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Health and Wellbeing Board

Monday 15 April 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. Alternatively the meeting can be followed via the live webcast HERE.

Membership:

Councillor Nerva (Chair)	Brent Council
Dr Mohammad Haidar (Vice-Chair)	Brent Integrated Care Board Partnership Executive
Councillor M Patel	Brent Council
Councillor Donnelly-Jackson	Brent Council
Councillor Grahl	Brent Council
Councillor Kansagra	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, Senior Governance Officer
Tel: 020 8937 1339; Email:hannah.o'brien@brent.gov.uk

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

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

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

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

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

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

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

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

****Personal Interests:**

The business relates to or affects:

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

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

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

or

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

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

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

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

2 Declarations of Interest

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

3 Minutes of the previous meeting 1 - 14

To approve as a correct record, the attached minutes of the previous meeting held on 22 January 2024.

4 Matters arising (if any)

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

5 Healthwatch - Achievements in 2023-24 and Work Programme for 2024-25 15 - 24

For the Health and Wellbeing Board to receive an update on the acheivements of Healthwatch in 2023-24 and the Work Programme for 2024-25.

6 Improving Mental Health and Wellbeing Priority - Progress and Plan for 2024-25 25 - 40

For the Health and Wellbeing Board to receive an update on the Integrated Care Partnership (ICP) priorty – improving mental health and wellbeing, and the plan for 2024-25.

7 Brent Children's Trust Update and Forward Look 41 - 48

For the Health and Wellbeing Board to receive an update on the work of the Brent Children’s Trust and a forward look at upcoming work.

8 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Deputy Director of Democratic Services or their representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: 23 July 2024

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

- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis. Alternatively, members of the public can follow the meeting live via the webcast HERE.

Brent

NHS North West London

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Monday 22 January 2024 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Mohammad Haidar (Vice-Chair), Councillor Shama Tatler (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council) Patrick Laffey (Deputy Director of Operations, CLCH), Simon Crawford (Deputy Chief Executive, LNWUHT - online), 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), Jonathan Turner (Borough Director – Brent – NWL NHS), Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Josefa Baylon (Head of Integration – Brent, NWL NHS), Versha Varsani (Head of Primary Care - Brent), Shirley Parks (Director of Safeguarding, Performance and Strategy, Brent Council)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Jackie Allain – substituted by Patrick Laffey
- Simon Crawford – joined online

2. Declarations of Interest

None declared.

3. Minutes of the previous meeting

RESOLVED: That the minutes of the previous meeting, held on 30 October 2023, be approved as an accurate record of the meeting.

4. Matters arising (if any)

The minutes referenced discussions in relation to health, environment and air quality on page 11, with actions for this to be taken up with LNWUHT and Public Health. Dr Melanie Smith (Director of Public Health, Brent Council) confirmed that a meeting had been arranged to meet with the London North West Lead for Strategy at the Trust to discuss.

5. Health and Wellbeing Strategy - Highlights and Forward Look

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which provided a status update of progress against the commitments made in the Health and Wellbeing Strategy and suggested a way forward. In introducing the report, she highlighted the following key points:

- Members were reminded that the current Health and Wellbeing Strategy had been shaped by extensive community engagement which specifically focused on asking residents about inequalities in health and what they thought could and should be done about inequalities. In response to that engagement, the Board had defined 5 key themes for the strategy: healthy lives, healthy places, staying healthy, healthy ways of working, and understanding, listening and improving.
- Against the 5 key themes, Board members committed to a number of actions that residents had asked of the Board and the paper detailed where progress on each of those commitments were.
- There was a breadth of activity taking place and positive progress had been made on most actions. Officers highlighted that much of the data was qualitative rather than quantitative, this would be addressed when looking at ways forward.
- Officers proposed that the next steps, through each Council department and Integrated Care Partnership (ICP) Executive Group, was to undertake a review of which of the commitments had been met, which had become business as usual, and which may no longer be relevant. Each Council department and ICP Executive Group would be asked to identify 1-2 new commitments, including quantifying those commitments and identifying how the Board would know whether they had been met by providing a set of metrics to measure against. Those commitments should then be incorporated into each service areas' planning processes for the 2024-25 year.

The Chair then invited contributions from those present. The following points were made:

- The Board was pleased to hear about the installation of an accessible changing place facility at Vale Farm Leisure Centre. Dr Melanie Smith highlighted that the future expansion of additional changing places in other locations was dependent on securing additional funding.
- The Board noted that the report detailed improved access to parks and events for people with disabilities, and asked whether the working group set up to progress this work included adults who were disabled and had considered what barriers adults with disabilities using parks and event spaces faced. The Board was advised that the work was currently child focused, but there were plans to expand that to involve adults, which was an area that had not yet been worked on. It was agreed it would be helpful to discuss this work with the Disability Forum to ensure this was done through co-production.
- The Board was pleased to hear about the installation of a wheelchair accessible swing in one of the parks in the borough but noted the comment in the report that it had elicited a mixed response. Officers explained that the facility of the swing was welcomed, however this had highlighted other accessibility issues with access to the surrounding areas that needed to be addressed.
- The Board felt the paper demonstrated some good examples of initiatives aimed at children and young people, such as the oral health bus which was award winning.
- The Board highlighted the importance of ensuring the Council was doing all it could to maximise engagement with hard to reach groups using the institutional knowledge it had gained during the pandemic. For example, embedding public health initiatives in the Brent Hubs was essential as they were the Council's main mechanism for signposting.
- It was felt that the report highlighted the importance of cross-departmental working, such as the need for public health to work closely with the Environment and Leisure Team to prioritise the accessibility of green spaces, active travel and cycling infrastructure. This went beyond the Council, as it was important to work collaboratively with key community partners and NHS stakeholders. Dr Melanie Smith highlighted that the next step would be to engage colleagues across the Council and ICP Executive

Groups to ensure a joined up approach. It was hoped that when new priorities were presented, the Board would challenge officers to demonstrate that joint working. A multi-agency group had been established in the past 6 months, which met regularly and was made up of colleagues from public health, Brent ICP, and Environment and Leisure. This group aimed to take that partnership working to the next stage.

- The Board highlighted that there was a reluctance from residents to seek out routine health checks, vaccinations and dental check-ups and asked what more was being done to encourage take up of those preventive services. Dr Melanie Smith agreed that the uptake of a range of preventive health services in Brent was poor, but highlighted that the high demand evidenced by the number of parents presenting with their children to the oral health bus was an indication that people did see these services as important. Public Health had been using both quantitative and qualitative intelligence from engagement activities to make the case to the NHS for improved access to services through resourcing.
- The Public Health Team would return to the Health and Wellbeing Board once the Strategy refresh was completed.

RESOLVED: To note the update.

6. Update on Integrated Neighbourhood Teams

The Board received a report from Josefa Baylon (Head of Integration – Brent, NWL NHS) which provided an update on the progress made and the overall strategic approach taken in the continued development of Integrated Neighbour Teams (INTs) in Brent. The approach focused on 3 key enabling pieces of work; workforce and organisational development; estates; and ICT data, digitisation, and connectivity. The Board was asked to approve the next steps and comment on how best INTs could ensure the next phase of work involved meaningful input from communities and best ways to measure and track impact.

In introducing the report, Josefa Baylon reiterated that INTs were a large scale, long term development approach which followed guidance on what integration should look like. It focused on co-production, engagement, and working collaboratively with partners and residents to discover, design, develop, implement, evaluate and sustain models of integrated working. Some of the achievements of the work so far included some neighbourhood deep dives with visioning days, which had fostered an environment of continuous learning and engagement. The Board heard that, collectively, those engagement events had engaged over 200 residents between June – November 2023 on in Willesden, Wembley, and Stonebridge, Harlesden, Kensal Green & Roundwood. Those neighbourhoods were now ready to fulfil their delivery plans within their areas. There was still work to do on the remaining 2 neighbourhoods in Brent, which were Kenton & Kingsbury and Kilburn.

Next steps would include looking at understanding workforce training and development needs across all key delivery partners, and estate optimisation. A local estates strategy had been drafted which was being shared with stakeholders for review. The report provided further details on initiatives which included the opening of a new site for Wembley Medical Practice. As part of the new site, it was hoped it would be possible to integrate it with nearby services, such as Brent Civic Centre, to act as integrated care hubs, meaning residents would not need to repeat their stories more than once. This would look to integrate and connect information, with work was being done with London Care Records, Care Information Exchange, Universal Care Plans, Pharmacy First and Optica to ensure this was done appropriately. The work would look to establish a defined theory of change that would enable INTs to measure and track the impact of delivery.

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

- Within the report there was a section on population health needs analysis, which showed a life expectancy and deprivation map outlining that the highest areas of deprivation had less life expectancy. The Board asked, as a result of that information, whether the approach should be more targeted with more resource put behind those areas. Tom Shakespeare (Director of Integrated Care Partnership) felt this was an important point. He stressed that this particular programme was about enabling and did not come with significant additional resource in itself, but looked at aligning existing resources within the system to achieve outcomes. In other areas of work, the ICP was making the case for levelling up, with business cases submitted for additional resource in all parts of the system.
- The Chair queried how each locality would ensure equity operated within their hyperlocal areas where some parts might be more affluent or engaged in processes than others. Officers acknowledged that challenge, and highlighted that they were aware of those areas. For example, there were parts of South Kilburn that might be hard to reach, suggesting it might be easier to work with certain groups in South Kilburn, and that there was a need to ensure all partners in Kilburn were part of the design and development of the Neighbourhood Team. The approach being taken was around co-production with a bottom-up approach and, when delivery plans were designed, officers ensured engagement with those hard to reach communities within a neighbourhood.
- Dr Haidar explained that the purpose of this work was to bring all partners, stakeholders and residents together with a single approach to work towards 'One Brent'. For example, if there was a service in the South of Brent for respiratory services, a person with a similar problem travelling from the North of the borough all the way to the South proved difficult, particularly for people with chronic respiratory conditions who may need to take several buses, so the INTs aimed to provide services as close to home as possible for all Brent residents.
- Board members thought the report could be clearer in helping members and residents to understand what stage the INTs were in their development, as there was some confusion over whether there were any integrated hubs operating already. Josefa Baylon confirmed that no Integrated Care Hubs had been opened yet and officers were still at the scoping and design phase with residents and frontline staff. She highlighted that there was no specific pot of funding for this work, but officers were preparing a strategy that would inform the next phase of options appraisals where it was hoped they would be able to bid for funding. This would prioritise optimising what was already available, so rather than building a new physical space without funding, officers would be looking to maximise community assets with short term, medium term and long-term plans to get to a stage where there were campus style hubs with services within walking distance for residents.
- The Board highlighted that some Council services already operated within a hubs model, such as for debt relief and advice. They queried how linked Integrated Care Hubs would be with existing hub models, highlighting that health was often impacted by other factors in people's lives such as debt and stress. Josefa Baylon explained that the INTs would want to link in with those existing Council ran hubs which was why campus style hubs were proposed to enable health, NHS primary care, social care, and voluntary and community sector care to be located together. For example, the new Wembley Park hub scheduled to open in March 2024 would be made up of the Wembley Park Medical Centre with the Brent Civic Centre located opposite that site, where residents could access health advice and across the road advice and guidance and access to frontline staff regarding housing and Adult Social Care.

