt recommendations from the NHS London Race Strategy
- foster collaborations between staffside, employee networks and groups, and freedom to speak up guardians and champions, supporting joint working and enhancing actions around intersectionality
- review and update our hiring processes and career development processes and policies to ensure that all the NHS London Race Strategy recommendations for eliminating bias in recruitment and selection are in place.

Goal 2.5: We will engage with and empower our employees to deliver quality and live our values

We will:

- create a probation support programme for new starters, with a training plan and supervisory support and guidance
- refresh the programme we offer to new starters, including induction and IT onboarding, to help people feel a sense of belonging from day one
- expand our quality improvement training offer to enable and foster the understanding and conviction of our employees to deliver quality and engage them in service changes
- take a multi-channel approach to embedding our updated HEART values and roll out HEART values commitment pledges.

Why we chose this objective

We chose this objective because:

- our people deserve to have an excellent employer
- healthcare is a people business: investing in our employees is a vital part of improving quality
- our teams identified recruitment and retention as our biggest weakness and threat
- our people told us that education and training was their joint second highest preferred area for us to focus our work
- NHS-wide recruitment and retention challenges mean that we must commit resources and make bigger moves to offset this trend.

What it means for our patients and carers, partners and employees

Patients and carers

- We will offer improved quality of care, driven by happier employees who are empowered to improve services
- We will support our local communities by supporting our employees, who are mostly from our local population.

Partners

- We will work with local education providers and job centres to raise awareness of our apprenticeship opportunities
- We will lead work to expand career and development opportunities for staff within the north west London acute provider collaborative.

Employees

- Improved opportunities to grow their careers and skills
- Improved wellbeing and job satisfaction
- Improved sense of belonging due to reduction in discriminatory behaviour and reduced turnover.

What it means for our pathways and sites

Our pathways

- Our care will be provided by teams with greater continuity of service, belonging and empowerment, supporting continuous quality improvement
- Our workforce will include novel clinical roles and advanced clinical expertise
- Our employees will reflect and be drawn from our local communities, helping advance the connection and links with our patients and our partners.

Our digital services

- Digital tools will support seamless support processes, such as induction
- Our employees will be trained and supported to expand their digital skills and knowledge.

Our sites

- All our sites will offer high-quality facilities for our teams
- We will enhance our education and training facilities, so we can support training for new roles and multidisciplinary training.

Objective 3:
We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

Both our patients and our teams rely upon non-clinical and administrative services, which are essential to providing the best clinical care.

These services range from human resources to estates. When they work well, they underpin high-quality care. When they don't, they can cause inefficiency, frustrate both colleagues and patients, and even result in clinical risk.

We frequently heard from employees that our supporting services often hinder rather than help.

In the past, we have under-invested in supporting services, skills and systems. Our diagnostic found that ineffective supporting services were a root cause for many of the issues we identified. In particular, they can create unnecessary work that:

- contributes to the pressures on our colleagues,
- limits the time that our senior team members can commit to leadership
- disempowers employees from improving their services.

We are committed to improving the services and tools that support our employees to deliver high-quality care.

Our supporting services and systems will be highly responsive, proactive, user-centred, and efficient. Our employees will make better decisions due to improvements in the availability and integration of data.

Our focus in previous years **Our focus for 2023 to 2028**

What we'll do

Processes and standardisation

We will invest in improving the basics of our non-clinical and administrative systems so that teams feel fully supported by them. We will do this by aligning support service performance measures to the things that matter most to our employees.

We will standardise our support service processes, making our supporting services more accessible, transparent, and predictable. We will also connect our support service employees more closely to front line colleagues, highlighting their essential role in providing high-quality care.

Data and analytics

We will use data to drive decision-making, improving our ability to make decisions that improve quality. We will continue to provide self-service dashboards and offer custom analytics requests through a team of analysts. To improve our dashboards' operational use, we will develop a performance analytical framework which we will use to align and simplify our self-service dashboards.

We will add our full staffing establishment to our electronic staff record, improving the accuracy of our staffing data.

Finally, we will create a matrix structure so that teams across the organisation have access to a centralised analytical support hub in corporate services. This will improve consistency of messaging, reduce duplication, and support continued professional development.

Pooling resources

We will pool our resources with partners across the acute collaborative to improve high-volume transactional support services and specialist support services. By doing so, we can standardise best practices, reduce duplication and pool expertise to invest in enhanced support service systems and automation.

To achieve this, we will support a programme of reviews for supporting services to identify those that stand to gain the most benefit from standardisation, automation, or consolidation across the acute collaborative. We will build on North West London Procurement Services and explore further opportunities including recruitment, shared waiting lists, one access centre, and a single quality management system across the acute provider collaborative.

Goals and priority actions

Goal 3.1: We will fix the basics and support continuous improvement for support services

We will:

- provide resource to complete a supporting service performance management review programme, checking that KPIs are aligned with the needs of our users, and that effective feedback, governance, and escalation processes are in place
- run a programme of sequential support service reviews to define, embed and communicate responsibilities, improve user journeys, and standardise work practices
- establish ways to make it easier for patients to communicate with our administrative staff about the administration of their outpatient care, such as appointment cancellations.

Goal 3.2: We will use data-driven decision-making to support quality

We will:

- provide resources for a programme of work to fully capture our staff establishment in our electronic staffing record, therefore bringing together our staffing and financial data
- create a quality reporting framework with a logical flow of sub-drivers and align existing or new self-service data dashboards along this logical flow
- review our analytics organisational network and structure, connecting analysts into a centralised data and analytics hub that aligns skills, ways of working, and quality assurance
- integrate basic data, numeracy, and computer skills into our education and training programme, providing formal training to employees, and empowering our analysts to coach while offering support.

Goal 3.3: We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities

We will:

- support the acute provider collaborative in putting in place a plan to standardise, automate or consolidate a set of high-volume or transaction activities and highly specialist activities within support services across north west London
- engage with Imperial College Healthcare NHS Trust on adapting their management and improvement system and implementing both at LNWH and across the acute provider collaborative
- advocate for and support the creation of a shared patient access centre and waiting list across acute collaborative organisations with a centralised administration, tracking, validation and booking.

Why we chose this objective

We chose this objective because:

- our diagnostic process identified under-investment in supporting services as a root cause for many of our challenges
- our employees consider LNWH's systems and processes to be one of its biggest weaknesses, with our support systems frustrating rather than supporting our clinical care
- teams told us that clinical time was wasted in compensating for or addressing issues in our non-clinical and supporting services. By fixing these issues, we release colleagues to spend more time providing and leading care
- currently, we have limited joined up information and data about our performance, which inhibits our ability to improve our own services.

What it means for our patients and carers, partners and employees

Patients and carers

- Better clinical care, supported by improved systems and processes, and better data and analysis
- Better administration, leading to reduced frustration and confusion about appointment timing and location.

Partners

- Pooled resource and investments, improving supporting services across the acute collaborative
- More accurate public health information available for our partners.

Employees

- Reduction of administrative requirements on clinical colleagues, leaving them to focus on patients
- Reductions in frustration by improving access and proactivity, leading to a better working day and improved employee retention.

What it means for our pathways and sites

Our pathways

- Multidisciplinary teams will include valued non-clinical colleagues with everyone working to provide holistic high-quality care
- Our clinical teams have the rights tools and more time to provide high-quality care, resulting from seamless support.

Our digital services

- Processes will generate high-quality data which we can integrate, analyse and make available to inform improved decision-making by our employees
- Our digital helpdesk will offer an all-week service of responsive support, so that our systems run smoothly and help us offer high-quality care.

Our sites

- We will invest in excellent connectivity and digital infrastructure across all our sites
- Our sites will offer flexible working and collaboration spaces so employees can easily work closest to where they are most needed on any given day.

