



Health and Wellbeing Board

Monday 22 January 2024 at 6.00 pm

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

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

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

Membership:

Councillor Nerva (Chair)	Brent Council
Dr Mohammad Haidar (Vice-Chair)	Brent Integrated Care Board Partnership Executive
Councillor Donnelly-Jackson	Brent Council
Councillor Grahl	Brent Council
Councillor Kansagra	Brent Council
Councillor Tatler	Brent Council
Robyn Doran	Brent Integrated Care Board Partnership Executive
Simon Crawford	Brent Integrated Care Board Partnership Executive
Jackie Allain	Brent Integrated Care Board Partnership Executive
Cleo Chalk	Healthwatch
Basu Lamichhane	Brent Nursing and Residential Care Sector
Rachel Crossley	Brent Council - Non-Voting
Kim Wright	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
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For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: www.brent.gov.uk/democracy

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

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

or

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

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

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of 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 - 12
To approve as a correct record, the attached minutes of the previous meeting held on 30 October 2023.	
4 Matters arising (if any)	
To consider any matters arising from the minutes of the previous meeting.	
5 Health and Wellbeing Strategy - Highlights and Forward Look	13 - 46
This report provides the Health and Wellbeing Board with an overview of the progress achieved in meeting the Brent Joint Health and Wellbeing Strategy objectives, which was first approved by the Board in March 2022. The report also proposes the approach for the Strategy refresh.	
6 Update on Integrated Neighbourhood Teams	47 - 78
This report provides the Health and Wellbeing Board with an update on the implementation of Integrated Neighbourhood Teams.	
7 Access to Primary Care Implementation Update	79 - 104
This report provides the Health and Wellbeing Board a further update on the process of the primary care access priorities, associated challenges, and the planned proposals for further improving access to primary care services in Brent.	

8 Learning from Inspections

a) SEND and Alternative Provision Local Area Inspection 105 - 118

This report provides the Health and Wellbeing Board with a summary of the SEND and Alternative Provision Local Area Inspection process and key themes from the Brent partnership self-evaluation as part of the SEND Area Inspection preparation.

b) CQC Inspection of Adults Social Care Services 119 - 140

This report provides the Health and Wellbeing Board with information on the progress on preparing for CQC inspection, the CQC assurance framework and the continued work to integrate CQC preparation work, improvement action, and transformation work within Adult Social Care.

9 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 15 April 2024



Please remember to switch 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. Alternatively, it will be possible to follow proceedings via the live webcast [HERE](#).



MINUTES OF THE HEALTH AND WELLBEING BOARD **Held as a hybrid Meeting on Tuesday 30 October 2023 at 6.00 pm**

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Krupa Sheth (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Jackie Allain (Director of Operations, CLCH), Simon Crawford (Deputy Chief Executive, LNWUHT), Cleo Chalk (Healthwatch Service Manager), Rachel Crossley (Corporate Director Care, Health and Wellbeing, 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)

In attendance: Tom Shakespeare (Integrated Care Partnership Director), Andrew Phillips (Strategy Lead - Policy, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Antoinette Jones (NWL NHS), Chris Whyte (Director of Leisure and Environment, Brent Council), Sandor Fazekas (Head of Healthy Streets and Parking), Lauren Salusbury (Air Quality Policy and Project Officer, Brent Council), Caroline Evans (Senior Public Health Strategist, Brent Council) (joining online), Councillor Ketan Sheth (joining online)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Councillor Tatler, substituted by Councillor Krupa Sheth
- Basu Lamichane (Residential and Nursing Sector)

The Chair led introductions and welcomed Rachel Crossley as the new Corporate Director for Care, Health and Wellbeing.

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the meeting, held on 25 July 2023, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Winter Planning Update and Community Resilience

Tom Shakespeare (Managing Director, Brent Integrated Care Partnership) and Antoinette Jones (Head of ICP Delivery, NHS NWL) introduced the report, which set out the winter schemes that the Integrated Care Partnership (ICP) would be implementing in Brent with all key partners. In introducing the report, the following key points were highlighted:

- The system was now into winter and the acute system was under significant pressure. As a borough partnership, the ICP took its responsibility in supporting the system very seriously and had taken a number of actions to progress the support to the system during winter pressures, including escalation meetings and focused support around discharge.
- The focus of winter planning was on a whole system approach, including incorporating prevention, housing, and wider social determinant interventions within the system.
- In relation to prevention in order to keep people well in the first place, an area of focus was on covid and flu vaccinations, with a robust vaccination programme across all cohorts. There were a number of community pharmacists, local Primary Care Networks (PCNs) and Brent Civic Centre engaged in the vaccination programme. At the time of the meeting, the ICP had been notified that the majority of patients residing in care homes had been vaccinated as planned. Within the area of prevention and keeping residents well, the Brent Well and Warm Service offered advice and vital support to vulnerable residents to help keep bills down.
- Subject to final approval, primary care would increase additional appointments in core hours, in addition to the existing enhanced appointments offered at weekends and bank holidays.
- There was now a primary care programme supporting carers with their health and wellbeing while they cared for loved ones to help reduce hospital admissions of carers and subsequently the person they cared for.
- Across the system, the ICP was engaging with key stakeholders and partners and there were community strategies in place to ensure residents could be navigated to the right care offer and receive the right service at the right time. Self-care messaging would begin in November 2023. In addition, the wider NWL winter communications and engagement plan would support patients and residents with information about what services they could access during winter.
- A Children and Young People Campaign had launched in September 2023,
- BHM were reaching out to homeless people and asylum seekers to encourage vaccinations. There was Brent wide housing need preparedness operating through a number of services, geared towards supporting those experiencing homelessness and sleeping rough, including Turning Point, Brent Outreach Link Service, and the winter shelter which would be open 7 nights a week from the coldest period in the year.
- London North West University Healthcare NHS Trust (LNWUHT) would be opening additional beds to support the system over winter, and Central London Community Healthcare (CLCH) would support Brent through rapid response times, preventing admissions to hospitals. The ICP knew that, in 2022-23, CLCH delivered a 98% response rate and managed over 400 referrals a month, and that support was expected to continue into 2023-24.
- CLCH had opened a 'step-up' pathway from rapid response into a community bedded unit, improving the utilisation of beds, reducing hospital admissions and freeing up hospital beds. This was being piloted with 1-2 beds at the time of the meeting and it was hoped that, on a longer term basis, depending on the outcome of the pilot, that could move beyond winter.
- Central and North West London NHS Foundation Trust (CNWL) had introduced a number of high impact interventions following work undertaken at the Provider Collaborative, such as the introduction of 8 mental health crisis beds in Kingsbury, expanding the CAMHS service and crisis support as an alternative to crisis admissions.
- In 2023-24 the system had been allocated £3.5m and, due to the number of schemes that delivered good outcomes for residents in 2022-23, the ICP had extended and strengthened 15 schemes across the system with 14 having already gone live.

The Chair then invited contributions from those present. The following issues were raised:

- The Board felt impressed with the amount of work the Council, local health service and voluntary and community sector had done around this.
- The Board highlighted that some might say the health service was in crisis all year round and asked what scope there might be for mainstreaming services on a whole year basis for some of those projects, rather than them coming to an end on 31 March. Tom Shakespeare highlighted that the system was limited by that non-recurrent funding every year. If that funding was recurrent, it would make it significantly easier to maintain those services across the whole year. Within Brent, if the system could evidence the impact and benefit of the schemes implemented, then the ICP would make a case to sustain those schemes, which would be consistent with the approach taken with the Better Care Fund in previous years.
- The Board asked what common communications approach could be taken across the health and social care sector to reach residents. Tom Shakespeare highlighted communications was very important and the ICP was focused on communications support for a winter campaign for the next quarter and ensuring it was joined up. This communications plan would take into account and build on national communications and local provider communications.
- In relation to the Well and Warm Programme, the Board highlighted that Brent Council had operated 'Warm Hubs' through libraries the previous year, with a small pot of funding for organisations to bid for to make their premises warmer, and was looking at doing that again this year. The Board asked for the ICP to ensure organisations that would be making a warm space were equipped with the skills to know how and when to make a referral.
- Northwick Park Hospital had seen sustained pressure throughout the summer period through to September 2023. London Ambulance Service (LAS) conveyances were around 19% higher than the same time in 2022, which was a significant increase, and a high proportion of those were blue lights. A number of winter schemes from 2022 continued throughout the summer period which helped improve flow and offload ambulances. The Trust was well advanced in the recruitment of nurses and consultancy staff to the new 32-bedded modular ward, with approximately 60% of those vacancies filled, and they would be onboarded as soon as possible to help with winter pressure prior to those beds opening. In advance of that ward opening, Northwick Park Hospital had increased bed capacity for winter, and there were a number of other new initiatives for additional capacity such as supporting early offloading of ambulances and cohorting within the A&E department. The new 'Reach' model had also launched, providing dial in support to avert attendances into hospitals.
- CLCH had advised community nurses that Warm Hubs would be opening again and to speak to patients they felt it was relevant to. Consideration was given to a written communication to give out regarding Warm Hubs.
- The Board discussed what more could be done to increase the uptake of covid and flu vaccinations in the 65-year-old plus cohort, and dispel some of the myths that the covid vaccination could affect patients with heart problems or underlying health conditions. Dr Melanie Smith (Director of Public Health, Brent Council) felt this was an important point as, on reflection, much of the national material cascaded locally focused on younger age groups. This was because, nationally, the vaccination rate in the over 65s cohort was quite high. Brent had previous experience in targeting vaccine hesitancy so would revisit those approaches and get tailored communications out to over 65s to encourage them to get vaccinated. Dr Melanie Smith affirmed that both the covid and flu vaccination were safe and even more important for older cohorts and cohorts with underlying conditions than the general population. Dr Melanie Smith asked those who were aware of any local issues to pass them on to the Public Health Team.
- Dr Melanie Smith confirmed that everyone within the homelessness and asylum seekers groups housed in interim accommodation sites, irrespective of whether they fell into a clinical risk group, was being encouraged and offered the flu vaccination, including staff working with those groups.

- Simon Crawford (Deputy Chief Executive, LNWUHT) detailed the current Covid figures at Northwick Hospital, explaining that the numbers were relatively low. There had been a rise in presentations of Covid at the end of August 2023 but it had since dropped. The hospital was admitting very few patients with Covid as the main reason for admission, although Covid might be subsequently picked up as a result of other testing. Dr Melanie Smith added that there was no longer the robust local data around Covid testing that was available during the initial lockdowns, but there was relatively reliable data at a national level, which showed low levels of all seasonal viruses at the time of the meeting. This highlighted the importance of getting vaccinated as early as possible to prevent illness.
- There were challenges with recruitment at CLCH, particularly with community nursing staff and therapies. The rapid response team was very well established and the new initiative being put in place would be cost neutral, which would 'step up' patients into community beds for patients who fit the criteria to avoid conveying those patients to acute care.
- In relation to Adult Social Care, Claudia Brown (Director of Adult Social Care, Brent Council) explained that winter was starting earlier and lasting longer each year, so some of the winter pressure schemes introduced the previous year that worked particularly well had ran through summer. She highlighted the difficulty in recruiting for temporary schemes and then releasing those staff again, so there was always an attempt to keep schemes running through the winter and summer period, balanced by identifying the schemes working really well compared to those not working as well. Brent was one of the best performing services for hospitals so the schemes were doing well, but there were recruitment challenges. As a result, a paper would go to Brent General Purposes Committee asking for approval to introduce retention bonuses and golden hellos to encourage staff to join or become permanent.
- In relation to workforce, the Board heard that LNWUHT was part of an acute collaborative with Chelsea and Westminster, Hillingdon and Imperial, who had a common workforce strategy across those organisations. There was a vested interest in trying to keep staff in NWL, and the Trust tried to recruit from outside to increase that pool. 5 new Orthopaedic posts had been recruited to in the past 4 weeks for the Elective Orthopaedic Centre. There were a number of new developments including Community Diagnostics Centres, expanding Endoscopy on the Central Middlesex site, a newly opened Breast Unit, and a newly opened Neurology Unit in Northwick Park, all of which had successfully recruited staff.
- Workforce in Adult Social Care was a challenge across the whole of NWL. The Association of the Directors of Social Services (ADASS) had agreed agency rates for staff that local authorities should adhere to, but some boroughs were having to go outside of that to get staff in, meaning that cap in agency rates had not been as effective as anticipated. She highlighted the positive that Adult Social Care had taken on 15 apprenticeships with the aim of keeping those on once they had finished, as well as SAYEs who were newly qualified. However, it was important to also have experienced and qualified staff given the complexity of caseloads. As such, a paper would go to Brent's General Purposes Committee asking for approval to introduce retention bonuses and golden hellos to encourage experienced staff to take up permanent roles.
- Dr Haidar agreed that recruitment was a challenge and that the way forward was to make Brent a more attractive place to work in, particularly due to the inner and outer London weighting affecting where people looked for jobs in London. There were many initiatives in Brent trying to think outside the box. Brent had invited asylum seeker and refugee professionals to work as Health Care Assistants and Community Champions. As such, there was a powerful narrative of dedicated professionals being introduced into hospitals and being supported to establish themselves and achieve professional goals. Another challenge was around the aging population of GPs, who were nearing retirement age. It was an increasing challenge to recruit new GPs so workforce planning was focused on introducing Allied Health Professionals including Physician Associates, Clinical Pharmacists, Paramedics and Advanced Nurse Practitioners.

- In relation to CNWL, there were recruitment and retention pressures in the CAMHS service. The ICP were working jointly with CNWL to develop a business case to recruit for CAMHS from within the voluntary sector. This was a good opportunity for both the recruitment of staff into the service and future planning to put CAMHS on sustainable footing.
- The Chair asked for assurance around how the Board would know these initiatives were working at the next meeting. He thanked all those involved in the work, and noted the need for opportunities for a shared communications strategy between the local authority and local NHS to reach residents. There was an opportunity for the system to learn from winter planning to provide whole year service improvements and this was more likely if there was longer term funding, which should be communicated to NWL ICB, NHSE and the Department for Health and Social Care.

RESOLVED: To note the Winter Planning initiatives that have been identified as proactively looking after residents over the winter period.

6. **Better Care Fund 2023-25**

Tom Shakespeare (Managing Director, Integrated Care Partnership) introduced the proposed Better Care Fund (BCF) 2023-25. He highlighted that there had been no substantive changes to the concept presented to the Board in July 2023, but the BCF had now received national approval and Integrated Care Board (ICB) approval pending formal ratification of the Health and Wellbeing Board.

RESOLVED: to ratify the Better Care Fund 2023-25.

7. **Brent Air Quality Action Plan and Opportunities for Partnership Health Improvements**

Councillor Krupa Sheth (Cabinet Member for Environment, Infrastructure and Climate Action) introduced the report, which presented the revised Brent Air Quality Action Plan (AQAP) for adoption. She reminded the Board that Brent Council declared a climate emergency in 2019, and air quality played a big role in that. There was a sense of urgency to tackle poor air quality, particularly in the most deprived areas in the borough. The updated plan strengthened the work to improve air quality across the whole borough rather than specific areas. Brent Council knew air quality affected everyone, but it could severely affect the health of babies, young children and the elderly, and it contributed to the development of asthma and many other health conditions, demonstrating why it was important to improve air quality, protect the health of residents and support the NHS. The AQAP would be presented to Cabinet for formal adoption in December 2023.

Lauren Salisbury (Air Quality Policy and Projects Officer, Brent Council) presented some data in relation to air quality. In presenting the information, she highlighted the following key points:

- Globally, air pollution remained significant. In 2019, of the global estimated number of deaths attributable by different types of pollution, air pollution was at the top of the list, with 6.67 million deaths. When looking at the wider causes of death, air pollution was still a significant contributing factor and estimated to be responsible for the third highest number of deaths globally, following high blood pressure and smoking. Air pollution was estimated to cause 40,000 premature deaths per year in the UK and affected morbidity, where people living within areas of poorer air quality had an additional 20% chance of having multiple long-term illnesses. This had an impact on the health and social care system, and it was estimated that the health costs of air pollution could cost up to £20 billion by 2035.
- In 2013, Ella Kissi-Debrah, a 9-year-old girl from Lewisham, died from an Asthma attack and was the first person in the UK to have her death linked directly to air pollution on her

death certificate. Spikes in particulate matter and nitrogen dioxide near her home, which was close to the South Circular, corresponded with Ella Kissi-Debrah's hospital admission in the lead up to her death. The outcome of this was a Prevention Of Future Deaths Report, published in 2020, which outlined three major concerns; that air quality objectives in the UK were too high, far higher than WHO guidelines, and there was no safe level for air pollution; that there was low public awareness on where to get information about air pollution in the local area and; that the effects of pollution on people's health were not being communicated to patients by their medical care teams. Officers highlighted that these were all areas that the local authority could work together with health to alleviate through the AQAP.

- In recent years, there had been 2 key developments in air pollution knowledge driving forward air pollution policy, which informed the AQAP. The first development was that pollution did not only affect respiratory systems, but adverse effects were documented across the majority of organ systems in the human body. This was especially true for fine particulate matter of PM2.5 and smaller. The second development was that these effects were felt at very low concentrations. This data came from a large population study of 50 million people in the US, and it showed there was a strong association between mortality and fine particulate matter exposure, even at levels far below the UK air quality objectives and WHO guidelines. The study concluded that there was no safe threshold in which PM2.5 exposure could exist.
- The conclusion that there was no safe threshold in which PM2.5 exposure could exist led to WHO revising their guidelines for air pollution concentrations in 2021, significantly reducing the nitrogen dioxide recommendations from 40 micrograms per cubic metre down to 10, and the PM2.5 guideline was halved from 10 micrograms per cubic metre to 5. In the UK, the nitrogen dioxide target has remained at the higher level of 40, but for PM2.5 the target was reduced from 20 to 10, which was still above the WHO guideline but closer to it.
- London had seen improvements in nitrogen dioxide and PM2.5 concentrations since 2013, but in 2019, maps still showed exceedances in UK legal limits, especially across the strategic road network, and WHO guidelines were not being met across the city. One positive was that the GLA models showed that the UK air quality objective of 10 micrograms of PM2.5 per cubic metre could be met by 2030 if bold action was taken with strong partnerships.
- One study showed that spikes in pollution levels corresponded with an increase in the number of children going for consultation with their GPs for asthma and respiratory conditions in Lambeth, and another compared lung volume of children and found that those growing up in polluted areas of London had a significantly smaller lung volume than their peers in the rest of England. The picture in Brent was similar to that of London. Maps showed that there were high levels of air pollution around the North Circular and where the legal limits were not being met. Hourly readings showed that even when the monitoring station read close to the UK legal limits, there would be spikes of high pollution throughout the day, of nearly 120 micrograms of nitrogen dioxide per cubic metre in some of those readings, impacting Brent residents.
- Brent had a statutory duty to improve air quality and reduce emissions across the borough for its residents. The approach for developing Brent's AQAP had begun by reviewing community priorities. Officers conducted an outreach exercise, speaking with a representative sample of over 4,000 residents to understand their views around air pollution, how it affected them, and what they would like to see done. Officers then reviewed progress against Brent's previous AQAP which expired in 2022, and undertook extensive modelling and a review of pollution concentrations, looking at population exposure particularly for vulnerable residents. Officers also held workshops with key stakeholders to update those actions that Brent wanted to focus on over the next 5 years. Those actions were then put out to consultation, with the aim to publish the final Air Quality Action Plan following its adoption at Cabinet in December 2023.

- The vision developed from those data gathering and engagement activities was to provide clean air for everyone living in, working in, or visiting Brent. The core aims of the AQAP would be; to reduce concentrations of nitrogen dioxide and particulate matter, striving for WHO compliance; to raise awareness of the impacts of air pollution and address health inequalities and; to influence change by leading by example, including working with strategic partners, such as healthcare providers in the borough. Across those aims, the Council wanted to focus on where air quality was worst and where vulnerable residents were most at risk.
- To achieve those aims, there were several themes; cleaner transport; monitoring air pollution; public health and awareness raising; homes, buildings and developments and; localised solutions. Within the theme most relevant to the Health and Wellbeing Board – public health and awareness raising – there were 6 actions:
 - Joint work with the public health team
 - looking at raising awareness of the health impacts of poor air quality and encouraging community action;
 - working with health providers to reduce the exposure of those most vulnerable to indoor and outdoor pollution;
 - promoting services already in existence such as the air text service and pollution route mapping;
 - raising awareness of the impact of indoor air quality
 - sharing air pollution data transparently with residents so that they could understand the pollution level within their local area and what the health impact of that might be.

To conclude the presentation, Dr Melanie Smith (Director of Public Health, Brent Council) opened the discussion for the Board's thoughts on how they could address the health inequalities exacerbated by poor air quality, focusing on the most vulnerable residents. She highlighted that people often felt that air pollution was inevitable and that there was nothing they could do, so it was important to get out messages about how residents could reduce their contribution to air pollution and also mitigate the impact of air pollution on their health by reducing exposure in practical ways.

In considering the presentation, the following points were raised:

- The Chair highlighted that there was a clear correlation between poverty, ethnic diversity and poor air quality, particularly around the North Circular Road. While the whole of London was now within the ULEZ, the North Circular Road still carried a lot of traffic, and he asked what the impact of that was and how that could be measured as a Council. Lauren Salisbury felt this could be targeted through behaviour change messaging such as encouraging active travel like walking and cycling where possible. Health partners could help in this regard through their social prescribing work, and the Council were working with TfL to reduce the number of vehicles driving through certain areas of Brent. It was highlighted that London would not know the impact of the ULEZ expansion straight away, but it was likely that nitrogen dioxide would be improved significantly.
- Chris Whyte (Director of Leisure and Environment, Brent Council) highlighted the complementary programmes running alongside the Council's climate ambitions, such as the work being done to reduce the Council's carbon footprint through the installation of Electric Vehicle Charging Points (EVCPs), the greening of the public realm, and sustainable transport methods. The Council needed to be seen to be reducing its own emissions, for example through its vehicle fleet. There was also a need to develop specific localised plans that were relevant to local communities.
- Members highlighted the number of large truck deliveries by small businesses in Brent, and asked whether there would be a focus on what small businesses could do to change that behaviour with support from Brent. They were informed that one action that Brent had

committed to within the AQAP was to provide subsidies through Brent's 'Bikes for Business' Programme to help smaller businesses trial using cargo bikes for a smaller financial commitment. This would form a pilot project, running until Spring 2024, to see the impact of that. Trials had already taken place in Harlesden and Willesden Green Town Centres, which had been successful. Officers highlighted that it depended on the area how much that vehicle type contributed to pollution, which was why local plans were needed.

- Members felt there was a shortage of cycling infrastructure in Brent, and that being close to the North Circular Road and other major roads made it difficult to travel by bike. Cycling infrastructure fell within the GLA's remit, but members queried if Brent was lobbying for investment in that area, for example, through the income generated through ULEZ. Councillor Sheth informed the Board there had been conversations around the Wembley to Willesden cycle routes with some initial plans for two wards but there had been no confirmation of funding. Sandor Fazekas (Head of Healthy Streets and Parking, Brent Council) added that the Wembley to Willesden route was very much a part of the TfL Strategic Cycle Network planning, and consultation was due to start on the first section of that between Wembley to Harlesden. The Council did not yet know what level of funding would be available, but there would be significant benefits from providing that segregated cycle route and addressing that separation between the North and South of the borough, including issues around lighting and quality of public realm. Members attention was brought to the significant financial pressure TfL were under, and where the Council previously received around £2.3m per year plus £800k for bus priority, it now received £1.5m in total. The Council did target what money it had towards supporting active travel and cycling but putting in that larger infrastructure was more challenging. The Green Neighbourhoods being developed as part of the Council's Climate Emergency Programme would focus on introducing localised cycling schemes as well, around Roundwood and Kingsbury.
- Central London Community Healthcare (CLCH) had recognised that many of its community staff members travelled around the borough to visit patients, and had developed a green plan, part of which was to move lease cars from petrol to electric cars. With the expansion of ULEZ, some staff had been unable to pay for that, so had moved on to that lease plan. CLCH also leased electric bikes, but wanted staff to feel confident cycling and be mindful of the equipment they might need to carry, so the use of that service did vary. As an organisation, CLCH was working towards reducing its carbon footprint.
- London North West University Healthcare NHS Trust (LNWUHT) also had a green car policy encouraging the use of electric cars, and had installed a new combined heating energy centre around 18 months ago which was much greener and more efficient. When looking at new developments, the organisation looked to reduce air pollution and its carbon footprint where possible. Simon Crawford (Deputy Chief Executive, LNWUHT) proposed that the Trust worked with Public Health around incidences of types of admissions relating to air pollution and lengths of stay, and analysing that in relation to equality and diversity. The Board agreed that this could produce some strong patient stories around how people's health deteriorated due to the air they were breathing.
- Officers working on the AQAP were invited to the GP forum to raise awareness. It was clear that all organisations within the health and social care system had a role to play in raising awareness of air quality, and the Board asked what the plans were for public health to raise awareness, including how Brent Health Matters (BHM) could support that through community events. Dr Melanie Smith highlighted there was a need for a combination of universal and targeted messaging, particularly that message that there was no safe limit of air pollution. She felt that the impact of poor air quality on all organs in the human body was not widely recognised. Where clinicians could help would be around targeted messaging for the most vulnerable, communicating what adaptations they could make with some ease to adapt their patterns of activity. If health providers put support behind the air quality agenda this would sent an important message to communities from a trusted voice about the significant impact of poor air quality. The combination of messages on an

organisational level as well as individual clinicians having those 1 on 1 conversations could be significant.

- The Chair concluded the discussion by highlighting that, ideally, the Board would look at how public investment, across both Health & Social Care and Environment, could be used to improve infrastructure. These initiatives did cost money but the return on that investment meant improved resident health and reduced costs to the health service in future years.

The Board **RESOLVED**:

- i) To note the content of the report and its progress on to Cabinet in December 2023.
- ii) For Brent's Communications Team, the Cabinet Member for Environment, Infrastructure and Climate Action, the Director of Public Health, and local health providers to meet to consider local messaging and having a unified message around air quality and health.
- iii) For the Cabinet Member for Environment, Infrastructure and Climate Action, the Director of Public Health, and the Deputy Chief Executive of LNWUHT to meet to discuss the potential to conduct patient analyses around incidences of admissions relating to air pollution and length of stay, through an equality and diversity lens, and using the findings to tell patient stories relating to air quality and health.