- In terms of the approach to the different health needs of different localities, the Board asked how INTs would respond to barriers different groups faced using data such as Census data to better understand that. For example, Census data showed that there were over 100 languages spoken in Brent, with several communities where English was not a first language. The Board wanted to know how INTs would access those communities and how they would link with faith communities who already did outreach work. Josefa Baylon responded that accessibility and language was very important for the INTs, and in order to address health inequalities there was a need to ensure INTs had tools available to break down barriers, such as access to interpreters. Officers had already been using interpreters for co-production and engagement stages of the INT work. There had also been work with the Deaf Parents Forum for Children and Families and work with faith communities. For example, officers were working with Kingsbury Temple who were offering use of their large space to host some of the hubs. Another example highlighted that the vaccination programme was being expanded in the Willesden Central Mosque to target hard to reach communities.
- HealthWatch Brent was excited to see progression with this work and agreed that it aligned with what residents were telling HealthWatch they wanted to see. They hoped that residents would be involved in the process of monitoring and measuring impact to ensure long term transformation and not just short-term outcomes. Josefa Baylon confirmed that the work was committed to the values and principles of co-production and had been agile in first reporting findings to residents before they were reported to the Board and ICP Executive. In Harlesden and Stonebridge, a free venue had been offered for quarterly meetings to ensure residents remained part of the process.

In bringing the discussion to close, the Chair asked the Board to note the report and approve the next steps for development of INTs. For the next presentation to the Board, the following asks were made:

- To include information about the significance of PCN alignment with the geography of Brent localities.
- To include information on the need for health improvement targets for each locality that seek to overcome local health inequalities.
- To include practical examples of the work that has been undertaken so far and an ‘easy read’ report developed for better public accessibility.
- To develop links with the work of Brent’s already established hubs and learn from them.
- To ensure the valued contribution of faith communities is not lost.
- To ensure the Health and Wellbeing Board is made aware of resource issues, including for One Public Estate, and to have a view of the timeline, showing the move from development phase into implementation.

7. Access to Primary Care Implementation Update

Versha Varsani (Head of Primary Care - Brent) introduced the report, which provided an update on access to primary care following the previously presented paper a year ago which had responded to the ‘No One Left Behind’ Scrutiny Task Group Report into access to primary care. In introducing the report, she highlighted that ‘No One Left Behind’ had made a number of recommendations and the report presented an update on progress against those. Some of the key points were highlighted as follows:

- In terms of the patient population, there was a diverse population with the number of patients growing year on year. People were living longer and having lengthier periods of ill health.
- There was a lot of work being done around proactive healthcare and neighbourhood work.
- The demand for GP led appointments surpassed the supply, so primary care was continually seeking different avenues and providing progressively more services to meet this demand.
- There were 51 GP surgeries across Brent, and in a period of one month, GPs collectively provided 210,000 GP led appointments.
- Enhanced access hubs were available which provided delivery of services across the 5 different hubs in the borough and operated outside of GP core hours – in the evenings from 6:30pm–8pm Monday to Friday, and Saturdays 9am–5pm. Those hubs provided an additional 12,500 appointments per month.
- Between GP-led appointments and enhanced access hub appointments, there was an average of 3 appointments per month per patient, or 36 appointments per year per patient. Not every patient registered with a GP would need an appointment, so some patients would have more access than others, but this gave an understanding of the offer.
- NWL was currently piloting a service operating between November 2023 to March 2024 with PCNs to provide more at scale services during core hours and was beginning to analyse the data from that trial.
- There had been additional pressures over winter due to the usual winter pressures, as well as Junior Doctor strikes. PCNs stepped up to provide additional access over the 3 bank holidays during Christmas.
- PCNs and GP practices had active triage models and aimed at signposting patients to the right place at the right time to see the right professional.
- There had been an increase in employees on the Additional Roles Reimbursement Scheme (ARRS), with 206 full-time equivalent additional roles, such as pharmacists, dieticians and social prescribers, compared to 88 two years previously. These additional roles provided specialist skills within GP practices and PCNs.
- A priority of primary care was to help patients chose the right setting to access and there was a range of services to chose from including community pharmacy services, NHS 111 for non-life threatening conditions, and promotion of self-care. Community pharmacists were expanding their offer with the Pharmacy First Scheme in line with the national programme. Pharmacy First would be a walk-in service for access to treatment for minor ailments, initially with 7 pathways. There would be ongoing work to further integrate all these additional services, and pharmacists were currently undertaking training to ensure they could provide the enhanced service.
- Digital technology was advancing with the NHS app. There was awareness that not all communities in Brent were digitally literate, so work was happening to educate residents on how to use the app and enabling residents to use it properly. The technology within the app allowed both GPs and residents to gain access to their patient records.
- There was a vision to align and streamline the access model so that there was one direct phone line for patients to access and work would take place over the coming year towards that.
- Brent Health Matters (BHM) was supporting community engagement to raise awareness with residents about services and NWL continued to update its

communications strategy and engagement plans to ensure residents were aware of what to expect from their primary care.

In considering the report, the following points were raised:

- Members highlighted that many GP surgeries already had an app where patients could book appointments and other actions, and asked how aligned those apps would be with the NHS app to ensure there were not too many applications patients were required to access and look at. They heard that the direction of travel nationally was to move towards using only the NHS app as one application. The NHS app was a highly tested app and had gone through strict governance processes to ensure it was completely safe to use, including in relation to the protection of patient data. The NHS app also allowed two-way messaging between the patient and GP surgery. Data showed that 3 in 4 people had downloaded the NHS app, but that did not necessarily mean they were using it, so the next step was to encourage use of the app.
- Dr Haidar added that digital inclusion work could be presented at a future meeting as there was work being done by NWL NHS around health inequalities and digital exclusion.
- The Board highlighted that a potential barrier for using the app would be accessibility and hoped it had been robustly tested. For example, the Board asked whether the app took account of British Sign Language use. It was agreed that action would be taken to identify whether British Sign Language needs were catered for within the app.
- The Board felt the report missed information relating to women's health needs specifically and Well Woman Clinics. Versha Varsani explained that NWL NHS was currently working with a specialist GP to focus on developing women's health clinics across the borough.
- The Health and Wellbeing Board highlighted that many constituents experienced challenges with the 8am rush in their GP surgeries, for most GPs it was currently necessary for patients to call the surgery at 8am to get a same day appointment, this often coincides with many residents morning commute to their place of work. Tom Shakespeare (Director of Integrated Care Partnership) explained that this challenge was one of the key factors that the ICP wanted to focus on over the next 12 months and there was a triage pilot currently running with 23 of Brent's GP practices. Triaging was being looked at from a borough perspective and considered as part of business modelling, with the intention to manage that demand at 8am by streamlining and filtering demand differently. The pilot was working towards one single access number, where if someone was unable to get a response from their GP surgery, they could use the single access hub and be directed to the right service.
- The Board highlighted that only 55% of the appointments offered were face to face, as outlined in the report. They queried whether there was confidence that this was reflective of the needs and preferences of patients. Officers were of the belief this was reflective of patient preference. If a patient wanted to be seen face to face they would be triaged into being booked in to a face to face appointment. The figure was in line with the average benchmark for NHSE, which was closer to 60%.
- Dr Melanie Smith (Director of Public Health, Brent Council) highlighted the achievement outlined in the report that 100% of GP practices had been accredited as Safe Surgeries. She queried how that was working in practice and suggested that a mystery shopping exercise be carried out, which would be arranged outside of the meeting.
- The Chair asked whether, anecdotally, there had been a reduction in people presenting to A&E which could be linked back to Safe Surgeries, as those without documentation could now register with a GP. Simon Crawford (Deputy CEO, LNWUHT) was not aware that there had been a reduction in attendances for this specific reason, but agreed to undertake further analysis of this. He highlighted that A&E had been extremely busy in

terms of winter pressures, although there was good work happening in the community and primary care to support the pressures with alternative pathways.

As no further issues were raised, the Chair drew the discussion to a close, asking the Health and Wellbeing Board to note the work to date to improve access to primary health care and note the proposals in the paper for GP-led services in 2024-25. He requested that the next update included the work which health and the local authority were undertaking in relation to digital inclusion, women's health and the communications strategy, as well as the information regarding Safe Surgeries and any analysis of the impact this has had on A&E attendances and the mystery shopping exercise outcome.

