



## Health and Wellbeing Board

**Thursday 13 October 2022 at 6.30 pm\***

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

*\*Please note the updated start time*

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 webcast live 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 and Southwood

Councillors: Hirani and Mistry

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

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### **Notes for Members - Declarations of Interest:**

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

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

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

### **\*Disclosable Pecuniary Interests:**

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

### **\*\*Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
    - To which you are appointed by the council;
    - which exercises functions of a public nature;
    - which is directed is to charitable purposes;
    - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
  - (b) The interests of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;
- or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.

# Agenda

Introductions, if appropriate.

Item	Page
<b>1 Apologies for absence and clarification of alternate members</b>	
For Members of the Board to note any apologies for absence.	
<b>2 Declarations of Interest</b>	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
<b>3 Minutes of the previous meeting</b>	1 - 10
To approve as a correct record, the attached minutes of the previous meeting held on 28 July 2022.	
<b>4 Matters arising (if any)</b>	
To consider any matters arising from the minutes of the previous meeting.	
<b>5 Brent Children's Trust Update</b>	11 - 20
To provide the Health and Wellbeing Board with an update of the Brent Children's Trust (BCT) work programme, covering the period April 2022 to October 2022.	
<b>6 Joint Health and Wellbeing Strategy Thematic Update - Healthy Places</b>	21 - 26
To update the Health and Wellbeing Board on one of the five key themes of the Joint Health and Wellbeing Strategy – Healthy Places.	
<b>7 Community Services work stream update - integrated neighbourhood team development</b>	27 - 40
To provide an update on the community services – integrated neighbourhood team development work stream as one of the Integrated Care Partnership's (ICP) key work streams.	

**8 Winter Planning** 41 - 48

To provide the Health and Wellbeing Board with an update on winter planning.

**9 Better Care Fund** 49 - 50

For the Health and Wellbeing Board to ratify the Better Care Fund 2022-23.

**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.

**Date of the next meeting: Thursday 12 January 2023**

- Please remember to turn your mobile phone to silent during the meeting.
- The meeting room is accessible by lift and a limited number of seats will be made available for members of the public on a first come first served basis. Alternatively it will be possible to follow proceedings via the live webcast [here](#).

**MINUTES OF THE HEALTH AND WELLBEING BOARD**  
**Held as a hybrid meeting on Thursday 28 July 2022 at 6.00 pm**

**Members in attendance:** Councillor Nerva (Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council), Jonathan Turner (Borough Lead Director – Brent, NWL ICS), Jo Kay (HealthWatch Brent), Carolyn Downs (Chief Executive, Brent Council – non-voting), Phil Porter (Strategic Director Community Wellbeing, Brent Council – non-voting), Gaily Tolley (Strategic Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Basu Lamichhane (in remote attendance) (Brent Nursing and Residential Care Sector – non-voting), Trish Winn (in remote attendance) (on behalf of Simon Crawford).

**In attendance:** Tom Shakespeare (Integrated Care Partnership Director), Meenara Islam (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Governance Officer, Brent Council) (in remote attendance), Natalie Connor (Governance Officer, Brent Council), Jackie Allain (Deputy Director of Operations, CLCH) (in remote attendance), Fana Hussain (Assistant Director Primary Care, NWL ICS)

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

Apologies for absence were received from the following:

- Robyn Doran (Director of Transformation and Brent ICP Director)
- Dr Mohammad Haidar (Vice Chair)
- Simon Crawford (Deputy Chief Executive, LNWUHT), substituted by Trish Winn
- Dr Ketana Halai (NWL ICS)
- Janet Lewis (Director of Operations, CLCH), substituted by Jackie Allain

**2. Declarations of Interest**

None declared.

**3. Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting, held on 16 March 2022, be approved as an accurate record of the meeting.

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

None.

**5. Healthwatch Update**

Jo Kay (HealthWatch Brent) introduced the report, which asked the Health and Wellbeing Board to note and recognise the key themes and achievements in the development of the HealthWatch service over the past year. In introducing the report, she advised the Board that she felt HealthWatch had been successful in laying the foundations of the service and had worked hard to raise its profile in Brent through engagement with various community

groups, including in deprived wards and with voluntary sector organisations. She highlighted that HealthWatch took community views and concerns into consideration and amplified those voices at various meetings to various partners and statutory bodies. In addition, HealthWatch had partnered on a few consultations and strategies through the year and communicated the need for improvements where services should be engaging with the public to either co-design services or be part of the consultation process. In her introduction, Jo Kay highlighted the following key points:

- Within the report, sample sizes were very small and HealthWatch were working hard to increase the number of people who were engaged through their engagement strategy. Although sample sizes were small, feedback helped HealthWatch ensure providers were assessing and addressing existing concerns.
- Local health and care services should be returning to pre-pandemic activity, but HealthWatch saw residual and potentially long term problems due to lack of funding and staff shortages.
- Paragraphs 3.7 and 3.8 of the report detailed the work HealthWatch were prioritising on access to GP services, which remained a top priority for Brent residents, particularly those who faced barriers to care such as those with disabilities. HealthWatch welcomed the investment put into primary care to address these issues, particularly the renewed focus on personalised care, however recognised that many patients were still unable to access their GP practice in a timely or efficient way.
- Over the coming months, HealthWatch hoped to see that primary care systems were understanding communities and addressing disparities in access. GPs were a vital first point of contact, so it was important general practice worked for everyone.
- HealthWatch were currently independently evaluating the alternate Saturday inequality clinics being held across Brent which were offering routine services such as health screenings, checks and immunisations. They had heard good feedback from patients regarding Saturday appointments and seen excellent approaches from certain GP practices to ensure they were meeting the individual needs of vulnerable and elderly patients. The evaluation report would be submitted to primary care in late August 2022 with the final outcomes.
- HealthWatch welcomed NHS England's focus on ensuring better dental support for people with complex problems and improvements in information for those trying to find an NHS dentist. They hoped the focus would improve the issues they heard about in Brent in relation to dentist access and information. As oral health was one of the priorities for children and young people's health, HealthWatch queried what was being done to address concerns around lack of dentists signing up new patients in Brent.
- In relation to Child and Adolescent Mental Health Services (CAMHS), HealthWatch fully supported the development of a mental health priority within the Integrated Care Partnership (ICP) and the solutions being put in place to improve access to CAMHS, which had seen a 53% reduction in the number of children waiting for assessments since March 2022. HealthWatch strongly recommended all providers worked with the voluntary and community sector to ensure the right intervention strategies were in place, and over the next year HealthWatch would focus on adult and children's mental health, particularly in the more deprived areas of Brent.

The Chair thanked Jo Kay for the introduction, and invited contributions from those present. The following issues were raised:

- The Chair reminded the Board that the work HealthWatch were doing on GP access followed on from the work undertaken by the Community and Wellbeing Scrutiny Committee GP Access Task Group in 2021. The Health and Wellbeing Board had received an update at the last meeting on how the NHS was implementing the recommendations from the task group, which had clear asks around improvement

for access to GP provision. Tom Shakespeare (Integrated Care Partnership (ICP) Director) had heard from the ICP and Borough Team about the challenges raised in both the Scrutiny report and the work HealthWatch had been doing, and there was an update on the agenda about the work being done to improve GP access. The Board were advised that this work would be improved if councillors could provide feedback about particular GPs that residents were having difficulties accessing.

- The Board queried how many GPs there were in Brent where the only way to book an appointment was via telephone, as there was the potential this excluded patients with hearing conditions. Fana Hussain (Assistant Director Primary Care, NWL ICS) advised that Brent was a digital innovator and the first borough to implement online access over 4 years ago. During the pandemic, due to the work already undertaken around digital services, Brent had transitioned very easily to the digital model and every practice in Brent had access to online services. Booking appointments did not have to be through the telephone as it could be done online, or through other providers including 111 who could directly book a patient into a GP appointment slot. All GPs in Brent were required to reserve a number of slots for patients booking through 111 and all practices had been funded and commissioned to provide an online platform. NWL was now moving to a new online system known as 'Patches', which was more patient friendly and less lengthy than the previous 'e-consult'. In response to whether these changes would be communicated to residents, Fana Hussain confirmed it was the intention to do that once it was embedded into practices and they were confident in the utilisation of that platform.
- The Board queried how HealthWatch agreed its work programme, as some of the work being done overlapped with work being done in the Council such as vaccination hesitancy and GP access. The Board highlighted the need for discussion with the Council and other partners prior to implementing a work programme in order to avoid duplication of work. Jo Kay confirmed that the work programme was set by the advisory group which was made up of public members, volunteers and the HealthWatch Chair, and the Contract Manager then signed that off. She advised that HealthWatch had worked alongside the scrutiny committee the previous year collecting feedback for the GP access task group, and going forward wanted to do 'enter and view' visits to particular GP practices.
- It was highlighted that some of the sample sizes in the report were as small as one person, and the Board felt that one person feeding back that a GP was poor could not be seen as a valid condemnation of services based on the opinion of one individual. Jo Kay took the feedback on board and agreed to consider how that type of data could be presented in the most meaningful way in the future.
- In response to whether HealthWatch held data on the number of GP practices in Brent and how many appointments were being offered face to face or online, Jo Kay advised that HealthWatch did not hold that type of data, but heard the themes of what patients experienced within their GP practices. Jonathan Turner (Borough Lead Director – Brent, NWL ICS) advised that he could share the information with HealthWatch for analysis.
- In relation to dentistry, members highlighted that they received many approaches from residents about dentistry. They queried what HealthWatch was doing nationally or across London to apply pressure on the government to improve dental services locally. Jo Kay advised that HealthWatch England had been campaigning for NHSE to improve access across the nation, and HealthWatch Brent was hearing across the 7 other HealthWatch services in NWL that there was a problem in NWL around access to NHS dentists. Some patients were travelling to other boroughs or outside of London to access dentists. HealthWatch Brent were speaking with HealthWatch England to ensure they continued to lobby NHSE to improve dental services.

- Dentistry for children and young people was also discussed, as HealthWatch was hearing from parents and carers that they could not register children at local dentists. Melanie Smith (Director of Public Health, Brent Council) advised that the public health team had been running outreach sessions, with the vaccination bus repurposed as an oral health bus, and working in conjunction with primary schools to address dental decay in children. She advised that there was enthusiasm amongst parents for addressing children's oral health as there was an awareness from past data of the issues with the number of children with dental decay and the very clear inequalities issues with that. Children were being offered fluoride varnishing through that initiative, but the long term benefit would be if they were able to see a dentist to receive those varnishes regularly. Public health were working on an evaluation of the work later during the year. Anecdotal feedback to date was that parents were finding it very difficult to get NHS appointments for children, and there were clear structural disincentives within national contracts for dentists, which was why lobbying nationally was useful. In the meantime, work was being done to get children's oral health recognised by the ICS as a priority in order to have a bigger influence on NHSE.

RESOLVED: To note the report.

## 6. **Mental Health Workstream Update (ICP Priority Area Update - Mental Health and Wellbeing)**

Phil Porter (Strategic Director Community Wellbeing, Brent Council) introduced the report which set out the progress being made on the Integrated Care Partnership's (ICP) mental health and wellbeing workstream, as one of the four ICP priority areas. He advised the Board that the workstream was split into 4 areas. The first area was around improved access to employment, which began with an outcome based review before the pandemic and focused on ensuring pathways into employment services were clear and easy to access. That part of the workstream also worked to support employers to become disability confident, which would help people access the skills and opportunities needed to get jobs and ensure employers were confident in supporting people in those roles. Mental health and housing formed the second area of the workstream, looking at those people struggling with housing need or who were already homeless and how they could be better supported and how tenancies could be sustained, working with Network Homes and Brent Housing Management. The third area was Children & Young People, including Specialist Child and Adolescent Mental Health Services (CAMHS), which was set up as a reaction to the issues in accessing CAMHS. A meeting of that particular subgroup had took place during that week, where the Director for Safeguarding, Partnerships and Strategy had been positive about having all providers in the room which gave a shared sense of the challenge for Brent. It was hoped the Council, ICP and other providers would continue to work together to reduce waiting lists and give a clear voice back to NWL about what the funding shortfall was. The final area was access to adult mental health services, including IAPT and improving access to health checks. All areas of the workstream were difficult to evidence impact, therefore the ICP were having to define and set up measurements for those, including the social determinants of health.

