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Community and Wellbeing Scrutiny Committee

Monday 4 March 2024 at 6.00 pm

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

Please note this will be held as an in person physical meeting which all Committee members will be required to attend in person.

The meeting will be open for the press and public to attend or alternatively can be followed via the live webcast. The link to follow proceedings via the live webcast is available HERE.

Membership:

Members	**Substitute Members**
Councillors:	Councillors:
Ketan Sheth (Chair) Collymore (Vice-Chair) Afzal Begum Ethapemi Fraser Molloy Rajan-Seelan Smith Matin Mistry	Aden, Moghaddam, Akram, S Butt, Conneely, Long, Miller, Mitchell and Shah Councillors: Kansagra and Maurice Councillors: Georgiou and Lorber

Co-opted Members
Alloysius Frederick, Roman Catholic Diocese Schools
Sayed Jaffar Milani, Muslim Faith Schools
Rachelle Goldberg, Jewish Faith Schools
Vacancy, Church of England Faith Schools
Jane Noy, Parent Governor Representative
Vacancy, Parent Governor Representative

Observers
Brent Youth Parliament, Observer
Jenny Cooper, NEU and Special School observer
John Roche, NEU and Secondary School Observer

For further information contact: Hannah O'Brien, Senior Governance Officer
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For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **www.brent.gov.uk/democracy**

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.

(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.

(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.

(d) **Land -** Any beneficial interest in land which is within the council's area.

(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.

(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.

(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

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

or

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

- You yourself;

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

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

2 Declarations of interests

Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.

3 Deputations (if any)

To hear any deputations received from members of the public in accordance with Standing Order 67.

4 Minutes of the previous meeting 1 - 14

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

5 Matters arising (if any)

6 Substance Misuse Treatment and Recovery in Brent 15 - 26

To provide an account of substance misuse treatment and recovery services in Brent, including local needs assessments, national policy, funding and commissioning arrangements, and the involvement of service users in the design and delivery of services.

7 Brent Joint Health and Wellbeing Strategy Update 27 - 42

To describe the process of community engagement which shaped the current Health and Wellbeing Strategy and its five themes and provide an update on the progress against the commitments of the strategy. The report describes the approach the Health and Wellbeing Board will be taking to update the Strategy for 2024-25.

8 Social Prescribing Task Group Year 1 Update 43 - 88

To provide an update one year on from the report of the Community and Wellbeing Scrutiny Committee Task Group on Social Prescribing in Brent

and the Cabinet and Brent Integrated Care Partnership (ICP) response to those recommendations.

9 Scrutiny Recommendations Tracker 89 - 101

To present the latest scrutiny recommendations tracker.

10 Any other urgent business

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

Date of the next meeting: Tuesday 16 April 2024

Please remember to turn your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats will be available on a first come first serve basis for members of the public. Alternatively, it will be possible to follow proceedings via the live webcast HERE.

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Tuesday 30 January 2024 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair) and Councillors Afzal, Ethapemi, Fraser, Molloy, Rajan-Seelan, Smith and Mistry, and co-opted member Ms Rachelle Goldberg

Also Present: Councillors Butt, Grahl and Nerva

1. Apologies for absence and clarification of alternate members

- Councillor Matin
- Councillor Begum
- Co-opted member Mr Alloysius Frederick

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth declared a number of personal interests as outlined on the website.
- Councillor Ethapemi – spouse employed by NHS
- Councillor Rajan-Seelan – spouse employed by NHS
- Councillor Collymore – Member of ICP Board
- Councillor Fraser – works for an organisation that had received funding from HAF
- Councillor Tazi Smith – employed by health provider

3. Deputations (if any)

A deputation was received from Roundwood Youth Club in relation to agenda item 8 – Brent Youth Strategy and Provision.

Representatives from Roundwood Youth Club began their remarks by highlighting that over 85% of a young person's waking hours were spent outside of school or formal education settings. Roundwood Youth Club had been open for more than ten years, and the Club was home to many different activities and support groups helping young people aged 11-19 years old to flourish in a safe space. The Club had been denied access to the site for 4 weeks in October-November 2023 due to discrepancies between Roundwood School, the venue for Roundwood Youth Club, and the Council's assigned representatives for youth provision, Young Brent Foundation. The Club had also been denied access during the school holidays. As a result, representatives felt this had caused disruption in training for upcoming mixed martial arts gradings and competitions as well as training for new youth workers. The lack of access had also affected Duke of Edinburgh volunteering hours and left over 60 other young people with no safe space to go. Representatives asked the Community and Wellbeing Scrutiny Committee to scrutinise the Council's arrangements with Roundwood School and Community Centre and for the Council to revisit the promises made to Roundwood Youth Club when the site became a school.

The importance of young people seeing peers and having a routine was highlighted by representatives, and the lack of access to the Club had resulted in stress and had a

negative impact on the mental health of young people using the Club. There had been a loss of sense of community, a loss of a space away from home, and young people felt restricted socially. The Club helped young people stay off their phones and the representatives highlighted that a healthy mind from a young age promoted a healthy adult life away from addictions.

The representatives also highlighted there was a range of different backgrounds attending the Youth Club, which created a diverse environment for young people to learn about each other's cultures.

The representatives highlighted the range of skills they had gained from Roundwood Youth Club, such as self-defence, self-respect and discipline. The Club was a free space for young people in Harlesden and when it had closed the users had been worried it would not reopen. They felt that Harlesden needed these types of groups so that young people had a space to spend their free time away from the streets where there could be negative influences. Youth Club gave young people the opportunity to do multi-sports, youth games, cooking, receive advice on jobs and training, and receive support from youth workers. Alongside this, there was the opportunity to train young leaders, coaches and qualified youth workers. The venue also supported families with a food bank and family wellbeing programme. It was felt that the Club was now a fraction of what it used to be due to youth service cuts, and the Club had been running with no funding since 2020. Highlighting section 5.3 of the report, the representatives noted that there was £2m being made available for the improvement of youth provision buildings. They advocated for that money to instead be spent on improving existing youth services, as Roundwood Youth Club had an up to date and modern building which was not being used for its initial intent, with only one space available to use for youth activities while other spaces were empty. Representatives advocated for the site to be open every day after school, during weekends and during school holidays, and for funding to be spent on equipment, coaches and training. In concluding, the representatives hoped that the Council would take these issues into account in planning for youth provision and that the Council involved young people in future decision making.

The Chair thanked Roundwood Youth Club representatives for their presentation and for putting their thoughts articulately before the Committee. The Committee offered a round of applause to the group for their presentation.

4. Minutes of the previous meeting

The minutes of the meeting held on 22 November 2023 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Order of Business

The Chair amended the order of business to take item 8 – Brent Youth Strategy and Provision - first, in order for officers to respond to the deputation made by Roundwood Youth Club and for Brent Youth Parliament representatives to participate.

7. Brent Youth Strategy

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools) provided some political context to the report which detailed Brent's revised Youth Strategy.

She highlighted that youth services had faced challenges over the past 14 years as a result of austerity programmes which had caused a reduction in funding for youth services. The report highlighted the specific situation in Brent where most youth centres closed in 2015 following a cut of £900k to provision. The national charity, UK Youth, had found that more than 4,500 youth worker jobs had disappeared, 760 youth centres had closed, and over £1billion per year had been lost from the sector in the past decade. Alongside this, the government had implemented updated statutory guidance for local authority responsibilities in relation to youth services in September 2023.

In continuing to introduce the report, Councillor Grahl detailed that there was a big demand for youth services across the borough, and the Council benefited from partnering with the Young Brent Foundation (YBF), who helped Brent to deliver a meaningful offer by co-ordinating opportunities for youth provision with many different community and voluntary sector organisations. She felt that YBF had been innovative in finding different sources of funding and had developed some outstanding initiatives over the years. The Children and Young People Department had also applied for other sources of funding available to them, such as the Holiday Activities and Food Programme (HAF) and the Mayor of London's Disproportionality Project. The refreshed Youth Strategy aimed to strengthen some of those partnerships and opportunities, and had ambitious aims around public health and tackling the climate crisis. In concluding, Councillor Grahl highlighted that, too often, youth services were spoken about in the context of tackling violent crime, and she wanted to discourage that approach so that youth services were seen as a vital source of wellbeing, creativity and connection for young people, and which delivered a range of outcomes that could be a lifeline for some of the poorest children in the borough.

Nigel Chapman (Corporate Director for Children and Young People, Brent Council) added that, in the absence of a funded youth offer, the Council's Youth Strategy focused on partnership with the local community and voluntary sector. The report detailed the progress made from the previous strategy and how the Council aimed to move into the next phase with the voluntary and community sector, using the voice of young people.

The Chair thanked colleagues for their introduction and invited Chris Murray (CEO, YBF) to contribute to the introduction. Chris Murray began by highlighting the collaboration between the local authority and voluntary and community sector, which had been growing each year. YBF had supported a My Endz programme to be funded through the Violence Reduction Unit called 'One Flow, One Brent' which had brought in just under £1m to the borough. YBF was currently looking at a Youth Futures Foundation programme around youth employment, or under-employment, for young people under 25, to help children flourish in their abilities to find employment.

The Chair thanked the Cabinet Member and officers for their introduction and invited comments and questions from the Committee, with the following issues raised:

The Committee highlighted that the report detailed a number of deliverables but did not include success metrics or indications as to how successful delivery had been. They asked officers how the Committee could be assured that delivery was successful. Nigel Chapman highlighted that a number of activities outlined in the report were funded programmes which required reporting on outcomes and progress, which were targeted measures. These had not been included in the report but he was confident they had been successful, particularly the 'One Flow, One Brent' programme and the work done with the Violence Reduction Unit. Within the Youth Strategy, the themes identified were around young people feeling they had a voice, feeling they had places for them and facilities to experience activities, that they could develop more skills and opportunities and that their mental health and wellbeing improved. Those measures were not solely contained within the Youth Strategy and would be reported in other places. For example, the performance around young people in education, employment or training would be reported within the Council's Corporate

Performance Scorecard. It was agreed that the Committee could be provided with some data that reinforced some of those outcomes. In addition, any piece of work that YBF brought into the borough required KPI reporting within the contract, and those reports were available on the YBF website.

In further responding to requests for success or outcome data, Councillor Grahl highlighted that community organisations, which were now the primary delivery mechanism for youth services, were not necessarily set up to collect data in the same way the Council could. However, community and voluntary sector organisations had enormous benefits and could reach different parts of the community that the Council did not reach as easily. She highlighted the deputation made by Roundwood Youth Club in demonstrating how important youth services were to young people.

The Committee asked what the impact of funding cuts had been in terms of who had been most impacted. In terms of funding, Councillor Grahl highlighted that the Council now no longer directly funded youth services and relied on the voluntary and community sector to provide services. YBF helped to find funding for community programmes and the Council could make small pots of funding available where possible. The Mayor of London had also started to make more funding available for youth provision. Due to the Council no longer directly funding services, it was difficult to measure the impact of funding cuts. Nigel Chapman highlighted that, while it was not possible to directly measure the impact of cuts, the Council could see that demand had grown for services in other areas, such as demand for support in Family Wellbeing Centres, which might point to a connection between lack of universal services and an increase in more targeted support required. On the other hand, the Youth Justice Service had seen a reduction in the number of cases they supported, so there was not always a direct causal link between reducing universal services and increases in demand elsewhere. There was also national data available on the impact of youth services by the charity UK Youth, which showed that youth services were worth a lot in terms of the money they saved local authorities, NHS services and education. For example, youth services could have an impact across the board on public health and education outcomes, and politicians were now recognising that youth services helped reduce the vulnerability some young people had to violent crime.

The Committee highlighted section 5.3 of the report which stated that Brent did not meet the funding requirements for government capital youth centre funding in 2023. Nigel Chapman confirmed that only two London boroughs had been eligible to bid for that funding at the time, and the allocation of that was determined by central government.

The Committee asked how aware of Family Wellbeing Centres young people were, and whether they made use of them. Serita Kwofie (Head of Early Help, Brent Council) explained that the Council was developing the youth offer across the 8 Family Wellbeing Centres (FWCs) in Brent and there were a number of young people who used the centres. Initially, there had been less of a desire to attend by young people as they saw FWCs as a space for their younger siblings, but the Council had worked on changing that perception and broadening the offer for young people to make sure it was targeted to what young people wanted. The FWCs were now becoming more well attended and offered after school activities, holiday activities, and engaged with young people to understand what they wanted from the FWCs to tailor services to their demand. FWCs also worked with YBF.

The Committee asked how the Children and Young People Department would ensure the Youth Strategy aligned with the Brent Black Community Action Plan (BCAP). Serita Kwofie explained that there were a number of strategies that the department wanted to align the strategy with so that it was not a standalone strategy and it correlated with the aims and goals for the Council's other strategies. This would enable a collaborative approach to youth provision across the Council.

Continuing to discuss FWCs, the Committee asked what support they offered children and young people with mental health issues and for future reports to include that information. Councillor Grahl explained that FWCs were hubs where families in need could access many different services and could signpost to psychological services if needed. They also had a number of services operating within the centres themselves predominantly tied in with the Early Help Programme. The model for FWCs had proved very successful and as such been expanded due to the evidence showing their benefits.

The Committee highlighted concerns that some communities were able to service youth provision in their own communities financially while other communities could not, which was leading to inequalities. They hoped the new strategy would identify those inequalities and consider ways of tackling those.

The Committee asked whether sufficient consultation took place with young people to understand their views about youth services. Nigel Chapman highlighted that 500 young people contributed to the first Brent Youth Strategy, with 300 responses to the survey as detailed in the report. The Council intended to go back out to consult young people, and had committed to that as part of the borough plan. The Committee hoped the Council would also engage with parents and carers.

The Committee was joined by representatives from Brent Youth Parliament, and the Chair invited them to contribute to the meeting at this stage. They asked officers how young people would be able to make their contributions to the Youth Strategy and which young people in particular would be engaged. Councillor Grahl responded that the Council was happy to work with many of the organisations it currently did through the voluntary and community sector and the organisations that had benefited from funding in the past. The YBF had good connections with all groups of young people so the Council was keen for them to be at the heart of the Strategy, and the Council would be engaging with Brent Youth Parliament as well. Serita Kwofie added that the Council was trying to engage with social media more to ensure it was reaching out to young people and accessing their views. Brent Youth Parliament highlighted that the Brent Youth Strategy Survey had garnered 300 completed surveys, but there were over 100,000 young people in Brent. They felt it was clear that there were many young people in Brent who were not aware of the youth provision that existed or that there was the opportunity to contribute to the Youth Strategy. They asked how the Council planned to make these opportunities more accessible to young people. Serita Kwofie responded that this was part of the communications strategy and included engaging with social media, schools, alternative provision, and youth provision. The Council was not aiming to do this on the scale done previously but instead aimed to broaden the reach to get a representative voice.

BYP noted that £2m had been made available for youth provision buildings. They asked why the Council did not direct that funding towards provisions already in place instead, as put forward by Roundwood Youth Club during their deputation. Nigel Chapman explained that the £2m available was capital funding, not revenue which could be used for running services. The Leader of the Council provided further context, explaining that it was Strategic Community Infrastructure Levy (SCIL) funding which was negotiated and agreed by Planning Committee and Planning Officers for use on capital project infrastructure, which could only be used to build new buildings or invest in localities where there would be long term improvement. As such, the Council was working on a programme to determine which organisations would benefit from building infrastructure improvements.

The Committee noted that the report had detailed an opportunity to explore a Youth Zone in Brent with the national charity OnSide, and asked whether the Council could explore that opportunity further. Nigel Chapman explained that there had been a number of meetings in relation to this with both OnSide and the Leader of the Council, where the main challenge

had been finding a suitable site for OnSide. The Council had available sites but OnSide felt they were not sites they wanted to take forward, so the Council made the decision to not actively pursue the option. The capital funding had been earmarked so it was important to make use of that money, so the Council had made the decision to look at making the £2m capital funding work for youth buildings across the borough rather than one individual space. Having said that, the Council had not closed the door to OnSide and OnSide could come back to the Council in the future.

The Chair thanked those present for their contributions and drew the item to a close. He invited the Committee to make recommendations, with the following RESOLVED:

i) To recommend that young people were represented as part of the Youth Strategy Steering Group. As part of this, the Committee recommended there was representation from across the sector and geographical areas in the borough so that all areas were represented.
ii) To recommend that a more specific engagement target was set for the number of young people reached when developing the strategy.
iii) To recommend that officers continue to think creatively about solutions to funding of current provision.
iv) To recommend that the Council communicates its communications strategy publicly so that it is widely available to young people.

Several information requests were also made throughout the discussion as noted below:

i) For future reports to detail performance data so that the committee could compare how well the Council was doing in this area.
ii) For future reports to be clearer about the impact of cuts and how the department mitigates against them to ensure good youth provision.

As the Chair drew this item to a close and waited for colleagues to join the meeting, he asked for an update regarding the fire on Elm Road, Wembley which happened on 29 January 2024, and the safety and security of the school on Park Lane. Nigel Chapman updated the Committee that, to the best of the Council's knowledge, the school had been open as normal. There had been no direct impact on Park Lane Primary School as a result of the fire, but he was aware there were some pupils who attended a different nearby primary school had not been in school that day but had been supported well by their primary school. The Council continued to monitor the situation and provide support wherever possible.

8. NHS Start Well

Sarah Mansuralli (Chief Strategy and Population Health Officer / Interim Deputy CEO for NCL ICB) introduced the report, which detailed the proposals to consolidate maternity and neonatal services, known as NHS Start Well. In introducing the report, she highlighted that North Central London Integrated Care Board (NCL ICB) recognised that this would have implications for both staff and residents using or working in those services, but there had been some detail lost in the overarching narrative around the proposals that she wanted to clarify. Having listened at many stakeholder engagement activities, there seemed to be an assumption that the proposals were being driven by an attempt to achieve cost reductions and efficiencies in the NHS, but she affirmed that this was not the case. Instead, the proposals focused on creating high quality services that offered personalised care to deliver improved outcomes in maternity and neonatal health. To deliver either option that NCL was consulting on would require approximately £40m in capital investment, and a

substantial revenue investment into workforce. There was also a public perception that consolidating the workforce onto fewer sites was due to recruitment and retention challenges within the NHS. She highlighted that, whilst consolidation would improve resilience on sites, the purpose of the proposals was to ensure that staff saw and treated the right amount of cases to maintain their clinical competencies. Due to the low volumes of births on some sites currently, maintaining clinical competencies was a challenge, and this drove staff to go to other units where they could maintain their competencies, exacerbating existing retention challenges within the workforce.

There was a number of improvements the proposals would deliver for both NCL and North West London (NWL) populations, and the Royal College of Midwives was clear that personalised care, together with continuity of care, was critical in improving outcomes in maternity and child health. Without significantly improving both the workforce and facilities, it became difficult to provide that level of care and give time and attention to deliver personalised care that responded to the diverse needs of NCL and NWL communities. NCL ICB appreciated that there was a variety of perspectives on the proposals, and assured the Committee that they had been clinically developed by the professionals delivering the services, and that the models of care represented best practice as well as evidenced based clinical standards, which would ensure that maternity and neonatal care met the recently published standards in the three year maternity plan. NCL ICB was engaging extensively with populations in all affected boroughs and Brent and Harrow were a key part of that.

In continuing the introduction, Rob Hurd (Chief Executive – NWL ICB) explained that inequalities in maternal and child health were fundamental to this programme of work, and the impact assessment and acknowledgement of those for the most deprived communities, including ensuring no detrimental impact, was forefront as the ICB went through the consultation. In relation to NWL ICB, colleagues were working with NCL ICB and Brent Council to ensure assurances were sought before final decisions were made. In concluding, he advised the Committee that NWL ICB considered the proposals to be a positive step in addressing maternal and neonatal health inequalities.

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

The Committee asked how funding would work following any shift in service. They were advised that any funding would follow where the activity took place. There were units in NWL ready to do significantly more work than was currently flowing through NWL maternity units, so it was clear that the funding of those would lead to better use of all resources. As such, the funding followed the patient, and as a person chose where to give birth, the funding for their care followed them.

The Committee highlighted the opposition they had heard from Brent residents in relation to these proposals, who felt that they had been pushed forward at the expense of coverage. With the option to close the Royal Free maternity unit Willesden and Harlesden, where there were existing poorer health outcomes, had been identified as areas that may be affected. As such, the Committee asked what support could be offered to those communities who would be impacted by the changes, if they were to be implemented. Sarah Mansuralli explained that implementing the programme of work had positive benefits for the population at large, but there would be specific parts of the community that the ICB would need to focus on to mitigate any adverse impacts. The ICB had looked at groups of service users across the whole population from an outcome point of view and found that those in Willesden and Harlesden often had worse outcomes, which was why those areas had been highlighted as areas to pay close attention to in the option where the Royal Free was modelled to close. To mitigate that, the ICB was taking a hyper local approach to engagement in those areas to ensure that the changes were well understood and that residents had a chance to give their views. In the interim integrated impact assessment

(available on the ICB website) the ICB had focused on some actions it would need to take to support those communities such as language and communication support, transitioning from one model to another, and additional transport options. The ICB had set out and worked with local community groups and health professionals to think about the first assessment of those mitigations for both options that were out to consultation, and a key question being asked during consultation was what else the ICB should be thinking about in terms of mitigations, which could then be built into a final integrated impact assessment. Colleagues in NWL would be an integral part of that conversation to garner feedback at a local authority level, health service level, and the individual voices from Brent's communities. As such, there would be a need to commit to working in a joint way with Councils and local NHS organisations to ensure the pathways in the option where the Royal Free was modelled to close worked in the way that was needed for those affected populations.