8. Learning from Inspections

9. SEND and Alternative Provision Local Area Inspection

Nigel Chapman (Corporate Director Children and Young People, Brent Council) introduced the report, which detailed the preparedness for the joint inspection of SEND services of both the local authority and health. In introducing the report, he highlighted the following points:

- The inspection was conducted by both CQC and Ofsted as a joint inspection of health and the Council, rather than a solely local authority inspection.
- The SEND inspection would use a new framework which was introduced just over a year ago, the details of which were in the report.
- Brent had been inspected as an area partnership in 2017 and 2019 in relation to SEND.
- Since the new framework had been introduced, approximately 18 inspection reports had been published nationally with a wide variety of outcomes. There had only been three published inspection reports in London, with Haringey's inspection starting the day of the meeting.
- In Brent, it was felt that the local area partnership was in a reasonable place in relation to SEND. The strengths were detailed in the report, and Nigel Chapman highlighted the strong relationship with parents and carers that gave the opportunity to improve services and flow their voice through the work done around SEND.
- Shirley Parks (Director of Safeguarding, Performance and Strategy, Brent Council) added that the appendix provided a good summary of the SEND inspection process and the preparedness for that, which had been shared across the partnership. Where areas of development had been identified, work was already underway to address them, such as CAMHS waiting lists. She highlighted that Brent knew itself quite well, which was important for being inspection ready.
- Jonathan Turner (Borough Lead Director – Brent, NWL NHS) added that the borough-based partnership had been working closely with the local authority to prepare the self-evaluation and the documents that form the required annexes. As a result of the restructure which was currently underway in the Integrated Care Board (ICB), it was likely there would be a full-time Designated Clinical Officer for SEND which was positive news.
- Overall, it was expected that Brent would be inspected during the current year.

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

- The Board felt that the strengths identified under 3.2.5 were not evidenced, for example, where it stated 'SEND provision in Brent schools is strong', there was no

explanation of how that was measured or how that conclusion had been arrived at. Nigel Chapman explained that the purpose of the paper was to explain the readiness and process for the inspection rather than specific details from the self-evaluation. The SEND arrangements had been scrutinised by the Community and Wellbeing Scrutiny Committee during the year where the Committee had scrutinised SEND performance around working with schools, outcomes for children, health provision and working with parents and carers, and the report was available online.

- The Board was aware that the inspectors would choose some cases to review during their visit, and asked how that process would work. Shirley Parks explained that the Council would be asked to provide a list of datasets of individual children from which the inspectors would select a number of cases to look at in detail. The inspectors would then expect the Brent partnership to do its own internal audit of those cases to see how well Brent understood what good practice looked like. The inspectors would talk to the families and practitioners linked to those cases as appropriate. In addition to this, the Brent partnership would be asked to send out a survey to all parents with children with SEND to garner the views of families and children. This would be done both via schools and the Parent Carer Forum. The inspectors would then triangulate that information alongside other data.
- The Board highlighted the need for the Integrated Care Board (ICB) to be cognisant of the fact that the new inspection regime would mean that they may face several inspections due to its wider footprint covering several London boroughs. Jonathan Turner confirmed this was being considered at an ICB level and there was now a specific CYP Lead who was aware of the upcoming inspections and had already made arrangements identifying who would be responsible at ICB level should the call come for an inspection.

RESOLVED:

i) To note the report and welcome the Designated Clinical Officer for SEND post for Brent.

9.1 CQC Inspection of Adults Social Care Services

Rachel Crossley (Corporate Director Care, Health and Wellbeing, Brent Council) introduced the report which detailed the process for the CQC Inspection of Adult Social Care Services. The new inspection process was focused on a single assessment framework, meaning that from a local authority perspective it would be focused on Adult Social Care. The slides included in the agenda pack aimed to ensure an understanding of the framework and would be used for briefings to get the message out about what the inspection was. Claudia Brown (Director of Adult Social Care, Brent Council) added the following points:

- The inspection would look at 4 main areas;
    - How Adult Social Care (ASC) worked with people and provided support to market providers, including the monitoring of contracts and ensuring services were equitable for users. As part of evidence gathering there would be interviews with service users.
    - Leadership of ASC including directors of the Council. Principle social workers would be spending some time looking at quality and standards as part of preparing for inspection.
    - Safety, particularly safeguarding vulnerable adults.
    - Feedback from partners, including councillors and health colleagues. The inspectors would be looking to see how ASC worked with other partners,

and ASC could demonstrate that social workers were very much involved in Integrated Neighbourhood Teams and worked closely with GP surgeries.

- The inspectors would collect data through interviews with people who have lived experience of ASC services. The inspectors would also be using documentation from case file audits, chosen from a list of 50 cases selected by ASC, and the inspectors would then audit those cases and provide feedback on them.
- The inspectors would look at outcomes for service users and what service users had to say about their outcomes.
- Brent's ASC had not been inspected for over ten years, so the department was being supported by colleagues in the children and young people's department who were more accustomed to being inspected regularly.
- Work around engagement had begun, particularly with the multi-disciplinary team, staff, health and other organisations including providers. The information gathered from engagement would help to inform the ASC self-assessment, and ASC was now at a stage where there was a working self-assessment document that continued to be developed.
- Dr Haidar (Vice Chair) added that the CQC would focus on safety, care, responsiveness, effectiveness and leadership. He felt that responsiveness was key, and the borough team had been very responsive and engaged in the process. Brent was in a good position with a regular monthly meeting involving ASC, voluntary and community sector partners and health to address challenges. The CQC would be looking at the borough-based partnership to see if there was dialogue between ASC and health, and how the partners responded to each other and supported each other.
- It was likely that ASC would be inspected every two years, so there was a need to have a process in place that ensured preparedness at all times for inspection.

The Chair thanked colleagues for their introduction and invited the Board to contribute, with the following points raised:

- The Board asked whether the self-assessment had identified any strengths or weaknesses that might be expected to be picked up during inspection. Claudia Brown explained that one of the strengths identified through the self-assessment, as well as the peer-review that took place the previous year, was that the client voice was heard throughout case recordings, and the peer reviewer felt the service was responsive and leadership was good. One of the areas for development identified from the self-assessment was around service user participation, and ASC was developing a project to ensure service user participation ran throughout services as a 'golden thread'.
- The Board highlighted that ASC worked with external providers, and asked how accountability could be sought if there were failures or weaknesses identified at inspection in relation to external provision. Claudia Brown explained that if there was a service failure then the inspectors would be looking at how ASC's systems and processes put corrective action in place and how that was managed with providers. There was a regular Provider Forum and the Commissioning Team worked closely with providers to improve their offer and monitor contracts to ensure issues were addressed.
- The Board acknowledged that the SEND inspection, discussed in the item above, was a joint review of both the Council and local health service. The CQC ASC inspection was more focused on the local authority, but the Board highlighted that ASC was impacted by a range of other parts of the whole system, for example through the hospital discharge process where there would need to be a common approach. Claudia Brown responded that ASC had been meeting with NHS

colleagues and provided a briefing on the inspection process where colleagues had been asked how best the Council could support them to prepare for CQC, as the inspectors would be talking to health partners and reviewing discharge data. Further briefings would also be disseminated, including to councillors, as the inspectors would look at anywhere that ASC had a role to play. Simon Crawford (Deputy CEO, LNWUHT) added that the Trust had been engaged as part of the process and had a strong story to tell in terms of the working relationship between ASC and discharge teams and the support the Trust received from ASC. Brent ASC had been flexible and responsive to support the Trust in a challenging environment during winter pressures and the junior doctor strikes.

- The Board highlighted there were cross-cutting themes between ASC and housing, such as Disabled Facilities Grants (DFG), and asked whether housing would be involved in the process. Whilst officers could not guarantee that the inspectors would go in that direction, it was recognised that if they came across a case involving DFG then they could investigate that in more detail, so ASC was trying to be as broad as possible with the briefings they were offering and were also holding comprehensive focus groups, talking to colleagues across the whole Council. There was a communications plan in place so that everyone within the Council was aware that the inspection was happening.
- If the inspectors found that ASC was underperforming, the inspectors would have the authority to introduce support for the organisation to improve standards, which would mean reputational damage, so it was imperative that ASC was judged as good.

As no further issues were raised, the Board **RESOLVED** to note the report and recognise the significance of the local system adopting a whole system approach towards the upcoming CQC ASC inspection.

10. Any other urgent business

9a*. *Follow up on Winter Pressures – Risk Management of System Pressures

Simon Crawford (Deputy CEO, LNWUHT) provided an update on the winter pressures at the local acute trust – London North West University NHS Healthcare Trust. He highlighted that the Trust had been exceptionally busy over the winter period which had been exacerbated by the challenges of the 7-day Junior Doctor Strike, which had meant cancelling elective appointments and procedures. Across the Trust, safe rotas were maintained during that time but there were a number of days ambulatory services were diverting staff into A&E departments to support the emergency pathway. On a daily basis, Northwick Park Hospital continued to receive the highest number of ambulances across London at an average of 170 a day from 23 December 2023 to 10 January 2024. During the bank holiday weekend following Christmas, there had been 70 empty beds made available in preparation, but this had been followed by a busy two weeks which put the Trust under a large amount of pressure. There had been an unprecedented number of patients waiting in corridors to be assessed and patients were being sent to wards before a bed was ready so they were waiting in ward corridors for other patients to be discharged. Northwick Park operated daily on the Full Capacity Protocol on Opal Level 4, with senior staff supporting A&E departments. Ealing was under similar pressure. Staff were redistributed across sites to support safer staffing ratios within emergency departments and in-patient wards. The Transfer Teams had been mobilised within emergency departments to support the move of patients and ensure they were monitored and kept safe. Additional Discharge Support Teams were available over the weekends who were well supported by Brent Council through an additional social worker to support packages of care and placements. The Trust had been able to open some temporary beds in emergency department units to maintain the balance of safety, and support same day emergency care

as much as possible as well as alternative pathways which prioritised patients who could be assessed quickly.

Dr Haidar provided an update on the support primary care had provided during the pressurised period. He acknowledged the challenging period and highlighted that all partners had aimed to work as one system and have strategies in place for hospitals to manage demand with the support of primary care and the community team. The Primary Care Team had opened PCN hubs on three Sundays throughout the Christmas period to take some pressure away from acute settings, and with Adult Social Care supporting discharges, it had showed how working as one team together as a borough-based partnership could make a positive difference to residents. There were learnings from the period, such as for the primary care team to work better in terms of communications to inform colleagues in the acute sector of plans such as opening hours over the holiday period. The London Ambulance Service had asked GPs to not request ambulances or refer patients to emergency departments where it was possible for the GP to see and treat the patient, instead asking for an increase in the capacity for GPs to visit patients where possible rather than requiring an ambulance.