Objective 4:
We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We cannot deliver high-quality care by working as an island. It's estimated that hospital care contributes to only between 15% and 43% of the health of our communities [1] [2].

Instead, health is influenced more by social and environmental factors and health-influencing behaviours. These factors therefore drive demand for our services.

Many organisations work to deliver health and social care, including general practice, opticians, pharmacies, councils, mental health and community NHS trusts, and charities (see **appendix I, page 68** for a more detailed list). To provide joined-up support and care, we need to work and collaborate in partnership with these organisations. So, when we say partners, we mean all these organisations.

Building effective and purposeful working relationships to improve the health of our communities is the right thing to do. As an anchor institution and one of the largest local employers, we will share our expertise and create opportunities for our local population. These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services.

We are committed to further strengthening relationships with our partners and to making best use of the increasing integration of care driven by our integrated care system and our board in common.

1: J. P. Bunker, H. S. Frazier, and F. Mosteller, "Improving health: measuring effects of medical care.," Milbank Q, vol. 72, no. 2, pp. 225–58, 1994
2: J. M. McGinnis, P. Williams-Russo, and J. R. Knickman, "The Case For More Active Policy Attention To Health Promotion," Health Aff, vol. 21, no. 2, pp. 78–93, Mar. 2002, doi: 10.1377/hlthaff.21.2.78

What we'll do

Clinical networks and hubs

We will deliver efficient, standardised, evidence-based care by sharing and aligning our resources with our colleagues in north west London. We will do this by encouraging our clinical networks to align and standardise care pathways across the north west London acute provider collaborative.

We will support the launch of a series of speciality-specific, high-volume, low-complexity surgical hubs across the acute provider collaborative, in line with the collaborative's aspirations, and in partnership with its members.

Community and primary care partners

We will work with our partners in community and primary care to make care transitions work as effectively as possible.

To do this, we will expand ways to share our acute expertise with primary care, improving the quality of referrals. This will include using advice and guidance more extensively, expanding our use of cross-organisational training opportunities, and exploring consultant-attended integrated neighbourhood referral review meetings.

We will also work with our partners to strengthen and align our discharge processes, including discharge advice, and to strengthen the way we support those in our care who have mental health needs.

Goals and priority actions

Goal 4.1: We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

We will:

- expand ways to share our specialist expertise with primary care, supporting and improving the quality of referrals
- improve and align our discharge processes (including discharge advice) with partners to improve hospital flow and reduce readmission and reattendance
- build integrated pathways between the local community diagnostics centre at Ealing, our acute services and back into the community
- advocate for the co-creation of a rapid access support team for mental health morbidities, including delirium and dementia, with local mental health trust and community partners.

Goal 4.2: We will support the standardisation of best practice support services, training, care pathways and specialist services across the north west London acute provider collaborative

We will:

- support the integrated care board in establishing high volume, low complexity surgical hubs within north west London, including the North West London Elective Orthopaedic Centre
- commit resources to standardising best practice clinical pathways across the north west London acute collaborative, making best use of the collaborative's shared electronic patient record, research, clinical innovations, and life science partnerships
- create a north west London clinical, technical, scientific, and non-clinical education and professional development network to align and share training and education resources (see **goal 2.3, page 36**),
- commit resources to the north west London specialist services review programme, and implement resulting recommendations
- build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist non-clinical activities (see **goal 3.3, page 45**).

Goal 4.3: We will support our partners to deliver their neighbourhood and place-based health priorities

We will:

- commit employees with delegated decision-making powers to attending place-based board and team meetings
- improve how we co-ordinate integrated care projects across LNWH with a dedicated project management function
- Advocate for and work with our integrated care system to create mechanisms to better integrate money, people and data as we deliver place-based priorities.

Goal 4.4: We will explore and create mechanisms to communicate our quality of care to our local population

We will:

- run regular quality communications campaigns in our local communities to inform them about the ways we are improving or have improved quality
- deepen our engagement with our patients and communities, including co-design and co-production
- empower and enable our employees to represent LNWH at community events.

Why we chose this objective

We chose this objective because:

- In the past, we have not always had a good reputation. While we've made some significant improvements in recent years, we must continue to work with our partners and community to improve how we're perceived by them
- Our communities experience significant health inequalities when compared with regional and national data. We can only provide so much support to address these issues in our role as an acute trust, so we must work with partners to combat health inequality across our health and social care system
- Our emergency pathway is a key touchpoint for the most deprived people in our communities. Partnership working presents a key opportunity to connect them with more support in the community.
- Partnership working has a causal relationship to how effective our discharge processes are, making it vital to work collaboratively across organisations to improve the flow of patients through our hospitals
- One of our biggest challenges in working effectively is our level of emergency activity: we must work collaboratively to address systemic issues that we cannot resolve alone.

What it means for our patients and carers, partners and employees

Patients and carers

- Improved continuity of care and smoother transitions, allowing people to go home sooner and have a better experience
- Reduction in unnecessary hospital visits
- Better support in hospital for people with mental health needs.

Partners

- Improved clarity in our working relationships
- Improved access to our specialist expertise
- New levers and opportunities to improve the care of our communities
- Improved signposting to community services.

Employees

- Opportunities to explore careers across care-setting boundaries
- Opportunities to improve working relationships with colleagues at partner organisations.

What it means for our pathways and sites

Primary care

- Greater access to acute care specialist input for complex cases
- Increased confidence in making (or not making) acute referrals and thus fewer referral rejections
- Discharge letters arriving more swiftly.

Community and social care

- Better alignment across referral processes resulting in higher quality referrals and transfers of care.

Acute hospitals

- Improved collaboration and consistency of pathways
- Greater efficiencies from collaborating on non-clinical services.

Mental health trusts

- Better collaboration and joint working
- New pathways between trusts and within acute trusts.

Local authorities

- Increased acute presence in place-based and neighbourhood team meetings
- More access to acute resource to drive local authority health priorities.

Third sector

- Better collaboration through increased acute presence in place-based and neighbourhood team meetings.

Making our strategy happen

Our strategy will guide our priorities, actions and behaviours.

Our vision and objectives have been developed through extensive engagement with employees, patients and partners. They will guide our decision making and behaviours every day without the need for an elaborate governance system. If in doubt, we can ask if a decision or action puts **quality at our HEART**.

However, it's important that we move forward with our objectives, and in some cases, this requires some new ways of working.

We will use the strategy to inform our annual operating plans, starting with 2023-24. Its objectives, timeline and progress will, over time, contribute to an ongoing series of projects and changes. It will give direction to enabling strategies in areas including estates, research, digital and cancer.

In addition, we will adopt a better management and improvement system that is consistent with that used across the north west London acute collaborative.

Through this system, we will define and monitor which roles are supporting our priorities, what methods we use to improve, and how we check progress from board to ward.

We will:

- Embed responsibility for specific actions through our organisational structure. They will feature in divisional plans, before feeding into service plans (including for support services such as digital services and estates). Ultimately, they will inform the contribution we need from individual colleagues by contributing to annual appraisal objectives.
- Use our bi-monthly Strategy Management Group to review progress of the milestones and outcomes linked to each objective, and any issues that have arisen. Each year we will test our diagnostic assumptions, assess emerging risks and update our indicator trajectories. In doing so, we recognise that we are operating in an uncertain environment, which may well require us to amend our original plan.
- Discuss critical updates at our Trust Executive Group and through the board committees as appropriate
- Test and support progress within our services. For clinical divisions, this will occur at our monthly divisional review meetings. For support services, it will take place at our Infrastructure Group
- Task a Head of Strategy with responsibility for coordinating the implementation of the plan through our organisation, leading some of the specific projects required including updating enabling strategies, and expanding the engagement momentum built through the development of the strategy.

Timeline

We will deliver Our Way Forward over five years. Our strategy sets out many actions that we want to achieve over the next five years. We cannot do everything at once, so our timeline sets out the way in which we will use our resources to achieve as much as possible.