The Chair thanked Phil Porter for introducing the report and invited comments and questions, with the following issues raised:

- The Board queried whether the ICP were working with 'Project Search' as part of their cohort of stakeholders for this workstream, who set up supported internships and worked closely with the NHS. Phil Porter confirmed that Project Search were working with employers in Brent, and there was a long list of operational providers and community groups working with the ICP that had not been included in the report. A lot



of the work done on skills and employment was done jointly with the West London Alliance (WLA).

- The Board asked where the ICP hoped to be in six months' time with the CAMHS waiting lists. Gail Tolley (Strategic Director Children and Young People, Brent Council) confirmed that the ICP anticipated significant progress on that particular workstream. She highlighted that CAMHS was not a Council provision but a health provision, but there was significant strength in the additional provisions of support on offer. Gail Tolley highlighted that CAMHS was a very specialist service and there had, in the past, been some conflation of any mental health support with CAMHS. There had now been some success in moving people away from thinking a mental health issue must be referred to CAMHS, and towards looking to mental health support teams in schools and the additional emotional mental health and wellbeing support the Council could commission jointly with health, for example through the Anna Freud Centre. It was anticipated that there were people on the waiting list for mental health support who would not go on to the CAMHS list as their need would have been met through some other mental health support and specialist provision earlier. Phil Porter added that the aim was for the waiting list to be below 50 by the end of the month, although it was likely this target would be hit at the end of September 2022. He highlighted the details in the report on the 'waiting well' initiatives to support people while they were on the waiting list.
- In concluding the update on CAMHS, Phil Porter highlighted the underlying funding and resource issue felt in Brent. Gail Tolley, as the Chair of Brent Children's Trust (BCT), had written formally to NWL ICS on the issue and the ICP would continue to advocate for more funding for Brent, as Brent had less funding in this area than some other areas in NWL. Jonathan Turner (Borough Lead Director – Brent, NWL ICS) advised that, following the letter from Gail Tolley, Robyn Doran (ICP Director) had scheduled a joint meeting with himself and the Mental Health Lead for NWL to discuss, and there was ongoing dialogue with the Finance Team about levelling up Brent. The main challenge was trying to redistribute funding from one area to another, which was not an easy conversation, but this was being escalated and officers were advocating for resources for Brent. The Chair highlighted that the funding disparity had an impact not just on individuals but on the whole system and asked for the Board to endorse the actions being undertaken to ensure there was levelling up of mental health funding for Brent residents.

RESOLVED: to note the information provided in the paper.

## **7. Brent Placed Partnership (PPL) (Partnership Development Update)**

Tom Shakespeare (Integrated Care Partnership Director) introduced the report, providing an update on the Partnership Development work to date, including the key achievements and outcomes so far. The partnership development had been strengthened through an away day bringing together all relevant stakeholders, which reinforced the importance of relationships and joint working. He drew the Board's attention to the information in the report which detailed progress so far, priorities going forward, work done to date, and the next phase of partnership development. In particular, the Board's attention was drawn to the following key points:

- Significant progress had been made on the clinical leadership across the borough with PCN clinical directors in place and clinical leads across the 4 ICP areas.
- Work with Brent Health Matters (BHM) continued to expand with a large number of outreach events which had resulted in a material impact, particularly on diabetes and the number of health checks that had been happening in the community.

- Within community services, there had been good work with Central London Community Healthcare (CLCH), piloting a rehabilitation and reablement expansion to support people more intensively at home in partnership with Adult Social Care.
- There would be a focus on the development of neighbourhood teams going forward to support wraparound services in the community, and a post had been recruited to in order to take that forward with Primary Care Networks (PCNs).

RESOLVED: To approve the direction of travel of the Partnership Development work.

## 8. GP Access Update and Implementation

Fana Hussain (Assistant Director Primary Care, NWL ICS) introduced the report, highlighting the challenges in relation to GP access that the NHS were trying to address. She advised that, while the NHS were trying to manage and increase GP access to the population, the demand continued to increase. For example, there was a backlog within the acute trust, and the acute trust had been directing more activity into GP practices to support the management of those patients waiting for their operations. In some cases, there had been a 30% increase in demand for GP appointments since the pandemic. There had also been another wave of Covid-19 which had resulted in sick patients, and GPs were finding it difficult to recruit locums and salaried GPs due to the rate of pay increase. Brent also had difficulties with retaining staff due to being outside of the inner London weighting, which attracted more staff. NWL NHS were tracking the number of appointments being offered using a national system, which was available publicly for people to see the number of appointments being offered in each ICP area.

In order to address the challenges, additional inequalities clinics had been arranged on alternate Saturdays and GP practices and access hubs were opening during evenings and longer hours, attempting to see new and more patients and opening in new locations. Fana Hussain highlighted that there was innovation and ideas around improving access. NWL were committed to ensuring easy digital access for patients, making it easy for patients to complete online consultation, including for patients whose first language was not English. In the new system that had been commissioned, patients would be able to change to their language preference at the click of a button and in future would be able to enable speech to text. Patients using the new system had offered feedback that it was a lot more user friendly. With that digital innovation came a focus on digital poverty and work was ongoing there. From 1 October 2022, access hubs would transform into 'Enhanced Service Hubs' where they would provide a service particularly focused on seeing residents face to face, and residents would be able to obtain an appointment for urgent care on the day of demand, as well as pre-book appointments available 2 weeks in advance. To ensure those appointments were used for their intended purpose, patients would be triaged. NWL were creating an environment focused on cohesive partnership working.

In relation to children and young people, Fana Hussain advised that NWL NHS were conscious that the younger generation needed dedicated services, and there had been a focus on expanding the number of paediatric GPs from 2 to 4, dedicated to looking at pathways and supporting GPs to manage complex patients and improving care for younger patients.

Fana Hussain advised that it was important that patients understood how they could access appointments. This could be done online, via the NHS app, over the telephone, directly by providers or directly by 111. Community pharmacy schemes could also give on the day support, and there were 76 community pharmacists in Brent that she felt were an untapped resource. NWL NHS were working with the Local Pharmaceutical Committee (LPC) to ensure work there was taken forward.

In concluding the update, Fana Hussain advised that NWL NHS continued to look at standards across GP practices.

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

- The Board were advised that NWL NHS were very strong on ensuring any communication and engagement pieces adhered to the NHS Accessible Information Standard, and any communications were reviewed prior to publication to ensure they were in accessible format.
- In relation to digital access, the Board highlighted the work the Council were doing on digital inclusion. They queried whether there had been any joint work between health and the local authority on digital access. Fana Hussain agreed that the Council had been very proactive on that work, and the NHS had provided a small amount of funding to the team undertaking that work to promote the digital access programme and tap into those skills the team had in order to avoid any duplication.
- Going forward, patients would be able to see exactly what had been written about them in their patient notes, including test results and referral letters. In order to ensure this was effectively communicated with patients, the outreach team worked very closely with the Council's digital access team and Brent Health Matters to reach communities and faith leaders and organisations with influence. The Chair expressed the need to brief members on the new offer so that they could effectively communicate with residents.
- The Board noted that there were people in Brent who were not registered with a GP, and queried what was being done to ensure people were registered with their GP. Fana Hussain confirmed that NWL NHS did have a feel for unregistered patients through their contact with 111 and Urgent Treatment Centres where they claimed to be unregistered. If a patient gave a different name or date of birth then it may not be possible to identify that individual's medical record. There were support systems in place to encourage a patient to register and make it simple to register, including a contractual obligation for 111 to assist someone to register if requested. Feedback suggested that some residents found it difficult to register with a GP due to the barriers in place such as documentation required, and vice versa feedback from GPs raised concerns around safeguarding. For example, a methadone user may register at multiple practices with a slightly different spelling of their name to obtain certain medications and avoid being traced. Going forward, NWL NHS hoped to make it very easy for people to register, and where there were concerns then the GP may ask for additional official documents with correct spelling of a name. Melanie Smith (Director of Public Health, Brent Council) added that if GPs were experiencing difficulty with methadone users attempting to register with multiple practices then they could join the Shared Care Scheme which had ways to prevent that from happening.
- The Board queried whether the local authority could assist in data management and sharing issues. Fana Hussain advised that NWL NHS continued to liaise with the local authority around data. Tom Shakespeare (Integrated Care Partnership Director) added that this related to the work around population health, looking for additional capacity from the NHS team to look at the Wissick Tool which brought together certain data. The local authority could help that work by ensuring data was input into that system to enable the population health team to look at a more integrated approach to population health.
- In relation to the section in the report detailing the increase in demand from patients waiting for elective procedures and being referred back to their GPs, the Board queried whether there had been any improvement in that following the pandemic. Fana Hussain advised that the situation was a challenge and there was a constant focus on waiting lists in acute services and ways to reduce those. Pressures in the system continued

and it was anticipated that there would be a bad flu season with another covid wave during the winter. There was effort and energy being put in to reduce those waiting lists but the system had not yet fully recovered.

- In relation to patient choice, the Board were advised that the offer and direction from NHS England, which NWL NHS adhered to, was that patient choice was paramount and if a patient requested a face to face appointment they should be offered one. It was important that NWL NHS were given the names of practices who were not offering their services in line with the national guidance and regulations so that those practices could be supported to provide face to face services.
- Fana Hussain highlighted that the public had a part to play to enable the NHS to provide the care they needed by taking responsibility for their care where they could. For example, around 30% of calls to 111 over bank holidays and weekends were for repeat medication prescriptions that were urgently needed as they had ran out. She advised there were many avenues for medication requests such as asking the local pharmacy for a three day supply until the GP practice reopened, or asking the pharmacy to order repeat prescriptions. If patients requested their medication in a timely manner before running out then this would reduce pressure on the system.

**RESOLVED:**

- i) To note the contents of the action plan and challenges faced by the NHS, including the implications of the rising Covid cases.
- ii) To note that GP access remained a development area.
- iii) For the NWL NHS communications strategy to be presented at a future meeting.
- iv) For the NWL NHS to provide information to councillors in relation to the NHS app and new IT system arrangements for patients.

**9. Joint Health and Wellbeing Strategy - Thematic Update (Staying Healthy)**

Melanie Smith (Director of Public Health, Brent Council) explained that this report was being presented as one of the 5 key themes of the Joint Health and Wellbeing Strategy (JHWS) following its approval in March 2022. She hoped the Board would note the progress made against the commitments in the 2022-23 action plan and the breadth of that commitment in terms of key stakeholders such as the ICS, provider organisations, Adult Social Care, Children and Young People, and Public Health. She felt that the breadth of the commitment reflected the ambition the Health and Wellbeing Board had expressed in refreshing the JHWS.

In introducing the report, Melanie Smith advised that this was the first time the JHWS progress had been presented in this way and welcomed any feedback for future update presentations. In future, officers were working to quantify some of the achievements and impacts of this particular theme, and commit to having a more explicit focus on action to address health inequalities in order to demonstrate the difference the Strategy was having.

The Chair invited contributions from those present, with the following issues raised:

- In relation to paragraph 3.27, Gail Tolley (Strategic Director Children and Young People, Brent Council) advised that the meetings being referenced were professionals meetings, with learning from parents and carers through the parent and carers forum and parent and carer representation.

- The Board felt that the content of the report on 'staying healthy' was focused on staying healthy in a medical way, and noted there were much broader ways people stayed healthy including through social prescribing. Melanie Smith felt this was a fair assessment and when the update on the 'healthy lives' theme was brought to the Board she hoped that the attention to health in its wider sense was more evident.
- Board members requested further details be brought back to the Board on how the strategy would robustly address health inequalities.

RESOLVED: to note the Joint Health and Wellbeing Strategy (JHWS) thematic update.

#### 10. **Health and Wellbeing Board Refreshed Terms of Reference and Work Programme**

Councillor Nerva introduced the item to the Board, explaining that, since there was a new Council administration and new arrangements operating within the NHS, work had been undertaken to review the Terms of Reference (ToR) and membership. Phil Porter (Strategic Director Community Wellbeing, Brent Council) added that the ToR had been updated to take into account the changes in the Integrated Care System (ICS) to recognise their role in Health and Wellbeing. The final appendix within the report set out the indicative Forward Plan for the year, which would adapt throughout the year as needed.

In considering the report, the Chair requested that disability was added into point 6 of the ToR.

RESOLVED: To agree the Terms of Reference and Work Programme, subject to the minor amendment to the Terms of Reference.