8. Community Services Workstream Update

Jackie Allain (Director of Operations, CLCH) introduced the report, which provided an overview of the progress and activity of the community services workstream. In introducing the report, she highlighted the following points:

- The Community Services Executive was one of 4 priority Executives within the Integrated Care Partnership (ICP), and its aim was to look at ways to help reduce admissions into hospital and keep people out of hospital post discharge. The group was chaired by Jackie Allain and Simon Crawford (Deputy Chief Executive, LNWUHT) to ensure both community and acute representation.
- The Community Services priority had been split into 6 main priorities – respiratory, care homes, heart failure, frailty, rehab and reablement, and integrated neighbourhood teams, and more recently a 7th priority had been added looking at children's services, including special schools. The report showed a breakdown of each of those workstreams.
- On respiratory, work had been done to look at new oxygen assessments and review the specification to ensure the requirements were being delivered locally. Officers were also looking at a new pulmonary rehab offer at the Willesden Centre to help reduce waiting lists within the acute sector.
- Officers were working closely on the Integrated Neighbourhood Teams Project to deliver services locally, joining with Primary Care and the Council to ensure services were delivered in the heart of communities.
- Officers were looking at making a business case for a strong children's continence service within the borough.

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

- The Board noted the priority around continence services for children, but asked where continence services for adults featured, as this was something that could particularly affect the elderly and women. Some residents were reporting waiting over 22 weeks for a referral

to the Bladder and Bowel Service, with GPs not providing continence pads during that waiting period. The Board was advised that there was an adult Bladder and Bowel Service in Brent and it was very much under pressure. Central London Community Healthcare (CLCH) were looking at how that service could be enhanced, working with commissioning colleagues. The reason children's continence was deemed a priority was because it was felt there was no strong or robust children's continence service at all, and a lot of support for children with incontinence was referred to the Bladder and Bowel Service, which was an adult service without the right expertise for children's incontinence. As such, this had been recognised as a joint priority with CLCH and the Children's Commissioning Team.

- Nigel Chapman (Corporate Director Children and Young People, Brent Council) welcomed the priority on special school places and the need over the coming years, but highlighted that the situation was unlikely to resolve itself quickly. Brent continued to see a year on year growth of at least 5% in children with Education Health and Care Plans (EHCPs), and would need to look at extra capacity above and beyond the additional 427 places that had been committed to. There would need to be a continued focus on the health element that supported that additional capacity for children with needs in Brent.
- In terms of how the priorities had been determined, Simon Crawford advised the Board that they had been in place for a while, and many were linked to the key admission factors into acute care. The biggest admission group was the frail elderly due to issues such as heart failure and respiratory conditions, and those were the types of conditions that could be managed through joint pathways across acute and community services. Tom Shakespeare (Managing Director, Brent ICP) added that through the Community Services Executive and ICP Executive, priorities were reviewed and refreshed on a regularly basis and there would be a review of governance for all Executive Groups going forward to ensure the risks and issues were being escalated through the relevant governance routes.
- As the document was public facing, members felt it missed the link to communities, outcomes, and the JSNA, including why issues were made a priority from a person perspective. The Board also asked for the document to show what organisations had learned, including from Brent Health Matters, in terms of health issues and feedback from residents in future reports.
- The Board heard that clinicians across primary care, community services and the acute sector were working together to have a single point of access under the frailty model. This should make the journey of the patient much smoother and easier.

RESOLVED:

- i) To note the report and highlight the need for metrics, outcomes and learning from residents to be included in future reports.

9. **Towards a Food Strategy for Brent**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which provided an update on the progress towards a new Food Strategy for Brent. In introducing the report, she highlighted the following key points:

- Officers had reached out to voluntary and community sector organisations to understand what was already happening in the borough in terms of activities and enthusiasm towards food. She did not feel there was a complete picture there yet but there was enthusiasm and expertise within that sector.
- A visioning day was hosted a couple of weeks ago, bringing together Council officers and community organisations to ask what they thought the scope of a food strategy should be and how it should be developed. The clear message arising from that visioning day was that the strategy needed to be developed in partnership, which was gratifying, as those boroughs who had done better work to date in this area had been

characterised not just by doing that in partnership but by being led by the community sector.

- The visioning day prioritised food poverty, food and environment, food growing and food education. It was felt that the focus of the day reflected the participants, with the very pressing issue being around food poverty, but the next step was to broaden that work and, for example, engage businesses. The Council was looking to do a piece of work to address food and employment and food as an economic driver.
- The work would likely involve the establishment of a task group to oversee it and take the work forward, which was hoped would have a community chair.

In considering the report, the following issues were raised:

- The Board agreed with the recommendation to widen the food strategy.
- Councillor Krupa Sheth (Cabinet Member for Environment, Infrastructure and Climate Action, Brent Council) felt that many of the activities outlined in the report aligned well with the actions being taken on the climate emergency agenda and green neighbourhoods work, and therefore proposed some joined up work. Communities in green neighbourhoods were growing their own vegetables, and the Council had produced a book in collaboration with Veolia with different recipes inspiring residents to reduce food waste.
- Brent was declared a 'right to food' borough several years ago so members asked for some of that work to be encapsulated within the food strategy.
- Members suggested that one of the goals should be to completely eradicate food poverty in the borough.
- The Board highlighted the need to connect the food strategy with the work around free school meals.
- The Board highlighted the importance of working with local businesses around food waste and supply chains.
- Simon Crawford (Deputy Chief Executive, LNWUHT) highlighted that the London North West University Healthcare NHS Trust (LNWUHT) aimed to use local produce for their meals for patients and could look at the franchises and contracts onsite and set expectations around those. He highlighted that food sometimes was a contributing factor to poor health, and so there was likely actions providers could take in that space.
- Members felt the strategy should be connected to some health outcomes that were expected from the strategy, for example reduction in childhood obesity and diabetes. Dr Melanie Smith agreed that was important, but as there was a need to develop the strategy in partnership with communities, she wanted to hold some uncertainties about what the outcomes and priorities would be until those conversations had been developed further.

RESOLVED:


- i) To note the enthusiasm for a partnership approach to the development of Food Strategy.
- ii) To endorse continued participation in the production of the Good Food for Londoners Annual Survey.

10. Any other urgent business

None.

The meeting was declared closed at 19:45 pm
COUNCILLOR NEIL NERVA, CHAIR

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	<p align="center">Brent Health and Wellbeing Board 22 January 2024</p>
	<p align="center">Report from the Director of Public Health</p>
	<p align="center">Lead Cabinet Member for Public Health & Adult Social Care</p>
<p>Health and Wellbeing Strategy: Highlights and Forward Look</p>	

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

1.0 Executive Summary

1.1 Brent’s Joint Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2022, almost two years ago. This document has been prepared to provide the Board with an overview of the progress achieved in meeting the strategy’s objectives. It also proposes an approach for the refresh of the strategy.

2.0 Recommendations

The Health and Wellbeing Board is requested to:

2.1 Review and provide feedback on the progress against the commitments in the Joint Health and Wellbeing Strategy.

- 2.2 Agree that the ICP Executive Groups, Brent Children’s Trust and Council Directorate Leadership Teams will:
- Determine which of the commitments have been achieved, have become business as usual or are no longer relevant
 - Identify one or two commitments against each of the themes to be prioritised for delivery in 2024/5 and incorporated into business planning and reporting

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 This report relates to Borough Plan Priority – Healthy Lives

3.2 Background

3.2.1 Every Health and Wellbeing Board is required to produce a Joint Health and Wellbeing Strategy (HWS) which reflects local health needs and to which all partners should have regard.

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

Brent Joint Health and Wellbeing Strategy

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

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

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

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

Stage one consultation

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

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

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

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

Stage two consultation

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

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

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

Stage three consultation

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

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

4.0 Progress update

4.1 The paragraphs below summarise achievements against commitments in each of the five themes. Details can be found in Appendix one: *JHWS progress tracker*.

Healthy Lives

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

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

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

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

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

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

- We will create an incredible edible Brent.

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

- We will run community cooking lessons.

Three community cooking schemes have been successfully held in collaboration with MIND, VIA and Kilburn Community Kitchen. In addition a directory that lists existing community cooking groups is being compiled. Moreover, FWCs have been actively promoting healthy eating by hosting family cooking lessons, further contributing to this community-focused culinary initiative.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Healthy Places

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

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

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

Progress has been made towards ensuring that all Brent residents have access to affordable physical activities. This includes increasing the number of walking routes, with a leaflet and webpages on these routes also being created to guide residents. With the Transportation department the potential for installing more way markers for routes leading from stations to key locations like the Civic Centre and Wembley Stadium is being explored.

- We will promote community and accessible toilets.

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

- We will improve usable green spaces in Brent.

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

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

Significant steps have been taken to improve access to parks, places,

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

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

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

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

A range of different initiatives are helping to ensure that children and young people can access creative experiences. As part of the Brent SEND Strategy (2021-25) a commitment is in place to establish and support a Cultural SEND challenge - supporting children and young people to access 25 creative and cultural experiences by the time they are 25. For care leavers, the 'Brent Care Journeys' project has provided many care leavers with access to arts and cultural experiences - from artwork to theatre trips. Funding has been secured by the Young Brent Foundation to recruit a new manager for The Local Cultural Education Partnership, after an unsuccessful bid to the Arts Council. Recruitment is underway and will lead to a relaunch of the LCEP. In the meantime, the LCEP is joint funding a creative project for young carers

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

Efforts to expand the use of FWC in Brent are progressing effectively. A communication plan has been implemented to promote the centres, utilising a diverse range of multimedia channels. To ensure strong engagement and development of services, a FWC Parent/Carer Voice Forum has been established. The CAMHs under 5's pilot, which has been successfully delivered, now operates across the FWC and linked settings. Furthermore, the number of partners involved in delivering

services through the FWC is continually increasing, enhancing the service offer. The Department for Education's Family Hub and Start for Life programmes are being actively delivered through the FWC.

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

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

- Improve social prescribing.

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

Staying Healthy

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

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

- Improve patient areas.

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

- Expand virtual models, starting with heart failure.

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

- Reduce the time spent in hospital.

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

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

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

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

Significant progress is being made in developing a strategic approach to children's mental health, with a focus on partnership to ensure

comprehensive care. A key initiative currently in the pilot phase focuses on emotionally based school avoidance, addressing the specific needs of children struggling with attending school due to emotional issues. A hospital discharge project is being currently piloted.

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

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

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

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

- We will reduce the variation of impact from long term conditions between communities and build on the diabetes model.
- We will introduce a mobile health bus, ensuring outreach in areas experiencing health inequalities.

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

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

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

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

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

- We will ensure excellence in our care homes.

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

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

To ensure residents are safe and well at home, Brent commissions housing-related support services. These services provide non-statutory

support to individuals who do not meet the Care Act eligibility criteria, including floating support for older people, individuals with mental health conditions, learning difficulties, and an older people's handy person service.

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

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

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

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

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

Healthy Ways of Working

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

- 4.5 Under the ‘Healthy Ways of Working’ theme significant progress includes developing eco-friendly energy solutions. BHWB anchor institutions are advancing local employment through Brent Job Fairs and establishing a

community projects group to support health and wellbeing initiatives. Efforts to manage pandemic backlogs involve enhancing digital appointments and healthcare programmes to reduce health inequalities and improve system efficiency, ensuring a resilient health and care workforce.

- Plan for future pressures.

To prepare for future healthcare demands, Brent is proactively enhancing readiness. This includes LNWH expanding emergency intake capabilities by constructing a new 32-bed modular ward in Northwick Park Hospital. Additionally, there is a focus on improving critical care capacity in Northwick Park Hospital, ensuring the healthcare system is better equipped to manage potential future challenges and demands effectively. These steps are part of a strategic approach to anticipate and respond to evolving healthcare needs.

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

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

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

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

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

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

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

In response to the pandemic backlog, several initiatives are being implemented in LNWH to manage extended waiting times and reduce health inequalities. Challenges posed by junior doctor strikes are being addressed through new programmes. These include the introduction of Cerner, the Timely Care Hub, the Elective Orthopaedic Centre, and a new 32-bed modular ward. Additionally, efforts are underway to measure and address disparities in waiting times across patient groups. The Patient Initiated Follow Up (PIFU) Standard Operating Procedure (SOP) has been published and promoted, although its impact has been limited to date. To overcome this, an Outpatient Standards Group is being established to set standards and support the conversion of patients to PIFU where clinically appropriate. In tackling the backlog caused by the pandemic, there is a focused approach to ensure that health inequalities are minimized. During the 2022/23 period, a significant portion, 26%, of appointments were conducted through virtual platforms. To further understand the impact and reach of these virtual appointments, metrics are being developed as part of an Equity Index. This index aims to analyse how different demographic groups are engaging with virtual appointments. Additionally, the outpatient standards group aims to reduce the number of missed appointments (DNAs), which might lead to an increase in the number of appointments held virtually. LNWH is also working with the ICB on the Back2Health programme. This aims to embed volunteers to support those on waiting lists, aiming to reduce Did Not Attend (DNAs) and reduce anxiety of long-waiters. This is currently in the scoping phase with Ophthalmology in Practices in Sudbury and Alpertons and Alpertons GP Surgeries in Brent.

Understanding, Listening, and Improving

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

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

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

Since November 2021, BHM with Public Health have undertaken **163** outreach events, which were attended by **8,217** people. **7,147** health checks were carried out and **2,671** people were seen by the Mental Health Team. These events are a unique opportunity to provide health and care services in the community at a time and place that suits our communities. The team provide health advice, including signposting and advice on healthy lifestyle. Health checks support case finding in

our vulnerable communities for some long-term conditions, which in turn leads to better outcomes: for example **555** (8%) of non-diabetic residents were found to have high blood sugars which could be an indication of diabetes; **620** (9%) people had high blood pressure but had not been diagnosed as hypertensive; **371** people were found to have atrial fibrillation, which could cause stroke. These residents were escalated to their GPs for further investigations. In addition, the team has supported 610 patients to register with a GP in last year. In the last year, 27 Mental Health training programmes have been delivered to local organisations increasing those organisations' ability to support residents.

Between 2021 to 2023, there have been 3 rounds of grant funding totalling £600,000 to 59 local community and voluntary sector organisations. Through relationship building and regular engagement with organisations, we have adapted our approach to encourage applications from grassroots organisations. The application process was shortened and simplified to enable small organisations to apply. This initiative has had a demonstrably positive impact on the community, fostering a sense of trust and collaboration with the local community. We are committed to supporting the sustainability and impact of the services and activities provided by local Voluntary and Community organizations. The programme has provided 1-2-1 sessions to the grant recipients to co-develop and complete monitoring forms. This has helped build organisations' ability and capacity and helped us better monitor the impact of the projects being funded. The 4th community grants application round, which particularly welcomed projects targeting children and young people, received over 100 applications

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

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

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

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

service inequities for those living in Brent.

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

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

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

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

5.0 Proposed refresh

5.1 The Health and Wellbeing Board reaffirmed its commitment to the five themes of the Strategy in 2023. While not all commitments have been delivered and some will require additional resources to be secured and / or will require continued efforts, the preceding paragraphs make it clear that there has been considerable progress by partners. Action has been taken by all Council departments, by primary, community, secondary and mental health services and by the VCS.

5.2 The time is right to review the original commitments to determine which have been achieved or have become business as usual. This is an opportunity to consider new commitments for 2024/5 which reflect the developing ICP, a greater focus on equalities, attention to climate change as well as exploring synergies with the Borough Plan, the NWL ICB Strategy and individual NHS organisational Strategies.

5.3 It is proposed that Brent Council's Policy and Public Health officers join each ICP Executive Group, the Brent Children's Trust and Council Departmental Leadership Teams to facilitate these discussions.

6.0 Stakeholder and Ward Member Consultation and Engagement

6.1 Consultation and engagement is detailed in the wider body of the report.

7.0 Financial Considerations

7.1 None at this stage.

8.0 Legal Considerations

8.1 There are no direct legal considerations arising from the contents of the report.

9.0 Equality, Diversity & Inclusion (EDI) Considerations

9.1 In developing new 2024/5 commitments against the five themes, health inequalities will be explicitly considered.

10.0 Climate Change and Environmental Considerations

10.1 In developing new 2024/5 commitments against the five themes, the potential to act to mitigate climate change will be explicitly considered

11.0 Human Resources/Property Considerations (if appropriate)

11.1 None at this stage.

12.0 Communication Considerations

12.1 None at this stage.

Report sign off:

Rachel Crossley

Corporate Director Care, Health and Wellbeing

Brent Health and Wellbeing Board 22 January 2024
Appendix 1 to Health and Wellbeing Strategy Highlights and Forward Look

Joint Health and Wellbeing Strategy Progress Tracker

All new updates and commitments are highlighted in yellow.

Commitment	Activity	Lead	Partner(s)	Update to existing commitment/activity
Healthy Lives				
I am able to make the healthy choice and live in a healthy way, for myself and the people I care for				
We will develop a team across all stakeholders in Brent to tackle Health Inequalities in children and young people.	Our initial focus will be on increasing uptake of immunisation, improving asthma care and increasing awareness for mental health conditions.	Public Health	CYP	Funding secured for CYP Health Inequalities team and steering group commenced to oversee the operationalisation of this team. It is anticipated that the team will be in place by December. Focus of this team will be: Asthma, Immunisation and Mental Health.
We will take a whole system approach to increase the uptake of Healthy Start Vouchers and vitamins	We will train professionals on who, how and where people can access Healthy Start Vouchers	Public health	LNWH (Maternity)	All maternity, HV and FWC services trained and aware of the correct processes.
	Deliver a communications campaign to increase the number of shops that accept Healthy Start Vouchers		Family Wellbeing Centres Regulatory services	Healthy Start is promoted and vitamins are distributed across the FWC. <ul style="list-style-type: none"> • Large number of shops visited as part of campaign. • Promotional material for Health scheme distributed to outlets. • Communications campaign has been launched in late October.
We will increase sign up to the Healthier Catering Commitment	Deliver a communications campaign targeted at key businesses	Regulatory Services	Public health Communications	There is ongoing work taking place to re-enlist businesses into the commitment. This involves collaboration with Environmental Health Officers to assess eligibility, ensuring that businesses meet the required standard of having a food hygiene score of three or over.

	Introduce the SMASH app	Digital transformation	Public health	Not implemented – no longer having the Brent app.
We will create an incredible edible Brent	Deliver community activities to increase family participation in growing food	Strategy and Partnerships	Environmental Public health	Community activities delivered with following establishments: <ul style="list-style-type: none"> • Newman College and other local groups/schools • Food elements were present at events held with other Council departments.
We will run community cooking lessons	Map existing opportunities for community cooking provision, including online and physical locations	Public health	Family Wellbeing Centres	Three community cooking lessons (consisting of 6 sessions) held with: <ul style="list-style-type: none"> • MIND • WDP Kilburn community kitchen <p>A directory of existing community cooking groups is in production. Outreach exercise will provide additional data for the Food Strategy</p> <p>FWC promote healthy eating and host family cooking lessons.</p>
We will increase the number of children with a healthy weight, working with families to increase engagement	Deliver the HENRY programme	Public health	Family Wellbeing Centres CLCH	<ul style="list-style-type: none"> • Two HENRY programmes are delivered at the FWC every term. • Received feedback has been very positive. • Weight management sessions are delivered in the FWC. FWC promote healthy lifestyles and engagement of family activities
We will improve the oral health of children in Brent	Develop a programme focused on teenagers at risk of poor oral health	Public health	Whittington Health NHSE LDC Family Wellbeing Centre	<ul style="list-style-type: none"> • Oral health survey completed. • This showed close to 2/3 of children are brushing their teeth correctly. • Further lessons will be held in secondary schools. • 688 children took part in Oral health mobile bus

				<p>campaign of which 35 per cent had one or more caries.</p> <ul style="list-style-type: none"> • These have been referred to a dentist for treatment. • FWC promote good Oral Health and sessions are delivered to encourage families registration and engagement with local dentists.
Brent residents will experience coordinated joined up care when accessing health and care services, closer to where they live.	Partners will be all Health, Council and VCSEs within Brent Integrated Care Partnership		Integrated Neighbourhood Team Development	An update will be provided as soon as new information is received.
We will work with North West London partners to implement Long Term Plan actions to address nicotine addiction	Implement actions from the NHS Long Term Plan around nicotine addiction	NWL ICB	Public health LNWH CNWL	<ul style="list-style-type: none"> • The NHS Long Term Plan has yet to be completed so implementation hasn't been possible. • Our role is currently focused on giving advice to the budget holder in the steering group meetings
We will review alcohol and cannabis misuse patterns as part of our JSNA	Conduct a survey about attitudes to alcohol and cannabis	Public Health	CYP Community Protection	<ul style="list-style-type: none"> • New leaflets and online videos about substance abuse produced as part of the rebrand from WDP to Via. • JNSA undertaken for substance misuse. This includes YP. • Brent Drug and Alcohol Partnership group held their first meeting in July 2023
We will increase take up of our Resident Support Fund	Campaign to target those in need, including those affected by fuel poverty, increasing costs of living and digital exclusion	Resident Services	Family Wellbeing Centres	<ul style="list-style-type: none"> • We run digital support sessions for people with Diabetes in the community and if needed, attendees are supported with their application for the Resident support fund (RSF). • Income Collection Officers are now able to apply RSFs on behalf of any tenant in arrears.

				<ul style="list-style-type: none"> • Officers visiting tenants when doing audits or in the letting of a property are incorporating RSF if they believe the tenant might struggle with up-front payments for items such as furniture etc. • FWC promote the Resident Support Fund and help families complete the applications. FWC Triage Officers are piloting a new emergency RSF. Barnardo's also run an emergency support fund scheme and families can access this from the FWC.
We will develop the MESCH programme to work across the system to further improve outcomes	Pilot the follow-up programme "two to school" in Brent	Public Health	CLCH	All staff trained and delivering MESCH. Two school staff members have been recruited and trained.
We will review and ensure Brent residents have access to a range of health & wellbeing services addressing wider social determinants, particularly underserved communities.	Health awareness in the community, as well as provision of targeted and evidence based interventions (i.e. stop tobacco services).	Public Health	Brent Health Matters Borough team	<ul style="list-style-type: none"> • Public Health community engagement staff with language and cultural knowledge of key communities deployed to provide health promotion and protection work. • Co-production work to identify if current services are addressing the needs of the target community, and what improvements can be made (if any).
Healthy Places				
Near me there are safe, clean places where I, and people I care for, can go to relax, exercise for free, meet with like-minded people, and where we can grow our own food				
We will ensure accessible, affordable physical activities for all Brent residents	Increase in the numbers of walking and running routes, including waymark circular routes	Public Health	Environment & Leisure	<ul style="list-style-type: none"> • Number of walking routes increased. Draft leaflet on walking routes has also been created. • Met with parks about way markers – they are not keen to install.

				<ul style="list-style-type: none"> • Meeting held with Transportation about installing more way markers for routes from stations to civic centre and Wembley stadium.
We will promote community and accessible toilets	We will investigate the introduction of a community toilet scheme	Environment & Leisure		<ul style="list-style-type: none"> • A changing places toilet is being at installed Vale Farm leisure centre. • The future of the scheme is conditioned by the securing of additional funding. Without this the scheme will not be able to take place.
We will improve usable green spaces in Brent	Develop community growing projects	Environment & Leisure		<ul style="list-style-type: none"> • Working with climate team to identify what could take place in regard to setting up new community growing areas. This is closely tied to the green neighbourhood pilots. • The team's focus is now taken up by the community growing project.
We will improve access to park, places and events for people with disabilities	Improve playgrounds for children with a disability, working with families	Environment & Leisure		<ul style="list-style-type: none"> • A working group was set up with parents who are carers. The idea was to understand barriers experienced in existing playgrounds. • All of the new playgrounds we design have inclusivity at the heart of the design. The design addresses both visible or hidden disabilities. • Wheelchair swing was installed in King Edward's park but has received a mixed response because of wider infrastructure issues.
We will improve our estates, creating green, safe and healthy places based on what residents say they need	Improve the outdoor space in our housing estates	Brent Housing Management	Environment & Leisure	<ul style="list-style-type: none"> • New ways of working are being discussed with the environment and enforcement services. Collaborative working is the focus as we are actively aiming to reduce fly tipping in Brent.