Objective 1: We will provide high-quality, timely and equitable care in a sustainable way

Goal 1.1: We will make the most of our new electronic patient record (Cerner) to get the best from our services
2023 to mid-2025

Goal 1.2: We will make our emergency and elective pathways work as effectively as possible, both locally and across the acute collaborative
2023 to mid-2026

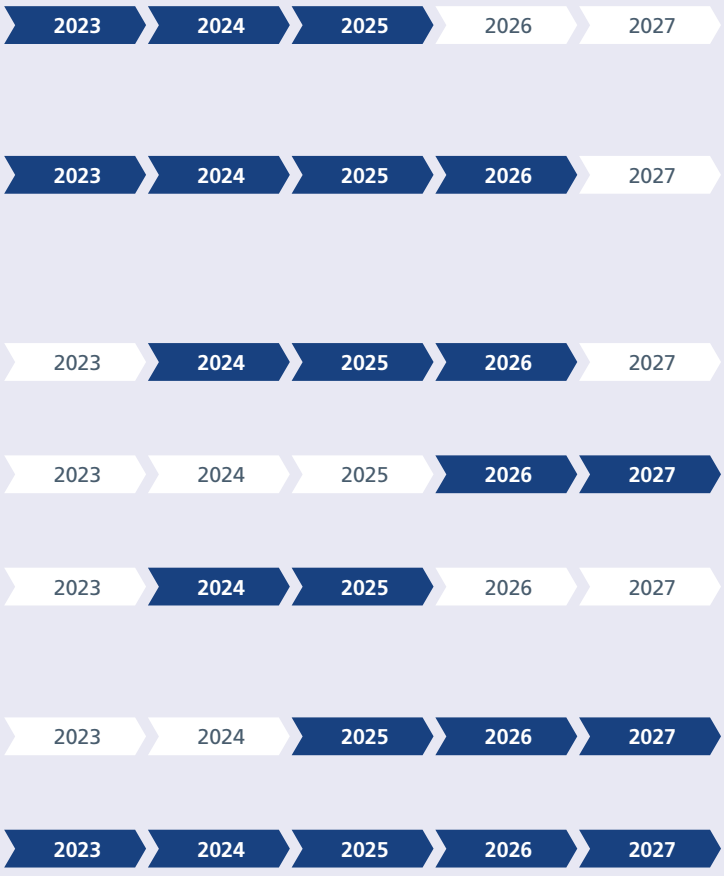
Goal 1.3: We will make best use of our estates to improve quality
2024 to 2026

Goal 1.4: We will improve how we deliver continuous quality improvement
2026 to 2027

Goal 1.5: We will create tools, policies, and governance structures to reduce inequities in our services
2024 to 2025

Goal 1.6: We will reduce unwarranted variation in services out of hours
mid-2025 to 2027

Goal 1.7: We will achieve sustainability by delivering local and partner-working efficiencies
2023 to 2027

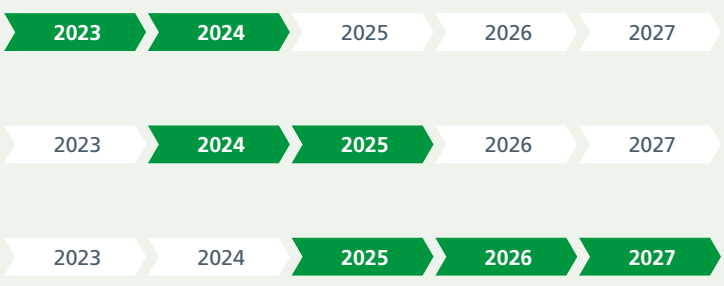


Objective 2: We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Goal 2.1: We will support our employees' wellbeing
2023 to 2024

Goal 2.2: We will build high-quality leadership at all levels
2024 to 2025

Goal 2.3: We will develop our employees and attract quality people who share our values
2025 to 2027



Objective 2 continued: We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Goal 2.4: We will build an inclusive, anti-racist workplace
2023 to 2026

Goal 2.5: We will empower our employees to deliver quality and live our values
2023 to mid-2024

Objective 3: We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

Goal 3.1: We will fix the basics and support continuous improvement for support services
2023 to 2024

Goal 3.2: We will use data-driven decision-making to support quality
2025 to mid-2026

Goal 3.3: We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities
2025 to 2027

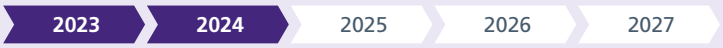
Objective 4: We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Goal 4.1: We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs
2023 to 2024

Goal 4.2: We will advocate for and support the standardisation of support services, care pathways and specialist services across the north west London acute collaborative
2025 to 2027

Goal 4.3: We will support our partners to deliver their neighbourhood and place-based health priorities
2023

Goal 4.4: We will explore and create mechanisms to communicate our quality of care to our local population
2024



Note: the timeline indicates the implementation period for the change until the actions become our business as usual.

Affordability

Affordability

Our strategy is based on an important assumption: that many service improvements can and will be achieved by making better use of the resources we already have. This reflects our diagnosis where we expected no major increase in our resources and benchmarking insights that found opportunities to improve our productivity when comparing our performance to other leading organisations.

Some new schemes will need to be funded through improvements in our productivity or justified through return on investment. The estimated revenue impact of these new cost items was less than half a percentage of our current expenditure. Financial modelling shows that these schemes can be afforded if we improve our benchmark productivity level (cost per weighted activity unit) from the lower third quartile up to the median. The most significant capital investment is a new, dedicated critical care unit at Northwick Park Hospital. We will work with our partners to justify external investment funding because of the benefits this capacity will support within our hospital and across the north west London integrated care system.

Changing our mindsets and our behaviours

We recognise that the success of our strategy depends on our people thinking and acting differently to always put **quality at our HEART**. This requires us to change our culture.

Firstly, we must foster understanding and belief in the changes set out in Our Way Forward. We have laid the foundations for this work in the significant engagement with patients, employees and partners that directly informed this strategy.

But more is required. We will develop and resource a launch plan for our strategy. This will include:

- pre-launch workshops for our senior leaders so they are empowered to share information with their teams about why these changes matter and how they will personally support them
- a launch phase with events inside and outside our organisation
- on-going commitments to continue conversations and momentum built during the development of Our Way Forward, including through forums such as our patient and carer participation panel, staff listening events, and events with partners within our communities.

We must take other actions to sustain culture change. We will amend reinforcing structures and incentives such as governance processes, reward and recognition systems and the indicators we analyse to encourage new behaviours. We must provide our employees with the skills to think and act differently. We must encourage and celebrate people to be active role models for change. These supporting actions have been incorporated across our goals and priorities.

How we will measure our progress

We have chosen twelve indicators to assess what progress we are making against our strategic priorities. Over the next five years, we want to be in the top quartile when compared to our peers, becoming a demonstrably high-quality organisation.

Currently, the Care Quality Commission rates us as requires improvement. In five years, we will be on a path to outstanding, with all our services achieving at least good. Providing consistently high-quality care is central to putting our vision of **quality at our HEART** into action.

In the meantime, year-on-year improvements in our twelve indicators will indicate that we are successfully putting our strategy into action.

Where indicators do not currently exist or do not meet our requirements, such as quality-of-care equity measurements, we will need to design a way to capture them. We will do this because we want to measure what matters most, rather than only what is available today.

We will:

- publish annual targets for these indicators
- assess our performance against these targets each year and maintain a trajectory towards top quartile performance, while simultaneously considering our changing environment and challenges
- introduce a regular employee survey to gather feedback from our employees, supplementing the annual staff survey
- introduce a regular partner survey to measure our progress in building trusted ways of working
- develop an index to track progress in improving the equity of our services across multiple communities.

