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Health and Wellbeing Board

Tuesday 25 July 2023 at 6.00 pm

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

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

The meeting will be open for the press and public to attend. Alternatively, the link to follow the live webcast will be made available here.

Membership:

Councillor Nerva (Chair)	Brent Council
Dr Mohammad Haidar (Vice-Chair)	NWL Integrated Care Board
Councillor Donnelly-Jackson	Brent Council
Councillor Grahl	Brent Council
Councillor M Patel	Brent Council
Councillor Kansagra	Brent Council
Robyn Doran	NWL Integrated Care Board
Simon Crawford	NWL Integrated Care Board
Jackie Allain	NWL Integrated Care Board
Ali Wright	HealthWatch Brent
Basu Lamichhane	Brent Nursing and Residential Care Sector
Kim Wright	Brent Council - Non-Voting
Helen Coombes	Brent Council - Non-Voting
Nigel Chapman	Brent Council - Non-Voting
Dr Melanie Smith	Brent Council - Non-Voting
Claudia Brown	Brent Council - Non-Voting

Substitute Members (Brent Councillors)
Councillors: M Butt, Farah, Knight and Krupa Sheth

Councillors: Hirani and Mistry

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

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

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

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

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

or

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

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

For Members of the Board to note any apologies for absence.

2 Declarations of Interest

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

3 Minutes of the previous meeting 1 - 10

To approve as a correct record, the attached minutes of the previous meeting held on 29 March 2023.

4 Matters arising (if any)

To consider any matters arising from the minutes of the previous meeting.

5 Draft Integrated Care System Strategy Consultation 11 - 30

To present the draft Integrated Care System Strategy consultation, including Brent's response to the draft consultation.

6 Mental Health and Wellbeing Work Stream Update 31 - 42

To provide information on Priority 4 of Placed Based Partnership – Improving mental health and wellbieng of the Brent population, including an update on the discussions between the Place Based Partnership (Brent ICP) and the NWL ICB regarding mental health funding levels.

7 Brent Children's Trust Progress Report 43 - 48

To provide an update of the Brent Children's Trust (BCT) work programme covering the period January 2023 to June 2023.

8 Joint Strategic Needs Assessment 49 - 62

To provide an update on the new Joint Strategic Needs Assessment

(JSNA) for Brent, which was published in June 2023.

9 2023-25 Better Care Fund Update 63 - 68

To provide the Health and Wellbeing Board with an overview of the current 2023-25 Better Care Fund (BCF) plan, Brent Integrated Care Partnership's (ICP) principles to NWL Integrated Care Board (ICB) BCF finance review, discharge funding as part of the 2023-25 BCF plan, including new schemes, and NWL ICB BCF review and governance for 2023-25.

10 Annual Health and Wellbeing Board Terms of Reference Refresh 69 - 72

To present the proposed updates for 2023-2024 to the existing Health and Wellbeing Terms of Reference.

11 Refresh of Joint Health and Wellbeing Strategy

To receive a verbal update on the refresh of the Brent Joint Health and Wellbeing Strategy.

12 Modular 32 Bedded Ward at Northwick Park Hospital 73 - 88

To inform the Brent Health and Wellbeing Board of the plans to increase acute medical unit bedded capacity on the Northwick Park Hospital site for winter 2024 by building a new 32 bedded ward.

13 Any other urgent business

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

Date of the next meeting: Monday 30 October 2023

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

- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis.

Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Wednesday 29 March 2023 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Mili Patel (Brent Council), Councillor Grahl (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Lisa Knight (Chief Nurse, LNWUHT), Cleo Chalk (Brent HealthWatch), Carolyn Downs (Chief Executive, Brent Council – non-voting), Phil Porter (Corporate Director Adult Social Care and Health, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care, Brent Council – non-voting)

In attendance: Tom Shakespeare (Integrated Care Partnership Director), Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Natalie Connor (Governance Officer), Antoinette Jones (NWL NHS), Steve Vo (NWL NHS), James Biggin-Lamming (Director of Strategy and Transformation, LNWUHT), Fana Hussain (Assistant Director Primary Care, NWL NHS)

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

Apologies for absence were received from the following:

- Councillor Donnelly-Jackson (Brent Council)
- Basu Lamichane (Nursing and Residential Care Sector)
- Judith Davey (CEO, Brent HealthWatch)
- Simon Crawford (Deputy Chief Executive, LNWUHT), substituted by Lisa Knight (Chief Nurse, LNWUHT)
- Robyn Doran (CNWL)

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the meeting, held on 12 January 2023, be approved as an accurate record of the meeting.

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

None.

5. **Primary Health Update - GP Access**

Fana Hussain (Assistant Director Primary Care, NHS NWL) introduced the report, which provided an update on the actions taken to improve GP and primary care access in Brent. She highlighted that access to primary care remained on the agenda as a priority area for all boroughs in NWL. NWL had been working alongside GP practices after the 'no-one left alone' report and recommendations. In updating the Board, she highlighted the following key points:

- The Primary Care Team had been looking at how to improve access to appointments, including online consultations, as well as how to improve the number of staff working in GP practices and how primary care worked with partner organisations. A lot of work on this had been undertaken in the past year and members' attention was drawn to Table 1a of the report, which showed the number of GP appointments offered in NWL. In the month of December 2022, Brent had been the borough with the second highest number of GP appointments, and in January 2023 had moved to joint second position alongside other boroughs. The graphs showed appointments at GP practice level but did not include appointments held at the Access Hubs.
- The main focus areas had been:
    - Increasing appointments outside of core hours (8:00am – 6:30pm, Monday to Friday), looking at how appointment options could be expanded up to 8pm and on weekends
    - Offering additional appointments in health inequality clinics and promoting uptake.
- As such, GPs were seeing more patients who were diabetic, had long term conditions, and were offering screenings and immunisations. Enhanced Access Services were now providing double the number of appointments they had previously, with 135,000 appointments now being provided in hubs where patients could get an appointment outside of core hours. Booking for those remained through GP practices and calling 111, but the aim was to enable direct booking into those slots once IT barriers had been resolved.
- Face to face appointments had remained a focus, as primary care were aware patients wanted to be seen face to face. Two thirds of appointments in most GP practices were provided face to face with one third online. It was understood that there was also a demand for online consultation, particularly from the younger generation and those with IT skills, so that hybrid model was available.
- The focus on improving access to primary care had also concentrated on access to registration. Primary care understood that patients were experiencing issues registering with GPs, and so this had been highlighted and taken forward, working with an organisation called Doctors of the World. As part of this, surgeries were being offered accredited training on 'safe surgery', which looked at barriers to registering. 40 GP practices had now been accredited as safe surgeries and the remainder would go to the next programme. Registration was now much easier and more fluent with documentation no longer required and, going forward, the NHS app would allow patients to change GP practice at the click of a button.
- Additional staff were being recruited to increase capacity in GP practices, including Clinical Pharmacists, Physiotherapists, Paramedics, Nursing Associates, and Health Care Assistants. The number of additional roles had been increased by 101% within the year.
- Reception staff had been upskilled with customer care training, managing difficult conversations, supporting patients and signposting to help navigate patients into the right setting.

The Chair thanked Fana Hussain for her introduction and invited contributions from those present. The following issues were raised:

- The Board were pleased with the details in the paper and the different initiatives to improve access. In relation to Enhanced Access Hubs, they queried whether there was any data on the uptake of those out of hours appointments and whether they were being utilised. Fana Hussain confirmed that Enhanced Access Hubs were commissioned and monitored at PCN level. Utilisation was around 92% across all PCNs, but there were some areas with less utilisation, such as Kilburn which had 65% utilisation.
- Dr Haidar congratulated the Primary Care Team for their response to challenge around access, and felt the work was an example of moving forward as a system together. One

of the mission statements for primary care was around changing definitions, for example, instead of saying 'hard to reach populations' this was now 'hard to access services'. The Primary Care Team were working together to take services out to patients and communities and access would remain a focus for the ICP.

- In relation to the communications plan, the Board asked if the ICP were confident that GP practice staff knew about the additional access hubs and how to refer, as well as how the ICP would raise awareness with Brent residents of the additional services. Fana Hussain highlighted that this work would be taken forward once the access line into the Enhanced Access Hubs was available to promote. Currently, all GP websites were being updated with this information and practices were aware those appointments were available and what their allocation of appointments was. Information would be disseminated to all Brent residents and the ICP were working closely with the local authority's communications team to include an article in the Brent Magazine to highlight the hubs and how they could be accessed. The timing of that messaging was imperative to ensure the technology around direct booking was in place prior to sending out messages. In addition, all information would be available on the ICP website.
- The Board asked about eligibility for free treatment for non-residents or residents who had been away from the country for 12 months. Fana Hussain explained that everybody was entitled to register with a GP, even if they were a visitor from another country. To receive services in an acute secondary setting, such as a hospital, there was a team who would assess whether a patient was entitled to that treatment and whether there may be a charge, for example if someone went to the hospital to deliver a baby or manage a condition. However, if a patient entered an Urgent Treatment Centre and their life was at risk then that treatment was free. These were national requirements and not derived locally.
- In relation to paragraph 3.15 of the report about joint working, Fana Hussain advised the Board that the vision for the Enhanced Access Hubs was to incorporate wider community and partner organisations so that the hubs were running alongside all other partnership teams. For example, having colleagues such as the Housing Team and Cost-of-Living Team alongside the hubs so that their sessions could run at the same time in order for residents to access several services at once. The ICP were also working with community providers to see how they could deliver some enhanced services jointly. For example, a few years previously, womb care management was introduced in GP settings and the community team had trained nurses to deliver that. Integration was about having a seamless service where partners worked as one within the setting, so there could be a go-to place for everything someone needed. In response to what the local authority could do to ensure that happened, Tom Shakespeare (Director, Integrated Care Partnership) confirmed that the Integrated Care Partnership (ICP) priority was about wraparound care with partnership at the core of the hubs. The work was still in its development phase.

RESOLVED: To note the progress on the priorities and thank the Primary Care Team in the Brent Borough-Based Partnership.

6. **HeathWatch Programme Update**

Cleo Chalk (Manager, HealthWatch Brent) introduced the report, which asked Board members to note the outcomes achieved over the past year, as well as HealthWatch's plan to build on existing priorities and develop the service. In introducing the report, she highlighted the following key points:

- HealthWatch had experienced challenges over the past 12 months due to staffing challenges but were now in a stronger position with Cleo Chalk as Manager and an overarching Service Manager from the Advocacy Project.
- HealthWatch were pleased to have made progress in the past 12 months despite staffing challenges, particularly the project work with Brent's communities facing

multiple health inequalities including strengthening links with Romanian and Somali communities. HealthWatch looked forward to continuing that targeted work in 2023-24. It had been found that the experiences of these groups echoed the broader lack of access affecting many communities in Brent.

- A series of highly insightful 'enter and view' visits had been conducted at the Park Royal Centre for Mental Health, which resulted in several key findings, notably the lack of information patients had about their care plans and the need for more information about the complaints process. HealthWatch were now working closely with that service to implement the changes from those recommendations.
- Priorities for 2023-24 had now been agreed for the Annual Work Programme, which had been informed by a detailed piece of work evaluating what HealthWatch knew about health inequalities in Brent and its relationship with key stakeholders.
- The first priority was mental health in key communities and geographical hotspots, building on existing work with the Somali community and developing a new project working specifically with the Pakistani community. The Pakistani community had been chosen following conversations with CNWL which suggested that group was underrepresented.
- The second priority would be around translation and additional support to access services. From the work HealthWatch had done with the Romanian community, they knew that there was a lack of access to translated materials and HealthWatch were looking to investigate that further, including in relation to key services such as maternity. It was hoped this would lead to more opportunities for co-production work in that community to develop those translated resources.
- The final priority was to ensure HealthWatch was focusing on residents in the most deprived wards. Engagement work had always been concentrated in Harlesden and Stonebridge and this would be expanded to include Kensal Rise. The work in those areas would focus on delivering HealthWatch's advice and information service, crucially in face-to-face and pop-up services and not solely online or telephone. That work would also focus on the delivery of health information, and was looking at cancer screening workshops to be delivered specifically in those wards.
- Now that the service was close to being fully staffed and there was a larger pool of volunteers, HealthWatch were looking at service development and wanted to expand the advice and signposting service, which was felt to be a really important way HealthWatch reached residents most struggling to access services.

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

- The Board understood the focus on the Romanian community as a rapidly expanding emerging community. They highlighted that the Arabic community was the second largest emerging community in Brent and so asked HealthWatch to consider focusing on Arabic communities specifically as well.
- The Board highlighted that there were nearly 700 asylum seekers currently placed in hotels in the borough, who were not on safe routes and did not have refugee packages, who would be going through the streamlined process for leave to remain. It was highlighted that many of these asylum seekers would have serious mental health and trauma related issues, and the Board asked what HealthWatch might be considering doing in these areas. Cleo Chalk advised the Board that asylum seekers in hotels were on their radar and HealthWatch had started to make links with homelessness groups and other voluntary organisations working with those communities in Brent. Carolyn Downs (Chief Executive, Brent Council) advised HealthWatch that the local authority would want to work with HealthWatch on any project they did coming out of that.
- The Board highlighted that, alongside HealthWatch, Brent also had Brent Health Matters (BHM) and increasing awareness from mainstream statutory services of the need to reflect on and address health inequalities. As such, they asked where HealthWatch saw itself in the wider system to make the best impact and influence. Cleo Chalk explained that HealthWatch had been reviewing its stakeholder engagement

strategy which had involved looking at how it could differentiate itself from other work programmes already existing in Brent and ensure it was not duplicating the work of other organisations such as BHM. What she saw as being unique to HealthWatch was that it could contribute its knowledge and links with services to the wider health system. Going forward, HealthWatch would be focusing much more on people who were actively using services whilst bringing community groups and services together. The work HealthWatch had done with the Somali community had been around putting community leaders in a room with service providers to co-design service provision based on the knowledge those communities had, and she hoped to replicate that type of work in the future.

- In relation to how the wider health system engaged with HealthWatch, Phil Porter (Corporate Director Adult Social Care & Health, Brent Council) advised the Board that the ICP were committed to engaging and working with communities to co-design services and, as such, HealthWatch had a seat on all ICP Executive Groups.
- The Board asked about the reasoning for the focus on Pakistani and Bengali communities in relation to paragraph 3.11 of the report, which detailed feedback gathered following the covid-19 vaccination rollout. They were advised that this had been a piece of work commissioned by NHSE to focus specifically on those community groups due to Healthwatch's existing links to those communities. The work focused on understanding the messaging that had gone out and future messaging to encourage people to get vaccinated. HealthWatch had also supported a wider vaccination awareness programme with volunteers going out with the vaccination bus to spread awareness to a much broader range of community groups.
- The Board asked if HealthWatch had any work planned around access to NHS dentists as this was a significant public health risk for children. An announcement on the day of the meeting that 85 BUPA dentists were closing showed the broader trend of private and NHS dentists closing down. Dr Melanie Smith (Director of Public Health, Brent Council) advised the Board that Public Health continued to lobby NHSE for a reinvestment of the underspend on the general dental contract into community dental services, outreach, and health promotion. In the meantime, the oral health bus would be revisiting several primary schools across the borough during the summer. Public Health were aware that the children who accessed the oral health bus the previous summer had considerable unmet need and were happy to report that they had been able to get access to dentistry for a number of those children, and several local dentists had agreed to take referrals from Public Health over the summer.
- Nigel Chapman (Corporate Director Children and Young People, Brent Council) highlighted the reference in the report to conversations about children's health. He advised the Board that conversations were being had around the work HealthWatch could do to support children's health, such as advocacy for care leavers and care leavers accessing their own health history.

RESOLVED: To note the information provided in the paper.

7. **Winter Planning Update**

Steve Vo (Assistant Director of Integration and Delivery, NHS NWL) introduced the report, which detailed the winter planning journey that had started in July 2022. He highlighted the following key points:

- A total of £3.35m had been secured across the system, which he felt demonstrated good collaborative working across health and social care partners to structurally come together to create schemes and commit to a reporting regime.
- Positive feedback had been received from service managers across the Council, NHS NWL, CLCH and CNWL.
- February data showed a rise in A&E and non-elective attendances and so the data was being looked into to understand the spikes in particular months.

- Service leads and teams were assessing the current schemes, evaluating data to learn lessons from the past few years in order to plan ahead, and the outcome of that assessment would give a steer on which schemes would need to be prioritised locally and identify appropriate funding to continue schemes going forward.

In considering the report, the following points were raised:

- The Board asked whether there was any data regarding readmittance to hospital and if that was an area of concern. Lisa Knight (Chief Nurse, LNWUHT) advised that readmission data was collated and could be shared with Steve Vo to be used as part of the evaluation process. She believed readmission to be 8% across the entire organisation, and there would be a need to look at that by borough for the Health and Wellbeing Board. LNWUHT had a requirement to audit readmissions, so they could undertake and share the reasons for readmission, as readmission data could include patients who were readmitted for a reason not related to their original diagnosis or health concern.
- The Board asked if there was any significant system learning that had been taken from the winter planning schemes over the year. Tom Shakespeare (Director, Integrated Care Partnership (ICP)) advised the Board that they were currently going through the process of reporting back to the ICP the impact of specific winter pressure schemes which they could bring back to the Board at a future date. Each of the NWL hospitals were currently undertaking a peer review and Adult Social Care would be looking to be part of that process in terms of learning what the experiences had been.
- Lisa Knight added that LNWUHT had been thankful for the support, but irrespective of the winter support schemes put in place it had been a very difficult winter. Emergency activity continued to increase at Northwick Park Hospital in particular, and there were significant diverts in place with the London Ambulance Service, with that activity being increased through Ealing as more ambulances were being sent through Ealing due to ambulance queues. She wanted the Board to be aware that some of the experiences in emergency departments continued to be not what they should be, and LNWUHT were in a position where they were 'plus one-ing', where patients were moved to wards without a bed on every ward every day. She could see there was a lot of work going on and this was seen on a daily basis, but the issue was that winter pressures did not seem to alleviate during the summer now. She hoped for a commitment to implement year-round planning for the genuine increase being experienced. In response to these pressures, LNWUHT were working with the sector to add 30 additional beds at Northwick Park and were hopefully about that and that it would make a difference on flow.
- Anecdotally, in terms of supporting the community, there were two key points being identified across NWL. One was the availability and capacity within the system to deal with complex needs within nursing and residential homes, as well as having capacity to support that from a health side and a social care perspective. The second was support around individuals with no recourse to public funds and homeless individuals. Early planning work on those issues was ongoing for the following year.

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

8. London North West University Healthcare NHS Trust - Five Year Strategy

Lisa Knight (Chief Nurse, LNWUHT) introduced the report, which presented the 5-year strategy for LNWUHT, which had been ratified by the Trust Board. She advised the Board that the strategy had been developed over the last year with patients, staff, and local organisations. The document was a statement of where the Trust was now and how it wanted to develop and engage with partners over the next 5 years. There had been good engagement on the strategy, and she requested that LNWUHT came back to the Board for a future update.