				<ul style="list-style-type: none"> • The Charity Seeds for Growth is working with BHM to identify and fund tenant cohorts who are open to creating community gardens which will then be resident led and managed. • Staff are mapping all garages in the borough to establish which can be brought back in to use and which can be demolished. New green spaces can then be created from the location that are not in use.
We will ensure access to creative experiences for children and young people	Establish a Young People Advisory Board for the Brent Local Cultural Education Partnership	Brent Local Cultural Educational Partnership (CYP)		An update will be provided as soon as new information is received.
We will expand the use of family wellbeing centres	Increase the support offers available in Family Wellbeing Centres, including Pilot the CAMHS under 5 model in the Willow Centre	CYP	Family Wellbeing Centres	<ul style="list-style-type: none"> • A FWC communication plan is in place to promote the centres using a range of multi-media. • A FWC Parent/ Carer Voice Forum has been established to ensure strong engagement with stakeholders to develop the offer. • The CAMHS under 5's pilot was delivered and now works across the FWC and linked settings. • The number of partners delivering through the FWC continues to grow and expand the service offer. • The DfE Family Hub and Start for Life programme is delivered through the FWC.
Extend the hubs offer across the borough to provide support to residents with complex needs	Increase the number of hub partners, including building on links with health partners	Residents Services		<p>We have developed ties with Brent Health Matters who provide a pop up surgery where health workers visit once a month at two hub sites.</p> <p>We have a program which we run with 'Groundwork' called 'Green doctors'. This</p>

				<p>is about supporting residents with issues around heating their homes. Its about insulation and preventing drafts.</p> <p>Working with colleagues in developing 'ihubs'. Colleagues refers to Integrated care partnership</p> <p>Open to new ideas regarding new links with partners.</p>
Improve social prescribing	Improve the social prescribing offer and establish referral pathways from PCNs to services and interventions	Public Health	Primary Care Networks	<p>Social prescribers in place across all PCN providers Joint pathways across primary care and social care in development PCN social prescribers access to DOS (directory of Services) in development</p>
Improve active travel opportunities.	Work with communities to encourage more active travel	Environment and Leisure		<ul style="list-style-type: none"> • Cycling routes installed • Cycling groups set up. • Cycle projects aim to increase cycling take-up. • Cycle instructor sessions available

Staying Healthy

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

Analyse the data to understand performance in relation to different demographics		LNWH		<ul style="list-style-type: none"> • Technical challenges experienced relating to accessing patient demographic data. We're working on resolving these issues by collaborating with external suppliers. Also under consideration is the option of a new tender or manual data extraction. • LNWH is developing an equity index to analyse differences in patient experiences among various demographics. This index includes the Friends and Family Test, readmission data, and focuses on specific inequity-related groups, such as individuals
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				<p>with Sickle Cell.</p> <ul style="list-style-type: none"> • Additionally we're also improving the quality of care and patient experience for those with Sickle Cell disease.
Improve patient areas		LNWH		<ul style="list-style-type: none"> • Refurbishment of patient visiting areas are part of our rolling plan. • We have launched a programme of work to improve wayfinding in our hospital sites, building on previous engagement activities with stakeholders. Funding for this has been agreed and we are currently seeking out third party partners.
Expand virtual models, starting with heart failure		LNWH		<ul style="list-style-type: none"> • Whilst the COVID virtual ward has closed, numerous other pathways have been developed. • Since 2022, the Heart Failure Virtual ward has admitted 251 patients, earning accolades such as HSJ Awards finalist and Parliamentary Awards finalist. • Introduced in 2023, the Respiratory and Diabetes virtual wards have admitted 223 patients. • The paediatric virtual ward has seen c. 900 patients since it was established in Oct '22. •
Reduce the time spent in hospital		LNWH		<p>A 'Single Point of Access' system has been set up for medical same day emergency care (SDEC) cases. The aim is to improve accessibility for GP referrals and also to avoid SDEC when not necessary.</p> <ul style="list-style-type: none"> • We are aiming to do a pilot for surgical and gynae

				<p>referrals to further signpost patients to the right area.</p> <ul style="list-style-type: none"> • We accept LAS and 111 referrals directly to SDEC, we have been working with LAS to increase referrals directly to SDEC.
<p>We will continue to restore our elective services, such as planned surgery, in an environment that protects patients from infection</p>		LNWH		<ul style="list-style-type: none"> • LNWH consistently adheres to national COVID transmission guidelines and provides rapid COVID-19 testing where necessary. • Consistent with national trends, LNWH has observed a slightly rising number of patients acquiring infections, including COVID, within the hospital setting in recent weeks. • We are expanding our emergency intake capability by constructing a 32-bed modular ward. This ward will feature a sufficient number of side rooms, enabling us to isolate patients with infectious diseases.
<p>We will develop the strategic approach to children's mental health, working with partners to ensure the needs of all are met.</p>	<p>Pilot the MHWB project, and review, with design and procurement of a service based on this pilot</p>	CYP	<p>Borough team Public health</p>	<p>Currently piloting project which is around emotionally based school avoidance.</p> <p>Hospital discharge project is another project that is being piloted.</p>
<p>We will work across partners to increase awareness of services, including of the VCS offer, to ensure support for individuals with mental illness to get the right support at the right time</p>	<p>Increased engagement with and support to the voluntary sector, including faith organisations</p>	<p>Community and Strategy</p>	<p>Borough Team CNWL</p>	<p>All mental health service pathways across adults and children are being reviewed to make these more accessible and user friendly. CNWL are updating service information on their website. Links across systems are being developed to strengthen support to providers including to GP practices through systematic liaison with ARRS workers and social prescribers and with voluntary sector partners to</p>

				support referrals and signpost to mental health services. Community connectors have been recruited and are making positive links with Brent's diverse population in terms of raising awareness around mental health and facilitating access to mental health support.
We will ensure all can access their GP when they need to, and practice variations are reduced	Support GP practices to improve appointment capacity, including through the implementation of an access standards charter across Brent PCNs	Borough Team	PCNs	<p>GP appointment data is published on NHS England website.</p> <p>Over 2.6million appointments per annum are offered by local practices, which equates to 465 appointments per 1,000 patients or 5.5 appointment per patient, the second highest level of GP led appointments in NW London. Similarly Enhanced Access appointments outside GP opening hours, offered equate to 148,715 with high utilisation, averaging 88 per cent.</p> <p>PCNs working to Access standards for April 2024 onwards based on recommendation in Fuller report and Recovering access to primary care</p>
	Expand capacity in Access Hubs to include out of hours provision	Borough Team	PCNs	Enhanced Access Hub operational since Oct 2022. Five sites providing services between Mon-Fri: 6.30-8pm and Sat: 9-5pm. Over 148,715 appointments offered per annum.
We will reduce the variation of impact from long term conditions between communities, and build on the diabetes model	We will hold events to raise awareness of diabetes and will work to be able to offer all nine key care processes at these events	Borough Team	Brent Health Matters	We have held 136 health and wellbeing events in the community. Over 7000 people have attended these events.
We will introduce a mobile health	Health and wellbeing services	Public Health	Brent Health Matters	A mobile health bus has been secured for a 2 month

bus, ensuring outreach in areas experiencing health inequalities	targeted at key community groups and key locations – including wider support services			period between October/November. This vehicle will visit various events/locations during this time.
We will increase community awareness and use of services, and address needs in commissioning processes	We will map support available to communities, and review advocacy services to address gaps	Community and Strategy		An update will be provided as soon as new information is received.
We will ensure that children with complex health needs can access the support they need	Provide training in education settings to provide better and more inclusive support to children and young people with complex healthcare needs	CYP	CLCH	To ensure that children with complex health needs receive adequate support, the Welsh Harp Education and Horticultural Centre is in its planning phase, and the decision on capital investment for Airco Close is pending. The development of a strategic partnership with third-sector providers is in progress, with managerial recruitment expected by late 2023. The Supported Employment Forum, aiming to enhance independence and economic activity for these children, has been established. This includes collaboration with stakeholders like Brent 0-25 Services, Brent Works, Brent Start, health partners, Parent/Carer Forum, providers, and the Department for Work and Pensions (DWP), with a significant event held on 6 November 2023 and targets set for 2024/25.
	Make reasonable physical adjustments to premises and improve the ways services communicate with children and young people with complex health needs	ICP		There are also initiatives focused on GP premises meeting minimum standards, including accessibility and DDA compliance. A comprehensive survey of GP premises identifies necessary improvements, and grant funding is available for GP practices to meet these standards. This approach ensures that

				healthcare facilities are adequately equipped to provide accessible care to all children, regardless of their health needs.
We will ensure excellence in our care homes	Increase the number of ad hoc and planned quality assurance visits	ASC	Borough Team	Brent's residential nursing team are responsible for quality assurance in care. And complete annually quality assurance visits to each care home in the borough. Where required visits are undertaken more frequently to support care home improvement. The team also completes placement reviews and safeguarding enquiries which help to build an understanding of quality within Brent care homes.
	Increase dementia support through improved training for staff and services for residents	ASC	Borough Team	An update will be provided as soon as new information is received.
We will make sure you have what you need to be safe and well at home	Increase the opportunities by providing support to people who do not currently meet the Care Act threshold	ASC	Public Health	Brent commissions housing related support services to provide non statutory support to people who don't meet Care Act eligibility criteria. Services include floating support for older people, people with mental health conditions, learning difficulties and an older people's handy person service.
We will increase take up of vaccinations, targeted at those experience health inequalities and disadvantages	Continue to deliver the Brent Health Matters Programme, supporting communities	Public Health Brent Health Matters	Family Wellbeing Centres Borough Team/ NWL Roving Team	<ul style="list-style-type: none"> • Immunisations offered to school aged children in other localities outside of a school. The current uptake has been encouraging. • FWC promote immunisations including as part of the Start for Life offer. Immunisation clinics/ drop-ins at FWC to be explored. • Immunisations offered to eligible target cohorts via provision of a semi- static

				site and mobile/ pop up sites as informed by health intelligence on areas/ settings of need (i.e., deprivation, underserved populations, etc)
We will increase awareness of early signs of cancer, and uptake of preventative interventions such as screening, targeted at those who experience health inequalities and disadvantages	Continue delivery of public health promotion in the community, as well as expand on provision of community screening programmes.	Public Health	Brent Health Matters Borough Team RM Partners	<ul style="list-style-type: none"> • We will continue to work with stakeholders in identifying which communities are more vulnerable to poor cancer related outcomes (i.e., deep dive JSNA). • We will continue to work with stakeholders in providing community based screening programmes, targeting communities with higher need (i.e. most at risk, deprived areas, etc)

Healthy ways of working

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

Plan for future pressures			LNWH	<ul style="list-style-type: none"> • Despite fall in demand due to the end of the pandemic, we are enhancing our readiness for future challenges. • We are expanding our emergency intake capability by constructing a 32-bed modular ward. • Additionally, we're focusing on increasing our critical care capacity to ensure we are better equipped to manage future demands.
BHWP anchor institutions will develop and implement social value policies	This will include focuses on carbon neutrality, staff support offers, social value in procurement and policies	ICP	ICB	<ul style="list-style-type: none"> • Our energy centre in the multi-story car park is now active, providing eco-friendly energy. • We are assessing all new builds against BREEAM: a suite of validation and certification tools for sustainable buildings.

				<ul style="list-style-type: none"> • Our goal is to achieve 'Excellent' BREEAM Rating for all new developments.
BHWP anchor institutions will provide fair and good local jobs for local people, including through the volunteering to employment strategy	Expand pre-employment work, including apprenticeships, volunteering opportunities. Work with partners such as housing associations to ensure these opportunities are taken up by local people	ICP	ICB	Institutions will increase promotion of recruitment opportunities within organisations to local communities through Brent Job Fairs.
We will establish a community projects group for those delivering grant funding health and wellbeing projects	Create a projects group to share best practice, build referral pathways and maximise collaboration and outcomes	Community and Strategy		BHM have launched 4 th round of grant funding, with over 100 organisations applying. Following decision, we will ensure we create a support group
We will manage the backlog caused by the pandemic effectively, and we will prioritise to ensure health inequalities are reduced, not deepened.	Make as much outpatient care, as possible patient led – implementing the Patient Initiated Follow Up (PIFU) approach	LNWH	PCNs	<p>Although the acute phase of the pandemic has passed, extended waiting problems still remain an issue.</p> <ul style="list-style-type: none"> • The strikes by junior doctors have posed challenges to our recovery efforts. However, we are either currently initiating several initiatives and programmes to improve our waiting times. • These include the introduction of Cerner, the Timely Care Hub, the Elective Orthopaedic Centre and the construction of a 32-bed modular ward. • Furthermore, we are devising methods to quantify and address discrepancies in waiting times across different patient groups. • We have published our PIFU SOP and promoted its use across specialties. • Impact has not been as high as expected due to


				<p>resistance to change from the status quo due to uncertainty around clinical safety and questions around future demand that PIFU may generate</p> <ul style="list-style-type: none"> • We are addressing this issue by setting up our outpatient standards group to formally set standards and support conversion of clinically appropriate patients to PIFU
	Make virtual appointments more accessible	LNWH	PCNs	<ul style="list-style-type: none"> • During 2022/23. 26 per cent of our appointments were through virtual platforms. • We are developing metrics as part of our equity index. Aim is to examine uptake rates of virtual appointment and how they vary between various demographic groups. • We are setting up an outpatient standards group to reduce DNAs. This may mean that more appointments will be held virtually.

Understanding, listening and improving

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

We will continue to identify and deliver the local health and wellbeing offer through Brent Health Matters	Review and run grants programme for community organisations to deliver health and wellbeing projects	Brent Health Matters		We have ran three grant schemes with over 50 organisations benefitting. The plan is to hold another round in October with focus on organisations that work with children and young people.
We will improve data collation and its use across the system	Train and develop key officers as data experts	PII Borough Team	ICB	An update will be provided as soon as new information is received.
BHWB anchor institutions will include health inequalities in	Ensure health inequalities are considered as part of the equality	ICP	ICB	An update will be provided as soon as new information is received.

their impact assessments	impact assessments			
We will continue to digitally innovate, and will make sure no one is left behind	Connect each of the 8,000 digitally deprived households in Brent	Residents Services	Madeleine Leathley	<ul style="list-style-type: none"> • 400 residents have received digital devices through the digital resident's support fund • Additional 45 homeless residents have received a mobile device and connectivity through Brent's digital inclusion initiative • 4 per cent increase in fibre optic coverage for residents • Promotion of social tariffs to ensure affordable coverage for all residents

 Brent NHS North West London	Brent Health and Wellbeing Board 22 January 2024
	Report from Brent Integrated Care Partnership
	Cabinet Member for Public Health and Adult Social Care
Brent Integrated Neighbourhood Teams Development	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	N/A
List of Appendices:	Appendix 1 - Examples on How Integrated Neighbourhood Teams are contributing towards the strategic priorities of the policies in Brent Borough Appendix B - Brent Local Draft Estates Strategy – Executive Summary
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Josefa Baylon Head of Integration, Integrated Neighbourhood Team Development j.baylon@nhs.net Tom Shakespeare ICP Managing Director tom.shakespeare@brent.gov.uk Sam Thornton Graduate Officer, Integrated Neighbourhood Team sam.thornton@brent.gov.uk

1.0 Purpose of the report

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

2.0 Recommendation(s)

2.1 The Board is asked to *note and provide comment* on the progress made, and approve the overall strategic approach taken, in the continued development of integrated neighbourhood teams in the Borough.

2.2 The Board is asked to note and provide comment on the progress of the 3 key enabling work streams underpinning the strategic approach to the development of our integrated neighbourhood teams in 5 neighbourhood areas of Brent:

- *Workforce and Organisational Development;*
- *Estates – development of integrated health and care hubs, and*
- *ICT, Data and Digitalisation*

2.3 The Board is asked to approve the next steps set out for Brent's Integrated Neighbourhoods Teams (INT) development. The Board is also asked to comment on how best to ensure the next phase of work involves meaningful input from communities themselves, as well as suggest ways to measure and track impact and improvement.

3.0 Detail

3.1 Background

- Building upon what was previously presented to the Health and Wellbeing Board, this report seeks to reiterate that this development work is a large-scale transformation programme which has continued to follow the guidance of the Fuller Report (May 2022) on how integration should look like. Integrated Neighbourhood Teams development have continued to focus, engage, co-produce and work jointly with partners to *discover, design, develop, implement, evaluate and sustain / spread* models of care and better ways of joint, integrated work for our neighbourhoods.
- Integrated Care is about giving people the support they need, in the *right place and at the right time, joined up across partners*. The move to Integrated Care Systems (ICS) is set out in the recently published Health and Care Act (July 2022). This is supported by various national policies and guidance with focus on integrated ways of working – Fuller Stocktake Report (May 2022), Long Term Plans (2019), ICS Implementation Guidance on Thriving Places (2021), Localising decision-making: A guide to support effective working across neighbourhood, place and system (2020), to name a few.
- This report also seeks to reiterate, that locally, our partnership at place-based (Borough) has formally evolved since then, forming our Brent Integrated Care Partnership (ICP), which bring NHS leaders and Brent Local Authority together as equal partners, along with partner organisations from across the system and community. They publish an integrated care strategy to improve health and care outcomes for the local population. Our key principles and desired outcomes in Brent ICP include:
 - Everything we do should have our *residents at our heart*.
 - We cannot tackle the current or future challenges of the health and care system as individual organisations; we must *work together*.
 - We will work with our communities to understand *what matters to them*, and to prioritise changes that will have the biggest impact on their access, experience, and outcomes.
- To be effective, these aims continue to be enabled by an '*align*' function:
 - **engagement and co-production with partners** at neighbourhood level

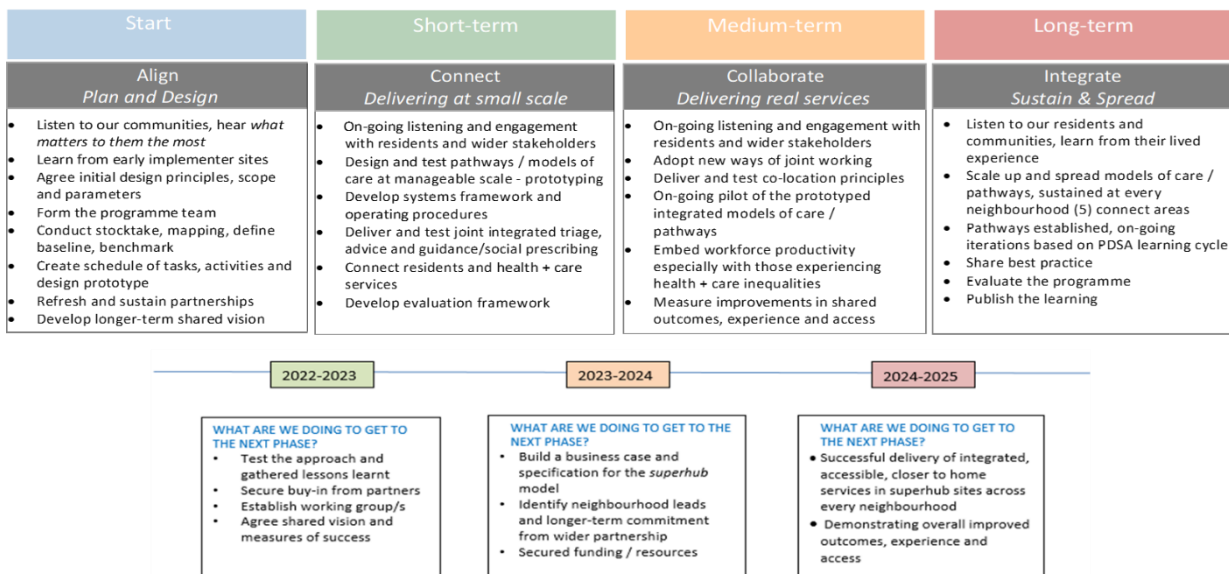
and 3 critical '*connect*' functions:

- **Workforce and partnership working:** ensuring we are developing the roles and skills that we need in our neighbourhoods and supporting further collaboration and partnership working amongst NHS, Council and VCSEs staff and partners
- **Estates optimisation:** developing integrated health and care hubs within the neighbourhoods, utilising, and optimising existing estates, to deliver closer to home integrated services in a campus-style premises
- **ICT, Data and Digitalisation:** ensuring staff can access the information they need about a resident/patient to deliver the best possible care, and to support effective communication between staff working for various organisations. Also, to ensure residents are digitally included in the integrated neighbourhood teams' developments.

3.2 Objectives: What we aimed to do

In October 2022, we set out several aims we wanted Integrated Neighbourhood Teams to work towards throughout 2023/24 onwards. These aims were underpinned by the desire to improve collaboration through strongly aligned and connected partners, namely multidisciplinary professionals, clinical, support staff and volunteers, in each of the 5 neighbourhood areas.

Our Maturity Index



Whilst the aspiration is about improving health and wellbeing outcomes, these outcomes are achieved largely as a consequence of more integrated working and so much of what we intend to measure initially are patient and staff experience, other process measures etc. but overtime we hope to see more improvement to patient outcomes. More specifically, we aimed to:

- **Improve the outcomes** for the neighbourhood – improved health and wellbeing, supporting people to live healthier and independent lives, reduced inequalities in accessing services.
- **Champion co-production and inclusiveness** throughout neighbourhoods
- **Support the delivery of the quadruple (ICS) aims**, cooperate with statutory bodies (i.e. Council and NHS) and actively contribute to the wider borough/placed-based decision making

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

Specifically, in every neighbourhood, we would like our residents to:

- Experience **continuity of care** and we **tailor our support** to their local population needs
- Experience **true multidisciplinary working** through a **well-developed, strong relationship and meaningful connections** amongst staff (NHS, Council, Voluntary Sectors, Private partners).
- Experience **person centred care** as well as **support their holistic needs** in a way that is sustainable

3.3 Progress: What have we have achieved so far?

Workstream / Enabler	Progress to date:
Engagement and Co-production with partners	<p><u>Willesden:</u></p> <ul style="list-style-type: none"> - Resident workshops delivered June 2023 and November 2023, the latter was focused specifically on Children and Young People (CYP) and their families. - Notes from the workshops have been thematically analysed and a follow-up report has been drafted and is due to be shared January 2024. - A draft hyper local delivery plan will be shared thereafter with baseline goals for continuous improvement journey. <p><u>Wembley:</u></p> <ul style="list-style-type: none"> - Resident workshops delivered October 2023 at St Cuthbert’s Church and Chalkhill Community Centre with nearly 60+ residents attended face to face visioning day. - Notes from the workshops have been thematically analysed and a follow-up report has been drafted and is due to be shared January 2024. - A draft hyper local delivery plan will be shared thereafter with baseline goals for continuous improvement journey. <p><u>Stonebridge, Harlesden & Kensal Green, and Roundwood (SHKR):</u></p> <ul style="list-style-type: none"> - Two workshops delivered in November 2023. - A staff-focus workshop was held at Brent Hub Community Centre in Hillside and a combined resident and staff workshop was held at the Peabody Unity Centre in Church End and Roundwood. - Notes from the workshops have been thematically analysed and a follow-up report has been drafted and is due to be shared January 2024. - A draft hyper local delivery plan will be shared thereafter with baseline goals for continuous improvement journey.

	<ul style="list-style-type: none"> - A mini directory of services in SHKR has been produced and shared amongst SHKR partners to aid continuous co-production and increase further awareness of the range of services in the neighbourhood. <p><u>Kenton and Kingsbury:</u></p> <ul style="list-style-type: none"> - 2024 focus – co-production sessions in planning phase. <p><u>Kilburn:</u></p> <ul style="list-style-type: none"> - 2024 focus – co-production sessions in planning phase. <p><i>Achievement in relation to our priorities and objectives:</i></p> <ul style="list-style-type: none"> - Resident workshops have championed <i>co-production</i> in our neighbourhoods, drawn on the experience and expertise of partners across various sectors, and fostered an environment of continuous improvement and learning. Collectively, we have engaged with over 200+ residents and staff on their hyperlocal priorities for each of the 3/5 neighbourhoods.
<p>Workforce, OD and Leadership</p>	<p>Steering group set up and initial meeting held in November 2023, succeeding meetings will be every 4-6 weeks. The steering group is intended to be a multi-partner group of workforce / OD leads from Brent, who provide perspective about what our workforce challenges and priorities are and how we work towards them moving forward. We tested an OD-focused session in SHKR (Stonebridge, Harlesden & Kensal Green, Roundwood) neighbourhood, where we held a dedicated session for staff on how to build quality connections, actively listen, network and collaborate.</p> <p><i>Achievement in relation to our priorities:</i></p> <ul style="list-style-type: none"> - Our Workforce, OD and Leadership workstream is rudimentary, but through holding steering group meetings, has, in its early stages, championed <i>co-production</i>, and fostered a <i>continued learning environment</i>. Emerging priorities includes: workforce training and development needs, building resilience and flexibility, recruitment and retention, identifying capacity and support needs across priority service areas in <i>Frailty, Diabetes, Children & Young People and Mental Health</i>.
<p>Estates Optimisation</p>	<p>Between March and October 2023, we developed <i>a local draft estates strategy</i> which since been shared for review / comments with partners and stakeholders. See <i>Appendix B</i> for details.</p> <p>Key activities/components have been:</p> <ul style="list-style-type: none"> - estates risk assessment - population health assessment for each neighbourhood - review of estates across the Borough, primary care, and other NHS providers - engagement with the clinical and operational teams across the ICP

	<ul style="list-style-type: none"> - identifying NHS premises with void space opportunities in Brent <p>Pipeline development sites (align with Brent Local Plan growth areas)</p> <p><u>Wembley:</u></p> <ul style="list-style-type: none"> - Scheme progressing well. Expected completion in February 2024. - Next steps: prepare for the operational move via completion of NHS relocation checklist (includes CQC preparation), ordering the F&E and IT equipment, and updating operational policies for the new building (adjacent to Wembley Box Park, across Brent Civic Centres' courtyard. - Wembley Park Drive Medical Centre is moving in the new premises <p><u>South Kilburn</u></p> <ul style="list-style-type: none"> - Detailed design work is well underway. - The shell building is due for completion by Countryside (developer). - Business case (enhanced) approved – December 2023. - Start fit out works 2024, estimated completion by October 2024. - Kilburn Park Medical Centre is moving in the new premises. <p><u>Alperton</u></p> <ul style="list-style-type: none"> - St Georges (developer) to present a revised proposal for NWL ICB to consider after this project was put on pause in 2023. - Stanley Corner Medical Centre is due to move in the new premises once project resumes <p>Community Diagnostic Centre/s (CDC)</p> <ul style="list-style-type: none"> - Willesden CDC is completed and operational. - Wembley CDC due for completion in January 2024. The electrical supply has now been installed and the internal fit out is progressing in the main building. - There are 2 x CDCs in Brent catering for NWL residents' diagnostics needs. <p>Family Wellbeing Centres</p> <ul style="list-style-type: none"> - Health are key partners in the Family Wellbeing Centre (FWC) delivery model and health services across the FWC network includes: <ul style="list-style-type: none"> o Health visiting o Midwifery o Infant feeding support o Weight management support o CAMHS under 5 services o Healthy start vitamin programme o ASD/ ADHD assessments o Health review clinics
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	<ul style="list-style-type: none"> ○ New birth reviews ○ Oral health support ○ Health lifestyles ○ Parent infant relations and Peri-natal mental health ○ Health messaging – promoting immunisations, keeping babies safe, etc. <p>- The collaborative work between the NHS and FWBCs have yield increase uptake of families registered at FWBCs to 10,767 (up by 17%), consequently, contacts have increased by 71% from previous year.</p> <p>Achievement in relation to our priorities: Estates optimisation has primarily supported the delivery of the quadruple (ICS) aims through actively contributing to place-based decision making. Specifically, the draft local strategy will guide our ambition for integrated community assets (One Public Estates), ensuring true MDTs’ effective ways of working through co-location (Council, VCSEs and NHS) and delivering care closer to home.</p>
<p>ICT, Data and Digitalisation</p>	<p>This steering group has progressed well with monthly meetings growing in attendance. Its inaugural meet was in June 2023 and been meeting monthly since. This key enabler is largely represented by partners from the NHS, Council and VCSEs. Co-production and collaboration have been notable. Examples of which include:</p> <ul style="list-style-type: none"> • Microsoft to support/fund security and digital literacy training package for 1,000 + VCSEs in Brent to tackle the digital divide in the Borough • The use of Universal Care Plans (UCP) e-platform for timely sharing of individualised care plans • Design and development of local neighbourhood dashboard to better understand and tailor services to local population needs • The use of London Care Records (LCR) e-platform for our ASC Social Workers for timely information access <p>Staff survey was completed to agree on a set of priorities and deliverables for the steering group. Based on thematic analysis of the staff survey, the key priorities are:</p> <p>1) Sharing healthcare data with health & care settings:</p> <ol style="list-style-type: none"> a. <i>London Care Record – data flows:</i> <ul style="list-style-type: none"> - Acute to be completed in 2024, when London North West and Hillingdon hospitals go live post Cerner migration. - CLCH (EMIS Community) feed not yet live. - CNWL (SystemOne Mental Health) feed not yet live - Primary Care – feed from almost all GPs now active b. <i>London Care Record – usage:</i> <ul style="list-style-type: none"> - All NWL acute NHS Trusts now have access - CLCH (Community) have access and are using it. - CNWL (Mental Health) do not have access yet

	<ul style="list-style-type: none"> - Brent Council (Social Care) do not have access yet - <i>Urgent Care Plan (Better)</i>: Increasing utilisation, especially in Primary Care but eventually the rest of the partners utilising it for effective care planning. <p>2) Sharing across Primary Care Networks:</p> <ul style="list-style-type: none"> - EMIS Web record sharing between practices and PCN Hubs (including issue of out of area patients being referred into a PCN Hub); E-Referrals; Standardisation of forms across PCNs (i.e. MASH, IAPT, etc.) <p>3) Sharing GP data with Community Pharmacies:</p> <ul style="list-style-type: none"> - Summary Care Record (in first instance) – make sure all pharmacies have access - GP record sharing via Pharmacy First, to give community pharmacies more detailed information - Dependent on the national Pharmacy First programme which is officially launching on the 31st of January 2024. <p>Achievement in relation to our priorities:</p> <ul style="list-style-type: none"> - The ICT, Data and Digitalisation workstream has engaged experts across the Council, VCSEs, and the NHS, contributing to significant co-production and fostering an environment of continued learning. 98% of Brent GPs have access to LCR and some practices are using it. Need for transformation support to increase usage. Key connectivity aspirations across the partnership has been identified, agreed and prioritised – above stated examples.
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3.4 Contribution to Borough Plan Priorities & Strategic Context

The below table highlights that INTs are not developed in isolation, but align and support a range of existing plans and strategies across the Council and the wider partnership - ICP.