Provide high-quality, timely, and equitable care in a sustainable way

Area	We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Safe	Staff who would recommend our services to friends or family	58.8%	74.2%	NHS Staff Survey (2021)
Patient-centric	Patients who would recommend our services to friends or family	91.9%	92.7%	Weighted average Friends and Family Test (September 2022)[1]
Timeley	Constitutional standard: RTT > 18 weeks	62.5%	≥92%	Integrated performance report (November 2022)
	Constitutional standard: Diagnostics	97.2%	≥93%	
	Constitutional standard: Cancer (first)	64.3%	≥85%	
	Constitutional standard: A&E (four hour wait)	66.5%	≥95%	
Sustainable	Our clinical efficiency relative to other acute trusts	£3,656	£3,470[2]	Model Hospital (2022)
Effective	Summary hospital-level mortality indicator (SHMI)[3]	0.7931	0.7931	London SHMI (July 2021 to June 2022)
Equitable	Variation in quality between patient groups	TBC[4]	N/a	TBC

Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Staff who would recommend LNWH as a place to work	55.5%	64.7%	NHS Staff Survey (2021)
Average staff vacancies that we have	11.3%	N/a	Staff record (September 2022)
How long our employees work for LNWH (median)	4.3 years	N/a	
NHS Staff Survey score for diversity and equality	7.6 out of 10	8.3 out of 10	NHS Staff Survey (2021)

Base our care on high-quality, responsive, and seamless non-clinical administrative services

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Employees who would recommend our non-clinical and supporting services to other colleagues	TBC[4]	N/a	New support service feedback survey

Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Partners who would recommend working with LNWH to other partners	TBC[4]	N/a	New partner interaction feedback survey

1: Made by aggregating Friends and Family result and weighting the average score across A&E, inpatient, and outpatients against eligable number of patients
2: Median value is presented. As we sit in lower quartile (Q3), median (Q2) is an appropriate target for this measure. Top quartile (Q1) is £3,293.
3: We would not expect significant improvements in our SHMI value, as it's already one of the best in the country.
4: KPI does not currently exist in our Trust, so we will need a way to capture this

Risks

Our environment is highly uncertain and changing fast. This inevitably leads to risks, which for this strategy fall within one of two categories:

- Risks associated with the plan itself
- Risks outside our organisation that could affect the plan.

We have identified the most critical risks and planned actions to mitigate them.

We lose strategic focus because there is either too much to deliver or issues occur in critical projects like Cerner

Impact

- Strategic tasks are delivered late or not delivered at all
- We do not overcome the key challenges or obstacles identified in the diagnosis phase

Actions

- We have designed all the actions to reinforce the central vision
- We have staggered our main concentration of effort over time so that we are not trying to balance too many areas at once
- We have minimised actions around the Cerner go-live date
- We have defined a governance framework to track and adjust the delivery of the strategy

We do not have enough money to deliver on the ambitious investments in this strategy

Impact

- Supporting systems and processes continue to burden our employees
- Estates do not consistently meet the needs of our employees and patients
- Loosely integrated digital systems reduce our ability to make data-informed decisions
- Unable to promote productivity, risking our financial sustainability

Actions

- Plan to pool resources and procurement power with the NWL acute collaborative
- Seek agreement across the NWL acute collaborative on collective investments that most benefit our patients, communities and employees
- Build a continuous culture improvement first, so we can improve what we already have with limited capital spend

Limited buy-in to the strategy from our employees hinders delivery of the strategy

Impact

- Limited resource reallocation or behaviour change towards strategic priorities
- Employees do not take initiative along strategic priorities

Actions

- Strategy has been built through extensive engagement with our employees
- Create a strategy engagement plan and adequately resource governance to drive alignment and progress

A challenging political and economic environment makes it more difficult to fund improvements and creates additional demand on our services

Impact

- Static government expenditure on health may make it more difficult to obtain funding for investments
- Economic issues may increase inequity locally, increasing year-round pressures on the Trust
- Inflation increases cost pressures in the Trust, so we may see expenditure rise and staff turnover increase

Actions

- Plan to pool resources with the acute collaborative so bids for funding are more attractive
- LNWH pays well for the area, so focusing on recruiting staff from our local communities
- Quality offer attracts staff to work for the Trust
- Core strategic aim is to improve efficiency, which might help offset additional demands on our services and inflation cost pressures

Climate change and environmental issues increase demands on our services

Impact

- Increased respiratory and cardiovascular disease related to air pollution, increasing year-round pressures on the Trust
- Inequity increases in our local population as people living in deprived areas are more likely to experience adverse effects of climate change

Actions

- One of our strategic options is to deliver the top priorities in the LNWH Green Plan, which include adapting to climate change
- Core strategic aim is to improve efficiency, which might help offset some of the additional demands on our services

Conclusion

Our Way Forward sets out a clear vision: to set **quality at the heart** of every decision and action we take for the next five years.

We cannot do this alone.

From our employees to our partners and our communities, our vision will stand only if we work together in accordance with our values. We have made extraordinary progress, with the Covid-19 pandemic necessitating an unprecedented amount of collaboration.

Our success with research during the pandemic has highlighted the enormous benefits of working closely with such a diverse local population: we must harness this inspiring opportunity in the future.

The co-creation of this strategy itself is a sign of how far we have come, and we express our enormous gratitude to the thousands of people who were involved in its design. It is now our task to put it into action with as much collaboration as went into its development.

If our vision requires us to work together, our objectives show us how. They articulate the actions and priorities that will set us on a path to excellence in the years to come. We do not dismiss our challenges; in fact, they have informed large sections of this strategy. But we are committed to tackling them head on, with a clear, communicable plan of action that moves us onward – whether that is through a strong focus on education, harnessing our research capability with our local communities, or by instilling digital confidence among our people.

Through doing so, we are committed to becoming an exemplar both as a provider of healthcare and as an employer.

We hope that you will join us on our way forward, as we truly seek to put **quality at our HEART**.

Appendix I:
Our north west London partners

Many organisations deliver health and social care, including general practice, opticians, councils, hospitals, and charities.

To deliver joined-up support and care, we need to work and collaborate in partnership with these organisations. When we say partners, we're referring to all these organisations. We can access many of our partners all at once through several network organisations:

Geographical Level	Network Organisation Type	Local Network Organisations	Participating Organisations
System **Usually covers a population of 1-2 million**	**Integrated Care System**	NWL Integrated Care System	▸ Integrated Care Board ▸ Local Authorities ▸ Healthwatch ▸ Other Partners
	Provider Collaboratives	NWL Acute Collaboration	▸ London North West University Healthcare Trust (LNWH) ▸ Chelsea & Westminster NHS Foundation Trust (ChelWest) ▸ Imperial College Healthcare NHS Trust (Imperial) ▸ The Hillingdon Hospitals NHS Foundation Trust (THHT)
Place **Usually covers a population of 250k – 500k**	Borough Based Partnerships (BBP)	Brent BBP	▸ Local Authorities ▸ Healthwatch ▸ Local Acute Providers ▸ Voluntary Sector ▸ Local Community Care Providers
		Ealing BBP	
		Harrow BBP	
	Integrated Neighbourhood Teams (INT)	Brent INT	▸ Primary Care Network Teams ▸ Social Care and Local Authority Teams ▸ Mental Health Teams ▸ Community Teams
		Ealing INT	
		Harrow INT	
Neighbourhood **Usually covers a population of 30k to 50k**	Primary Care Networks	Numerous	▸ General Practice ▸ Community pharmacy ▸ Dentistry ▸ Opticians