James Biggin-Lamming (Director of Strategy and Transformation, LNWUHT) spoke in more detail about how the strategy had been developed, highlighting the following key points:

- Almost 900 patients had responded to the multi-lingual survey about their care and their aspirations for their care, which had been translated into several local languages. 2,400 staff had input at various points what their hopes for the organisation were and what could be done together to improve, and there had been significant engagement from partner organisations.
- The new vision was to have quality at the heart of the Trust. Central to the Strategy was the ambition to have consistent, best practice quality in the care provided, and as an employer and partner. Four objectives underpinned that vision;
    - Objective 1 was to provide high quality, timely and equitable care in a sustainable way.
    - Objective 2 was to be a high-quality employer where staff felt like they belonged and were empowered to provide excellent services and grow their careers.
    - Objective 3 focused on basing care on high quality, responsive and seamless non-clinical and administration services. James Biggin-Lamming informed the Board he was proud to have an objective in the strategy around admin support services as clinical care did not rely solely on clinical staff but also those working 'behind the scenes' such as procurement, HR, and finance. If their work was done effectively this freed up time for clinicians to do more with patients. This workstream was also in response to patient interactions with admin staff not always being constructive such as booking appointments and so the Trust was determined to do that in a much better way.
    - Objective 4 was to build high quality, trusted ways of working with local people and partners to improve the health outcomes of communities together. This included working with primary care, social care, mental health, the voluntary sector and patients, with the Trust as an anchor organisation within that partnership.
- The details of the strategy were available on the Trust website and included measures and actions to track the strategy. The Health and Wellbeing Board were invited to support the strategy.

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

- The Board welcomed the strategy and asked whether there were any specific asks of the wider health and wellbeing system. They were advised that under the partnership workstream there were opportunities to work on how the Trust trained and recruited new workforces. One area that the Trust would be investing in was the Elective Orthopaedic Centre at Central Middlesex Hospital and new roles would be created there including admin, specialists, Health Care Assistants, apprenticeships, Nursing Associates, Therapy Assistants and Physician Assistant.
- The Board asked how the Trust would know they had been successful in their objectives. They were advised that there were 12 measures highlighted in the strategy for tracking the success of each objective, and the outcomes the Trust hoped to see as a result of the actions taken. For each action, the strategy set out where the Trust was, what top quartile performance looked like, and how the Trust aimed to get to top quartile over the next 5 years. For example, the Trust would know if they were an anti-racist organisation if staff wanted to recommend the organisation as a place to work and through levels of bullying within the organisation. There should be steps along the way where the Trust would start to feel different and feel movement towards top quartile, and if it was not seeing those changes then there would be a need to return to the action plan to review. As part of this, new measures were being created to collate that information and measure progress.

- The Board highlighted the challenge for the Trust that, whilst it might be making huge improvements, public opinion might not follow as quickly, therefore it was imperative to have its own qualitative information alongside the feedback it collected.
- The Board highlighted the emphasis on Ealing Hospital in the 'our sites' section of the strategy and queried the reason behind that. They were advised that the full strategy document included more detail about all three sites, but the emphasis the Board had noticed was likely a reaction to public belief that the hospital would be closed. Prior to Covid, as part of the previous Trust strategy, the plan had been for Ealing Hospital to close. This was no longer the case and the Trust had worked hard with the people of Ealing to inform them that their local hospital was not closing, but there were members of the public who still did not believe it would not close.

RESOLVED:

i) To note the report and agree to receive an update on an annual basis on the progress of the strategy.

9. **Local Governance in the Context of NWL Relationship - Integrated Care Partnership Asks**

Tom Shakespeare (Director, Integrated Care Partnership) introduced the report, which aimed to get a steer from the Board on three main areas the Integrated Care Partnership (ICP) wanted to work more closely with the Integrated Care Board (ICB) on, where it was felt there was a unique need for ICB support.

Area 1: Action on workforce, specifically how the ICP and ICB could work to counteract the inequity of pay between inner and outer London, particularly in harder to recruit areas such as Occupational Therapists, Health Visitors and Mental Health Practitioners, as well as the broader workforce issues.

Area 2: Support to continue lobbying for levelling up funding. The ICP had made good progress with funding to primary care over the past year but had been told a decision regarding mental health funding had been made which it was yet to hear the outcome of. The ICP were undertaking further work to get a clear position around finances relative to other areas to make a case for levelling up, as well as looking at opportunities to improve efficiency, joint working and integration so that the system was in a robust position to respond to challenges.

Area 3: Action around inequalities. The ICP had received significant investment for Brent Health Matters (BHM) from the ICB and a recurrent share of £7m funding (£780,000). This was welcomed by the ICP, but it was looking for support and investment into the development of services across acute, secondary and primary care in order to embed addressing health inequalities in all services from a disability, ethnicity and deprivation lens.

RESOLVED:

i) To note the report and endorse the approach taken by the ICP.

10. **Any other urgent business**

Dr Melanie Smith (Director of Public Health, Brent Council) highlighted that the new Polio vaccination campaign was not a response to any new finding of Polio in sewage and was simply a reflection that there were low levels of immunisation locally. The MMR vaccination would also be offered as part of that campaign. The campaign would be school based, but work was ongoing with providers to try to accommodate some vaccinations in community settings as had been done previously.

The Board were advised that this was David Petrie's (Strategy and Partnerships Manager, Brent Council) final meeting, and thanked him for all the work he had done to support the Board.

The Board were advised that this was also Carolyn Downs's (Chief Executive, Brent Council) final meeting, and thanked her for her input in ensuring a good, effective partnership. Her input had been valued at the Health and Wellbeing Board.

The meeting was declared closed at 19:00

COUNCILLOR NEIL NERVA
Chair

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Brent NHS North West London	**Brent Health and Wellbeing Board** 25 July 2023
	Report from NWL ICS

Draft ICS Health and Care Strategy

Wards Affected:	All
Key or Non-Key Decision:	No decisions (seeking feedback only)
Open or Part/Fully Exempt:	N/A
No. of Appendices:	Appendix 1 – ICS Health and Care Strategy Presentation
Background Papers	Draft strategy paper One-page summaries
Contact Officer(s): (Name, Title, Contact Details)	Cassandra Dorries Head of Strategy, North West London ICB cassandra.dorries@nhs.net

1.0 Purpose of the Report

1.1 To update the Board on progress for the ICS Health and Care strategy and ask them to consider the supporting one-page summaries and provide feedback to NWL Integrated Care Board on any suggested amendments.

1.2 In common with all Integrated Care Systems, North West London Integrated Care System is required to produce a strategy which must cover both health and care (i.e., health and relevant local authority services).

1.3 The NHS and local authorities are required to 'have regard' to the strategy. The strategy has been prepared for, and must be adopted by, the North West London's Integrated Care Partnership. The Partnership brings together local authorities and the NHS across our eight boroughs.

1.4 The strategy has taken, as its starting point, the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies developed for each borough and incorporated resident insights. The strategy aims to highlight where boroughs and the NHS can go further, faster for our residents by working together. It does not attempt to collate everything that each partner in the ICS is doing. For example, the 'shared outcomes' reflect the judgment of the DPHs of the outcomes that could be improved faster by working together.

1.5 It is structured around the ICS' programmes, which are the delivery vehicles for the strategy. It informs the one-year delivery plans of all the ICS programmes. Priorities for the programmes are then grouped into six cross cutting themes.

1.6 The draft strategy was published on 21st May. The Brent Health and Wellbeing Board is asked to challenge and comment on the strategy – in particular, what areas members of the HWBB believe should be emphasised, amended, or removed. The strategy was also presented to Brent's PCEG on 13th June and the ICB Board on 26th June.

1.7 Input from all PCEGs, BBPs, HWBBs, alongside input from our residents, will then be synthesised into the next draft of the strategy.

2.0 Recommendations

2.1 For the Health and Wellbeing Board to consider the supporting one-page summaries and provide feedback to NWL Integrated Care Board on any suggested amendments.

3.0 Detail

3.1 N/A

4.0 Financial Implications

4.1 N/A

5.0 Legal Implications

5.1 N/A

6.0 Equality Implications

6.1 N/A

Report sign off:

Dr Charlotte Benjamin
ICS Chief Medical Officer, NHS NWL

North West London Integrated Care System
Working together for better health and care

ICS Health and Care Strategy for North West London

Health and Wellbeing Board - Brent

Tuesday 25h July

Cover note

- In common with all Integrated Care Systems, North West London Integrated Care System is required to produce a strategy
  - The strategy must cover both health and care (i.e., health and relevant local authority services)
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- Input from all PCEGs, BBPs, HWBBs, alongside input from our residents, will then be synthesised into the next draft of the strategy.

North West London Integrated Care System

Strategy engagement – we want to hear from you

Hearing from a wide range of voices throughout communities who will feel the impact of the delivery of the top priorities in health and care services in North West London helps ensure this strategy fits the needs of residents. We want to make sure that resident insight is embedded into the heart of this draft strategy. Insights captured includes the 'what matters to you' outreach, borough collaborative spaces and insight from local authority, Healthwatch and voluntary & community sector colleagues.

- Joining up with local authority engagement on Health and Wellbeing Strategies
- NW London Residents Forum, open to all with an anticipated 200 attendees
- Citizen Panel with access to 3.8k members
- Next Door insights

North West London Integrated Care System

Strategy development – why we need a health and care strategy

As we launch the ICS, we have the opportunity to set an exciting vision and strategy for North West London that builds on our achievements to date, and takes advantage of our strengthening collaboration across health and care to improve outcomes for our residents and communities, address long standing inequalities in access, experience and outcomes, level up, improve value for money and deliver wider benefits across North West London.

Four objectives of integrated care systems

A	Improve outcomes in population health and wellbeing
B	Prevent ill health and tackle inequalities in outcomes, experience and access
C	Enhance productivity and value for money
D	Support broader economic and social development

North West London Integrated Care System

Strategy development – how we have built on what has gone before using resident insight

Joint Strategic Needs Assessment

- Context and needs of NW London
- Case for change

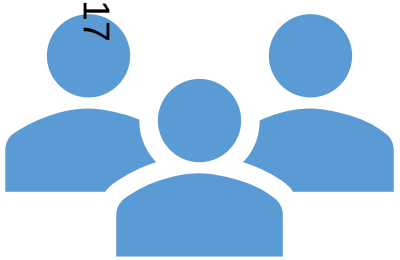
Health and Wellbeing Strategies

- Shared outcomes

Programme and Networks

- Plans
- Actions

Involvement and insights



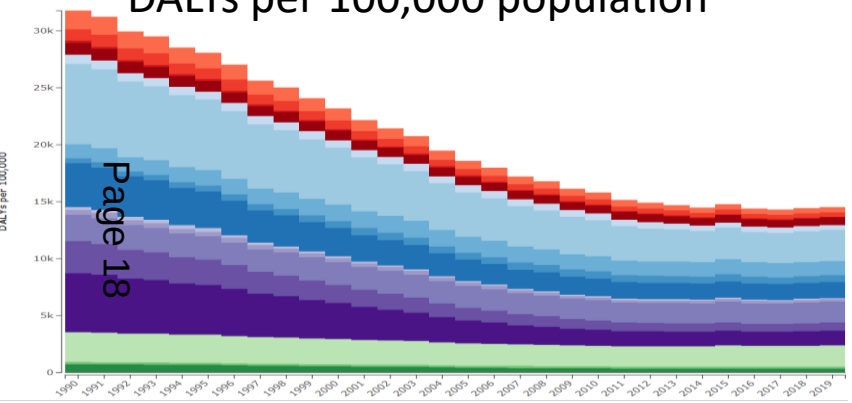
Delivery	Networks	Enablers
• Proactive population health & inequalities • Local care • Mental health, learning disabilities & autism • Acute care	• Cancer • Maternity • Children & young people	• Involvement & Community • Data & Digital • Workforce • Finance & Estates • Research & Innovation

North West London Integrated Care System

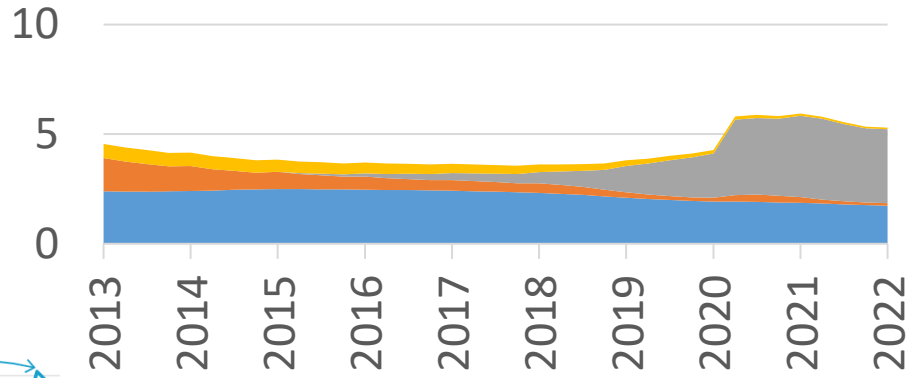
Challenges – areas of concern for NW London

Improvement in health status have appeared to stall, we have an almost record number of people on out of work benefits and the cost of living crisis continues

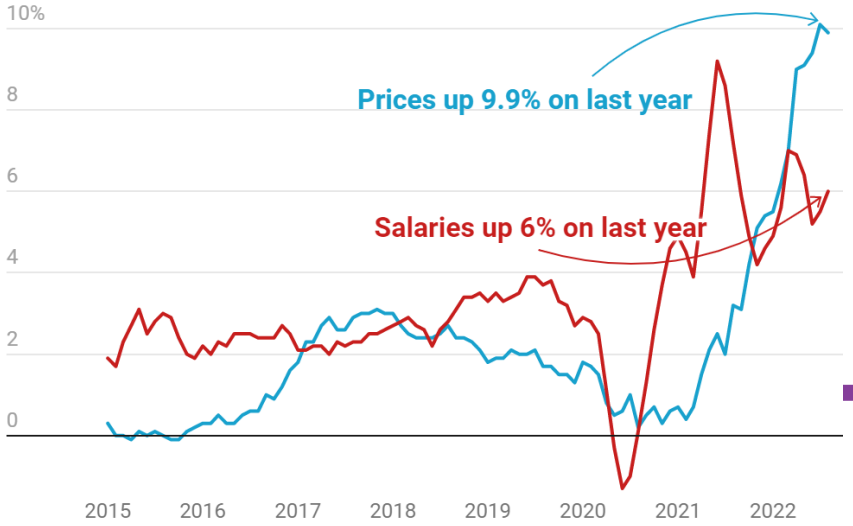
DALYs per 100,000 population



Number on out of work benefits, UK



Inflation vs income

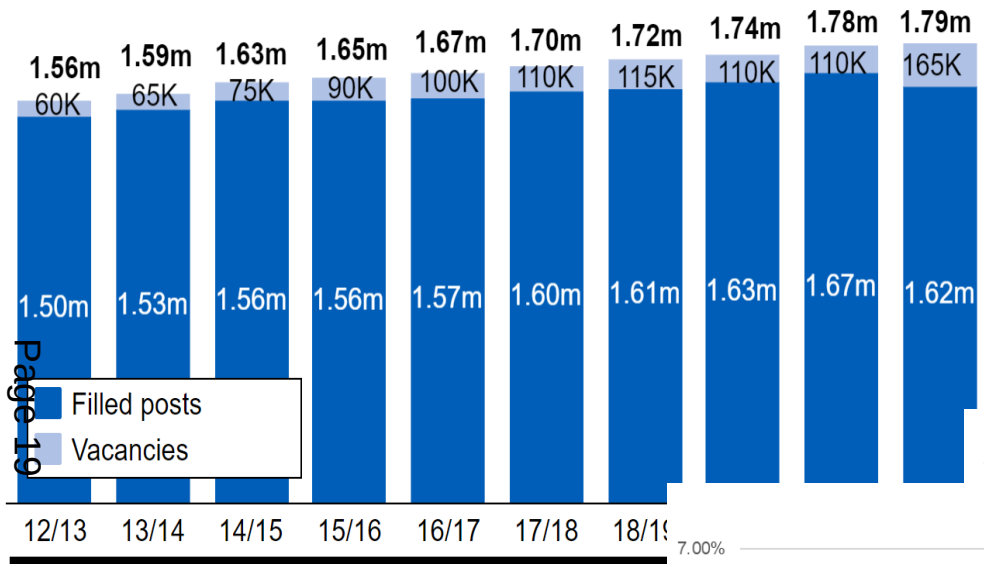


Source: GBD Compare tool, HBAI Stat-Xplore)

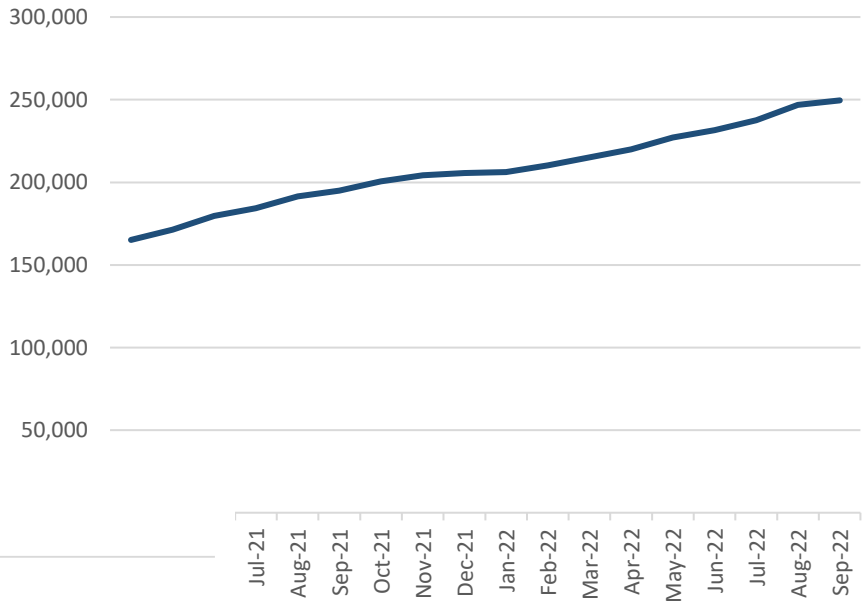
North West London Integrated Care System

Challenges – health and care systems struggling to respond

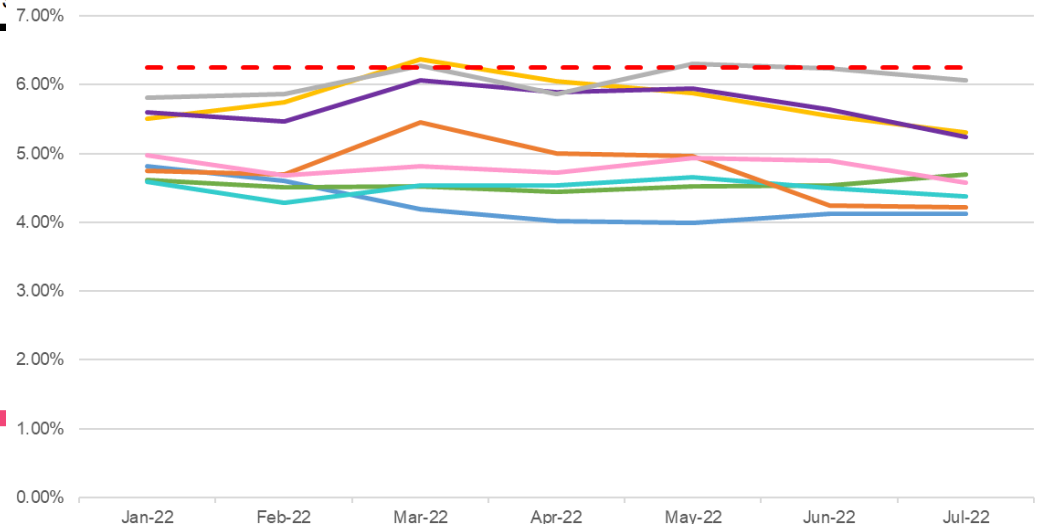
Social care workforce



Elective care - Overall Waiting List



Access rate to mental health care



North West London Integrated Care System

Residents - what residents in NW London communities are telling us

Inpatient services

Top 3 inpatient services*	
Hospital planned surgery	52%
Cancer services	44%
Orthopaedic services	42%

Bottom 3 inpatient services*	
Long terms conditions care	48%
Mental health services	45%
A&E inpatient	40%

Outpatient services

Top 3 Outpatient community services*	
Ophthalmology services	61%
Dental NHS services	60%
Cancer services	53%

Bottom 3 Outpatient community services*	
Mental health services	51%
Long term conditions care	39%
A&E outpatients	37%

12% said they found it very easy to book an NHS appointment

45% indicated that they found it very difficult to book an NHS appointment

81% indicated that they were treated equally by the NHS

19% indicated that they were not treated equally

Top 3 % = Very good and good combined ratings
Bottom 3 % = Very poor and poor combined ratings
~
Data from Citizen Panel (3.8k membership) '*what matters to you*' survey

* Respondents were asked to pick their three top/ bottom inpatient and community services
Source: Citizens panel 'what matters to you' survey

North West London Integrated Care System

Outcomes – how we've developed this draft framework

FOR COMMENT

Health and social care services in North West London will focus on the needs of the individual to promote their health and wellbeing, in particular to enable people to live healthier lives in their communities.