Brent Corporate Strategic Policy	Linked Strategic Priorities of Policy	How Integrated Neighbourhood Teams are contributing towards the strategic priorities of the policy (Please see list of specific examples in Appendix A)
Borough Plan: Moving Brent Forward Together 2023-2027	<ol style="list-style-type: none"> 1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) Cleaner, Greener Future 	Integrated Neighbourhood Teams developments have complemented Borough Plan priorities through: <ul style="list-style-type: none"> - Paediatric Child Health Hubs - Co-production OBR / visioning sessions in each neighbourhood
Joint Strategic Needs Assessment (JSNA) 2023	<ol style="list-style-type: none"> 1) Start Well 2) Live Well 3) Work Well 4) Age Well 	Integrated Neighbourhood Teams developments have complemented Joint Strategic Needs Assessment priorities through: <ul style="list-style-type: none"> - Adopting the <i>Start Well, Live Well, Work Well, Age Well</i> approach – thematically analysing focus group notes through these lenses. This has enabled us to identify cohort-specific

		needs to address health and care inequalities.
Brent Health & Wellbeing Strategy (draft) 2022 -2027	<ol style="list-style-type: none"> 1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) Understanding, listening, and improving 	<p>Integrated Neighbourhood Teams developments have complemented Brent Health and Wellbeing Strategy priorities through:</p> <ul style="list-style-type: none"> - Continued co-production and engagement work through delivering focus group-style workshops in each of our neighbourhood connect areas, where residents have ‘had their say’ on care, health, and wellbeing issues in their neighbourhoods, and proposed fresh ideas they would like to see considered going forwards.
Brent Local Plan 2019-2041 (adopted 2022) Regeneration & Environment	<ol style="list-style-type: none"> 1) Strong and Inclusive Communities 2) Making the Best Use of Land 3) Creating a Healthy Borough 4) Growing a Good Economy 5) Increasing Efficiency and Resilience 6) Delivering the Homes to meet Brent’s needs 	<p>Integrated Neighbourhood Teams developments have complemented Brent Local Plan priorities through:</p> <ul style="list-style-type: none"> - Development of our local estates strategy and the options available for each neighbourhood are aligned with. - Working closely together (NHS, Council and VCSEs) to further scope and appraise best options for integrated health and care hubs in every neighbourhood where services are delivered closer to where people live, work / study.
Brent Digital Strategy 2022-2026	<ol style="list-style-type: none"> 1) Digital Access 2) Digital Place 3) Digital Inclusion 4) Data and Smart Devices 5) Digital Workplace 	<p>Integrated Neighbourhood Teams developments have complemented Brent Digital Strategy priorities through:</p> <ul style="list-style-type: none"> - Engaging with digitally excluded residents, understanding their problems and worries they have with an increasingly digitalised health and care system. - Proactively collaborating with partners, CVS Brent and Microsoft partnership to ensure our integrated care hubs delivery is digitally inclusive and Brent’s journey to become a digital borough is one that truly enhances everyone’s lives.
Brent SEND Strategy 2021-2025	<ol style="list-style-type: none"> 1) Improved access and experience 2) Access to early years SEN assessment and support 3) Access to inclusive settings / schools 4) Access to local community activities 	<p>Integrated Neighbourhood Teams developments have complemented Brent SEND Strategy priorities through:</p> <ul style="list-style-type: none"> - Specific CYP focused workshop in Willesden, and continuous engagement with SEND professionals in neighbourhoods and across the Borough.
Brent Black Community Action Plan 2020	<ol style="list-style-type: none"> 1. Early intervention: children, young people and families 	<p>Integrated Neighbourhood Teams developments have complemented Brent Local Plan priorities through:</p>

	<ol style="list-style-type: none"> 2. Enabling and strengthening community leadership through capacity building 3. Developing community spaces – run and managed by local communities 4. Supporting the black community and voluntary sector - grant funding to voluntary sector organisations and procurement 5. Support for employment and enterprise 6. Accountability 7. Homes and homelessness 8. Tackling health inequalities 9. Embedding equality and diversity within the Council workforce 	<ul style="list-style-type: none"> - Localised and flexible approach to INTs co-production and engagement. - Staff OD workshops and - Production of iDos (integrated directory of services) so partners in each neighbourhood are aware of each other's services.
Brent Youth Strategy 2021-2023	<ol style="list-style-type: none"> 1) Engagement and Voice 2) Activities 3) Skills and Opportunities 4) Places and facilities 5) Wellbeing and Mental Health 6) Safety 7) Access and Awareness 8) The Environment 	<p>Integrated Neighbourhood Teams developments have complemented Brent Youth Strategy priorities through:</p> <ul style="list-style-type: none"> - CYP and <i>Start and Live Well</i> focussed approach to delivery of neighbourhood engagements and follow-up thematic analysis of discussions / priority identification.

3.5 Summary of next steps

3.5.1 *Engagement and Co-production with partners*

- Willesden, Wembley, and SHKR neighbourhoods workshop follow-up reports will be shared with colleagues and residents in January 2024.
- Willesden, Wembley, and SHKR draft hyper-local delivery plans, with baseline goals and improvement priorities will be shared in January 2024.
- Kenton & Kingsbury, and Kilburn neighbourhood workshops will be focused on and delivered in early 2024.

3.5.2 *Workforce, OD, and Leadership*

- Steering group to continue every 4-6 weeks, focusing on understanding workforce training and development needs, building on workforce resilience, flexibility and partnership skills and addressing workforce challenges (if any) and priorities. These constitutes workforce from the NHS, Council and VCSEs aligned to the INT development work.

3.5.3 *Estates Optimisation*

- Draft local estates strategy to continue to be shared and reviewed. See Appendix B for details of the Executive Summary.
- Pipeline development sites (Wembley, Alperton & South Kilburn) to continue their development with Wembley site aim to open this Spring/Summer of 2024.

- Monthly steering group meetings on-going, monitoring progress of implementation.
- Continue to strengthen relationship and effective health provision at our FWBCs

3.5.4 *ICT, Data and Digitalisation*

- Continue to progress on key deliverables – information sharing and ICT connectivity with partners using various e-platforms: *London Care Records, Universal Care Plans, Pharmacy First, Optica*, as well as various primary care-specific digitalisation projects.
- Monthly steering group meetings on-going, monitoring progress of implementation.

3.5.5 *Monitoring and measuring impact*

- Establish a defined theory of change that enables us to measure and track the impact of integrated neighbourhood teams.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 Engagement with ward members, councillors, system partners, Brent residents, community service users and voluntary sector organisations is on-going. Involvement and inclusion of the Brent population continues to be supported by Brent Health Matters, Primary Care Networks, Brent CVS, Community Champions and local Residents' Forum.

5.0 Financial Considerations

- 5.1 There are no financial implications currently.

6.0 Legal Considerations

- 6.1 There are no legal implications currently.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

- 7.1 Any change to service provision for any of the transformation work being proposed would require an Equality and Health Inequalities Impact Assessment (EHIA) and Quality Impact Assessment (QIA).

8.0 Climate Change and Environmental Considerations

- 8.1 There are no human resources/property implications currently.

9.0 Human Resources/Property Considerations (if appropriate)

- 9.1 There are no human resources/property implications currently.

10.0 Communication Considerations

- 10.1 On-going relevant engagement, co-production and communications with partners and wider stakeholders (i.e. ward members, councillors, system partners, Brent residents, community service users and voluntary sector organisations) on the transformation journey from all aspects of the programme including those of the 3 main key enablers: workforce and OD, estates and ICT. The programme continues to widen its reach especially to those residents and their families who are ordinarily been having difficulty accessing our services locally.

Report sign off:

Tom Shakespeare

Managing Director, Brent ICP

Examples on how Integrated Neighbourhood Teams (and Models of Care) are contributing towards the strategic priorities of the local policies		
Activites / Models / Partnerships	Linked to which Strategic Priorities	Linked to which Strategic Policies
Working with our MH Team - awaiting approval of business case to NWL ICB for levelling up funding for MH new models of care – i.e. <u>community and wellbeing hubs</u> with consultant psychiatrist and wider MDTs (e.g., Psychologists, Social Workers, Housing Officers, Employment Officers, MH Practitioner, etc.). Once funding granted, we will operationalise the model at neighbourhood level starting with NW10 and NW2 connect areas (largely South of Brent), where the greatest needs are.	1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) <u>Cleaner, Greener Future</u>	Borough Plan: Moving Brent Forward Together
	1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) <u>Understanding, listening, and improving</u>	Brent Health & Wellbeing Strategy
<u>Paediatric Child Health Hubs</u> – pilot on Early Years pathway in South of Brent (where the current gap is), funding for 18 months pilot from NWL ICB. Jointly working with PCNs, Early Years Team, Public Health, Brent Council and wider Neighbourhood Teams.	1) Engagement and Voice 2) Activities 3) Skills and Opportunities 4) Places and facilities 5) Wellbeing and Mental Health 6) Safety 7) Access and Awareness 8) <u>The Environment</u>	Brent Youth Strategy
	1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) <u>Cleaner, Greener Future</u>	Borough Plan: Moving Brent Forward Together
<u>Paediatric Child Health Hubs</u> – pilot on Early Years pathway in South of Brent (where the current gap is), funding for 18 months pilot from NWL ICB. Jointly working with PCNs, Early Years Team, Public Health, Brent Council and wider Neighbourhood Teams.	1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) <u>Understanding, listening, and improving</u>	Brent Health & Wellbeing Strategy
	1) Improved access and experience 2) Access to early years SEN assessment and support 3) Access to inclusive settings / schools 4) Access to local community activities	Brent SEND Strategy
<u>High Intensity Users</u> – NWL ICB 12-18 months pilot on reducing frequent attendances to A&Es. At a very early planning stage for local operating model. More likely will be working with Complex Patient Management Groups (CPMGs) with PCNs and CLCHs' Integrated Complex Management (ICM) team, SMART in Brent Council, Adult MH Teams in CNWL, Via (or equivalent), LAS, MetPolice (sec. 136), wider Community partner providers and VCSEs to find a host team to run the pilot. There will be a Band 5 care coordinator wte role and 4hrs/ week of GP time funding and 0.5 of Band 6 case worker (A&E-based)	1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) <u>Cleaner, Greener Future</u>	Borough Plan: Moving Brent Forward Together
	1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) <u>Understanding, listening, and improving</u>	Brent Health & Wellbeing Strategy
<u>High Intensity Users</u> – NWL ICB 12-18 months pilot on reducing frequent attendances to A&Es. At a very early planning stage for local operating model. More likely will be working with Complex Patient Management Groups (CPMGs) with PCNs and CLCHs' Integrated Complex Management (ICM) team, SMART in Brent Council, Adult MH Teams in CNWL, Via (or equivalent), LAS, MetPolice (sec. 136), wider Community partner providers and VCSEs to find a host team to run the pilot. There will be a Band 5 care coordinator wte role and 4hrs/ week of GP time funding and 0.5 of Band 6 case worker (A&E-based)	1) Start Well 2) Live Well 3) Work Well 4) <u>Age Well</u>	JSNA
	1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) <u>Cleaner, Greener Future</u>	Borough Plan: Moving Brent Forward Together
<u>INT Social Workers</u> – working with ASC Team to recruit permanent SWs – BCF-funded, to be allocated in the neighbourhoods in Brent. Currently testing the pathway and developing JDs that reflects the needs of local neighbourhood population.	1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) <u>Understanding, listening, and improving</u>	Brent Health & Wellbeing Strategy
	1) Start Well 2) Live Well 3) Work Well 4) <u>Age Well</u>	JSNA
<u>Frailty & Diabetes</u> – enhancing news ways of working to better tailor our support to residents with long term conditions. Working alongside CLCH, PCNs, ASC, etc. to roll out better coordinated and joined up care for residents of Brent.	1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) <u>Cleaner, Greener Future</u>	Borough Plan: Moving Brent Forward Together
	1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) <u>Understanding, listening, and improving</u>	Brent Health & Wellbeing Strategy
<u>Neighbourhood dashboard</u> – developing neighbourhood-level population dashboard with Evidence & Insight Team and NWL ICB Analyst. This will help provide near real time understanding of local population needs and priorities so that residents can experience better tailored support/services, personalised and holistic, continuity of care.	1) Digital Access 2) Digital Place 3) Digital Inclusion 4) Data and Smart Devices 5) <u>Digital Workplace</u>	Brent Digital Strategy
	1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) <u>Understanding, listening, and improving</u>	Brent Health & Wellbeing Strategy
<u>Co-production OBR / visioning sessions</u> – completed 3/5 neighbourhood sessions, collating themes and translating into priority deliverables. Map against current provision and identify any gaps that may need resourcing. Champion the neighbourhood / residents forum in all 5 neighbourhoods of Brent with on-going quarterly engagement / forum or bi-annually at least.	1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) <u>Cleaner, Greener Future</u>	Borough Plan: Moving Brent Forward Together
	1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) <u>Understanding, listening, and improving</u>	Brent Health & Wellbeing Strategy
<u>Co-production OBR / visioning sessions</u> – completed 3/5 neighbourhood sessions, collating themes and translating into priority deliverables. Map against current provision and identify any gaps that may need resourcing. Champion the neighbourhood / residents forum in all 5 neighbourhoods of Brent with on-going quarterly engagement / forum or bi-annually at least.	1) Strong and Inclusive Communities 2) Making the Best Use of Land 3) Creating a Healthy Borough 4) Growing a Good Economy 5) Increasing Efficiency and Resilience 6) <u>Delivering the Homes to meet Brent's needs</u>	Brent Local Plan
	1) Digital access 2) Digital inclusion 3) Prosperity and stability in Brent 4) <u>A healthier Brent</u>	Brent Digital Strategy / Borough Plan
<u>Steering Groups</u> – 3 key enablers steering group all set and running – Workforce & OD, Estates and ICT/Data/Digitalisation . Attended by ICP partner organisations. These are pillars of effective neighbourhood team transformation. Currently developing priorities and identifying resourcing needs. Meets once monthly for each of the three groups.	1) Strong and Inclusive Communities 2) Making the Best Use of Land 3) Creating a Healthy Borough 4) Growing a Good Economy 5) Increasing Efficiency and Resilience 6) <u>Delivering the Homes to meet Brent's needs</u>	Brent Local Plan

Examples on how Integrated Neighbourhood Teams (and Models of Care) are contributing towards the strategic priorities of the local policies		
Activites / Models / Partnerships	Linked to which Strategic Priorities	Linked to which Strategic Policies
	<ol style="list-style-type: none"> 1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) Understanding, listening, and improving 	Brent Health & Wellbeing Strategy
<p><u>Safer Neighbourhood</u> - working with Metropolitan Police and various VCSEs to tackle neighbourhood safety in the Borough. Looking at no just joined up, integrated care but also safety of workforce and residents where they live, work and study in Brent.</p>	<ol style="list-style-type: none"> 1) Strong and Inclusive Communities 2) Making the Best Use of Land 3) Creating a Healthy Borough 4) Growing a Good Economy 5) Increasing Efficiency and Resilience 6) Delivering the Homes to meet Brent's needs 	Brent Local Plan
	<ol style="list-style-type: none"> 1) Engagement and Voice 2) Activities 3) Skills and Opportunities 4) Places and facilities 5) Wellbeing and Mental Health 6) Safety 7) Access and Awareness 8) The Environment 	Brent Youth Strategy
	<ol style="list-style-type: none"> 1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) Cleaner, Greener Future 	Borough Plan: Moving Brent Forward Together
<p><u>IDOS</u> - developed local integrated Directory of Services for staff and residents to use to improve / increase awareness of service provision in the Borough.</p>	<ol style="list-style-type: none"> 1) Start Well 2) Live Well 3) Work Well 4) Age Well 	JSNA
	<ol style="list-style-type: none"> 1) Engagement and Voice 2) Activities 3) Skills and Opportunities 4) Places and facilities 5) Wellbeing and Mental Health 6) Safety 7) Access and Awareness 8) The Environment 	Youth
	<ol style="list-style-type: none"> 1) Improved access and experience 2) Access to early years SEN assessment and support 3) Access to inclusive settings / schools 4) Access to local community activities 	Brent SEND Strategy
	<ol style="list-style-type: none"> 1. Early intervention: children, young people and families 2. Enabling and strengthening community leadership through capacity building 3. Developing community spaces – run and managed by local communities 4. Supporting the black community and voluntary sector - grant funding to voluntary sector organisations and procurement 5. Support for employment and enterprise 6. Accountability 7. Homes and homelessness 8. Tackling health inequalities 9. Embedding equality and diversity within the Council workforce 	Brent Black Community Action Plan
	<ol style="list-style-type: none"> 1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) Understanding, listening, and improving 	Brent Health & Wellbeing Strategy
<p><u>Social Prescribing ethos</u> - expanding ethos of social prescription beyond primary care offer. Working closely with lead project manager to design, develop and deliver a sustainable model of social prescribing embedded by all staff in Brent, making every contact counts.</p>	<ol style="list-style-type: none"> 1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) Cleaner, Greener Future 	Borough Plan: Moving Brent Forward Together
<p><u>Environment & Leisure</u> - working with E&L colleagues to look at open spaces, improve access to physical and outdoor activities in every neighbourhood to support local quest for healthier lifestyle and greener spaces for every resident and their families</p>	<ol style="list-style-type: none"> 1) Strong and Inclusive Communities 2) Making the Best Use of Land 3) Creating a Healthy Borough 4) Growing a Good Economy 5) Increasing Efficiency and Resilience 6) Delivering the Homes to meet Brent's needs 	Brent Local Plan
	<ol style="list-style-type: none"> 1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) Understanding, listening, and improving 	Brent Health & Wellbeing Strategy
<p><u>Housing & Accommodation</u> - working with partners in housing (Council and VCSEs) and homelessness pathway to provide better access to our residents in every neighbourhood for their housing/accommodation needs which largely are the main determinants of their health/ill health.</p>	<ol style="list-style-type: none"> 1) Strong and Inclusive Communities 2) Making the Best Use of Land 3) Creating a Healthy Borough 4) Growing a Good Economy 5) Increasing Efficiency and Resilience 6) Delivering the Homes to meet Brent's needs 	Brent Local Plan
	<ol style="list-style-type: none"> 1) Strong and Inclusive Communities 2) Making the Best Use of Land 3) Creating a Healthy Borough 4) Growing a Good Economy 5) Increasing Efficiency and Resilience 6) Delivering the Homes to meet Brent's needs 	Brent Local Plan
<p><u>Department of Works & Pensions and Job Centre Plus</u> - forged solid partnership with DWP and JCPs in the Borough to provide direct links to campaigns, awareness of initiatives / schemes that would benefit the neighbourhood residents in terms of employment and necessary reasonable adjustment in the workplace should be required. Working with the Shaw Trust (VCSE) as well for their Individualised Employment Plans.</p>	<ol style="list-style-type: none"> 1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) Cleaner, Greener Future 	Borough Plan: Moving Brent Forward Together
	<ol style="list-style-type: none"> 1) Engagement and Voice 2) Activities 3) Skills and Opportunities 4) Places and facilities 5) Wellbeing and Mental Health 6) Safety 7) Access and Awareness 8) The Environment 	Brent Youth Strategy
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Examples on how Integrated Neighbourhood Teams (and Models of Care) are contributing towards the strategic priorities of the local policies		
Activites / Models / Partnerships	Linked to which Strategic <i>Priorities</i>	Linked to which Strategic <i>Policies</i>
	<ol style="list-style-type: none"> 1. Early intervention: children, young people and families 2. Enabling and strengthening community leadership through capacity building 3. Developing community spaces – run and managed by local communities 4. Supporting the black community and voluntary sector - grant funding to voluntary sector organisations and procurement 5. Support for employment and enterprise 6. Accountability 7. Homes and homelessness 8. Tackling health inequalities 9. Embedding equality and diversity within the Council workforce 	Brent Black Community Action Plan
	<ol style="list-style-type: none"> 1) Prosperity and stability in Brent 2) Thriving communities 3) The best start in life 4) A healthier Brent 5) Cleaner, Greener Future 	Borough Plan: Moving Brent Forward Together
<p><u>Home Care Providers</u> - regular attendance to the Brent Home Care Providers Forum. Strengthening relationships and pathways with community services such as Podiatry, Community Pharmacy, District Nursing, TVNs and General Practice. Aligning current 13 zones for home care providers to cover into 5 connect neighbourhood areas for the future with aim to simplify coverage areas for carers visits per locality vs. current set up with existing Zones.</p>	<ol style="list-style-type: none"> 1) Tackling health inequalities 2) Healthy lives 3) Healthy places 4) Healthy ways of working 5) Understanding, listening, and improving 	Brent Health & Wellbeing Strategy
	<ol style="list-style-type: none"> 1) Start Well 2) Live Well 3) Work Well 4) Age Well 	JSNA

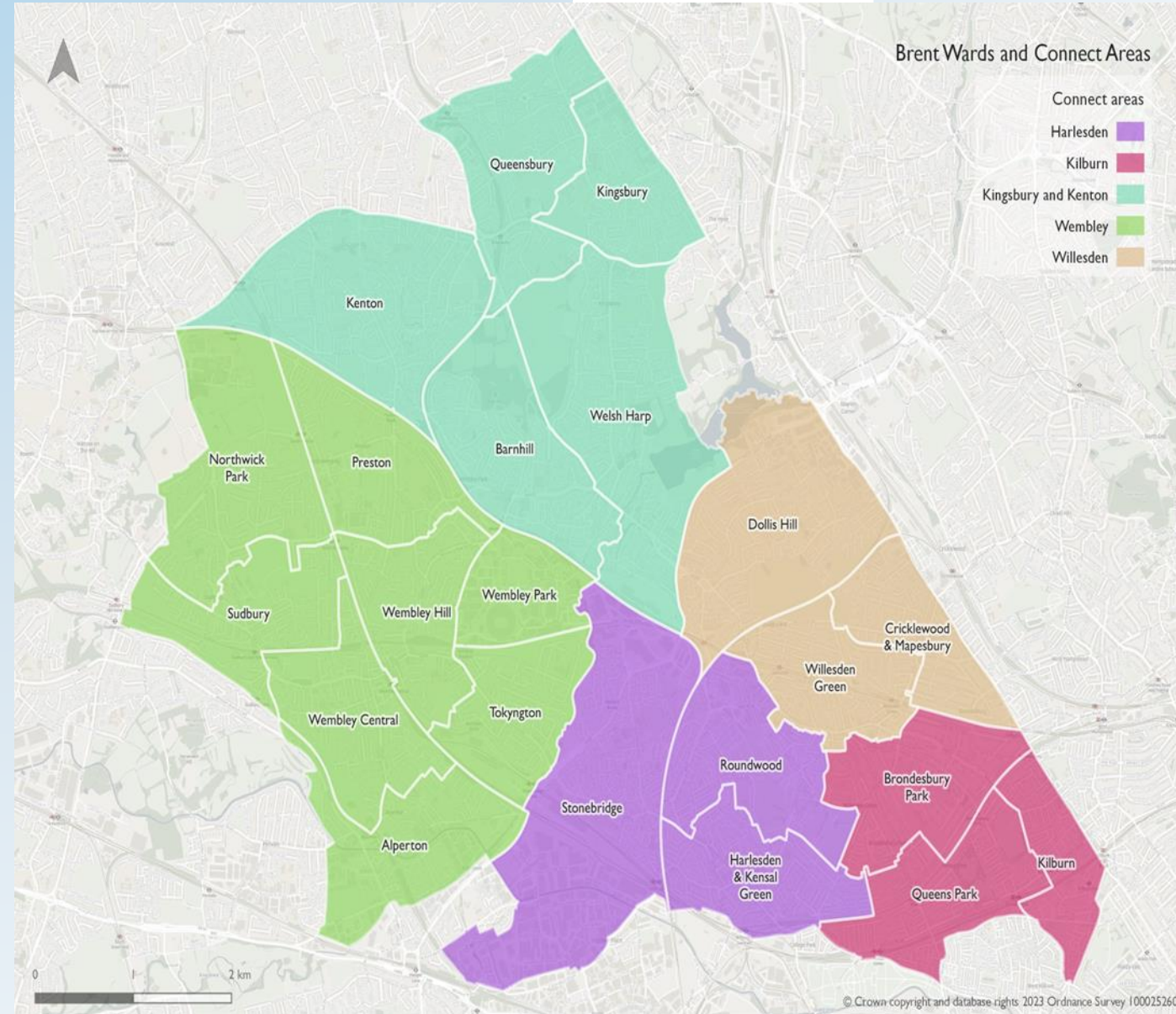
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Brent Integrated Health and Care Hubs (iHubs) Strategy