Patrick Laffey (Deputy Director of Operations, CLCH) provided an update on how Community Services had supported the Acute Trust during winter pressures. He highlighted there had been a focus on supporting the acute flow and discharge, with local beds in Brent accessible for the whole NWL system. There were strong relationships with Brent Council to enable that to happen with a strong and mature relationship to facilitate discharges from Brent and Harrow. The Community Healthcare Trust had demonstrated flexibility, where possible, to take patients into community rehabilitation beds where they might normally not fulfil the criteria and had put in new pathways including stepping up colleagues from the community services to provide care to patients who might otherwise go into hospital. Now the focus was on how those new ways of working could be converted to business as usual, as demand was increasing year on year.

Tom Shakespeare (Director of Integrated Care Partnership) informed the Board that the next steps would be to reflect on the schemes that had been put in place and how they could be embedded into the system. Joint work was happening with LNWUHT and Harrow to evaluate discharge and what was driving the pressures.

The Chair thanked colleagues for their updates and offered appreciation on behalf of the Board for the staff working across the health and social care sector for their work over the winter period.

9b. Measles Update

Dr Melanie Smith (Director of Public Health, Brent Council) provided an update on measles. She explained that there had been national coverage on measles recently, prompted by the fact that, nationally, MMR immunisations rates were the lowest they had been for ten years and there had been significant outbreaks of measles in the West Midlands. Locally, MMR immunisation rates were increasing, but were still well below the 95% level needed for herd immunity. The UK Health Security Agency had modelled that London was at risk of a significant outbreak of a size that would have an impact on the NHS.

The local response had been to amplify and communicate national messages which included;

- measles remains a serious disease, particularly for babies, during pregnancy, and for people who were immunocompromised
- measles was very infectious with contacts of an infected case that were not vaccinated having a 90% chance of developing measles and,

- vaccination was safe and effective.

The local response also focused on messaging that there was a free Porcine Gel vaccination alternative available at request and with no shortage of supply. This message had not been disseminated nationally but would be locally. Messages had already been translated into Somalian and a Romanian language, with a video was in production, as those were the communities where it was known vaccination rates were particularly low, although Dr Melanie Smith highlighted they were not the communities most at risk of catching measles as that was everybody.

The Public Health team was lobbying the NHS to introduce MMR immunisation alongside Covid and Flu immunisations with the roving team at community catch-ups. The immunisation was usually administered by primary care and so GPs had been asked to step up their efforts to vaccinate the community. Dr Haidar added that there would be a meeting the following week to discuss operations and strategies for delivery.

The following points were made in response to the update:

- The Board noted that this was the second outbreak of measles following the outbreak around ten years previously. They asked whether councillors could lobby, through London Councils, for the government to introduce a national campaign around the importance of vaccinations, dispelling the myths around various different vaccinations that made people hesitant to receive vaccination. Dr Melanie Smith confirmed that there would be a national communications campaign commencing, which the Council would disseminate messages from whilst ensuring they were presented in a way that resonated with Brent's communities.
- The Board asked whether the MMR immunisation could be administered through schools in the same way that flu and HPV vaccines were. Dr Melanie Smith agreed that it was possible to do MMR catch-ups in schools, but the issue was with capacity within the school aged immunisations service. Consent was also an issue, so the immunisations team had tried to target catch-ups in schools to those with particularly low vaccination rates or where there were measles cases.
- The Board asked how refugees and asylum seekers were being supported to ensure they have vaccinations. Dr Melanie Smith explained that Brent was doing particularly well and thanked primary care colleagues for the outreach work they did with refugees and asylum seekers, with a reasonable response from those communities.
- In terms of the primary care plans for outreach, Dr Haidar advised that he would work with the immunisations co-ordinators from primary care as well as public health colleagues and borough leads to support outreach. A schedule was being created to provide capacity to deliver this work as urgent. Community leads and community organisations were also helping with outreach to those with health inequalities, and he hoped to utilise the vaccination bus to supplement the work.
- In response to how local pharmacies could play a role in MMR vaccination, Dr Melanie Smith explained that there was a local willingness for pharmacies to vaccinate within a nationally inflexible system and Public Health teams continued to lobby for that. The Chair highlighted that this could be picked up at member level to support lobbying.
- Locations where the community could access MMR vaccinations would be communicated in due course.

The Board agreed to note the need for a national vaccination campaign and for NHSE to initiate a catch-up campaign. Councillor Nerva and Dr Melanie Smith would write a joint letter to request this at a national level.

The meeting was declared closed at 8.00 pm

COUNCILLOR NEIL NERVA
Chair

Brent NHS North West London	**Brent Health and Wellbeing Board** 15 April 2024
	Report from Healthwatch Brent

Healthwatch Brent Progress and Priorities April 2024

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Cleo Chalk Healthwatch Service Manager cleo.chalk@healthwatchbrent.co.uk

1.0 Executive Summary

1.1 This report aims to provide members of the Brent Health and Wellbeing Board with an update on Healthwatch Brent's progress over 2023-2024 and an outline of the planned work programme for 2024-2025.

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

2.0 Recommendation(s)

2.1 To recognise and note Healthwatch Brent's progress and outcomes for 2023-2024.

2.2 To provide strategic input into Healthwatch Brent's priorities for 2024-2025.

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/context

3.1 The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. It includes the following statutory duties:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- Providing advice and information about access to local care services so choices can be made about local care services
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

3.2 To support this work, local Healthwatch also has the following statutory powers:

- The legal power to Enter & View health and social care services with a team of trained volunteers, and observe the service in action
- The power to require a response to recommendations that we make

3.3 In Brent, Healthwatch is hosted by The Advocacy Project. The Advocacy Project provides overall oversight and strategic direction for Healthwatch.

3.4 To support our decision-making processes, Healthwatch Brent has an Advisory Board made up of local subject matter experts. The Advisory Board has responsibility for setting our priorities and regularly reviewing the Healthwatch workplan. It includes representatives from local community groups, people with

lived experience of services and Healthwatch Brent volunteers. The group meets once a quarter.

3.5 Healthwatch Brent is also supported by a team of 25 volunteers, all of whom are residents in Brent. This is fundamental to ensuring that local people are at the heart of our work, and able to steer the direction of projects. Our Enter & View volunteers have direct involvement in reviewing services and making recommendations, and all of our volunteers are involved with community engagement and project design/delivery.

Healthwatch Brent works in partnership with a diverse range of community partners, our Grassroots Community Voices network. These partners are consulted during the project design stage, and we also work closely with different grassroots groups to carry out targeted engagement. Where appropriate, we have provided funding to support community partners with delivering targeted engagement which supports local people in sharing their views about local services.

3.6 We also work in close partnership with system partners including Brent Health Matters, the NWL ICB, local health providers and Brent Council. Healthwatch Brent's powers to Enter & View services, and our focus on involving lay people in our work through the volunteering programme give us the opportunity to provide a unique perspective on how health and social care services are currently performing. Where possible, we aim to embed patient voice into existing workstreams and service improvement work. This includes feeding in at relevant executive committees and patient/partner forums.

3.7 Another function of local Healthwatch is advice and signposting, focusing on providing information about how to access services, what to do if something goes wrong, and ensuring patients know their rights for accessing health and social care. Residents can contact us via telephone, email or through our website. We also provide face-to-face advice and signposting at our in-person drop-ins. As well as direct support, Healthwatch Brent has a section of our website dedicated to providing information on popular topics. In total, 1040 people accessed our online resources or direct support in 2023-24.

3.8 The advice and signposting service is promoted across our online channels, and through physical materials which are left at accessible locations such as libraries and community centres. We also promote this service at our in-person engagement events.

3.9 Local Healthwatch services are intended to represent the views of all local people. With this in mind, it's important we make ourselves available through lots of different channels, allowing as wide a group as possible to become involved with our work. Much of our promotion is done in-person, with staff members and volunteers visiting key locations across the borough to speak directly with residents and share information about our service. This has the benefit of allowing people who do not access digital resources to still come into contact with our team.

3.10 Throughout 2023-24 we ran 24 in-person awareness sessions, meeting with 358 people. Locations including the Brent Hub in Stonebridge, Chalkhill Community Centre, the Church End Unity Centre and a range of local libraries. These engagement activities are arranged directly by Healthwatch Brent.

3.11 We also raise awareness of Healthwatch in-person at events organised by our partners, including Council/Brent Health Matters events and those arranged by partners from our Grassroots Community Voices Network. In 2023-24 we attended 45 partner events and spoke with over 800 people. Such events are wide ranging, but included the Iraqi Welfare Association's Health Awareness Day, parent and toddler groups from Daniel's Den, dementia cafes, and community events for Brazilian, Romanian and Somali communities. As well as raising awareness of Healthwatch activity, we use these events as opportunities to deliver in-person signposting.

3.12 Currently, we also have a focus on developing the Healthwatch Brent online presence. In December 2023, we recruited to the post of Communications and Engagement Officer, a role which has responsibility for maintaining relevant news and information articles on our website and promoting Healthwatch Brent activity through Facebook, Instagram and X (formerly twitter). Last year, our website received over 7000 unique views, and we grew to more than 2100 social media followers.

Volunteering programme

3.13 At the heart of Healthwatch Brent's work is our volunteering programme, which currently hosts 25 local residents as volunteers. Our dedicated Volunteers and Projects Officer offers one-to-one support for every volunteer, with a targeted induction programme which focuses on their specific needs and interests.

3.14 Every volunteer receives an initial training session focussing on the remit and objectives of Healthwatch Brent. All volunteers also undergo an enhanced DBS check and safeguarding training before visiting services or interacting with the public. Additional training is offered based on the needs and interests of the volunteers, but includes training in how to conduct Enter & View visits, engagement methods for communicating with the public, practical skills such as mental health first aid, and information sessions about relevant public health campaigns.

3.15 In 2023-2024, our volunteers carried out 41 engagement visits and three Enter & View visits. The outcomes of this activity are wide-reaching, but include collecting resident feedback on a diverse range of topics including vaccine hesitancy and GP access, promoting the Healthwatch offer, and making observations about how services are running. Our Enter & View visits resulted in a range of recommendations which have been sent directly to the relevant GP practices and will be published in April 2024.