- Reducing inequalities is a golden thread across everything that we all do in North West London.
- The outcomes framework, drawn up by the Directors of Public Health and the Integrated Care Board,
  - Focuses on those areas where LAs and NHS working together can go further and faster in delivering for our residents (it is not intended to cover everything each partner is doing)
  - Starts from the Professor Marmot's *Fair Society, Health Lives* (The Marmot Review)

Six areas in Fair Society, Healthy Lives

A. Give every child the best start in life

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives

C. Create fair employment and good work for all

D. Ensure healthy standard of living for all

E. Create and develop healthy and sustainable places and communities

F. Strengthen the role and impact of ill health prevention

Framework – suggested outcomes against the health equity framework

A. Give every child the best start in life

- Identify inequalities by reviewing ethnic breakdown indicators, including:
  - Neonatal mortality and still birth rate
  - Smoking status at time of delivery
  - Vaccination uptake
  - Maternal mortality
  - Breastfeeding at 6-8wks post birth

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Drug &Alcohol and substance misuse in under 18
- Increased community participation rates. Reduction in mental health, problem drug use, offending and antisocial behaviour rates
- Levels of overweight and obesity in CYP at Reception and Year 6

C. Create fair employment and good work for all

- Gap in the employment rate between those with a physical or mental long- term health condition and the overall employment rate
- Gap in the employment rate for adults known to MH services v overall adult population
- Adult social care vacancy and retention rates below or equal to averages for benchmarking group of councils

D. Ensure healthy standard of living for all

- Households in temporary accommodation
- Food insecurity - percentage of households experiencing food insecurity

E. Create and develop healthy and sustainable places and communities

- Reduced gradients in ill health associated with social isolation and adverse impacts of travel e.g. Pollution, and accidents

F. Strengthen the role and impact of ill health prevention

- Patients are referred to appropriate health promotion, support and education services:
- Improve secondary prevention outcomes for patients with diabetes
- NHS Health Checks
- The rate of unplanned hospitalisations per 100,000 by neighbourhood by ethnic group
- Admissions for alcohol related condition
- Smoking prevalence
- Proportion of people with mental health condition receiving a physical health check
- Density of fast food outlets
- Decayed missing or filled teeth in under 5s

Focuses on those areas where LAs and NHS working together can go further and faster in delivering for our residents

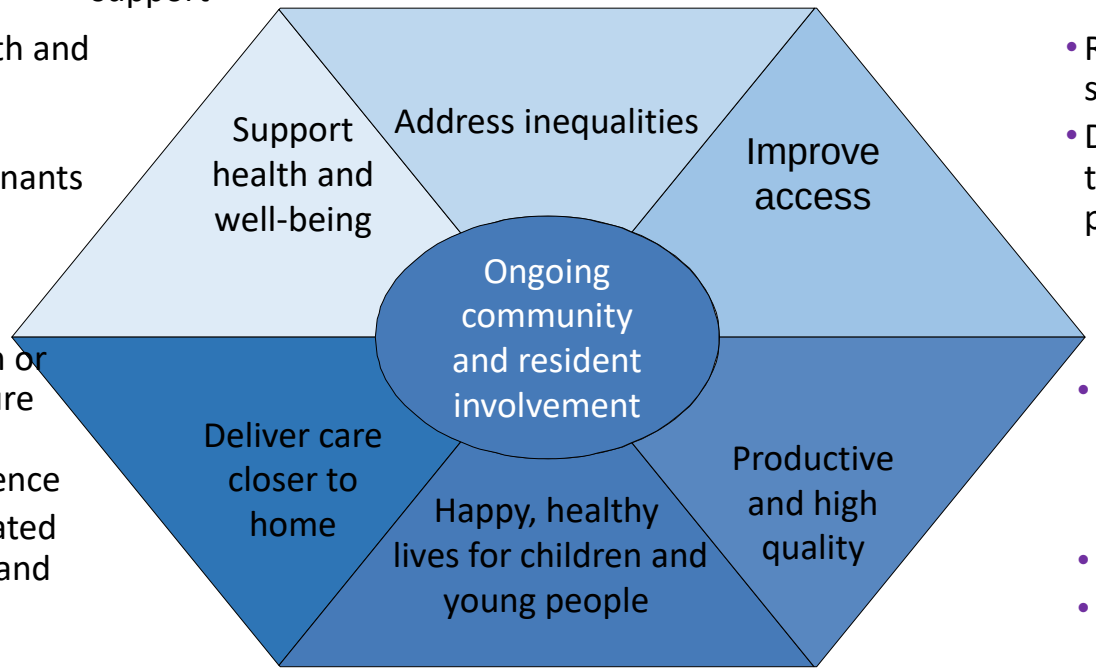
*Not intended to cover **everything** each partner is doing*

Emerging headlines – with example priorities

WORK IN PROGRESS

- Focus resource and differentiate the offer for groups experiencing poor outcomes, for example Black women and childbirth
- Build confidence in our communities to come forward for care and support

- Improve access to employment in the health and care system for our residents
- Utilise the strength of borough based partnerships to focus on the wider determinants and inequalities



- Rationalise channels for simple urgent care and streamline access
- Develop/ roll out Integrated neighbourhood teams to bring community mental health, primary community and social care

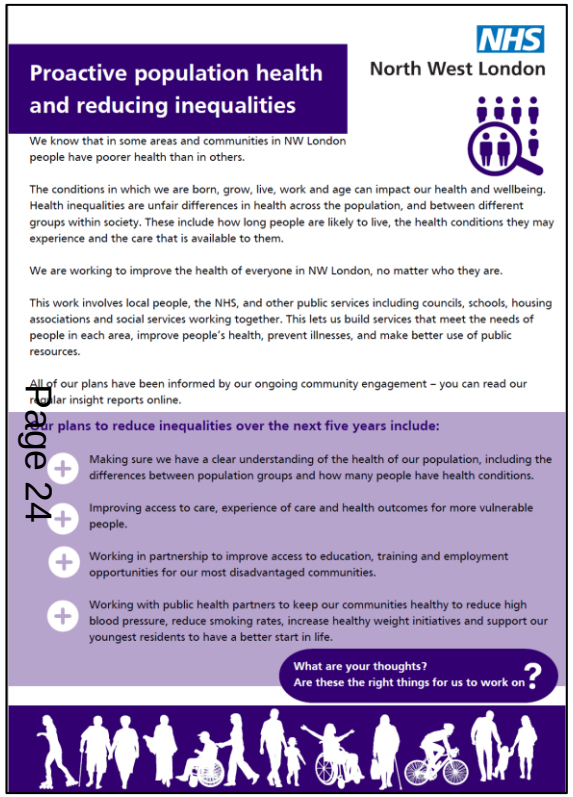
- Identify people who have an ongoing health or care need, with a care plan in place, to ensure they receive continuity of care and as much treatment as feasible in their place of residence
- Work with social care to develop the integrated health and care approach to avoid hospital and care home admissions and support patients moving from hospital to home care

- Continue to develop innovative and cost effective models of care, starting with cardiovascular, cancer and children's mental health
- Develop workforce transformation plans
- Ensure that our estate is fit for purpose

- Develop consistent, 'right person first time' core models of care for children and young people
- Expand access to mental health support

North West London Integrated Care System

Engagement – the one page summaries capture actions by programme



Proactive population health and reducing inequalities

NHS North West London

We know that in some areas and communities in NW London people have poorer health than in others.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. Health inequalities are unfair differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

We are working to improve the health of everyone in NW London, no matter who they are.

This work involves local people, the NHS, and other public services including councils, schools, housing associations and social services working together. This lets us build services that meet the needs of people in each area, improve people's health, prevent illnesses, and make better use of public resources.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

Our plans to reduce inequalities over the next five years include:

- Making sure we have a clear understanding of the health of our population, including the differences between population groups and how many people have health conditions.
- Improving access to care, experience of care and health outcomes for more vulnerable people.
- Working in partnership to improve access to education, training and employment opportunities for our most disadvantaged communities.
- Working with public health partners to keep our communities healthy to reduce high blood pressure, reduce smoking rates, increase healthy weight initiatives and support our youngest residents to have a better start in life.

What are your thoughts? Are these the right things for us to work on?

Mental health, learning disabilities and autism

NHS North West London

We all have mental health – it's about how you feel on any given day. If you have a mental health problem, it can impact how you think, feel and behave.

We know that more people, and increasingly younger people, need help and support from mental health services.

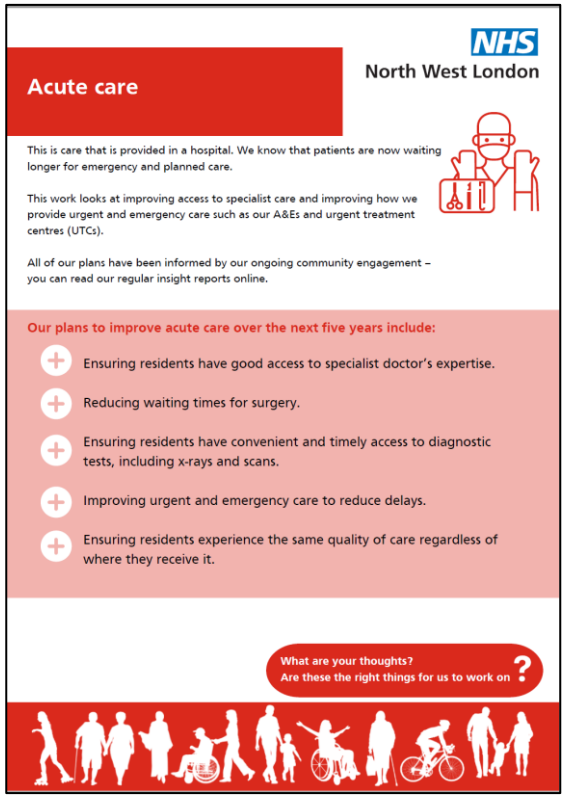
We are working with people who use mental health services and those with learning disabilities and autism, to develop the right support for people and making sure it is in the right place for them.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

Our plans over the next five years to improve the mental health outcomes include:

- Putting more mental health support teams in schools.
- Creating more local (non-clinical) spaces for people to access help and support, for example adult community mental health services.
- Continuing to integrate community mental health services (adults and children's) into local 'neighbourhood' teams.
- Continuing to improve community based services for autistic people with learning disabilities to further reduce the reliance on hospital (inpatient) beds.
- Promoting alternatives to A&E for those in crisis, including expanding 24/7 helplines and linking these to 111.
- Providing appropriate therapeutic spaces to support people in crisis.
- Improving communication and support for people waiting for assessment and care.

What are your thoughts? Are these the right things for us to work on?



Acute care

NHS North West London

This is care that is provided in a hospital. We know that patients are now waiting longer for emergency and planned care.

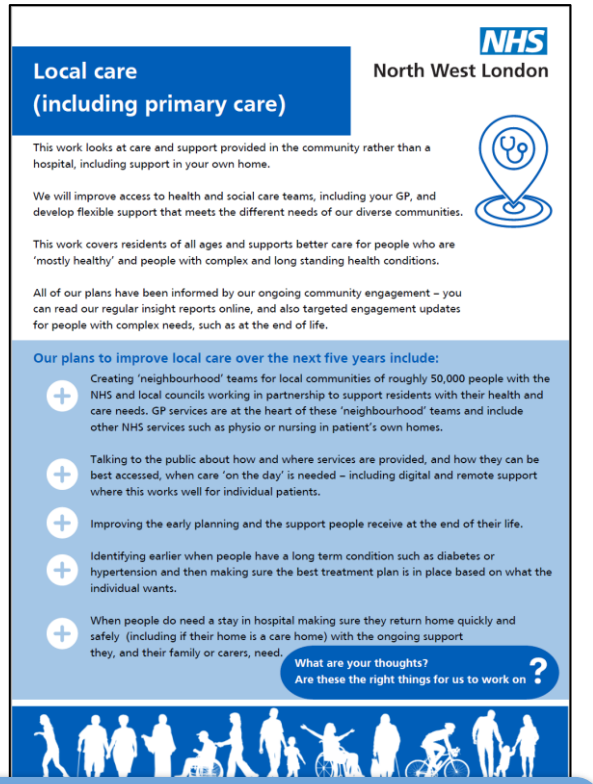
This work looks at improving access to specialist care and improving how we provide urgent and emergency care such as our A&Es and urgent treatment centres (UTCs).

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

Our plans to improve acute care over the next five years include:

- Ensuring residents have good access to specialist doctor's expertise.
- Reducing waiting times for surgery.
- Ensuring residents have convenient and timely access to diagnostic tests, including x-rays and scans.
- Improving urgent and emergency care to reduce delays.
- Ensuring residents experience the same quality of care regardless of where they receive it.

What are your thoughts? Are these the right things for us to work on?



Local care (including primary care)

NHS North West London

This work looks at care and support provided in the community rather than a hospital, including support in your own home.

We will improve access to health and social care teams, including your GP, and develop flexible support that meets the different needs of our diverse communities.

This work covers residents of all ages and supports better care for people who are 'mostly healthy' and people with complex and long standing health conditions.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online, and also targeted engagement updates for people with complex needs, such as at the end of life.

Our plans to improve local care over the next five years include:

- Creating 'neighbourhood' teams for local communities of roughly 50,000 people with the NHS and local councils working in partnership to support residents with their health and care needs. GP services are at the heart of these 'neighbourhood' teams and include other NHS services such as physio or nursing in patient's own homes.
- Talking to the public about how and where services are provided, and how they can be best accessed, when care 'on the day' is needed – including digital and remote support where this works well for individual patients.
- Improving the early planning and the support people receive at the end of their life.
- Identifying earlier when people have a long term condition such as diabetes or hypertension and then making sure the best treatment plan is in place based on what the individual wants.
- When people do need a stay in hospital making sure they return home quickly and safely (including if their home is a care home) with the ongoing support they, and their family or carers, need.

What are your thoughts? Are these the right things for us to work on?

These are included in the papers circulated for the meeting, and available on the ICB's website at: https://www.nwlondonicb.nhs.uk/about-us/nw-london-health-and-care-strategy

Feedback – Where you can read more and let us know your thoughts

Read more and feedback

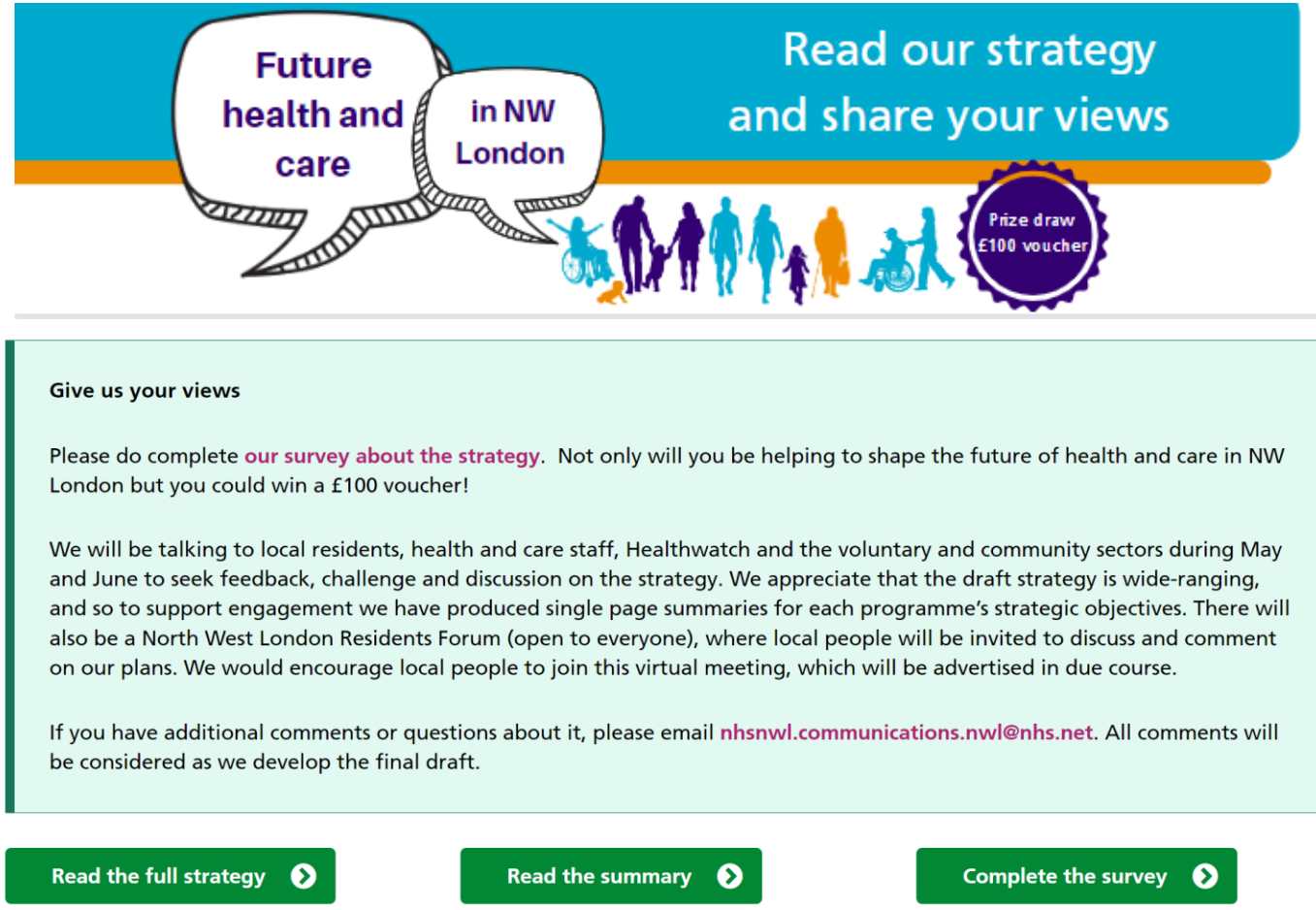
www.nwlondonicb.nhs.uk/about-us/nw-london-health-and-care-strategy

Contains:

- Intro
- Link to the summaries
- Link to the easy read (*coming soon*)
- Link to the full draft strategy
- Link to a feedback form

Next steps:

- Collate all feedback from residents, BBPs and HWBs
- Agree changes to make
- Reissue strategy



North West London Integrated Care System

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Brent North West London NHS	**Health and Wellbeing Board** 25 July 2023
	Report from Managing Director Brent Integrated Care Partnership

Brent response to the North West London Integrated Care System (NWL ICS) Health and Care Strategy consultation

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	0
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Tom Shakespeare Managing Director, Brent ICP Tom.Shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 This report highlights Brent's proposed response to North West London Integrated Care System (NWL ICS) Health and Care Strategy consultation.