In considering the consultation exercises being undertaken, the Committee asked how widespread those would be and what methods were being undertaken to consult the population of NWL and Brent. Anna Stewart (Programme Director – NHS Start Well, NHS NCL ICB) informed the Committee that NCL ICB was almost halfway through its 14-week public consultation. She felt the ICB had done a lot of work already in Brent, and councillors, as community leaders, had many links with voluntary and community sector organisations that the ICB was actively following up. Widespread promotion activity was taking place through social media, including Facebook, X, and the consultation website. The consultation materials had been translated into over 15 different community languages which took account of languages spoken in Brent and Harrow as part of that. Promotional activity had been sent to all GPs, to Brent Connects groups, the Brent 'Your Say' website, and individual meetings and drop-in events were taking place with various different organisations. Most recently, NCL ICB had been to Brent Central Mosque and Willesden Pakistani Centre, and there were a number of further engagement events planned. It was agreed that a list of activities/events could be circulated to the Committee.

The Committee highlighted that women would take a view on continuity of care, and asked how much focus there was on choice in the proposals. Sarah Mansuralli confirmed that the modelling underpinning the business case had looked at choice. Currently, if women from NWL or Brent chose to go to Northwick Park Hospital or St Mary's Hospital to give birth, there was continuity of care because community and universal services were geographical to where they chose to give birth. Whereas, when women choose to give birth at a hospital in NCL, e.g. Royal Free or the Whittington, then there was a lack of continuity of care, leading to fragmented care between antenatal, delivery and postnatal care. In future should the proposal to close the services at the Royal Free be taken forward, if a woman chose to go to either of those hospitals, they would receive continuity of care through antenatal, delivery and postnatal, and would then get connection with universal services commissioned by the Council such as health visiting and community midwifery. Anna Stewart added that the needs of the baby also needed to be taken into account. For example, Royal Free Hospital Maternity Unit only had a level one neonatal unit, meaning any mother giving birth at less than 34 weeks gestation, where there may be a need for additional care, would likely be moved to a level two or level three unit in the period before they gave birth or if they needed additional care after going in to labour. For this reason, it was important to take into account the complexity of the case and ensuring that there would be no adverse impact of giving birth in the preferred unit.

In relation to continuity of service, the Committee asked whether there would be capacity within the community for antenatal and postnatal care should the option involving the closure of the services at the Royal Free be taken forward. Rob Hurd highlighted that, as part of the final impact assessment, the ICB would need to take account of the variation that would be required in those services, and the funding and capacity would follow

patients in antenatal and postnatal care as it would for hospital care. Capacity in the community would be in place at the point in which the preferred option comes into play.

In considering any expansion of activity and services at Northwick Park Hospital, the Committee highlighted that there was a negative perception of maternity services in the general public following the CQC inspection. The Committee acknowledged that the hospital had since made improvements, therefore the Committee asked what work was being undertaken to improve those perceptions following the improvements. Rob Hurd agreed it was fundamental to promote the improvements being made at Northwick Park Hospital, which had moved beyond the issues of the past. North West London had a critical mass of safe units with high quality services that would be enhanced by the proposals, so communication activity would take place to promote those benefits to local residents in the event that the proposals around the Royal Free Hospital were taken forward. Mike Greenberg (Medical Director, Barnet Hospital) added that the more patients giving birth at Northwick Park the more this would improve the expertise of staff through clinical practice, enabling them to maintain their clinical competencies.

The Committee raised a query specifically in relation to the proposed closure of the birthing suites at Edgware Birthing Centre, asking whether this deprived patients the choice of a small, intimate, and nearby centre. It was difficult for residents close to Edgware to travel to Royal Free Hospital and many patients felt wary of Northwick Park Hospital. Sarah Mansuralli advised the Committee that they would listen to consultation feedback on that proposal, but had put the option forward because only 37 babies per year were delivered in the Edgware Birthing Suites which amounted to less than one delivery a week. The complexity of births was increasing across the board for a variety of factors such as later in life births, long term conditions and comorbidities, which meant many pregnant people were not eligible to deliver at Edgware Birthing Centre. Keeping up clinical competencies with the small number of births was difficult. The proposal was to close the Birthing Suite at the Edgware Birthing Centre and relocate the activity alongside midwifery led units, which were co-located with the Obstetrics Units in order to respond to population need, so there would still be antenatal, post-natal and community services available at Edgware Birthing Centre.

The Committee highlighted the cost to an individual of being pregnant and having a baby in terms of additional expenses, particularly if a pregnant person had difficulties and was required to travel to attend multiple appointments. They had concerns that this would result in less choice for residents as they would need to go to the nearest and cheapest place, and there was a risk of people not getting to appointments on time or not attending appointments because of travel costs. They asked whether these considerations would factor in to how the ICB would understand the impact. Rob Hurd explained that the process of the consultation would include listening and working out some of that detail around what the transport options would look like and what mitigations would need to be put in place to ensure better transport options were available for either of the options on which the public were being consulted.

Having highlighted best practice as one of the areas of focus of the proposals, the Committee asked whether this was being emphasised as a result of any failings in maternity services, and whether a training programme would be better suited to mitigate any failings rather than a reconfiguration programme. Mike Greenberg explained that the number of births was declining, and there were not enough births in certain units, such as the level one neonatal unit at Royal Free Hospital, for staff to be able to maintain the skills and expertise required to deliver that care. Looking at the whole of NCL, even if the ICB was to make Royal Free Hospital a level 2 unit, there was not enough births to maintain the expertise of staff. As such, this was why the proposals were to reduce and consolidate units.

The Chair invited Councillor Nerva, as Cabinet Member for Public Health and Adult Social Care, to contribute to the discussion. Councillor Nerva stated disappointment that this work had gone on for a considerable period of time without the local authority being informed, as he had only been made aware of the upcoming consultation in early December 2023. He highlighted that, as a local authority, the Council had a lot to offer the work and was a key part of the consultation process outside of NCL. He had hoped for a joint approach across NWL and NCL to look into how maternity services might be improved in future. In addition, he highlighted the importance of focusing on inequality issues in considering any options in relation to NHS Start Well.

The Chair thanked those present for their contributions and drew the item to a close. He invited the Committee to make recommendations, with the following RESOLVED:

i) For future reports to detail assurances that, as a result of the increase in demand should the changes in NCL take place and result in consolidated services, mitigations were in place against staff fatigue, human error, and overcrowding of facilities.
ii) To recommend that the impact of cost to prospective parents in relation to patient choice is considered in the final business case.
iii) To recommend that the ICB consult a wider geographical area of residents, and ensure interpretation services are available in a wide variety of languages to undertake that consultation.
iv) To recommend that, post any changes that are implemented, the ICB take a view as to the impact they have made.

In addition to recommendations, the Committee made several information requests, as recorded below:

v) For the Community and Wellbeing Scrutiny Committee to receive the detail of engagement activity undertaken to date, including the number of individuals and groups consulted, and geographical and demographic information.

9. Adult Social Care Quality Commission (CQC) Inspection

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) introduced the report, which provided an update on preparations for CQC local authority Adult Social Care Assurance. The Committee heard that this would be the first formal statutory inspection of Adult Social Care that the Council had received in ten years, but there had been a peer review conducted the previous year to prepare. In concluding the introduction, Councillor Nerva highlighted that inspectors would be interested in the delivery and leadership shown across services, including partnership working with local health services.

The Chair thanked Councillor Nerva for his introduction and invited comments and questions from those present. The following points were raised:

The Committee asked whether there was any evidence of differences in performance and commitment for agency workers compared to permanent staff. Claudia Brown (Director of Adult Social Care, Brent Council) believed that there was a difference, and when the Council had permanent staff it had the ability to raise stability and the standard of service. The Social Workers employed through the Assessed and Supported Year in Employment (ASYE) went through a set of criteria and were trained in order to set the standard of practice going forward. There were also social work apprenticeships which helped the Council to grow its social care workforce.

In relation to agency workers, the Committee asked whether there was an inter-borough initiative to keep agency staff costs down across London. Claudia Brown responded that in Adult Social Care there was no London Pledge, but there was agreement by the Association

of Directors of Adult Social Services (ADASS) that all boroughs would stick to a particular rate to pay agency. However, this had not been as successful as hoped, so ADASS was now looking towards the potential for a London Pledge for Adult Social Care.

The Committee noted that, in preparation for the CQC inspection, there had been an acknowledgement of funding constraints. The Committee asked what the impact of those constraints was on the Council's ability to have a good judgement from the inspection, and how much of the result might be due to funding issues compared to other factors within the service. Rachel Crossley (Corporate Director Care, Health and Wellbeing, Brent Council) explained that some of those funding constraints impacted on workforce, for example, if the Council could pay staff more then it could retain more staff and invest in more training, but she felt that Brent had done good work in managing that market. Brent's key focus was around practice standards by driving consistency and working with managers around supervision and case reviews, which did not cost money. Councillor Nerva added that the Council had made a commitment to 'parity of esteem' between children's and adult's social care and the local authority was now paying an enhancement to attract staff on a permanent basis. The Council was able to put resourcing into staffing in this way, but the other issue was around cost of care, and he felt there was a broken system in relation to care costs across the whole market that required work across the whole Integrated Care Board or national basis.

The Committee raised negative national media reports of abuse of care clients, and asked whether Brent Council sufficiently monitored and trained care providers so that the Council did not fall into that category. Officers explained that care provider contracts were monitored and there was specific mandatory training that the provider must undertake with their staff on an annual basis in order to comply with their contract, which could be checked when quality assurance visits took place. The Council also offered safeguarding awareness training for providers.

An area of concern the Committee raised was around transitions from childhood to adulthood. Members heard that transitions was an area the Council was working on and developing and there was now a Transition Officer working in the Children's Disability Service. A transitions tracker had been developed which tracked all individuals coming through transition, which would enable to Council to know who was going through transition and plan with them their package going into adulthood.

In relation to carers, the Committee asked what support the Council provided. Claudia Brown explained that the Council commissioned Brent Carers Service to work with carers and undertake training and signposting and link back to Council services where necessary. The Council worked closely with Brent Carers Service to ensure it was identifying carers to support their needs and nobody slipped through the net.

The Committee asked how much oversight the Council had over the duty of care that housing and health services had towards vulnerable adults. Claudia Brown explained that Adult Social Care had developed a relationship with housing and held a housing surgery where housing colleagues would bring complex cases to Adult Social Care to discuss. Adult Social Care was also in the process of developing protocols and pathways with housing and other areas to ensure there was a clear pathway into Adult Social Care. A multi-disciplinary SMART Team was in place to pick up those individuals who did not meet the criteria for Adult Social Care at the onset of their presentation but who usually ended up needing Adult Social Care in the longer term. That team was now merged with the duty service to ensure quick and holistic responses to individuals and was made up of housing officers, social workers and occupational therapists.

Some Committee members had been told by carers that they were being employed by private companies and believed they had not received the correct training. The Committee

was informed that Adult Social Care had a regular meeting with CQC so when companies like that were brought to the Council's attention they could be highlighted to CQC who could then inspect those services. She thought it was good for the public and councillors to be aware that this happened so that they could let Adult Social Care know of any issues.

The Committee asked how Brent was performing in relation to Adult Social Care assessments. Rachel Crossley highlighted that assessments were a major priority and Adult Social Care was putting in more resources around that, as well as annual reviews, to ensure there were up to date assessments in every space. There were around 300 assessments on the waiting list but there was a plan in place to clear that and it was estimated that would be done by May 2024.

The Committee asked how Adult Social Care was involved in the discharge process with hospitals. Claudia Brown highlighted that Brent's hospital discharge service was one of the best performing in NWL and could usually discharge patients within 2-3 days. In some cases, this may take longer if there were further arrangements to be done before an individual could be assessed. Adult Social Care would need to determine whether a person was Care Act eligible for Adult Social Care which could cause a blockage, or the person may not be fit for discharge in the opinion of Adult Social Care and require other issues to be addressed before the person was safe for discharge. Councillor Nerva added that there was always scope to do better in relation to discharge, but if there were issues that councillors came across he asked them to put forward a members enquiry. In his role as Cabinet Member for Public Health and Adult Social Care, he had been pushing the ICB to provide information to patients when they were admitted to hospital explaining what happens and the stages of discharge.

The Committee asked how the Health and Wellbeing Board assured themselves there was joined up working and oversight from the local system. Councillor Nerva highlighted that the most recent Health and Wellbeing Board had discussed the new inspection regime and what that would mean for the local NHS. The CQC was responsible for regulating both Adult Social Care and NHS, so it was expected the inspectors would take a good interest in hospital discharges where there was overlap between health and social care. He hoped that as the arrangements for inspection developed, there would be a place-based approach looking holistically at all of the system including social care, housing and the local NHS.

In concluding the discussion, the Chair asked how ready the Council was if there was a call for inspection imminently, and an estimate of how the Council may be judged. Rachel Crossley explained that the CQC would inform you that they would be visiting within the next 6 months, and then would provide 6-8 weeks notice within that 6 months before visiting. Once that notification was received, Adult Social Care would then have a 3 week period of information gathering and would engage staff and members on their self-assessment to test that. In being pragmatic, officers felt that a worst-case scenario judgement would be 'requires improvement' and a best case scenario judgement would be 'good'. Councillor Nerva added that, whilst it was Adult Social Care being inspected, the whole system had a role to play within that.

As no further points were raised, the Chair drew the item to a close.

10. Community and Wellbeing Scrutiny Committee Recommendations Tracker

The Committee noted the recommendations tracker.

11. Any other urgent business

None.

The meeting closed at 8:20 pm

COUNCILLOR KETAN SHETH
Chair

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	Community Wellbeing Scrutiny Committee 4 March 2024
	Report from the Director of Public Health
	Lead Cabinet Member: Cllr Nerva Cabinet Member for Public Health and Adult Social Care

Substance Misuse Treatment and Recovery in Brent

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Andy Brown Head of Substance Misuse Andy.brown@brent.gov.uk

1.0 Executive Summary

1.1 This report describes provides an account of substance misuse treatment and recovery services in Brent. It relates these services to the local needs assessment undertaken as well as national policy. It includes the funding and commissioning arrangements and the involvement of service users in the design and delivery of services.

2.0 Recommendation(s)

2.1 Members of the Scrutiny Committee are recommended to note the treatment and recovery services available to residents with problems of drug and alcohol.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

Effective and accessible substance misuse treatment services make a significant contribution to the Borough Plan priority: "**A Healthier Brent"** where success is defined as "Increased number of local residents engaging with drug

and alcohol treatment and recovery services". Problematic alcohol use and drug use are associated with crime and ASB and an effective treatment offer contributes to "**A Borough where we can all feel safe, secure, happy, and healthy"**, with the police and criminal justice system being key partners.

"From Harm to Hope" is the current national Drug Strategy developed in 2021 in response to Dame Carol Black's independent review of drugs. It focuses national and local activity on three key areas:

- Break supply chains
- Deliver a world class treatment and recovery system.
- Achieving a generational shift in demand for drugs.

3.2 Local patterns of drug and alcohol use

3.2.1 In England, all local authority commissioned substance misuse services are required to submit data to the National Drug Treatment Monitoring System (NDTMS). Through NDTMS, OHID (the Office for Health Improvement and Disparities) provide anonymised reports to commissioners which enable us to monitor and benchmark the performance of local services, as well as providing some insight into local patterns of drug and alcohol misuse.

NDTMS categorises services users according to their primary substance(s) of misuse, there being four categories:

- Opiates
- Non opiates (crack cocaine, cocaine)
- Alcohol
- Alcohol and non-opiates

3.2.2 This categorisation has been used for decades. However, increasingly it does not accurately describe current patterns of substance use, for example the use of more than one substance, the use of prescription drugs and Chemsex.

OHID estimate that in Brent there are

- 2,310 opiate and/or crack users in Brent
- 1,752 opiate users
- 1,331 crack users
- 3,169 problem alcohol users.

3.2.3 The most recent NDTMS data available is for the period December 2022 to November 23. This showed that 1169 local residents were engaged in structured treatment services.

- Opiates only: 172
- Crack only: 44
- Opiates and Crack: 255
- Alcohol only: 387

- Non-opiates and Alcohol only: 150
- Non-opiates only: 161

3.2.4 There were 605 new presentations over the same period into structured treatment services of which:

- Opiates only: 33
- Crack only: 32
- Opiates and Crack: 82
- Alcohol only: 252
- Non opiates and Alcohol only: 99
- Non opiates only: 107

3.2.5 There are many barriers to substance misusers accessing treatment, including an individual's willingness to recognise they have a problem and need help and that effective help is available. Locally we endeavour to minimise these barriers. For example, there are no waiting times to access treatment in Brent, the 24-hour helpline is open to anyone worried about their or someone else's substance misuse and the service continually reaches out to residents, clinicians, and partners to encourage referrals. Our service users in recovery are some of the most powerful advocates for treatment and we continue to try to amplify their voices.

3.2.6 In 2023, the public health department undertook a substance misuse needs assessment. Some key findings:

- The prevalence of harmful alcohol use (more than 14 units a week) in Brent is lower at 11% than London (20%) and England (22%).

- Around 4.3% of adults in Brent engage in binge drinking. This is lower than London (14.6%) and England (15.4%).

- In contrast, the prevalence of drug misuse in Brent is estimated to be higher at 10.3% than the national 8.9%.

- Compared to the national picture, in Brent there is estimated to be a higher proportion of Crack than Opiate users.

- Rates of alcohol related hospital admissions in Brent are higher than national. However, for young people, alcohol related admissions are lower than national averages

- Drug misuse is a significant cause of premature mortality. However recent data shows lower deaths rates in Brent than those seen historically.

- The proportion of White residents in the treatment population is greater than expected. This could represent a greater prevalence of problematic substance use in the White population and / or barriers to accessing treatment for those from other ethnic groups.

- For young people accessing treatment, there is a higher proportion of those of Black Caribbean heritage followed by White ethnic groups.

- There are high rates of smoking in the local treatment population, although, as in the general population, these rates are lower in Brent than nationally. In Brent 33% of those starting treatment for alcohol misuse smoke compared to 43% nationally. For drug treatment the figures are 42% in Brent and 65% nationally.

3.3 Service Provision

3.3.1 Specialist drug and alcohol treatment and recovery services offer a wide range of interventions to support people to recover from drug and alcohol dependence. Locally services are commissioned by the public health team and funded by the Council's Public Health Grant, Supplementary Substance Misuse Treatment Grant (SSMTRG) and the Rough Sleepers Drug and Alcohol Treatment Grant (RSDAG).

3.3.2 In 24/25, the total budget will be £6,415,000 which consists of main Public Health Grant £4,617,000; SSMTR £985,828; RSDATG £434,000.

3.2.3. Drug and alcohol services are provided through the VIA New Beginnings Service. VIA were formally known as WDP (Westminster Drugs Project). Central Northwest London (CNWL) NHS Foundation Trust are the clinical provider.

3.3.4 The New Beginnings Service covers two sites: Cobbold Road, which is the community hub, and Willesden Centre for Health and Care, where the majority of clinical services are provided, (although there is clinical outreach at Cobbold Road). Services are open 5 days a week from 9.00 am to 5.30 pm with extended opening to 7.00 pm on Mondays and Wednesdays backed by a 24/7 helpline: 0800 107 1754. In addition, outreach work takes place in the early morning and late evenings. At weekends Cobbold Road Treatment and Recovery Service is also open for the BSAFE (Brent Social Access for Everyone) service (see 3.4).

The service offer is tailored to individual health and social care needs with all service users having an individual care plan and a personal worker in a treatment and recovery model aimed at supporting people from addiction through to abstinence-based recovery pathways

Services provided by New Beginnings include:

- Information, advice, support, assessment and drop-in
- One-to-one key working
- Needle exchange and harm reduction services
- Substitute prescribing
- Health assessments and blood born virus screening & vaccination.
- Group work programmes (including abstinence and evening groups)
- Counselling and psychology

- Access to inpatient detoxification and residential rehabilitation
- Women-only groups
- Self-help and mutual aid groups
- Sexual health advice
- Smoking cessation
- Aftercare services
- Education, training and employment (ETE) support
- Reducing offending and gang affiliation
- Integrated Offender Management (IOM)
- Restrictions on Bail (RoB)
- Prison, Probation and Court Link Work
- Family and carers' support and advice
- A health and wellbeing service for people who use substances at lower levels, including alcohol, club drugs, cannabis and cocaine.

3.3.5 The service includes a shared care scheme where clients receive the majority of their care from primary care with clinical support and advice from New Beginnings. Clients on this scheme will usually be on stable substitute prescribing and often have other chronic conditions which are suited to primary care management. It is anticipated as a cohort of opiate substance misusers age, more clients will be supported in primary care in future through the development of outreach, pop up clinics and satellite provision over the next year.

3.3.6 VIA also provide an Individual Placement Support (IPS) service not only in Brent but across West London. The IPS service aims to achieve sustainable employment, to help reduce stigma, enrich lives, boost local economies, develop additional talents, and create workforces that reflect the diversity of their local communities. Brent's Employment Specialist attends the Cobbold Road service up to three times per week and continues to develop and maintain strong relationships with the New Beginnings staff team, attending team meetings and service user groups including the B3 Recovery Champions course. Latest data (to Q3 23/24) shows that since the project started in 2019, 506 referrals have been made to the service with 328 engagements in employment. More people are referred to IPS in Brent and more people engage in employment than any other borough in West London

3.3.7 While many features of the service model have been specified by commissioners, the provider has also introduced innovations in service delivery, notably the VIA Capital Card. This is a reward card for service users, families and carers of VIA services which incentivises service users' engagement through a simple earn-spend points system, akin to a Tesco Club card or a Boots Advantage Card. Clients can earn points by accessing services that support improved health and wellbeing. They can then spend these points on products and services such as gym sessions, cinema and theatre visits, hair and beauty salons, cafés and coffee shops. VIA also provide regular points-based services, such as daytrips, weekend retreats, classes, and groups.