#### 11. **Any other urgent business**

The Board noted that this would be Gail Tolley's final Health and Wellbeing Board meeting as the Strategic Director Children and Young People, and thanked her for her work with the Board.

The meeting was declared closed at 7:35 pm

COUNCILLOR NEIL NERVA  
Chair

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 <b>Brent</b>	<b>Health and Wellbeing Board</b> 13 October 2022
	<b>Report from the Chair of Brent Children's Trust</b>
<b>Brent Children's Trust update: April 2022 – October 2022</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	Appendix A – Governance Structure
<b>Background Papers:</b>	0
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Nigel Chapman Corporate Director Children and Young People <a href="mailto:Nigel.Chapman@brent.gov.uk">Nigel.Chapman@brent.gov.uk</a>  Wendy Marchese Strategic Partnerships Lead <a href="mailto:Wendy.Marchese@brent.gov.uk">Wendy.Marchese@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1. Brent Children's Trust (BCT) is a strategic body that encompasses a local partnership of all commissioners and key partners. The primary function of the BCT relates to commissioning, joint planning and collaborative working, in ensuring that resources are allocated and utilised to deliver the maximum benefits for children and young people.
- 1.2. The BCT has a strong relationship with the Brent Health and Wellbeing Board and the Safeguarding Children Partnership. It also has links with working groups charged with taking forward specific priorities at an operational level. These working groups are held to account by the Trust.
- 1.3. The Health and Wellbeing Board (HWB) maintains oversight of the BCT activity and as part of this governance arrangement, the BCT provides the HWB with an annual priorities report at the start of each municipal year plus one additional update report per year.

- 1.4. This paper provides an update of the BCT work programme covering the period April 2022 to October 2022.

## **2.0 Recommendation**

- 2.1. The Health and Wellbeing Board is asked to note the work of the Brent Children's Trust for the period April 2022 to September 2022.

## **3.0 Detail**

- 3.1. The BCT is currently chaired by Nigel Chapman, Corporate Director Children and Young People and meets every two months to review progress against the priority areas of focus and consider any emerging local and national issues.
- 3.2. The responsibilities of the BCT include:
- Develop a joint vision and strategy for improving outcomes for children, young people and their families in Brent.
  - Work in partnership with all key delivery agencies (public, private and voluntary) to ensure delivery of key priorities and associated aims, targets and inspection criteria.
  - Set a clear framework for strategic planning and commissioning promoting integration and collaborative working between all partners.
  - Monitor an agreed suite of performance information, including national and local, and quantitative and qualitative indicators in conjunction with other partnership boards.
  - Ensure that priorities are informed by the views of children, young people, their families and the Joint Strategic Needs Assessment (JSNA).
  - Develop initiatives between the council and health services partners to improve health and wellbeing for children, young people and their families focussing on tackling Brent's health inequalities.
  - Keep the workforce informed and involved, providing clear direction and identifying opportunities for joint training and development when appropriate.
  - Ensure that legislation relating to services for children and young people is implemented in the borough.
  - Ensure close links with the Health and Wellbeing Board, Safeguarding Children Partnership and other key partnerships as necessary.
  - Share good practice emerging from the work of the Trust.
  - Agree an annual work programme for the Trust.
- 3.3. The BCT oversees five partnership priority groups tasked with implementing specific priorities across the partnership.



Group	Chair
<b>Joint Commissioning Group (JCG)</b>	Director Safeguarding, Partnerships & Strategy, CYP Brent Council
<b>Inclusion Board</b>	Director, Integration and Improved Outcomes, CYP Brent Council
<b>Early Help and Prevention Group</b>	Director, Integration and Improved Outcomes, CYP Brent Council
<b>Looked After Children and Care Leavers Partnership Group</b>	Head of Looked After Children and Permanency, CYP Brent Council
<b>Mental Health and Wellbeing Partnership Group</b>	Head of Mental Health, Learning Disabilities, and Autism, NWL ICB, Brent

- 3.4. The BCT, JCG and priority groups have consistent attendance with representation from Brent Council and NWL Integrated Care Board, Brent. Other key stakeholders attend the JCG, which includes school head teachers.
- 3.5. In July 2022, the Terms of Reference of the BCT and JCG were reviewed and updated.
- 3.6. The BCT receives exception reports from the JCG and the other priority groups as part of a standing item at every meeting. A full update of activity from each of these groups is presented to the BCT on an annual basis.
- 3.7. The NWL Brent Integrated Care Partnership (ICP) Lead is a standing member of the BCT to enable strong links between the Trust and the Brent ICP and an update on the ICS implementation is discussed at every meeting with a focus on the implications for children and young people.
- 3.8. The diagram in Appendix A illustrates the governance structure in which the BCT currently sits.
- 3.9. The BCT met three times during the period covered within this report;
- 24 May 2022
  - 26 July 2022
  - 27 September 2022
- 3.10. During this period, there has been a change of Chair; Gail Tolley, Strategic Director, Children and Young People was the Chair of the BCT up until August 2022. Nigel Chapman took up the post as Corporate Director Children and Young People from 1 September 2022 and has now taken on the role as Chair of the BCT.
- 3.11. Since April 2022 the BCT has examined three main strategic themes:
- a) The development of a Children and Young People's Mental Health and Wellbeing Strategy
  - b) Children's Services Route Map towards 2030
  - c) Reflections on CYP and ICB joint service priorities

## **24 May 2022 - The development of a Children and Young People Mental Health and Wellbeing Strategy**

- 3.12. In May 2022, the BCT received an update on the development of the Brent Children and Young People Mental Health and Wellbeing Strategy. The strategy will aim to have a long-term vision of joint service development combining the Council's action plan with the ICP's Mental Health and Wellbeing Strategy.
- 3.13. The BCT recognised that a lot of work has already been undertaken across the partnership and further understanding and knowledge is needed about what work was already underway. It was therefore agreed the strategy should focus on bringing cohesion to existing work taking place across the partnership.

## **26 July 2022 - Children's Services Route Map towards 2030**

- 3.14. In July 2022, the BCT considered Brent's route map up to 2030 in relation to children and young people's services. The route map is based on the emerging changes to legislation and policy including:
- The Independent Review of Children's Social Care
  - Special Educational Needs and Disability (SEND) Green Paper - Right Support, Right place, Right time
  - Schools White Paper - Opportunity for All
- 3.15. The key areas of focus for Brent's route map include:
- high performing schools, SEND and social care system
  - strong partnership and collaborative working
  - forward looking and innovative thinking
  - unwavering shared focus on improving the life chances of Brent's children and young people

### **Independent Review of Children's Social Care**

- 3.16. The Government commissioned an independent review of social care, which is currently going through the Houses of Parliament. The Government planned to respond to the findings of the review at the end of 2022. The focus points within this review are:
- A revolution in family help
  - Multi-agency work including schools
  - A just and decisive child protection system
  - Unlocking the potential of family networks
  - Transforming Care
  - The care experience
  - Realising the potential of the workforce
  - A system that is relentlessly focused on children and families

- 3.17. The proposed implementation period for this plan will be a period of 5 years from 2023 to 2028 and it is expected that the Corporate Director of Children and Young People will be responsible for coordinating the implementation of this plan.

### **SEND Green Paper - Right Support, Right place, Right time**

- 3.18. The SEND Green Paper consultation is underway and the Government response is expected to be published by autumn 2022, with the accountabilities outlined in the Green Paper evolving into policy following the Government response.
- 3.19. This paper addresses disparities in resourcing and funding for some elements of health for children, with statutory national standards on how needs are identified, recorded and met.
- 3.20. The main changes set out in the paper include:
- A new single national SEND and Alternative Provision (AP) system across education, health and care
  - Statutory national standards on how needs are identified, recorded and met so decisions are taken based on a child's need rather than where they live, with minimal bureaucracy in accessing the right support
  - Excellent provision for early years to adulthood
  - High quality teaching and consistent expectations of support reducing the risk of misidentification and escalation of needs, with investment in specialist provision for those who require it
  - A reformed national vision for AP
  - Children and young people getting targeted support in mainstream or access to placements in AP
  - System roles, funding reform and accountability
  - Strengthened accountabilities and greater transparency, with clear roles and responsibilities for all partners
  - A well-designed delivery programme that stabilises the system in the immediate term and delivers culture change for an inclusive system in the longer term
- 3.21 The Council's Community and Wellbeing Scrutiny Committee discussed current SEND issues in Brent, including the Green Paper, at their meeting on September 22<sup>nd</sup> 2022.

### **Schools White Paper - Opportunity for All**

- 3.22. The Department for Education (DfE) Schools White Paper is set out across four chapters:
- Chapter 1: An excellent teacher for your child
  - Chapter 2: Delivering high standards of curriculum, behaviour and attendance
  - Chapter 3: Targeted support for every child who needs it
  - Chapter 4: A fairer and stronger school system
- 3.23. The BCT recognised that Brent is in the top 5 highest performing school systems in London, therefore Brent has a strong foundation on which to adapt this inclusive vision for schools.
- 3.24. The BCT highlighted that more work could be done at a North West London level to ensure that the wider system, including health partners, were aware of the effect that these changes would have.

### **27 September 2022 - Reflections on CYP & ICB joint service priorities**

3.25. In September 2022, the BCT reflected upon a working session was held on 9 September 2022 to identify the key transformational priorities that need to be taken forward. The agreed working priority list includes:

- Inequalities
  - Developing a holistic support offer through our family wellbeing centres, Brent Health Matters and Neighbourhood teams. Further scoping will be required but possible areas of focus include oral health, healthy weight, smoke free homes and healthy start to life.
  - Immunisations across the school age range including a focus on maternity and 0-5.
- Mental Health and Wellbeing
  - Implementing a THRIVE model for mental health and wellbeing
  - CAMHS service improvements
- Community
  - Implementing the neurodiversity pathway
  - Speech and language therapies transformation
  - Supporting children through the integrated neighbourhood model
- Primary Care
  - Implementing paediatric hubs
  - Asthma diagnosis and control improvement

3.26. The session also identified some emerging principles to guide the integration of ICP and Children's Trust Governance. This will be developed in to a proposal for future ways of working and governance model.

#### **Additional BCT work programme activity**

3.27. The BCT continues to have oversight on additional areas of focus including receiving regular updates on the work of the agreed priority groups.

#### **Supporting Families Programme**

3.28. The BCT maintains oversight on the local implementation of the Supporting Families (SF) programme (formerly known as the Troubled Families Programme (TFP), including progress, outcomes and future challenges.

3.29. The BCT was pleased to note that following a period of uncertainty about the future of the Troubled Families Programme, the Government announced a continuation of the programme as the Supporting Families Programme for the next three financial years.

3.30. Since the start of the programme, Brent has consistently achieved the Payment by Result (PbR) target. In March 2022, Brent achieved the target of 560 outcomes.

3.31. A new Supporting Families Outcome Framework has been published which seeks to reduce ambiguity of the criteria, a standardised template will be adopted to decrease the differing interpretation of the criteria. From a Brent perspective, it will become easier to identify issues and enable families to access additional support earlier.

- 3.32. The Supporting Families Champion and Lead worker training will be refreshed and re-launched by October and will reach all early help providers (schools, health, voluntary and community sector, advice and information agencies).
- 3.33. The BCT noted that some partner agencies, such as schools and health agencies had not been completing Early Help Assessments (EHA) to a consistent quality. A reduction in referrals has also been noticed, it was felt that this may be due to staff turnover. In response to this, the BCT agreed that additional training on completing EHAs should be offered to partner agencies to address this issue.