2.0 Recommendations

2.1 The Health and Wellbeing Board is asked to comment on and contribute to the proposed Brent response to the NWL ICS Strategy.

3.0 Detail

3.1 NWL ICS is required to produce a health and care strategy. The aim of this strategy is to set a vision and strategy for North West London that builds on achievements to date, and takes advantage of the strengthening collaboration across health and care to improve outcomes for our residents and communities.

3.2 The strategy aims to address long standing inequalities in access, experience and outcomes, level up, improve value for money and deliver wider benefits across North West London.

3.3 The draft strategy was published on 21 May 2023 and all eight NWL boroughs have been asked to challenge and comment on the strategy with a focus on what areas should be emphasised, amended or removed.

3.4 The draft strategy was presented to Brent Integrated Care Partnership (ICP Board) on Monday 26 June 2023.

3.5 The following challenges were made from the Brent ICP Board:

What difference will the strategy make and how we will we measure it?

- The strategy should be amended to ensure that there is a stronger focus on what tangible differences this strategy will make for Brent residents and how it will make a positive impact on resident's experience of health and care services.

- The current draft strategy does not appear to have recognised individual borough context, initiatives, or locally developed approaches. Brent requests that the strategy recognises each individual borough's challenges and approaches:
    - This should include both identifying good practice initiatives as well as areas of local improvement for all 8 NWL boroughs.
    - This should be underpinned and informed by each individual borough's context and data.

- The strategy needs a bigger emphasis on data. With the WSIC database in place, North West London has a rich dataset available and the combination of high deprivation levels, and high prevalence of certain conditions such as mental health, which should inform the approach to both resourcing and to working with populations to address health inequalities.

- Having drawn upon the data, the ICS needs a better understanding of why variation is present and what is 'underneath' the data in order to have the right strategy to address it, rather than simply setting targets for improvement.

- Specifically referencing the suggested outcome 'Give every child the best start in life', it was highlighted that this outcome should consider the existing Brent programme 'Start for life' and that this outcome should have a focus on the first 2 years of children's lives, rather than their first 2 weeks of life.

- In relation to the "Cancer Care" and the "Babies, Children and Young People" section, it was felt that the commitment to "working with residents to understand the reasons why" was not acceptable for a 5 year strategy. It was felt that there had been a lot of work in the community that has produced a lot of data. Therefore, the focus needs to be on actions in response to this existing work rather than further discussion.

Inequalities and 'Levelling Up'

- Brent suffers from significant inequality of resourcing, and needs 'levelling up'. For example, we know that Community Mental Health Services in Westminster have 3 times more resource per capita than in Brent. The council has also been in dialogue recently around the underfunding of CAMHS services in Brent.

- At the same time, we know that Brent's population also suffers from significant levels of deprivation and inequality in health outcomes. To achieve parity of outcomes for such a population, a level of investment over and above the average is required, under the principle of "proportionate universalism".

- The strategy needs to include more specific commitments around this e.g. could we move to parity over 5 years?

Workforce

- Workforce is a cross-cutting theme for virtually every area of health and social care. Recruitment rates need to pick up in order to have any chance of improving services. Brent would wish to see flexibility in the application of retention and recruitment premia and in London weighting to be able to address retention in an area of high demand, high workload but relatively low resource. The strategy should also include the local authority's experience around recruitment challenges as well as the NHS.

4.0 Financial Implications

4.1 The strategy does not have any specific financial implications but if the principle of levelling up and proportionate universalism was incorporated within in it (as recommended) then increased resources to Brent would need to follow in order to make the delivery of this principle real.

5.0 Legal Implications

5.1 Each ICB in England is required to publish its strategy and to engage on it with its partner organisations.

6.0 Equality Implications

6.1 The strategy is designed to reduce health inequalities and to promote equality. However, Brent would recommend changes to be made to the document to increase resourcing to make this a reality, and to reduce the disproportionate impact of the burden of disease on particular groups, such as those living in deprived communities.

Report sign off:

Tom Shakespeare
ICP Managing Director

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Brent NHS North West London	**Health and Wellbeing Board** 25 July 2023
	Report from Robyn Doran and Tom Shakespeare (MH and Well Being Sub-Group Co-Chairs)

Report on the Mental Health and Wellbeing Executive Group's priorities

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
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Sarah Nyandoro Head of Mental Health, Learning Disabilities and Autism – All Age, NHS North West London Sarah.Nyandoro@brent.gov.uk

1.0 Purpose of the Report

1.1 To provide information on the priorities of Brent's Integrated Care Partnership, which brings together commissioning and provider organisations to support the improvement of local health and wellbeing outcomes and reduce inequalities across Brent's communities and residents. The Partnership has 4 priorities:

- Priority 1 - Reduce health inequalities
- Priority 2- PCN Development and reduction in practice variation
- Priority 3 - Improve community and intermediate health and care services
- Priority 4 - Improve mental health and wellbeing

1.2 This report sets out the background and context for Priority 4 of Place Based Partnership - Improving mental health and wellbeing of the Brent population. It also provides an update on the discussions between the Place Based Partnership (Brent ICP) and the NWL ICB regarding mental health funding levels, and requests a steer from the Board on how to progress this.

2.0 Recommendations

2.1 For the Health and Wellbeing Board to note and comment on the contents of this report, in particular the collaborative approach taken by the Integrated Care Partnership, which ensures mutual accountability, clear priorities and responds to

issues from NWL ICB and from across Brent partners, and is committed to supporting all partners across health, the council and Community Voluntary Services to work better together.

2.2 The Health and Wellbeing Board is also asked to provide guidance on the next steps for Brent ICP to escalate the issue of inequalities in funding resources for Brent impacting on our local communities. The recommendation is for the Board to provide advice and guidance on the approach needed to ensure that Brent receives the appropriate level of resources to address local health inequalities.

3.0 The Mental Health and Wellbeing Subgroup Approach and Key Aims and our commitment to System Working

3.1 The challenges that the Brent health and care system faces to support people's Mental Health and wellbeing are immense. The complexity and scale of need in Brent is greater than ever. To tackle this challenge, we cannot simply focus on changes to processes or policy but must fundamentally change how we work in partnership to make the most of the resources we have in Brent.

3.2 The group works with system partners including experts by experience and carers to co-design and co-produce transformation work, ensuring that local resources are best used to provide outstanding care. It is responsible for managing the allocation of resources for system and joint programmes and monitoring progress of key milestones and actions across system and joint programmes.

3.3 The Mental Health and Wellbeing Executive group has 4 priorities:

1. Supporting people with mental illness to access employment and training opportunities
2. Ensuring housing and accommodation provision is accessible and reflects identified needs of those with mental illness
3. Specialist Child and Adolescent Mental Health Service (CAMHS) and support for Children and Young People (CYP) - Prevention, early identification and early intervention for Children and Young people experiencing emotional and mental ill health
4. Managing demand, increasing access to support and reducing variation in mental health care for the local Brent communities

3.4 These priorities were decided in partnership and checked against wider research (including Health and Wellbeing Board, Joint Strategic Needs Assessment and Public Health team). We also listen to feedback from the CVS partners on the group, the thematic leads, Brent Thrive and Brent Health Matters. We will review this on an annual basis. Detailed information on the 4 priorities this Executive group is working on include:-

4.0 Mental Health and Wellbeing Work-streams

4.1 Access, Demand and Pathways

4.1.1 Why this was selected **-** this was selected to support access to services for Brent's diverse population recognising the diversity of cultures, beliefs, identities, values, race and language used to communicate experiences of mental health conditions, responding directly to the BBP's focus on health inequalities.

4.1.2 Aims of the work-stream - to identify barriers and find solutions to enable access to mental health support for Brent's diverse population. To increase access to psychological support (IAPT), reduce admissions and readmissions to acute mental health services, increase the number of people with severe mental illness (SMI) cared for in the community, increase the number of discharges from statutory and community mental health services, increase community support for local Brent residents experiencing mental health problems.

4.1.3 Key deliverables - Deliver parity of esteem so that people with mental illness have the same access to services as those with physical health problems. Raise awareness of mental health services available in Brent. Increase access to IAPT services, increase access to physical health checks for those with mental illness. Reduce the flow of referrals to secondary care and increase support in primary care and in the community settings. Reduce inequalities, morbidity and mortality rates through increased physical health checks for this group.

4.1.4 How this is monitored – Through collection and analysis of data of primary and secondary care mental health services looking at referrals, sources of referrals, waiting time, caseloads. This also includes referrals and access to IAPT and recovery rates and numbers of patients with mental illness who have received annual physical health checks and follow-ups

4.1.5 Work achieved so far - Recruited IAPT-Community engagement workers to support with raising awareness of IAPT to our diverse communities and facilitate access. Developed IAPT promotion videos in different languages for GP surgeries. Developed leaflets in different languages. There is a plan to expand the languages offer. Developed IAPT community connectors to support with raising awareness of the IAPT service and other mental health support. There is a notable steady increase in numbers of people accessing IAPT.

4.1.6 What we are planning to do next:

- Improve % of people accessing IAPT: Building stronger relationships with GPs using the community engagement workers.
- Improve % of SMI Patients with annual physical health checks: Implement the Make Every Contact Count programme to increase physical health checks.
- Reduction in admissions and re-admissions (increase in the number of people with SMI cared for in the community): Work with partners to increase community crisis response with an intensive focus on pathways, length of stays, bed management & patient flow

4.2 Employment

4.2.1 Why this was selected - this was selected because employment is an evidence based intervention that improves the mental health and wellbeing of people with mental health problems. There is wide recognition that employment is both a critical health intervention and a meaningful outcome for people with mental illness, and employment is also recognised and expressed as a goal by mental health service users. Mental illness is also a key and growing reason for economic activity.

4.2.2 Aims of the work-stream - to improve links and communication between key facets of the system (Health, DWP and Service Providers). Support individuals with mental illness to navigate the system and get the right support at the right time. Stimulate business appetite for recruiting and supporting those with mental health conditions in the work-place. Increase the numbers of people experiencing mental ill health

supported into employment. People with mental illness will secure meaningful employment. This will lead to improved quality of life, moving away from the poverty line and giving those with mental illness better financial security. It will improve self-esteem with a sense of purpose and a feeling that they are playing an active part in society.

4.2.3 Key deliverables – the establishment of a strategic employment board and a mental health forum with relevant partners to ensure a joined up approach. Development of accessible employment pathways. A newly designed referral pathways with system partners. Promotion of and marketing of the employment referral pathways. Organise employment related events/activities through job fairs, including upskilling and training. Increased accreditation of Disability Confident Employers locally. Increased numbers of people with mental illness supported to access a range of employment opportunities and training opportunities.

4.2.4 How this is monitored – this is monitored through attendance at operational/strategic forums, numbers of job fairs and workshops organised for people with mental illness and employers, numbers of people accessing this service, numbers of people supported to find and secure work including numbers accessing employment services through support from secondary care services and numbers / level of disability confident employers

4.2.5 Work achieved so far - A strategic employment board and a mental health forum with relevant partners developed and is fully operational. Employment pathways developed and promoted locally. Communication and engagement plan implemented including with Brent GPs. Joint working with Brent Health matters to promote employment pathways with local Brent communities. Dedicated webinars and seminars, as well as a big job fairs held locally. Work to increase numbers of people with mental illness securing good quality jobs and increasing employers accredited to the Disability Confident charter is on-going. The Employment Team Employment team attended a successful Catalyst Housing Wellbeing Hub launch promoting the employment and referral pathways. The team are working closely with Brent Health Matters and Brent Works to share and promote employment pathways. The project ran a successful practitioner event early in the year, showcasing employment support services for those with mental illness and wider barriers to work. A 2nd event was held in the summer 'Let's talk about Mental Wellbeing' for residents to showcase local employment support and wider support services.

4.2.6 Employment outcomes from Brent Works and Shaw Trust year –to-date: 40 registrations with health conditions of which 24 have mental illness. We had 8 successfully supported into employment. Data from Twining's not available.

4.2.7 What we are planning to do next - We are planning to increase the referral rates of those with mental illness to access support from Shaw Trust/Twinning/Brent Works with preparing and accessing employment. We will be increasing the numbers of people with mental illness who secure employment. We will also embed employment of those experiencing mental illness into businesses and employers hiring practices. We will increase accreditation of Disability Confident employers locally through a number of Disability Confident Events to promote the scheme to employers. There will be a follow-up presentation to the Brent GP forum.

4.3 Housing and Accommodation

4.3.1 Why Housing and Accommodation was selected - Good quality, safe and secure housing is vital to good mental health. Poor housing impacts on mental health in a

variety of ways including stress, anxiety, depression, physical health problems, breakdown in relationships and sleeping difficulties among others, all of which impact on mental wellbeing. There is wide recognition that people with mental illness find it harder to both access and maintain their accommodation.

4.3.2 Aims of the work-stream – The overarching aim is to ensure a joined up recovery focused pathway which works across housing, health and social care to ensure people can access accommodation which supports their recovery and independence, which includes targeted improvements in the provision of accommodation options for those with mental illness, improved pathways from in-patient to supported and independent accommodation, and improved access to independent housing in public and private sectors. In doing this we will ensure that people with mental illness will have long term accommodation that is secured. Improved quality of life, with safe housing in familiar settings closer to family and friends. Increased numbers of mental health service users with stable tenancies. Reduction in homelessness and rough sleeping for those with a mental illness.

4.3.3 Key deliverables - Shared understanding and resolution of the challenges around access to accommodation for those with mental illness. The Mental Health and Wellbeing Subgroup has been working with the Mental Health and Housing project as a pilot project to develop an approach to better system working. This project not only looks at how we need to change the service model, but also how we can work differently to improve the services we have and to tackle the day-to-day operational challenges teams face. Using the learning from this project, a toolkit is being developed that will help leaders, and their teams, implement the approach to system working in their areas. Building the system/managing the system – includes better connections and arrangements for multi-agency discussions and arrangements for commissioning the right services/accommodation requirements. Co-production of end-to-end pathways. Developing greater integration and partnerships of local mental health support with specialist skills and expertise and flexibility of care. Developing more consistent and explicit models of supported housing. Setup of a Portal for housing referrals and redesign of the duty to refer offer form. Reduction in rates of homelessness for people with mental illness. Reduction of numbers of people with mental illness who lose their tenancies. Reduction in numbers of people with mental illness supported in temporary accommodation. Improved and increased numbers of those with mental illness supported to access general needs housing.

4.3.4 How this is monitored – this will be monitored through a newly developed portal to collect data on all mental illness referrals by GPs and others. This will enable referrals for those with mental illness to be identified (not previously collected) and declined referrals analysed. This will be monitored through the numbers of referrals, numbers of successful referrals, reasons for unsuccessful referrals as well as numbers. of people with mental illness supported into more independent accommodation, and will ensure we have better to ensure we are able to make the case for more, new or different types of accommodation.

4.3.5 Work achieved so far - Duty to refer form widely consulted on and socialised with GP practices and other agencies. Mapping and auditing of the local accommodation portfolio. Mental health discharge processes reviewed and additional resources provided to support and facilitate discharges from Park Royal and Northwick Park now in place. There is on-going work supported by PPL to understand needs, the system, managing the system, managing operations and joint commissioning is on-going. A project officer to support the Housing/Accommodation work-streams and a Senior Programme officer to support the Mental Health and Wellbeing priorities both now in post.

4.3.6 What we are planning to do next - Building the System/Managing the system – this includes building better connections and arrangements for multi-agency discussions and arrangements for commissioning the right services/accommodation requirements. It also includes improving collaboration arrangements to reduce multiple agency assessment and co-production of end-to-end pathways and to support the system. We will build a system that can share information and supports other parts of the system.

4.3.7 We plan to develop greater integration and partnerships of local mental health support with specialist skills and expertise and flexibility of care. This will include developing more consistent and explicit pathways and models of supported housing, and new types of supported housing. We will be collecting and collating Housing Needs data to support analysis of the types of available accommodation, capacity and different models of housing support. We will also align the s117 mental health panel with the local authority's complex needs panel. We will improve engagement with Housing/accommodation system partners and also improve engagement with GPs – strengthen links with Primary Care. (All Brent GP Practices)

4.4 Children and Young People

4.4.1 Why this was selected - Children and young people's mental health is a high priority for Brent. Brent is among the most deprived areas in NWL and in the UK. (Gov.Uk Indices of Deprivation in Children and Young People 2019). It also has the highest proportion of BAME children and young people in NWL. Additionally, the COVID19 19 pandemic saw an increase in demand for Mental Health support to CYP including specialist CAMHS support. There is recognition locally for action for both additional resources as well as service redesign essential to addressing the mental health needs of our children and young people.

4.4.2 Aims of the work-stream- We will work to reduce the numbers of children and young people waiting for specialist CAMHS support through the Waiting List Initiative and remodelling of community support services for children and young people. We will support increased recovery from mild to moderate depression and anxiety through primary care and community support. We will increase the numbers of young people with mental illness accessing Kooth, Healios and IAPT services. We will reduce the flow of referrals of Children and young people to specialist CAMHS as common complex mental illnesses is supported in primary care and community settings. We will increase capacity of our Voluntary Sector providers for children and young people in order to increase early identification and early intervention of emotional distress and mental illness

4.4.3 Key deliverables - Early identification and early intervention to ensure that children and young people are supported and managed before they reach crisis point that leads them to requiring a specialist CAMHS intervention. Increase access in availability for early support for children and young people in the community. Increase capacity and capability of children's community services to provide emotional wellbeing support/ psychotherapy and psychological support to children and young people. Support children and young people and their families early in settings that are closer to home. Reduce the numbers of children and young people waiting and the waiting times for specialist CAMHS assessments with a focus on waiting well. Increased support for children and young people in primary care and community settings. Maximisation of the digital offer.

4.4.4 Work achieved so far - The Council delivered a range of one-off school and community mental health and wellbeing initiatives, including rolling out ELSA training across

schools, bespoke training for school staff and other professionals on mental health and emotional wellbeing and school avoidance (with over100 school staff attending) as well as workshops for parents. We increased counselling support for young people from Family Wellbeing Centres. We increased specialist CAMHS support with 7 additional posts. We engaged additional support for our Children and Young People from Healios, Brent Centre for Young People and Brent Young People Thrive to help triage the specialist CAMHS waiting list and support with CAMHS assessments. We increased access to other voluntary sector agencies to support CYP's emotional and mental wellbeing. We developed new models of early intervention and support for our 0-5 population. We developed a quality improvement project with primary care to upskill primary care staff to support low risk presentations in children and young people. Increased Mental Health Support in Schools with more schools on the programme. However, demand for specialist CAMHS service continues to increase.