3.16 Volunteers are embedded in every part of Healthwatch Brent's work. We host regular volunteers' meetings to discuss priorities and project planning, and volunteers have input into how a project is designed. They also get involved with practical activities such as creating surveys or designing promotional materials.

3.17 As well as outcomes for the service, we try to ensure that volunteering activity provides positive outcomes for the volunteers giving up their time. This includes supporting volunteers with finding employment and helping them to choose volunteering activity which will develop skills they need for future work or study. We have also developed a tailored pathway for students to volunteer with us in

a way that supports the needs of their programme, and currently have five student volunteers. We have a high level of interest in our volunteering programme, and currently maintain a waiting list. This allows us to quickly onboard new volunteers as and when they are needed.

Achievements of 2023-2024

3.18 In 2023-2024, Healthwatch Brent completed 79 engagement activities, meeting more than 1150 members of the public. We collected feedback from an additional 334 people through our online surveys, and provided information and advice for 257 people.

3.19 Some of the key themes and issues which individuals brough to us included:

- Difficulty accessing mental health services, particularly for those with complex needs
- Waiting times for GP appointments
- Queries around how pharmacies will support primary care
- Need for more support for families and unpaid carers after hospital discharge

3.20 These themes are presented in our quarterly patient experience reports, which go out to external partners and system leaders. We also share themes directly with the relevant service providers, where appropriate, and use them to steer the direction of our future project work.

3.21 We also used these themes to expand the advice and information section of our website, which has grown substantially in 23-24. In total, we now have 25 resource pages addressing key issues and helping to direct residents to relevant services. In total, 783 individuals accessed our online advice and signposting pages over the last year. The most popular topics accessed were:

- Information about how to access Adult Social Care (265 individual views)
- Information about how to make an NHS complaint (121 individuals)
- Information about support for people with dementia (91 individuals)

3.22 New information and advice is added to the website regularly, focusing on the topics which local patients and residents tell us they are most concerned about.

3.23 Our 23-24 engagement was accompanied by targeted work in the following priority areas:

- Cancer screening
- Maternity
- Mental health
- Targeted engagement with Romanian and Somali communities

3.24 Cancer screening work focused on two key areas: prostate cancer, and raising awareness of cancer screening for people with Learning Disabilities:

- We hosted two prostate cancer awareness events, reaching 50 people and hearing from a range of professionals and service user experts-by-experience.

- Partnering with the My Health, My Choice learning disabilities project, we supported 70 people with learning disabilities to receive more information about bowel cancer screening. We have also developed a project to produce awareness videos sharing more information about different types of cancer screening. These videos are being developed in partnership with the Royal Marsden and will feature people with learning disabilities talking about their experiences.

3.25 Our maternity project was a joint piece of working across five North West London boroughs. In total we collected 207 in depth testimonials from women who had recently given birth, including 51 testimonials from women living in Brent. The purpose of the work was to compare standards of care across North West London, and identify any factors driving inequality. The majority of women – including those in Brent – shared positive feedback about both the experience of giving birth and the postnatal care received. However, of those who had negative experiences, the following areas of improvement were identified:

- Standardisation of the quality and amount of information given to women after giving birth
- Better, individualised support needed for breastfeeding
- Need for listening culture to be embedded into maternity departments across NWL

3.26 We have presented this information to service leaders at the NWL ICS pillar 3 maternity meeting, and the services will be sharing actions to take forward our recommendations by May 2024.

3.27 Mental health work has focused on care provided in the in-patient ward at Park Royal, and gathering stories from people with complex needs who are struggling to access care in the community. In November 2022 we carried out a series of Enter & View visits to the in-patient wards at Park Royal, and throughout 23-24 we have continued to work on ensuring the recommendations are implemented. Outcomes from this work have included improving access to advocacy, improving information about how to make a complaint and providing evidence to support the multi-faith forum with bringing faith leaders back into the ward.

3.28 In September our Romanian Community Research Report was published, featuring views from 50 Romanian people living in Brent. This work was completed in partnership with the Eastern European and Romanian Hub, and we also recruited a Romanian speaking Community Researcher to carry out engagement. Key themes included:

- Improving information about translation and interpreting services for patients who do not speak English.
- The need for collaborative work to explore issues of trust and lack of information/resources. Co-designed resources explaining key aspects of the UK health system should be produced and circulated widely. This is something we are following up with the Romanian and Eastern European Hub

3.29 Targeted work with the Somali community has focused on a series of workshops delivered in Autumn 2023. This work was completed in partnership with the Almas Association. In total there were 12 workshops reaching 50

Somali people living in Brent. The conversations focused on barriers to accessing mental health services, and uncovered a number of issues including language barriers and cultural sensitivity. We are now supporting Almas to apply for funding in order to carry out co-production work building on these findings.

Work Programme for 2024-2025

3.30 The Healthwatch Brent Advisory Board have signed off three main new priorities for project work in 24-25.

- Adult social care
- Experiences of hospital discharge
- Access to primary care, focusing on same day access hubs and service from community pharmacies

3.31 This is in addition to our ongoing information and signposting activity and general engagement with key community groups and wards. In addition to these set priorities, Healthwatch Brent will continue to monitor key themes in patient feedback and maintain flexibility to develop additional priority areas if required.

3.32 Adult Social Care has been set as a priority because we have begun to see it raised more frequently as a concern by members of the public with key issues including difficulty accessing adult social care assessments, lack of information about what's available and concerns about the quality of care received. There have also been specific concerns highlighted related to hospital discharge for people with social care needs.

3.33 The project will consist of three distinct components: Enter & View visits to a selection of care homes in Brent, engagement with community groups to collect feedback about their access to adult social care, and mystery shopping with our volunteers to assess the service provided by the customer care line and the ease with which residents can access the Adult Social Care front door.

3.34 Our first series of Enter & View visits will take place in May, and consist of five visits to different care homes in Brent. When choosing which homes to visit, we have taken input from the local CQC team, Brent's Head of Commissioning and our own volunteers.

3.35 During these visits, Healthwatch representatives will speak to residents, family members and staff about the quality of care provided at the home, focusing on aspects such as resident choice and autonomy, care and dignity. They will also speak to residents about their experiences of accessing additional health services such as GPs, and gather information about any experiences residents have had of being discharged from hospital to the care home.

3.36 The findings from these visits will be used to produce a series of recommendations for each care home. We will also share any examples of best practice. Additionally, the research will feed into our wider hospital discharge project.

3.37 Volunteers will receive dedicated training sessions to allow them to participate in these visits, focusing on core aspects such as engagement techniques and

safeguarding. This will be provided to all volunteers, including refresher training for those who have participated in Enter & View visits previously.

3.38 The second aspect of our adult social care priority is community engagement; we have developed a community engagement programme with support from Brent's Director Adult Social Services. This will involve engaging with the following groups over the course of the year:

- People with dementia and their carers
- People with autism
- People with learning disabilities
- Young carers

3.39 The findings from this engagement will be presented in quarterly resident experience reports. We will also meet regularly with the adult social care team to ensure that feedback can be acted upon quickly.

3.40 During the engagement we will speak to residents about their experiences of accessing adult social care services. We will also collect feedback about experiences of being discharged from hospital for people with additional care needs, including the experiences of unpaid carers.

3.41 Throughout the year, our volunteers will participate in mystery shopping activity to assess the level of service provided by the customer care team, and help the adult social care team to better understand how residents are being triaged. To prepare for this work, we are meeting with Brent's Customer Manager to develop a framework that our callers can use. Volunteers will be provided with a quality check template to benchmark calls against expected standards.

3.42 Volunteers participating in this work will be given dedicated mystery shopping training with a focus on how to approach the call and how to record and measure the response that is received.

3.43 During our general engagement over the past year, residents have shared their frustration at issues that arise when being discharged from hospital either into a care home or to their home but with support needed from paid or unpaid carers. In November, our health inequalities event on this theme was attended by approximately 50 people. Many attendees voiced the need for more work on this topic. In particular, unpaid carers have informed us that they often feel cut out of the process when their loved ones are taken into hospital and discharged.

3.44 We will use our Adult Social Care engagement work (detailed above) as an opportunity to gather patient's feedback about these experiences, focusing on how the discharge process will be improved. Our aims are to: present services with clear evidence of the challenges faced after discharge for those with additional care needs; share recommendations for improvement, and work with external partners to ensure these can be implemented; and to include the voices of professionals and carers as well as patients within our findings. Ultimately this work aims to ensure that more patients are able to be discharged from hospital with the correct provision in place.

3.45 Access to primary care continues to be a key concern for residents, and in particular many residents have approached us to better understand proposals

around changes to same day GP access and development of the pharmacy first provision.

3.46 We have developed a questionnaire looking at views around GP access, in particular asking residents for their perspective on issues such as how appointments are triaged and distance of travel to an appointment. While we will be engaging with prominent patient voice groups as part of this work, our aim is to reach a wider range of local voices who may not have previously been able to comment on the proposals.

3.47 We have also worked with stakeholders from the ICS to develop our questions, and the feedback collected will be shared with them as part of the wider consultation process.

3.48 In addition to GP access, many local residents have queried the Pharmacy First plans, and asked for assurance that pharmacies will be able to meet the new level of demand. We have met with Brent's Borough Lead Pharmacist to discuss the implementation of the Pharmacy First work, and are working on a proposal for Healthwatch Brent to support with the evaluation of pharmacies that are involved with the activity.

3.49 Alongside our new priorities and statutory information/signposting work, Healthwatch Brent will continue to follow up on the outcomes from our previous years' projects. This will include working with partners to ensure that our recommendations on maternity care, mental health care and GP access are implemented, and to evaluate the impact that this has for patients.

3.50 We are asking members of the Health and Wellbeing Board to give their support to the priorities and projects outlined in this paper. The Board and statutory partners can support this work by helping to connect Healthwatch with relevant stakeholders, and by providing strategic input into the direction of travel.

4.0 Stakeholder and ward member consultation and engagement

4.1 The Healthwatch Brent workplan for 2024-2025 has been developed in partnership with local residents and patients, taking into account the feedback they have shared and concerns raised. Consultation and engagement is embedded into the Healthwatch way of working, and we gather feedback and input into all of our new projects and priorities through our volunteers and Grassroots Community Voices Network.