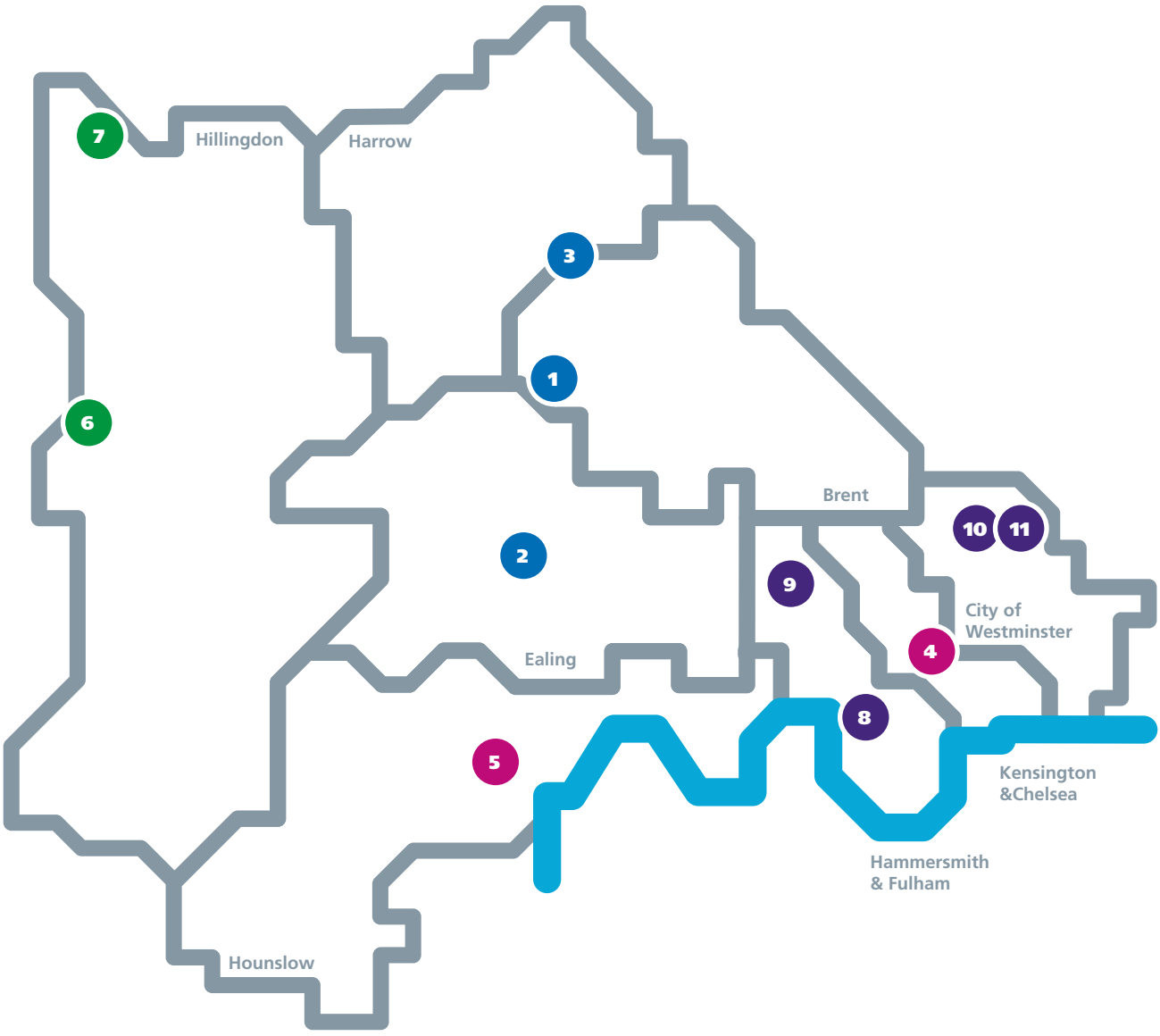
Appendix II:
Our acute collaborative partners

LNWH
1. Central Middlesex Hospital
2. Ealing Hospital
3. Northwick Park Hospital

ChelWest
4. Chelsea and Westminster Hospital
5. West Middlesex Hospital

THHT
6. Hillingdon Hospital
7. Mount Vernon Hospital

Imperial
8. Charing Cross Hospital
9. Hammersmith Hospital and Queen Charlotte's Hospital
10. St. Mary's Hospital
11. Western Eye Hospital



Appendix III:
Co-creation and engagement

Our strategy was developed during the summer and autumn of 2022.

We undertook extensive engagement with our employees and our communities, as well as considerable research and analysis.

A best-practice approach

Following best practice, we followed a three-phase approach to develop our strategy:

- **Diagnose:** identify the critical challenges facing our organisation and the strengths we could build upon
- **Focused response:** design an approach that best overcomes the challenges highlighted in the diagnosis
- **Action plan:** define the objectives and actions to achieve our focused response.

Governance

We established a steering group to support the delivery of the project through deliberation, decision-making, support, and action.

Our Deputy Chief Executive Officer chaired the steering group, made up of a diverse set of stakeholders, including:

- Operational, clinical, and corporate leaders and staff representatives
- Leaders from the North West London Integrated Care Board and our integrated borough partnerships
- Members of our local communities.

Co-designed through extensive engagement

This strategy has been co-developed through extensive engagement throughout the spring and summer of 2022 with our employees, partner organisations, and members of the community (see **Researching Our Way Forward: our audiences and channels, page 72**).

Our community

We received 781 responses to our community survey, which asked about the care preferences of our residents and their perceptions of LNWH.

The survey was shared using social media, supermarket visits, radio, and posters in hospital waiting rooms and local GP practices.

It was available in seven languages: English, Polish, Romanian, Gujrati, Punjabi, Somali and Arabic.

As part of the survey, we collected demographic information, such as ethnicity, age, and postcode district, to investigate how the results varied between population groups.