4.4.5 How this is monitored – this is monitored through collection and analysis of specialist CAMHS data and data from commissioned services for children and young people, looking at numbers of referrals, waiting list and waiting times and treatment outcomes

4.4.6 What we are planning to do next - We will develop and implement a local Thrive model for Brent (Getting Help, Getting More Help, Getting Risk Support and Getting advice) to deliver mental health support to our Children and Young People (CYP). We are expanding the Mental Health Support in Schools by identifying more schools to be part of this initiative. There will be additional improvements in care for young people aged 16 to 25 through the new 16-25 offer. We will increase specialist CAMHS Nurse Capacity. Plans are also in place for access and availability of a Brent duty clinician to provide telephone support to parents/carers of CYP with emotional and mental health. We will develop and implement a quality improvement project with primary care to upskill their staff members to be able provide support to low risk CYP. The Council will be recommissioning a contract to provide early identification and intervention for children and young people in target vulnerable groups, which will include a pilot peripatetic service in schools jointly funded by CNWL. We are developing a communication and engagement project with young people to review and design how they access information about services. The results will be discussed at a future mental health and wellbeing Sub-Group meeting and at the Children's Trust Board.

4.4.7 There are other initiatives in the process of going live including expansion to the care young people receive, new model for transitioning, pilot schemes with universities and colleges, and a number of schemes commissioned with the third and voluntary sector organisations.

5.0 Financial Implications

5.1 All of the work identified above is delivered from within core budgets. However, the NWL Mental Health Strategic Review recognises the current inequalities in the level of investment across NWL and stated "Protected mental health funding offers resource to address the most extreme variations in investment, provision and outcomes".

5.2 This report highlighted that there were wide variations in levels of overall mental health funding, including CAMHS services. Some NWL Boroughs have approximately double the level of funding that Brent currently receives, per head of population. This inequality for Brent has been recognised, and a dialogue is ongoing between the Brent ICP leadership and its clinicians with the NWL team. There is a commitment to adhere to a principle that additional investment in Brent CYP and mental health will be

proportionately higher than in other boroughs. However, there is not yet a plan with timescales or financial data.

5.3 In June 2022 the Brent Children's Trust Board formally wrote to the leadership of NWL ICB over concerns around the inequality in the level of investment in Brent's mental health services for children and young people, compared with some other boroughs in North West London. Kensington & Chelsea, for example, appears to have double the level of funding that Brent currently receives, per head of population.

5.4 We further communicated that Brent's specialist CAMHS service was under extreme pressure, with the impact of increasing deprivation, social isolation and unavoidable service disruption as a result of the COVID pandemic. At that time, the waiting list was 504 Children waiting for assessments from 2019. With this high risk to our Children and Young people and with no additional funding from NWL ICB, we identified limited non-recurrent funding across the system to employ agency staff and increase capacity to help clear the backlog on the waiting list for assessments. We also used voluntary sector organisations i.e. Brent Centre for Young People and Brent Young People Thrive to support Brent CAMHS on a temporary basis to help triage the waiting list and support with assessments. This stabilised the waiting list and reduced the numbers of children waiting for a limited time. However, this was short-term non-recurrent funding and there was no funding beyond the point at which these resources ran out, resulting in further risks to the mental and emotional wellbeing of our children and young people. Demand has again risen for our children and young people, with more children unable to get the right care at the right time with longer waiting times. The service currently has up to 5000 children and young people either in treatment or awaiting assessments. This is also impacting on staff retention within the service with stress driving staff turnover and vacancy rates in the Brent team due to the workload and complexity of presentations in our borough.

5.5 In June 2023, a group of clinical directors within Brent ICP wrote to the CEO of North West London ICB expressing their concerns about the funding situation and requesting a resolution. The response referenced some short, medium and longer term solutions that could be put in place, including a London-wide demand and capacity plan for both adults and CYP, and in the longer term – building our evidence base for underlying causes and the appropriate investment areas for intervention. Following the letter, there was a constructive meeting between the CEO and the Brent clinicians which demonstrated an understanding of the issues.

5.6 There is not yet, however, a clear analysis of the difference in funding levels between the different boroughs in NWL or a timescale for equalisation of the funding levels. Further dialogue between the Brent clinicians and the ICB leadership is due to take place. One suggestion previously made was for the Brent Place Based Partnership to put the risk on its risk register and manage the risk using its own resources. Given that the contracts and investment sit with NHS NWL ICB, the Brent ICP Partners are not in a position to address this long standing, high risk issue without additional levelling up resources.

5.7 We have recently been informed that there may be a reserve funding pot of £3 million that the borough team can submit bids against.

5.9 Alongside the dialogue about the expenditure, our clinicians were keen that a Survey Monkey be undertaken from primary care to understand current experiences of the service. This survey was completed by our GPs and Heads of Schools.

On the whole, across all Primary Care services, respondents rated mental health services as '1, Poor'. The areas of highest concern were in relation to Children and Young People, ADHD and depression, as well as eating disorders.

Overarching themes regarding areas for improvement included:

- Improved responsiveness and communications to GPs
- Improved support for SMI patients in Primary Care
- Quicker response times to referrals
- Improved long-term care and follow-up for SMI/Elderly
- Access to psychiatrists
- GPs to have systematically arranged meetings with Mental Health Teams
- Mental Health Practitioners to be visibly present in Primary Care
- Patients not bounced back to GPs
- Patients to be stabilised before discharging to GPs
- Improved access to Mental Health Support for SMI patients

5.10 **Longer-Term Improvement Proposals**

Assuming that future 'levelling-up' is forthcoming, the ICP has initiated a review process to determine what the most cost-effective ways of improving performance and patient experience could be. The approach is data driven and we are in the process of organising a series of workshops (involving clinicians) to design and submit a funding bid against the £3 million non-recurrent funds available.

Some initial ideas have been put forward, but these will need reviewing against a logic model and to ensure that we are not duplicating any existing services:

- CAMHS Clinic in primary care using the SPIN GP– to be included in the paediatric hublets. This will include a Child and Family Consultation Service offering help to children and young people who are experiencing emotional, behavioural or mental health difficulties. It will also provide access to an advice and guidance service or to a primary care based CAMHS clinic.
- Designated Primary Care link workers/transition workers/liaison posts – CAMHS to Adult Mental Health services. A collaborative care model with a tiered approach, where young people who have high symptom severity are transitioned to AMHS, and those with low symptom severity but a high risk of recurrence receive follow-up appointments to monitor their symptoms in primary care.
- Mental health professionals in primary care settings to facilitate access to care while reducing the impact of mental health consultations on GP workload

These proposals are dependent on levelling-up funding being granted, and would need further refinement and engagement with providers before they are rolled out.

6.0 Legal Implications

6.1 There are no legal implications at this time.

7.0 Equality Implications

7.1 Through developing local clinical leadership, co-production and a partnership approach Brent is focused on addressing health inequalities.

7.2 Brent has adopted the NHS England Core20PLUS5 approach to addressing health inequalities led by Brent's Public Health. This work recognises the complexity of the determinants of health, including the socio-economic status of the local population and deprivation, experiences of protected characteristics under the Equality Act, the geography of Brent as an outer borough, Brent's diverse population and levels of social connectedness among others. Addressing health inequalities is a priority for Brent and the focus is on: -

- Developing a common understanding of health inequalities
- Engaging with and involving all system partners in the work to systematically address health inequalities
- Using a collaborative system approach to addressing health inequalities and determining the required benefits locally.

8.0 Consultation with Ward Members and Stakeholders

8.1 Consultation with Ward Members, system partners, Brent residents, mental health service users and carers. Consultation, involvement and inclusion of the Brent population has been supported by Brent's Community Engagement Team. Brent Health Matters and the Brent Mental Health Thrive group.

9.0 Human Resources/Property Implications (if appropriate)

9.1 There are no human resources/property implications at this time.

Report sign off:

ICP Executive Board

ICP Mental Health and Wellbeing Executive Group Chairs Co-chairs: Robyn Doran and Tom Shakespeare

Appendix 1

Brent Based Partnership	**Focus**	**Membership**
Reports to the Brent Health Wellbeing Board and NHS NWL ICB Meets Fortnightly	To determine the local priority areas of focus for Brent, based on need and knowledge of our local populations; To develop a Place Delivery Plan to improve services in the priority areas To develop metrics to monitor delivery of the Place Delivery Plan; For each member organisation to take forward the programme of work for their organisation using their own transformation resource; To collectively hold each organisation to account for delivery of its part of the Place Delivery Plan. To realise opportunities for efficiency through system redesign that enables funds to be reinvested back into better quality services	• A Director representing Brent Local Authority • (including adult social care and children's services) • A Director of Mental Health services • A Director representing Community Health Services • A Director representing local acute services • The Clinical Chair of Brent CCG • The Lead Borough Director (Brent CCG) and the • Director of Integration (Council/ CCG) should be in • attendance at each Committee meeting. • A nominated management representative from the • primary care networks • Patient rep (TBC)

The Mental Health and Wellbeing sub-group is Co-chaired.

Reporting to and Frequency	**Focus**	**Membership overview**
The Mental Health and Wellbeing sub-group Reports to the Brent Based Partnership's Executive Group Meets Monthly Last Tuesday or Wednesday of the month, 3.30 - 5pm.	Increase engagement, utilisation and awareness of mental health support services in our local communities Reduce variation in mental health care and support for the local Brent communities Support people with mental illness to access employment opportunities Ensure housing and accommodation provision is accessible and reflects identified needs locally Increase mental health support in primary care and in the community Improve access to IAPT Increase Physical Health checks for those with mental illness CYP/Specialist CAMHS / Transitions – prevention, early identification, early intervention and timely access to support services for children and young people. Ensure that the additional needs of children and young people and identified gaps as a direct result of the pandemic are addressed and aligned to the Children's Trust Board priorities. Align identified areas of mental health inequalities from this work stream to the Inequalities Work-stream	• Robyn Doran (Co-Chair) • Dr Sumi Mukherjee (Adults)/Dr Anne Murphy • (CYP) • Jonathan Turner – NWL ICB Brent • Sarah Nyandoro – NWL ICB Brent • Kingsley Akuffo - CNWL • Dr Mohammad Haidar • Danny Maher – Voluntary Sector Rep • Marie McLoughlin – Public Health • Shirley Parks – Brent Council (CYP) • Rebecca Byrne – Brent Council (Adults) • Ala Uddin - Employment lead – Brent Council • Steve Inett - Healthwatch - VCS rep • Hinda Mohammed – Brent Health Matters • 2 PCN CD Leads • Community Champion • Patient rep (TBC)

Brent NHS North West London	**Health and Wellbeing Board** 25 July 2023
	Report from the Chair of Brent Children's Trust

Brent Children's Trust update: January 2023 – June 2023

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Nigel Chapman Corporate Director Children and Young People Nigel.Chapman@brent.gov.uk Wendy Marchese Strategic Partnerships Manager Wendy.Marchese@brent.gov.uk

1.0 Purpose of the Report

1.1. Brent Children's Trust (BCT) is a strategic body that encompasses a local partnership of all commissioners and key partners. The primary function of the BCT relates to commissioning, joint planning and collaborative working, in ensuring that resources are allocated and utilised to deliver the maximum benefits for children and young people.

1.2. The BCT has a strong strategic relationship with the Brent Health and Wellbeing Board (HWB), Brent Integrated Care Partnership (ICP) and the Brent Safeguarding Children Partnership (BSCP). It also has links with working groups charged with taking forward specific priorities at an operational level. These working groups are held to account by the Trust.

1.3. The Health and Wellbeing Board maintains oversight of the BCT activity and as part of this governance arrangement, the BCT provides the HWB with a 6-monthly update report.

1.4. This paper provides an update of the BCT work programme covering the period January 2023 to June 2023.

2.0 Recommendation

2.1. The Health and Wellbeing Board is asked to note the strategic oversight activity of the Brent Children's Trust for the period January 2023 to June 2023.

3.0 Detail

3.1. The BCT is chaired by the Corporate Director, Children and Young People and meets every two months to review progress against the priority areas of focus and consider any emerging local and national issues.

3.2. The responsibilities of the BCT include:

- Develop a joint vision and strategy for improving outcomes for children, young people and their families in Brent.
- Work in partnership with all key delivery agencies (public, private and voluntary) to ensure delivery of key priorities and associated aims, targets and inspection criteria.
- Set a clear framework for strategic planning and commissioning promoting integration and collaborative working between all partners.
- Monitor an agreed suite of performance information, including national and local, and quantitative and qualitative indicators in conjunction with other partnership boards.
- Ensure that priorities are informed by the views of children, young people, their families and the Joint Strategic Needs Assessment (JSNA).
- Develop initiatives between the council and health services partners to improve health and wellbeing for children, young people and their families focusing on tackling Brent's health inequalities.
- Keep the workforce informed and involved, providing clear direction and identifying opportunities for joint training and development when appropriate.
- Ensure that legislation relating to services for children and young people is implemented in the borough.
- Ensure close links with the Brent Health and Wellbeing Board, Brent Integrated Care Partnership, Brent Safeguarding Children Partnership and other key partnerships as necessary.
- Share good practice emerging from the work of the Trust.
- Agree an annual work programme for the Trust.

3.3. The BCT has strategic oversight of three partnership priority groups tasked with implementing specific priorities across the partnership. These are:

- Inclusion Board
- Early Help and Prevention Group
- Looked After Children and Care Leavers Partnership Group

3.4. In January 2023, the BCT agreed the work plan programme and priorities for 2023. Each BCT meeting focuses on a strategic theme, that includes annual reports from each partnership priority group.

3.5. The BCT previously had strategic oversight of the work of the CYP Mental Health and Wellbeing Reference Group until May 2023. During the May meeting it was formally agreed that this group would report into the Brent Integrated Partnership Mental Health and Wellbeing Executive Group. This decision was taken to:

- Ensure there is no duplication of work between the two groups.
- Provide create clarity with the purpose and function of the reference group, and
- Enable the group to have clearer governance arrangements that fit within the overall governance structure of the Brent Integrated Care Partnership.

3.6. The BCT and priority groups continue to have consistent attendance with representation from Brent Council and NWL Integrated Care Board. In January 2023, it was agreed to expand the membership of the BCT to include representation from Brent health service providers. The membership now includes representation from Central and North West London NHS Foundation Trust (CNWL), Central London Community Healthcare NHS Trust (CLCH) and London North West University Healthcare NHS Trust (LNWH).

3.7. The Brent Integrated Care Partnership (ICP) Director is a standing member of the BCT to enable strong links between the Trust and Brent ICP. A progress update on the Brent Integrated Care Partnership Children's Services priorities, implementation and emerging issues is discussed as a standing item at each meeting.

3.8. In May 2023, the Terms of Reference of the BCT were reviewed and updated to reflect the expansion of the membership and the agreed amendment to the governance arrangements of the CYP Mental Health and Wellbeing Reference Group.

3.9. The BCT met three times during the period covered within this report:
- 31 January 2023
- 28 March 2023
- 23 May 2023

3.10. The BCT examined three main strategic themes at these meetings:

a) Preparation for Ofsted/CQC Inspection Framework – This theme considered:
   i. Special Educational Needs and Disability (SEND) Inspection Framework
   ii. Inspecting Local Authority Children's Services (ILACS) Inspection Framework

b) Special Educational Needs and Disability (SEND) – This theme considered:
   i. SEND local area self-evaluation
   ii. SEND strategy implementation plan progress
   iii. A progress update on Delivering Better Value

c) Early Help – This theme considered:
   i. a progress update on Supporting Families Programme
   ii. a progress update on Best Start for Life Programme

Preparation for Ofsted/CQC Inspection Framework

3.11. In January 2023, the BCT considered the Brent preparation for both the SEND Ofsted/CQC inspection and the ILACS inspection.

3.12. The Brent SEND inspection is expected towards the end of 2023 and the BCT considered the changes to the updated inspection framework which includes a stronger focus on frontline practice and children's lived experience.

3.13. The BCT were reassured by the preparatory activity being undertaken in Brent ahead of the expected upcoming SEND inspection.

3.14. Following the preparation discussion for the ILACS inspection during the January 2023 BCT meeting, Brent Children's Services were subject to a ILACS inspection from 13 February to 24 February 2023 and received a judgement of 'Good'.

28 March 2023 - Special Educational Needs and Disability (SEND)

3.15. There is a clear vision and set of ambitions outlined in the Brent SEND Strategy 2021-2025 that was co-produced with children, young people and their families alongside professionals from across the SEND system.

3.16. The BCT continues to maintain oversight of the progress on delivery of the SEND Strategy (2021-2025). The focus of the improvement plan is based on the experiences of service users and aims to work collaboratively to ensure inclusion and best outcomes are achieved.

3.17. In March 2023, the BCT reviewed progress on the Brent SEND strategy implementation plan. The BCT recognised that progress has been made towards meeting the objectives of the plan, whilst also recognising that services are stretched due to increasing demand.

3.18. It was also recognised that further work is continuing to be undertaken across the following areas:

- independent living opportunities
- community engagement
- the transition between children and adult services

3.19. The BCT will continue to have oversight of the implementation of the strategy and will scrutinise the progress of the implementation plan on a regular basis.

3.20. The BCT were assured that progress is being made with the Delivering Better Value programme following the Department of Education approving this programme proposal

3.21. Delivering Better Value (DBV) is a programme working to identify and implement local and national opportunities to improve the outcomes for children and young people with SEND as early as possible and to ensure resources are used effectively. Preparation is underway in Brent to enable the programme to begin in September 2023.

3.22. The BCT acknowledged that a key theme from the SEND Inspection Framework is the self-evaluation and provided strategic input into the Brent Self-Evaluation.

3.23. The self -evaluation focusses on the development of an evidence-based assessment that addresses three principal questions:

- What is known about the impact of the arrangement of children and young people with SEND?
- How does this arrangement impact the children and young people with SEND?
- What are you plans for the next 12 months?

23 May 2023 - Early Help

3.24. In May 2023, the BCT reviewed the current position on the local implementation of the Supporting Families (SF) programme, including progress, outcomes and future challenges.

3.25. The latest Supported Families programme commenced in April 2022 and is scheduled to continue until 31 March 2025. The funding enables the investment in the Council's Early Help service, specifically the key workers that work with families who meet the SF criteria and resources for families. The sustained funding is enabling this part of the service to be further embedded in the Family Wellbeing Centres with ease of access for vulnerable families in need of support.

3.26. The new outcomes framework went live in October 2022. There are now 10 outcomes for families to be identified against and they must meet a minimum of 3 criteria at the start of intervention. Overall, the framework has been well-received and due to the broad nature of the criteria, it is anticipated that it will increase the identification of families at a lower level of need, i.e., a child not accessing an early years place, families at risk of breakdown and those that have minor debts.

3.27. The BCT also provided strategic input into the progress update on the Family Hubs and Start for Life programme in Brent.

Governance arrangements between the Integrated Care Partnership and Brent Children's Trust

3.28. In May 2023, the BCT reflected upon a partnership working session that was held in April 2023 to review the development of the governance arrangements between the Integrated Care Partnership (ICP) and Brent Children's Trust (BCT).

3.29. The purpose of the meeting in April was to consider the current governance arrangements between the ICP and BCT to determine what is currently working well, what hasn't worked as anticipated and what requires improvement.

3.30. The BCT acknowledged the following areas that are working well:
- Stronger relationships between the Integrated Care Board (ICB) and Brent Council through creating integrated working arrangements
- Prioritisation of children's needs across the ICP Executive Groups
- Integrating the needs of children and young people into all ICP priorities
- Expansion of BCT membership to include health service providers

3.31. The following areas were identified as areas that haven't worked as anticipated and requires further improvement:
- Delay in development and approval of Brent borough specific business cases and further understanding needed of interface with NWL ICS

- Duplication in the ICP Mental Health and Wellbeing Exec Group and Children's Trust Mental Health and Wellbeing Priority Group.