5.0 Financial Considerations

5.1 No immediate financial implications.

6.0 Legal Considerations

6.1 No immediate legal implications.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 The Healthwatch Service has been assessed against the Equality and Diversity Policy so that it ensures we are fully committed to and undertaking

action under the Equality Act 2010 and other forms of legislation that combat discrimination and promotes equality and diversity.

8.0 Climate Change and Environmental Considerations

8.1 No immediate climate or environmental considerations.

9.0 Communications Considerations

9.1 No immediate communications considerations.

Report sign off:

Cleo Chalk
Healthwatch Service Manager for The Advocacy Project

Brent NHS North West London	**Brent Health and Wellbeing Board** 15 April 2024
	Report from the Brent Based Partnership (Brent ICP) Mental Health and Wellbeing Executive Group
Improving Mental Health and Wellbeing priority progress and plan for 2024-2025	

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)	Open
List of Appendices:	0
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Sarah Nyandoro SRO - Mental Health and Wellbeing Exec Group Brent Based Partnership (Brent ICP) sarah.nyandoro@nhs.net

1.0 Executive Summary

1.1. This report is to update the Health and Wellbeing Board on the ICP priority area - Improving Mental Health and Wellbeing. The report includes an update on the outcome of the investment Business Case for levelling up financial resources for Brent, the Mental Health and Wellbeing Group's achievements from 2023-24 priorities and the work programme for 2024-2025.

1.2. The report covers the Mental Health and Wellbeing Group's priorities including:

- Levelling up financial resources for Brent.
- Employment - Supporting people with mental illness to access employment and training opportunities.
- Housing - Ensuring housing and accommodation provision is accessible and reflects identified needs of those with mental illness.
- Children and Young People - Specialist Child and Adolescent Mental Health Service (CAMHS) and support for Children and Young People (CYP) - Prevention, early identification and early intervention for Children and Young people experiencing emotional and mental ill health.

- Access and demand - increasing access to mental health support for our communities and reducing variation in mental health care for the local Brent communities.

2.0 Recommendation(s)

2.1. For the Brent Health and Wellbeing Board to confirm support for the approach that has been taken to develop new ways of working to respond at pace in partnership with communities and the voluntary sector, with targeted work in our neighbourhoods with the highest levels of admissions and readmissions. The approach focuses on meeting the needs of our diverse communities earlier, through effective in-reach into those communities and providing more dynamic and effective crisis support and access to advice and talking therapies. This will be all age, with services supporting people throughout their life course.

2.2. For the Brent Health and Wellbeing Board to note the length of time taken by NWL ICB and delays to the agreement of the levelling up resources for Brent.

3.0 Detail

Priorities

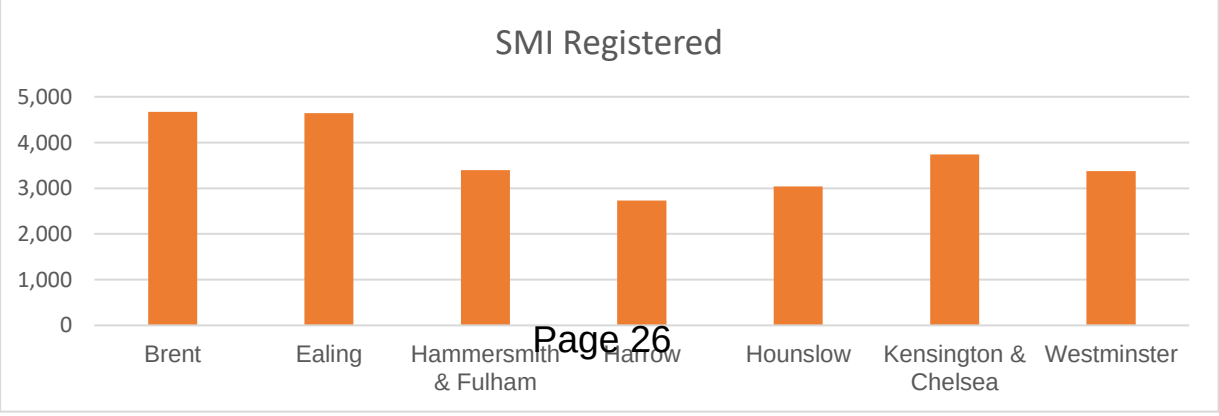
3.1. The focus of the Mental Health and Wellbeing priorities includes:

- **Preventing ill health and tackling inequalities in outcomes, experience and access** - through good quality mental health provision that is timely, accessible and effective. This includes informed treatment to reduce the risk of self-harm, premature mortality, avoidable admissions to acute in-patient hospitals and longer in-patient stays.

- **Enhanced productivity and value for money** by improving access to primary care, community and crisis services to reduce admissions and length of stay for people experiencing emotional and mental distress.

- **Supporting broader economic and social development** by employing people with lived experience to provide peer-led support and co-deliver awareness training to promote learning disabilities and autism-aware and accepting communities. This development also promotes the right to community life, independence, relationships, and education for people with mental health problems.

How Brent compares for individuals registered with Brent GPs as having severe mental illness



3.2. Brent has the largest numbers of people registered as having severe mental illness at 4696 (March 24 figures) followed closely by Ealing with 4663. 1.15% of the Brent population is registered as having a Severe Mental Illness, well above the London-wide rate of 0.95%. In the first 3 months of 2024, Brent has had the highest proportion of formal adult acute admissions following a Mental Health Act assessment of any NWL borough, at 91% (compared the national average of 50%).

Snapshot of how we compare across NWL on access to mental health services and support.

February 2024		Brent 07P	Harrow 08E	Hillingdon 08G	Kensington & Chelsea (West London) 08Y	Westminster (Central London) 09A
MH_22_3	Number of people receiving NHS community mental health services for adults and older adults with severe mental illnesses.	271	154	204	185	136
IAPT_4	**Talking Therapies -** The number of people accessing psychological therapies (i.e. had first therapeutic session) during the reporting month	816	539	605	612	543
19N_MH_LPS_04a	**Liaison Psychiatric -** Number of Mental Health patients seen through Liaison Psychiatric Services (those turning up in A &E and referred for mental health assessments)	34	1	3	42	51
MH_17b	**Readmissions -** Total number of readmissions	52	29	37	34	33
MH_22_LOS_1a	Occupied Bed Days for patients - **Acute**	1800	739	949	919	739
MH_22_LOS_4a	Occupied Bed Days for patients **PICU Adults**	378	0	90	71	48
MH_22_OCC_1a	Occupied Bed Days - **Acute**	1459	957	729	1350	933

**the above table shows the numbers of individuals presenting as mentally unwell to community services – talking therapies, to Liaison Psychiatry which accepts referrals coming through from A&E and from acute in-patient admissions. * Occupied Bed days are significantly higher than the rest of NWL hence the work around crisis intervention as part of the Business case and transformation work. *NB Brent has the highest numbers of individuals accessing secondary care mental health services. The caveat is Ealing and Hounslow did not share their data.*

Priorities Detail and Achievements

3.3. The group is working with system partners, including experts by experience and carers, to co-design and co-produce transformation work, ensuring that local resources are best used to provide outstanding care to those experiencing emotional and mental distress in Brent. The focus work-streams of the Mental Health and Wellbeing priority are Employment, Housing, Children and Young people and Access and Demand.

Employment

3.4. Established a strategic employment board and a mental health forum with relevant partners, including Shaw Trust WHP and IPS, Twining, Brent Works, Brent Start, DWP and the NHS, to ensure a joined-up approach. Implemented a communication and engagement plan jointly with Brent GPs. Worked jointly with Brent Health matters to promote employment pathways with local Brent communities. Held webinars, seminars, and job fairs locally. Developed accessible employment referral pathways with system partners. Linked up with DWP and other employment providers to support mental health service users into work opportunities. Increased the numbers of people with mental illness supported to access a range of employment opportunities and training opportunities. Increased referral rates of those with mental illness to access support from Shaw Trust, Twining and Brent Works. Increased the number of Brent employers with a Disability Confident accreditation.

Employment work-stream demographic data

Total numbers of referrals = 1154 referrals,
Male = 412
Female = 740
Self- identity = 2

Employment work-stream - Age range

25-30 age range = 238
30-50 = 689
50+ age range = 227

Employment Work-stream ethnicity data

Asian/Asian British = 215
Black/Black British/African or Caribbean background = 192
White background = 37
Mixed or Multiple Ethnicity = 134
Did not disclose = 576

Qualitative feedback from residents

3.5. Residents accessing services at Twining noted how supportive staff were and how staff were central to renegotiating a return to work under new conditions. Feedback highlighted that staff put regular catch-up meetings in place and the

person was able to reach the objectives that they set for themselves. Feedback to Shaw Trust (WHP) highlighted that the support provided enabled residents to overcome barriers and regain confidence in work-place settings. Feedback from partners across the system is that they are successfully working together to produce positive employment outcomes for Brent's communities and will continue to work in partnership to further improve outcomes.

Housing and Accommodation

3.6. Worked collaboratively with social landlords to increase the numbers of mental health service users with stable tenancies. Analysed current case studies to identify themes around the barriers that residents face at present. Partners developed a system toolkit that outlines the roles and remits of colleagues within the system. This is designed to develop knowledge and understanding of key contacts and escalation pathways, ensuring smooth resolution of complex cases and better outcomes for tenants. Work is in hand to co-locate social workers and housing officers in Brent Civic Centre to share knowledge and work collaboratively on complex cases. In tandem, partners will develop a joint training and induction offer, to ensure that frontline staff are equipped with the appropriate training to best support tenants in this cohort. This priority will be tested with tenants living in the in-house local authority provisions to determine outcomes and risks and thereafter rolled out to other social landlords that serve Brent residents. There are a number of aligned projects as follows:

Rough Sleepers Initiative

3.7. Worked on the Rough Sleepers Pilot aimed at reducing homelessness and rough sleeping for those with a mental illness by providing early intervention, prevention, and proactive solutions to assist rough sleepers who have mental health issues, physical health issues and/or substance misuse issues, who require accommodation. We are recruiting the team who will provide a proactive outreach service across the Borough, including speculative visits to known rough sleeping hotspots. The team will comprise of a team manager, a psychologist, a mental health nurse, a Physical Health Nurse and Psychiatry input.