### **Supporting children with special needs and disabilities (SEND) in Brent**

- 3.34. There is a clear vision and set of ambitions of the Children's Trust outlined in the Brent SEND Strategy 2021-2025 that was co-produced with children, young people and their families alongside professionals from across the SEND system. The strategy was launched by the Brent Parent Carer Forum (BPCF), Brent Council and Brent CCG in October 2021.
- 3.35. The BCT continues to maintain oversight of the progress on delivery of the SEND Strategy (2021-2025).
- 3.36. In July 2022, the BCT considered the progress of the delivery of the strategy with a particular focus on the neurodiversity (ND) pathway and provided feedback on the approach being adopted to deliver the offer.
- 3.37. A key priority for the ISB for 2022/23 and a cross cutting theme of the SEND Strategy is for partners to undertake a system-wide review of the current ND pathway and the development of a new approach that clearly outlines how the Brent partnership will meet the children and young people's section of the All Age Autism strategy.
- 3.38. A neurodiversity pathway review was undertaken between January 2022 and June 2022. This was supported by the Council for Disabled Children and funded by DfE. The review was based on the following:
- 42% of all EHCPs have Autistic Spectrum Disorder (ASD) as the primary need
  - Approximately 500 children are on a waiting list for an ASD/ADHD assessment
  - There is currently no specific autism strategy in place
  - Feedback from parents regarding their lived experience
- 3.39. The outcome of the review was the development of a set of principles and a clear plan for integrated service configuration and the joint commissioning of provision. Four principles were identified to underpin the development of the pathway. These are:
- Communication is simple, honest and proactive
  - Children, young people and families' voices are at the heart of their care
  - There is good joint working between everyone involved
  - Children, young people and families can get the right support at the right time
- 3.40. This exercise also highlighted key gaps in provision and the opportunity for collaborative working and commissioning to fill those gaps.

- 3.41. The BCT are encouraged that consideration is being given to discuss the ND programme as a priority area for the ICP and joint funding opportunities with the ICB.
- 3.42. The BCT will continue to have oversight of the implementation of the strategy and will scrutinise the progress of the implementation plan on a regular basis.

#### **4.0 Financial Implications**

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

#### **5.0 Legal Implications**

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

#### **6.0 Equality Implications**

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

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

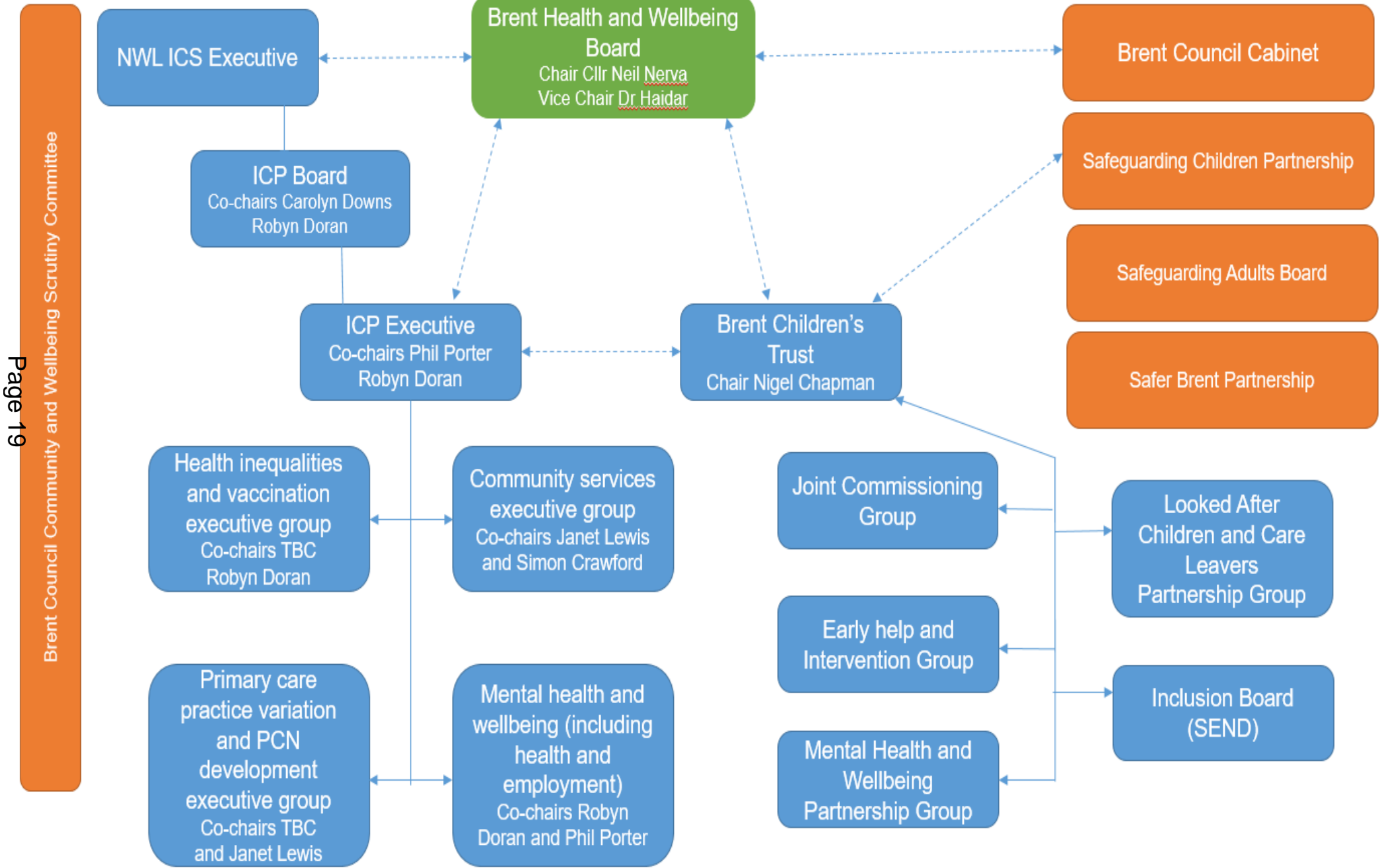
- 7.1 Brent Council and NWL ICB, Brent are members of the BCT, the work of the priority groups and has also contributed to this update report.

**Report sign off:**

***Nigel Chapman***


Corporate Director Children and Young People

Governance structure 2022/23



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	<b>Brent Health and Wellbeing Board</b> 13 October 2022
	<b>Report from Director of Public Health</b>
<b>Health and Wellbeing Strategy thematic update: Healthy Places</b>	

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

## 1.0 Purpose of the Report

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

## 2.0 Recommendations

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

## 3.0 Detail

- 3.1 The Health and Wellbeing Strategy was developed in partnership with our residents and was agreed by the board on 16 March 2022. The strategy has five main themes:
- Healthy Lives
  - Healthy Places
  - Staying Healthy
  - Understanding, Listening and Improving
  - Healthy Ways of Working
- 3.2 Regular updates will be provided to the board, focusing on one theme at a time. The focus for this paper is Healthy Places.
- 3.3 The overall outcome for Healthy Places is: *Near me there are safe, clean places where I, and people I care for, can go to relax, exercise for free, meet with like-minded people, and where we can grow our own food.*
- 3.4 There are seven commitments in the delivery plan under the Healthy Places theme, and an update for each commitment is contained below.

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

- 3.5 The council has partnered with Our Parks to deliver free physical activity in Brent communities to those less physically active. In 2022 to date, 288 Brent funded sessions were delivered, with 4059 attendances. Four hundred and seventy eight Brent Parkers took part. Ninety four percent (94%) were female, 63% came from an ethnically diverse background and 7% were classified as having a disability. Before signing up, 75% did fewer than 30 minutes of exercise. Five percent (5%) classified with having a mental health condition. In 2022,
- 3.6 Physical activity classes at Silver Jubilee Park and Ashford Place have been started with the goal of improving people's mental health and wellbeing. Since April of this year, 138 clients have been attending weekly sessions (Yoga, Ladies fitness, Stretch, Chair aerobics, Dance) with a roughly 50:50 split between males and females (Female 68; Male 70).
- 3.7 The volunteer led walks programme in the parks is particularly popular with Older Residents. Feedback from walkers includes "*They are retired and want to have good health, connecting with others and the social aspects of it all*" and "*Walkers are happier when they come out for a walk, fresh air combined with exercise gets the blood flowing and its healthy*".

We will increase usable green spaces in Brent

- 3.8 Public Health and the Parks Service worked in partnership with the community to put in two planters in One Tree Hill for the local community to use, with WACARA being the lead community organisation. The planters were installed

in March 2022 and about 15 residents have been busy growing tomatoes and sunflowers. Further community growing projects are planned in response to residents' identifying the benefits to them of participation in communal green activities.

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

- 3.9 The Environmental Improvement team have visited four Brent Playgrounds with parents and carers to understand their needs in more detail. A new playground for Roundwood Park is about to be finalised with more inclusive designs and options. A bid has been submitted to add a specific swing that is accessible for wheelchair users in King Edward VII, Wembley. The team is currently awaiting the results.

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

- 3.10 The Young Peoples' Advisory Board has been meeting regularly. The group has helped to develop a number of projects for the Brent Cultural Educational Partnership (BCEP) including logo design and branding and developing a project with Chalkhill Radio for young people, including Brent Youth Parliament, to talk about issues that are important to them. A BCEP newsletter is being disseminated to schools and partners organisations.

#### We will expand the use of our Family Wellbeing Centres

- 3.11 The pilot for CAMHS under five in Family Wellbeing Centres has commenced in the Willow Centre. The aims of the service are to provide a de-stigmatising, culturally sensitive child mental health perspective through training/consultation and partnership working, develop a high profile of Under 5's mental health across existing services, and offer specialist assessment and evidence-based treatment when indicated.

The model adopts an early intervention approach and offers diagnosis and intervention for a range of emotional/mental health needs in young children:

- SEND
- Domestic Abuse
- Parental Mental Health
- Perinatal Mental Health
- Early Intervention for significant attachment/relationship difficulties.

Working in Family Wellbeing Centres aligns with the CAMHS model for several reasons:

- Joint specialist assessment to offer Under 5's mental health perspective
- Specialist observation in children centres & nurseries

- Specialist state of mind assessment of child to inform network Clinical assessment.

There have been 17 referrals for the CAMHS under five offer with 16 consultations from professionals. The CAMHS team worked with 14 families directly.

- 3.12 The Council is working in Partnership to expand the service offer to young people registered with FWCs. This now includes 1:1 therapy to young people registered to FWCs and creative arts therapy delivered both in group settings and in 1:1 for young people aged 10 or above. In addition, over 12 different activities are provided to young people by VCS organisations including arts, video, cartoon, script writing, drama, girls' only sessions, and drama therapy. These activities link to Youth Strategy themes of "access and awareness", "opportunity" and "places & facilities".

#### We will strengthen our community hubs

- 3.13 The hub at the Civic Centre has been successfully established operating from Mon-Fri 10am-2pm alongside Customer Services colleagues and voluntary sector partners.
- 3.14 The number of Hub partners has now grown to over 50 and the team have developed strong links with Brent Health Matters and Family Wellbeing Centres.
- 3.15 Brent Hubs worked with AgeUK and deliver digital cafes in Kilburn, Harlesden and Wembley on a weekly basis for older residents of Brent. The support offer in the cafes included:
- Registering and using the Council Portal
  - Using the Housing Portal
  - Completing online forms
  - Using your phone or tablet
  - Booking Medical appointments
  - Setting up email addresses

#### We will build on the results of the Healthy Neighbourhood Trials

- 3.16 The Healthy Streets and Parking team have not been able to progress the Healthy Neighbourhood Trials at present due to lack of TfL funding for cycling and promotional activities but have discussed linking this to the Green Neighbourhood pilot areas. The team are awaiting on funding for cycle training which is important, as the target audience will be residents who are either new to cycling or have not cycled in several years. The potential to link cycle training to social prescribing "cycling on prescription" will be explored

- 3.17 The Health and Wellbeing Board determined that this Health and Wellbeing Strategy should focus not only on health and care services, as previous strategies had done, but should address the social determinants of health. The Healthy Places work stream illustrates this focus and demonstrates the partnership working across different Council teams, the NHS and the local third sector

#### **4.0 Financial Implications**

- 4.1 In terms of the JHWS development, there are resource implications for Brent Council, and NWL CCG, in terms of officer time and engagement work with the public. The latter is unlikely to be significant and can depend on getting support from partners in kind.
- 4.2 It is anticipated that any associated costs will be funded from the existing budgets.

#### **5.0 Legal Implications**

- 5.1 The duty in respect of Joint Health and Wellbeing Strategies (JHWSs) is set out in s116A of the Local Government and Public Involvement in Health Act 2007, as amended. In addition, the Health and Social Care Act 2012 places a duty on local authorities and Clinical Commissioning Groups (CCGs) to develop a Health and Wellbeing Strategy to take account of, and address the, challenges identified in the Joint Strategic Needs Assessment (JSNA). Pursuant to the Care Act 2014, the Council has a duty to ensure a clear framework is developed to meet its wellbeing and prevention obligations under the Care Act.
- 5.2 The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (Statutory Guidance) 2013 states “Health and Wellbeing boards will need to decide for themselves when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however, boards will need to assure themselves that their evidence-based priorities are up to date to inform the local commissioning plans”.
- 5.3 In preparing JHWSs and JSNAs, Health and Wellbeing Boards must have regard to the guidance issued by the Secretary of State, and as such, boards have to be able to justify departing from it.