We also gathered feedback from 85 people during several community events

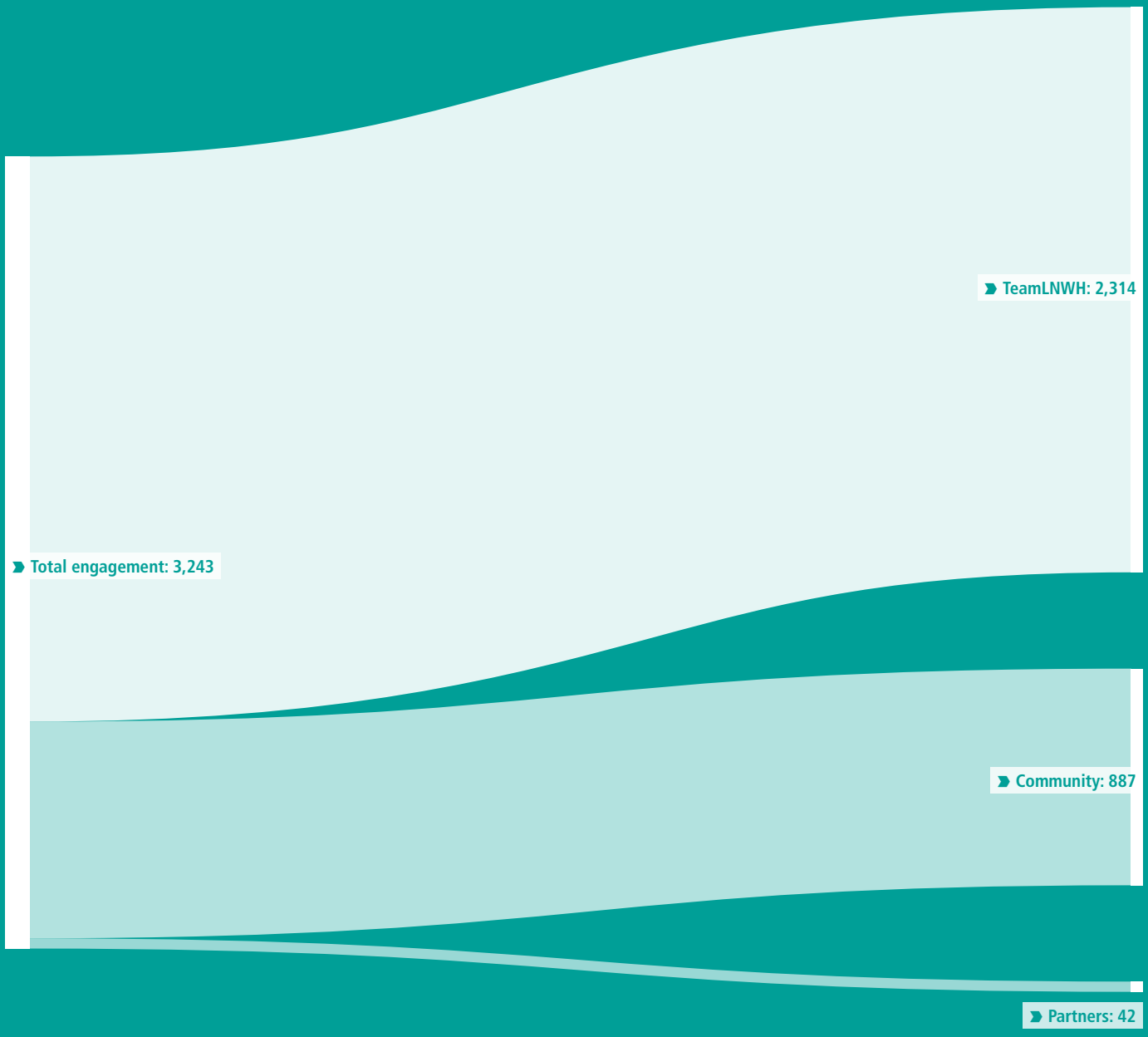
Our employees

We heard from 2,314 employees, or more than 28% of our staff.

This involved using a combination of one-to-one interviews, surveys, on-the-ground engagement, and online workshops.

We collected demographic and job role information to investigate how the results varied by staff group.

Researching Our Way Forward: our audiences and channels




Case for change: 1,565
Choices for the future: 653
TeamLNWH forum attendees: 64
TeamLNWH interviews: 32
Community surveys: 781
Community event attendees: 85
Community stakeholder forum attendees: 21
Partner stakeholder forum attendees: 31
Partner interviews: 11

Our partners
We directly interviewed eleven senior leaders from our partner organisations, with 31 others offering input through our stakeholder forums.

All stakeholders
We held stakeholder forums in community centres in Ealing, Brent, and Harrow.

These forums saw attendance from members of the community, our employees, and our partners.

During each event, attendees explored information posted around a room and then broke into groups for discussion. Parallel events were hosted online to increase opportunities for participation.

Building the capability of our employees

One major aim of developing our strategy was to build capability. This extended beyond the immediate strategy project delivery team to people across LNWH.

The project team
After an open application process, we seconded four employees from across LNWH to form a dedicated strategy project team. During this time, the team received extensive on-the-job training and formal teaching.

The leadership team
We internally recruited a medical lead, a nursing lead, an allied health professional (AHP) lead, and a transformation lead to help direct and support the project team.

The wider Trust
Four guest speakers with extensive experience in public and private sector leadership came to speak employees across the organisation about what makes good strategy. In total, 354 employees attended these sessions.

Honesty
Equity
Accountability
Respect
Teamwork

Quality at our HEART

Scan to find out more about Our Way Forward
or visit lnwh.nhs.uk/OurWayForward
Join us on social media at linktr.ee/lnwh_nhs
Published February 2023

NHS
London North West University Healthcare
NHS Trust

Our Way Forward

Strategy 2023 to 2028

Health and Wellbeing Board
Supporting Slides

Honesty Equity Accountability Respect Teamwork

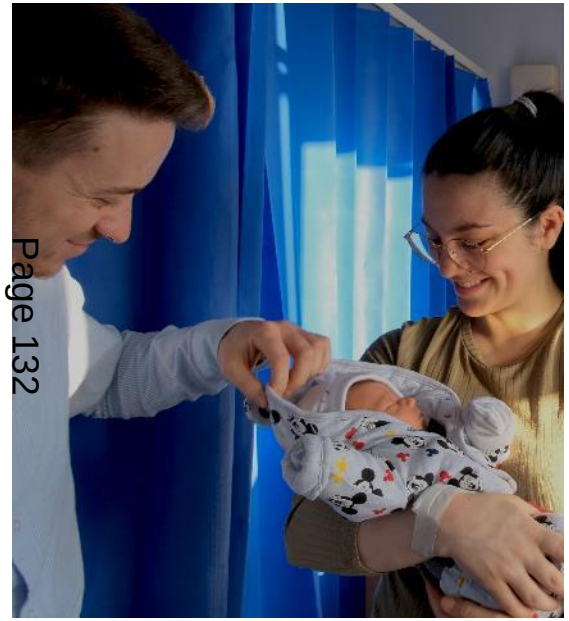
Quality at our HEART

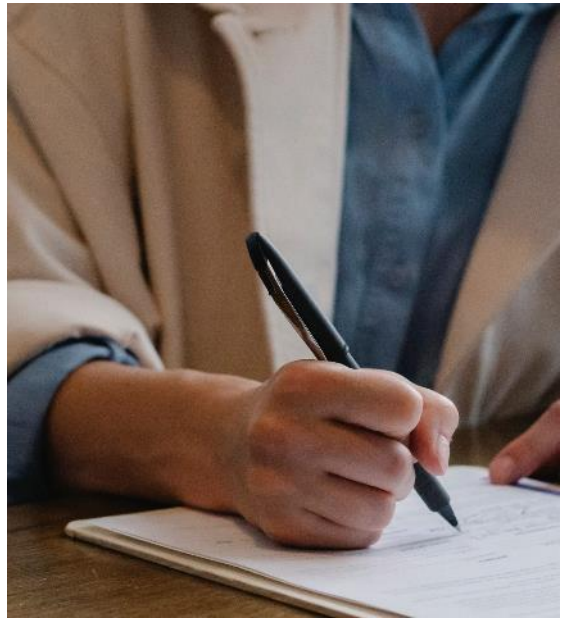
Introducing Our Way Forward

We will…

- put **quality at our HEART**
- maximise the opportunities offered by working more closely with our NHS and social care partners across north west London
- build on the strengths that helped us through the acute phase of the Covid-19 pandemic
- shape how we meet the challenges we face now and in the future.

Who we spoke to





3,243
total contributions

2,314
TeamLNWH

887
local people

42
partner representatives

Values, vision, and objectives

Our values

- **Honesty:** we're truthful, we're open, and we speak up
- **Equity:** we're kind and caring, we act with fairness, and we're understanding
- **Accountability:** we're professional, we strive for excellence, and we improve
- **Respect:** we're attentive and helpful, we're appreciative, and we act with empathy
- **Teamwork:** we involve others, we support our colleagues, and we set clear goals.

Our vision: quality at our HEART ♥

Quality…

Delivering quality means consistently meeting requirements and exceeding expectations.