3.3.8 A key service innovation over the last three years has been the development of screening pathways involving primary care and the role of the Fibro-scan

machine. A Fibro-scan measures the 'stiffness' of an individual's liver, which in turn reflects the degree of scarring in the liver (fibrosis). It is a simple, painless test which gives immediate results which detects alcohol or hepatitis related damage. The scan provides a powerful incentive to treatment through New Beginning, and where clinically appropriate residents are linked straight away into a specialist hepatology treatment pathway at St Mary's Hospital. The Fibro-scan machine in New Beginnings is the only such machine in Brent, and Brent is one of the few public health teams to have commissioned such a service in London.

3.3.9 Young people have a specialist service - Young People VIA Elev8. This is delivered by VIA New Beginnings and provides specialist advice and support for young people directly impacted by substance misuse along with emotional health and well-being interventions. The service is available for young people who are under 25 and who live or study in Brent. It includes:

- advice and information around health and wellbeing.
- private and confidential sessions with their own support worker (in-person and online).
- help to make better decisions about an individual's drinking or drug use.
- help get other support that they may need.

3.3.10 The service can meet young people at a location that works for them, such as school, college, youth club or a safe space in their local community, and at a time that suits young people.

3.9.11 Cannabis is still the primary drug used by young people, with alcohol being the secondary substance. The service offers holistic interventions that looks at address issues as they impact on substance misuse and well-being such as:

- Anxiety
- Bullying
- Issues around body image / eating disorder.
- Vaping

In the last reporting period (December 2022 to November 23) NDTMS records 149 young people accessing treatment, with 82 being under 18 yrs and 67 aged 18 to 24. NDTMS does not include all young people in contact with the service. In particular, it does not record preventive interventions. This is a shortcoming of national data recording systems.

3.4 B3 Service User Council "**be heard, be motivated, be free":** B3 is the service user council for Brent. It was formed in 2009 by local residents using local drug and alcohol treatment services who wanted to help themselves and others facing the same issues around addiction and recovery. B3 aims to:

- raise awareness of drug and alcohol issues through information and education.
- provide a voice and support for service users in Brent.

- improve services in Brent through community feedback, partnership work, training and service user involvement.

3.4.1 B3 is now commissioned by Public Health as an entirely peer led service, run for and by residents. There are approximately 120 to 130 active members and an expanding volunteer base. The service is a central element of the recovery and aftercare pathway which helps people maintain their recovery and provides a range of social activities that help prevent social isolation and relapse into addiction.

3.4.2 These services include the Friday Service Users Council, Recovery Champions Training and the BSAFE weekend service. B3 operate from Cobbold Road and are fully engaged at all levels of the commissioning and operational management of the VIA New Beginnings contract. Members work alongside commissioners and providers through a range of planning forums such as the Treatment Sector Conference and the Recovery Planning Workshop that took place in November to redesign recovery and aftercare provision, as well as the Brent Drug and Alcohol Partnership. B3 members were also on the interview panel for Senior Pathway Strategist Criminal Justice and Women's Pathway posts based in Public Health.

3.4.3. B3 run the **BSAFE weekend service** at Cobbold Road, where B3 are the custodians and key holders for the building at weekends. "BSAFE" (stands for "safe access for everyone") is for individuals with substance misuse problems and/or engaged with recovery services. Weekends are a period where people can feel particularly isolated and BSAFE offers both support to maintain recovery and a route into treatment. A number of service users have accessed treatment after using the weekend service.

3.4.4 Brent is one of the few London Boroughs that has a weekend service operating on both Saturday *and* Sunday. The service is regularly attended by 50 to 70 service users, is run by B3 staff and trained volunteers, and operates on a Saturday afternoon from noon to 5 pm and on Sundays from 1.00 to 4.00 pm. It provides:-

- A friendly, safe, and relaxing environment
- Refreshments
- Newspapers, TV and computer access
- Peer support and friendship
- Signposting and guidance to other local services and partners including Food Banks, Via New Beginnings, Crisis Skylight, St. Mungo's, The Terrance Higgins Trust

Children are welcome if accompanied by a responsible adult.

3.4.5 B3 are also commissioned by Public Health to run a Recovery Champions course. This runs four times a year and participants study for two days a week for 5 weeks focusing on:

- Drugs & alcohol advice, support & consultancy.
- Presentation & communication skills.

- Self-development to build participants' confidence in working and learning together.
- The development of essential skills such as health & safety, confidentiality, personal values, boundaries, safeguarding and communication skills.
- To continue their development on the role of recovery champions and where they can signpost and refer other local residents to help and support services such as New Beginnings.

3.4.6 The service has also been recognised as a national model of good practice by OHID for involving service users in the development of treatment and recovery services. B3 sit on the London Service User Council for Drugs and Alcohol chaired by OHID and regularly appear at national forums to talk about the work they undertake in Brent.

3.5 Hepatitis C.

3.5.1 Hepatitis C is a blood borne virus which, left untreated, can cause liver cancer and liver failure. It usually displays no symptoms until the virus damages the liver enough to cause liver disease. People who inject drugs are at high risk of becoming infected. It is possible to screen for hepatitis C and in recent years effective drug treatments which are well tolerated have become available.

3.5.2 Via New Beginnings Brent has achieved "micro-elimination of hep C" which means that:

- 100% of those in treatment have been offered a Hep C test.
- 100% of people who currently inject or have previously injected have been tested for Hep C
- 90% of individuals who currently inject or have previously injected have been tested in the last 12 months.
- 90% of people who were diagnosed with Hep C at the service have started treatment.

This is a significant achievement and will prevent future cases of liver failure and cancer.

3.6 Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG)

3.6.1 In October 2020 Public Health working in collaboration with WDP (now VIA) successfully bid to DHSC and DHLUC for RSDATG. This is ring- fenced funding to enable rough sleepers with entrenched drug and alcohol problems to engage with treatment and recovery programmes to support access to and maintenance of stable accommodation. In 24/25, Brent will receive £434,000.

3.6.2 The grant pays for a specialist outreach team BOET (Brent Outreach and Engagement Treatment Service) based in VIA New Beginnings which works with rough sleepers *and* those at risk of rough sleeping.
The team consists of:

- Senior Recovery Practitioner
- Outreach and Engagement Nurse
- Women's Engagement and Recovery Practitioner
- Homeless Drug and Alcohol Practitioner
- Complex Needs Navigator
- Peer Advocacy and Engagement Practitioner
- Homeless Recovery Support Practitioner

3.6.3 BOET works in partnership with Brent Council's Single Homeless Persons Service through the Turning Point Service in Harlesden as well as with St Mungo's, Crisis Skylight, hostel accommodation leads, and the Metropolitan Police Safer Neighbourhood Team leads. The most recent data shows the service is currently working with 22 rough sleepers, with 12 people assessed for structured treatment, and with 62 people at risk of rough sleeping, with 22 assessed for structured treatment (23/24 quarter 3 data).

3.7 Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG)

3.7.1 The Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is a ring-fenced three-year grant (22/23 to 24/25) to support local authorities to meet 3 key targets:

- Increasing numbers in structured treatment: the target is a 10% increase in the number of Opiate and Crack users engaging in structured Treatment for 24/25

- Continuity of care: the target is for 75% of drug using offenders to engage in the local treatment and recovery system on release from prison.

- The number of people engaging in residential rehabilitation.

3.7.2 The grant conditions include a requirement to maintain the level of spend on substance misuse interventions from the main Public Health Grant (in Brent £4,617,000), i.e., the SSMTRG must be supplementary to the main grant. Delivery plans must be agreed with the local service provider and service users, and the Combatting Drugs Partnership (see 3.8) must be consulted. Local commissioners have limited discretion on how the grant is used, being able only to select from a set "menu" of interventions.

3.7.3 Brent will receive £985,828 in 24/25 which is the last year of the current 3-year funding programme. The future of the SSMTRG is currently uncertain.

3.7.4 The 24/25 plan will see the creation of six new posts to support partnership working, mental health in-reach, young people's services, satellite working and additional capacity for assessment for VIA New Beginnings and Elev8. This builds on investment already made into specialist harm reduction, in reach into the criminal justice system, dual diagnosis and service user involvement.

3.7.5 To increase the numbers of opiates and crack users engaged with local treatment services, the plan focuses on the criminal justice system, mental health in-reach and targeted outreach including a new model of engagement for working with the Police. The grant has supported more effective operational links with the pathways from Prisons and more joint working locally with the London Probation Service and Willesden Magistrates court.

3.7.6 One long standing health inequality is the under-representation of women in treatment and work is underway to improve pathways for women into treatment.

3.7.7 The grant is also supporting more targeted work with those involved in the sex industry at street level.

3.8 The Combatting Drugs Partnership (CDP) for Brent.

3.8.1. The government's drugs strategy, '*From Harm to Hope*', relies on co-ordinated local action across partners including enforcement, treatment, recovery, and prevention and prescribes an identified Senior Responsible Officer (SRO) to lead on the local delivery and the establishment of a Combatting Drugs Partnership. In Brent the SRO is the DPH who chairs the Brent Drug and Alcohol Partnership (BDAP) which includes the responsibilities of the CDP but takes a broader perspective including addressing alcohol related harms.

3.9 Brent Drug and Alcohol Related Deaths (DARD) Panel

3.9.1. Drug and alcohol related deaths may occur from acute overdose or from chronic misuse and the associated physical health harms. Deaths may be in those in contact with services and those not known to services.

3.9.2 Local surveillance and response systems exist to rapidly identify drug related deaths in order that necessary public health action can be taken, for example in response to possible contamination of the drug supply. This could involve enhanced surveillance by enforcement and clinical services and / or harm minimisation messages to users. Robust systems of reporting and response exist in Brent for those known to treatment services. For those not known to services we are dependent on notification from the partners which can be less timely.

3.9.3 In 2022, public health established a Brent Drug and Alcohol Related Deaths Panel (DARD Panel) which meets on a quarterly basis to allow a more considered review of deaths of service users. To date 22 cases have been discussed at the panel. The majority of the cases have been associated with long standing misuse of alcohol. The majority of deaths in drug users known to services have been as a result of the long-term physical health impacts of drug use rather than overdose. In a number of cases for both alcohol and opiate users , people have died having come into the treatment system after decades of problematic substance misuse. This underpins the importance of encouraging people into treatment and of a closer relationship between

substance misuse treatment services and primary care to ensure the physical health needs of those in treatment are addressed.

3.9.4. Opiate overdose can be reversed by the rapid administration of naloxone and VIA have provided naloxone training and supplies to B3 and to hostels who accommodate clients at risk of substance misuse.

3.9.5 Recently we have become aware that a number of single homeless people with substance misuse issues are being placed by other boroughs in temporary accommodation settings in Brent, for example hotels, which public health and VIA are unaware of. Work is underway to identify these settings and reach out with an offer of training to staff around substance misuse and overdose risks. At the same time, VIA and B3 are reaching out to those placed in these settings to ensure they are aware of the treatment offer.

3.9.6 There is *national* evidence of increasing amounts of synthetic opioids in the supply chain. These significantly increase the risk of overdose by being more powerful and more long lasting.

3.10 Wider engagement of treatment and recovery services

3.10.1 Brent is one of the few boroughs to have in place a memorandum of understanding between substance misuse and sexual health services to improve pathways of care between the two services.

3.10.2 B3 and VIA held a very successful Black History Month event in October at Cobbold Road and an LGBTQ + event at the end of February.

3.10.3 A new video for professionals on the treatment and recovery offer for Cobbold Road has been produced and disseminated. A version for service users is under development involving B3 with a further video aimed at young people under production**.**

3.11 SSMTRG targets

3.11.1 From Harm to Hope and the additional SSMTRG funding and associate targets shifted our measurement of success within treatment and recover services from “successful completions” of treatment, where Brent has for many years performed above regional and national benchmarks, to increasing the numbers in treatment with less attention to the outcomes of treatment. Pivoting the local treatment system from “quality” to “quantity” has been a challenge.

3.11.2 For Brent the target set by government is 1295 drug and alcohol users in structured treatment. In the current reporting period (December 2022 to November 2023) 1169 people were engaged, 90% performance against the national target.

3.11.3 It is widely acknowledged that the national targets are ambitious and many authorities, particularly in London are struggling to meet these. Brent's current level of achievement places us "mid table"

3.11.3 Performance against national targets is measured on a 12-month rolling average meaning there is a delay in action impacting on performance. Looking at those coming into treatment it appears that the pivot to bringing more people in has been achieved with there now being over 100 referrals a month, with an average of 50 new treatment starts.

4.0 Financial Considerations

4.1 These are contained in the body of the report.

5.0 Legal Considerations

5.1 There are no legal considerations arising from the report.

6.0 Equality, Diversity & Inclusion (EDI) Considerations

6.1 These are contained in the body of the report.

7.0 Climate Change and Environmental Considerations

7.1 There are no climate change or environmental considerations arising from the report.

Report sign off:

Rachel Crossley
Corporate Director of Care, Health and Wellbeing

Brent	**Community Wellbeing Scrutiny Committee** 4 March 2024
	Report from the Director of Public Health
	Lead Cabinet Member: Cllr Nerva Cabinet Member for Public Health and Adult Social Care

Health and Wellbeing Strategy Update

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Dr Melanie Smith Director of Public Health Melanie.Smith@brent.gov.uk Agnieszka Spruds Strategy Lead – Policy Agnieszka.Spruds@brent.gov.uk

1.0 Executive Summary

1.1 The Health and Wellbeing Strategy is a joint strategy between the NHS, Council and VCS members of the Health and Wellbeing Board. This report describes the process of community engagement which shaped the current Health and Wellbeing Strategy and its five themes. The current strategy contains a number of commitments, and this report provides an update of progress against each of these. Finally, it briefly describes the approach the Health and Wellbeing Board will be taking to update the Strategy for 24/25.

2.0 Recommendation(s)

2.1 Members of the Brent Community Wellbeing Scrutiny Committee are asked to note and comment upon the update on the Brent Health and Wellbeing Strategy.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The Health and Wellbeing Board brings together elected members, local GPs and NHS leaders and HealthWatch. Every Health and Wellbeing Board is required to produce a Joint Health and Wellbeing Strategy (HWS) which reflects local health needs and to which all partners should have regard.

3.2 Background

3.2.1 The global pandemic exposed and highlighted health inequalities, prompting Brent to redefine its approach in developing a new Joint Health and Wellbeing Strategy. The current strategy is a shift from the previous strongly health and care-focused objectives to a broader focus on the social determinants of health whilst adopting a more community-centred approach.

3.3 Brent Joint Health and Wellbeing Strategy

3.3.1 At the October 2020 Brent Health and Wellbeing Board (BHWB) meeting, the BHWB agreed that in the context of the seismic changes and fundamental issues exposed by the Covid19 pandemic, a fundamental rewrite of the Joint Health and Wellbeing Strategy (JHWS) was required. The BHWB also agreed the focus of the JHWS should be a whole systems approach to tackling health inequalities and wider determinants of health inequalities, as exposed and exacerbated by Covid19. The BHWB also gave clear instruction that the JHWS must be developed with communities, and that consultation throughout the development process was critical.

3.3.2 The Joint Health and Wellbeing Strategy was developed in partnership with Brent's residents, health, and voluntary sector organisations. As a result of this collaborative work, five main themes have been established within the strategy:

- Healthy Lives
- Healthy Places
- Staying Healthy
- Understanding, Listening and Improving
- Healthy Ways of Working

3.3.3 The points below provide an overview of how the strategy has been developed.

3.4 Stage one consultation

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

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

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

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

3.5 Stage two consultation

3.5.1 Healthwatch and officers consulted from June to September 2021 across a range of audiences. Stage two consultees included partners, key external and internal forums, and key community and voluntary sector groups. This stage of the consultation sought to understand stakeholder and key community group opinion of the interim emerging priorities, focused on the following questions:

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

3.5.2 Participants confirmed that the priorities identified were appropriate. They also acknowledged that the feedback received during the first stage of consultation, including the issues they had highlighted such as barriers and groups experiencing health inequalities, were accurately understood. Moreover, they offered numerous ideas on how services and communities could effectively deliver these priorities.

3.6 Stage three consultation

3.6.1 Taking into account all the feedback received in stages one and two of the consultation, and following on from input from partners, officers produced a draft strategy. This draft has been used in the final consultation phase.

3.6.2 The final strategy contained a series of commitments by HWB partners against the five themes. It was approved by the HWBB on 16 March 2022.

4.0 Progress update

4.1 The paragraphs below summarise achievements against commitments in each of the five themes

Healthy Lives

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

4.2 Considerable progress has been made against the commitments in the 'Healthy Lives' theme.

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

  Significant progress has been made to engage the whole system in supporting the uptake of Healthy Start Vouchers and vitamins. All members of the maternity teams, health visitors, and staff at Family Wellbeing Centres (FWC) have been trained in the correct processes to allow pregnant women and children under 4 to access the vouchers and thus healthy food and milk. Furthermore, Healthy Start has been actively promoted within FWCs, where free vitamins are also being distributed. Promotional materials for the Healthy Start scheme have been distributed to various outlets. A communications campaign was launched in October 2023 and visits are underway to neighbourhood shops to increase awareness of the vouchers and promote acceptance.

- We will increase sign up to the Healthier Catering Commitment (HCC).

  The HCC is a voluntary accreditation scheme for fast food outlets that provide healthier options. There is ongoing work taking place to re-enlist businesses into the commitment. This involves collaboration with Environmental Health Officers to assess eligibility, ensuring that businesses meet the required standard of having a food hygiene score of three or over. These steps are critical in ensuring that the Healthier Catering Commitment maintains its standards and continues to promote healthier food options.

- We will create an incredible edible Brent.

  This scheme itself has not yet been introduced in Brent. However, there have been community activities delivered in partnership with various organisations, incorporating elements of food education and distribution. The work towards the development of a new food strategy is likely to include significant elements of food growing.

- We will run community cooking lessons.

  Three community cooking schemes have been successfully held in collaboration with MIND, VIA and Kilburn Community Kitchen. In addition a directory that lists existing community cooking groups is being compiled. Moreover, FWCs have

been actively promoting healthy eating by hosting family cooking lessons, further contributing to this community-focused culinary initiative.

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

  Two HENRY programmes are delivered at the FWCs each term, and the feedback received has been very positive. Also, weight management sessions are regularly conducted in the FWCs. The centres not only focus on individual health but also actively promote healthy lifestyles and encourage the participation of families in various activities. An expanded tier 2 child and family weight management service has been commissioned by Public Health

- We will improve the oral health of children in Brent.

  Progress has been made in improving the oral health of children in Brent. A recently completed oral health survey revealed that nearly two-thirds of children are brushing their teeth correctly. To build on this, further oral health education lessons are planned for secondary schools. 688 children took part in the most recent round of the Oral Health Mobile Bus campaign; of these, 35 per cent were identified with one or more caries and have since been referred for dental treatment. FWCs are playing a crucial role by promoting good oral health. They deliver sessions focused on encouraging families to register and engage with local dentists, further highlighting the importance of oral healthcare.

- Brent residents will experience coordinated joined up care when accessing health and care services, closer to where they live.

  This commitment underscores the work of the Integrated Care Partnership, particularly the Community Services Workstream which was reported to the HWB in November 2023.

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

  Little progress had been achieved in implementation of the NHS Long Term Plan commitments to address nicotine addiction. However, the recent consultation on legislation to deliver a smoke free generation and the allocation of additional funding for smoking cessation services in 24/25 has provided a fresh impetus. Action to address nicotine addiction (in all its forms) should be a major priority for the HWS in 24/25.

- We will review alcohol and cannabis misuse patterns as part of Brent's Joint Strategic Needs Assessment (JSNA).

  The substance misuse ‘deep dive’ JSNA has been completed. In response new educational materials, including leaflets and online videos, have been created with a focus on young people. The Brent Drug and Alcohol Partnership group was established in 2023.

- We will increase take up of our Resident Support Fund (RSF).

  In response to the cost-of-living crisis the Council and partners have mobilised successful efforts to increase the uptake of the RSF. Digital support sessions for people with Diabetes in the community include assistance with RSF applications where necessary. Income Collection Officers have been empowered to apply for RSFs on behalf of tenants in arrears. Officers also consider the RSF during audits or property lettings, especially for tenants who might face difficulties with initial expenses like furniture. Furthermore, Family Wellbeing Centres (FWC) actively promote the RSF, assisting families with applications. FWC Triage Officers are currently piloting a new emergency RSF, complementing the emergency support fund scheme run by Barnardo's, which families can access through the FWC.

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

  The MESCH programme comprises evidence based intensive targeted health visiting support from pregnancy to the second birthday. Significant progress has been made in developing the MESCH programme to improve outcomes across the system. All relevant staff have received training and are actively delivering the programme. Additionally, two school staff members have been recruited and trained specifically for MECSH. They commenced their roles in November 2023.

- We will review and ensure Brent residents have access to a range of health & wellbeing services addressing wider social determinants, particularly underserved communities.

  This work is led by Brent Health Matters (BHM) and Public Health. Key to this effort is the deployment of community engagement staff, who hold language and cultural expertise relevant to the targeted communities. They play a crucial role in delivering health promotion and protection work, for example the work undertaken in 2023 with Latin American communities and Asylum Seekers.