3.32. The BCT agreed that the following actions would take place to enhance the integration of the governance arrangements:

- Refresh priority areas of focus for Children and Young People of all ICP Executive Groups
- CYP membership on all ICP Executive Groups to be confirmed
- Use partnership influence to address ICB levelling up decision making
- Children's Trust Mental Health and Wellbeing Group to become partnership stakeholder reference group reporting to the ICP Mental Health and Wellbeing Executive Group.

4.0 Financial Implications

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

5.0 Legal Implications

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

6.0 Equality Implications

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

Report sign off:

Nigel Chapman
Director Children and Young People

Brent NHS North West London	**Health and Wellbeing Board** 25 July 2023
	Report from Director of Public Health

Joint Strategic Needs Assessment (JSNA) 2023

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 – JSNA Key Findings and Next Steps
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Joanna Walton Head of Evidence & Insight Joanna.walton@brent.gov.uk Dr John Licorish Consultant in Public Health: Adults & Health Intelligence John.licorish@brent.gov.uk

1.0 Purpose of the Report

1.1 This report provides an update on the new Joint Strategic Needs Assessment (JSNA) for Brent, which was published in June 2023. It summarises the new format, the key messages, and next steps for further health intelligence work.

2.0 Recommendations

2.1 Health and Wellbeing Board members are asked to:

- Note the format and headline findings of the JSNA 2023, as set out in Appendix 1.
- To provide a steer on proposed future health intelligence work and to delegate authority to the ICP executive to agree the final list of "deeper dives"
- To reaffirm their organisation's commitment to full participation in the JSNA process, including ensuring that relevant officers take an active role in scoping, sharing data, and providing subject matter expertise in future health intelligence work with a particular focus on improving our granular understanding of health inequalities.

3.0 Detail

3.1 Health & Wellbeing Boards have a statutory requirement to publish a Joint Strategic Needs Assessment (JSNA). There is no prescribed format for JSNAs, nor mandatory data sets that need to be included, and Health and Wellbeing Boards are free to decide how to undertake and present them to suit local need. The purpose of a JSNA is to provide an evidence-based summary of the current and future health and social care

needs of the local community though monitoring health outcomes over time. It also considers the wider factors that impact on communities' health and wellbeing, such as employment, housing and crime.

3.2 The new format of the Brent JSNA is described in Appendix 1, along with some of the key messages highlighted by the tool. HWBB members are also encouraged to explore and promote the JSNA interactive tool, and accompanying Ward Profiles, which can be found on Brent's Open Data website - https://data.brent.gov.uk/dataset/emgrl/brent-joint-strategic-needs-assessment-jsna-2023

3.3 Any assessment of need at a borough-wide level will be necessarily summary in nature, and as such it is the intention that a small number of more detailed "deeper dives" are undertaken into topics of strategic importance.

3.4 The suggested list of topics for deeper dives in 2023/24 includes;

- Special Educational Needs & Disabilities (SEND)
- Cancer
- Air Quality
- Gambling
- Sexual Health

3.5 The scope and methodologies used in each of these "deeper dives" will vary according to the subject matter but will generally include an exploration of the outcomes and experience of individuals, through both quantitative and qualitative means, and a focus on inequalities. A steering group will be created to scope each topic and will aim to include representation from each HWBB partner as appropriate.

4.0 Financial Implications

4.1 None.

5.0 Legal Implications

5.1 Under the Local Government and Public Involvement in Health Act 2007 (amended by the Health and Care Act 2022, and the Health and Social Care Act 2012), Health and Wellbeing Boards are responsible for the development of joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies.

5.2 In publishing the JSNA 2023, Brent Public Health have fulfilled this duty on behalf of the Health and Wellbeing Board.

6.0 Equality Implications

6.1 A core purpose of the JSNA is to provide the evidence base that can support the reduction in health inequalities. Wherever the data are available, outcomes have been analysed through the lenses of deprivation, ethnicity and disability, in both the JSNA and other health intelligence products.

6.2 At the present time, the amount of health data that is publicly available broken down in this way is limited. The team continue to try and improve this through making better use of the Whole Systems Integrated Care (WSIC) platform hosted by North West London ICB. While this is a vast improvement on publicly available data, there are frequently limitations with this approach, and it is likely that WSIC data will need to be augmented with more detailed service data from HWBB partner organisations if we are

to make a successful step change in our ability to highlight and tackle health inequalities in a meaningful way.

Report sign off:

Dr Melanie Smith
Director of Public Health

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Brent Joint Strategic Needs Assessment (JSNA) 2023

Key Messages and Next Steps

Brent

What is a JSNA?

"a shared, ***evidence based*** consensus on key ***local priorities*** to support commissioning in order to improve health and wellbeing outcomes and reduce inequalities

Local Government and Public Involvement in Health Act (2007).

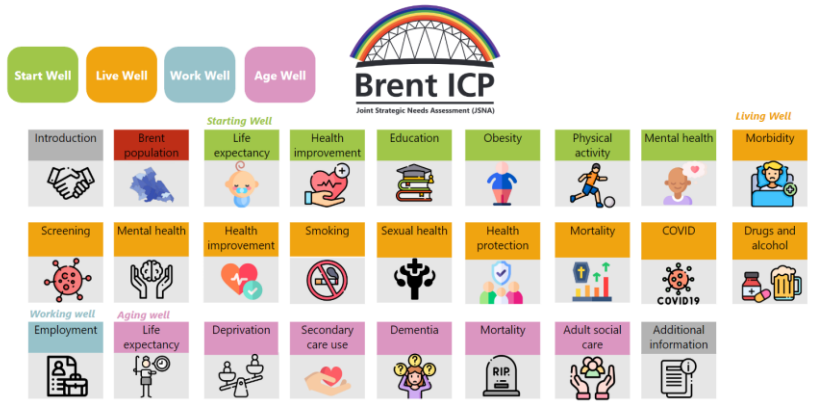
- This duty is particularly aimed at Local Authorities and CCG but the role of the wider partnership is crucial
- A broad look at health and wellbeing in the borough
- It provides a resource to our stakeholders both internal and external
- Directs attention to topics that need our attention – setting the strategic priorities for commissioning and improvement work

Brent

JSNA 2023: Format

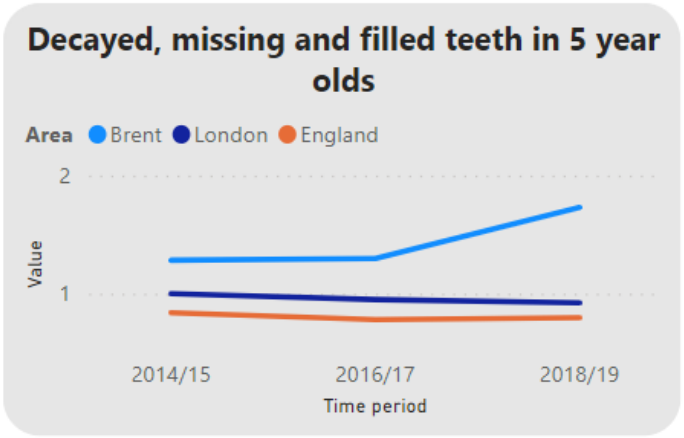
- Interactive tool (PowerBI) format for the first time – mirroring the OHID health profiles for London
- Life course model of Health and Well-being adopted
- Accompanied by Ward profiles that highlight differences around the borough
- Focussed on measures where;
  - we do **much worse** than London or England,
  - where **inequalities** exist,
  - or where we maintaining the status quo requires **significant resource input**.

Brent Joint Strategic Needs Assessment (JSNA) 2023 | Brent Open Data



Start Well

The average number of decayed, missing or filled teeth amongst 5 year olds in Brent is roughly twice that of London and England, and has ***worsened*** since 2016.



Childhood immunisation uptake rates across all immunisations remain ***low*** for all childhood immunisations across the childhood immunisation schedule

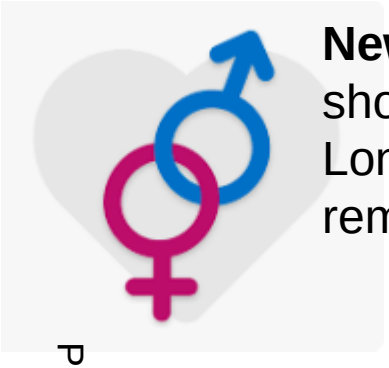
The proportion of school children with social, emotional and mental health needs is on the ***rise***

29.6% ↓ **18.5%**

The prevalence of overweight and very overweight (obese) children in Brent has ***fallen*** between 2017/18 and 2021/22 for children aged 4-5 years in Brent However for 10-11 year olds, the trend continues to rise.

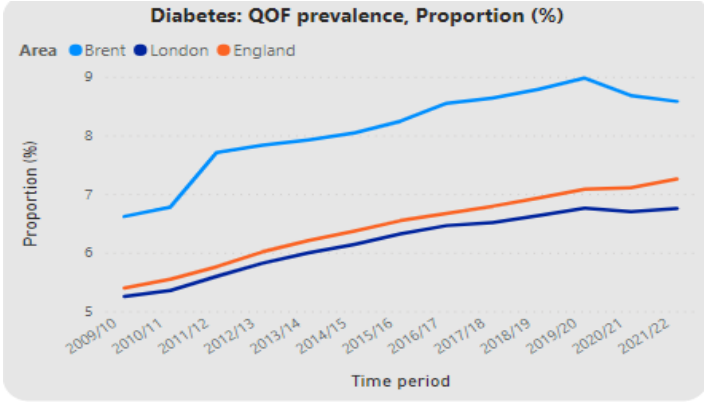
Brent

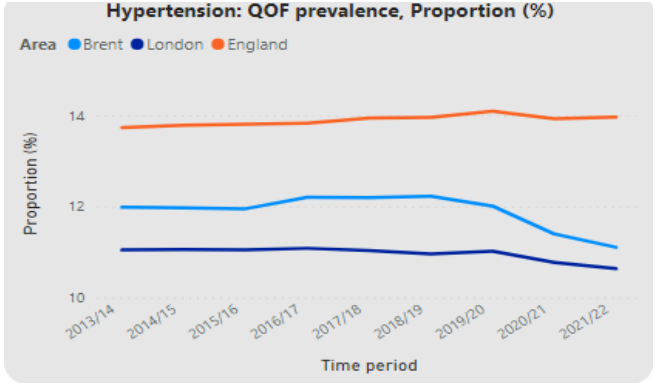
Live Well



New STI diagnoses are showing ***similar*** trends to London and England but remain much higher in Brent.

Diabetes prevalence continues to ***rise*** in Brent, and compared to London and England is much higher. In Brent the most recent trend shows that it is around **8.6%,** compared to **6.7**% for London. Prevalence of **Hypertension** also remains higher than the London average, around 11.1% compared to 10.6% for London.





The numbers completing treatment for **Drug and Alcohol** are starting to ***decline*** in Brent 33% in 2021 compared to 44% 2019

42%

to

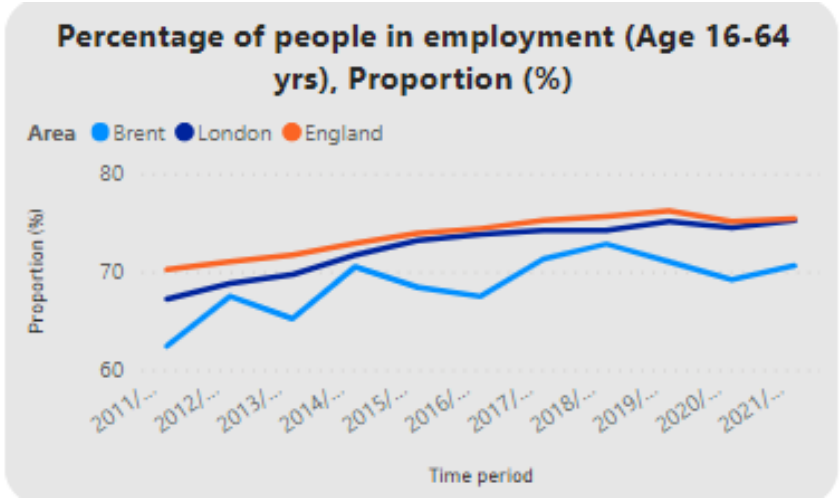
33%

Brent

Proportion of **Physically active** adults remains ***low*** in Brent 55% compared to 66% for London and England

Work Well

The percentage of **People in Employment** is generally ***lower*** in Brent when compared to both London wide and England proportions. For the latest data 2021/22 the proportion in Brent is **70%** compared to around **75%** for both regional and national proportions .

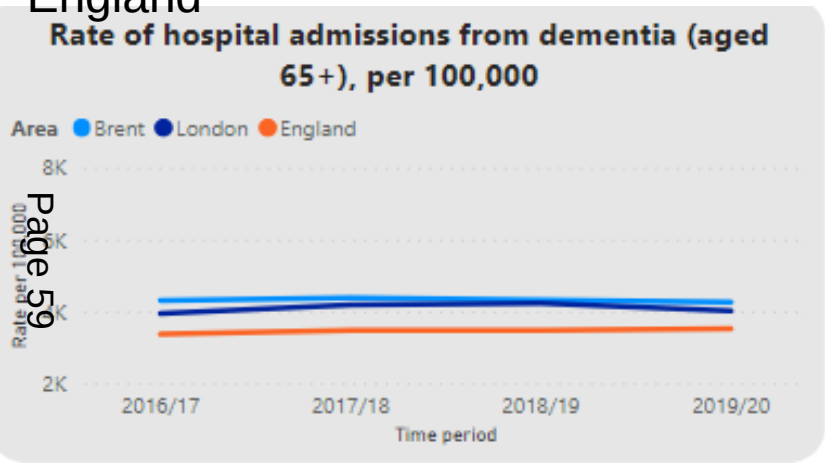


The **Long term Unemployment** rate in Brent is much higher when compared to England

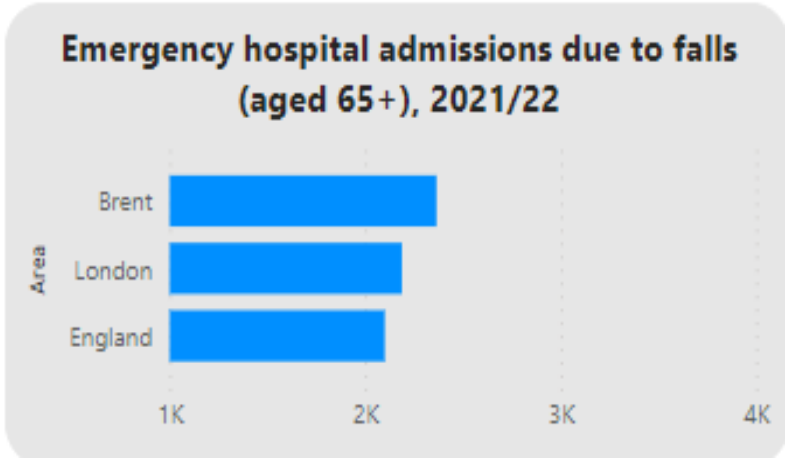
3.6 compared to **1.9** per 1,000 population

Age Well

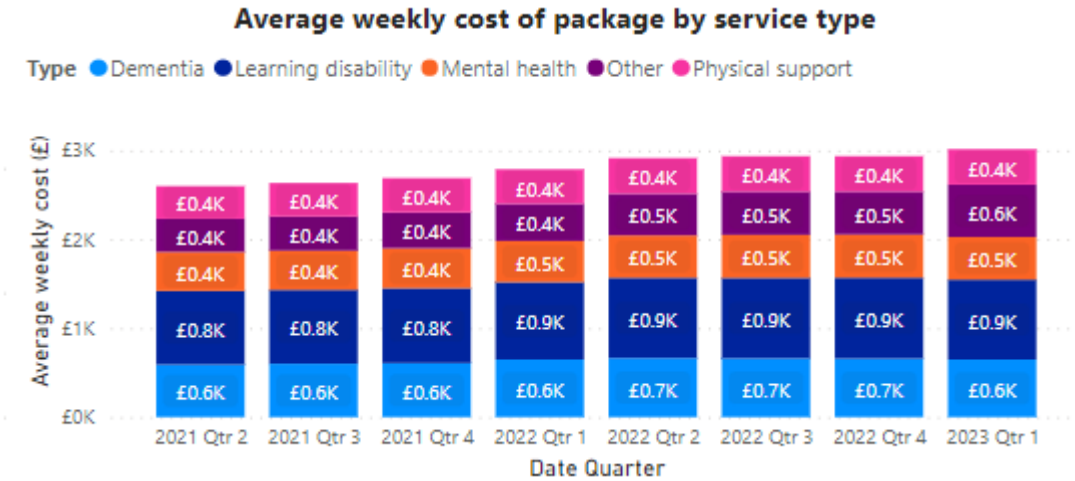
Rate of hospital admissions for **Dementia** remain ***higher*** for Brent, when compared to London and England



Falls remains once of the ***largest*** causes of emergency hospital admissions for older people and significantly impacts on long term outcomes



The burden on Adult Social Care in Brent continues to ***increase*** with the highest proportions of spend being for Dementia and Learning disability for Adults.