Final draft

Date issued: 25th October 2023





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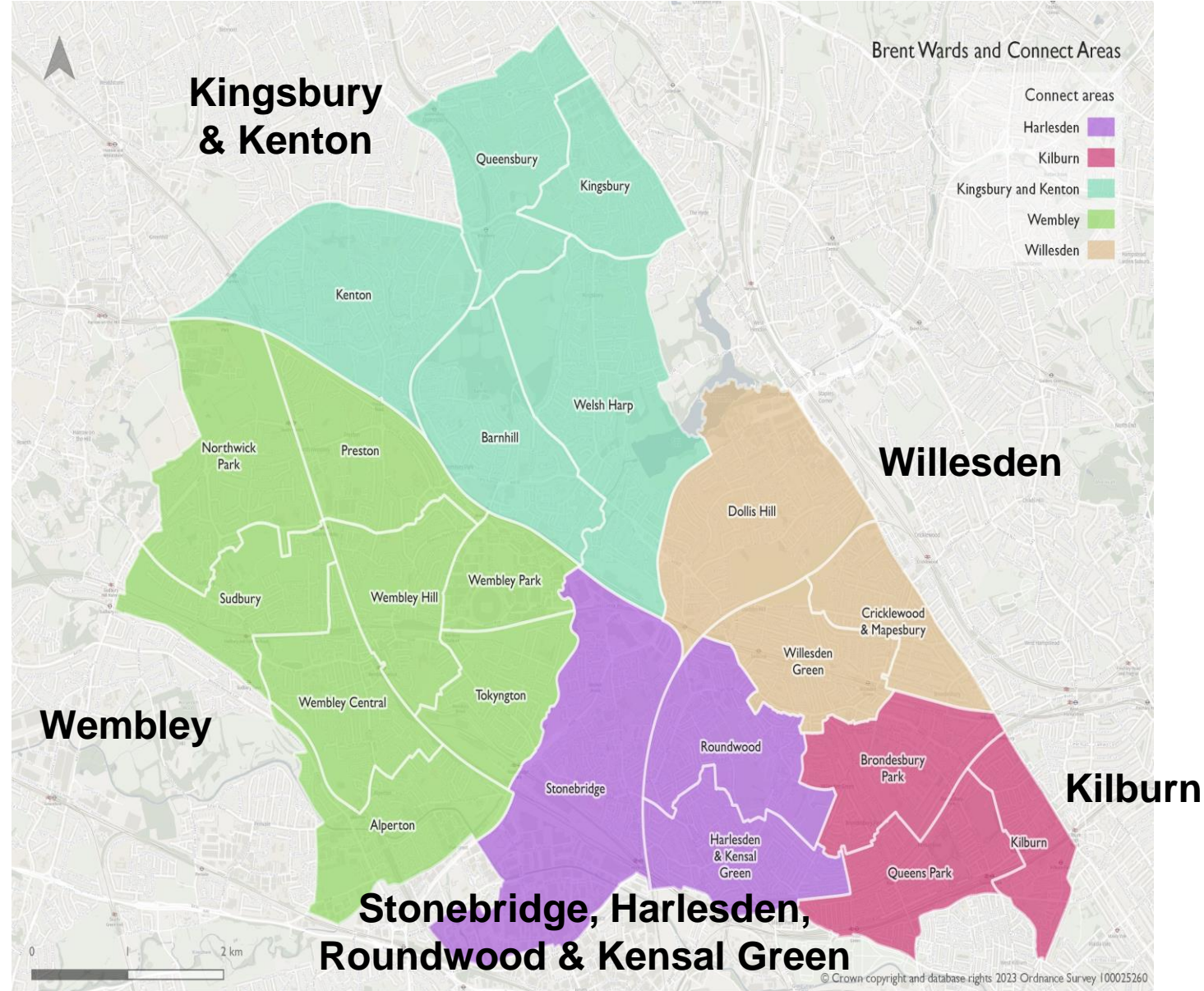
Executive summary

Introduction

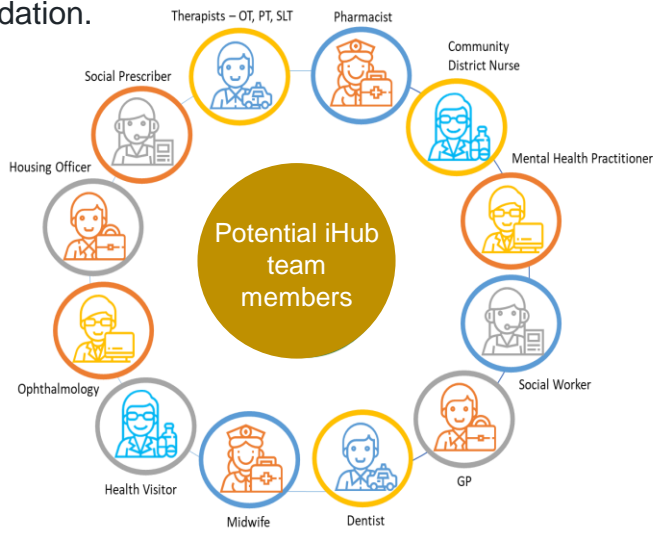
This piece of work has been carried out between March and October 2023 to develop a strategy for the integrated health and care hubs (iHubs) across Brent, to help the system deliver services in line with the national strategy.

Locally, there is a need to move to this model of integrated hubs to support integrated care working in Brent. This report outlines the approach taken with local stakeholders to develop a strategy for the implementation of iHubs either integrated in one building or a 'campus' style model where services are in close proximity in different buildings but in a way that reflects residents' needs. The long-term goal involves implementation of iHubs in each of Brent's 5 neighbourhoods (shown in the map to the right).

This report outlines the stakeholder engagement process which involved a survey, interviews and workshops. It looks into the local challenges and priorities to offer a set of potential solutions and a strategic road map to the implementation of the iHubs, including potential schedules of accommodation.



ST
09



A new way of working

Provision of the best solution for the people of Brent presents an exciting opportunity for collaborative working across multi-disciplinary partners. Silo working of elements for health and wellbeing creates bottlenecks and elongates the pathways to recovery, furthermore, it does not fully explore preventative measures for long term illness both physical and mental. In addition, the 'care closer to home' incentive and redirecting people who currently present at A&E to more local care when appropriate and *better still* creating pathways that prevent illness through helping people to take care of their long-term wellbeing can only benefit people and the system generally.



Pulling together Health, Local Authority services, 3rd sector and where possible community based out of acute services in a logical and structured way not only benefits the individual on the 'journey to wellbeing' but also provides a basis for collaborative discussions between providers, removing old barriers and where possible saving time and cost and reducing the length of the 'journey' for the individual. The model acts as a catalyst for removing old, redundant estate or remodelling/repurposing it to be fit for the future.

The report at a glance – Approach

We listened

1:1 discussions with key stakeholders

2 workshops with great attendance from health and social care, wellbeing, community and voluntary sectors

Neighbourhood visits – St Raphael’s and Kilburn

Ongoing updates with the core project team

We researched and learned

Weekly meetings and checkpoints with the existing integrated neighbourhood team

Desktop reviews of 6 facet surveys, LA estate, shape and work done to date

Neighbourhood visits – St Raphael’s and Kilburn

Outputs from workshops and themes

We assessed the risks

Space issues

Condition issues

Pockets of limited services in some neighbourhoods

Areas of deprivation

Some areas need more GP services, loneliness, mental health issues and access to mental health services and community centres

Drilled down into Wembley Centre for Health and Care as a test case and established opportunities to use void space

We looked at the positives

Family and children’s centres working well for example The Granville Centre and the range of services already there

Some excellent projects already underway with integration included in design (Wembley Park, Alperton, Gladstone, Kilburn Park)

The great working model of a campus style hub in St Raphaels where there is a cohesive community

We designed the solutions

Schedule of accommodation for iHub per neighbourhood where it is needed

Included projects already started and the WCHC utilisation study

Thinking about costs, we ascertained that some campus style hubs are already mainly in place so iHubs may not be needed although some enhancements will

Explored the funding routes

Created the case for change based on the work already done and our findings

We provided potential short/medium term solutions for consideration

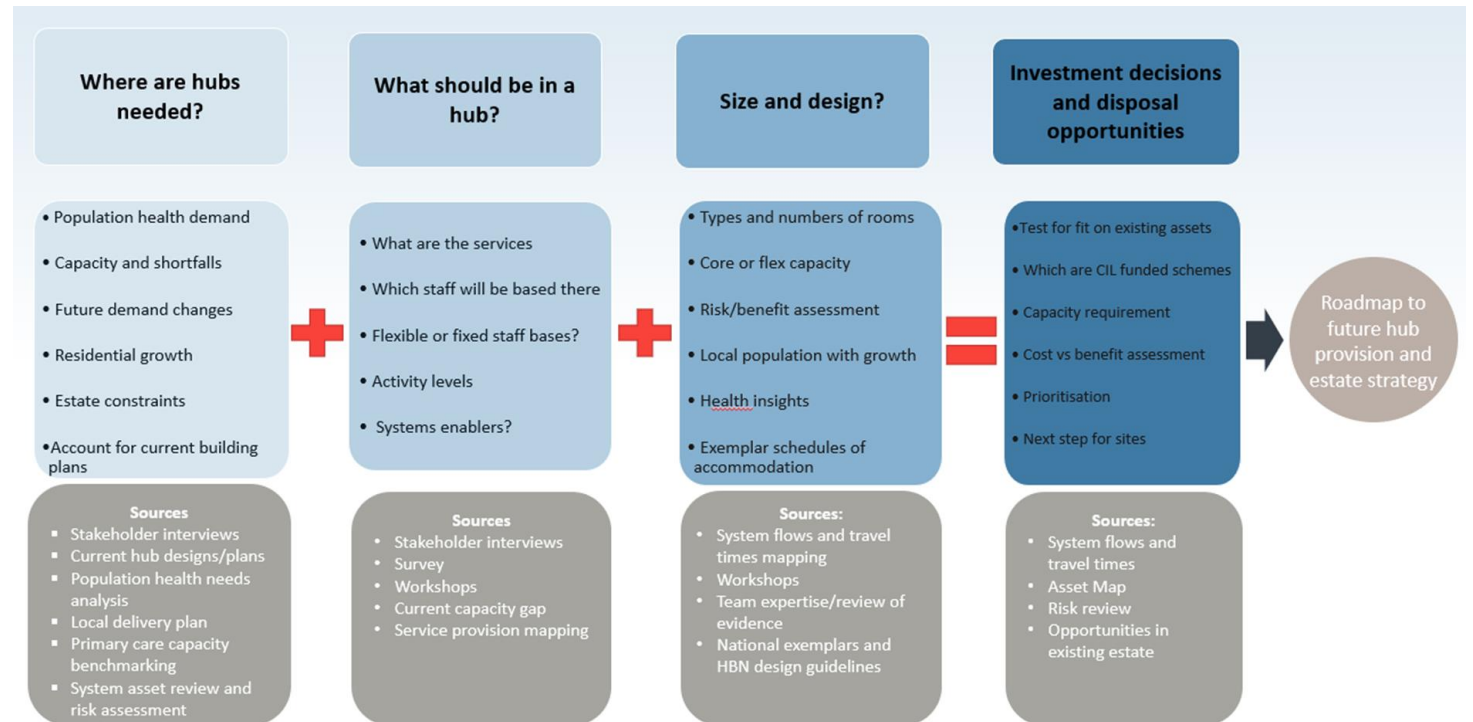
We showed a likely cost profile

Summary of other components involved in formation of the strategy

The illustration to the right gives an overview of the project team approach. This includes the following considerations:

1. Where are iHubs needed?
 2. What should be in an iHub?
3. Developing schedules of accommodation
 Opportunities and solution development

The illustration details the steps used when looking at each of these factors, including current capacity gap analysis, population health need analysis, studying international and national exemplars and a wide range of stakeholder analysis – from 1:1 interviews to a survey, larger workshops and in-person neighbourhood engagement sessions.



The stakeholder engagement process involved a wide range of people from key clinical and operational leads, and representation from various partners (key contacts agreed through the project team e.g. for primary care, acute care, community and mental health, local authority and the voluntary sector) to members of the general public.

Themes from the engagement are summarised on the following slide with full details being found in the body of this document.

Example stakeholder feedback

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Flexible spaces that can accommodate the widest uses possible

Proactive approach to prevention - an opportunity for early intervention

Good links to public transport

Opening hours and accessibility

Extended access for third sector services and safety/security

One stop shop for integrated support

Drop-in centre for signposting patients

Timely access to services – improving the patient/visitor journey

Links to existing FWC, so services are not duplicated

Support for mental health

Alignment with national, regional and local strategies

National context

The proposed iHubs in Brent will support the delivery of the NHS Long Term Plan and Workforce Plan, by supporting service improvement and transformation through co-location of health and wellbeing services. The iHubs will enable services to respond to the growing demand from the local population, through multi-disciplinary and cross-organisational working to improve access, experience, health outcomes and reduce unwarranted variations in the local health and care system. This will help achieve the national goals of moving away from hospital care, with a focus on prevention and personalised care.

The Fuller Report recognises that much of general practice and wider primary care estates are not fit for purpose, and that the focus of capital investment has often historically been weighted towards secondary care. It sets out a new vision for integrating primary care, improving the access, experience and outcomes in our communities. Estates are much more than just buildings and should be used as a catalyst for integration.

The Fuller Report suggests a new model which focuses on the following 3 factors:

- A focus on patient needs
- Creating a positive working environment for staff, and
- Providing adequate space for key activities like training and team development

This strategy supports the goals of the Fuller report.

The NHS Long Term Plan

NHS Long Term Workforce Plan

June 2023

Next steps for integrating primary care: Fuller Stocktake report

Commissioned by NHS England and NHS Improvement from Dr Claire Fuller, CEO (designate) Surrey Heartlands ICS

MAY 2022

Alignment with national, regional and local strategies

Regional context

The NHS North West London Estate Strategy has the following 4 key objectives:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Operating sustainably and supporting broader social economic development

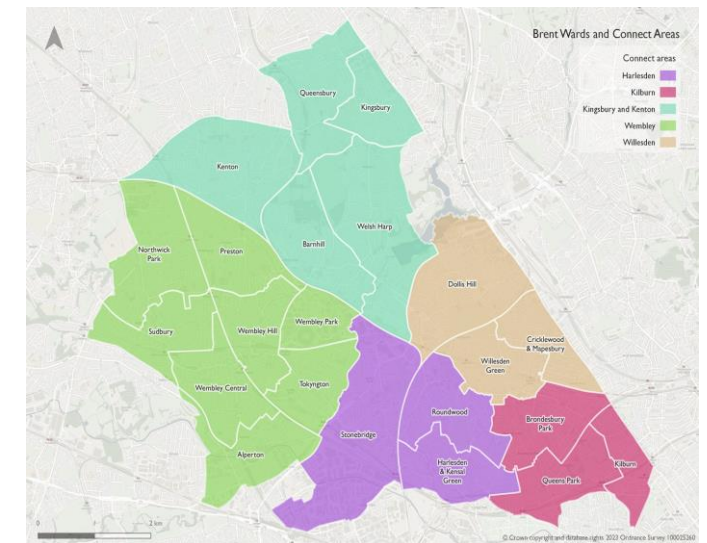
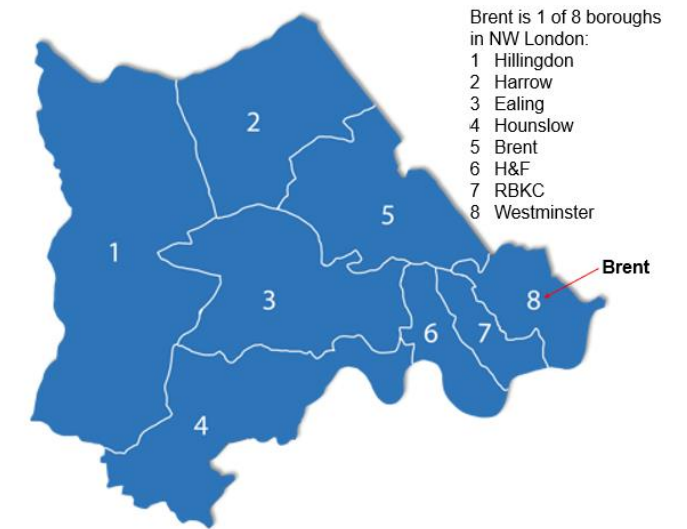
These are in line with the ICS transformation plan, and the national goals set by NHS England. The emerging estate strategy recognises the need for iHubs to deal with these challenges such as population increase, projected loss of primary care estate through expired leases, and retiring GPs. It also recognises the need to identify underused estate, share with local authority or third sector partners where possible and work together in an integrated way to use estate well and serve the population best.

Local context

The overarching vision for Brent is to have neighbourhood community teams set up in each of the 5 neighbourhood areas, co-located in integrated health and care hub sites (iHubs), supported by specialists. The aspirations for the Brent neighbourhood community teams include:

- Taking a family-based and holistic approach and working across multiple partners including health, care, housing, social services and education
- Enabling resident choice in the model of care to promote independence and resilience, as well as improving wellbeing
- Having teams which are rooted in the community and tailored to local needs

The iHubs will deliver services from a number of partner organisations to local residents, providing a source of easily accessible, close to home services within these settings. The development of the integrated health and care iHubs in Brent aligns with the goals set out by NHS England, those of the ICB and the local aspirations for Brent.



Essential requirements for successful changes

Talking to people during visits and workshops, general themes that presented were:

- **Primary care is difficult to access** – in some areas there are very few GP practices and many are stretched for space to expand
 - **Loneliness is a real issue** in some neighbourhoods
 - **Access to mental health services is difficult**
 - **Knowing where to find help** can sometimes be challenging
- People are very keen to **access community social spaces**, some people we spoke to were unsure whether there were spaces like this in their local area
- positively ;
- **Family and children centres appear to be working well** and people felt that there was no need to change the current way of working
 - **There is great work in the community** with centres, gardens, nurseries and foodbanks that are already in place to combat isolation and promote wellbeing in some areas

These themes are explored in detail later on in the report.

Summary of other components involved in formation of the Strategy

The following 3 slides highlight key areas discussed in more detail in this document. This includes the following:

- 1. Population health need analysis** - We have included the page on wider determinants of health, insights for Brent. This looks at deprivation across Brent, population growth and life expectancy. The full body of this document contains further details on the population health analysis, including findings for mental health and findings specific to children, young people, the working age and older adults.
- 2. Capacity analysis (primary care)** – The project team received detailed information on primary care estate in Brent and was able to carry out a capacity analysis based on this. Full details of capacity assessment work undertaken in this strategy can be found in the chapter ‘Service estates capacity assessment’.
- 3. Risk assessment approach for each of the Brent neighbourhoods** – The table included here outlines the assessment criteria used to analyse the risk status per neighbourhood, and as shown each element has been RAG (red amber green) rated.

Population health needs analysis example

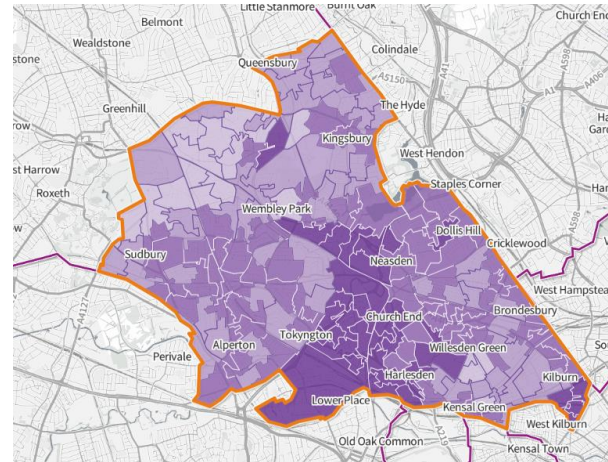
The population health and wellbeing needs has been research through a number of methods, including analysis of data from the following resources:

- Brent Joint Strategic Needs Assessment
- SHAPE Atlas data
- ONS (Office for National Statistics) population database

Deprivation across Brent

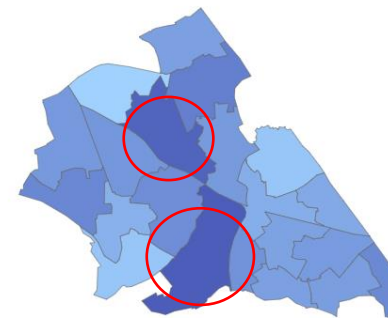
Brent's Index of Multiple Deprivation average score is 25.56. 'Deprivation' is based on a number of factors such as health, income, employment, education and living environment. The darker shaded areas (on the map to the right) have a higher Index of Multiple Deprivation indicating a higher level of healthcare need.

Brent is ranked the 4th most deprived borough in London according to the Indices of Multiple Deprivation. **Stonebridge and areas within Harlesden, Kilburn and Dollis Hill are amongst the most deprived in Brent.**



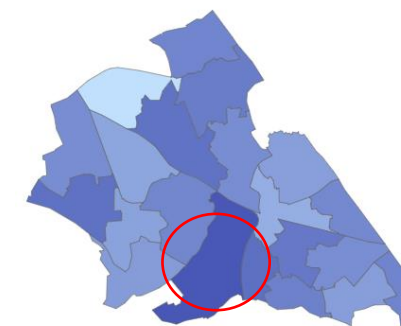
Brent Index of Multiple Deprivation

Life expectancy for females (2015-19)



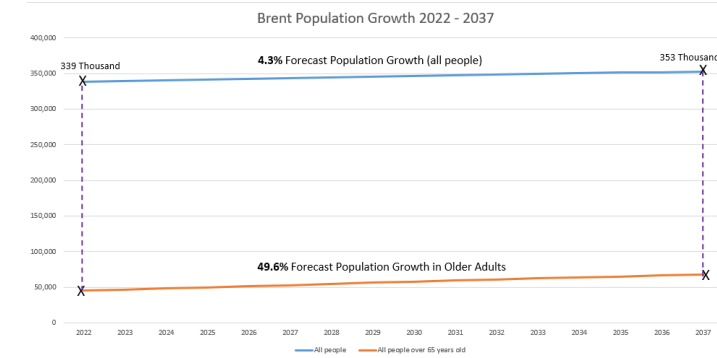
■ Lowest Life expectancy

Life expectancy for males (2015-19)



■ Highest Life expectancy

Life expectancy across Brent



Population growth in Brent

Population Growth

The 15 year forecast population growth for Brent is **4.3% growth**. However, for older adults above 65 years of age, the population within this age range **grows by 49.6%** in the same timeframe. This shows that a significant portion of the future growth in population in Brent will be due to older adults. This is likely to put a significant pressure on healthcare services in the future as this group has a relatively high reliance on health and social care.

Life expectancy

Female life expectancy in Brent is **83.9 years**, with 68.6 years of good health. Male life expectancy in Brent is **78.2 years**, with 62.6 years of good health. Both female and male life expectancies are **6.4 years higher for those living in the least deprived areas compared to the most deprived areas in Brent, indicating high levels of inequality within Brent.**

It is important to recognise that the area of Stonebridge is particularly deprived and has a lower life expectancy compared to other areas.

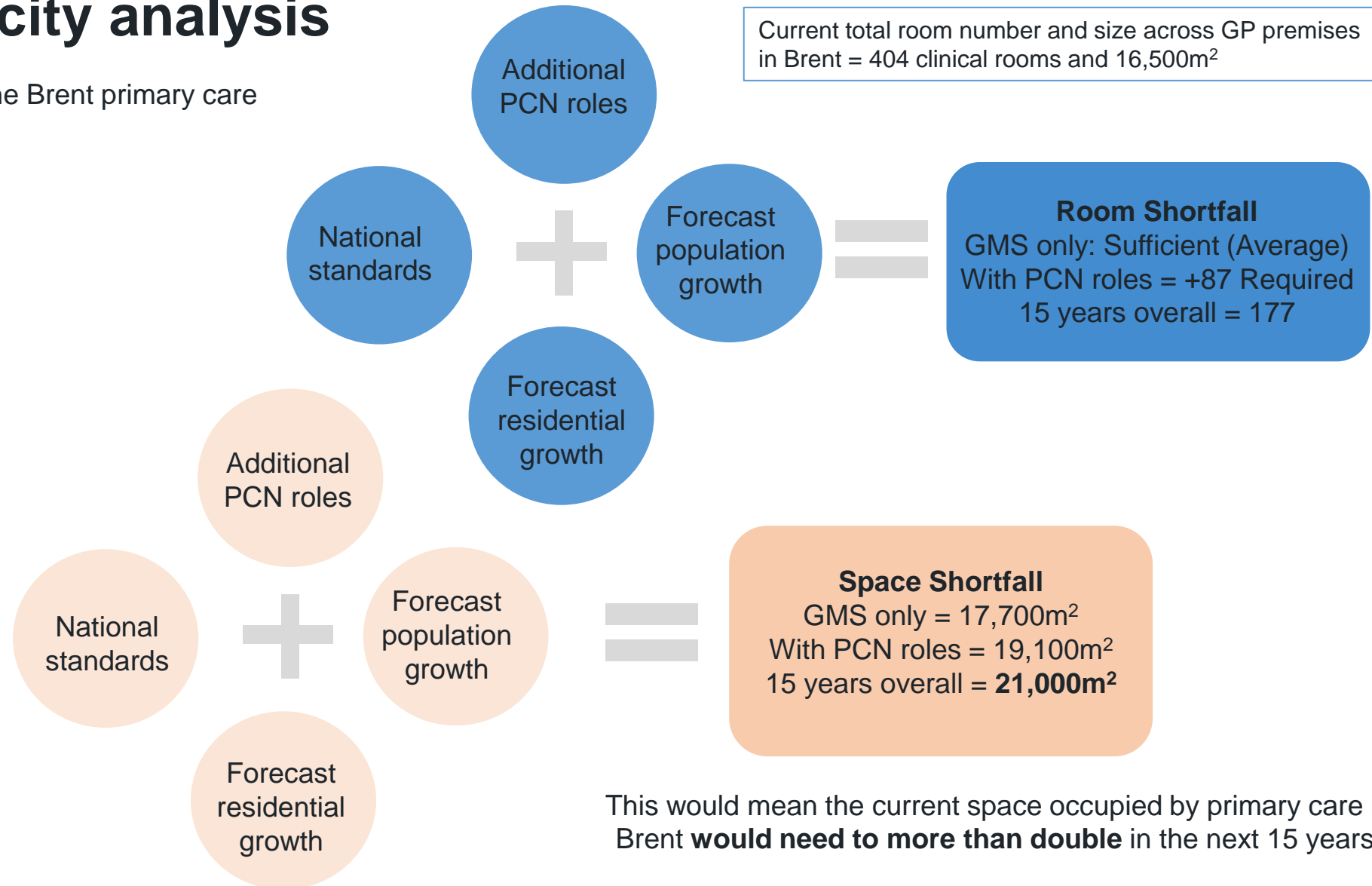
Primary care capacity analysis

Key summary facts and figures from the Brent primary care capacity analysis:

Currently across primary care in Brent is overprovided by 4 rooms in relation to demand. This does not account for room sizing compliance.