Healthy Places

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

4.3 Under the 'Healthy Places' theme progress includes expanding Family Wellbeing Centres, and extending hub services for those with complex needs are also underway. Overall developments contribute towards creating safer, cleaner, and more inclusive community spaces.

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

  Progress has been made towards ensuring that all Brent residents have access to affordable physical activities. This includes increasing the number of walking routes, with a leaflet and webpages on these routes also being created to guide

residents. With the Transportation department the potential for installing more way markers for routes leading from stations to key locations like the Civic Centre and Wembley Stadium is being explored.

- We will promote community and accessible toilets.

  The installation of a 'Changing Places' toilet at Vale Farm Leisure Centre took place to improve accessibility for those with additional needs. However, the future expansion of this scheme depends on securing additional funding. Without this financial support, further development of the scheme would not be feasible.

- We will improve usable green spaces in Brent.

  Progress is being made in improving Brent's usable green spaces. Collaboration with the Climate team is underway to identify opportunities for establishing new community growing areas. These efforts are closely aligned with the green neighbourhood pilots. Currently, the primary focus of the team is allocated to the community growing project.

- We will improve access to park, places and events for people with disabilities.

  Significant steps have been taken to improve access to parks, places, and events for people with disabilities in Brent. A working group comprising parents who are carers was established to gain insight into the barriers experienced in existing playgrounds. This feedback is crucial in guiding future designs. Inclusivity is a fundamental consideration in the design of all new playgrounds, with a focus on addressing both visible and hidden disabilities. An example of this commitment is the installation of a wheelchair swing in King Edward's Park. However, the swing has elicited a mixed response due to broader infrastructure challenges.

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

  Efforts are being made to improve our estates by creating green, safe, and healthy environments, aligning closely with the needs expressed by residents. New collaborative approaches are being explored with environment and enforcement services, with a significant focus on actively reducing fly-tipping. The charity Seeds for Growth is collaborating with BHM to identify and fund tenant groups interested in creating and managing community gardens. Staff are undertaking a comprehensive mapping of all borough garages to determine which can be repurposed or demolished, potentially creating new green spaces in unused locations.

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

  A range of different initiatives are helping to ensure that children and young people can access creative experiences. As part of the Brent SEND Strategy (2021-25) a commitment is in place to establish and support a Cultural SEND challenge - supporting children and young people to access 25 creative and cultural experiences by the time they are 25. For care leavers, the 'Brent Care

Journeys' project has provided many care leavers with access to arts and cultural experiences - from artwork to theatre trips. Funding has been secured by the Young Brent Foundation to recruit a new manager for The Local Cultural Education Partnership, after an unsuccessful bid to the Arts Council. Recruitment is underway and will lead to a relaunch of the LCEP. In the meantime, the LCEP is joint funding a creative project for young carers

- We will expand the use of Family Wellbeing Centres (FWC).

  Efforts to expand the use of FWC in Brent are progressing effectively. A communication plan has been implemented to promote the centres, utilising a diverse range of multimedia channels. To ensure strong engagement and development of services, a FWC Parent/Carer Voice Forum has been established. The CAMHs under 5's pilot, which has been successfully delivered, now operates across the FWC and linked settings. Furthermore, the number of partners involved in delivering services through the FWC is continually increasing, enhancing the service offer. The Department for Education's Family Hub and Start for Life programmes are being actively delivered through the FWC.

- We will extend the hubs offer across the borough to provide support to residents with complex needs.

  The Hubs have been extended across the borough and efforts are being made to extend hub services throughout Brent to support residents with complex needs more effectively. This includes working with Brent Health Matters to set up monthly pop-up surgeries at two hub sites. In collaboration with 'Groundwork', the 'Green Doctors' programme helps residents address home heating challenges, focusing on insulation and preventing drafts. Plans are also in progress to develop 'ihubs' in partnership with the Integrated Care Partnership. There is an ongoing commitment to forming new partnerships and exploring innovative ideas to improve the range and impact of these hubs.

- Improve social prescribing.

  Social prescribers are now established across all PCN providers, ensuring a more integrated approach to patient care. Development is underway for joint pathways between primary care and social care, aiming to improve the patient experience. There is ongoing work to provide PCN social prescribers with access to the Directory of Services, which will further support their ability to connect patients with appropriate community resources and services. In response to a Scrutiny Task Group the expansion of social prescribing into front line ASC services is being developed

Staying Healthy

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

4.4 Under the "Staying Healthy" theme, key developments include refurbishing patient visiting areas, and expanding virtual medical services. Initiatives to reduce hospital stays, restore elective services, and develop children's mental health strategies are ongoing. Efforts to increase mental health service awareness, ensure accessible GP services, manage long-term health conditions, introduce a mobile health bus, and increase vaccination uptake are in place. There's also a focus on cancer awareness, care home excellence, and providing safe and well-supported home environments.

- Improve patient areas.

  Refurbishment of patient areas at LNWH is part of a rolling plan to enhance hospital facilities. A comprehensive programme is being scoped to improve wayfinding in hospital sites. This initiative builds on previous engagement activities with stakeholders. Funding for this project has been secured, and the process of seeking out third-party partners is currently underway.

- Expand virtual models, starting with heart failure.

  While the COVID Virtual Ward has now been closed, numerous other pathways have been developed. The Heart Failure Virtual Ward, since its inception in 2022, has admitted 251 patients and has been recognised as a finalist in both the HSJ Awards and Parliamentary Awards. The Respiratory and Diabetes Virtual Wards, introduced in 2023, have collectively admitted 223 patients. The Paediatric Virtual Ward, established in October 2022, has treated approximately 900 patients to date. However, the introduction of Frailty Virtual Wards has been delayed, as their viability and sustainability are reviewed

- Reduce the time spent in hospital.

  A 'Single Point of Access' system has been implemented for medical same day emergency care (SDEC) cases, aiming to streamline GP referrals and avoid unnecessary admissions. There are plans to pilot this system for surgical and gynaecological referrals to ensure patients are directed to the appropriate services. Additionally, SDEC now directly accepts referrals from LAS and 111. Collaborative work with LAS has been undertaken to increase direct referrals to SDEC, further enhancing the efficiency of hospital admissions and potentially reducing overall hospital stay time.

- We will continue to restore our elective services, such as planned surgery, in an environment that protects patients from infection.

  London North West Healthcare (LNWH) maintains strict adherence to national COVID transmission guidelines and provides rapid COVID-19 and flu testing as necessary, in efforts to continue restoring elective services in a safe environment. Recent trends at LNWH have shown a slight increase in the number of patients with COVID, within the hospital, mirroring national patterns. To expand emergency intake capability and enhance patient isolation, especially for infectious diseases, construction of a 32-bed modular ward is underway. This

new ward will include a sufficient number of side rooms, ensuring effective isolation facilities.

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

  Significant progress is being made in developing a strategic approach to children's mental health, with a focus on partnership to ensure comprehensive care. A key initiative currently in the pilot phase focuses on emotionally based school avoidance, addressing the specific needs of children struggling with attending school due to emotional issues. A hospital discharge project is being currently piloted.

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

  There is an ongoing collaborative effort to strengthen the awareness and accessibility of mental health services, ensuring timely support for individuals with mental illness. This includes a review of all mental health service pathways for both adults and children, aimed at making them more accessible and user-friendly. Central and North West London NHS Foundation Trust (CNWL) is updating service information on their website and developing links across systems to strengthen support to providers. This includes systematic liaison with ARRS workers, social prescribers, and voluntary sector partners, to facilitate referrals and signposting to mental health services. Community connectors have been recruited and are actively engaging with Brent's diverse population, raising awareness about mental health and facilitating access to the necessary support.

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

  Efforts to ensure accessible GP services for all are supported by data published on the NHS England website. Local practices offer over 2.6 million appointments annually, translating to 465 appointments per 1,000 patients or 5.5 appointments per patient, marking this as the second-highest level of GP-led appointments in North West London. The Enhanced Access appointments provided outside regular GP opening hours, which total 148,715 annually, are highly utilised, with an average utilisation rate of 88 per cent. PCNs are working towards Access standards set for April 2024, based on recommendations in the Fuller report and the initiative for Recovering access to primary care. Since October 2022, the Enhanced Access Hub has been operational, with five sites offering services between Monday to Friday from 6.30-8pm and on Saturdays from 9am-5pm, contributing to the substantial number of appointments available.

- We will reduce the variation of impact from long term conditions between communities and build on the diabetes model.

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

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

  Efforts to reduce the variation in the impact of long-term conditions between different communities, building upon the diabetes model, have seen significant engagement. 136 health and wellbeing events have been held within the community, attracting over 7,000 attendees. A mobile health bus has been introduced to provide outreach in areas experiencing health inequalities. This initiative, operational for a two-month period between October and November, involved the vehicle visiting various events and locations.

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

  To ensure that children with complex health needs receive adequate support, the Welsh Harp Education and Horticultural Centre is in its planning phase, and the decision on capital investment for Airco Close is pending. The development of a strategic partnership with third-sector providers is in progress, with manager recruitment expected by end of 2023. The Supported Employment Forum, aiming to improve independence and economic activity for these children, has been established. This includes collaboration with stakeholders like Brent 0-25 Services, Brent Works, Brent Start, health partners, Parent/Carer Forum, providers, and the Department for Work and Pensions (DWP), with an event held on 6 November 2023.

- There are also initiatives focused on GP premises meeting minimum standards, including accessibility and DDA compliance. A comprehensive survey of GP premises identifies necessary improvements, and grant funding is available for GP practices to meet these standards. This approach ensures that healthcare facilities are adequately equipped to provide accessible care to all children, regardless of their health needs.

- We will ensure excellence in our care homes.

  To ensure excellence in Brent's care homes, the residential nursing team carries out quality assurance. They conduct annual quality assurance visits to each care home in the borough, with more frequent visits where necessary to support improvement. The team also performs placement reviews and safeguarding enquiries, contributing to a comprehensive understanding of care home quality in Brent. This systematic approach underscores the commitment to maintaining high standards in care homes.

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

  To ensure residents are safe and well at home, Brent commissions housing-related support services. These services provide non-statutory support to individuals who do not meet the Care Act eligibility criteria, including floating support for older people, individuals with mental health conditions, learning difficulties, and an older people's handy person service.

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

  To increase vaccination uptake, especially among those facing health inequalities and disadvantages, Brent is implementing several strategies. Immunisations are offered to school-aged children in various localities, not just in schools, and the response has been positive. Family Wellbeing Centres (FWC) are actively promoting immunisations, including as part of the Start for Life programme, with potential plans for immunisation clinics or drop-ins at FWC. Furthermore, immunisations are provided to eligible cohorts through semi-static sites and mobile/pop-up sites, targeted based on health intelligence to reach areas with greater needs, like deprived or underserved populations.

  The ICP has secured health inequalities funding from NWL ICB to expand the BHM model to focus on children and young people. The clinical priorities for the new team will include immunisations, as well as asthma and mental wellbeing

- We will increase awareness of early signs of cancer, and uptake of preventative interventions such as screening, targeted at those who experience health inequalities and disadvantages.

  To increase awareness of early signs of cancer and uptake of preventative measures, Brent is focusing on communities vulnerable to poor cancer outcomes. This includes conducting in-depth analyses through the Joint Strategic Needs Assessment (JSNA) to identify at-risk communities. Additionally, community-based screening programmes are being implemented, targeting areas with higher needs, such as those most at risk and deprived regions. These efforts are part of a comprehensive approach to improving cancer-related health outcomes in disadvantaged communities.

Healthy Ways of Working

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

4.5 Under the 'Healthy Ways of Working' theme significant progress includes developing eco-friendly energy solutions. BHWB anchor institutions are advancing local employment through Brent Job Fairs and establishing a community projects group to support health and wellbeing initiatives. Efforts to manage pandemic backlogs involve enhancing digital appointments and healthcare programmes to reduce health inequalities and improve system efficiency, ensuring a resilient health and care workforce.

- Plan for future pressures.

  To prepare for future healthcare demands, Brent is proactively enhancing readiness. This includes LNWH expanding emergency intake capabilities by constructing a new 32-bed modular ward in Northwick Park Hospital. Additionally,

there is a focus on improving critical care capacity in Northwick Park Hospital, ensuring the healthcare system is better equipped to manage potential future challenges and demands effectively. These steps are part of a strategic approach to anticipate and respond to evolving healthcare needs.

- BHWB anchor institutions will develop and implement social value policies.

  An energy centre in a multi-story car park of Northwick Park Hospital is now operational, providing eco-friendly energy solutions. There is an ongoing assessment of new LNWH healthcare builds against BREEAM standards, which are comprehensive sustainability benchmarks for buildings. LNWH's goal is to achieve an 'Excellent' BREEAM Rating for all new developments, demonstrating a commitment to sustainable and environmentally responsible practices in construction and infrastructure.

- BHWB anchor institutions will provide fair and good local jobs for local people, including through the volunteering to employment strategy.

  A key part of this initiative is to increase the promotion of recruitment opportunities within these organisations at local Brent Job Fairs, directly targeting the local community. For example, LNWH had a presence at a job fair at Wembley Stadium in July '23 and were part of a NWL Volunteer recruitment/employment fair at Brent Civic centre in September '23.

- We will establish a community projects group for those delivering grant funding health and wellbeing projects.

  BHM has launched the fourth round of grant funding, attracting applications from over 100 organisations. Following the decision-making process, there are plans to create a support group for these organisations, facilitating collaboration and sharing of best practices in health and wellbeing project delivery.

- We will manage the backlog caused by the pandemic effectively, and we will prioritise to ensure health inequalities are reduced, not deepened.

  In response to the pandemic backlog, several initiatives are being implemented in LNWH to manage extended waiting times and reduce health inequalities. Challenges posed by junior doctor strikes are being addressed through new programmes. These include the introduction of Cerner, the Timely Care Hub, the Elective Orthopaedic Centre, and a new 32-bed modular ward. Additionally, efforts are underway to measure and address disparities in waiting times across patient groups. The Patient Initiated Follow Up (PIFU) Standard Operating Procedure (SOP) has been published and promoted, although its impact has been limited to date. To overcome this, an Outpatient Standards Group is being established to set standards and support the conversion of patients to PIFU where clinically appropriate. In tackling the backlog caused by the pandemic, there is a focused approach to ensure that health inequalities are minimized. During the 2022/23 period, a significant portion, 26%, of appointments were conducted through virtual platforms. To further understand the impact and reach of these virtual appointments, metrics are being developed as part of an Equity

Index. This index aims to analyse how different demographic groups are engaging with virtual appointments. Additionally, the outpatient standards group aims to reduce the number of missed appointments (DNAs), which might lead to an increase in the number of appointments held virtually. LNWH is also working with the ICB on the Back2Health programme. This aims to embed volunteers to support those on waiting lists, aiming to reduce Did Not Attends (DNAs) and reduce anxiety of long waiters. This is currently in the scoping phase with Ophthalmology in Practices in Sudbury and Alperton and Alperton GP Surgeries in Brent.

Understanding, Listening, and Improving

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

4.6 Action under the theme 'Understanding, Listening, and Improving', has involved BHM and work on digital inclusion.

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

  Since November 2021, BHM with Public Health have undertaken **163** outreach events, which were attended by **8,217** people. **7,147** health checks were carried out and **2,671** people were seen by the Mental Health Team. These events are a unique opportunity to provide health and care services in the community at a time and place that suits our communities. The team provide health advice, including signposting and advice on healthy lifestyle. Health checks support case finding in our vulnerable communities for some long-term conditions, which in turn leads to better outcomes: for example **555** (8%) of non-diabetic residents were found to have high blood sugars which could be an indication of diabetes; **620** (9%) people had high blood pressure but had not been diagnosed as hypertensive; **371** people were found to have atrial fibrillation, which could cause stroke. These residents were escalated to their GPs for further investigations. In addition, the team has supported 610 patients to register with a GP in last year. In the last year, 27 Mental Health training programmes have been delivered to local organisations increasing those organisations' ability to support residents.

  Between 2021 to 2023, there have been 3 rounds of grant funding totalling £600,000 to 59 local community and voluntary sector organisations. Through relationship building and regular engagement with organisations, we have adapted our approach to encourage applications from grassroots organisations. The application process was shortened and simplified to enable small organisations to apply. This initiative has had a demonstrably positive impact on the community, fostering a sense of trust and collaboration with the local community. We are committed to supporting the sustainability and impact of the services and activities provided by local Voluntary and Community organizations. The programme has provided 1-2-1 sessions to the grant

recipients to co-develop and complete monitoring forms. This has helped build organisations' ability and capacity and helped us better monitor the impact of the projects being funded. The 4th community grants application round, which particularly welcomed projects targeting children and young people, received over 100 applications

- Analyse the data to understand performance in relation to different demographics.

  London North West Healthcare (LNWH) is developing an equity index to track its progress in reducing inequities in its services and analyse differences in quality across different demographics. This index will include aspects such as the Friends and Family Test, 'Did not attends' and readmission data, with a particular focus on groups experiencing specific inequities, such as individuals with Sickle Cell disease.

- We will improve data collation and its use across the system.

  LNWH has implemented the Cerner electronic patient record system, aligning with other acute trusts in North West London under a single domain. This integration offers the potential for improved completeness of personal characteristic data, such as ethnicity. Furthermore, leveraging Whole Systems Integrated (WSIC) data from primary and social care can further refine the accuracy and comprehensiveness of personal characteristic information. We will be exploring these opportunities. Such advancements would improve the identification of service inequities for those living in Brent.

- BHWB anchor institutions will include health inequalities in their impact assessments.

  LNWH's business cases all require a Quality & Equality Impact Assessment (QEIA) to identify impacts. We plan to strengthen this element over the coming year, focusing on the impact and risks on specific groups of patients who are at risk of inequity. The Council requires relevant health inequalities issues to be considered within the EDI implications of all corporate reports and decisions. CNWL include consideration of health inequalities within corporate EIAs

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

  Through the digital resident's support fund, 400 residents have now received digital devices. In addition, Brent's digital inclusion initiative has provided 45 homeless residents with mobile devices and connectivity. There's also been a 4 per cent increase in fibre optic coverage for residents, alongside efforts to promote social tariffs, ensuring affordable coverage for all

5.0 Refresh for 24/25

5.1 The Health and Wellbeing Board reaffirmed its support for the five themes of the Strategy in 2023. The Board considered progress against the

commitments in January 2024. While the Board recognised that not all commitments have been delivered and that some will require additional resources to be secured and / or will require continued efforts, it noted the considerable progress by partners. Action has been taken by all Council departments, by primary, community, secondary and mental health services and by the VCS.

5.2 The Board resolved to that partners should continue to work individually and collectively to progress the five themes. Members agreed to review the original commitments to determine which have been achieved or have become business as usual. At the same time, all Council Directorates, the Brent Children's Trust and the Brent Integrated Care Partnership will formulate new commitments for 2024/5 which reflect the developing ICP, have an even greater focus on equalities and attention to climate change as well as exploring synergies with the Borough Plan, the NWL ICB Strategy and individual NHS organisational Strategies. The ambition is to move where possible to commitments with metrics against which progress can be plotted.

6.0 Stakeholder and ward member consultation and engagement

6.1 Detail of the engagement undertaken to develop the Health and Wellbeing Strategy is contained in the body of the report.

7.0 Financial Considerations

7.1 There are no financial or budgetary implications resulting from this update.

8.0 Legal Considerations

8.1 There are no legal implications resulting from this update.

9.0 Equality, Diversity & Inclusion (EDI) Considerations

9.1 The health inequalities considerations are included in the body of this report.

10.0 Climate Change and Environmental Considerations

10.1 The health inequalities considerations are included in the body of this report.

Report sign off:

Rachel Crossley
Corporate Director of Care, Health and Wellbeing

	Community Wellbeing Scrutiny Committee 4 March 2024
	Report from the Director of Public Health
	Lead Cabinet Member: Cllr Nerva Cabinet Member for Public Health and Adult Social Care
Social Prescribing Task Group One Year Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Two: A: Scrutiny Task Force Final Report B: Executive Response to the Community and Wellbeing Scrutiny Committee
Background Papers:	None
Contact Officer(s):	Yoel Berhane Senior Programme Officer Public Health Yoel.berhane@brent.gov.uk

1.0 Executive Summary

1.1 This report provides an update one year on from the report of the Community Wellbeing Scrutiny Task Group on Social Prescribing in Brent and the Cabinet and Brent Integrated Care Partnership's response to those recommendations.

2.0 Recommendation(s)

2.1 Members of the Brent Community Wellbeing Scrutiny Committee are asked to note and comment upon the update.

3.0 Detail

3.1 Contribution to Borough Plan Priorities

Social prescribing contributes and has the potential to contribute to a number of the Borough Plan Priorities:

- Prosperity and Stability in Brent

  Many of those accessing the primary care social prescribing service have economic or housing needs and the service provides support and signposting for these for example linking to the Council's welfare support offer and the VCS

- A Cleaner, Greener Future

  The development of green social prescribing opportunities and closer links between the Council's environment and leisure services and social prescribing is being explored and would be welcomed by residents.

- A Healthier Brent

  Not only does social prescribing have proven benefits for physical and mental wellbeing but effectively targeting both access to the service and the opportunities it provides will address health inequalities.

3.2 Background

3.2.1 Community Wellbeing Scrutiny established a Task Group in September 2022 to conduct an in-depth review of how social prescribing has been implemented in Brent so far and to evaluate the options for its future development. The Task Group described social prescribing as an intervention in healthcare that allows healthcare professionals to refer patients onto a range of local, non-medical services in the community which seeks to improve health outcomes by addressing a patient's wider issues that may contribute to their overall health.