#### **6.0 Equality Implications**

- 6.1 Health and Wellbeing Boards must also meet the Public Sector Equality Duty under the Equality Act 2010. S149 of the Equality Act 2019 provides that the Health and Wellbeing Board must, in the exercise of its functions, have due regard to the need to:
- a) Eliminate discrimination, harassment and victimisation
  - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- 6.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 6.3 The Statutory Guidance states *“this is not just about how the community is involved but includes consideration of the experiences and the needs of people with relevant protected equality characteristics (as well as considering other groups identified as vulnerable in JSNAs) and the effects decisions have, or are likely to have on their health and wellbeing”*.

**Report sign off:**

**Dr Melanie Smith**

Director of Public Health

	<b>Brent Health and Wellbeing Board</b> 13 October 2022
	<b>Report from Director of Integrated Care Partnership</b>
<b>Brent Integrated Neighbourhood Teams Development</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	n/a
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 - Brent Integrated Neighbourhood Team Development
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Josefa Baylon Head of Integration, Neighbourhood Team Development <a href="mailto:j.baylon@nhs.net">j.baylon@nhs.net</a>  Tom Shakespeare ICP Managing Director <a href="mailto:Tom.Shakespeare@brent.gov.uk">Tom.Shakespeare@brent.gov.uk</a>

## 1.0 Purpose of the Report

- 1.1 To update the Board on the progress of *integrated neighbourhood team development* in the Borough.

## 2.0 Recommendations

- 2.1 The Board is asked *to note* and *provide comment* upon the overall approach to the development of integrated neighbourhood teams in the Borough.
- 2.2 The Board is asked *to note* and *provide comment* on the progress of the 3 key enabling work streams supporting the overall development of our integrated neighbourhood teams: *Workforce and Organisation Development; Estates – development of Superhubs and ICT/Digitalisation.*

## 3.0 Detail

- 3.1 [Summary](#) - Following the recommendations from the Fuller Report (May 2022) on how Integration should look like, we took on-board the suggestions and have ran past our Primary Care Networks and wider partners on the areas of priority with in their neighbourhood/s. The Fuller Report iterated that the foundation of a strong service delivery and demonstrable outcomes are glued together by an *integrated neighbourhood team*. How this operates and what the model looks like needs immediate examination. We embarked at various listening-

engagement sessions, both with 200+ staff and residents with over 25+ teams and organisations to date – engagement is on-going.

The development of our integrated neighbourhood team/s is an opportunity in the next coming months to focus, engage and work jointly with partners to *discover, design, develop, implement, evaluate and sustain / spread* models of care and better ways of joint working for our population in the neighbourhood. These are enabled by 3 critical key functions for the neighbourhood teams to be effective:

- A. **Workforce and partnership working:** ensuring that we are developing the roles and skills that we need in our neighbourhoods, and supporting even greater collaboration and partnership working.
- B. **Estates:** developing 'super-hubs' within the neighbourhoods to deliver integrated services together in one physical space.
- C. **Digital:** ensuring that staff can access the information they need about a patient to deliver the best possible care, and to support effective communication between staff working for various organisations.

3.2 **Objectives / Aims / Purpose** - our aim is to have Integrated Neighbourhood Teams (INT) working collaboratively, strongly aligned and connected across partners, these are teams of MDT professionals, clinical, support staff and volunteers in the 5 neighbourhood areas by summer of 2023. More specifically, we wanted to:



a. **Improve the outcomes** for the neighbourhood including improved health and wellbeing, supporting people to live healthier, independent lives, and reduced inequalities in accessing services closer to home.

b. **Champion co-production and inclusiveness** throughout the neighbourhood as evidenced by better experience of staff and residents by the end of the programme.

c. **Support the delivery of the quadruple (Integrated Care System) aims**, cooperate with statutory bodies (i.e. Council and NHS) and actively contribute to the wider borough/place-based decision-making.

- d. **Draw on the experience and expertise of** professional, clinical, political and community leaders and promote strong system leadership amongst partners.
- e. Foster **continued improvement & learning** system, sharing evidence and insight across and beyond the neighbourhood, crossing organisational and professional boundaries.

Desired Outcomes of neighbourhood working:

- a. **Tailoring our support to local populations** and ensuring a continuity of care for our patients
- b. **Developing strong relationships and connections between staff**, creating true multi-disciplinary working
- c. **Delivering integrated models of care**, that are person centred and support a person's holistic needs in a way that is sustainable



3.3 **Activities / Deliverables to Date**



Task & Finish Groups / Workstream – these are our 3 key critical functions that will enable effective delivery of integrated neighbourhood teams, jointly working with partners at “superhubs”, digitally equipped.

Task & Finish Group 1	Workforce, OD and Leadership
What this group is about?	<ul style="list-style-type: none"> <li>Representatives from partners (PCNs, CNWL, CLCH, Brent ASC) in Brent who looks at workforce, leadership and organisation needs of the Borough, focusing at neighbourhoods of Wembley, Willesden, Kilburn, Kingsbury &amp; Kenton and Stonebridge/Harlesden &amp; Kensal Green connect areas</li> </ul>
What it plans to do?	<ul style="list-style-type: none"> <li>Tasked to discover, scope, define, develop our workforce to create an effective, resilient and dynamic integrated team</li> <li>Tasked to identify any gaps and development needs in <b>training, competencies and leadership skills</b> for all staff across clinical, support staff and volunteers</li> <li>Tasked to recommend findings and actions to the Integrated Care Partnership Board feeds back to the system (NWL) strategic Workforce + OD group</li> </ul>
Key impact / desired outcomes	<ul style="list-style-type: none"> <li>Better understand the current workforce status across partner organisations in Brent</li> <li>Better plan, design and deliver improvement as required based on findings from current gap analysis</li> <li>Better plan, design and deliver <b>training and development</b> for workforce (clinical and non-clinical staff) in Brent in relation to space utilisation at a given physical site (<i>here and now</i>)</li> <li>Better <b>job satisfaction and retention</b> rates amongst staff, making Brent a better place to work and an employer of choice for staff</li> </ul>
Actions to date	<ul style="list-style-type: none"> <li>On-going listening-engagement sessions with 25+ partner organisations, 200+ staff from CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM. Planned engagement with Urgent Emergency Care teams including Acute NHS Hospital Trusts.</li> <li>1<sup>st</sup> Action Learning Set completed last 22<sup>nd</sup> Sept. attended by 51/68 attendees from over 25+ teams and organisations. 2<sup>nd</sup> ALS is set for the 20<sup>th</sup> of October and 3<sup>rd</sup> ALS for the 1<sup>st</sup> of December. Planned ALS plotted for the rest of the financial year (see timeline in Sec. 5)</li> <li>Created Contact List Directory of Who's Who in the Neighbourhood following unanimous requests from all partners.</li> </ul>

Task & Finish Group 2	Estates Optimisation
What this group is about?	<ul style="list-style-type: none"> <li>Representatives from partners (PCNs, CNWL, CLCH, Brent ASC) in Brent who looks at space utilisation and estates requirements (here and now + future) of staff in the Borough, focusing at 5 connect neighbourhood areas</li> </ul>
What it plans to do?	<ul style="list-style-type: none"> <li>Tasked to discover, scope, define and Develop estates to provide physical locality space to deliver services (<b>Super Hubs</b>)</li> <li>Tasked to identify any gaps and space utilisation needs in estates</li> </ul>

	<p>for potential <b>co-location of staff</b> (physically + virtually) in an integrated “superhub” site</p> <ul style="list-style-type: none"> <li>Tasked to recommend findings and actions to the ICP Board and feeds back to the system (NWL) strategic Estates group</li> </ul>
Key impact / desired outcomes	<ul style="list-style-type: none"> <li>Better understand the current estates (NHS + Council) status across partner organisations in Brent</li> <li>Better plan, design and deliver improvement as required based on findings from current gap analysis (<i>here and now</i>)</li> <li>Contribute to the development of the “superhub” in Brent (<i>future aspirations</i>)</li> </ul>
Actions to date	<ul style="list-style-type: none"> <li>On-going listening-engagement sessions with managers and staff of each partner organisations – CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM. On-going engagement with wider teams (NHS + Council Property Services).</li> <li>Produced suite of potential sites for the <i>here and now</i> space requirements as well as future superhub sites. Found 5-6 potential super hub sites, 2 of which are part of the on-going regeneration sites in Brent: <b>Grand Union Canal in Alpertown</b> area and <b>South Kilburn Trust Development in Kilburn</b>. Equally, there are spaces that can be optimised to provide office base for PCN ARR staff alongside partners – Wembley Centre for Health and Willesden Centre for Health (<b>NHS Properties</b>). We also found Willesden Library, Sports Centres – Willesden/Bridgepark/Vale Farm and Family Well-Being Centres – St. Raphael's (near IKEA) and Granville (South Kilburn), all are <b>Brent Council properties</b>.</li> </ul> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p><b><u>St Raphael's</u></b> Rainsborough Close St Raphael's Estate NW10 0TS</p> </div> <div style="text-align: center;">  <p><b><u>Granville Plus</u></b> 142 Carlton Vale Kilburn NW6 5HE</p> </div> </div> <ul style="list-style-type: none"> <li>Superhubs specification being drafted, will be out for consultation / further engagement with wider stakeholders. Working closely with residents and VCSEs to co-produce / co-design what good looks like.</li> </ul>

Task & Finish Group 3	ICT Inter-operability + Digitalisation
What this group is about?	<ul style="list-style-type: none"> <li>Representatives from partners (PCNs, CNWL, CLCH, Brent ASC) in Brent who looks at ICT optimisation and Digitalisation programmes (<i>here and now</i> + future) of staff in the Borough, focusing at 5 connect neighbourhood areas</li> </ul>
What it plans to do?	<ul style="list-style-type: none"> <li>Tasked to discover, scope, define and develop the ICT &amp; Digital status (<i>here and now</i>) and needs in the neighbourhoods and the wider teams to enable better collaboration and to support local care needs of the population</li> </ul>

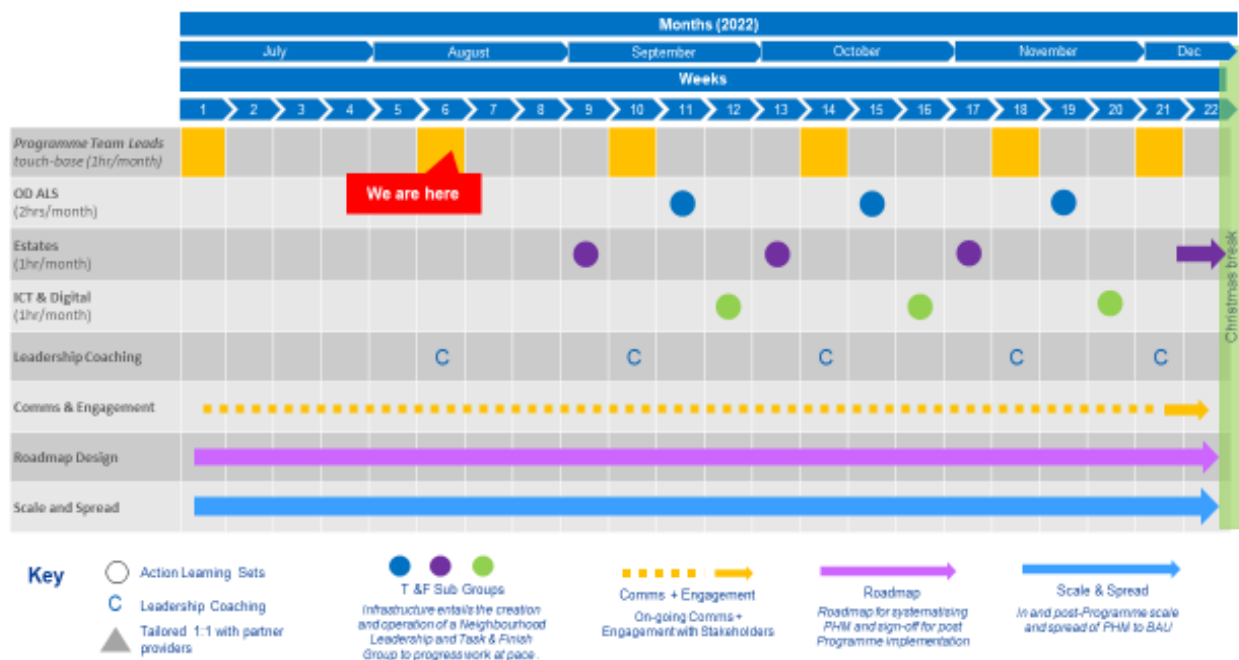
	<ul style="list-style-type: none"> <li>• Tasked to identify any gaps and development needs in ICT and digital requirements for co-location of staff (physically + virtually) in a “superhub” integrated site (<i>future</i>)</li> <li>• Champions the use of <b>population health management</b> principles, tools, approaches and methods to foster pro-active personalised care and support to local population</li> <li>• Tasked to recommend findings and actions to the ICP Board and feeds back to the system (NWL) strategic Digitalisation group</li> </ul>
Key impact / desired outcomes	<ul style="list-style-type: none"> <li>• Better understand the current ICT and Digitalisation (NHS + Council) status across partner organisations in Brent (<i>here and now</i>)</li> <li>• Better plan, design and deliver workforce ICT + Digital needs at a <i>superhub</i> site (<i>future</i>) including any related-improvements identified from gap analysis</li> </ul>
Actions to date	<ul style="list-style-type: none"> <li>• On-going listening-engagement sessions with managers and staff of each partner organisations – CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM. On-going engagement with wider teams (ICT/Digitalisation Teams from NHS + Council).</li> <li>• T&amp;F Group set-up – this programme will join the wider Brent Borough Digitalisation working group. Plans in place for the Terms of Reference and meeting dates being coordinated.</li> </ul>