…at our HEART

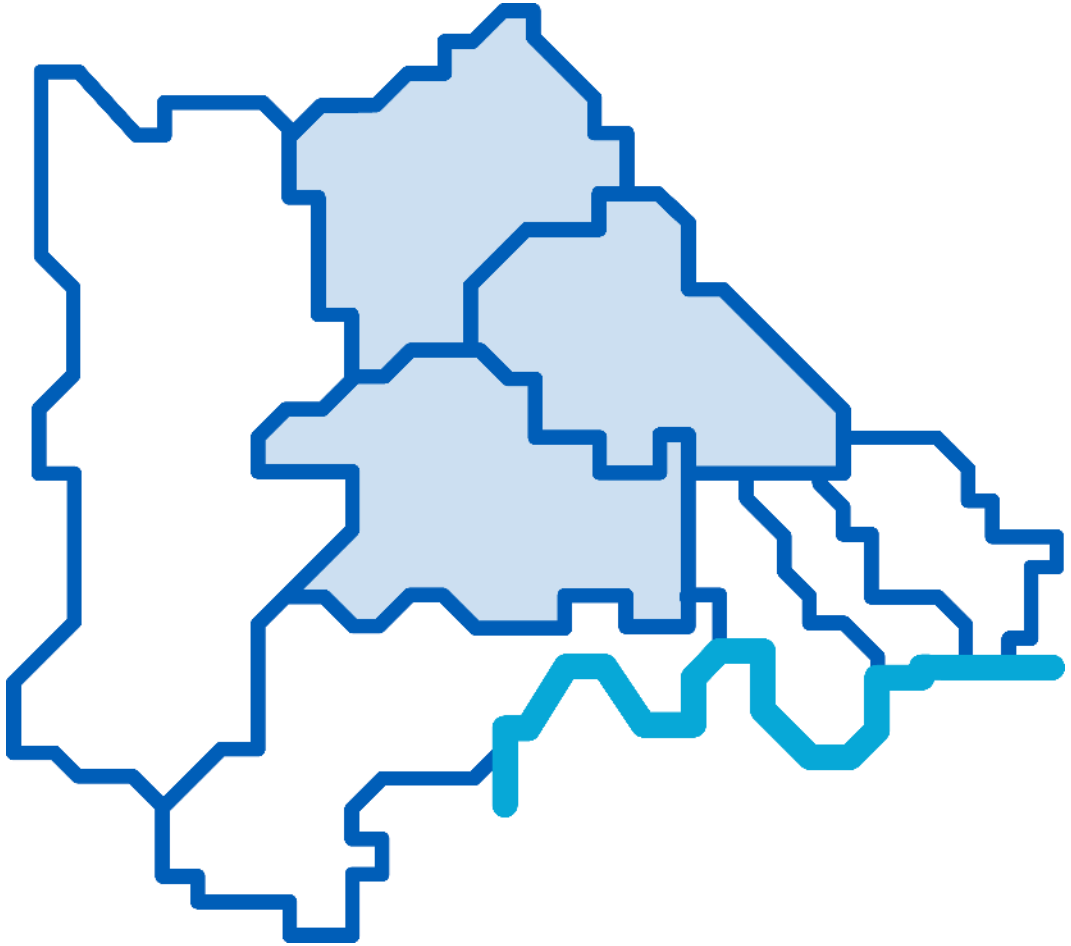
By placing quality at our heart, everything we do as an organisation should further our ability to deliver quality.

Our objectives

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Our partners

- Building effective and purposeful working relationships to improve the health of our communities is the right thing to do
- As an anchor institution and one of the largest local employers, we will share our expertise and create opportunities for our local population
- These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services



We will…

- …align our clinical pathways across north west London
- …work with our community and primary care to improve discharges
- …improve the quality of referrals
- …work with our mental health trusts to provide better support for patients with mental health needs
- play an active role in place-based and neighbourhood health and wellbeing initiatives

Our priorities for this year

- **Goal 4.1:** we will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

- **Goal 4.3:** we will support our partners to deliver their neighbourhood and place-based health priorities
- Read more about our goals at lnwh.nhs.uk/OurWayForward

Other changes to highlight

An expanded definition of quality

- **Improving quality is the core focus of Our Way Forward. We define quality through six attributes:**
  - **Safe, effective, and patient-centred** are taken from our previous definition
  - **Timely, sustainable,** and **equitable** are new.

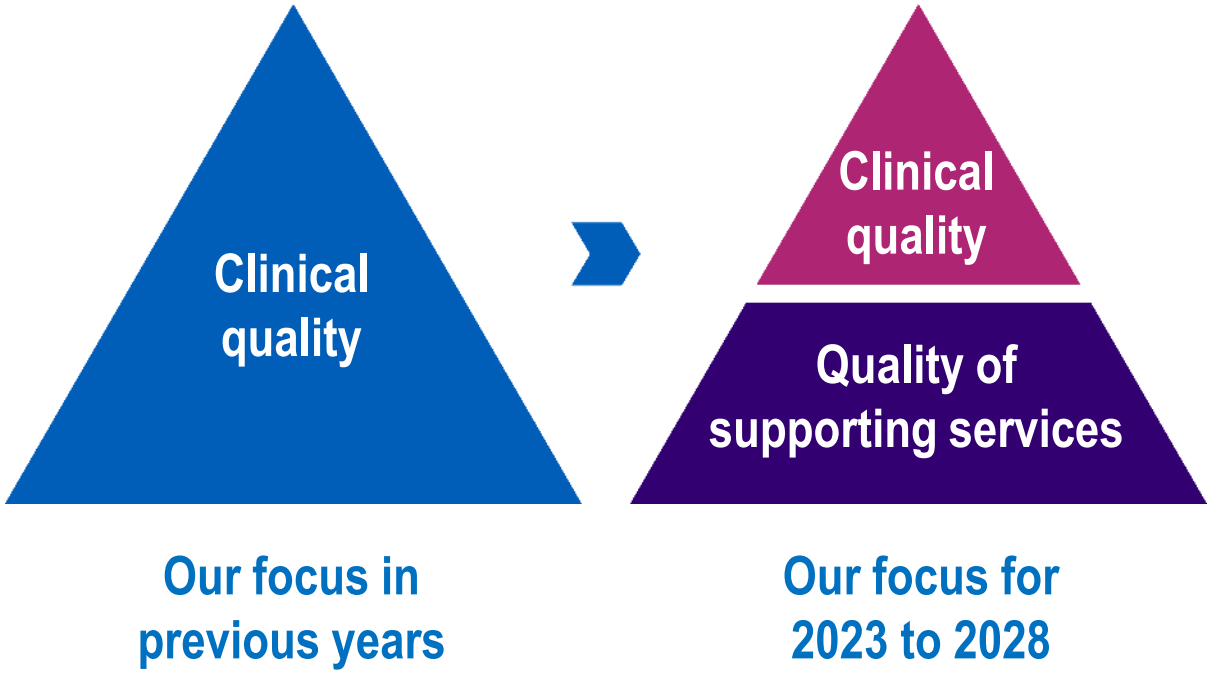
Our definition of high quality care

Building an inclusive, anti-racist workplace

- We’re proud that LNWH is such a diverse organisation. Almost 70% of our employees come from Black, Asian and multi-ethnic backgrounds
- Our cultural diversity offers us enormous potential to share deep connections with our communities and the patients we care for within those communities
- However, ethnicity is still a major factor in how our employees experience our organisation
- Setting out our goal to become an anti-racist organisation is an important commitment to both colleagues and patients

An increased focus on support and administrative services

- We are committed to improving the services and tools that support our employees to deliver high-quality care
- Our supporting services and systems will be highly responsive, proactive, user-centred, and efficient
- Our employees will make better decisions due to improvements in the availability and integration of data.



What Our Way Forward means for…

…our local people

- Our patients will receive high-quality care when they need it, no matter who they are and when they need us
- Our patients will have improved continuity of care, allowing them to go home sooner
- Our patients will be fully informed about their appointments, treatments, and procedures
- We will become a favoured and attractive local employer

…our employees

- They will be empowered to provide high-quality, timely and equitable care
- They'll have access to better digital systems (including our new electronic patient record)
- They'll have better data to work with, to make better decisions
- They'll have improved opportunities to grow your skills and careers
- They'll feel safe, included, and a sense of belonging at work

…our sites

CMH: focused on timely, efficient, and exceptional planned care experience

EH: better use of the site, including A&E, same day emergency care, operating theatres, and community diagnostic hub

NPH: major hub for emergency and critical care, cancer and specialist surgery

…our Trust

- We will become an anti-racist organisation
- We will improve our non-clinical services help us provide high-quality care
- We will build a culture of equity and quality
- We will work better with our local authorities, mental health, community, and primary care, and third sector partners to reduce the demand on our services
- We will share and align recourses across our acute collaborative

…our partners

- Improved clarity in our working relationships
- We will work with our partners to help patients access other kinds of support suitable for their needs when they come into contact with our services
- We will work more smoothly with colleagues in other acute trusts because of sharing one Cerner domain.
- We will work with local education providers and job centres to raise awareness of our apprenticeship opportunities
- More accurate public health information available for our partners

How will we know we are making progress?