3.2.2 The Task Group reported in March 2023. It made five recommendations which, given their implications for the Council and the NHS, were considered by both Cabinet and the Brent Integrated Care Partnership (ICP). Cabinet and the IPC welcomed both the Task Group's interest in social prescribing and the specific recommendations. Appendix A contains the Task Group's Final Report and B the Executive response.

3.3 Update

This report provides an update of the actions by the Council and the IPC one year on and is organised on the following themes:

- Governance
- Access to social prescribing
- The social prescribing offer.

3.4 Governance

3.4.1 The implementation of the Cabinet and ICP commitments in response to Scrutiny Task Group is led by public health and funded through the public health

grant. The work falls within the Health Inequalities ICP priority. A Senior Programme Officer has been appointed with a background in Brent Health Matters to develop and co-ordinate the work programme.

3.4.2 The work of the Task Group and the ICP plans were shared with a range of partners from across the Council and the VCS in a workshop in the autumn. An internal Working Group across Customer Access and ASC has been established to develop the first pilot to be funded from the public health grant. Attendees at the autumn workshop will form a stakeholder group to be asked to provide wider context and guidance to the pilot, including advising on success measures.

3.4.3 The primary care social prescribers are commissioned by the Primary Care Networks and as such independent of the Council and the ICP. However, closer links, both operationally and strategically, have been established between the social prescribers and public health as a result of the Scrutiny Task Group

3.5 Access to social prescribing

3.5.1 The Task Group recommended that social prescribing should be widened from NHS primary care settings to enable ICP partners, front line social care and selected front line services to use social prescribing approaches. The ICP Executive agreed to pilot the introduction of social prescribing into Adult Social Care to explore its potential to both promote independence and reduce demand for statutory service.

3.5.2 The pilot is being delivered jointly by Customer Access and ASC with support from public health. A new post has been created of Social Prescribing Co-ordinators which will be trialled in both the Front Door and ASC. These roles will:

- Coordinate the delivery of social prescribing within ASC/Front door, triaging referrals and supporting staff to identify residents who may benefit from social prescribing
- Work as part of ASC and the Front door, taking referrals and managing a caseload of residents assessed to be suitable for social prescribing support, providing ongoing support for an allocated timeframe to promote engagement with identified services and achievement of goals

The posts will be funded through the public health grant. Both the process and the outcomes will be evaluated to inform a decision as to whether or how to expand social prescribing to other front-line services.

3.5.3 The Scrutiny Task Group recognised that not being registered with a Brent GP meant Brent residents were unable to access the existing primary care social prescribing offer. Much work has been undertaken by the ICP to ease registration with Brent GPs. All GP practices in Brent have achieved Safe Surgery status. Safe surgeries is a scheme developed by Doctors of the World which removes barriers to registration, in particular for migrants or those without documentation. Brent Health Matters (BHM) and public health staff regularly

encounter unregistered residents through their outreach and are actively supporting registration, including accompanying residents to practices where necessary. Screening questions to check whether a resident has a Brent GP are being introduced into the Hubs with appropriate advice and access to BHM support being available for those who need it. Support for GP registration will be one of the services offered by the new Community Wellbeing Project.

3.6 The social prescribing offer

3.6.1 Social prescribing in Brent has to date been funded by the NHS through the Additional Roles Reimbursement Scheme (ARRS). This scheme was designed to improve access to general practice. Through the scheme, primary care networks (PCNs) can claim reimbursement for the salaries (and some on costs) of a number of specific roles within the primary care multidisciplinary team.

3.6.2 The use of this funding stream to support social prescribing in Brent has meant that funding has been available for social prescribers but not to support or increase the services or opportunities for which the social prescribers may prescribe.

3.6.3 Working with the VCS to explore our response to the Scrutiny Task Group recommendations, the extent of the sector's concerns that the development of social prescribing will simply mean more signposting from statutory services to the VCS without any additional funding became apparent. There is no simple solution to this, but any expansion of social prescribing must avoid cost shifting from statutory services to the VCS.

3.6.4 One possible mitigation suggested in the Executive response would be for statutory partners to explore closer links between grant funding or commissioning of offers to residents to pathways from social prescribing. Another mitigation would be to include social prescribing opportunities as a potential social value measure in Council contracts. Limited progress has been possible on either of these approaches

3.6.5 Another approach will be to increase social prescribing *to* Council services, for example the existing Libraries, Arts and Heritage offer, and the various services provided by Environment and Leisure. Both services are committed to increasing access to their services and want to attract social prescribing 'referrals'.

This would be facilitated by the ICP's proposal to develop a data base of "social prescribing opportunities" i.e., those services and organisations to which residents could be referred or signposted, including both VCS and statutory services. Such a data base would have significant other benefits in adding value to existing work across the Council, NHS and the VCS.

3.6.6 One year on this has been explored in some depth. A number of challenges have become apparent which include bringing together the numerous existing Directories of Services (e.g. the Brent Front Door's DOS, that used by the primary care social prescribers and the Integrated Neighbourhood Teams'

DOS); addressing the ownership of these assets; making the information accessible to partners who are using different IT systems; integrating the DOS into the services' management systems and keeping the information updated. A digital solution used elsewhere in NWL NHS to support social prescribing appears a potential solution and the Council's digital transformation team is helping to explore whether this could be implemented in Brent.

3.6.7 One positive and practical addition to the social prescribing offer in Brent has been achieved through the expansion and development of the Council's Community Wellbeing Project. Social prescribers (as well as Brent Health Matters and public health outreach team) will be able to refer to the expanded Community Wellbeing Project delivered from New Millenium

4.0 Financial Considerations

4.1 There are no financial or budgetary implications resulting from this update.

5.0 Legal Considerations

5.1 There are no legal implications resulting from this update.

6.0 Equality, Diversity & Inclusion (EDI) Considerations

6.1 The health inequalities considerations are included in the body of this report

7.0 Climate Change and Environmental Considerations

7.1 In future the potential to develop green social prescribing opportunities will be explored which could have both health and environmental benefits. Environment and Leisure colleagues are linked into the stakeholder group.

Report sign off:

Rachel Crossley
Corporate Director of Care, Health and Wellbeing

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Social Prescribing in Brent

An Overview and Scrutiny Task Group Report

Chair, Councillor Ketan Sheth

Community and Wellbeing Scrutiny Committee

Members of the Task Group

Councillor Ketan Sheth (Chair)

Dr MC Patel*

Councillor Rajan-Seelan

Councillor Tazi Smith

Anita Thakkar*

*Denotes co-opted member

The task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 22 September 2022.

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Chairs Foreword

Social prescribing is a non-traditional form of healthcare that uses a holistic approach that deals with residents as a whole person and supports patients to address non-medical factors such as poor-quality housing that may cause medical issues, such as mental ill health through non-medical support in the community. Social prescribing is still in its early stages of its development in England, and it was not until 2014 that the NHS recognised the range of benefits that social prescribing could have on its population's health at a national level. As social prescribing has developed in Brent its focus has had to adapt, with factors such as the 12 years of austerity and the cost-of-living crisis changing the support residents need in the community. It was imagined that residents would be prescribed gym memberships and swimming classes through social prescribing, however, many residents who receive support from social prescribing in Brent are referred to welfare services, food banks and social care support. It is important to note that social prescribing operates within this context in Brent.

Social prescribing has been identified as being potentially key to addressing health inequalities across Brent, as residents who live in areas of high deprivation are more likely to have worse health outcomes due to socio-economic factors. To enable social prescribing to effectively tackle Brent's deeply entrenched health inequalities, its resources and funding must be distributed fairly, so that residents who are more likely to be impacted by health inequalities have sufficient opportunities to access the support they need.

"The key drivers of health inequalities are inequities in the conditions of daily life: the conditions in which people are born, grow, live, work and age. Action at the community level to address these is both necessary and feasible." – Sir Michael Marmot

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The Task Group were encouraged by how social prescribing has developed in Brent so far. The Task Group hopes its findings and recommendations will assist in the development of social prescribing model for Brent that all residents can access fairly and makes a significant contribution to reducing health inequalities in Brent.

I would like to thank all the partners who participated in this process and gave up their time to come together for the benefit of our residents, your knowledge and contributions have been invaluable to the Task Group. I would finally like to thank my fellow Task Group members – Councillor Tazi Smith, Councillor Rajan-Seelan, Dr MC Patel and Anita Thakkar.

Councillor Ketan Sheth,
Chair, Social Prescribing Scrutiny Task Group

Recommendations

The Social Prescribing Task Group makes the following recommendations to the Brent Integrated Care Partnership (ICP). It is imagined that Brent Council's Cabinet will endorse any possible response to these recommendations as part of the executive response.

Recommendation 1: It is recommended that Brent's social prescribing model is widened from NHS primary care settings, to enable ICP partners, front line social care and selected front-line council staff to use social prescribing approaches. The Brent Integrated Care Partnership should lead in developing a social prescribing approach for Brent, where partners work together to ensure that all of Brent's residents have the opportunity to benefit from the holistic approach of social prescribing, as a way of further tackling health inequalities in the borough.

The Task Group recognises the good work in developing social prescribing in primary care and sees the benefits that using a holistic approach can have in improving health outcomes for Brent residents. However, it is known that there are Brent residents who are not registered with a GP and therefore cannot currently access social prescribing services. These residents may not be registered with a GP due to historical barriers to access for residents impacted by health inequalities, or because some Brent residents may be mistrustful of traditional health services.

The Task Group believes that the Brent Integrated Care Partnership should drive the development of a Brent social prescribing approach that is available to all Brent's residents. This would ensure every resident can benefit from the holistic approach used in social prescribing and would help to address the unmet health needs of resident's who are currently excluded from accessing social prescribing. Existing health and social care staff within the Brent Integrated Care Partnership and staff in selected local authority 'access points' should be enabled to use social prescribing approaches in their work as part of the Brent social prescribing approach.

Recommendation 2: It is recommended that there is an equitable social prescribing offer across the borough that explicitly addresses deeply entrenched and intersectional health inequalities, listens to, and responds to communities, and ensures funding is allocated by areas of Brent with higher levels of deprivation.

The Task Group believes that social prescribing resources and funding should be weighted towards areas of Brent with higher levels of deprivation. Throughout the Task Group's work, partners have outlined that social prescribing is particularly important for residents living in areas with high levels of deprivation. The Task Group also recognises that residents living in areas of high deprivation are more likely to be impacted by health inequalities. It is therefore vital that these residents are supported

with sufficient resources, especially in the context of a cost-of-living crisis which is continuing to have a detrimental impact on the health of our deprived residents.

Social prescribing in primary care currently allocates resources based on GP practice need at a Primary Care Network (PCN) level. There is an opportunity for Brent's social prescribing approach to be developed so that it is guided by residents' needs and focuses its resources and funding in areas of the borough with higher levels of deprivation, where residents are more likely to be affected by health inequalities. Ensuring that the approach listens and responds to Brent residents is essential in developing an equitable social prescribing offer that tackles Brent's deeply entrenched health inequalities.

Recommendation 3: It is recommended that the Brent Integrated Care Partnership sponsors a social prescribing working group that brings partners involved in social prescribing together quarterly to develop a Brent approach to sharing knowledge, best practice and working together on social prescribing. This will ensure there is greater shared understanding of all social prescribing opportunities in Brent to increase partners' ability to effectively meet residents' needs.

The Task Group found that there is currently not a comprehensive, real-time picture of all the social prescribing opportunities in Brent. This issue is currently hindering the effectiveness of social prescribing in Brent as not all services are connected into NHS frameworks and social prescribing link workers do not have the time to proactively research opportunities in the community and voluntary sector, which means that suitable opportunities for residents could be missed.

The Task Group believes that in order to develop more joined up working and information sharing on social prescribing between partners, the Brent Integrated Care Partnership should take ownership of bringing partners involved in social prescribing together to share information on social prescribing opportunities, best practice and adopt a shared understanding of how partners will work together on social prescribing. This will foster better information sharing and develop a Brent approach to working together on social prescribing. This will improve residents' experience of social prescribing, giving partners more knowledge on support in the community to refer residents into, therefore enhancing Brent's social prescribing offer by making it more diverse, targeted and community specific.

Recommendation 4: It is recommended that the Brent Integrated Care Partnership develops a Brent approach to capture further activity data and develop an understanding of how resources are distributed. In order monitor behaviour change and the effectiveness of social prescribing in Brent. This approach should complement partners' respective reporting mechanisms and be used by all partners involved in social prescribing. This will further support

the Brent Integrated Care Partnership to develop a joined-up approach to data collection amongst partners in the borough.

The Task Group believe that issues around data collection and evaluation are the key challenge for social prescribing's development locally and nationally. To improve data evaluation there must be sufficient data collected on social prescribing activities in the borough, which would show how social prescribing is developing and allow partners to monitor how social prescribing is contributing to behaviour change in the borough.

The Task Group believe that the Brent Integrated Care Partnership should develop its own approach to collecting further data from all partners on social prescribing activities in Brent. Any further data collected by the Brent Integrated Care Partnership would be separate and additional to the reporting measures that already exist for separate partners. The ICP's additional data collection should complement partners' existing reporting measures and be a standalone measure that develops a shared view amongst partners. This further collection of data, driven by the ICP will develop a joined-up approach to data collection and give the ICP strategic oversight of how social prescribing is evolving and changing resident's behaviour.

Recommendation 5: It is recommended that social prescribing activities are reported quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, to evaluate social prescribing activities for the borough. This will create greater consistency and alignment for social prescribing across the borough.

The Task Group consider a mechanism must be put in place which ensures social prescribing activities are reported across Brent. Currently there is no overall picture of how social prescribing is developing across the borough, which elevates risks of inconsistency in the social prescribing offer across the borough which could negatively impact residents. Reporting social prescribing activities into the Brent Borough Based Partnership (ICP) will allow the ICP to have strategic oversight of social prescribing's development in Brent, which will promote greater uniformity and alignment across the borough.

The Task Group believe that social prescribing activities should be reported into the ICP's Health Inequalities and Vaccinations Executive Group. The Task Group recognises that social prescribing is vital in areas with higher levels of deprivation, as it can play a significant role in improving health outcomes for Brent residents who are impacted by intersectional health inequalities. It is therefore logical that social prescribing activities should be reported into this executive group, so it can review the impact of social prescribing in reducing the deeply entrenched health inequalities that exist in Brent and the rest of the United Kingdom.

Introduction:

Social prescribing is an intervention in healthcare that allows healthcare professionals to refer patients onto a range of local, non-medical services in the community. It seeks to improve health outcomes by addressing a patient's wider issues that may contribute to their overall health. The organisations and activities residents are referred into through social prescribing are varied, some examples of referrals in Brent include to Brent Citizens Advice, dementia support groups, and food banks. Social prescribing uses a person-centred, holistic approach to treating patients, that looks at the whole person to understand possible non-medical issues that contribute to an individual's medical condition. For example, a patient may go to their GP with symptoms of depression; instead of prescribing anti-depressants, the social prescribing approach will look at the non-medical issues that could be contributing to their symptoms such as welfare issues or poor-quality housing. Whilst there are different social prescribing models, a typical social prescribing scheme has three key components: (i) a referral from a healthcare professional, (ii) a social prescriber (link worker), and (iii) a range of local opportunities in the community and voluntary sector that a patient can be referred into.[1]

Social prescribing approaches are not new, since the 1990s schemes have been practiced in the NHS, and the pioneering Bromley by Bow Centre was established in 1984.[2] However, until 2014 social prescribing largely went unnoticed by the NHS at a national level. It was research that was influential in putting social prescribing on the national agenda. The Foresight Capital and Wellbeing Project found that positive mental health and wellbeing was associated with social and economic factors, such as education and social connectivity[3]. The Marmot review of 2010 highlighted the social determinants of health inequality, which meant that wealth, geography and race have an impact on a person's physical health[4]. Furthermore, The World Health Organisation found that stress, unemployment, debt, loneliness, lack of education and support in early childhood, insecure housing and discrimination can impact 30-55% of the health outcomes people experience.[5] Research on the impact of social determinants of health have highlighted the positive impact that social prescribing approaches could have on a population's overall health.

Since 2014 national NHS bodies have committed resources to its national development, multiple NHS forward views have placed an emphasis on the role the community and voluntary sector could play alongside GP services in offering patients community-based support. The NHS long-term plan (2019) incorporated social

[1] University of Westminster (2017), Making Sense of Social Prescribing
[2] The Kings Fund (2020), What is Social Prescribing?
[3] Foresight Mental Capital and Wellbeing Project. (2008). Mental capital and wellbeing: Making the most of ourselves in the 21st century
[4] Michael Marmot (2010) Fair society, healthy lives: Strategic review of health inequalities in England post-2010.
[5] NHS England (2022), Social prescribing as a way of tackling health inequalities in all health settings

prescribing into its comprehensive model of personalised care, as part of this Primary Care Networks with a population of over 30,000 people were reimbursed for the costs of employing a social prescribing link worker.[6] This was instrumental in advancing social prescribing, and it is estimated that there were 2,264 link workers in post nationally in March 2022.[7]

The Social Prescribing Task Group was established in September 2022 to conduct an in-depth review of how social prescribing has been implemented in Brent so far and to evaluate the options for its future development. This was relevant and timely given the move towards further integration of health and social care as a result of the Health and Care Act of 2022[8], which led to Integrated Care Systems (ICS) being formalised as legal entities with statutory powers and responsibilities. These ICS' focus on places and local populations as the driving forces for improvement in health services.[9] A review of social prescribing was therefore considered as it would give the Task Group an opportunity to positively influence the development of social prescribing in the borough in a period of further integration of health and social care.

Task Group Membership

The Task Group was comprised of the following members:

- Councillor Ketan Sheth (Chair)
- Dr MC Patel*
- Councillor Rajan-Seelan
- Councillor Tazi Smith
- Anita Thakkar*

*Co-opted member

Task Group Terms of Reference

The following Terms of Reference for the Task Group were agreed at the 22 September 2022 meeting of the Community and Wellbeing Scrutiny Committee:

i) To review Brent's current social prescribing offer, including both the infrastructure and attitude to social prescribing and evaluate whether Brent is fully realising the potential benefits of social prescribing.

ii) To understand the opportunities for social prescribing in Brent and what can be achieved through social prescribing locally for all residents.

iii) To consider the most effective ways of further developing social prescribing in Brent in collaboration with the NHS and other partners.

[6] The Kings Fund (2020), What is Social Prescribing?
[7] The Nuffield Trust (2022), How many social prescribing link workers are there in England?
[8] Department of Health and Social Care, Health and Care Act 2022
[9] The Kings Fund (2022), Integrated care systems explained

Methodology

As part of its work the Task Group has collected both quantitative and qualitative evidence which has contributed to the Task Group's report and its recommendations. Between October and December 2022, the Task Group carried out a number of evidence sessions with partners involved in social prescribing. The Task Group thanks all those who contributed to the sessions, a full list of those who participated is included in Appendix A.

The Task Group Members carried out four evidence sessions, during these sessions the task group questioned expert witnesses on issues related to social prescribing in Brent. More detail on the content of these sessions is included in Appendix B. In addition to the information gathered at evidence sessions, the Task Group also requested both qualitative and quantitative data from a number of partners.

The Task Group has developed its recommendations in line with existing local authority scrutiny legislation. Whilst the Task Group recognises that a local authority executive or external body is not compelled to act on a recommendation, a local authority executive must respond within two months and NHS organisations are expected to give a meaningful response within 28 days of recommendations being agreed by a scrutiny committee.[10]

Background:

Social Prescribing in Brent

Much like the rest of England, Brent developed social prescribing arrangements following the commitment of resource to its national roll out by the NHS nationally. Currently social prescribing is delivered as an intervention in primary care, where social prescribing link workers work as part of a multi-disciplinary team within a GP practice. Social prescribing has been located in primary care for multiple reasons, and because one in five GP appointments relate to issues wider than health,[11] social prescribing link workers are well placed in primary care to support patients who have issues that are broader than healthcare alone. Link workers use a person-centred, holistic approach, which involves supporting a patient over an extended period of time to build rapport and trust. This allows a patient to develop confidence and openness with their link worker, which in turn enables the link worker to refer the patient onto the most appropriate support in the community. Using this holistic approach over an extended period of time is the key asset of social prescribing, which can effectively address non-medical issues that contribute to a person's overall health.

Social prescribing has also been used as a way of managing demands on GP practices, given the significant demands and pressures on the health service in 2022,

[10] Department of Health (2014), Local Authority Health Scrutiny
[11] NHS England (2022), Social prescribing as a way of tackling health inequalities in all health settings

social prescribing link workers taking on some patients who have non-medical issues that are contributing to their ill-health reduces pressure on clinicians. This in turn allows clinicians to see more patients who require traditional medical interventions.

Social prescribing link workers have a significant impact within primary care, an example of their role and impact is outlined by a Brent GP Partner below:

> *The Social Prescribing Link Workers offer a monumental holistic support service for our patients. We have a very high prevalence of patients facing major health inequalities, severe deprivation with underlying major social and welfare challenges, including benefits, housing, relationship, cultural and social problems. Many patients are facing extreme cost of living problems and cannot afford to "heat and eat" or make basic healthy food and medical choices. As a result, this leads to major medical/health problems including poor nutrition with health and wellbeing lifestyle challenges, weight problems with earlier onset and prevalence of chronic disease conditions e.g., Type II Diabetes Mellitus, Hypertension, Serious Mental Health problems and worsening complications. The Social Prescribing Link Workers offer an incredible practical support towards tackling some of the mountain of problems faced. As a result, patients report huge benefit in having a service that can help signpost and direct them towards improving their health, wellbeing, financial, social and lifestyle situation.*

In Brent social prescribing is currently delivered differently to residents depending on which Primary Care Network (PCN) their GP practice is part of. A Primary Care Network is a group of GP practices that work together to enable residents to receive more proactive health and social care close to their homes.[12] Brent has 7 Primary Care Networks; the practices within each PCN are reflected in Table 1. Harness North and South and K&W PCN areas commission Brent Mencap to deliver social prescribing in their GP practices, whereas the Kilburn Partnership PCN has its own arrangements for social prescribing.