The current space shortfall across primary care in Brent when analysing patient list sizes according to NHSE and CHBN compliant design is 17,700m², **this indicates that the room sizes do not comply with current standards to a significant degree.**

A 15 year forecast considering growth (population and residential) in the area shows a 177 room shortfall in Brent and a space shortfall of 21,000m², which is significant.



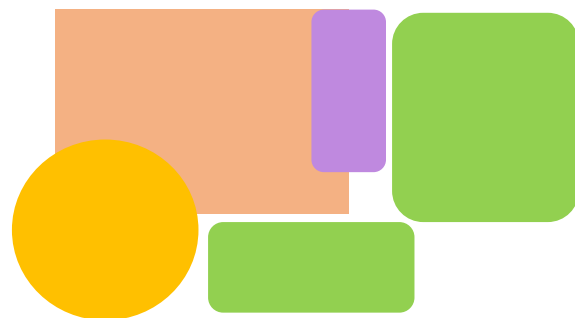
Further data on the shortfall in terms of room numbers and space has been provided in the capacity model summary in appendix 6.

The report at a glance – Solutions options

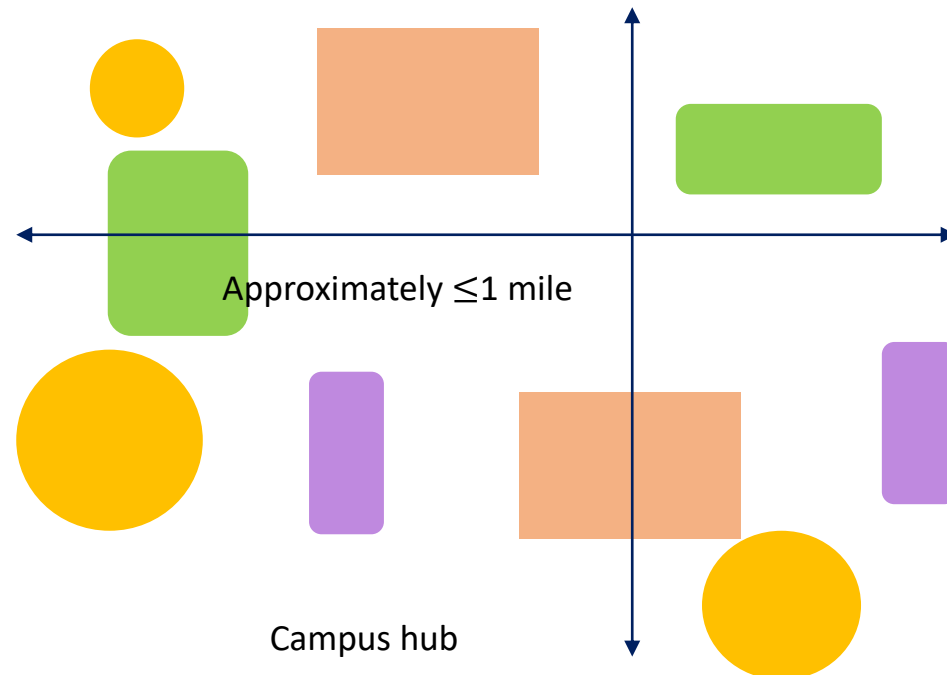
To ensure full options consideration and mindful of funding challenges the report sets out 3 main solution types:

- 1. Integrated iHubs**, their composition and floor areas which should be capable of delivering the full range of benefits as integrated health and wellbeing centres along with their placement in each borough was the main purpose of this commission, however, funding for such a level of investment is not currently available. This report therefore looks at alternative options for
- 2. Campus style solutions**. It has been ascertained that good co-location of services in 'campus' style models do already exist in Brent and investment in additional medium-term solutions for closing the gaps can still provide a much-improved journey to wellbeing for people in these areas without the level of investment needed for the integrated solution, these could be additional community space, information and resource centres or improvements in space for GP practices to allow growth and delivery of additional roles for the neighbourhood communities. Given the situation with funding generally for health and wellbeing services a view may be taken to look at these options first in a prioritised way with areas that will truly benefit from an iHub such as Kilburn or SHRK remaining on the long-term horizon for investment when the funding opportunities become available. Finally,
- 3. Short term options** – a range of options for the integrated team to prioritise that can be prioritised in the short term to enhance service delivery

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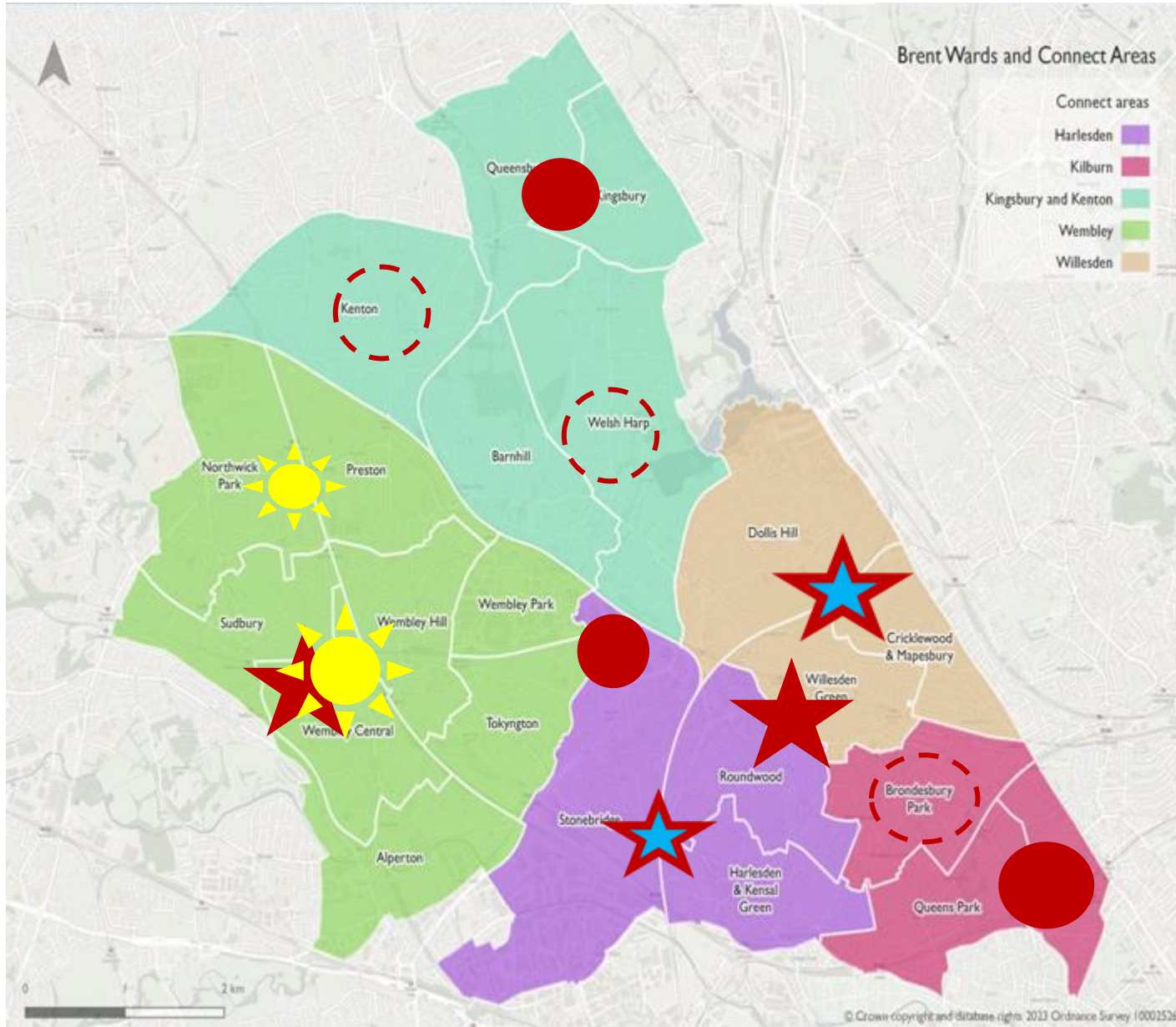
Integrated hub



Campus hub

Map of solution overview by priority

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★ iHub already in place

★ Recommended iHub solution (Gladstone Park)

Joint Priority 2 – Wembley and Kilburn

★ iHub already in place

☀ Proposed resource centre

● Campus style hub mainly in place

○ Proposed Campus style solution

Priority 3 – Stonebridge, Harlesden and Kensal Green

● Campus style hub mainly in place

★ Recommended iHub solution

Priority 4 – Kington and Kingsbury

● Campus style hub mainly in place

○ Proposed Campus style solution options

Steps from prioritisation to programme commencement

- Agree strategic estates resource to support delivery
- Confirm stakeholders (produce RACI matrix)
- Agree professional advisory required

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Review estate recommendations in this document and test with stakeholders and agree on approach for full vision of estate for both NHS and LA

Undertake options appraisal of long, medium and short-term solutions and SWOT analysis per neighbourhood

Undertake options appraisal and SWOT per neighbourhood

ICP to confirm governance and launch Estates Transformation programme to deliver short term solutions and plan medium term solutions

Initiate feasibility studies and space utilisation reviews for short to medium – term options, plus estates profile for suitable building/land where required

Ascertaining funding streams including S106, CIL and sale receipts
*LEDU – void space study review

Confirm project scopes

Begin business case/s for priorities

*LEDU = London Estates Development Unit

	<p align="center">Brent Health and Wellbeing Board 22 January 2024</p>
	<p align="center">Report from the Brent Integrated Care Partnership</p>
	<p align="center">Cabinet Member for Public Health and Adult Social Care – Councillor Neil Nerva</p>
<p>Access to Primary Care Services</p>	

Wards Affected:	All
Key or Non-Key Decision:	To note progress
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	<p>Appendix 1 - Attached Slide Pack titled Access to Primary Care Services, January 2024</p> <p>Appendix 2 - 'No One Left Behind' GP Access in Brent, Brent Community and Wellbeing Scrutiny Committee, March 2021 [link]</p> <p>Appendix 3 - NHS Brent report on GP Access Task Group – 1 Year Update, Brent Community and Wellbeing Scrutiny Committee, 18 April 2023 [link]</p>
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Dr Mike Edbury Clinical Director for Primary Care (Brent) m.edbury@nhs.net</p> <p>Fana Hussain AD Primary Care fana.hussain@nhs.net</p>

1.0 Executive Summary

- 1.1 In March 2021, a task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee to contribute to a shared vision on GP access in Brent.
- 1.2 A report was published 'No One Left Behind' GP Access in Brent with recommendations put forward for key partners including: Brent Council's Cabinet, Brent Integrated Care Partnership (ICP), North West London

Integrated Care Board (then Clinical Commissioning Group), North West London Integrated Care System (NWL ICS) and local Primary Care Networks (PCNs).

1.2.1 It is recognised that good access to GP led services in Brent is central to ensuring that all residents receive the right healthcare, in the right setting, at the right time. The publication of this report on GP Access in Brent highlighted the inequality in access to GP led services. While GP practices remained open during the pandemic of 2020-2021, the model of consultation was adapted to protect both patients and clinicians, a move to telephone consultation, on-line consultations and remote consultations was adapted.

1.2.2 The recovery phase, post the pandemic years focused on 'recovery', where practices attempted to catch up on services which may not have been fully accessed during the pandemic e.g. cancer screening. The adaption to consultation forms (on-line, telephone, remote) has been recognised as introducing increased accessibility to certain patient groups, especially the more digitally savvy population group. The digital innovations introduced during the pandemic era also introduced inequity in access for the more traditional population group.

1.3 In April 2023, North West London ICB, Brent Borough Team provided a progress report on improving access to primary care services for patients registered with Brent GP surgeries, based on the recommendations listed in the report above.

1.4 This report provides a further update on the progress of the primary care access priorities, the challenges and the planned proposals for further improving access to primary care services in Brent.

2.0 Recommendation(s)

2.1 To note the steps taken to date to improve access to primary care services for patients registered with Brent GPs. The report also sets out the planned proposals for improving access to GP led services in Brent in the coming financial year.

3.0 Detail

Contribution to Borough Plan Priorities & Strategic Context

This report relates to the Borough Plan Priority – A Healthier Brent and the Brent Joint Health and Wellbeing Strategy.

Background

- 3.1 Access to primary care (GP led appointments / Community Pharmacy) is crucial for several reasons, and its importance lies in the central role that GPs play in the healthcare system. Here are key reasons why GP access is important:
- 3.1.1 **Primary Point of Contact:** GP surgeries serve as the primary point of contact for individuals seeking healthcare services. They are often the first healthcare professionals individuals turn to when they have health concerns or require medical advice.
 - 3.1.2 **Comprehensive Care:** they provide comprehensive and holistic care, addressing a wide range of health issues, from preventive care and health promotion to the management of acute and chronic conditions. They act as coordinators of care, considering the overall well-being of their patients.
 - 3.1.3 **Early Diagnosis and Intervention:** Timely access facilitates early diagnosis and intervention for health conditions. Early detection allows for prompt treatment, which can improve outcomes, reduce complications, and enhance overall health.
 - 3.1.4 **Continuity of Care:** This continuity is valuable in managing chronic conditions, understanding patients' medical histories, and providing personalised care.
 - 3.1.5 **Preventive Services:** Play a key role in preventive healthcare, offering vaccinations, screenings, and health advice to help prevent the onset of diseases. Regular check-ups with a GP contribute to maintaining overall health and catching potential issues early.
 - 3.1.6 **Facilitators to Specialised Care:** They act as facilitators to further specialist care. They assess patients' needs and refer them to secondary care or other healthcare professionals when necessary. This ensures appropriate and timely access to appropriate care.
 - 3.1.7 **Management of Chronic Conditions:** Essential in managing chronic conditions, such as diabetes, hypertension, and respiratory diseases. They monitor patients over time, adjust treatment plans, and coordinate care with other healthcare providers to optimise outcomes.
 - 3.1.8 **Health Education and Counselling:** Provide health education and counselling to patients, empowering them to make informed decisions about their health. They offer guidance on lifestyle changes, medication adherence, and disease prevention.
 - 3.1.9 **Addressing Mental Health:** They play a crucial role in identifying and addressing mental health concerns. They can provide initial assessments, counselling, and, when needed, refer patients to mental health specialists.

- 3.1.10 **Community Health and Well-Being:** Accessible GP led services contribute to the overall health and well-being of communities. They play a role in public health initiatives, health education campaigns, and disease prevention efforts that benefit the community at large.
- 3.2 In summary, GP access is important because it ensures timely, comprehensive, and patient-centered care, addressing a wide range of health needs and contributing to the overall health and well-being of individuals and communities.
- 3.3 GP led appointments are the highest they have ever been, yet demand for appointments continues to outstrip supply with increasing challenges in recruitment and retention in general practice. The attached slide pack outlines the services available to Brent patients to meet their needs at the right time in the right setting.
- 4.0 Stakeholder and Ward Member Consultation and Engagement**
- 4.1 Consultation and engagement activity is detailed in the wider body of the report and appendices.
- 5.0 Financial Considerations**
- 5.1 No direct financial implications to the Integrated Care Partnership. Investment is provided from NWL Integrated Care Board / NHS England in the form of levelling up funding e.g. Same Day Access Pilot, Enhanced Services
- 6.0 Legal Considerations**
- 6.1 Contracting at Primary Care Network level
- 7.0 Equality, Diversity & Inclusion (EDI) Considerations**
- 7.1 Extensive work undertaken to address health inequalities across the borough, through collaborative working with PCNs, Brent Health Matters Team, Public Health etc.
- 7.2. Outreach community events focused in areas with greater patient needs, in particular in the South of the borough.
- 8.0 Climate Change and Environmental Considerations**
- 8.1 None
- 9.0 Human Resources/Property Considerations (if appropriate)**
- 9.1 Estates to facilitate the increase in workforce, increase in enhanced services provided by practices / PCNs and the demand in. primary care appointments There is a separate Estates strategy as part of the Integrated Neighbourhood Teams to deliver services at-scale working alongside partner organisations.

10.0 Communication Considerations

- 10.1 Patient communications to continue to raise awareness of the services available in primary care.
- 10.2 National campaign on Modern General Practices and national communications regarding community pharmacy services.
- 10.3. A NWL and Brent Borough communications plan, working alongside Patient Groups, Community Groups etc
- 10.4. Local communications, through Brent magazines, patient leaflets, pharmacy bags, social media and also translated in different languages.

Report sign off:

Jonathan Turner, Borough Lead Director - Brent

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Access to Primary Care Services

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Health and Wellbeing Board
Jan 2024

Background

- In March 2021, a task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee to contribute to a shared vision on GP access in Brent.
- A report was published '**No One Left Behind' GP Access in Brent** with **recommendations put forward for key partners** including: Brent Council's Cabinet, Brent Integrated Care Partnership (ICP), North West London Integrated Care Board (then Clinical Commissioning Group), North West London Integrated Care System (NWL ICS) and local Primary Care Networks (PCNs).
 - It is recognised that good access to GP led services in Brent is central to ensuring that all residents receive the right healthcare, in the right setting, at the right time. The publication of this report on GP Access in Brent highlighted the inequality in access to GP led services. While GP practices remained open during the pandemic of 2020-2021, the model of consultation was adapted to protect both patients and clinicians, a move to telephone consultation, on-line consultations and remote consultations was adapted.
 - The recovery phase, post the pandemic years focused on 'recovery', where practices attempted to catch up on services which may not have been fully accessed during the pandemic e.g. cancer screening. The adaption to consultation forms (on-line, telephone, remote) has been recognised as introducing increased accessibility to certain patient groups, especially the more digitally savvy population group. The digital innovations introduced during the pandemic era also introduced inequity in access for the more traditional population group.
- In April 2023, North West London ICB, Brent Borough Team provided a **progress report on improving access to primary care services** for patients registered with Brent GP surgeries, based on the recommendations listed in the report above.
- This report, provides further update and progress on the access priorities, the challenges and the planned proposals for further improving access to primary care services in Brent.

Overview of Access

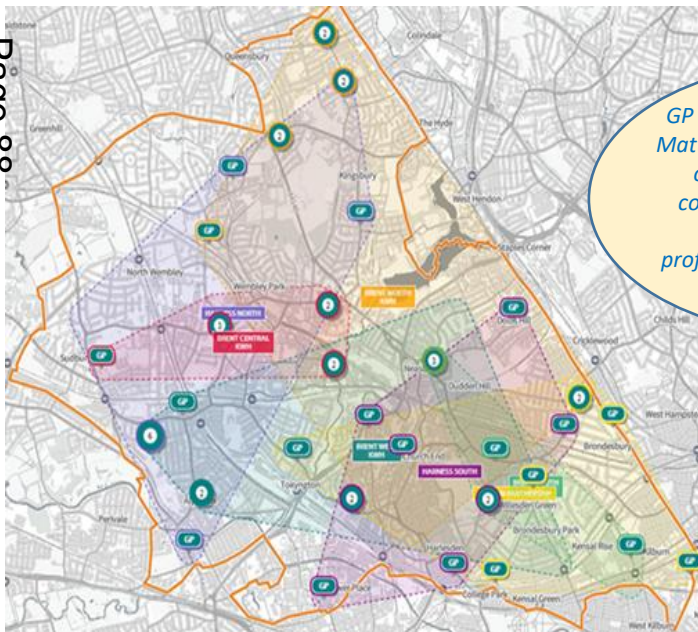
- GP access refers to the availability and means by which individuals can access the services provided by General Practitioners (GPs)
- Access to GPs is a crucial aspect of primary healthcare, ensuring that individuals can receive timely medical advice, diagnosis, treatment, and ongoing care
- Efficient and effective GP access is essential for promoting preventive care, early intervention, and the management of chronic conditions. It contributes to overall community health and helps address health disparities by ensuring that individuals have timely access to the appropriate level of care.
- The integration of community pharmacy access with GP access is crucial for creating a seamless and patient-centered healthcare system
- This collaboration enhances the efficiency of primary care services, improves patient outcomes, and contributes to a more comprehensive and coordinated healthcare delivery system.

Current Landscape

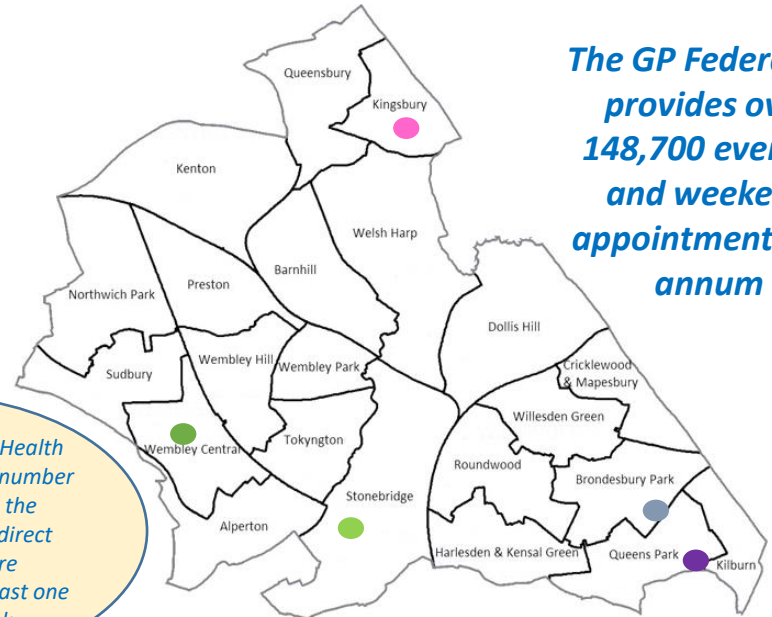
GP PRACTICES

- ✓ **51 GP practices** in Brent, across 7 PCNs (3 Federations – Harness (x2 PCNs), Kilburn (x1 PCN), Kingsbury & Willesden (x4 PCNs))
- ✓ All practices provide core GP services **Mon-Fri 8.00am – 6.30pm**
- ✓ All practices offer online consultation

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GP practices and Brent Health Matters team provide a number of outreach clinics in the community providing direct access to healthcare professionals, with at least one event held per week.



The GP Federation provides over 148,700 evening and weekend appointments per annum

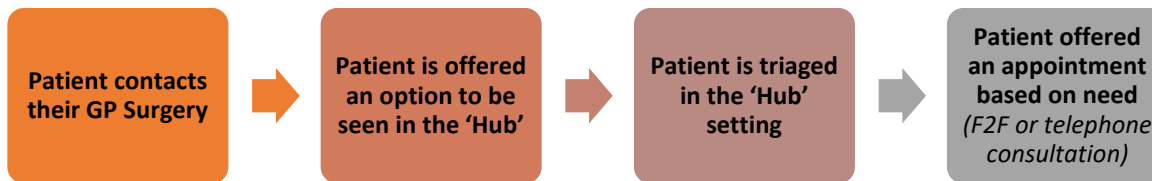
ENHANCED ACCESS HUBS

- ✓ 5 sites for **Enhanced Access Hubs** delivered via PCN groupings
- ✓ Standard opening hours **Mon-Fri 6.30pm – 8.00pm** and **Sat 9.00am – 5.00 pm**
- ✓ Each federation has a direct patient access telephone number

PILOT – Managing on the Day Demand

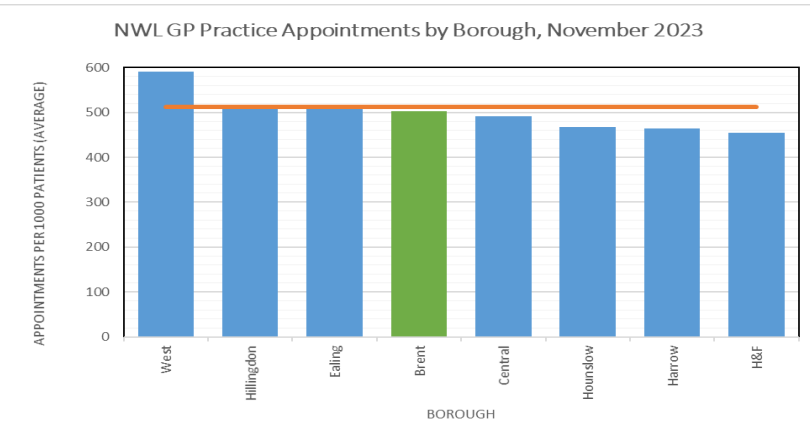
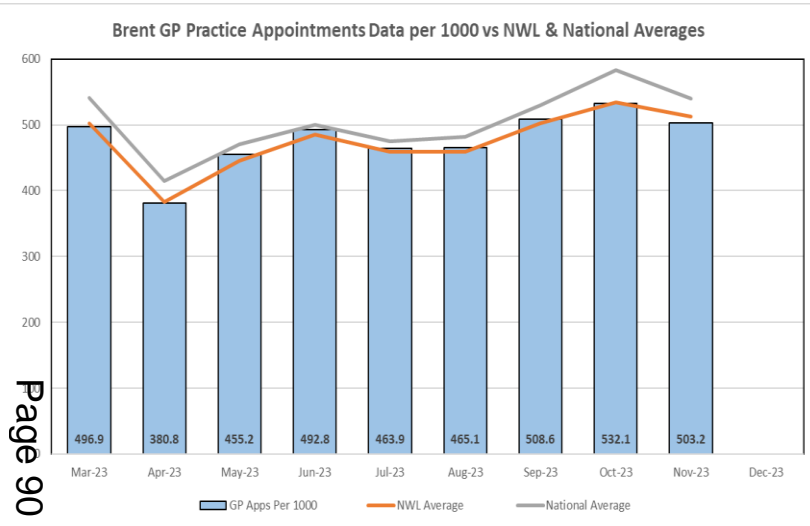
- The demand for GP led appointments in Brent continues to increase, the higher deprivation factors within the Borough means more patients are reliant on their GP practice as a gateway to access services e.g. social care, social prescribing.
- Demand for GP led appointments are at its highest during core hours, where patients tend to attend Urgent Treatment Centers when they are unable to secure an appointment in general practice.
- The appointment capacity in GP practices and in Enhanced Access Hubs remains high, with Brent being second highest in NW London for practice level appointments. Irrespective of the high level appointment activity, demand continues to outstrip supply.
- The 3 PCN groupings are currently piloting Same Day Access for the period Nov 2023 – Mar 2024

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- These additional appointments are provided from the current enhanced access hub sites
 - Harness → Mon to Fri 9.00am – 6.30pm
 - Kilburn → Mon to Fri 3.00pm – 6.00pm
 - K&W → Mon to Fri 9.00am – 6.30pm
- Each hub has a direct access number available to patients

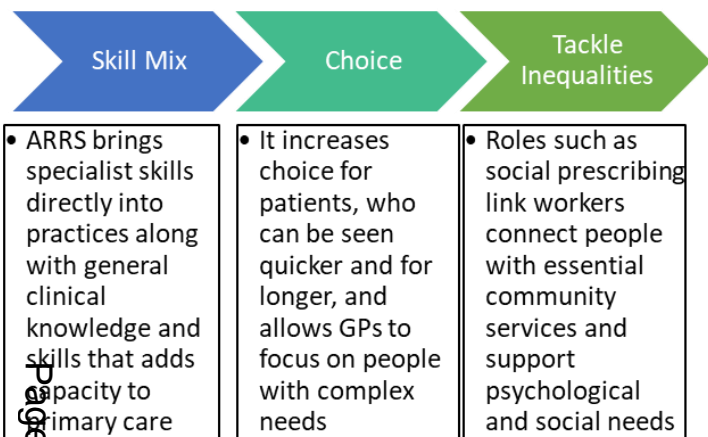
GP Led Appointment Data



- Availability of GP led appointments are at their highest they have ever been since the last five years – the numbers of appointments offered by practices in Brent is the fourth highest in North West London.
- In total, since October 2022, Brent has offered **2.7 million appointments**, working out to be **circa 5 appointments per patient per year**
- Over the past 12 months, Brent has offered an average of 210,000 appointments per calendar month to their patients.
- Upwards of **55% of these appointments offered has been face to face**, with the other appointments split across Telephone, online and home visits

Reference: [Appointments in General Practice - NHS Digital](#)

Advanced and Specialist Roles (ARRS)



The main success story in Brent has been an increase in ARRS recruited into General Practice – an increase of **134% WTE since April 2022** (an increase from 88 WTE to 206 WTE in Oct 2023). Turnover of staff remains high and the capacity for training and development of new recruits remains a challenge.