Improving towards top-quartile performance and becoming an outstanding organisation

Our Priorities	Area	We will make year-on-year improvements in….	Baseline	Top Quartile/ Standard	Source
Provide high-quality, timely, and equitable care in a sustainable way	Safe	staff who would recommend our services to friends or family	58.8%	74.2%	NHS Staff Survey 2021
	Patient Centric	patients who would recommend our services to friends of family	91.9%	92.7%	Weighted Average Friends and Family Test (Sep '22)†
	Timely	Constitutional standard: RTT > 18 weeks	62.5%	≥92%	Integrated Performance Report (Nov 2022)
		Constitutional standard: Diagnostics	97.2%	≥93%	
		Constitutional standard: Cancer (first)	64.3%	≥85%	
		Constitutional standard: A&E four hour wait	66.5%	≥95%	
	Sustainable	our clinical efficiency relative to other acute trusts	£3,656	***£3,470	Model Hospital (20/21)
	Effective	summary hospital-level mortality indicator**	0.7931	0.7931	London SHMI (Jul 21 to Jun 22)
	Equitable	variation in quality between patient groups	TBC*	N/A	TBC*
Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers		staff who would recommend LNWH as a place to work	55.5%	64.7%	NHS Staff Survey 2021
		average staff vacancies that we have	11.3%	N/A	Staff Record (Sep '22)
		how long our employees on median work for LNWH	4.3 years	N/A	Staff Record (Sep '22)
		NHS survey score for diversity and equality	7.6/10.0	8.3/10.0	NHS Staff Survey 2021
Base our care on high-quality, responsive, and seamless non-clinical and administrative services		employees who would recommend our non-clinical and supporting services to other colleagues	TBC*	N/A	New Support Service Feedback Survey
Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities		partners who would recommend working with LNWH to other partners	TBC*	N/A	New Partner Interaction Feedback Survey

** KPI does not currently exist in the Trust, and so we will need to develop ways to capture this KPI*
*** We would not expect significant improvements in our SHMI value, as it is already one of the best in the country*
**** Median value is presented. As we sit in lower quartile (Q3), median (Q2) is deemed appropriate target for this measure. Top quartile (Q1) is £3,293*
† Made by aggregating friends and family result and weighting the average score across A&E, inpatient and outpatients against eligible number of patients

Seeking partner feedback

Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Partners who would recommend working with LNWH to other partners	TBC[4]	N/a	New partner interaction feedback survey

4: KPI does not currently exist in our Trust, so we will need a way to capture this

Join us on our way forward

Get involved on our way forward

- Read our strategy, watch and share our videos at **lnwh.nhs.uk/OurWayForward** and on social media
- Share Our Way Forward with your colleagues, friends, and family

Our Way Forward

Strategy 2023 to 2028

NHS

London North West University Healthcare NHS Trust

Honesty Equity Accountability Respect Teamwork

Quality at our HEART

Brent NHS North West London	**Health and Wellbeing Board** 29 March 2023
	Report from Tom Shakespeare, Brent ICP Director

Brent ICP Strategic System Asks of the ICB

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Tom Shakespeare Integrated Care Partnership Director Tom.Shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 This report provides a brief overview of the current joint working between Brent ICP partners and NW London Integrated Care Board, and to seek comment on the strategic priorities for strengthening joint working.

2.0 Recommendations

2.1 The Health and Wellbeing Board are asked to comment on the proposed strategic system asks and areas for improved joint working.

3.0 Detail

3.1 Summary of current joint working between Brent ICP and NWL ICB

3.1.1 Following the formal establishment of the NW London Integrated Care Board in 2022, Brent has maintained good relationships with and strong representation at an ICB level, including at NW London Boards and formal governance meetings at both political and officer level and across the council and NHS.

3.1.2 Brent has contributed to a number of strategic consultations in collaboration with other Boroughs and the ICB. For example:

- The NWL Place/Borough response to the Hewitt Review
- The Contribution to the NWL ICS/ICB strategy through informal discussions and through direct engagement at ICP Strategy Forums

3.1.3 In addition to formal interactions, good working relationships have been developed at both strategic and operational levels. This can be evidenced by:

- Attendance of Rob Hurd (ICB CEO) and other Senior ICB Execs at Brent ICP offices and Management meetings, and regular 1:1s
- Attendance of the Chief Finance Officer at ICP Directors meetings
- In principle commitment towards levelling up funding where Brent has been significantly underfunded for its population, with real confirmed commitment to increased funding in primary care and verbal commitment to mental health in 2023/4
- Joint development of business cases, informed by Brent needs
- Development and joint participation in joint operational groups to share learning and good practice between Boroughs

3.2 Key areas for enhanced joint working

3.2.1 Whilst the majority of contract management and commissioning responsibility has moved to the NW London ICB on the health side, there remains significant responsibility at Borough level to deliver improved outcomes using the over £1bn of health and social care spend in the Borough.

3.2.2 Good progress has been made at Borough level on the deliver against our four priority delivery areas: addressing health inequalities, strengthening primary care, improving mental health and wellbeing and strengthening community services. Detailed reports on these priority areas will continue to be reported separately to the Health and Wellbeing Board.

3.2.3 Whilst at Brent level there are strong relationships and good support from the ICB in a number of areas, there remain a number of opportunities to improve joint working that respond to the key challenges facing Brent. For example:

a) **Action on workforce** – Brent faces significant challenges with recruitment and retention of key parts of its workforce, which is exacerbated by inequity of salary in NHS workers between inner and outer London (5% differential). As part of the agreement of its workforce priorities, Brent ICP has led the development of a cross-provider group to develop a proposal for a ‘recruitment and retention premium’ for Occupational Therapists and then subsequently health visitors and mental health practitioners. This has the support of the ICB Director of People, but is likely to face significant challenge from across the system in securing support and commitment. Given the pan Borough implications of any changes in this area, this is proposed.

b) **Levelling up funding** – Whilst there has been some clear commitment to begin the levelling up in some areas (e.g. primary care), the levelling up process does not appear to be systematic in approach nor reflective of the full needs of our populations. Furthermore, there is currently an opacity in the current funding levels in each Borough. Brent ICP is therefore undertaking its own thorough review of current funding in the Borough, opportunities for efficiencies as well as costed gaps in provision. This should stand Brent in a good position to respond to any asks from the ICB

as well as to make a strong case for our population. However, the shortfall of funding for mental health services in the Borough is a significant pressing risk for our population, and as such we have raised this to the ICB Chief Executive in advance.

c) **Action on health inequalities** – Health inequalities and population health are one of the top priorities for the ICB, as it is in Brent, and access to Brent's share of the £7m national health inequalities allocation is well received. However, there remains an ask to ensure that NHS partners are systematically first identifying and then addressing inequalities. Brent ICP is seeking to do this by ethnicity, deprivation and disability – within the latter looking at LD and SMI would seem a reasonable first step. We would like to see an improvement in how we monitor and track improvements in health equity by looking at all performance indicators through an ethnicity and deprivation lens. We believe that this will drive a more nuanced discussion about how services are designed and delivered, as well as delivering long term improvements in trust with our communities and longer-term improvements in health outcomes.

Report sign off:

Phil Porter
Corporate Director, Adult Social Care and Health

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