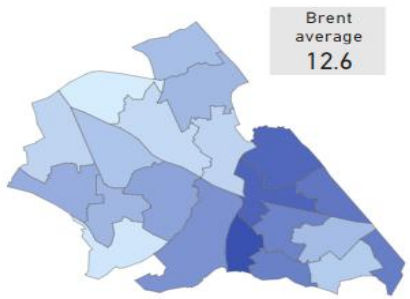


Brent

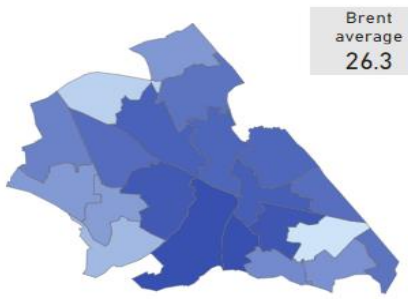
Ward Profiles

Start Well

Prevalence (%) of obesity in Reception (2017/18 - 19/20)

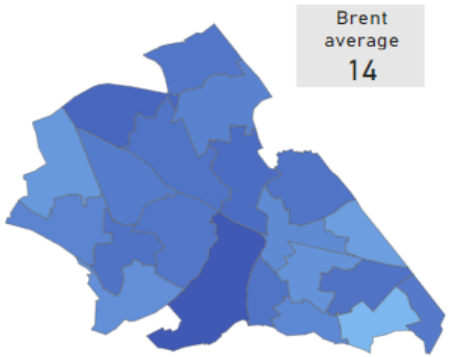


Prevalence (%) of obesity in Year 6 (2017/18 - 19/20)



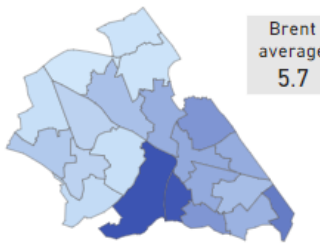
Live Well

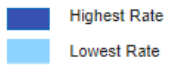
People who reported having a long-term illness or disability (Proportion %, 2011)



Work Well

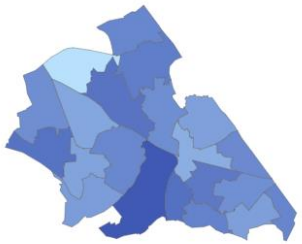
Rate of long-term unemployment per 1,000 (2019/20)





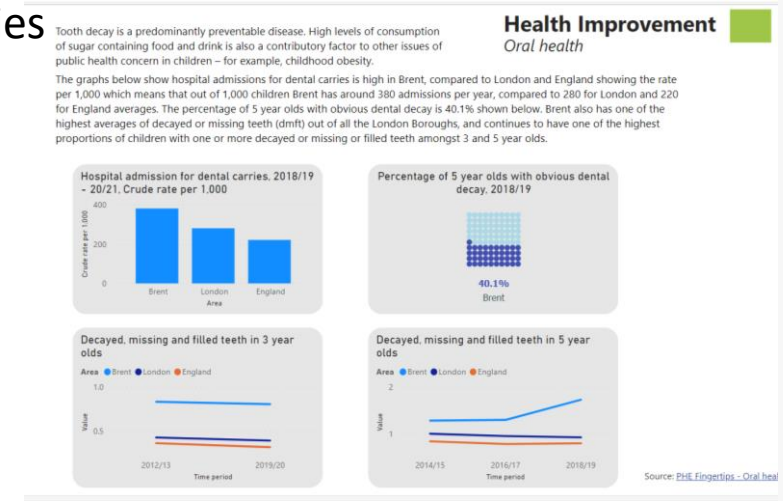
Age Well

Life expectancy for males (2015-19)

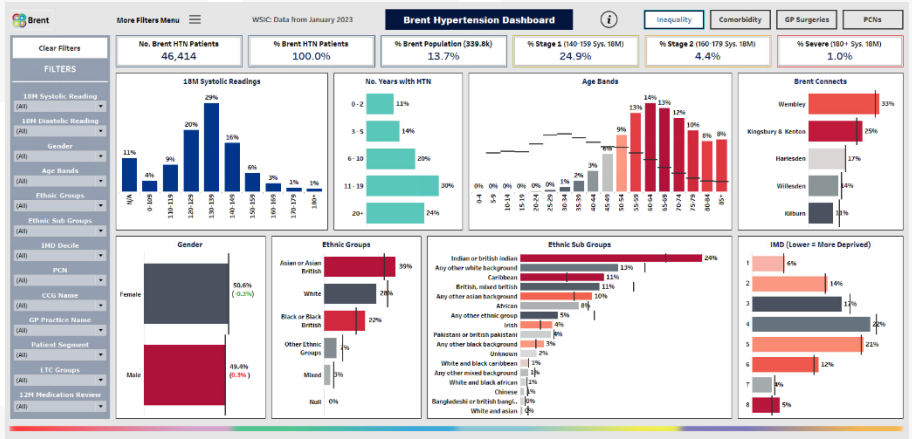


The JSNA is just the starting point

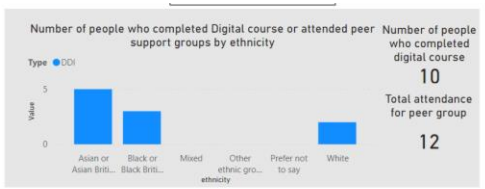
JSNA: Sets out the evidence base for our shared priorities

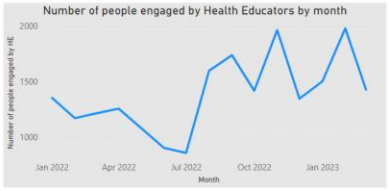


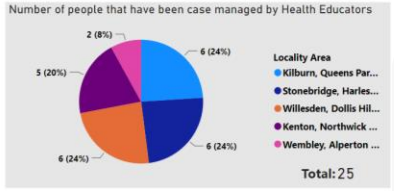
Hypertension Dashboard: Allows exploration of intersectionality of different characteristics, and management of their condition, to target interventions



Brent Health Matters (BHM) Dashboard: Shows who BHM is engaging with, and monitors take-up of key services amongst different target groups







"Deep Dives":

- Drug and Alcohol
- 0-19

Complete

- SEND
- Cancer
- Air Quality
- Gambling
- Sexual Health

Planned

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Brent North West London	**Brent Health and Wellbeing Board** 23 July 2023
	Report from Brent Integrated Care Partnership (ICP)

23/24 BCF and ASC Funding Update

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Nipa Shah Programme Director, London Borough of Brent Nipa.Shah@brent.gov.uk Steve Vo Assistant Director of Integration and Delivery, NWL ICB – Brent Borough stevetruong.vo@nhs.net

1.0 Purpose of the Report

1.1 BCF Overview

The Better Care Fund (BCF) programme supports local health and care systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

BCF helps local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan. The programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities.

Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:

- NHS minimum allocation from Integrated Care Systems (ICSs)

- Disabled Facilities Grant – local authority grant
- Social Care funding (improved BCF) – local authority grant
- Discharge funding grant (added in 23/25 plan)

The funding contribution in 22/23 and 23/24 are as follows:

	22/23	**23/24**
Total Local Authority (LA) Minimum Contribution	£5.3 m	£ 5.3 m
iBCF Contribution	£13.3 m	£13.3 m
NHS Minimum Contribution	£25.8 m	£27.3 m
Additional North West London (NWL) ICB Contribution	£71 k	£1.5 m
LA Discharge Funding	£1.1 m	£1.8 m
NWL ICB Discharge Funding	£1.1 m	£1.6 m
Total BCF Pooled Budget	**£44.6 m**	**£51 m**

1.2 The purpose of the report is to inform the board of the items below:

- Overview of where we are with our current 23/25 BCF plan
- Brent ICP's Principles to NWL ICB BCF Finance Review
- Discharge Funding as part of 23/25 BCF Plan including new schemes
- NWL ICB BCF review and governance for 23/25

2.0 Recommendation(s)

2.1 It is recommended that the group notes the BCF related risks and the ICP approach to NWL ICB 24/25 BCF Review.

3.0 Detail

3.1 Overview or Current 23/25 BCF Plan and Submission

3.1.1 Due to NWL ICB finance review of BCF funding, Brent LA and NWL ICB were unable to submit our 23/25 plan by the national deadline of 28th June. This resulted in an escalation process by the national team. However, this has since been deescalated due to the agreement between the two parties.

3.1.2 The Brent ICP's initial concerns were about not having opportunity to jointly agree the principles and the terms, including timelines, of the finance review. However, both parties have agreed on having jointly agreed principles before any decision about funding is made. Brent's proposed principles for the BCF review are further detailed in Section 3.2.

3.1.3 The funding in question regards schemes that were removed from the NHS Minimum Contribution to Additional Contribution or other sources, putting those schemes 'at risk' in 2024/25. Please note that various schemes were moved to the "minimum contribution" to make up for the £27.3 million stated

above. The schemes that were removed from the Minimum Contribution are as follows:

Schemes	**Funding**
Rehabilitation and Reablement following bedded rehab	£416,000
Transformation Team	£270,000
Integrated care, planning and navigation (Whole System Integrated Care Contracts)	£2,140,496
Reablement - Supporting additional discharges in the Rapid Response team	£550,000
Step Down Beds	£250,000
Total	**£3,626,496**

3.2 **Brent ICP's Principles to NWL ICB BCF Review**

The following are the draft Brent ICP's proposed set of principles to put forward to NWL ICB for the BCF Review. NWL ICB and LA colleagues, including Directors of Adult Social Care and ICP Managing Directors are committed to collaborate and agree on the principles and approach for the BCF review before it takes place.

- Any agreed changes to funding must prioritise improvement and equity in access and outcomes for our residents.
- All agreed changes must have a well-defined transition plan that mitigates risks and ensures the sharing of financial risks among partners.
- Funding must be based on population needs in line with the Levelling Up strategy and must uphold our objective of improving health inequalities.
- Although we aim to achieve a degree of uniformity across NWL, borough, the shape of local Brent service delivery, population needs and funding flows must be a key part of decision making and priorities
- A joint approach to investment on supporting people to live independently and to return home as soon as possible if hospital admission is required through home based Rehab and Reablement and step-down service provision is a key element to delivering the right capacity at the right time and achieving good outcomes for Brent residents and ensuring continuity of care and support.
- An integrated approach to transformation across health and social care which is focused on measuring financial benefits, equity of access and the experience of people in Brent is an important feature of the delivery of the Better Care Fund ambitions going forward.
- No decision should be taken about the spend on Whole System Integrated Care Contracts in advance of the outcome of the NWL review of the Frailty Service. However, BCF is not just about the Frailty Service.
- A robust Brent resident engagement, Inequality Equality and Health Inequality Impact Assessment (EHIA), and Quality Impact Assessment (QIA) must be completed for any change in service provision resulting from a reduction in spend.
- It is crucial to understand any impact of funding changes to the amount of money that is available to meet the Care Act 2014 duties of the local

authority, and that health, social care and the wider system is not destabilised financially by any changes in any single organisation

3.3 **Discharge Funding**

3.3.1 There are 3 ASC Discharge Funding streams as part of 23/25 BCF:

- Stream 1 – NHS minimum contribution uplift of 5.66%: £512,782 (recurrent)
- Stream 2 - ASC Discharge Funding – Direct Allocation to LA Brent: £1.8mil (non-recurrent post 24/25)
- Stream 3 - ASC Discharge Funding – NWL ICB Allocation to Brent (non-recurrent post 24/25): £1.6mil

3.3.2 Brent ICP partners, including London North West University Healthcare Trust (LNWHT), Central London Community Healthcare NHS Trust (CLCH), and Central and North West London NHS Foundation Trust (CNWL), and Brent LA have come together to jointly develop winter schemes to ensure a local system approach of managing patient flow effectively. In addition to establishing the winter schemes, ICP partners have established a robust process of monitoring, reviewing and assessing these schemes to ensure positive outcomes for both Brent residents and the Health and Social care system in Brent.

3.3.3 A number of our winter schemes are from the success of the piloted and implemented 22/23 schemes. In addition, ICP colleagues have actively developed new schemes for the additional 5.66% NHS minimum contribution uplift, to ensure health and wellbeing outcomes for Brent residents, prevent hospital admissions and support residents post discharge.

3.4 Next Steps for NWL ICB BCF Review and Governance

3.4.1 NWL ICB is proposing the governance for approving the BCF (at NHS) to be via NWL Integrated Care System Strategic Committee whilst BCF still needs to be approved at the Health and Wellbeing Board in each borough.

3.4.2 The following timetable below provides key dates ahead of the 23/25 BCF submission on **July 31st 2023**:

Action	**Date**	**Lead**
Final Planning completed templates and narrative templates due back for local care/finance review	19/07/23	Local Care/ ICB Finance
Local care/ ICB finance will feedback comments for above submissions	21/07/23	Local Care / ICB Finance
LA/ICB borough lead to submit by 31st July to the NHSE National Team	31/07/23	LA/ ICB Borough lead

3.4.3 It should be noted that the NWL ICB BCF review process will resume after the 31st July submission. The review will include representation from each LA, and Brent ICP's principles as stated in Section 3.2 will be raised in advance of the meeting. Please note that the NWL ICB BCF Review will also include iBCF and Disabled Facilities Grant (DFG) as per NWL ICB's principles.

4.0 Financial Implications

4.1 The table presented under section 3.1.4 highlights the schemes that are now sitting outside the core BCF schemes, and therefore, they are potentially subject to the NWL ICB review.

5.0 Legal Implications

5.1 N/A

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 Schemes have been worked through and agreed by ICP stakeholders.

8.0 Human Resources/Property Implications (if appropriate)

8.1 N/A

Report sign off:

Helen Coombes
Corporate Director Care, Health & Wellbeing

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Brent North West London NHS	**Health and Wellbeing Board** 25 July 2023
	Report from Brent Strategic Partnerships Manager

Brent Health and Wellbeing Board Terms of Reference Annual Review

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 – Terms of Reference
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Wendy Marchese Strategic Partnerships Manager Wendy.Marchese@brent.gov.uk

1.0 Purpose of the Report

1.1 The Brent Health and Wellbeing Board undertakes a refresh of the Board's Terms of Reference on an annual basis.

1.2 This paper outlines the proposed updates for 2023-2024 to the existing HWB Terms of Reference.

2.0 Recommendations

2.1. The Health and Wellbeing Board is asked to agree the proposed updated Terms of Reference for 2023 - 2024, attached to this report as Appendix A.

3.0 Detail

3.1. As part of the agreed annual review the following proposed amendments have been made to the existing HWB Terms of Reference:

Formatting

3.1.1. Inclusion of Brent Council Logo – The Brent Council logo has been included and the format updated so that it is now in-line with the Brent Council corporate style guidelines

3.1.2. To enable the Health and Wellbeing Board to have clarity on the approval date and scheduled review date, these details have been included.

3.1.3. To ensure ease of reference, paragraph numbering has been included.

3.1.4. To ensure version control, the version has been added to the footer of the document

3.1.5. To confirm the entirety of the document, page numbers have been added.

Content (highlighted in yellow on updated Terms of Reference - Appendix A)

3.1.6. Paragraph 1.2 - to correct the formal title

Removed: *North West London Integrated Care System Executive (i.e. the Integrated Care Board)*
Amended: *Brent Integrated Care Partnership Executive*

3.1.7. Paragraph 4 - to formalise the current Vice Chair arrangements

Addition: *This member will also take on the role of Vice Chair of the Health and Wellbeing Board.*

3.1.8. Paragraph 6 - to specify the quoracy

Addition: *(one of which must be a member of the Brent Integrated Care Partnership)*

3.1.9. Paragraph 7.10 – to reflect delegation of this activity

Removed: Agree the borough's pharmaceutical needs assessment, which is updated every three years
Amended: *Oversee and ensure publication of the borough's Pharmaceutical Needs Assessment, which is updated every three years*

4.0 Financial Implications

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

5.0 Legal Implications

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

6.0 Equality Implications

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

Report sign off:

Melanie Smith
Director of Public Health

Brent Health and Wellbeing Board

Terms of Reference

Updated:	**July 2023**
Date of approval:	***TBC***
Scheduled review date:	**July 2024**

Membership

1. *Voting Membership*

1.1. Five elected councillors to be nominated by the Leader of the Council. Four councillors will be Cabinet members from the majority party. The fifth member will be an opposition member. An elected councillor will chair the Health and Wellbeing Board.

1.2. Four representatives of the Brent Integrated Care Partnership Executive

1.3. A representative of Healthwatch

1.4. A representative of the nursing and care home sector

2. *Non-voting Membership*

2.1. Chief Executive, London Borough of Brent

2.2. Corporate Director, Adult Social Care and Health

2.3. Corporate Director, Children and Young People

2.4. Director of Public Health

2.5. Director of Adult Social Services

3. An elected councillor will chair the Health and Wellbeing Board.

4. At least one of the North West London Integrated Care System members shall be a GP. *This member will also take on the role of Vice Chair of the Health and Wellbeing Board*.

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

6. The quorum for the Health and Wellbeing Board is four voting members with at least two councillors and two other voting members *(one of which must be a member of the Brent Integrated Care Partnership)* present in order for a meeting to take place.

Terms of Reference

7. Brent's Health and Wellbeing Board will:

7.1. Lead the improvement of health and wellbeing in Brent, undertaking duties required by the Health and Social Care Act 2012.

7.2. Lead the needs assessment of the local population and subsequent preparation of the borough's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. It will ensure that both are updated at regular intervals and that integrated care strategies that are prepared by the Brent Integrated Care Partnership (Brent ICP) are taken into account in this process.

7.3. Oversee the implementation of the priorities in the Joint Health and Wellbeing Strategy and other work to reduce health inequalities in Brent.

7.4. Promote integration and partnership working between health and the council, including social care and public health, across all ages by providing steer and oversight to the Brent ICP board to meet borough's health and wellbeing.

7.5. Develop initiatives between partners to maximise opportunities for early intervention and prevention.

7.6. Provide leadership to partner agencies on tackling health inequalities resulting from disparities in housing, education, climate emergency, air quality, physical activity, disability and poverty.

7.7. Review and respond with its opinion on the Forward Plans that are provided by the North West London Integrated Care System and if appropriate within its discretion, give its opinion on the Forward Plans to NHS England.

7.8. Contribute to the implementation of strategies developed by partners such as the council's Borough Plan, the NHS Long Term Plan and the Office for Health Improvement and Disparities.

7.9. Seek assurance of partner plans to responding to a health-related emergency, e.g. pandemics.

7.10. Oversee and ensure publication of the borough's Pharmaceutical Needs Assessment, which is updated every three years

7.11. Agree an annual work programme for the Board.

7.12. Consider representations from Brent Scrutiny Committees and Healthwatch Brent on matters within the remit of the Health and Wellbeing Board.

7.13. Receive updates on partner investments into the local health and wellbeing system and make representations at local and national level on sufficiency of resources (e.g. finance, estates and workforce).

Brent NHS North West London	**Health and Wellbeing Board** 25 July 2023
	Report from LNWHT

Modular 32 bedded Ward at Northwick Park

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 - Urgent and Emergency Care Bid: 32 bedded AMU modular new build
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Simon Crawford Deputy Chief Executive London North West University Healthcare NHS Trust simon.crawford1@nhs.net

1.0 Purpose of the Report

1.1 The purpose of the report is to inform the Brent Health and Wellbeing Board of the plans to increase acute medical unit bedded capacity on the Northwick Park Hospital site for winter 2024 by building a new 32 bedded ward.

2.0 Recommendations

2.1 The Brent Health and Wellbeing Board is being asked to support the process as the Trust continues to mobilise the additional bedded capacity.

3.0 Detail

3.1 This is part of an NHS England process whereby Trusts across the country were asked to submit bids for capital and revenue funding to increase general and acute beds to meet demands.

3.2 Our bid was one of two bids from the North West London Sector approved by the national process to proceed and the Trust has been awarded the funding.

3.3 The supporting document to this coversheet provides the Brent Health and Wellbeing Board with an overview to the need for the additional ward on the Northwick Park site.

3.4 Mobilisation has commenced as the timeframe is extremely short to build this new capacity and recruit the additional staffing required.

4.0 Financial Implications

4.1 Following a successful bid process, NHS England has confirmed their support to allocate the required capital and revenue funding to build and run the ward.

5.0 Legal Implications

5.1 None expected.

6.0 Equality Implications

6.1 The additional beds will have a range of benefits as details in the supporting document, including:

6.1.1 Reducing the number of patients with protracted length of stay in the Emergency Department (ED) awaiting a medical bed.

6.1.2 Aligning with the number of Acute Medical Unit (AMU) beds as recommended by the NHS Getting It Right First Time (GIRFT) process whereby the NHS GIRFT publication for Northwick Park site level review (27 Sept 2022) highlighted a flow problem as, reporting 'AMU is not big enough, too reliant on downstream wards to create capacity early.'

6.1.3 Synergistic effect with the other admission avoidance and flow schemes already running.

6.1.4 Improving patient safety in the community with less waiting ambulance calls holding.

6.1.5 Addresses the pressures at peak times of the day (first thing, early evening linked to ambulance shift change overs and late night when there is no more discharges/bed flow).

6.1.6 Increasing the Acute Medical Unit (AMU) bed base to current acute standards with 2 ward rounds and 1 multi-disciplinary team meeting daily

6.1.7 Reducing the number of patients waiting in A&E daily with a Decision To Admit following the increased acuity of patient care following the pandemic and the increase in blue light ambulances to the site.

6.1.8 Reducing the occupancy of the site's 7 resuscitation beds which will increase the safety of the emergency department and ability to offload blue light ambulances at a faster rate.

6.1.9 The additional 32 beds will enable Northwick Park to move closer towards right sizing the bed numbers to manage the demand, which strategically aligns to the NHS Getting it Right First Time 2022 site review.