The additional staffing levels increase capacity in general practice which translate to an improvement in access to primary care (additional appointments).

ARRS in Brent	Role
Care Coordinator	Facilitate and coordinate comprehensive healthcare services for individuals, ensuring continuity of care and collaboration among various healthcare providers
Clinical Pharmacist	Optimise patient medication therapy by collaborating with healthcare teams to ensure safe, effective, and evidence-based use of medications
Social prescribing link worker	Facilitates connections between people and non-medical community-based activities, groups, and services, addressing practical, social, and emotional needs. This includes providing access to specialist advice services, as well as involvement in activities such as the arts, physical activity, and nature. Furthermore, they assist individuals in identifying issues affecting their health and wellbeing while collaboratively creating personalized care and support plans.
First contact physiotherapist	Assesses, diagnoses, treats, and manages musculoskeletal (MSK) problems, prescribes medication within their scope, develops skills in injection therapy, performs diagnostic investigations, signposts/refers to health and care services, conducts audits of health and care practice, and requests/progresses investigations.
Dietitian	Provides advice on dietetics to address various concerns such as diabetes, weight management, food allergies, and conditions like coeliac, gastrointestinal, or metabolic diseases. They prescribe medication within their scope and also play a role in educating and supporting patients.
General Practice Assistant	Arranges clinical support by handling referrals, coordinating tests, and ensuring follow-ups. They conduct simple clinical observations, offer administrative support by preparing letters and completing forms for GPs to sign, and take the time to explain procedures to patients

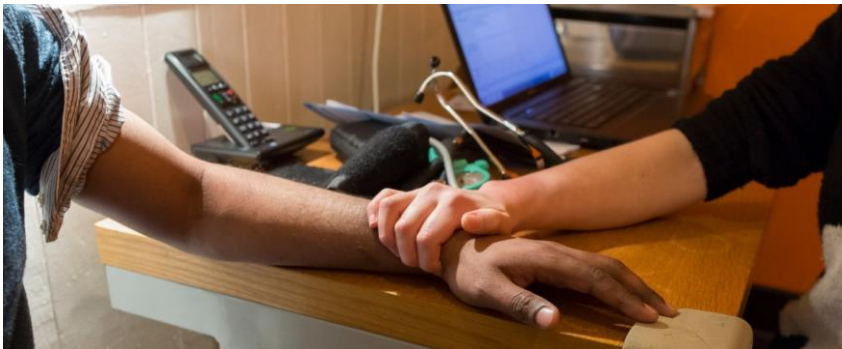


SAFE SURGERIES

A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare.

This ensures that lack of ID or proof of address, immigration status or language are not barriers to patient registration.

In Brent, all 100% of our GP practices are accredited as a safe surgery. This shows their commitment to recognise the barriers to healthcare access that exist, particularly for migrants in vulnerable circumstances, and believe that small changes in practice can make a difference.



Enhanced Services

These are services that do not form part of the GP core national contract. The aim of these services is:

1. Consistent and equitable access of Primary Care Services across North West London (providing services closer to the patient's home)
2. Increase Primary Care Transformation through out Primary Care Networks and Localities
3. Equalise investment across boroughs, including increasing investment in historical underfunded areas
4. Ensure population coverage. Where a practice is unable to provide a service PCNs are encouraged to facilitate inter-practice referral to another practice or to provide and deliver the service at scale to ensure equity in service provision.

Spirometry

Assess and monitor respiratory function – offered across a few sites in the borough

Hypertension Management

Case finding and management, with a particular focus in specific ethnic groups

Phlebotomy

Collection of blood sample
(adults and children)

Identifying and Supporting Carers

Near Patient Testing

Safe prescribing and monitoring of DMARD drugs

Anticoagulation

Management and monitoring of anticoagulant therapy

Medicines Management

Enhance the safe, effective and efficient use of medication

Mental Health

Enhanced Case Management of patients with Serious Mental Illness and Complex Mental Health Needs

Electrocardiogram (ECG)

Monitoring for heart conditions

Wound Care

Assessment, treatment, and management of various types of wounds

Diabetes

Initiatives aimed at improving the management and outcomes of individuals with diabetes and pre-diabetes

Proactive Health Assessment in the homeless, Housebound and Supported Care Living

Ring Pessary

Fitting, management and follow-up of women with a ring pessary

Ambulatory Blood Pressure Monitoring

Blood pressure monitoring over a 24-hour period

Asylum Seekers

Health screening and support to those in Interim Accommodation Centres (Hotels)

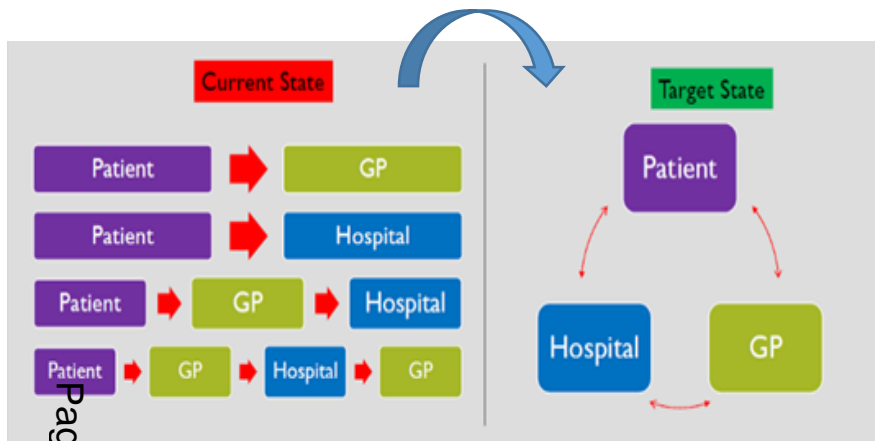
Atrial Fibrillation

Screening to improve diagnosis

Latent Tuberculosis Infection

Initiative focused on the identification, evaluation, and management of individuals with latent tuberculosis infection

Paediatric Hubs



In Brent there are currently FOUR Paediatric hubs, and Multi-Disciplinary Teams have been established with oversight from a paediatric consultant

- K&W South PCN, Gladstone Medical Centre
- Harness South PCN, Brentfield Medical Centre
- K&W West PCN, Stanley Corner Medical Centre
- Harness North PCN, Willow Tree Family Practice

Practices have been identified in the other PCNs to expand the service further

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- The Paediatric hubs aim to:**
- Improve care pathways for children and their families within the community
 - Reduce waiting list/waiting time
 - Better joint working across sectors and continuity of care
 - Improve parental confidence in local services
 - Increase care satisfaction



- February 2023 – August 2023**
- 68 children seen in the two sites that went live first
 - Main presentation: new-born baby concerns, abdominal pains, headaches, dizziness, vomiting, breathing concerns, loss of appetite and behavioural concerns.

Community Pharmacy Services



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**Expansion of
Contraception Service
1 Dec 2023**

- Introduction of initiation of oral contraception in community pharmacies
- Continue with the ongoing supply of oral contraception

**Relaunch Blood Pressure
Check Service
1 Dec 2023**

- Blood pressure checks help to identify people with undiagnosed blood pressure at risk of heart attack and stroke

**Launch Pharmacy First
31 Jan 2024**

(subject to the appropriate digital systems being in place)

- New service to include 7 new clinical pathways
- Replace the Community Pharmacy Consultation Service (CPCS)

NHS App

- Page 96
- ✓ The NHS App was launched in January 2019
 - ✓ It has evolved over the years proving itself as a crucial tool
 - ✓ The NHS App has been designed, built, tested and clinically reviewed with patient safety at its heart
 - ✓ The NHS Apps can be downloaded from the app store
 - ✓ Once downloaded, patients need to go through the safe registration process
 - ✓ The app aims to empower individuals in managing their health and interacting with healthcare services more efficiently
 - ✓ Resources to support utilisation of the NHS App available at following link: [NHS App - NHS Digital](#)



Functionalities within the NHS App:

- ✓ Online consultation
- ✓ Messaging service
- ✓ Can reach patients regardless of changed phone numbers
- ✓ Access to patient records, including reading new entries. This applies to prospective record entries and not historic data.
- ✓ Book, view and cancel appointments
- ✓ Interaction with referrals
- ✓ Prescription ordering
- ✓ Get health advice from trusted NHS resources
- ✓ View and manage care plans
- ✓ Patient registration

'No One Left Behind' Recommendations (1 of 4)

	Recommendation	Progress
1	Brent Council's Cabinet works with NWL ICS to ensure fair funding for local health services	<ul style="list-style-type: none"> - This is a complex process that involves considerations of population needs, service delivery costs, and the equitable distribution of resources. - Substantial investment has been made into Brent for delivery of Enhanced Services, equalising investment across the 8 NW London Boroughs – slide 9 - Significant increase in Additional Roles has improved access to primary care appointments with patients seen by the most suitable, skilled health care professional for their need – slide 7 - A business case is going through due diligence for increased investment into Mental Health services in the Borough
2	Brent PCNs demonstrate a clear career development pathway for health care professionals in order to make best use of professional practice staff that enables greater capacity and more appropriate use of GPs. Brent PCNs should report progress against the development pathway to Brent ICP	<ul style="list-style-type: none"> - An extensive existing training programme is in place for staff within primary care, optimising the use of professional practice staff, enhancing their capacity, and promoting more appropriate utilisation of GPs. - The NW London Training Hub which operates across the eight Boroughs commissions and procures training based on local needs, the economies of scale achieved from this model ensures a more varied and encompassing agenda on training. - Formal career pathways are available to enhance specialist skills e.g. independent prescribers, Salaried Portfolio Innovation schemes for GPs and Nurses - Community Pharmacy services further encourages additional access for patients to be seen in the right setting by the right professional – slide 11

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'No One Left Behind' Recommendations (2 of 4)

	Recommendation	Progress
3	Brent PCNs adopt a GP access and treatment standard that all GP practices sign up to and are accountable to. The standard should describe what services are available and what patients can expect from them. All patient participation groups (PPGs) should be involved in setting this standard, and PPGs should be regularly updated on the performance of the standard	<ul style="list-style-type: none"> - ARRS staff, an increase of 134% WTE since April 2022 – slide 7 - 100% of Brent GP practices are accredited as a safe surgery to ensure that lack of ID or proof of address, immigration status or language are not barriers to patient registration – slide 8 - Care navigators can occupy many roles and play a crucial part in helping people get the right support, at the right time, to help manage a wide range of needs. 53% of practices have enrolled staff on care navigation training, with the aim for all Brent practices and PCNs to have at least one member of staff trained. - Enhanced Access Hubs provide additional; capacity at scale – slide 4
4	Brent PCNs widely communicate the GP access and treatment standard and information on patients' rights to access and treatment including registration, appointments and prescriptions	<ul style="list-style-type: none"> - Brent Health Matters continue to improve community awareness of GP access as well as provide regular community outreach health events. There is a large pool of volunteers and staff who are available to support people in community. - PCNs and GP practices share information with patients on access, including the Enhanced Access Hub and the dedicated patient direct telephone line - 100% of Brent GP practices are accredited as a safe surgery – slide 8 - The NHS App includes a number of functionalities, including the recent access to prospective patient records – slide 12 - Enhanced Access Hubs provides additional access at scale, further supported by the PCN same day access pilot – slide 4 and 5 - Availability of GP led appointments are at their highest they have ever been since the last five years. Over the past 12 months, Brent has offered an average of 210,000 appointments per calendar month to their patients – slide 6 - Cloud based telephony - Efforts continue to support all practices with analogue telephony to move to high quality digital telephony. 70% of practices are on cloud based telephony, and the others are planned to move by 31st March 2024.

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'No One Left Behind' Recommendations (3 of 4)

	Recommendation	Progress
5 Page 99	Brent PCNs develop an action plan to ensure that patient participation groups (PPGs) are supported to be actively involved in improving GP services. Brent PCNs should report progress against the action plan to Brent ICP and Brent Community and Wellbeing Scrutiny Committee	<ul style="list-style-type: none">- PCNs are having PPG meetings to discuss their PCN Capacity and Access Plans- Practices are required to hold regular PPG meetings, and this is an area of focus by the Care Quality Commission (CQC) inspections. Practices are required to demonstrate engagement and act upon PPG feedback.
	Brent PCNs demonstrate that the configuration of their services does not disadvantage patients based on where they live	<ul style="list-style-type: none">- Brent Health Matters provide outreach health events, supporting patients to register with a GP, provide a health check and screening

'No One Left Behind' Recommendations (4 of 4)

	Recommendation	Progress
7	<p>Brent PCNs implement a SMART action plan to reduce the barriers experienced by patients when accessing GP services, with a focus on deprivation, ethnicity, disability and other protected characteristics. Brent PCNs should report progress against the action plan to Brent ICP and Brent Community and Wellbeing Scrutiny Committee</p>	<ul style="list-style-type: none"> - Carers are actively being identified and supported by General Practice, with at least 900 carers having been identified between April and Nov 2023 - Housebound patients are being provided with proactive home visits ensuring holistic assessments - People experiencing homelessness and those living in supported accommodation (non CQC registered) are supported through proactive assessments - Brent Heath Matters prioritise addressing health inequalities through outreach events, working alongside PCNs to identify specific population needs - Local intelligence is captured through data and dashboards prioritising health needs e.g. people of Black or Black British ethnicity being actively treated to target for hypertension reducing risk of cardiovascular events, stroke and Myocardial Infarction. - Primary care networks (PCNs) build on the core work of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for our communities. Tackling Health Inequalities is a key priority for PCNs, with a contractual Direct Enhanced Service available.
8	<p>Brent ICP should work alongside Brent Children's Trust to conduct further research into the experience of children and young people in accessing GP services and take any action as identified</p>	<ul style="list-style-type: none"> - Four paediatric hubs established across the borough – slide 10 - One of the PCNs in Brent is piloting the Child Health Hub (aged 0-5 years) which involves identifying cases with unmet needs (case finding), engagement with community champions, developing service improvements via coproduction and innovation and interface with developing Integrated Neighbourhood Teams - The Borough is rolling out asthma inhaler kits and Epipens for anaphylaxis to schools signed up as 'Asthma friendly', initially to 6 schools by mid Jan 2024 with further expansion in year

Future Areas of Focus (1 of 3)

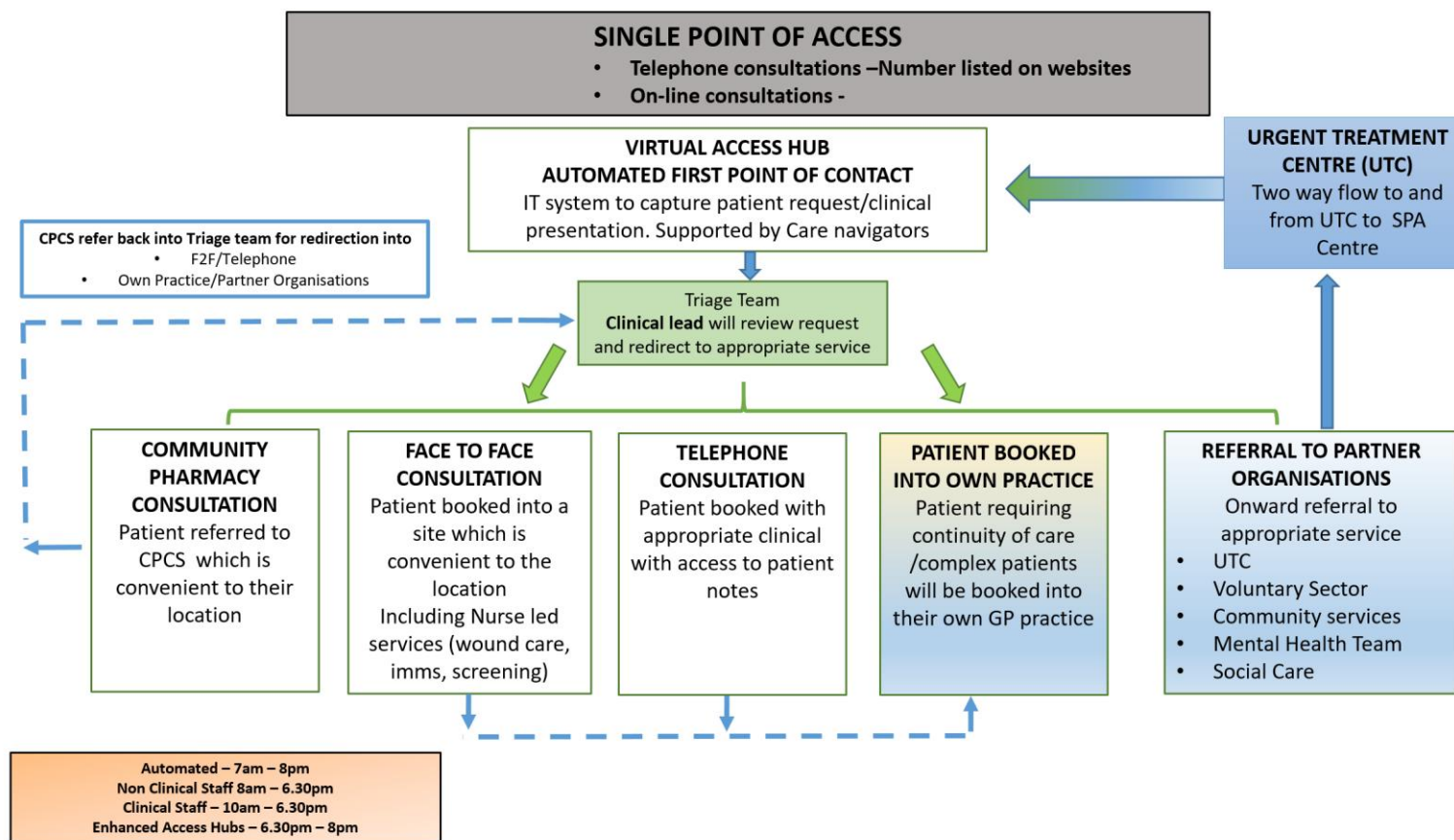
- The PCNs have established a direct patient telephone access number across the three groupings of PCNs (Harness, Kilburn and K&W). Patients are able to directly contact the hub if they are unable to obtain an appointment at their own GP surgery or are able to be diverted to the hub by selecting the option on the GP surgery number.
- Next steps is to develop a single point of contact across the borough – vision outlined on the next slide

Future Areas of Focus (2 of 3)

Longer term vision for delivering GP access in Brent

- The aim is to develop a single point of contact – both telephone and on-line consultation access to a virtual Access Hub, which incorporates IT innovation and technology to capture patient requests. This will include a Triage team to direct patients to the most appropriate service.
- The Virtual Access Hub (VAH) will compliment existing GP access in the Borough and work alongside partner organisations (such as UTC) to manage patients to and from each service. The VAH will not replace existing GP practice appointment system, however will support management of routine and non-complex patient needs
- Patients requiring continuity of care (end of Life, LTC conditions) will be booked into own GP surgery

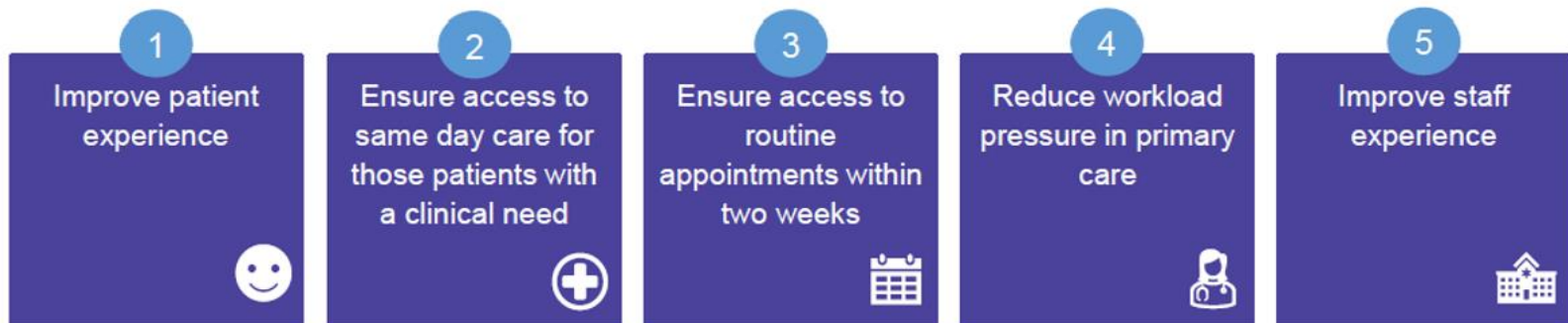
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Future Areas of Focus (3 of 3)


- Integration of Community Pharmacy to support management of same day access, with minor ailment conditions being managed at pharmacy level with IT interoperability to ensure continuity of patient care
- Expand utilisation of digital services, with training e.g. NHS App to be utilised which enables two way messaging with GP practices, access to referrals and discharge summaries, ordering repeat prescription etc.
- Improved access to primary care, development of single access point with appropriate triage of patients, with patients being supported by the most appropriate clinician.
- The focus for the coming year will include the following five priorities

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- Integration and joint management of patient care which spans across all our system partners including social care, acute care, community, mental health and voluntary sectors to ensure a joint approach to supporting patient care

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	Brent Health and Wellbeing Board 22 January 2024
	Report from the Corporate Director of Children and Young People and Borough Director, Brent ICB
	Lead Cabinet Member for Children, Young People and Schools – Councillor Gwen Grahl
SEND and Alternative Provision Local Area Inspection Framework	

Wards Affected:	All
Key or Non-Key Decision:	n/a
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	n/a
List of Appendices:	Appendix 1 - SEND and Alternative Provision Inspection Brief
Background Papers:	
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Shirley Parks Director, Education, Partnerships and Strategy Shirley.parks@brent.gov.uk

1.0 Executive Summary

1.1. The presentation attached as Appendix 1 provides a summary of the SEND and Alternative Provision Local Area Inspection Process, key themes from the Brent partnership’s self-evaluation and an aide-memoire for professionals who may be interviewed during the inspection process based on learning from previous inspections. This has been shared with professionals across the Children and Young People Department, the ICP and health partner providers as part of SEND Area Inspection preparation.

2.0 Recommendation(s)

2.1 That the Health and Wellbeing Board notes the information provided.

3.0 Detail

3.1.1 Contribution to Borough Plan Priorities and Strategic Context

- a) Services for children and young people with SEND fall within the Borough Plan priority of ‘Best Start in Life’ which focuses on ensuring that children and young people “receive the support they need when they need it”. SEND services specifically contribute to the outcome to raise “aspirations, achievement and

attainment” through ensuring that children with SEND are given appropriate support to progress alongside their peers.

- b) The SEND Strategy 2021-25 sets out the local area partnership’s ambitions for children and young people with SEND. The Strategy was co-created with parents and carers, young people and professionals who work across the local area partnership. The associated action plan sets out in detail the ambitions of the strategy and related service improvements and is reviewed regularly by the Children’s Trust.