Duty to Refer

3.8. Working with PCNs, GPs and primary care colleagues to socialise a duty to refer form in primary care. This has been added to the GPs EMIS system and will support primary care colleagues with identifying when someone is threatened with homelessness and referring them to housing support. The Duty to Refer also contributes to ascertaining the level of demand in the Borough by measuring the number of mental health referral and presentations for accommodation support. A number of GPs have fed back that they have found this accessible and user friendly but would prefer that this is managed by social prescribers. Work to socialise this with social prescribers is planned.

Built for Zero

3.9. The Duty to Refer priority has been widened to incorporate data from the Built for Zero project. The project has produced data sets based on 149 people, as of January 2024, in Brent that are rough sleeping and have been added to the

project's 'By Name List'. This list allows the team to be aware of everyone in the community experiencing homelessness in real time. This data has identified mental health as one of the primary barriers to securing accommodation. This data, coupled with the Duty to Refer form data, will enable partners to ascertain the level of demand for mental health services in this cohort. Specifically, we will have data on number of referrals, no. of successful referrals and reasons for unsuccessful referrals.

Discharge work

3.10. Mental health discharge workers based within Park Royal and Northwick Park is another aligned project of the Housing work-stream. The discharge workers work in hospital settings to ensure that mental health patients' housing needs are assessed and acted on at the earliest opportunity. These workers facilitate effective and efficient discharge processes, prevent re-admissions, and support and inform wider housing system-change and commissioning activity. The scheme has been supporting the arrangements for good transition between inpatient settings and community or care home settings to ensure a positive experience for patients at the point of discharge. We will share data at a future meeting.

Rehabilitation

3.11. The rehabilitation project is another aligned housing project. We reviewed mental health discharge processes and put in additional resources to support and facilitate discharges from acute rehab units. This work focuses on improving pathways for supporting inpatients in rehabilitation beds into high supported accommodation, low support accommodation and independent accommodation (i.e., right level of support at the right time). This work also focuses on improving access to housing with appropriate wraparound support for those with mental health problems.

October 2023 to March 2024 Rehab discharges – 38 – Ethnicity and Discharge Destinations

Ward Type	Ethnicity Brent Borough	
HDU	Afro-Caribbean	Supported Accommodation
HDU	Afro-Caribbean	Supported Accommodation
HDU	Black African	Supported Accommodation
HDU	Afro-Caribbean	Supported Accommodation
HDU	White British	Supported Accommodation
HDU	Afro-Caribbean	Independent Accommodation
HDU	Afro-Caribbean	Supported Accommodation
HDU	Black	Family Home
CRU	Afro-Caribbean	Supported Accommodation
HDU	White Irish	Supported Accommodation
HDU	White British	Supported Accommodation
HDU	Black British	Independent Accommodation
HDU	Caribbean	Independent Accommodation
HDU	Mixed race	Family Home
HDU	White Irish	Supported Accommodation

CRU	Afro-Caribbean	Independent Accommodation
CRU	White British	Supported Accommodation
CRU	White British	Supported Accommodation
CRU	White Irish	Supported Accommodation
CRU	White British	Supported Accommodation
CRU	White British	Independent Accommodation
CRU	White British	Independent Accommodation
CRU	White Irish	Supported Accommodation
CRU	White British	Independent Accommodation
CRU	Black African	Family Home
CRU	Black British	Supported Accommodation
HDU	White British	Supported Accommodation
HDU	Afro-Caribbean	Family Home
HDU	White British	Supported Accommodation
CRU	Black	Supported Accommodation
CRU	Afro-Caribbean	Supported Accommodation
CRU	Afro-Caribbean	Supported Accommodation
CRU	Afro-Caribbean	Family Home
HDU	White	Family Home
HDU	Black British	Supported Accommodation
HDU	Black British	Supported Accommodation
HDU	Black British	Supported Accommodation
HDU	Black British	Supported Accommodation

*HDU – High Dependency Unit
*CRU – Complex Rehabilitation Unit

Commissioning Supported Accommodation

3.12. The commissioning work-stream is an aligned housing project. Within this work, we mapped and audited the local accommodation portfolio. Additionally, we completed a gap analysis to identify what services are currently commissioned, across Adult Social Care, Health, and Housing Needs, and whether these services were meeting the needs of the community. There is ongoing work to assess the needs of the cohort whose needs we are not currently meeting within the accommodation they are in, who are also not eligible for adult social care or community mental health services. The results of this will be used to inform a system-wide joint commissioning plan, to ensure appropriate accommodation is being commissioned to meet the needs of this cohort.

3.13. We are also progressing work with the Housing Needs team to capture the numbers of single homeless people with mental health issues who are currently in unsuitable supported accommodation to meet their needs to ensure there are sufficient arrangements to support them and/or to transfer them to more appropriate accommodation.

Housing Data

Housing Needs Service snapshot = 56 cases. These cases had varied support hours ranging from 1.5 hours per week to 5-7 hours per week. The reasons for unsuitability varied from high needs and inability to manage day to day life, to substance misuse and anti-social behaviour. This data also

referenced those deemed ineligible for adult social care and/or mental health services.

Build for Zero - 149 'active', refers to the number of people that are actively homeless in real time.

Male = 89.93%
Female = 10.07%
White Background = 22.15%
Arab background = 14.09%
Black, British, Caribbean or African background =12.08%
Highest concentration of rough sleepers = Wembley and Willesden postcode areas.

Primary barriers to ending homelessness:
Mental health issues = 10.74%
Substance misuse = 11.41%
Lack of availability of suitable accommodation =14.09%

Secondary barriers to ending homelessness:
Mental health issues alongside substance misuse = 8.72%,
people disclosing that there was no second barrier = 39.6%
Unknown barriers = 25.5%

Children and Young People

Special Schools Nursing

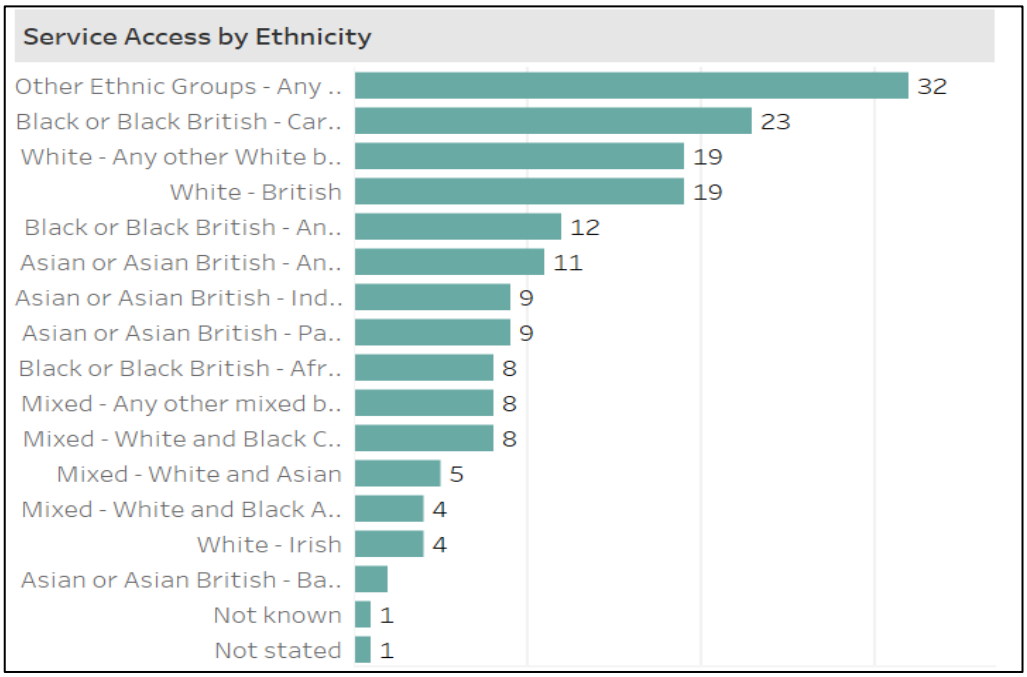
3.14. There has been an increase in the numbers of young people attending the Avenue and Manor Secondary schools who require additional support from the Special Schools nursing team. NHS NWL ICB's central team is working to identify additional resources to address these needs long term, recognising that the needs range from assessments through to providing and delivering specific health care for children and young people with special needs in our special schools. In the short-term Brent Borough Based Partnership has funded 2 additional nursing posts with CLCH to cover these schools for this academic year to the end of July 2024

Mental Health Support in Schools

3.15. There has been further expansion work of the Mental Health Support in Schools with identification of more schools to be part of this initiative. The service currently works with 26 schools delivering evidence-based interventions for mild-to-moderate mental health issues, liaising with external specialist service to help children and young people to get the right support and stay in education. From April 2024 there is additional funding to extend the numbers of schools.

Mental Health Support in Schools Data

Total number of referrals to the service, between January 2023 and March 2024 was 173.



Brent Centre for Young People

3.16. Over the past year, the ICB has funded a Child Psychotherapist with BCYP to help reduce the specialist CAMHS waiting list. Principally, the service has offered psychological and medium length therapeutic work to CYP. The BCYP Psychotherapist has also offered state of mind assessments, risk and safety planning, as well as work with parents. The psychotherapist was co-located with CAMHS and saw patients at both CAMHS/BCYP premises.

Referrals from CAMHS to the Child Psychotherapist

3.17. 21 CYP referred, 18 were engaged, 165 sessions provided. The average wait time from referral to first appointment was 7 days and the average rate of DNA was 8%.

3.18. The majority of the young people seen were girls aged between 14-18 (80%).

Ethnicity

White British or European backgrounds = 31%
Asian = 19%
Black African or Caribbean = 19%
Remaining young people, 31%, identified as Mixed or Other ethnic backgrounds.

3.19. In almost all cases, this was the young person's first experience of talking therapy and it was clear from feedback from the young people that having this therapeutic space, brought relief, and helped the young person quickly feel more stable in themselves. Many young people that engaged were presenting with high levels of risk and suicidality, and often with childhood trauma or multiple ACEs. For example, in one quarter, 50% of CYP seen had experienced sexual assault or abuse, 33% physical or emotional abuse and 17% had a family member living with a mental health issue.