Table 1: Brent Primary Care Networks and Practices[13]

PCN Area	GP Practice
Harness South	Forty Willows Surgery
	Church End Medical Centre
	The Stonebridge Practice
	Brentfield Medical Centre
	Freuchen Medical Centre
	Oxgate Gardens Surgery

[12] NHS England, Primary Care Networks
[13] NHS Digital (2023), Patients Registered at a GP Practice – January 2023: Mapping (Commissioning Regions – ICBs-SICBLs-PCNs-GP Practice)

	Walm Lane Surgery
	Hilltop Medical Practice
	Park Royal Medical Practice
	Roundwood Park Medical Centre
Harness North	Willow Tree Family Doctors
	Preston Hill Surgery
	Church Lane Surgery
	Lanfranc Medical Centre
	The Sunflower Medical Centre
	The Surgery
	Preston Medical Centre
	Pearl Medical Practice
	Wembley Park Drive Medical Centre
	Sms Medical Practice
Kilburn Partnership	Mapesbury Medical Group
	Kilburn Park Medical Centre
	Staverton Surgery
	Chichele Road Surgery
K&W North	Uxendon Crescent Surgery
	Jai Medical Centre (Brent)
	The Fryent Way Surgery
	Brampton Health Centre
	Kingsbury Health And Wellbeing
	Neasden Medical Centre
	Kings Edge Medical Centre
K&W South	St Andrews Medical Centre
	The Willesden Medical Centre
	The Lonsdale Medical Centre
	Gladstone Medical Centre
	Willesden Green Surgery
	St. Georges Medical Centre
	Burnley Practice
K&W Central	Ellis Practice
	Chalkhill Family Practice
	Preston Road Surgery
	The Tudor House Medical Centre
	Sudbury Surgery
K&W West	Premier Medical Centre
	The Law Medical Group Practice
	Sudbury & Alperton Medical Centre
	Stanley Corner Medical Centre
	Lancelot Medical Centre
	Hazeldene Medical Centre
	Alperton Medical Centre
	The Wembley Practice

There are currently 32 social prescribing link workers who work across Brent's 51 GP practices.[14] Primary Care Networks are responsible for deciding which GP practices social prescribers are allocated to and the amount of time each practice is allocated with a social prescribing link worker. As social prescribing continues to develop in Brent there has been an increase in the number of referrals made by social prescribers across Brent. Harness North and South PCNs reported 2512 social prescribing referrals in 2021-22, which was a significant increase from the 1,575 referrals made in 2020-21. Kilburn partnership PCN collects data on social prescribing differently to other PCNs in Brent, however the PCNs four practices supported 524 patients through

[14] Evidence session 2

social prescribing from January to October 2022[15]. Whilst this increase may have been influenced by the Covid-19 pandemic in 2020-2021, or population growth in Brent, there is evidence that demand for social prescribing services across the borough is increasing. Due to the nature of social prescribing, for each referral a patient is typically contacted 5 times by their link worker, and if a referral is related to mental health support, social care, housing or welfare benefits link workers will often contact a patient between 8-10 times to ensure they receive appropriate support.

The other aspect of a social prescribing link worker's role is to connect patients with appropriate support in the community. These community led interventions are key in mobilising the power of communities to generate positive health outcomes for local people. Given Brent is one of London's most diverse boroughs it is important that there are culturally specific, diverse and targeted opportunities to refer residents into; otherwise, there is a risk that residents may not receive the most appropriate support in the community. A case study of a typical social prescribing referral in primary care is outlined below.

Case Study: Example of casework undertaken by a social prescribing link worker

Patient A, 57 was referred for social prescribing by his GP as they were struggling to get the right support. On the first initial assessment the social prescribing link worker listened to the patient talk about how they were feeling and why they were struggling. The patient stated that they were going through a difficult time for last few months and had been misusing drugs and alcohol and was gambling for some time. This resulted in that patient accumulating debts of £45,000. This debt issue was giving the patient severe anxiety and struggles with their mental health. The social prescribing link worker discussed different options with the patient to address their debt, alcohol and gambling issues. The patient initially declined the offer to be referred to a gambling clinic, however, on the third appointment the patient agreed, and the referral was made. The patient was also referred to other support services and was given medication by their GP to help with their anxiety. The patient agreed to be referred to Step Change - a debt advice service. Currently the patient is in work and is trying to pay off their debt. They were given advice on how to deal with debt and put in touch with the right services to help them re-pay their debt in instalments and create a budget plan. When the social prescribing link worker follows up with the patient, they check that they are coping well and feeds information back to the practice if required. If any further referrals are needed this will be done, with any clinical concerns being raised with their GP.

[15] Kilburn Partnership PCN (2022), Social prescriber feedback

Brent is fortunate to have a thriving community and voluntary sector that provides a range of support for residents across the borough. The diverse range of social prescribing opportunities allows for residents to be referred into community specific and diverse opportunities. An outline of the type of services social prescribing link workers refer into is provided in Figure 3:

Figure 3: Services/organisations referred to by Harness and K&W Social Prescribing Link Workers (April 2022-Nov 22

Service/organisation referred into:	Number of referrals
Social Services (Care needs assessment, Occupational Health etc)	471
Other Brent Council services (Housing, family wellbeing centre, SEND support, Benefits and Council tax department, Transport etc):	312
IAPT – Improving Access to Psychological Therapies	387
Citizens Advice Brent	325
Brent Hubs	194
Advice for Renters	132
Ashford Place	170
Brent Carers Centre	52
Brent Bereavement Services	47
Brent Mencap	43
Mental Health Services	94
Brent Single Point of Access (SPA)	58
Domestic abuse support services	49
Age UK Brent	86
Elders Voice	112
Cancer support services	54
Other support groups / societies (such as MS Society, Community Action on Dementia etc)	61
AJM Healthcare - Wheelchair services in Brent	45
Thames Reach (Brent Reach)	37
Shaw trust (Employment Services)	49
Twinnings (Employment Services)	52
Hestia (Employment Services)	23
Other employment supply services	17
Sufra NW London	131
Other food banks	61
Brent libraries	56
Community specific groups (Asian Women's resource, Brent Irish Advisory Services, Brent Somali Community Centre)	97

Brent's population & health profile

Brent is the 5th largest London borough by population, which was estimated to be 339,800 people in 2021,[16] its population is also growing more rapidly than the London and national average, increasing by 9.2% since 2011.[17] It is expected that Brent's

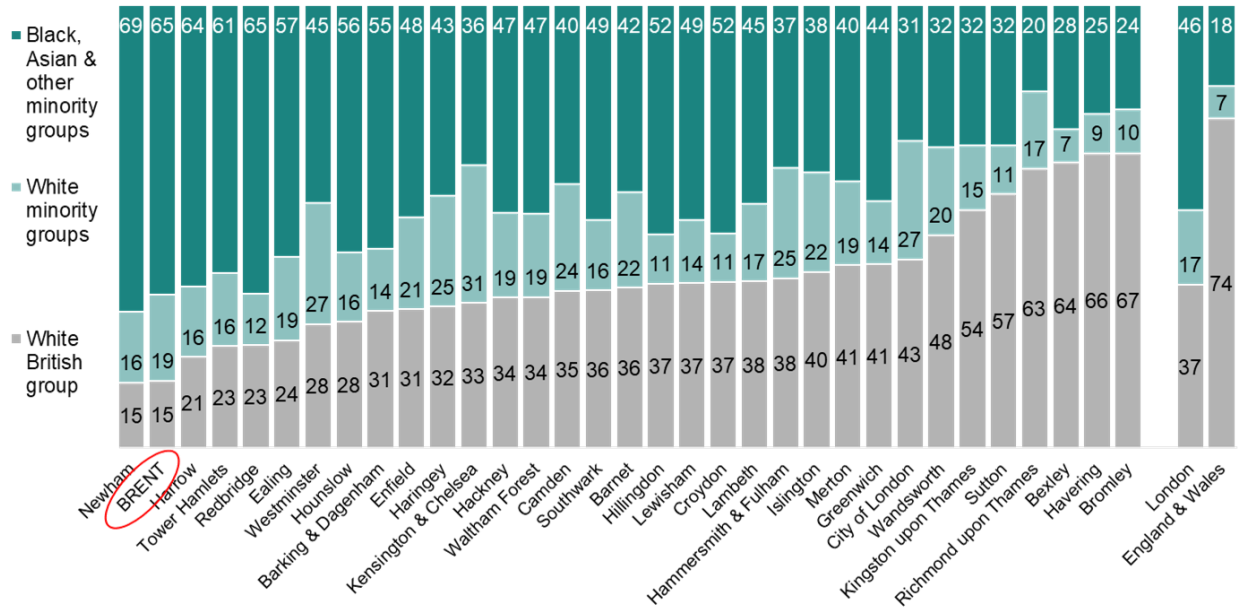
[16] Office for National Statistics, How life has changed in Brent: Census 2021
[17] ibid

population will continue to rise by another 17% between 2020 and 2041.[18] This growth in population is set to place greater demands on Brent's health and social care system. In January 2023, 463,894 people were registered with a Brent GP practice[19], which gives an indication of current demands on Brent's primary care system.

In Brent males have a life expectancy of 80.4, whereas women's life expectancy is 85.0, this is higher than the national average of 79.0 years for males and 82.9 years for females.[20] Brent's Health Life Expectancy figure, which is the number of years a baby would expect to live in a state of 'good' general health was 64.0 years for males and 68.6 for females; higher than London averages of 63.8 for males and 65.0 for females. Whilst this data suggests that Brent's general population is in good health, the local authority knows that there are specific groups of residents who are more likely to have poorer health outcomes and therefore require specific attention and intervention.

Brent has one of the most ethnically diverse populations in the country, the majority of its population (85%) are from ethnically diverse groups, and it has the second highest percentage of BAME residents in London, as highlighted in Figure 4.

Figure 4: Population by ethnicity, London Boroughs & the City, 2021



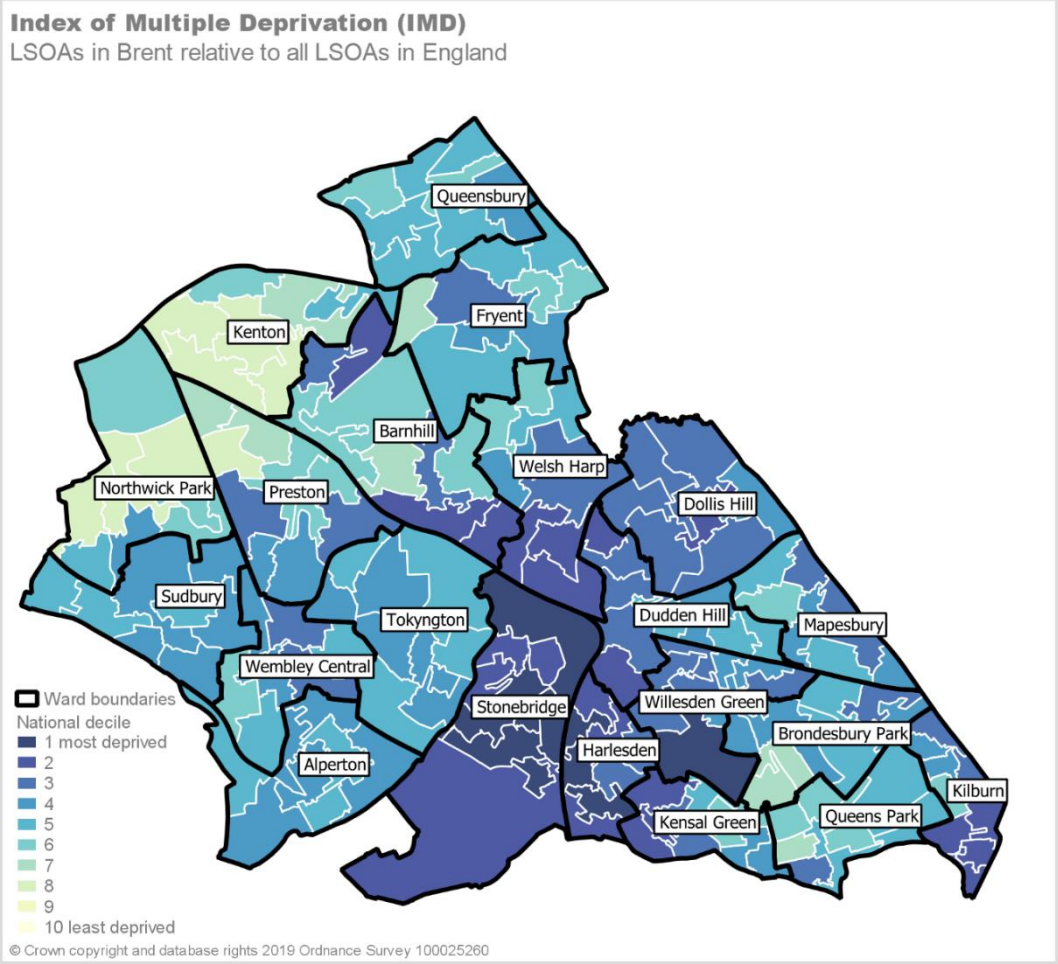
Brent Council recognises that its diversity is one of its key strengths, however it also acknowledges that its residents are more likely to be impacted by health inequalities as a result. Health inequalities are avoidable, and unfair, systematic differences in how groups of people access and experience healthcare. It has been found that a person's ethnic background can impact on their access and experience of healthcare, or cause differences in behavioural risks to health such as smoking, or

[18] Brent Council (2021), Population Change in Brent
[19] NHS NW London (2022), Number of people registered with a Brent GP
[20] Office for National Statistics (2021), National life tables – life expectancy in the UK: 2018 to 2020

their wider determinants of health such as housing, education and employment.[21] The impact of health inequalities on Brent's ethnic communities was highlighted by the Covid-19 pandemic, which saw deprived and ethnic communities overrepresented in Covid-19 mortality rates. Brent Council are proactively addressing health inequalities through its Brent Health Matters programme which works with and in Brent's communities to improve health outcomes for communities impacted by health inequalities. In order for social prescribing to effectively address health inequalities, the community interventions that residents are referred into must be diverse, culturally appropriate and reflect the needs of Brent's diverse population.

Brent is also home to some of England's most deprived communities. According to the 2019 Indices of Deprivation, the most recent measure of deprivation nationally, Brent was the 79th most deprived local authority in England out of 317. However, as shown in Figure 5, Brent has a number of Lower layer Super Output Areas (LSOAs) that are in the most deprived percentile. These areas of high deprivation are concentrated in Stonebridge, Harlesden and Kilburn, and one area in Stonebridge is in the top 5% of the most deprived LSOAs in England. This shows that there are significant levels of deprivation within the borough, and it is likely that deprivation has increased since

Figure 5: Brent Index of Multiple Deprivation Map by Pre-2022 Wards



[21] The Kings Fund (2022), What are health inequalities?

2019, with the cost-of-living crisis impacting significant numbers of the borough's residents.

Research has shown there is a strong relationship between socio-economic factors and health outcomes. The findings of the Marmot Review (2010) were key in highlighting the impact that social factors such as welfare, and housing can have on health outcomes. Socio-economic factors are also key sources of health inequalities, in England the least deprived 10% of men have a life expectancy that is 9.4 years higher life expectancy than the most deprived 10% of men, for women this figure is almost 8 years.[22] There are a number of socio-economic issues in Brent that could be contributing to poorer health outcomes for residents. Firstly Brent, like much of London is experiencing significant issues with housing supply, overcrowding and affordability of housing[23]. It has been shown that poor quality housing can have a negative impact on health outcomes, leading to residents requiring medication for mental health issues, poor sleep, and increases in depression and stress. Rising energy and food costs as a result of the cost-of-living crisis is also negatively impacting Brent resident's health, with many residents not eating enough nutritious food and not being able to stay warm in their homes. The cost-of-living crisis' impact on the population's health is not yet widely known, though it is likely to have a significantly damaging impact on health outcomes for many residents. This is why social prescribing is particularly important in areas with high levels of deprivation, where residents are more likely to present to GPs with welfare, or housing issues that are contributing to their overall ill health. It is therefore important that social prescribing is developed so that Brent's most vulnerable residents are able to access support through social prescribing.

[22] The Kings Fund (2022), What are health inequalities?
[23] Brent Council (2020), Recommendations from the Brent Poverty Commission

Findings

Extending access to social prescribing:

As stated previously social prescribing is currently being delivered in primary care settings in Brent, with a social prescribing scheme consisting of a referral from a GP to a link worker who refers the patient onto non-clinical community services. Whilst primary care patients are benefitting from the holistic person-centred approach of social prescribing, having a solely primary care model reduces the potential impact social prescribing could have for Brent residents. It is argued that a primary care model of social prescribing is not sufficient for Brent as it only allows residents who are registered to a Brent GP to access these services,[24] excluding residents who are not registered with a Brent GP. The exact number of Brent residents who are not unregistered with a Brent GP is not recorded, however as of January 2023 463,894[25] people were registered with a Brent GP, a higher figure than the Census' estimate of Brent's population in 2021 of 339,800.[26] A number of factors could account for this, such as residents from other boroughs registering with Brent GPs and population underestimates in London during the 2021 Census[27]. However, ultimately there are still significant numbers of residents in Brent who are excluded from social prescribing.

Whilst there are multiple reasons why a resident may not register with a GP, the work undertaken in the community by the council's Brent Health Matters programme found there are Brent residents who mistrust Brent's health services, which prevents them from accessing healthcare. Brent Health Matters' work found that some residents who mistrust health services are also more likely to be impacted by health inequalities. It is therefore even more important that these residents can access social prescribing opportunities that are culturally specific and diverse as part of Brent's approach to tackling health inequalities.

The Task Group believes that the Brent Integrated Care Partnership should lead the development of a social prescribing approach for Brent that could be used by all partners involved in social prescribing. As part of this approach, it is important that any widening of social prescribing compliments and supports the excellent ongoing work in primary care. The social prescribing offer in primary care is distinct as link workers can raise any clinical needs back to the patient's GP. Therefore, a widening of social prescribing should focus on supporting residents who are not registered with a GP and require non-clinical support. The local authority knows that these residents go elsewhere to access support within various settings or 'access points' in the borough, so, there is a key opportunity to extend social prescribing into these 'access points' so residents who are not registered with a GP can also benefit from social prescribing. The Brent Integrated Care Partnership believes that ICP partners and health and social care staff should be enabled to practice social prescribing approaches as part

[24] Evidence session 2
[25] NHS NW London (2022), Number of people registered with a Brent GP
[26] Office for National Statistics (2022), How the population changed in Brent: Census 2021
[27] The MJ (2022), Inaccurate Census could cost Londoners

of their work, and within the local authority the Adult Social Care Front Door, Family Wellbeing Centres and Brent Hubs have been identified as key 'access points' where social prescribing should be extended to meet the needs of residents who are not registered with a Brent GP. As part of the development of a Brent social prescribing approach partners should work together to ensure that all residents have the opportunity to benefit from social prescribing.

Depending on how social prescribing develops there is also an opportunity in the future to build social prescribing approaches into other council services, such as customer services and libraries, it is also possible to consider extending social prescribing approaches into softer 'access points' such as community and faith groups, which could address a different group of residents' support needs through social prescribing approaches.

Recommendation 1:

Recommendation 1: It is recommended that Brent's social prescribing model is widened from NHS primary care settings, to enable ICP partners, front line social care and selected front-line council staff to use social prescribing approaches. The Brent Integrated Care Partnership should lead in developing a social prescribing approach for Brent, where partners work together to ensure that all of Brent's residents have the opportunity to benefit from the holistic approach of social prescribing, as a way of further tackling health inequalities in the borough.

The Task Group recognises the good work in developing social prescribing in primary care and sees the benefits that using a holistic approach can have in improving health outcomes for Brent residents. However, it is known that there are Brent residents who are not registered with a GP and therefore cannot currently access social prescribing services. These residents may not be registered with a GP due to historical barriers to access for residents impacted by health inequalities, or because some Brent residents may be mistrustful of traditional health services.

The Task Group believes that the Brent Integrated Care Partnership should drive the development of a Brent social prescribing approach that is available to all Brent's residents. This would ensure every resident can benefit from the holistic approach used in social prescribing and would help to address the unmet health needs of resident's who are currently excluded from accessing social prescribing. Existing health and social care staff within the Brent Integrated Care Partnership and staff in selected local authority 'access points' should be enabled to use social prescribing approaches in their work as part of the Brent social prescribing approach.

Developing an equitable social prescribing offer

Social prescribing as an intervention in healthcare seeks to address a person's non-medical issues that contribute to a person's overall health. Therefore, its ability to make an impact is increased in areas with higher levels of deprivation, as these residents are more likely to need support with welfare and housing. As indicated in the above IMD, Brent has a number of areas with significantly high levels of deprivation; for residents in these areas, it is important that there are sufficient opportunities to access social prescribing services. Furthermore, the significant health inequalities in Brent have highlighted the need for healthcare interventions that are community specific, targeted and diverse for Brent's communities. As health inequalities are often intersectional, residents who experience health inequalities due to their ethnic background are also more likely to be affected by deprivation, which further highlights how vital effective social prescribing approaches are for Brent's communities. It is likely that even more Brent residents will require support as a result of the cost-of-living crisis, so partners must ensure that there is sufficient resource allocated to effectively support these residents.