3.2 Background

- 3.2.1 The Local Area partnership was previously inspected on SEND arrangements in 2017, when a written statement of action was required because of significant areas of weakness in the local area’s practice. A subsequent 2019 inspection re-visit found that local area leaders had made sufficient progress to improve each of the serious weaknesses identified at the initial inspection. A new area SEND inspection framework was launched in January 2023. All local areas will receive a full inspection at least once during a 5-year period. However, the frequency and type of inspection activity in any individual local area will be based on previous inspection outcomes and any relevant additional information received by Ofsted and the CQC.
- 3.2.2 Appendix 1 sets out the SEND and Alternative Provision Local Area Inspection process, which takes place over a 3-week period. The first 2 weeks are focused on data gathering and the third week is on-site. Inspectors will talk to parents, children and professionals across the system to triangulate their findings.
- 3.2.3 Governance of the Brent SEND local area partnership is through the Children’s Trust, chaired by the Corporate Director, Children and Young People. There is representation from the local NHS within the membership of the Children’s Trust. The Inclusion Strategic Board that reports to the Children’s Trust brings together partners to review performance and discuss service developments. There is a strong sense of collaboration across health, education and care and a commitment to work in partnership to make a positive difference to the lives of children and young people, building on the progress noted in the 2019 Ofsted/CQC inspection re-visit.
- 3.2.4 In the SEND area inspection framework, a local area self-evaluation (SEF) takes a central role in demonstrating and driving ongoing quality improvement activity. The Brent SEF was completed in September 2023 and will be regularly reviewed and updated. The SEF will not only be requested ahead of a full inspection as previously, but it will also be required for new annual engagement meetings with Ofsted and CQC (scheduled in Brent in February 2024).
- 3.2.5 As set out in Appendix 1, the SEF identifies many strengths in local systems that support children and young people with SEND and their families. For example:
- engagement with families through the Brent Parent Carer Forum is strong and co-production is central to all strategic developments.
 - Clear SEND processes are in place
 - Capital development schemes will provide over 400 additional special places
 - Systems for early identification of need are well embedded and will be enhanced further through an intervention first approach which is being piloted as part of the DfE’s Delivering Better Value programme.

- SEND provision in Brent schools is strong, supported by the LA's SEN support team.
- Partnership working across inclusion support teams and health and care providers is good.
- Multi-agency decision-making panels are effective.
- Support for Preparation for Adulthood is good and includes a successful Supported Employment Forum and supported internships and capital investment will deliver a Post-16 Skills Resource Centre.
- There is effective oversight of the placement of young people who cannot settle in mainstream school in Alternative Provisions, including local Pupil Referral Units.
- Early Years partnership work is in place through the Best Start for Life programme
- There is a partnership approach across the local area to understand demand and access patterns and joint recovery planning.
- Addressing health inequalities through local service hubs and Family Wellbeing Centres.

3.2.6 Priority development areas agreed across the local area partnership for children with SEND are:

- Improving the timeliness of Education Health and Care Plans (EHCPs) and annual reviews and EHCP quality through a new outcomes focused template.
- Supporting children and young people to achieve good mental health and resilience through addressing CAMHS waiting times and implementing the 'Thrive' model and ensuring that neurodiverse children and young people are appropriately supported.
- Building whole system pathways to support children with communication and speech and language needs.
- Implementing an early intervention approach as part of the DBV programme to manage rising demand at statutory levels.
- Developing a workforce strategy across the local area partnership.
- Developing the Brent Inclusion Plan.
- Addressing health inequalities through the Brent Health Matters children's programme.
- Development of SEND navigators and SEND champions in health care providers.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 Brent's SEF was developed in consultation with partners, including health providers who provided a range of data and information that is included. The Brent Parent Carer Forum was also involved in developing the SEF and fed back their views that it is a fair and honest appraisal of the area's services for children and young people with SEND.

5.0 Financial Considerations

- 5.1 There are no direct financial considerations related to the SEND and Alternative Provision Local Area Inspection Framework. Ongoing service developments are aimed at driving effective use of the High Needs Block budget.

6.0 Legal Considerations

- 6.1 There are no direct legal considerations related to the SEND and Alternative Provision Local Area Inspection Framework.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 All services for children and young people with SEND are aimed at ensuring that the duties of the Equality Act and the Public Sector Equality Duty are met. Assessing and addressing health inequalities of children and young people is an identified priority.

8.0 Climate Change and Environmental Considerations

8.1 The SEND and Alternative Provision Local Area Inspection process will not have any direct implications for the climate change or the environment. These are considered in service development initiatives.

9.0 Communication Considerations

9.1 The inspection process will involve consultation with parents and children and young people. Ofsted will provide surveys for the local authority to disseminate and a schedule for doing so has been developed as part of inspection logistics planning.

Report sign off:

Nigel Chapman

Corporate Director of Children and Young People

SEND and Alternative Provision Inspection

<https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook>

SEND and Alternative Provision Area Inspection Framework

The aims of SEND and Alternative Provision Area Inspection Framework:

- Include a greater focus on the experiences of children and young people with SEND and their families
- Give prominence to the quality and integration of the commissioning of education, health and care services
- Include evaluation of alternative provision commissioning

The outcome will be one of three judgements:

1. The local area partnership's SEND arrangements **typically lead to positive experiences and outcomes** for children and young people with SEND. The local area partnership is taking action where improvements are needed.
2. The local area partnership's arrangements lead to **inconsistent experiences and outcomes** for children and young people with SEND. The local area partners must work jointly to make improvements
3. There are **widespread and/or systemic failings** leading to **significant concerns** about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.

What Ofsted and CQC will be assessing

Ofsted and CQC will be assessing if the local area partnership:

- Understand needs
- Works together to improve its services
- Engages with children and families
- Identifies and acts on concerns
- Ensures it is up-to-date on changes in the SEND system

They will be looking for evidence of how well area partners, practitioners, parents/carers and young people:

- know about the service arrangements for children and young people with SEND
- know what impact arrangements for children and young people with SEND are having strategically and at child level
- Know what the plans are for the next 12 months to improve the experiences and outcomes of children and young people with SEND

Week 1 - request for information

Inspectors will request information from the local area partnership through data and documents (Annex A). Within 24 hours of notification of the Inspection, the area partnership will need to provide:

- The local **strategy** and **commissioning arrangements** for children and young people with SEND across education, health and care
- **person-level data**, which inspectors will use to select the children and young people whose experiences they will evaluate (including SEN Support, EHCP, DSR, social care)
- **Details of local providers** and **services** (including education settings and health and social care providers)

Inspectors will also request from the local authority information about its commissioning arrangements for **alternative provision**.

We have collated Annex A evidence, but will need to ensure that it remains up-to-date.

Weeks 1 and 2: Gathering evidence directly

The inspection team will **select 6 individual cases from the child level data** taking account of the **range of needs** and the **demographics of the area**:

- The cases will represent each of the **4 children with EHCPs across the areas of need** (communication and interaction; cognition and learning; social, emotional and mental health difficulties; sensory and/or physical needs), 2 children receiving **SEN support** and 1 child/young person in **Alternative Provision**.
- They will meet with practitioners (including school class teacher or SENCO) working with the 6 children and young people and parents/carers
- They will request a multiagency (MA) quality assurance of the 6 cases – this will include education, health and care representatives relevant for each child.

They will undertake surveys of parents/carers and young people via the local authority. Schools will be asked to encourage engagement with the inspection from parents/carers and young people with SEND.

Inspectors will use this information to help develop their understanding of the **impact of the SEND partnership on children and young people** and to develop **lines of enquiry** to be followed through onsite evidence gathering. This could involve sampling up to 80 cases in week 3, which will include onsite school visits and onsite visits to care providers.

Week 3: Onsite inspection activities

6-8 Inspectors:

- 1-2 Social care inspectors – including adults
- 1-2 CQC inspectors
- At least 2 Education inspectors

Inspectors will carry out a range of evidence gathering activities, including:

- sampling visits of providers and schools – noting that those providers and schools are not under inspection themselves
- having discussions with children and young people with SEND, parents and carers, and practitioners
- scrutinising evidence provided by the local area partnership
- focused sampling of the partnership's decision-making processes, including in relation to vulnerable cohorts of children and young people across education, health and care and in joint commissioning arrangements

Annex A documentation will be used to triangulate what they see and hear on site.

What's working well



Improvement actions across the system

Consistent timeliness of EHCP and annual reviews and health and care engagement at the right time

Introducing a new EHCP template and annual review template to sharpen outcomes and progress measurement

Development of SEND navigators and expansion of SEND champions in health care providers

Addressing CAMHS and neurodiversity waiting lists through recovery plans

Developing the Brent Inclusion Plan with partners – the system wide approach to inclusion in Brent

Workforce development across the system

Implementation of DBV programme – including development of whole system pathways to meet children’s communication needs/speech and language therapy needs


Implementing the Brent Health Matters – Children and Young People Health Inequalities programme through a partnership approach

Practitioners – getting ready for the inspectors

If you are chosen to speak with inspectors about the children and young people you are working with:

- Prepare – know the child, their needs, their families, the support they have access to and the impact the support is having before your meeting
- Bring the child or young person to life – give them a visual image, use the child’s voice
- Share what’s working well, what could be better, what needs to happen next
- Understand how your organisation operates in the system and provide this information to inspectors if you are asked to do so
- Explain how the child/young person and parents feedback and can change the services provided
- Discuss any lessons learnt from quality assurance or training and how that has made a difference to the way you work
- If you need support to prepare – ask
- You will be asked to provide feedback about your experience with inspectors

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 <p>Brent NHS North West London</p>	<p>Brent Health and Wellbeing Board 22 January 2024</p>
	<p>Report from the Corporate Director of Care, Health, and Wellbeing</p>
	<p>Cabinet Member for Public Health and Adult Social Care - Cllr Neil Nerva</p>
<p>Update on Preparations for CQC Local Authority Assurance</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	<p>Appendix 1 - Presentation slides – Briefing for Health and Wellbeing Board (attached)</p> <p>Appendix 2 - CQC Assurance pilot site reports link</p> <p>Appendix 3 - DHSC Adult Social Care intervention flowchart link</p>
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	<p>Rachel Crossley Corporate Director of Care, Health, and Wellbeing rachel.crossley@brent.gov.uk</p>

1.0 Executive Summary

- 1.1 This paper is intended to update the Health and Wellbeing Board on the Council’s preparations for inspection by the Care Quality Commission (CQC) and provide further information on what partners can do to support ASC in its assurance work.
- 1.2 Legislative changes mean that local authorities, including adult social care services, are being inspected by the CQC for the first time in over a decade. The CQC will rate the extent to which it feels Brent Council is fulfilling its statutory duties. For the Adult Social Care (ASC) Directorate this primarily constitutes Part 1 of the Care Act 2014.

- 1.3 The CQC has continued to share information on its inspection approach since March 2023, including an updated framework, a programme of pilots, a review of data and documentation across England, and new timelines that have pushed dates for the first tranche of inspections back.
- 1.4 The CQC has introduced a new Single Assessment Framework (SAF) against which the Local Authority, and all other health and care organisations in England, will be assessed.
- 1.5 Adult Social Care has developed a comprehensive CQC assurance preparation approach aimed both at ensuring the Directorate is in the best possible position in case of inspection in the short term, and at embedding a dynamic self-assessment and assurance process as business as usual in the Directorate.
- 1.6 CQC assurance preparation has already highlighted positive outcomes in some areas where improvement plans need to be developed and actioned.
- 1.7 The attached PowerPoint presentation provides more information on the CQC assurance framework, our work to respond to this and contributions partners can make to support Adult Social Care.

2 Recommendation(s)

- 2.1 To note the progress on preparing for inspection, and the continued work to integrate CQC preparation work, improvement action, and transformation work within the ASC Directorate.
- 2.2 To identify any further support needed to understand Health and Wellbeing Board's collective and individual accountabilities within the Single Assessment Framework.

3.0 Contribution to Borough Plan Priorities & Strategic Context

- 3.1 The vision for Adult Social Care in Brent is:

Working with you to live your best life.

- *We will work with residents and carers, as partners in their own care and support, to live independent, safe, happy, and fulfilling lives.*
- *We will enable and support our staff and partners to meet our community's needs and deliver excellent outcomes for you.*
- *It will be everyone's business to create a culture of continuous improvement, with inclusion, equity, and equality at its heart.*

- 3.2 Delivering against this vision, Adult Social Care will contribute directly to delivering against Brent's Borough Plan, in particular a priority to create "A Healthier Brent" but also "Thriving Communities."

3.3 As shown in the presentation slides, the CQC Assurance Framework domains and We Statements are well aligned with these ambitions.

4.0 Stakeholder and ward member consultation and engagement

4.1 A series of sessions have been held for Service, Team, and Deputy Team Leaders across the Adult Social Care Service to ensure they are fully sighted on the CQC Assessment Process, details of the SAF, inspection timelines, and the preparations being made, and to ensure information is cascaded down to their frontline staff.

4.2 Development of the self-assessment has involved systematic engagement with the Director of Adult Social Services, Management Team, Service Leads, Team Leads, and Deputy Team Leads, including those responsible for our front door in Brent Customer Services. This engagement, in one-to-one, group interview, and workshop form. Feedback from the previous staff surveys and carers survey have also been reviewed and considered as part of the CQC self-assessment process.

4.3 Extensive engagement work was carried out with frontline staff in September 2023. These 'focus group' sessions gathered feedback from frontline staff on their experience of working in the Service and fed these into our self-assessment. Furthermore, the sessions ensured staff were aware of the legislative changes outlined in this paper, with the aim of demystifying the process of CQC assurance.

4.4 Wider partner engagement sessions have also started, with a session at the end of 2023 for the Integrated Care Partnership Executive, this report at health and wellbeing and a item at the Council's scrutiny committee at the end of January.

5.0 Financial Considerations

5.1 There are no direct financial or budgetary implications associated with the changes and work set out in this report.

6.0 Legal Considerations

6.1 If the Council is not meeting its statutory duties as set out in the Care Act 2014 and is rated inadequate by the CQC, it may be subject to intervention by the Secretary of State.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 One of the CQC's nine quality statements relates to equalities, both in terms of equality of access to, experience of, and outcomes from services delivered and commissioned by Adult Social Care, and in terms of the social care workforce. The self-assessment process will evaluate the Council's performance against CQC guidance and feed any areas of concern into the Directorate's refreshed Transformation Programme.

8.0 Climate Change and Environmental Considerations

8.1 These proposals have no direct impact on the Council's environmental objectives and climate emergency strategy.

9.0 Communication Considerations

9.1 The CQC internal and external communications projects set out future activities for informing, consulting and engaging staff, members, services users, carers, providers, and health partners around the CQC assurance process, self-assessment themes and related improvement activities. These activities include:

- Briefings: Regular updates in existing forums (internal and external) to keep stakeholders informed on our assurance preparation process, self-assessment narrative and transformation work, and to seek feedback.
- Resource packs: Resource packs have been developed for managers, leaders, and members. These will include key messaging around CQC tailored to different audiences, as well as ready-made CQC comms resources (including flyers and digital assets) for distribution and discussion at briefings, team meetings and consultations with residents.
- Communications assets: Development of digital newsletter spotlights (including internal newsletters and the resident magazine) to provide updates on CQC. Posters and flyers for distribution in the Brent Civic Centre and at community events providing key information around CQC.

Report sign-off:

Rachel Crossley

Corporate Director of Care, Health and Wellbeing

CQC Assurance: Delivering the Best for Brent

CQC Briefing for Brent Health and Wellbeing Board

January 2024

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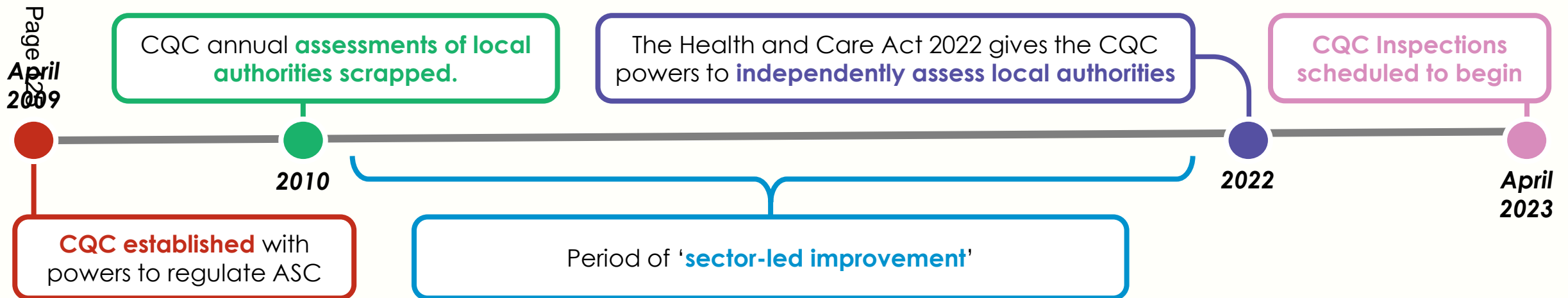
CQC Assurance: Introduction and Context

The New Assurance Environment

Care Quality Commission (CQC) annual assessments of ASC duties were scrapped by the government in 2010, and as such the CQC stopped carrying out inspections of ASC services, which had focused primarily on adult safeguarding. After 2010, local authorities like Brent participated in 'sector-led improvement'.

The Health and Care Act 2022 re-introduced a duty on the CQC to inspect local authorities' delivery of their ASC functions as set out in Part 1 of the Care Act 2014.

The CQC have developed a new 'Single Assessment Framework', which ASC Departments will be assessed against.



The CQC Single Assessment Framework

The Single Assessment Framework is categorised into four Quality Domains. Each domain includes a series of Quality Statements, expressed as “we statements”, which can be found in the following slides.

Theme 1: Working with people

Includes assessing needs, supporting people to live healthier lives, prevention, well-being, and information and advice. Includes unpaid carers.



Theme 2: Providing support

Includes care markets (including commissioning), health integration, workforce equality, and partnership working.



Choice, control, co-production and personalisation run throughout all areas of focus

Theme 4: Leadership

Includes governance, capable and compassionate leadership, learning, improvement and innovation.

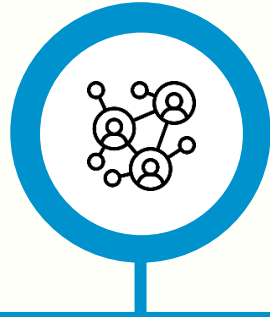


Theme 3: Ensuring Safety

Includes safeguarding, safe systems, transitions and continuity of care.



Assessment Framework: Quality Statements 1-2



Theme 1: Working with people

- 1. Assessing needs:** We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
- 2. Supporting people to live healthier lives:** We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.
- 3. Equity in experiences and outcomes:** We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.



Theme 2: Providing support

- 1. Care provision, integration and continuity:** We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- 2. Partnerships and communities:** We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Assessment Framework: Quality Statements 3-4



Theme 3: Ensuring safety

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- Safe systems, pathways and transitions:** We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- 2. Safeguarding:** We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.



Theme 4: Leadership

- 1. Governance, management and sustainability:** We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- 2. Learning, improvement and innovation:** We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Evidence Categories

The CQC has developed five categories for the evidence it will collect to complete its assessment:

People's
experience
(including case
audit)

Feedback from
staff and leaders

Feedback from
partners

Processes

Outcomes

Page 1 of 2
There is **extensive and continually emerging guidance** from the CQC itself, and from the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) on what constitutes positive performance for each of the Quality Statements and more. Key documents as of October 2023 are:

1. [CQC Assessment Framework](#).
2. [LGA Unpaid Carers toolkit](#).
3. LGA Self-Assessment Guidance [Part 1](#) and [Part 2](#) and excel [workbook](#).
4. LGA and Partners in Care and Health [top tips](#).

Summary of Part 1 of the Care Act 2014

Statutory Duties under Part 1 of the Care Act 2014

Ultimately, CQC Assurance will measure how well the ASC Department is performing against its statutory duties as set out in Part 1 of the [Care Act 2014](#). CQC Assurance isn't about passing a test; it's about delivering best practice consistently. We will use the Assurance process as an opportunity to review our practices critically, identify areas that may need improvement, and continually enhance the services we provide to local people.

Summary of Care Act 2014 Part 1 duties

Section	Summary of duties	Chapters
General responsibilities and universal services	Promoting wellbeing; preventing, reducing or delaying needs; providing information and advice; market shaping and commissioning of adult social care and support; managing provider failure and other service interruptions	1-5
First contact and identifying needs	Assessments and eligibility; independent advocacy	6-7
Charging and financial assessment	Charging and financial assessments; deferred payment agreements	8-9
Person-centred care and support planning	Care and support planning; personal budgets; direct payments; review of care and support plans	10-13
Safeguarding	Adult safeguarding; abuse and neglect; carers and adult safeguarding; procedures; multi-agency working; criminal offences and adult safeguarding; safeguarding enquiries; Safeguarding Adults Boards; Safeguarding Adults Reviews; information sharing, confidentiality and record keeping; roles, responsibilities and training in local authorities, the NHS and other agencies	14
Integration and partnership working	Integration, cooperation and partnerships; transition to adult care and support; prisons, approved premises and bail accommodation; delegation of local authority functions	15-18
Moving between areas: inter-local authority and cross-border issues	Ordinary residence; continuity of care; cross-border placements	19-21
Other areas	Site registers	22

Overview of Brent's CQC Assurance Programme

Purpose of the CQC Assurance Programme

Brent's CQC Assurance Programme has been created to ensure Brent's Adult Social Care (ASC) Department is prepared for the CQC's new inspection process, and to ensure the Department uses inspection as an opportunity to embed continuous improvement in how well it meets its statutory obligations moving forward.

The desired outcomes from the programme are:

1

Ensure Brent's ASC Department gets a **'Good' or 'Outstanding' CQC rating**.

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2

Gain an improved view of departmental and team performance, including areas of weakness, and **develop plans to address gaps** that are not within the scope of any ongoing work.

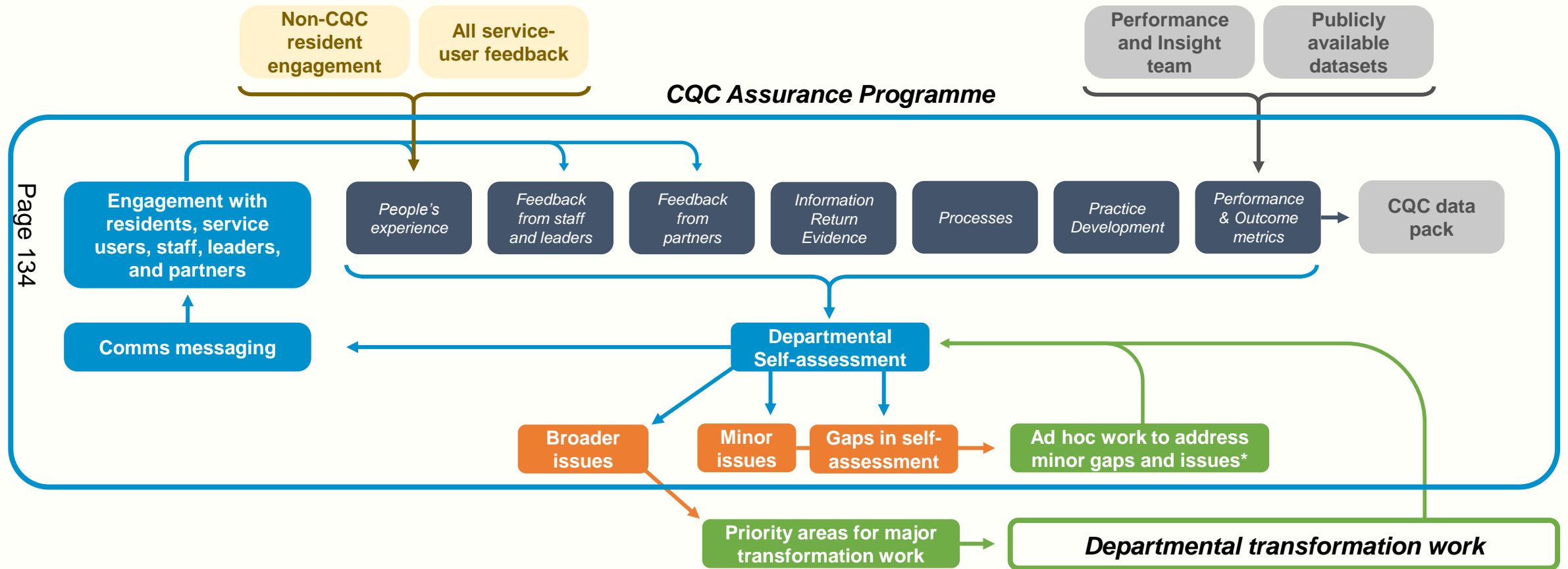
3

Develop processes, governance, and evidence management systems that **ensure the assurance process becomes part of the Department's BAU** commitment to continuous improvement.



Overall CQC Assurance Process

The Programme aims to create **continuous and dynamic assurance process** that feeds evidence from across the Department into the self-assessment and uses the self-assessment to drive improvement work.



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*Ad-hoc actions may include assigning actions to generate evidence (e.g. updating a policy), address gaps in the Information Return, improve performance data (e.g. collection of new metrics), and any other non-transformational actions managed through this Programme.



Partner Contribution to CQC Assurance



How Partners can Support

- **Policy Alignment:** Ensuring local policies align with CQC standards, offering guidance and resources to meet inspection criteria.
- **Collaborative Oversight:** Working closely with social care to understand their challenges, providing support, guidance, and resources where needed.
- **Quality Improvement Initiatives:** Participating in and/or Facilitating initiatives to improve care quality, such as training programs, workshops, or sharing best practices.
- **Advocacy and Communication:** Advocating on behalf of social care, communicating social care needs to within your organisations and ensuring support for meeting inspection standards.

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How Partners can Support

- **Data and Evaluation:** Assisting in data collection, analysis, and evaluation to identify areas for improvement and monitor progress in meeting care standards.
- **Community Engagement:** Involving the community in understanding the importance of social care and gathering support for initiatives that enhance care quality.

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Policy Development: Participating in policy development to address gaps identified and enhance the overall quality of adult social care services.

- **Be available to speak to Inspectors when they arrive**



Information for The Health and Wellbeing Board

Additional Information and Resources

Resource	Source	Link
CQC Assessment Framework	CQC	Link
Overview of reasoning behind the new assessment framework	CQC	Link
Adult social care assurance: A guide to support the development of your adult social care self-assessment (Part 1)	LGA	Link
Adult social care assurance: A guide to support the development of your adult social care self-assessment (Part 2)	LGA	Link
Top tips for CQC assurance preparation	LGA	Link
Unpaid carers and CQC assurance	LGA	Link
Care Act 2014 Part 1	Legislation.gov.uk	Link
Care Act 2014 guidance	GOV.UK	Link
Care Act 2014 factsheet	GOV.UK	Link

If you have any comments or queries, please reach out to Claudia Brown, Director Adult Social Services (DASS) (claudia.brown@brent.gov.uk)

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