### 3.4 Issues, Risks and Mitigations

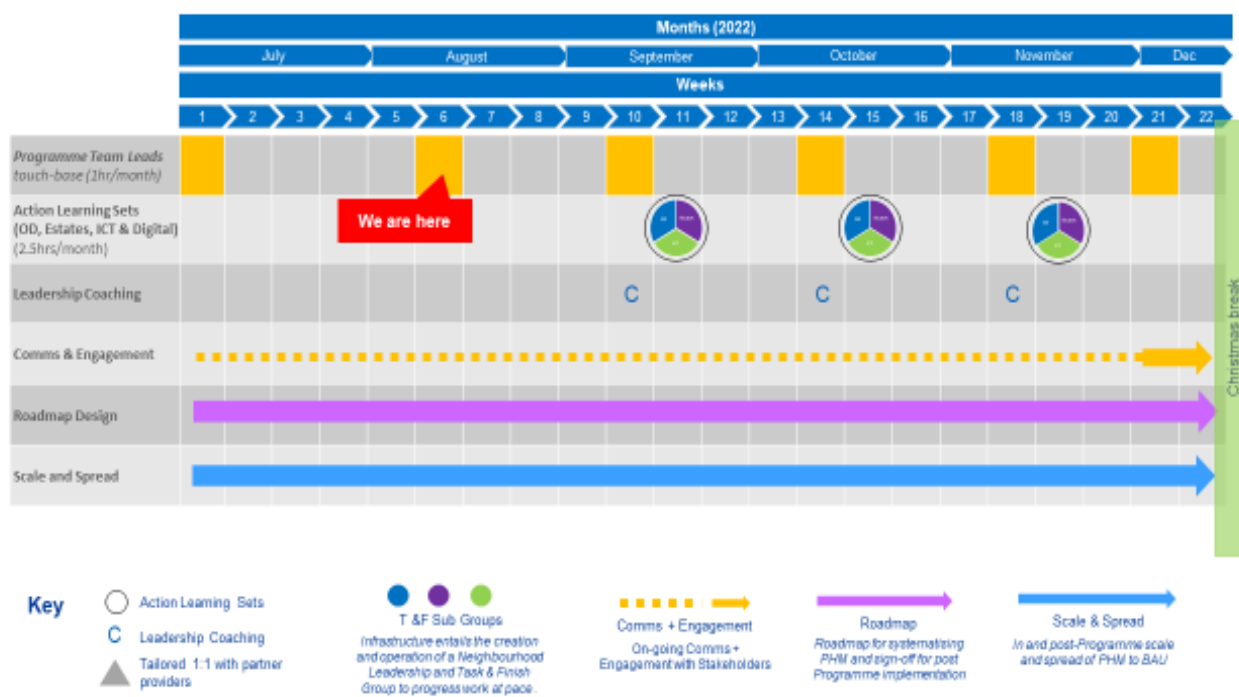
There is a need for a **dedicated project team** to design, develop and mobilise the super hubs concept through the establishment of the Estates workstream. This dedicated team of experts will drive and shape the journey towards an integrated super hub sites in the neighbourhoods of Brent. Equally, we are faced of the *here and now* issues - in order to co-locate our PCN/GP ARR staff with partners from ASC, CLCH & CNWL for example - we need dedicated space for them and expertise from Estates colleagues to design, develop and implement space requirements i.e. layout plans, space utilisation requirements, etc.

### 3.5 Timeline to date

#### Integrated Neighbourhood Development Programme Timetable and Sequencing of Activity (1/2)



#### Integrated Neighbourhood Development Programme Timetable and Sequencing of Activity (1/2)



### 3.6 Next Steps

- On-going listening-engagement sessions with partner organisations, staff from CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM, UEC services and residents. Planned engagement with Urgent Emergency Care teams including Acute NHS Hospital Trusts; NHS + Council Property Services as well as ICT/Digitalisation Teams from NHS and the Council.
- On-going Action Learning Sets (using Appreciative Enquiry framework) is set for the 20<sup>th</sup> of October and 3<sup>rd</sup> ALS for the 1<sup>st</sup> of December. Further sessions plotted for the rest of the financial year (see timeline in Sec. 3.5 for details)

- Distribute / share the Contact List Directory of *Who's Who in the Neighbourhood*
- Scope, develop, produce specification for the *superhubs*, co-design/produce with local residents
- Assist in addressing the *here and now* needs of staff (i.e. ARRs) locations (office base) in the community as well as their ICT and office space requirements
- Roll-out the Diabetes Neighbourhood MDT pilot, starting with Harlesden area, scale up swiftly using qualitative improvement principles

#### **4.0 Financial Implications**

- 4.1 There is a small programme support team who oversees, coordinates and project manages the development and roll out of the programme and is funded through locally lodged health funding (Section 256). This includes:
- Support from PPL to run workforce + OD workshops across the Borough all throughout the financial year
  - There is a dedicated Programme Manager seconded to this role
- 4.2 The cost to build the “superhubs” (physical space) are being analysed in parallel to the aspirations and ambitions of what a good “superhub” looks like. There are 2 main strands of priorities in the development of “superhubs”– the *here and now* and the *superhub (future physical site)* itself. Both strands need to be costed as we progress in the journey alongside the specification requirements development.

#### **5.0 Legal Implications**

- 5.1 None

#### **6.0 Equality Implications**

- 6.1 Positive impact noted

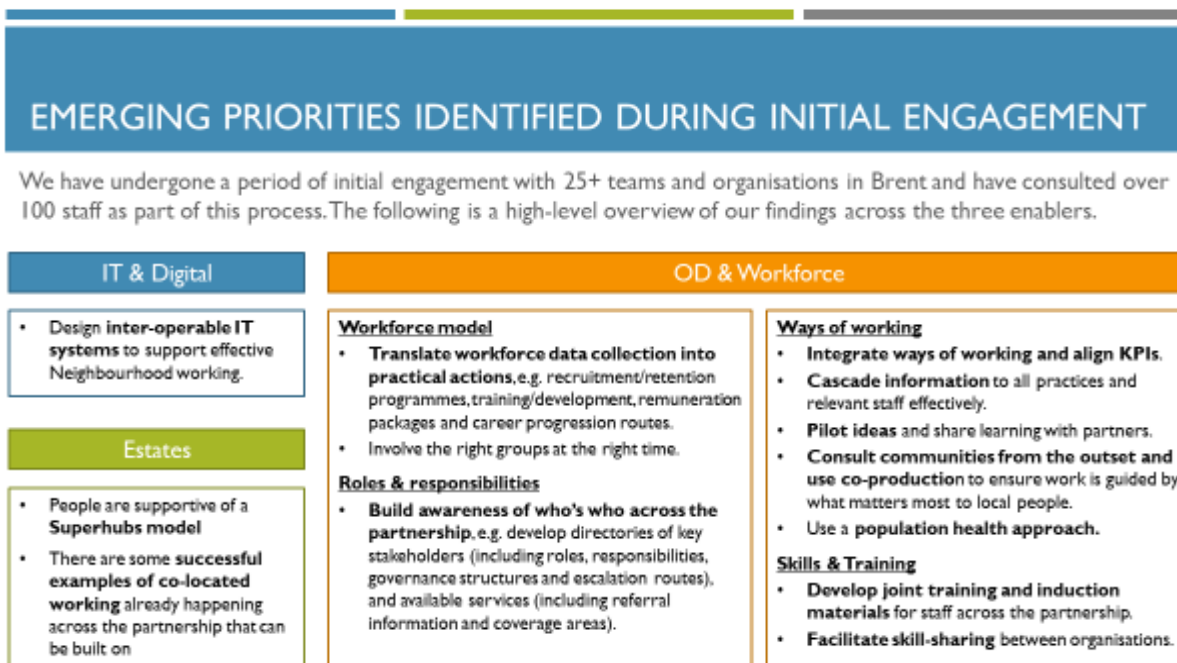
#### **Report sign off:**

Tom Shakespeare  
ICP Director

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## Appendix 1. BRENT Integrated Neighbourhood Team Development –

This is the detailed account of the findings from recent Listening-Engagement sessions with 25+ teams and organisations and more over 200+ staff and VCEs reps consulted about the development of Integrated Neighbourhood Teams in Brent.



### 1.0 Engagement with partners, their views and aspirations and ocular site visits

#### 1.1 K&W South PCN:

- Wanted to see an inter-operable ICT system where GPs for example are able to see Mosaic entries from ASC partners and vice versa [ASC partners can have read only access for EMIS]. This aspiration has been implemented in other parts of London such as NEL via Medical Information Gateway, connecting 7 IT systems and partners able to view notes / entries about the patient. In NCL, there is Community Digital Records – almost real time (2 hours' lag) read-only access between clinicians and practitioners from health and social care able to view records. For example, this saves ample time having to wait for return calls from partners only to confirm if the patient has existing package of care or not. Early access to information, promotes early decision-making and intervention, eventually early recovery for the patients.
- Wanted to see Directory of Services and Contacts – specifically wanting to know which services accepts self-referrals vs. those that do not. Where to refer for self-care advice / support. Wanted to see who to liaise with and escalate with. Foundations for robust relationship starts with knowing *who's who* within the partnership.
- As the recruitment of ARRS improves, access to hard and software devices from NWL ICT should be provided. This needs to happen within K&W South PCN's member practices.
- The data collection on workforce numbers need to translate in to deliverable actions. There is no point collating workforce information if they are not followed by action plans that are realised and tangible, for example:

- Specific staff-type recruitment and retention programmes
- Training and development
- Attractive remuneration packages + benefits / perks
- Career progression opportunities within the organisation / employing Practices / PCNs

### 1.2 K&W North

- Presented the introductory slides on concepts of neighbourhood
- Asked member Practices on their views and aspirations for what good looks like
- Areas of focus / priorities:
  - Supportive of Diabetes Neighbourhood teams
  - Supportive of the development of the *super hub* concept
  - Wanted to look at Older People's needs, specifically the Frailty pathway in the community. This is reflective of the local population needs. There are a number of care homes located in the area as well.