Currently the ability to make social prescribing referrals is dependent on the availability of a link worker at a GP practice in the primary care model. The time each GP practice is allocated with a social prescribing link worker is decided at Primary Care Network level and is currently being allocated based on needs of the practice. There are currently 32 social prescribing link workers in Brent who work within its 51 GP practices. It is clear that there are large demands on social prescribing link workers which are expected to increase as social prescribing continues to develop. An increased demand on social prescribing link workers could therefore hinder PCNs ability to provide sufficient social prescribing resources to GP practices in areas of high deprivation, as social prescribing is impacted by the same funding and workforce pressures as the rest of the health and social care sector.

To ensure that social prescribing is effective in addressing health inequalities it is important that resources and funding are allocated equitably so residents who are most in need can access adequate support. Partners know that deprived residents and those impacted by health inequalities are the residents who need this holistic and person-centred support the most and will have the most significant positive impact on their health. It is therefore important that social prescribing resources are allocated equitably across Brent and focus attention in areas with the greatest need. NHS guidance on Network Contract Directed Enhanced Service (Network DES) has outlined guidance on promoting proactive social prescribing through community development.[28] It is stated that by 31 March 2023 PCNs must design and put in place a targeted programme to improve access for an identified cohort with unmet needs. This means it must review which residents are part of this cohort and extend the offer of social prescribing based on the cohorts needs.[29] As part of this work in primary care,

[28] NHS England (2022), Network Contract Directed Enhanced Service
[29] NHS England (2022), Network Contract Directed Enhanced Service

there is an opportunity for the Brent's social prescribing approach to be informed by the findings of this piece of work in primary care. This will assist the Brent social prescribing approach in focusing its efforts and resources in areas of Brent with high levels of deprivation, where residents may have unmet needs. The Task Group believe that the Brent social prescribing approach must be more proactive in listening and responding to Brent's communities when allocating funding and resources, which could be implemented through consultations, community engagement and proactive analysis of demographic information to ensure the social prescribing approach adapts as Brent changes. This would be influential in ensuring there is an equitable social prescribing offer across the borough that meets the needs of residents and address the health inequalities faced by Brent's communities.

Recommendation 2:

It is recommended that there is an equitable social prescribing offer across the borough that explicitly addresses deeply entrenched and intersectional health inequalities, that listens and responds to communities, and ensures funding is allocated by areas of Brent with higher levels of deprivation.

The Task Group believes that social prescribing resources and funding should be weighted towards areas of Brent with higher levels of deprivation. Throughout the Task Group's work partners have outlined that social prescribing is particularly important for residents living in areas with high levels of deprivation. The Task Group also know that residents living in areas of high deprivation are more likely to be impacted by health inequalities. It is therefore vital that these residents are supported by sufficient resources, especially in the context of a cost-of-living crisis which is continuing to have a detrimental impact on the health of our deprived residents.

Social prescribing in primary care currently allocates resources based on GP practice need at PCN level. There is an opportunity for Brent's social prescribing approach to be developed so that it is guided by residents' needs and focuses its resources and funding for in areas of the borough with higher levels of deprivation, where residents are more likely to be affected by health inequalities. Ensuring that the approach listens and responds to Brent residents' is essential in developing an equitable social prescribing offer that tackles Brent's deeply entrenched health inequalities.

Developing more joined up working between partners involved in social prescribing:

The Task Group found that there is an opportunity to develop more joined up working between partners involved in social prescribing. Partners identified an issue that the

opportunities in Brent's community and voluntary sector are not always being fully utilised by existing social prescribers. A number of issues could be contributing to this, including a lack of local knowledge amongst some social prescribers, which hinders their ability to learn and acquire knowledge of new opportunities as they arise. This lack of knowledge is likely due to the fact that link workers have busy caseloads and spend the majority of their time with patients, which affects their ability to engage with the community and voluntary sector. Developing greater joined up working would give link workers an outlet to learn more about the opportunities in the community and voluntary sector and communicate gaps within the current offer that could be filed by developing new opportunities.

Brent Council officers also did not think that the local authority was utilising its services as well as it could be for social prescribing opportunities[30], they also questioned whether the council had been proactive enough in thinking about how its services could address current gaps in social prescribing opportunities[31]. There are also some services such as libraries, who are not currently connected to existing NHS frameworks. This hinders link workers' ability to make referrals into these services, which in turn limits link worker's ability to refer patients into diverse and community specific opportunities in the community. It is therefore important that the council works more proactively to connect its services with NHS systems to achieve better outcomes for residents.

In Brent, there have been some good examples of joined up working between Primary Care Networks and council services to share understanding and work more collaboratively; this has enabled link workers to navigate council services more effectively to better advocate for their patients. However, this is not currently standard practice in council services, so there is still work to be done to develop working relationships between partners involved in social prescribing. At the evidence sessions partners expressed a collective view that there is not a complete picture of all the social prescribing opportunities available in Brent. To address this, partners involved in social prescribing should come together to share knowledge on available social prescribing services and develop more joined up working to benefit Brent residents. In practice, the Brent Integrated Care Partnership could lead on bringing partners together by sponsoring a working group that meets to share knowledge on social prescribing opportunities and best practice, and develops a borough-wide approach to working together for Brent residents on social prescribing initiatives.

[30] Evidence Session 2
[31] Evidence Session 2

Recommendation 3:

It is recommended that the Brent Integrated Care Partnership sponsors a social prescribing working group that bring partners involved in social prescribing together quarterly to develop a Brent approach to sharing knowledge, best practice and working together on social prescribing. This will ensure there is greater shared understanding of the numerous social prescribing opportunities in Brent and will increase partners' ability to effectively meet our resident's needs.

The Task Group found that there is currently not a comprehensive, real-time picture of all the social prescribing opportunities in Brent. This issue is currently hindering the effectiveness of social prescribing in Brent as not all services are connected into NHS frameworks and social prescribing link workers do not have the time to proactively research opportunities in the community and voluntary sector, which means that suitable opportunities for residents could be missed.

The Task Group believes that in order to develop more joined up working and information sharing on social prescribing between partners, the Brent Integrated Care Partnership should take ownership of bringing partners involved in social prescribing together to share information on social prescribing opportunities, best practice and adopt a shared understanding of how partners will work together on social prescribing. This will foster better information sharing and develop a Brent approach to working together on social prescribing. This will improve residents' experience of social prescribing, giving partners more knowledge on support in the community to refer residents into, therefore enhancing Brent's social prescribing offer by making it more diverse, targeted and community specific.

Improving data evaluation so that social prescribing develops in an evidence and needs based way

As social prescribing continues to develop nationally, there is a growing body of evidence that social prescribing can lead to a range of positive health and wellbeing outcomes.[32] However, social prescribing continues to be constrained by limitations in its ability to evidence its positive outcomes. Whilst many patients benefit from social prescribing, it is very difficult to attach any improvements in a patient's wellbeing to the impact of social prescribing alone. This is because the methods of measuring outcomes are qualitative and require patients to self-report their outcomes which means that results of social prescribing is subjective and are harder to evidence than outcomes in traditional forms of medicine. Furthermore, a recent study by the

[32] The Kings Fund (2020), What is Social Prescribing?

University of Westminster found that over half of the outcomes social prescribing can deliver are not being routinely measured in evaluation frameworks.[33]

Social prescribing outcomes data in Brent is currently measured using the Office for National Statistics measures of personal wellbeing, often referred to as the ONS4[34]. This measures a patient's personal wellbeing based on four questions, which are scored from 1-10. The four measures of personal wellbeing are outlined in Figure 6 below:

Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".	
Measure	**Question**
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

Figure 6: Four measures of personal well-being Source: Office for National Statistics

Patients are asked the ONS4 questions when they are first referred to a link worker and are then asked again once they have received their social prescribing intervention. The ONS4 data collected from Harness PCN areas indicate that on average a patients' personal wellbeing measures improve after a social prescribing intervention[35], and whilst this shows that social prescribing can improve a patient's wellbeing, it is impossible to attribute social prescribing as the only factor in any improvement. All four of the measures in the ONS4 are broad and can be influenced by external factors which may not be linear, for example, an improvement in a patient's ONS4 score for happiness could be due to them recently receiving good news that is unrelated to their social prescribing intervention. Therefore, whilst the overall improvement in ONS4 measures in the data from Harness PCNs is positive, using the ONS4 in isolation is not adequate in measuring social prescribing's impact.

It is therefore important that partners continue to develop and improve data collection and evaluation of social prescribing in Brent. It is essential as it gives partners insights on where social prescribing methods are working effectively and where it needs further development. For instance, Harness PCNs have identified that Arab patients and patients with disabilities are underrepresented in social prescribing data. They can use these insights to target and address this issue in current service provision. Therefore,

[33] University of Westminster (2020) What does successful social prescribing look like?
[34] Office for National Statistics (2018), Personal well-being user guidance
[35] ONS4 – Harness Data

improving data evaluation will positively impact health outcomes for Brent residents and would contribute to tackling health inequalities in the borough.

There are positive steps being taken to address issues with data evaluation at a North West London level, colleagues from the North West London Integrated Care System advised the Task Group that a new case management system called JOY has been procured which will enable social prescribing link workers to capture more patient data and provide a more comprehensive picture of social prescribing's outcomes in Brent[36]. The new system is being trialled in Westminster, Ealing and Harrow and will be rolled out across North West London. Whilst this will improve case management and data collection, it has its limitations as it would only be available for colleagues in primary care.

The Task Group's view is that more must be done to ensure that social prescribing develops in an evidence and needs based way. During its evidence sessions the Task Group heard that data on social prescribing activities in Brent was not being fully captured[37], it also heard that there was not a culture of information sharing amongst partners on social prescribing which reduces its effectiveness in Brent. There is not currently a borough wide picture of social prescribing's activities and outcomes due partly to the different models of social prescribing used by different PCN areas. However, some of these issues may also be due to a lack of an information sharing culture regarding social prescribing across the borough.

To move towards capturing further data on social prescribing the Brent Integrated Care Partnership should develop a whole Brent approach for collecting additional data from all partners across the borough on social prescribing activities. Collecting further data will enable the Brent ICP to better understand how social prescribing is developing in the borough and monitor behaviour change as a result of social prescribing. This will be key in creating a more joined up approach to data collection and evaluation amongst partners, which will benefit Brent residents and the community as a whole. It is imperative that any approach developed for collecting additional data compliments partners' respective reporting measures and sits alongside them as an additional ICP reporting mechanism.

To further the impact of this approach partners involved in social prescribing should be required to report all of their activity data regularly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, this will develop greater alignment of social prescribing across the borough and provide the Brent ICP with strategic oversight of social prescribing's impact in reducing the deeply entrenched health inequalities in Brent.

[36] Evidence Session 1
[37] Evidence Session 4

Recommendation 4:

It is recommended that the Brent Integrated Care Partnership develops a Brent approach to capture further activity data and develop an understanding of how resources are distributed. In order monitor behaviour change and the effectiveness of social prescribing in Brent. This approach should complement partners' respective reporting mechanisms and be used by all partners involved in social prescribing. This will further support the Brent Integrated Care Partnership to develop a joined-up approach to data collection amongst partners in the borough.

The Task Group believe that issues around data collection and evaluation are the key challenge for social prescribing's development locally and nationally. To improve data evaluation there must be sufficient data collected on social prescribing activities in the borough, which would show how social prescribing is developing and allow partners to monitor how social prescribing is contributing to behaviour change in the borough.

The Task Group believe that the Brent Integrated Care Partnership should develop its own approach to collecting further data from all partners on social prescribing activities in Brent. Any further data collected by the Brent Integrated Care Partnership would be separate and additional to the reporting measures that already exist for separate partners. The ICP's additional data collection should complement partner's existing reporting measures and be a standalone measure that develops a shared view amongst partners. This further collection of data, driven by the ICP will develop a joined-up approach to data collection and give the ICP strategic oversight of how social prescribing is evolving and changing resident's behaviour.

Recommendation 5:

It is recommended that social prescribing activities are reported quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, to evaluate social prescribing activities for the borough. This will create greater consistency and alignment for social prescribing across the borough.

The Task Group believe a mechanism must be put in place which ensures social prescribing activities are reported across Brent. Currently there no overall picture of how social prescribing is developing across the borough, which risks there being inconsistency in the social prescribing offer across the borough which could negatively impact residents. Reporting social prescribing activities into the Brent Borough Based Partnership (ICP) will give the ICP to have strategic oversight social prescribing's development in Brent, which will promote greater consistency and alignment across the borough.

The Task Group believe that social prescribing activities should be reported into the ICP's Health Inequalities and Vaccinations Executive Group, social prescribing is more important in areas with higher levels of deprivation as it can play a significant role in improving health outcomes for Brent residents who are impacted by intersectional health inequalities. It is therefore logical that social prescribing activities should be reported into this executive group, so that it can review the impact of social prescribing in reducing the deeply entrenched, intersectional health inequalities in Brent.

Appendices

Appendix A - Participants

The Task Group thanks the following participants who contributed to the report through their participation in evidence sessions held between October 2022 to December 2022:

- Tiffany Adonis- French - Head of Service - Access information and Long-Term Support, Brent Council
- Peter Baxter - Library Arts and Heritage Manager, Brent Council
- Mehrnoush Bakhasz - Team Manager: Social Prescribing Link Workers, Brent Mencap
- Dr Charlotte Benjamin - Chief Medical Officer, NHS North West London Integrated Care Board
- Yoel Berhane - Community Lead Brent Health Matters, Brent Council
- Germaine Brand - Managerial Lead – Kilburn Primary Care Network
- Claudia Brown – Director of Adult Social Services, Brent Council
- Thomas Cattermole - Director of Customer Access, Brent Council
- Laurence Coaker – Head of Housing Needs, Brent Council
- Caroline Evans - Senior Public Health Analyst – Brent Council
- Lorna Hughes - Director of Communities, Brent Council
- Fana Hussain - Assistant Director of Primary Care Brent Integrated Care Partnership
- Sophia Johnson, Citizens Advice Brent
- Caroline Kerby - Managerial Lead – Harness Primary Care Networks
- Cllr Promise Knight, Lead Member for Housing, Homelessness and Renters Security, Brent Council
- Dr John Liquorish – Deputy Director of Public Health – Brent Council
- Professor Sir Michael Marmot – University College London
- Anne-Marie Morris, Brent Carers Centre
- Ann O'Neil – Executive Director, Brent Mencap
- Cllr Neil Nerva, Lead Member for Adult Social Care and Public Health, Brent Council
- Joe Nguyen – North West London lead for social prescribing, NHS North West London
- Jackie Rosenberg – Chief Executive, One Westminster
- James Sanderson – NHS England
- David Sagman – Senior Social Prescriber, Kilburn Primary Care Network
- Javina Seghal – Director of Primary Care, NHS North West London
- Nipa Shah - Programme Director Brent Health Matters – Brent Council
- Tom Shakespeare - Brent Integrated Care Partnership Director
- Dr Melanie Smith - Director of Public Health, Brent Council
- Kristine Wellington, CVS Brent

Appendix B – Evidence Session Schedule

	Key Themes / Discussion Areas
Evidence Session 1 October 2022	Social prescribing and its expected benefits The national direction of travel for social prescribing How social prescribing is being delivered in Brent including the outcomes for delivery and patient pathways How developed social prescribing is in Brent in comparison to other NW London Boroughs The key health issues Brent seeks to address through social prescribing
Evidence Session 2 November 2022	The local opportunities for those who socially prescribe Primary care awareness and attitudes towards social prescribing Potential barriers to effective social prescribing for primary care professionals in Brent Equity in delivery of social prescribing in primary care across Brent Ensuring social prescribing is inclusive of vulnerable people, those with disabilities or complex needs Training and development of social prescribing link workers Funding of social prescribing in Brent
Evidence Session 3 November 2022	The local offer of social prescribing opportunities in Brent, including those provided by the local authority Benefits and opportunities for local organisations who receive social prescribing referrals Potential barriers to effective social prescribing in Brent for local organisations Potential barriers to involvement in social prescribing for organisations not currently receiving referrals How attractive and inclusive are social prescribing opportunities for Brent residents? (including vulnerable people and those with complex needs) Communication and awareness raising of social prescribing in Brent
Evidence Session 4	The role and effectiveness of link workers in connecting those who social prescribe with those who offer social prescribing opportunities

November 2022	Assessing the patient pathway in social prescribing How well connected are different aspects of social prescribing How could stakeholders involved in social prescribing in Brent work together more effectively Evaluating and monitoring social prescribing's outcomes Developing social prescribing in Brent with partners to fully realise its potential

Appendix C – Reference List

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Executive Response to the Community and Wellbeing Scrutiny Committee

On 7 March 2023, the Community and Wellbeing Scrutiny Committee agreed recommendations to the with oversight from the Cabinet. Brent Integrated Care System's Executive Response and decisions against those recommendations are provided below.

Recommendation 1: It is recommended that Brent's social prescribing model is widened from NHS primary care settings, to enable ICP partners, front line social care and selected front-line council staff to use social prescribing approaches. The Brent Integrated Care Partnership should lead in developing a social prescribing approach for Brent, where partners work together to ensure that all of Brent's residents have the opportunity to benefit from the holistic approach of social prescribing, as a way of further tackling health inequalities in the borough

The Task Group recognises the good work in developing social prescribing in primary care and sees the benefits that using a holistic approach can have in improving health outcomes for Brent residents. However, it is known that there are Brent residents who are not registered with a GP and therefore cannot currently access social prescribing services. These residents may not be registered with a GP due to historical barriers to access for residents impacted by health inequalities, or because some Brent residents may be mistrustful of traditional health services.

The Task Group believes that the Brent Integrated Care Partnership should drive the development of a Brent social prescribing approach that is available to all Brent's residents. This would ensure every resident can benefit from the holistic approach used in social prescribing and would help to address the unmet health needs of resident's who are currently excluded from accessing social prescribing. Existing health and social care staff within the Brent Integrated Care Partnership and staff in selected local authority 'access points' should be enabled to use social prescribing approaches in their work as part of the Brent social prescribing approach.

Executive Response:

The Brent Integrated Care Partnership welcome the Task Group's support for social prescribing.

Brent Health Matters will continue to work with public health and the borough primary care team to remove barriers to GP registration, which will promote more equitable access to the primary care social prescribing offer.

In addition, the ICP Executive agree that social prescribing is an effective intervention which should be utilised more widely by Council front line services, as a holistic approach to improving health outcomes with the potential to both promote independence and reduce demand for statutory services. We will therefore pilot the introduction of social prescribing into ASC with a view to expanding this to other front-line services learning from this pilot.

Decision: Agreed

Actions:

i). The Brent ICP Executive will establish a Social Prescribing Task and Finish Group and appoint a Programme Manager, funded through the public health grant, to oversee the development and implementation of an action plan in response to these recommendations. The Task and Finish Group will be chaired by the DPH and will report quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group (see recommendation 5)

ii). Once the work programme has been agreed and is established, membership of the Social Prescribing Task and Finish Group will be reviewed as the Group should transition into an Oversight Group also reporting into Health Inequalities and Vaccinations Executive

Recommendation 2: It is recommended that there is an equitable social prescribing offer across the borough that explicitly addresses deeply entrenched and intersectional health inequalities, listens to, and responds to communities, and ensures funding is allocated by areas of Brent with higher levels of deprivation.

The Task Group believes that social prescribing resources and funding should be weighted towards areas of Brent with higher levels of deprivation. Throughout the Task Group's work, partners have outlined that social prescribing is particularly important for residents living in areas with high levels of deprivation. The Task Group also recognises that residents living in areas of high deprivation are more likely to be impacted by health inequalities. It is therefore vital that these residents are supported with sufficient resources, especially in the context of a cost-of-living crisis which is continuing to have a detrimental impact on the health of our deprived residents.
Social prescribing in primary care currently allocates resources based on GP practice need at a Primary Care Network (PCN) level. There is an opportunity for Brent's social prescribing approach to be developed so that it is guided by residents' needs and focuses its resources and funding in areas of the borough with higher levels of deprivation, where residents are more likely to be affected by health inequalities. Ensuring that the approach listens and responds to Brent residents is essential in developing an equitable social prescribing offer that tackles Brent's deeply entrenched health inequalities.

Executive Response:

Central to the local model of social prescribing is a focus on the wider determinants of health and the need to assess residents' needs holistically. The ICP Executive recognises the potential for social prescribing to address health inequalities. To do so, resources and the social prescribing offer must be appropriately targeted and informed

by community engagement. Involvement of Brent Health Matters and public health in the Task and Finish Group will allow qualitative understanding of community needs to inform the social prescribing offer. The development of monitoring of appropriate measures of activity and effectiveness (recommendation 4) will aid targeting. Improved consideration of and response to the wider determinants of health, including the cost-of-living crisis, will improve the effectiveness of social prescribing. To achieve this, improved links between existing social prescribers and Council provision including housing, resident support and the Hubs will be developed.

To date social prescribing in Brent has been funded by the Primary Care Networks and the PCNs retain authority over the use and distribution of their resources. However, the planned work will enable a better understanding of need and how this is being met which will allow for improved targeting of resources.