6.1.10 The additional beds will support a movement towards moving Northwick Park's bed occupancy closer to the sector average, despite the Trusts good position on inpatient length of stay.

6.1.11 The additional 32 beds will allow additional capacity to manage seasonal demand as there is no spare capacity for escalation beds on the site.

6.1.12 Reduces the need for NWL ambulance diverts placing pressure on other A&E sites.

Report sign off:

Simon Crawford
Deputy Chief Executive
London North West University Healthcare NHS Trust

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London North West University Healthcare NHS Trust

LNWHT Urgent and Emergency Care Bid: 32 bedded AMU modular new build

Appendix Document

Brent Health and Wellbeing Board 25 July 2023

Putting **patients** at the **HEART** of everything we do

Summary

An initial outline bid was submitted in February 2023.

A short form business case was submitted on 4 May 2023 to NHS England.

Support has been received from the following groups:

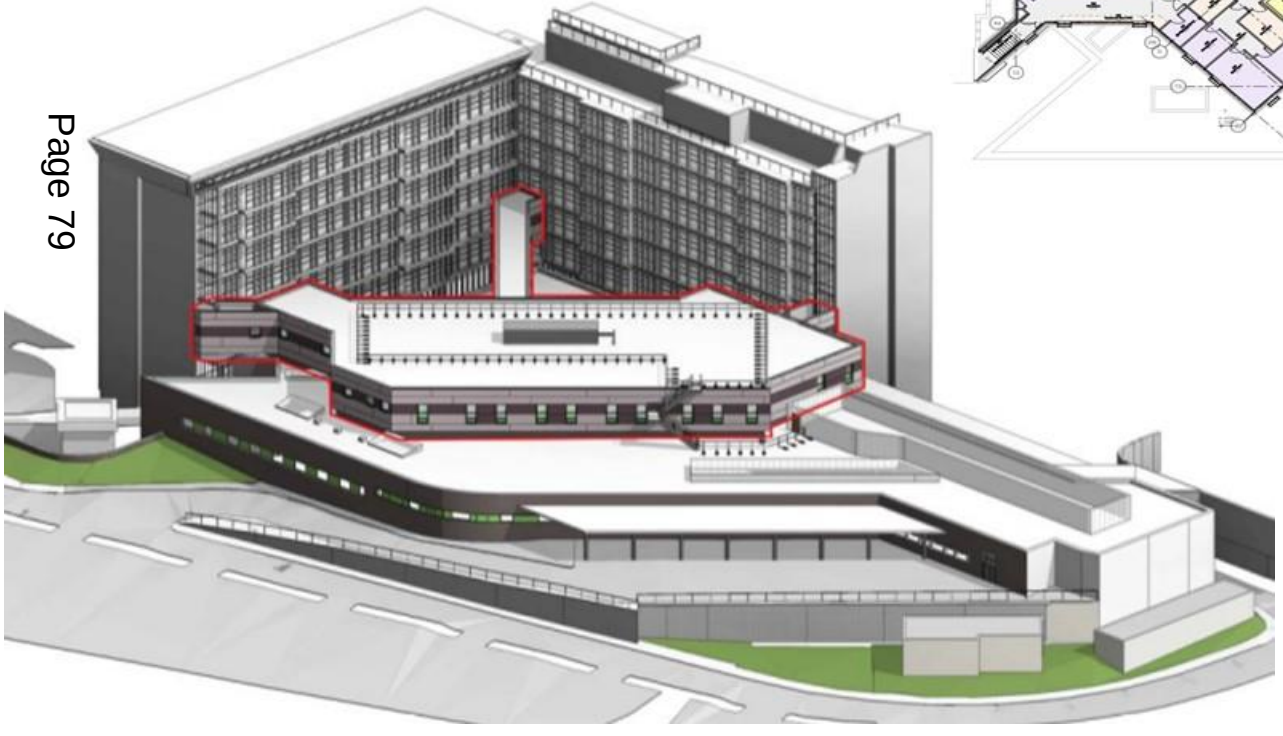
- NWL ICB
- NWL Urgent & Emergency Care Board
- NHS England Regional Team

Ahead of formal approval of the business case by NHS England, the Trust invested at risk to accelerate the estates enabling and planning works in parallel to the business case assurance process to pre-mitigate any delays in the business case approval and building supply chain steps.

The business case outlines a plan whereby the additional bedded capacity will ramp up from 1 October 2023, initially across the Trust's 3 sites and once the new build is complete, this capacity will transfer to Northwick Park site where the additional capacity is required to manage the demand.

External authorisation / bid sign off confirmation was issued by NHS England National Team on 8 June 2023.

Summary Site Plan



Case for change

Demand: Local assumptions for non-elective attendances and admissions growth next winter
Our assumptions for Northwick Park site growth is based on:

- Attendances: Highest Type 3 attendances nationally (Public View)
- Admissions: 3rd highest total emergency admissions nationally (Public View)
- Ambulance arrivals: Northwick Park site is the single busiest site in London
- 4.4% type 1 arrival growth since 2019/20 baseline
- Increase acuity of arrivals with 11.5% ambulance blue light growth since 2019/20 baseline
- This has contributed to a 178% increase in the annual number of ambulance handovers over 60% minutes since 2019/20 baseline
- The Trust received over double the number of adult mental health attendances to NPH in comparison to other NWL Sector sites which block cubicles

Capacity: Getting It Right First Time (GIRFT) Review
NHS GIRFT published Northwick Park site level review (27 Sept 2022) highlighted a flow problem as:

- '*AMU is not big enough, too reliant on downstream wards to create capacity early*.'

Daily pressures / site blocks time of day:

- Start of the day
- Early evening aligned to LAS shift changes
- Late night following ambulance flow and need for further admissions but no bed flow

Managing Site Safety - every day we are now:

- Cohorting up to 9 patients in corridors supported by LAS
- LAS early redirection to Ealing project
- Holding up to 10 mental health patients in our ED taking up clinical capacity
- Placing patients during the day on corridors in wards on all but 2 wards from 07:00 through to 18:00
- Bedding acute patients in our ward corridors overnight to create acute capacity to support front door demands and to release ambulances
- Resus at full occupancy
- Driving discharges daily to create flow
- Driving flow to ambulatory pathways

Clinical performance benefits to the plan to build and staff a fit for purpose 32 bedded Acute Medical Unit offering a 7 day service with the benefits of:

Reducing the number of patients with protracted length of stay in the Emergency Department (ED) awaiting a medical bed

- by being in the right ward environment with the Allied Health Care Professionals to support progression in their patient journey this will also support reduction in overall length of stay; this is not otherwise happening whilst patients are stuck in the ED

- the risk of increased morbidity and mortality due to prolonged length of stay within the ED, which is on the Trust's risk register will be reduced

- improve ambulance handover times by increasing free cubicle spaces within the ED in which to offload into

- improve non-admitted ED performance – a large number of acutely unwell patients are managed in the Rapid Assessment Unit (RAU) / ambulatory area of the department without the bed base to support this; there are limited cubicles for clinicians to examine patients which result in delays to treatment and increased risk to patients

Aligning with the number of AMU beds recommended by GIRFT

- this will allow a greater proportion of patients to be admitted to AMU rather than directly to a longer stay ward; there is good evidence that Acute Physicians are better at discharging patients and reducing LoS; the 7 day service on this ward will also improve the weekend discharge profile

Synergistic effect with the other admission avoidance and flow schemes already running

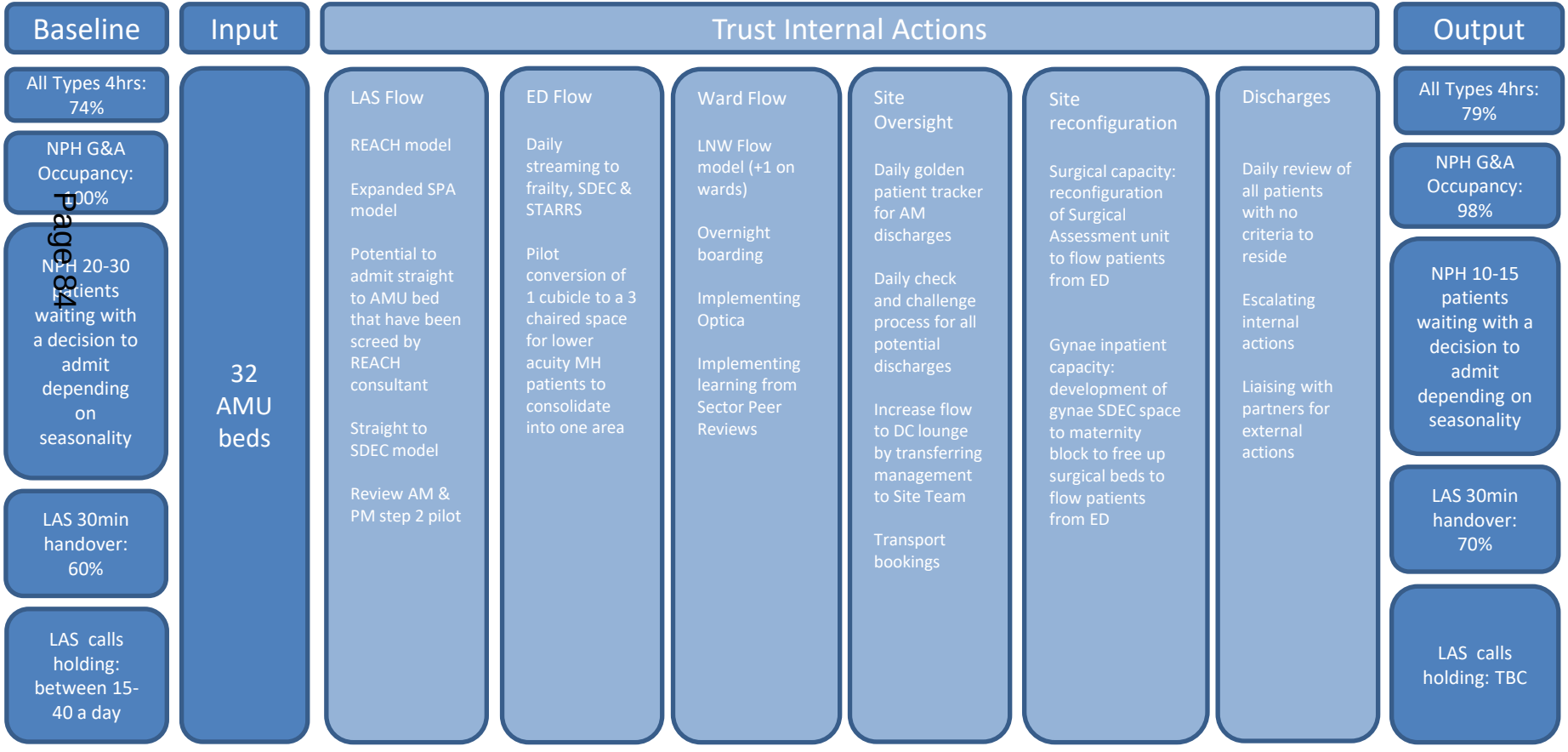
- REACH and the expanded SPA will support utilisation of SDEC and alternative pathways, alongside improved intelligent conveyancing with the LAS team to manage the ED front door attendances better; potential to admit straight to one of the three AMU for LAS arrivals that have been screened by REACH Consultant

- ADSOP – boarding of patients on wards to support flow through the wider organisation

Operational benefits

- Improving patient safety in the community with less waiting ambulance calls holding.
- Addresses the pressures at peak times of the day (first thing, early evening linked to LAS shift change overs and late night when there is no more discharges/bed flow)
- Increasing the AMU bed base to acute standards with 2 ward round and 1 MDT daily
- Reducing the number of patients waiting in A&E daily with a Decision To Admit following the increased acuity of patient care following the pandemic and the increase in blue light ambulances to the site.
- Reducing the occupancy of the site's 7 resuscitation beds which will increase the safety of the emergency department and ability to offload blue light ambulances faster
- The additional 32 beds will enable Northwick Park to move closer towards right sizing the bed numbers to manage the demand, which strategically aligns to the NHS Getting it Right First Time 20222 site review.
- The additional beds will support a movement towards moving Northwick Park's bed occupancy closer to the sector average, despite the Trusts good position on inpatient length of stay
- The additional 32 beds will allow additional capacity to manage seasonal demand as there is no spare capacity for escalation beds on the site.
- Reduces the need for in sector ambulance diverts placing pressure on other A&E sites

Performance Actions: Trust internal actions for 2023



Performance Actions: Support needed from partners for external flow actions for 2023

Baseline	Input	External flow actions						Output
All Types 4hrs: 74%	32 AMU beds	Mental Health c60 patients attending NPH A&E monthly, double neighbouring sector Trusts CNWL management plan needed to reduce the 5-10 NPH A&E cubicles blocked at anyone time that would be used to offload ambulances into	Ambulance Flow LAS management plan needed to further develop the impact of: Intelligent Conveyancing and crews calling central control ahead of being patients into A&E Pooling of conveyances around shift change over AM & PM step 2 pilot Expanding straight to SDEC pathway	Community Beds CLCH management plan to increase access to beds through: admission criteria review, staffing for bed base, PM admission cut off times, Number of admission per day, Weekend admissions.	Community Discharge Hub CLCH management plan to increase staffing to address vacancies to support flow	Community Equipment c15 patients delayed Social care management plan needed to support the new consortium provider to reduce delays to equipment delivery	P3 Social Care Delays c75 discharge delays from patients waiting for pathway 3, homeless, no right to recourse to public funds Social care management plan needed to support flow	All Types 4hrs: 79%
NPH G&A Occupancy: 100%								NPH G&A Occupancy: 98%
NPH 20-30 patients waiting with a decision to admit depending on seasonality								NPH 10-15 patients waiting with a decision to admit depending on seasonality
LAS 30min handover: 60%								LAS 30min handover: 70%
LAS calls holding: between 15-40 a day								LAS calls holding: TBC

How does the plan align to the North West London Integrated Care Board strategic and operational objectives?

Below is the 2023/24 Sector UEC Delivery Programmes

★ **Highlights where the additional beds will support the delivery programme**

Services

999
Reduce handover waits, increase response times and maximise alternatives to hospital

111
Develop a sustainable workforce, integrate with primary care and improve call response times

SDEC
To expand SDEC pathways, improve referral pathways and establish full data management

UTC
Integrated pathways across primary and acute care and reduced waits for treatment

ED
Improve operational processes for Emergency Department care in response to new standards

Pathway 0/Hospital Flow
Improve processes for admitted care, reducing length of stay and waits in ED

Pathways

Primary Care
Joint UEC/Primary Care programme to deliver improved same day care and implement Fuller

Mental Health
Collaborative working across MH and acute providers to reduce waits in ED

High Intensity Users
Proactive, responsive and innovative services at borough and trust level

Frailty & End of Life Care
Integrated pathways between acute, community and primary care

Paediatrics
Integrated pathways for children who require ongoing care and those that are generally healthy

Long Term Conditions
Collaborative working arrangements supported by data to allow improved continuity of care

BBV ED testing
Implementation of HIV/Hepatitis testing in ED's and follow up in downstream services

Enablers

Borough/ ICP delivery
System wide planning and delivery at a local as well as sector wide and provider level

Trust UEC Delivery Boards
Oversight of UEC priorities and delivery, engaging with all system partners including LA's

Analytics
Development of 'best in class' analytics and information management offer for UEC delivery

Assurance
Performance monitoring, identification of issues and risks, escalation and mitigations

Winter Planning
System preparedness to allow for mobilisation of enhanced services ahead of the onset of winter

Communications
Listening to patient and public voices and using non traditional approaches to expand reach

Equitable Care

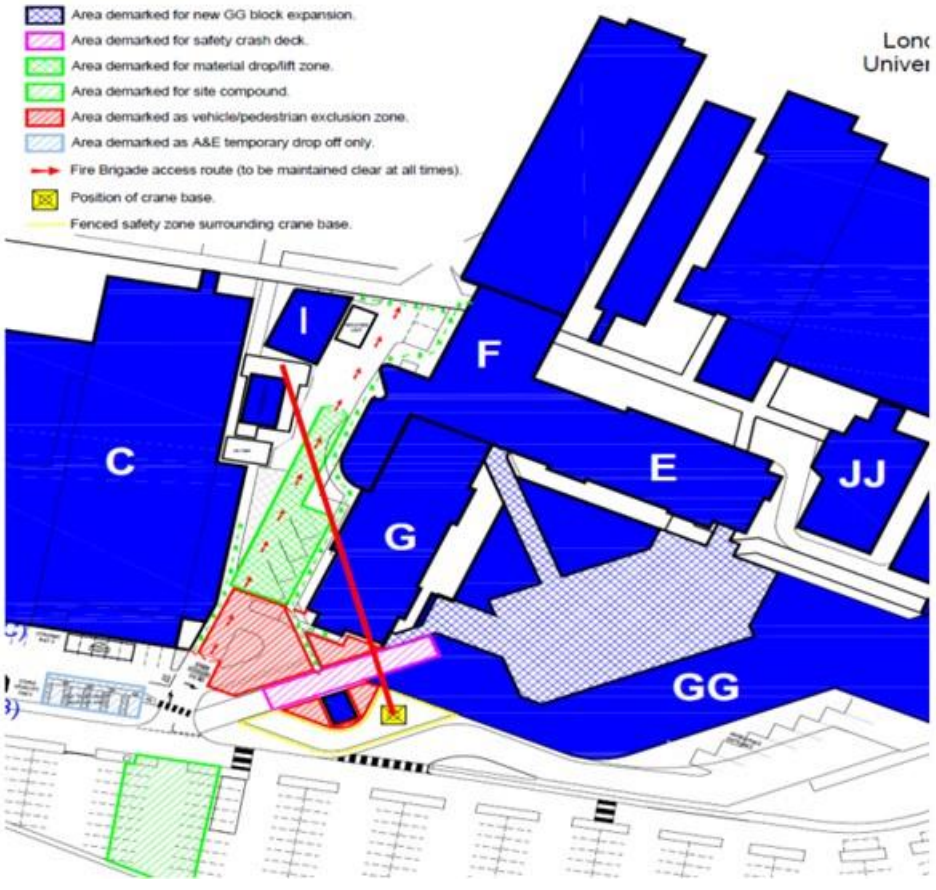
Equity of access
Ensuring equitable access to UEC services

Equity of outcome
Ensuring equity of outcome across the sector; understanding variation

Population health needs
Ensuring that our services meet the health needs of the population

Site Constraints: Tower Crane & Steel Drop Zone

1. **ED Patient vehicle drop off** to be relocated to C Block parking area. Agreed with Facilities & ED.
2. **ED Patient Entrance** remains fully open, with a protective link walkway, appropriate signage, security lighting. Agreed with ED.
3. **Vehicle/Pedestrian exclusion Zone**. Agreed with Facilities & ED
4. **Protected fire exit routes from:** F block, Chaucer ward, EDEC & Chapel. LFB access route maintained: Agreed with Fire Officer.
5. **Premier convenience store** at ED entrance to be closed by agreement for 6 Months. Terms agreed.
6. **Patient Transport services** to be relocated to the old A&E ambulance ramp to allow us to form new Materials Drop/Lift zone.
7. **Reduced P&D parking:** for 8 weeks only, whilst the Tower crane is being installed. Agreed with Facilities.
8. **Tower Crane location:** Fenced safety zone



3. Capital Estates costs. Provide further clarity as to how the costs are derived, the reasons for this, what mitigations have been made to reduce these costs and value for money tests.

Architects 3D Impressions