### 1.3 K&W West

- Presented the introductory slides on concepts of neighbourhood
- Asked member Practices on their views and aspirations for what good looks like
- Areas of focus / priorities:
  - Diabetes Neighbourhood teams
  - Supportive of the development of the *super hub* concept
  - Use of technology to aid development of effective neighbourhood
  - Aligned their vision + mission with the neighbourhood concept, alongside the enablers – ICT; Workforce + Estates
  - Wanting to better understand local population needs before embarking on specific project/s for the neighbourhood

### 1.4 K&W Central - pending

### 1.5 Kilburn

- Presented the introductory slides on concepts of neighbourhood
- Asked member Practices on their views and aspirations for what good looks like
- Areas of focus / priorities:
  - ARRS – Mental Health Nursing support
  - Aligning KPIs of PCNs and partners ie CNWL (eg referrals to CNWL)
  - Contact list – suggested to collate and share to enable awareness of who's who in the partnership
  - Strengthening relationship through co-production / consultation from the onset when developing services / redesigning pathways
  - Border patients – difficulties when patients live in a different Borough from Brent but registered with a Brent GP, vice versa
  - Estates issues – concerns on rental rates of premises, finding appropriate premises for those Practice/s that needing them urgently
  - Supportive of the development of the *super hub* concept
  - Agreed to explore representation to the 3 main workstream – workforce +OD; Estates and ICT / Digitalisation

### 1.6 Harness North & South

- Presented the introductory slides on concepts of neighbourhood
- Asked member Practices on their views and aspirations for what good looks like
- Areas of focus / priorities:
  - Better understanding on what our neighbours are doing ie Community Centres



- Promote health + care services from a unified voice (from PCNs, CLCH, CNWL, 111, UTCs, Acute, VCSEs, ASC)
- Empower one another – this will help with “releasing clinical time to care”
- Create a unified patient facing communication

### 1.7 CLCH

- Discussed opportunities and future directions on neighbourhood development in Brent with agreed actions:
  - JB to find out future Brent Practice Managers and/ Practice Nurse Forums + PCN meeting dates and share with JA. This will help CLCH cascade information to all Practices via PCN CDs, Px Managers and Px Nurses and wider staff
  - JB to invite Andrew C. to the upcoming ICT & Digitalisation workstream –
  - JB to share Brent partnership contact list once available. This will help CLCH understand *who's who* in the partner organisations to link with.
  - CLCH 5 x CBU managers to send their service organogram to JB. This will help partners understand the coverage areas in the community and who to escalate through the chain.
  - JA and team to send list of names who will be representing CLCH for each workstream:
    - Workforce + OD
    - Estates
    - ICT & Digitalisation

### 1.8 CNWL

- Met with Kingsley + Matthew, Borough Director and Deputy
- Interested with the partners' contact list, happy for them to share theirs as well
- CNWL services in Brent:
  - Acute mental health – c/o Park Royal Hspital
  - Home Treatment Team
  - HBOS
  - CMHT
  - Pscyh Liaison
  - IAPT
  - OT Team
  - CAMHS
- Currently, CNWL has 3 x c-located hubs in Brent. These are co-located services with Local Authority + VCSE:
  - Kingsbury – with Fairfield, ASC, Re-think + Ashford Place
  - Action – Matthew to share the list to JB
  - Further 3 x sites for Adult MH and LD
- Actions agreed in the meeting:
  - KA to connect JB with JL and the rest of the CNWL Team Leads in Brent
  - KA to share *list of Brent CNWL services* to JB
  - MH to share the *contact list of CNWL staff links*
  - MH to share *list of the 3 x hubs co-located with Local Authority + VCSE* (separate list for Adult MH + LD)

### 1.9 Adult Social Care

- Joint induction for new joiners as well as joint training and development for staff
- Inter-operable systems: Mosaic + EMIS
- Care cap reform (2023) – means testing changes
- CQC inspection for Council services
- Opportunities for Children's with Disabilities service (under YO)
- Attendance to the CPMG / WSIC meetings
- Roles & Responsibilities between RR OTs vs. LA OTs

- Aligning services co-terminus with health, localism with wrap around support
- Core vs. specialist MDT support
- Locality model – mental health, LD, ASC – explore options
- Access points – referrals – thru Brent Contact Services
- Rehab + reablement – already in place – look at integrating more
- Collaboration means integrated ways of working
- All ADASS services – sensory, rehab, equipment, OTs, SW, HDT, Long Term, MH, LD
- Look at North and South split of ASC teams (complex team)
- Children's c/o Nigel
- Superhub – community based easy to reach services located in the neighbourhood.
  - Library, Leisure centres, FWBCs, health + care co-located,
  - sign posted
  - bring services to the community
  - initial triage and assessment made simple
  - one stop shop model of health + care
  - Venues easy to reach for inclusive groups, more within deprived areas

#### 1.10 PHE

- Children's vs. Adult services
- Generic interventions: Diabetes care, Imms, Obesity, CAMHS,
- Integrating care with VCSE
- Working with partners in the 5 connect areas
- JSNA refresh – understanding our population better
- Services easily accessible to Inclusive groups
- Links with mental health services (CNWL)
- Explore opportunities for joint working in various Estates – Libraries + Sports centre – physical activities in the neighbourhood

#### 1.11 Brent Council Performance Information and Insight Team

- PII team will share latest JSNA iterations on Brent populations based on the 5 connect areas

#### 1.12 Housing

- Presented the concepts of integrated neighbourhood development
- Asked Housing Lead on their views and aspirations for what good looks like
- Areas of focus / priorities:
  - Supportive of the integrated pathway development
  - Supportive of the development of the *super hub* concept
  - Supportive of the proposed pilot on FWBCs about health + housing one stop shop day / event
  - Willing to provide Education + Awareness training on housing with families in a chosen FWBC
  - Wish to access joint training and development needs or staff as well as offer those to other teams in the partnership

#### 1.13 Brent Health Matters & VCSEs

- Presented the concepts of integrated neighbourhood development
- Asked BHM Lead on their views and aspirations for what good looks like
- Completed an engagement workshop (17/07/22) with Brent VCSEs facilitated by BHM team – see *Appendix XX* on themes / findings from the engagement
- Attendance to the on-going BHM stakeholders meeting (once monthly)

- Areas of focus / priorities:
  - Supportive of the integrated pathway development in the neighbourhood
  - Supportive of the development of the *super hub* concept
  - Supportive of the Integrated Diabetes Neighbourhood Team
  - Will share Local Action Plans from recent community engagement with the neighbourhood areas (5 connect areas) – *what matters most to the residents*
  - Suggest to link with Community Coordinators from the 5 connect neighbourhood areas
  - Suggest to start with the proof of concept in a particular neighbourhood, ie Harlesden (Jessica is the coordinator)

#### 1.14 Family & Well Being Centres (8 premises sites)


- Site ocular visit done to look at potential for super hub site (see separate report on the FWBC findings), visits completed in August '22
- Presented the concepts of integrated neighbourhood development
- Asked Leads on their views and aspirations about collaborative working at neighbourhood level
- Areas of focus / priorities:
  - Supportive of the integrated pathway development in the neighbourhood, largely for Children (up to 18 y/o or 25 y/o if in special needs / education) and their families
  - Supportive of the development of the *super hub* concept
  - Supportive of implementing proof of concept / pilot on Children and Family pathway/s – For example:
    - FWBC and Therapy services (CLCH)
    - Linking with Housing Team/s for complex family situations
    - Cross-training and development of staff NHS and Council – behavioural modification techniques for staff handling ADHDs, ASDs, etc.
    - Paediatric Clinic pathway can be hosted at existing site - Willow SEND for face to face Children's clinic w/ a Paediatrician
    - Health literacy and self-care Event days including Saturday (weekend)

#### 1.15 Brent Libraries (Community Hubs)

- Site ocular visit done with 2/5 libraries to look at potential for super hub site visits completed in September '22
- Presented the concepts of integrated neighbourhood development
- Areas of focus / priorities:
  - *Willesden Library* is a potential Super hub site – 3 storey building with potential spaces for 1:1 meetings / groups sessions including classes in a mini auditorium and reading area for i.e. cardiac rehab classes
  - Has 2 rooms for computer access for digital literacy training, one room can host up to 12 attendees and the other room for 10.
  - Supportive of the development of the *super hub* concept
  - Supportive of implementing proof of concept / pilot on Children and Family pathway/s – For example:
    - Can host health literacy and self-care Event days
    - Can host Exhibitions in relation to Health + Care
    - Can host Tai Chi classes or similar for Falls prevention and improving balance
    - Can host a garden event (*Kilburn Library*) for 1:1 IAPT (or similar) sessions or summer barbeque party (healthy eating campaigns). The garden is wheelchair accessible and has elevated garden plots.

#### 1.16 Brent Sports Centres – pending (3 sites)

- Site ocular visit completed with 3/3 sports centres in Brent - looked at potential for super hub site/s, done last 23<sup>rd</sup> September 2022.
- Presented the concepts of integrated neighbourhood team development to the site team
- Findings:
  - Generally, the Leisure / Sports Centre has its usual offer similar to a standard Sports Centre in the county. There are rooms / spaces available on all 3 Sports Centre sites. There is ample space in the car park as well as good transport links with local buses. Two (2) of the sites are sub contracted operationally to an external provider, whilst there is one (1) directly managed by Brent Council.
  - Willesden Sports Centre has a meeting room by the entrance that can house up to 10-15 people during a meeting. There are no AV facilities in the room. However, there is a huge space (indoor track) that can be utilised for face to face health classes or similar. The foyer extends up to the back where the café is, will be ideal for health + care awareness campaigns during event days. There is a kitchen facility in the first floor to prepare light snacks / refreshments for event organisers or those using the outdoor track field. This site is approximately 10 minutes' walk from Willesden Centre for Health and Care (just few minutes' walk behind). This site is managed and operated by 1Life ([Willesden Sports Centre: Gym, Fitness & Swimming Pool | 1Life](#)).
  - Bridge Park Leisure Centre ([Bridge Park Community Centre | Brent Council](#)) have abundant rooms that can be used for meetings or perhaps convert into an office space (may require capital investment). The other half of the building is being rented out to businesses for office space use. The building was a converted bus garage; it looks needing an upgrade. Currently, there are plans of re-generating the site and making a brand new Leisure Centre subject to consultation. Therefore, if this site is being earmarked for an integrated hub service/s or co-location space for staff, might only be available temporarily (up to 2 years max). **Opportunity to be part in the *regeneration planning* should this be considered for an integrated “superhub” site.**
  - Vale Farm Leisure Centre [Vale Farm Sports Centre \(brent.gov.uk\)](#) has modern meeting facilities for up to 35 people per room, each of which comes with audio/visual equipment and free WiFi. The sizeable sports hall has capacity for 300 people and is regularly hired for sporting tournaments, community events, fairs and exhibitions. There is a good size performance room / dance studio for group face to face classes. This site is already working jointly with GPs for their GP Exercise Referral Scheme which aims to provide opportunities for people with underlying medical conditions or at risk of developing medical conditions to become more active, provide access to safe and effective exercise in a supervised environment and raise awareness of the benefits of physical activity and long-term behaviour change. This site is beside the Sudbury Primary Care Centre, an NHS Property run service.

 <p><b>Brent</b> <b>North West London</b></p>	<p><b>Brent Health and Wellbeing Board</b> 13 October 2022</p>
	<p><b>Report from</b> Brent Integrated Care Partnership (ICP)</p>
<p><b>Winter Planning</b></p>	
<p><b>Wards Affected:</b></p>	<p>All Brent</p>
<p><b>Key or Non-Key Decision:</b></p>	<p>N/A</p>
<p><b>Open or Part/Fully Exempt:</b></p>	<p>N/A</p>
<p><b>No. of Appendices:</b></p>	<p>Appendix 1 - NWL ICB Winter Planning Allocation</p>
<p><b>Background Papers</b></p>	<p>N/A</p>
<p><b>Contact Officer(s):</b> (Name, Title, Contact Details)</p>	<p>Claudia Brown Operational Director Adult Services (DASS) Claudia.Brown@brent.gov.uk</p> <p>Steve Vo Assistant Director of Integration and Delivery, NWL ICB – Brent Borough stevetruong.vo@nhs.net</p>

## 1.0 Purpose of the Report

- 1.1 The purpose of the report is to inform the board of Brent's plan and preparedness to manage the anticipated winter pressures to the local health and social care system.

## 2.0 Recommendation(s)

- 2.1 It is recommended that the group notes and comments on our local Winter Planning initiatives, which have been identified to proactively look after our residents over the winter period.

## 3.0 Detail

- 3.1 Key stakeholders from Brent Integrated Care Partnership (ICP) have come together as a single Borough team to jointly establish various schemes to support pressures on the hospital system during Winter. Partners on the ICP include Brent Council, London North West University Hospital NHS Trust (LNWUHT), Central and North West London NHS Foundation Trust (CNWL),

and Central London Community Healthcare NHS Trust (CLCH) have come together via multiple Task and Finish Groups.