Additional investment from the public health grant has been identified to support the implementation of the response to Scrutiny's recommendations. This will support the expansion of social prescribing, including the commissioning of a Wellbeing service to develop and build upon those aspects of the current Gateway contract which address social isolation. Public health grant funding will support the inclusion of social prescribing into the ASC front line in the first instance. At the same time, opportunities will be sought for existing Council services, for example libraries and leisure, and for Council / NHS grant funded VSC services to be more open in their service offer to residents referred by social prescribers. In the first instance this will be explored within existing resources e.g. a community group seeking a BHM grant to run a community wellbeing activity will be encouraged to explain how social prescribers can refer and residents can participate.

The Task and Finish Group will seek other opportunities for funding including business cases for health funding to support an increase in social prescribing and the provision of more opportunities for social prescribing.

Decision: Agreed

Actions:

i). Additional investment from the public health grant to be applied as above
ii). Additional investment to be sought from the ICB
iii). Any additional investment in social prescribing will be informed by considerations of equity

Recommendation 3: It is recommended that the Brent Integrated Care Partnership sponsors a social prescribing working group that brings partners involved in social prescribing together quarterly to develop a Brent approach to sharing knowledge, best practice and working together on social prescribing. This will ensure there is greater shared understanding of all social prescribing opportunities in Brent to increase partners' ability to effectively meet residents' needs.

The Task Group found that there is currently not a comprehensive, real-time picture of all the social prescribing opportunities in Brent. This issue is currently hindering the effectiveness of social prescribing in Brent as not all services are connected into NHS frameworks and social prescribing link workers do not have the time to proactively research opportunities in the community and voluntary sector, which means that suitable opportunities for residents could be missed.

The Task Group believes that in order to develop more joined up working and information sharing on social prescribing between partners, the Brent Integrated Care Partnership should take ownership of bringing partners involved in social prescribing together to share information on social prescribing opportunities, best practice and adopt a shared understanding of how partners will work together on social prescribing. This will foster better information sharing and develop a Brent approach to working together on social prescribing. This will improve residents' experience of social prescribing, giving partners more knowledge on support in the community to refer residents into, therefore enhancing Brent's social prescribing offer by making it more diverse, targeted and community specific.

Executive Response:

The ICP Executive agree with the need for improved sharing of knowledge and good practice and more integrated working between social prescribing link workers, Council services and the voluntary and community sector. We agree that the ICP should take responsibility for bringing partners together to achieve this.

Having considered how to achieve this, we are not persuaded that establishing a working group will be sufficient to achieve this. We believe the following will also be necessary:

- A data base of "social prescribing opportunities" i.e. those services and organisations to which residents could be referred or signposted, these will include VCS and statutory services
- An improved and agreed understanding of (2 way) referral / signposting routes between social prescribers and Council / NHS services
- The creation of a Brent Social Prescribing Community of Practice to meet regularly to share learning and build relationships

Decision: Amended as per the actions below

Actions:

i). Brent Health Matters working with the Integrated Neighbourhood Teams and the SPLW will establish and maintain a database of social prescribing opportunities

ii). The Social Prescribing Task and Finish Group will support systems mapping to plot referral / signposting routes between social prescribers and Council / NHS services and to clarify the respective offers and responsibilities the Programme Manager will lead on this

iii). All Council departments will identify social prescribing opportunities within their services, provide information on these to the data base and ensure this information is reviewed / updated at least quarterly

iv). The Council and the NHS will explore the feasibility of requiring grant recipients in the VSC and community to identify social prescribing opportunities within their offer, to provide information on these to the data base and ensure this information is reviewed / updated at least quarterly

v). The provision of social prescribing opportunities will be included as a potential social value measure in Council contracts.

vi). The creation of a Brent Social Prescribing Community of Practice to share good practice and develop networks

Recommendation 4: It is recommended that the Brent Integrated Care Partnership develops a Brent approach to capture further activity data and develop an understanding of how resources are distributed. In order monitor behaviour change and the effectiveness of social prescribing in Brent. This approach should complement partners' respective reporting mechanisms and be used by all partners involved in social prescribing. This will further support the Brent Integrated Care Partnership to develop a joined-up approach to data collection amongst partners in the borough.

The Task Group believe that issues around data collection and evaluation are the key challenge for social prescribing's development locally and nationally. To improve data evaluation there must be sufficient data collected on social prescribing activities in the borough, which would show how social prescribing is developing and allow partners to monitor how social prescribing is contributing to behaviour change in the borough. The Task Group believe that the Brent Integrated Care Partnership should develop its own approach to collecting further data from all partners on social prescribing activities in Brent. Any further data collected by the Brent Integrated Care Partnership would be separate and additional to the reporting measures that already exist for separate partners. The ICP's additional data collection should complement partners' existing reporting measures and be a standalone measure that develops a shared view amongst partners. This further collection of data, driven by the ICP will develop a joined-up approach to data collection and give the ICP strategic oversight of how social prescribing is evolving and changing resident's behaviour.

Executive Response:

The ICP Executive agree that, as we expand our approach to social prescribing, there is a need to develop improved measurement of activity and impact with a specific focus on health inequalities. This is necessary in order to build system awareness and commitment to the approach and to make the case for further investment

As social prescribing is not currently undertaken nor commissioned by the Council, it is not possible to report on performance. However, it's introduction into Council front line will be accompanied by the introduction of new metrics to proportionally monitor success and impact. These will be developed in partnership with the front line but are likely to consider: the proportion of staff trained in social prescribing approaches; the number of social prescribing interventions made; the demographic breakdown of social prescribing participants at least by age, deprivation and ethnicity.

As social prescribing is introduced into grant funding and as a potential social value measure within Council contracts, metrics will be introduced to report on this aspect within the reporting of grant funding and social value.

Much of the initial work will focus on maximising opportunities for social prescribing within existing funded work (for example agreed budgets for grant funding and social value within contracts). At the same time, partners in particular the PCNs will continue to determine how they utilise their resources to support social prescribing. It is therefore not proposed in the first 18 month of this work to attempt to identify and quantify the funding of social prescribing but rather to focus on "bending the spend" and identifying improvements in process and outputs

Decision: Agreed

Actions:

i). The Task and Finish Group will develop and own measures of activity and impact. These should be able to be captured by existing information systems and consistent across social prescribers. As a minimum these should enable reporting by deprivation and ethnicity.

Recommendation 5: It is recommended that social prescribing activities are reported quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, to evaluate social prescribing activities for the borough. This will create greater consistency and alignment for social prescribing across the borough.

The Task Group consider a mechanism must be put in place which ensures social prescribing activities are reported across Brent. Currently there is no overall picture of how social prescribing is developing across the borough, which elevates risks of inconsistency in the social prescribing offer across the borough which could negatively impact residents. Reporting social prescribing activities into the Brent Borough Based Partnership (ICP) will allow the ICP to have strategic oversight of social prescribing's development in Brent, which will promote greater uniformity and alignment across the borough.

The Task Group believe that social prescribing activities should be reported into the ICP's Health Inequalities and Vaccinations Executive Group. The Task Group recognises that social prescribing is vital in areas with higher levels of deprivation, as it can play a significant role in improving health outcomes for Brent residents who are impacted by intersectional health inequalities. It is therefore logical that social prescribing activities should be reported into this executive group, so it can review the impact of social prescribing in reducing the deeply entrenched health inequalities that exist in Brent and the rest of the United Kingdom.

Executive Response:

The proposed reporting arrangements support the necessary senior health and care ownership of social prescribing.

As the scope of social prescribing expands to include other front line Council services (as is intended and as recommended by the Scrutiny Task Group), governance arrangements will be reviewed.

Decision: Agreed

Actions:

i). Social prescribing task and finish group will report to the ICP's Health Inequalities and Vaccinations Executive Group quarterly.

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Brent	**Community and Wellbeing Committee** 4 March 2024
	Report from the Corporate Director of Communities and Regeneration

Scrutiny Recommendations Tracker

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1 – Recommendations Tracker 2023-24
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Chatan Popat Strategy Lead - Scrutiny, Strategy and Partnerships chatan.popat@brent.gov.uk Janet Latinwo Head of Strategy and Partnerships, Strategy and Partnerships Janet.Latinwo@brent.gov.uk

1.0 Purpose of the Report

1.1 To present the latest scrutiny recommendations tracker to the Community and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 That the committee note the recommendations, suggestions and information requests.

3.0 Background

Contribution to Borough Plan Priorities & Strategic Context

- Borough Plan 2023-2027 – all strategic priorities

3.1 The Recommendations Tracker tabled in Appendix 1 relates to the 2023/24 municipal year.

3.2 In accordance with Part 4 of the Brent Council Constitution (Standing Orders of Committees), Brent Council scrutiny committees may make recommendations to the Full Council or the Cabinet with respect to any functions which are the responsibility of the Executive, or of any functions which are not the responsibility of the Executive, or on matters which affect the borough or its inhabitants.

3.3 The Community and Wellbeing Scrutiny Committee may not make executive decisions. Scrutiny recommendations therefore require consideration and decision by the appropriate decision maker; the Cabinet or Full Council for policy and budgetary decisions.

3.4 The 2023/24 scrutiny recommendations tracker, outlined in Appendix 1 provides a summary of the scrutiny recommendations made during this municipal year, in order to track executive decisions and any implementation progress. It also includes suggestions of improvement and information requests, as captured in the minutes of the committee meetings.

4.0 Procedure for Recommendations from Scrutiny Committees

4.1 Where scrutiny committees make recommendations to the Cabinet, these will be referred to the Cabinet requesting an Executive Response and the issue will be published on the Council's Forward Plan. This will instigate the preparation of a report to Cabinet and the necessary consideration of the response.

4.2 Where scrutiny committees develop reports or recommendations to Full Council (e.g. in the case of policy and budgetary decisions), the same process will be followed, with a report to Cabinet to agree an Executive Response, and thereafter, a report to Full Council for consideration of the scrutiny report and recommendations along with the Cabinet's response.

4.3 Where scrutiny committees have powers under their terms of reference to make reports or recommendations to external decision makers (e.g. NHS bodies), the relevant external decision maker shall be notified in writing, providing them with a copy of the Committee's report and recommendations, and requesting a response.

4.4 Once the Executive Response has been agreed, the scrutiny committee shall receive a report to receive the response and the Committee may review implementation of the Executive's decisions after such a period as these may reasonably be implemented (review date).

5.0 Stakeholder and ward member consultation and engagement

5.1 The recommendations, suggestions for improvement and information requests are established by the Community and Wellbeing Committee. Beyond this there is no formal consultation or engagement.

6.0 Financial Considerations

6.1 There are no financial implications for the purposes of this report.

7.0 Legal Considerations

7.1 Section 9F, Part 1A of the Local Government Act 2000, *Overview and scrutiny committees: functions,* requires that Executive arrangements by a local authority must ensure that its overview and scrutiny committees have the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are or are not the responsibility of the executive, or on matters which affect the Authority's area or the inhabitants of that area.

7.2 Section 9FE, *Duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive;-

(a) consider the report or recommendations,

(b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,

(c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

8.0 Equality, Diversity & Inclusion (EDI) Considerations

8.1 There are no equality implications for the purposes of this report.

9.0 Climate Change and Environmental Considerations

9.1 None for the purposes of this report.

10.0 Communication Considerations

10.1 None for the purposes of this report.

Report sign off:

Alice Lester
Corporate Director, Communities and Regeneration

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Appendix 1

Community and Wellbeing Scrutiny Committee
Scrutiny Recommendations and Information Request Tracker 2023-24

These tables are to track the progress of scrutiny recommendations and suggestions for improvement made by the Community and Wellbeing Scrutiny Committee, with details provided by the relevant lead departments. It is a standing item on the Committee's agendas, so that the Committee can keep track of the recommendations, suggestions and requests it has made, and the related the decisions made and implementation status. The tracker lists the recommendations, suggestions and information requests made by the committee throughout a municipal year and any recommendations not fully implemented from previous years.

The tracker documents the scrutiny recommendations to Cabinet made, the dates when they were made, the decision maker who can make each decision in respect of the recommendations, the date the decision was made and the actual decision taken. The executive decision taken may be the same as the scrutiny recommendation (e.g. the recommendation was "agreed") or it may be a different decision, which should be clarified here. The tracker also asks if the respective executive decisions have been implemented and this should be updated accordingly throughout the year.

Scrutiny Task Group report recommendations should be included here but referenced collectively (e.g. the name of the scrutiny inquiry and date of the agreement of the scrutiny report and recommendations by the scrutiny committee, along with the respective dates when the decision maker(s) considered and responded to the report and recommendations. The Committee should generally review the implementation of scrutiny task group report recommendations separately with stand-alone agenda items at relevant junctures – e.g. the Executive Response to a scrutiny report and after six months or a year, or upon expected implementation of the agreed recommendation of report. The "Expected Implementation Date" should provide an indication of a suitable time for review.

Key:

Date of scrutiny committee meeting - For each table, the date of scrutiny committee meeting when the recommendation was made is provided in the subtitle header.
Subject – this is the item title on the committee's agenda; the subject being considered.
Scrutiny Recommendation – This is the text of the scrutiny recommendation as it appears on the minutes – **in bold**.
Decision Maker – the decision maker for the recommendation, (**in bold**), e.g. the Cabinet (for Council executive decisions), full Council (for Council policy and budgetary decisions), or an NHS executive body for recommendations to the NHS. In brackets, (date), the date on which the Executive Response was made.
Executive Response – The response of the decision maker (e.g. Cabinet decision) for the recommendation. This should be the executive decision as recorded in the minutes. The Executive Response should provide details of what, if anything, the executive will do in response to the scrutiny recommendation. Ideally, the Executive Response will include a decision to either agree/reject/or amend the scrutiny recommendation and where the scrutiny recommendation is rejected, provide an explanation of why. In brackets, provide the date of Cabinet/executive meeting that considered the scrutiny recommendation and made the decision.
Department – the Council directorate (and/or external agencies) that are responsible for implementation of the agreed executive decision/response. Also provided, for reference only, the relevant Cabinet Member and strategic director.

Implementation Status – This is the progress of any implementation of the agreed Executive Response against key milestones. This may cross reference to any specific actions and deadlines that may be provided in the Executive Response. This should be as specific and quantifiable as possible. This should also provide, as far as possible, any evidenced outcomes or improvements resulting from implementation.
Review Date - This is the expected date when the agreed Executive Response should be fully implemented and when the scrutiny committee may usefully review the implementation and any evidenced outcomes (e.g. service improvements). (Note: this is the implementation of the agreed Executive Response, which may not be the same as the scrutiny recommendation).

Recorded Recommendations to Cabinet from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	Cabinet Member, Lead Officer, and Department	Executive Response	Implementation Status	Review date

Recorded Recommendations to external partners from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	External partner	Response	Status
5 July 2023 - Local Healthcare Resources Overview	That North West London ICB colleagues are invited for further discussions relating funding settlements for Brent in relation to North West London.	Brent ICP	To follow in April 2024.	
	That work to address the inner and outer London pay gap is further escalated, and that bolder solutions are utilised.	Brent ICP	To follow in April 2024.	
	That the Brent Integrated Care Partnership advocates for further levelling up funding for children's mental health services in the borough.	Brent ICP	To follow in April 2024.	

	That the North West London ICB commits to a timescale to address the historical underfunding compared with other North West London boroughs and to equalise levels of expenditure.	Brent ICP	To follow in April 2024.	
	That a collaborative approach is taken with staff, the community and managers to co-produce solutions for retention.	Brent ICP	To follow in April 2024.	
	That Brent continues to advocate for healthcare funding being allocated by need, rather than population.	Brent ICP	To follow in April 2024.	
	That healthcare resources are allocated to areas of Brent with greater need and deprivation, so that more targeted work can be done in these areas.	Brent ICP	To follow in April 2024.	
30 Jan 2024 – NHS Start Well	For future reports to detail assurances that, as a result of the increase in demand in consolidated services, mitigations were in place against staff fatigue, human error, and overcrowding of facilities.	NHS North Central London ICB	A further update will be provided once the final consultation has been concluded.	

30 Jan 2024 – NHS Start Well	That the impact of cost to prospective parents in relation to patient choice is considered in the final business case.	NHS North Central London ICB	A further update will be provided once a final business case has been finalised.	
30 Jan 2024 – NHS Start Well	That the ICB consult a wider geographical area of residents and ensure interpretation services are available in a wide variety of languages to undertake that consultation.	NHS North Central London ICB	A further update will be provided once the final consultation has been completed.	
30 Jan 2024 – NHS Start Well	That post any changes that are implemented, the ICB take a view as to the impact they have made.	NHS North Central London ICB	A further update will be provided once a final business case has been finalised.	

Recorded suggestions for improvement from to Council departments/partners

Meeting date and agenda item	Suggestions for improvement	Council Department/External Partner	Response	Status
5 July 2023 - Tackling Health Inequalities in Brent	That cross-council work on health inequalities is strengthened to develop a whole council approach to further addressing health inequalities.	Care, Health and Wellbeing	To follow – Public Health and Brent Health Matters have started to explore actions to address these and a full response will be provided by the Care, Health and Wellbeing directorate by the end of the municipal year.	
	That appropriate council officers are given training on intersectionality, to further develop the organisation's understanding of intersectionality, and its impact on our residents.	Governance	Actions to address training needs is underway and discussions are taking place between the departments for arrangements and delivery. A full update on progress will be provided by the end of the municipal year.	
	That emerging neurological conditions within the community are	Care, Health and Wellbeing	To follow – Public Health and Brent Health Matters have started to explore action to address these and a full response will be	

	considered for inclusion as part of Brent Health Matter's work.		provided by the Care, Health and Wellbeing directorate by the end of the municipal year.	
5 July 2023 - Local Healthcare Resources Overview	That the proposed induction for all staff working in Brent should include attending a Brent Health Matters community event.	Care, Health and Wellbeing	To follow – Public Health and Brent Health Matters have started to explore action to address these and a full response will be provided by the Care, Health and Wellbeing directorate by the end of the municipal year.	
30 Jan 2024 - Brent Youth Strategy and Provision	That young people were represented as part of the Youth Strategy Steering Group. As part of this, the Committee recommended there was representation from across the sector and geographical areas in the borough so that all areas were represented.	Children and Young People	To follow.	
30 Jan 2024 - Brent Youth Strategy and Provision	That a more specific engagement target was set for the number of young people reached when developing the strategy.	Children and Young People	To follow.	
30 Jan 2024 - Brent Youth Strategy and Provision	That officers continue to think creatively about solutions to funding of current provision.	Children and Young People	To follow.	
30 Jan 2024 - Brent Youth Strategy and Provision	To recommend that the Council communicates its communications strategy publicly so that it is widely available to young people.	Children and Young People	To follow.	

Information requests from CWBSC to Council departments/partners

Meeting date and agenda item	Information requests	Council Department/External Partner	Response
5 July 2023 - Tackling Health Inequalities in Brent	To provide the latest data on Brent Health Matters' co-production activity, through community engagement in the borough.	Care, Health and Wellbeing	1. BHM work with community organisations is measured using the ladder of participation:  At present, ➢ Community organisations that are at empowering or partnership stage is 30 ➢ Co creating- 40 ➢ Involving- 51 ➢ Consulting- 62 ➢ Informing is 160 2. Events Data: Since November 2021- July 2023, we have done 136 outreach events which were attended by 7,022 people and we carried out 5,986 health checks. We have a breakdown of people seen by other teams and the findings of health checks if you need

			3. In terms of whole council approach to tackling Health Inequalities, Our current Brent Inequalities policy is due for renewal and the group in starting in October. Public Health colleagues have asked to be part of this group so we can ensure tackling health inequalities is part of this policy. This will ensure buy in at whole council level to develop action plans 4. In line with BHM clinical priorities, there are plans to focus BHM work in our most deprived areas mainly Harlesden, Willesden and south Kilburn
5 July 2023 - Local Healthcare Resources Overview	To receive information on how outreach work in schools to promote roles in Brent's health and social care sector is aligned with the Greater London Authority's academy.	Care, Health and Wellbeing Department and Brent ICP	To follow – Public Health and Brent Health Matters have started to explore action to address these, and a full response will be provided at a later meeting by the Care, Health and Wellbeing directorate.
21 September 2023 – Outcome of 2023 Ofsted ILACS Inspection and Current Children's Social Care Improvement Activity	For the Community and Wellbeing Scrutiny Committee to receive the latest data and historic data on the Brent CAMHS waiting list, including comparison with other local areas.	Children and Young People	To follow once most recent data is available.
21 September 2023 – Outcome of 2023 Ofsted ILACS Inspection and Current Children's Social Care	For the Community and Wellbeing Scrutiny Committee to receive an update within the next 6 months on the response, improvements and	Children and Young People	To follow - a full response will be provided at a later meeting once all relevant data is available.

Improvement Activity	outcomes made in relation to the Ofsted ILACS Inspection recommendations.		
21 September 2023 – SEND Strategy Implementation and Readiness for a Joint Ofsted / CQC Inspection	That the Committee heard directly from a member of the Harlesden cluster and receive a report detailing the success of the activity of the Harlesden cluster and how that was being replicated across the Borough.	Children and Young People	To follow at a later meeting.
30 Jan 2024 - Brent Youth Strategy and Provision	For future reports to detail performance data so that the committee could compare how well the Council was doing in this area.	Children and Young People	Accepted by the department. Future updates to the committee will include relevant performance data.
30 Jan 2024 - Brent Youth Strategy and Provision	For future reports to be clearer about the impact of cuts and how the department mitigates against them to ensure good youth provision.	Children and Young People	Accepted by the department. Future updates to the committee will include relevant information on impacts of further cuts and subsequent mitigation.

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