- 3.2 The schemes that have been developed build on strong existing joint working, including multiple initiatives which are in place as part of business as usual working to reduce hospital delays, including a dedicated hospital discharge team, Home First and other services
- 3.3 In addition to existing joint working, the proposed Brent Winter plan builds on a Better Care Fund Plan, which includes within it number of schemes in development with adult social care to ensure a resilient social care system and to support further integration between health and social care. The BCF schemes include provision for additional Social Workers to assist with flow and hospital discharge, a handyman service to assist residents at home, housing for residents with homelessness issues, and step-down beds to assist patient flow.
- 3.4 These primary purposes of the proposed schemes are to support the system's resilience in the coming winter months with the aims to reduce avoidable unplanned admissions to hospitals and other Urgent Emergency Care services, improve pro-active care, improve access to community (out of hospital) services and promote self-care and well-being.
- 3.5 The Winter Schemes were also developed to mitigate the risks associated with NHS funding for 'Discharge to Assess' coming to an end in NW London in September 22, which potentially posed an additional risk for hospital trusts, in particular for more complex needs.
- 3.6 The joint partnership has received buy-in and support from all Brent ICP partners and it is proposed that locally lodged NHS funds are used to fund these schemes, pending any allocations of Winter funding from NW London. The total cost for these schemes is £927k.
- 3.7 It should also be noted that NHS England has now confirmed £15.54 million Winter funding allocation to NWL ICB for to NHS hospitals, primary care, social care and NHS Community providers across North West London. At the time of writing, it is not clear what proportion of this allocation will be available to support Brent schemes. Further detail on the high level allocations is included in Appendix 1.
- 3.8 There has already been much effort across the NWL system overall and Brent ICP to ensure efficient level of beds in both hospitals and Community, best usage of the current capacity, and reduction in A&E and urgent care demand. In addition, key representatives from each ICP partner have met to propose a long list of schemes started in July 2022. This led to further meetings to refine the schemes with clear objectives, finance, plans and key deliverables. As a result, the long list has been prioritised to create the following local schemes as depicted in the table below.

Area	Funding
Primary Care	£150k
Supporting Mental Health Service Users	230k
Holistic Support MH and Wellbeing	£80k
Overnight Service	£100k
D2A Mitigation Plan (due to discontinuation of D2A funding)	£367k
<b>Total Funding Required</b>	<b>£927k</b>

### 3.9 Primary Care Schemes: The following are the Primary Care schemes with the aim to prove Access to Primary Care

3.9.1 Primary Care Network - Primary Care Network - Enhanced Access Hubs Pilot: Additional capacity on Bank Holiday/Sundays for re-direction from Northwick Park. The suggestions are to establish one site across Brent/Harrow and have additional GP appointment slots on Sundays and Bank Holidays for re-direction of patients away from UTC. The model would operate alongside the LNWUT re-direction pilot. Patients attending Urgent Treatment Centres (UTC) for primary care conditions are booked into appointments at Wembley Centre for Health and Care. This will be in core hours when GP surgeries are open Monday to Friday. The remaining hours will be covered by Enhanced Access Directed Enhanced Services (DES) funded by NHS England which operates Monday to Friday 6.30pm to 8pm and on Saturday 9am to 5pm.

3.9.2 GP Surgeries – Health Inequalities Clinics: Practice level dedicated clinics operating on weekend focused on high risk patients at risk of admission and supporting pro-active care. This is delivering Saturday morning clinics for patients unable to access services in core hours such as housebound patients, zero-hour contract workers, carers, etc.

### 3.10 Supporting Mental Health Service Users: The following are schemes dedicated to support Mental Health service users.

- 3.10.1 Northwick Park Hospital Adult Mental Health Emergency Centre (7-day working): The Mental Health Emergency Centre will be funded on a 7-day working basis, staffed by 3 MH workers and 2 outreach workers who will work to offer contact at the point of admission. The outcome of this scheme is to reduce avoidable admission to general acute or mental health and facilitate earlier discharge from A&E. The joint team would work to support and divert people to settings that better meet their needs while improving patients' experience.
- 3.10.2 Additional Hospital Discharge Support: This scheme is to support earlier discharge from general acute and mental health wards, working from admission through to discharge. Hospital discharge support workers based in in patient wards, working alongside the acute team to facilitate early discharge for patient who are deemed clinically appropriate.
- 3.10.3 Community Places for People with Mental Health Issues and at Risk of Homelessness: This scheme is to provide stabilisation for patients in step-down beds, working closely with the community outreach workers, and supporting 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.
- 3.11 Holistic support for Mental Health and Wellbeing: In addition to the Mental Health schemes above, the following are schemes to provide a preventative holistic support for patients with mental health via Community and Voluntary Sector partners.
- 3.11.1 Emergency Support Increase Rapid Response Capacity for Urgent Mental Health provided: The Brent Mental Health Crisis Support is to provide emergency and essential support for patients with Mental Health and Learning Disabilities experiencing emotional distress or crisis. This service is also to support people living with dementia in Brent during the winter period. The aim is to provide quality support to patients and avoid unnecessary avoidable A&E attendance by providing early intervention for patients at higher risk of experience mental health crisis.
- 3.11.2 Bereavement Support: This service provides one-to-one counselling to Brent residents affected by loss. This will aid in their recovery due to loss and bereavement. The scheme is aimed at patients who are at high risk of suicide, high anxiety, depression and other mental health conditions. This would prevent patients from using A&E or UEC services as well as lowering the number of visits to their GPs.
- 3.12 Overnight Service – Preventing Avoidable Admissions: The overnight service will support patients in their own homes, thereby reducing the need to repeated hospital visits and admissions, in addition to reducing admission to nursing homes. The service is to be piloted for 3-4 months; this would involve



2 carers working in pairs responding to an average of 3-4 patients a night. The service would enhance our existing services and operate during hours when BAU services are closed.

- 3.13 Discharge to Assess (D2A) Mitigation Plans: Due to the recent discontinuation of D2A funding, we have developed local plans to ensure that hospital discharge flow will continue to be supported as a priority, including possible mitigating arrangements where potential delays could occur.

3.13.1 Hospital Discharge Hub: Improve referral process from the hospital into ASC and community teams by:

- Using standard forms for all Boroughs
- Working through the hubs to ensure that early referrals are sent for patients with identified social care needs to enable early MDT discharge planning
- Working through the hub with Wards to ensure that forms are completed with all of the necessary information to enable effective discharge planning
- Working with hub, including ensuring strong social work presence to support discharge home is the preferred discharge route

3.13.2 Home First: Develop Home First offer to ensure that home is the preferred discharge pathway by:

- Ensuring timely and safe support is in place to support people at home
- Exploring potential of extended hours' provision
- Exploring potential for expanded home based health support (rehab, community health etc.)

3.13.3 Step-Down Beds: Provide additional step down beds in the community capable of supporting more complex patients, ensuring:

- Clear referral criteria jointly agreed between CHC, Complex care and ASC
- Sufficient support to enable support for complex clients including Non-Weight Bearing (NWB) and Delirium

3.13.4 Joint Commissioning Approach: Improved working between CHC and Adult Social Care, including:

- Agreement on communications to patients on admissions
- Agreement on lead commissioner arrangements and potential for more joined up approach

## **4.0 Financial Implications**

- 4.1 Total funding request for the Winter Planning schemes is £927k using Borough based NHS lodged funds, which has been approved by the Brent ICP Board and ICP Executive.

In addition, as stated above, there is £15.54 million allocated to NHS hospitals, primary care, social care and NHS Community providers across North West London. However, Brent ICP has not been notified of the respective share of this funding that is allocated to the local schemes.

## **5.0 Legal Implications**

5.1 N/A

## **6.0 Equality Implications**

6.1 The Health and Equality clinics are dedicated clinics operating over the weekends to support the needs of our vulnerable patients including housebound residents who would not be able to access healthcare otherwise.

6.2. In addition, we are working closely with Brent Health Matters to ensure extend the Advice Line to weekends and bank holidays so that we can reach and redirect vulnerable patients to appropriate health and social services.

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

7.1 All Winter Planning Schemes have been worked through and agreed by all ICP stakeholders.

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

8.1 N/A

### **Report sign off:**

***Phil Porter***

Corporate Director - Adult Social  
Care and Health


## Winter Planning Paper Appendix 1 – NWL ICB Winter Planning Allocation: £15.54 million

The table below summarises an overview of the funding for: acute, mental health, integrated community and social care, primary care, ICB communications and Urgent Community Response (Rapid Response) implementation.

The funding allocation to Brent has not been clarified as the time of writing this report.

£'000										
Prioritised proposals (£'000)	C&W	ICHT	LNW	THH	Total Acute	UCR Implementation				
						Mental Health	Community	Primary Care	ICB Comms	Support
Physical Beds	£1,554		£2,195	£1,619	£5,368	£1,827	£1,013			
Discharge/Flow initiatives		£834	£337		£1,171	£325	£1,300			
SDEC/Frailty Unit				£161	£161					
Other non bedded provision						£568	£2,800	£750		
Winter communications								£0	£165	£96
<b>Total</b>	<b>£1,554</b>	<b>£834</b>	<b>£2,532</b>	<b>£1,780</b>	<b>£6,700</b>	<b>£2,720</b>	<b>£5,113</b>	<b>£750</b>	<b>£165</b>	<b>£96</b>
Beds	28		68	24			43			
NWL BAU Beds capacity	2800									
% increase	5.8%									

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	<b>Brent Health and Wellbeing Board</b> 13 October 2022
	<b>Report from Integrated Care Board</b>
<b>Better Care Fund (BCF) 2022-23</b>	

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

## 1.0 Purpose of the Report

- 1.1 The purpose of the report is to seek comment and approval for the Brent Better Care Fund plan for 2022/23, which has been agreed by the Brent ICP Executive and submitted in draft pending approval to the national Better Care team

## 2.0 Recommendations

- 2.1 For the Brent Health and Wellbeing Board to approve the 2022/23 Better Care Fund plan for Brent.

## 3.0 Detail

- 3.1 The BCF submission has been completed working with all the teams and stakeholders in Brent. The uplift amount has been used to support some new schemes that support transformation and winter pressures.
- 3.2 Few programmes from last year have been repurposed and some new programmes were added to ensure the current priorities are supported.
- 3.3 New programmes added included:
- Additional Occupational Therapist and social worker for access team to support people in community and prevent crisis
  - Carer engagement officer
  - Additional social worker for integrated neighbourhood teams

- Support worker, Housing officer to support discharge from inpatient mental health unit
- Advanced Mental Health practitioner in A/E department to support Early discharges
- Social worker in Rapid Response team to support admission avoidance

#### 4.0 Financial Implications

- 4.1 The table below details the value of the BCF Pooled Budget for 2022/23. The level of contribution from the ICB has increased as per the specified inflationary increases, which has been uniformly applied to all Health and Wellbeing Boards at 5.66%. This is demonstrated further in our BCF Planning Template submission for 2022/23.

Brent Better Care Fund 2022 to 2023	National	Brent		
	2022 to 2023 (£m)	2022 to 2023 (£m)	2021 to 2022 (£m)	Increase
Minimum NHS contribution	4,504	25.837	24.453	5.66%
Improved Better Care Fund (iBCF)	2,140	13.345	12.952	3.03%
Disabled Facilities Grant (DFG)	573	5.317	5.317	0.00%
Additional LA Contribution	-	-	-	0.00%
Additional ICB Contribution	-	0.071	0.071	0.00%
<b>Total</b>	<b>7,217</b>	<b>44.569</b>	<b>42.793</b>	

- 4.2 National funding for the Disabilities Facilities Grant in 2023 to 2024 and 2024 to 2025 is also £573 million for both years. This has remained at the same level since 2020/21. Brent's proportion of the funding is £5.317m.
- 4.3 The Improved Better Care Fund has increased nationally by 3.03%, with Brent's allocation for 22/23 increasing from £12.952m to £13.345m

#### 5.0 Legal Implications

- 5.1 Following approval, officers will progress the Section S75 agreement, the legal mechanism to enable the transfer of funding.

#### 6.0 Equality Implications

- 6.1 None, as all the existing and new programmes will be delivered to everyone across Brent.

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

Tom Shakespeare  
Integrated Care Partnership Director