3.20. The CAMHS Waiting List Initiative with BCYP is a session-limited, short-term service, and the nature of the cases have been complex and challenging. Outcomes have been very positive with strong improvements indicated in the most prevalent difficulties associated with

- Anxiety and depression (55% improved, 100% stabilised),
- Suicide risk (56% improved, 100% stabilised)
- Self-harm (89% improved, 100% stabilised).

Brent Autism Outreach Team (BOAT)

3.21. Currently there are 911 children and young people known to the service with 40% actively supported. The service has created Autism Champions in settings to empower and upskill staff in settings and have an in-house person to champion autism. Currently there are 28 schools attending and this number is continuing to increase.

Supporting the Assessment Route (STAR)

3.22. STAR continues to support families, children and young people who are under the care of Brent Paediatrics or specialist Children's Mental Health Services (CAMHS) undergoing a Neurodevelopmental or Social Communication Assessment and those choosing not to have a formal diagnosis. The service has worked with children and young people up to the age of 16 who are in a Brent mainstream school or 19, if they are in a Brent mainstream school Sixth Form.

3.23. There are 247 families currently receiving a range of support.

Neurodiversity provision – 0-5 and 6-18

3.24. The focus has been on Pre-diagnostic and post diagnostic support for neurodiversity in children. We provided neurodiversity support focusing on behavioural interventions and addressing challenging behaviours. This also included educational support and modifications to support learning and development as well as strategies for parents to support their child's development and create an inclusive and supportive environment at home. Healios has been commissioned to support with ASD assessments and we are starting to see the numbers of children who were waiting to be assessed starting to decrease.

Thrive model

3.25. Working to implement a local Thrive model for Brent focused on Getting Help, Getting More Help, Getting Risk Support and Getting advice to deliver mental health support to our Children and Young People. This will provide therapeutic interventions built around the needs of children and young people. This approach is based on meeting need, not diagnosis or severity. We are in the process of recruiting to a Thrive engagement support post to help with local arrangements.

Specialist CAMHS

3.26. The service worked to support children and young people with a range of emotional and mental distress. Demand has continued to increase and we are

working to increase specialist CAMHS capacity and develop new service provision models outside of traditional models. The service provided a Duty Team clinician available to provide advice to referrers and to CYP, parents and carers.

3.27. We embed the arrangements for Children and Young People (CYP)'s Psycho Education on Mood Disorders and Psychotic Disorders into the core CAMHS offer. This provision is facilitated by the Child Wellbeing Practitioners (CWP). We also embedded the Well-being Recovery offer into the core CAMHS offer.

Specialist CAMHS data
Number of referrals – 1321 (January to December 2023),
Number of referrals accepted - 1,257,
Number of referrals rejected = 64

Ethnicity
190 = Black or Black British background
185 = White or other White background,
180 = other ethnic groups.

Brent Hotspots for referrals
672 = NW10 postcode area
299 = HA9 postcode area
266 = NW2 postcode area
***These hot spots are the same for adults**

Age Range

The two age groups that accessed the services the most were those in the 6-10 and 11-15 age ranges. We are developing a CAMHS dashboard for monthly data reporting.

Access and Demand

3.28. We delivered a successful workshop in October 2023 to support the development of a consistent mental health service transformation approach as well as to agree a plan for improving access and managing demand across the borough. This workshop was also designed to identify areas for investment, support arrangements for improving clinical outcomes, ensure effective joint working and deliver a more efficient service improvement and delivery approach.

3.29. Several key gaps and solutions were identified for children, young people and adults that informed a case for change for additional financial resources to respond to the local system pressures from the mental health needs of our population. The need for additional resources was also added to the Borough Partnership risk log highlighting that without levelling up investment there is the risk of increased numbers of CYP and adults unable to get mental health support at the right time and in the right place and demand will continue to outstrip available resources.

3.30. The Business Case focused on Brent's urgent need for levelling up investment to support, prevention, early intervention, no wrong door for anyone requiring mental health support, right support at the right time and in

the right place and the development of high-quality, evidence-based mental health care and support services across primary, community and secondary mental health services.

3.31. We developed proposals that build on the principles of resourcing and delivering services at a scale and intensity proportionate to the degree of local needs, in the following themes:

- Targeted support in our Brent neighbourhoods with the highest activity i.e., NW2, NW10 and HA9 to reduce acute admissions and embed the new provisions into business as usual.
- Borough wide capacity to manage new and existing demand for CAMHS services and embed the new provisions into BAU.

3.32. The business case reflected an expenditure profile of £2,166,410 for 24/25 and was submitted in October 2023. In February 2024 NHS NWL ICB communicated that they would only consider some but not all the required elements of the Business Case. The areas for investment are:

- Crisis outreach to key neighbourhoods (NW10, NW2 and HA9)
- Community connectors
- Educating and Empowering Communities through expansion of the Brent Health Matters model
- Attachment and Distinct Trauma therapy
- Community Mental Health Wellbeing and Living Well hubs
- IAPT Compliant Step 2 Waiting Well
- Neurodiversity for 0-5 and 5-18: improved diagnostic pathways and improved support
- Reducing waiting times for CYP ADHD / ASD Assessments through a targeted assessment service.

3.33. NHS NWL ICB are considering funding Crisis outreach to key neighbourhoods, Community connectors and educating and empowering our communities through expansion of the Brent Health Matters model. Whilst we are waiting for confirmation of the funding from NHS NWL ICB, Brent ICP has agreed to fund these programmes at risk so as not to further delay the urgent need to address the identified gaps to services.

3.34. In addition, they are reviewing all the mental health specifications and community services and will provide a verbal update at the meeting.

4.0 Contribution to Borough Plan Priorities & Strategic Context

Relevant priorities and outcomes within the Borough Plan

Thriving Comm**unities**

- *Enabling our communities*
  - Increase engagement, awareness raising and access of mental health support services in communities
  - Reduce variation in mental health care and support for the local Brent communities
  - Support people with mental illness to access employment opportunities
  - Ensure housing and accommodation provision is accessible and reflects identified needs locally.

- Ensure the emotional and mental health needs of our children and young people are identified and addressed early

- *A representative workforce*
  - Community connectors employed from our local communities to deliver a preventative offer that addresses health inequalities and achieves better outcomes through community work.
  - Community connectors in-reaching into the communities to explore what these communities want/need when experiencing distress.

- *The Best Start in Life*
  - Early identification of CYP with emotional and mental ill health
  - Provision of early intervention and support
  - Increased support for children and young people in schools

- *Young people are seen and heard*
  - Developed a communication and engagement project with young people to review and design how they access information about services
  - Giving children and young people the best start possible and best chance of developing to their full potential

A Healthier Brent

- *Tackling health inequalities*
  - Recruited Talking Therapies Community engagement workers' representative of our communities to support with raising awareness of IAPT to our diverse communities and facilitate access
  - Developing access and demand pathways designed to support access to mental health support services for Brent's diverse population recognising the diversity of cultures, beliefs, identities, values, race and language used to communicate experiences of mental health conditions.

- *Localised services for local needs*
  - Transforming and strengthening core community mental health offer to ensure access to support before patients hit a crisis point starting with targeted work in NW2, NW10 and HA9 localities.

5.0 Background and Reasons for Recommendations

5.1. Activity data across secondary care and primary care services for CYP, adults and older adults evidenced cultural barriers and inequality across the Brent landscape impacting on service demands and access rates.

5.2. Key gaps for CYP include; needs and support for moderate to high need presentations that do not meet CAMHS thresholds, pre-diagnostic support for neurodiversity in children who present with additional support needs, growing demand for ASD/ADHD services for both assessment and treatment of children and young people, a need for safe spaces to support children and young people with their wellbeing, gaps in early intervention and prevention services to enable children and young people to stay well and thrive in the community, including for those in at risk groups and a high proportion of CYP in-patient admissions who are not known to CAMHS services.

5.3. Key gaps identified for adults included lack of shared definition of crisis and crisis pathways that originate in the community, high volume of A&E presentations including first contact with mental health services through A&E,

patients known to services waiting a long time for interventions and support, lack of access to mental health support earlier before a crisis, lack of information and advice for mental health patients experiencing a psychotic episode, our communities being unaware of how to access mental health support and high thresholds for psychiatry liaison.

Alternative options considered:

Option 1 – Do nothing

5.4. There is a risk that the lack of access to preventative support, early identification and informed treatment will lead to continued increases in A&E attendances, increase in admissions to acute in-patient care including admissions often out of area acute in-patient, increases in lengths of stay of admissions, increases in self-medication of substance misuse and alcohol, self-harm, suicide and lengthier admissions. All of which would have a significant impact on patient safety and quality of life.

5.5. Doing nothing will have a significant and detrimental impact on people experiencing mental illness, including emotional and psychological harm, social isolation and exclusion, physical health issues not being addressed, increased vulnerability to abuse and exploitation, decreased self-esteem and self-confidence and limited opportunities for independence and autonomy.

Option 2 – Invest in the following All Age Mental Health SupportL

a. Crisis outreach to key neighbourhoods (NW10 and NW2) - clinical crisis workers in-reaching into these neighbourhoods which have significantly higher levels of acute Mental Health attendance
b. Community connectors: voluntary sector workers creating connections with and navigating people to the CNWL health inequalities team 3 x Band 4
c. Educating and Empowering Communities: expansion of the Brent Health Matters model to provide increased levels of information and advice, and targeted therapy.
d. Attachment and distinct trauma Therapy: immediate/very quick access to attachment and distinct trauma and dialectical behaviour therapeutic intervention for reducing repeat suicide attempts, non-suicidal self-injury and self-harming behaviours in young people up to 25 years and adults who have presented with self-harm/suicidality, or an actual suicide attempt.
e. Community Mental Health Wellbeing and Living Well hubs: Neighbourhood hubs providing clinics for brief intervention/therapeutic work to children & young people and to adults (involving their family member(s)/carer(s) where able/appropriate) to support them with their mental wellbeing. Recovery orientated care

f. IAPT Compliant Step 2 Waiting Well (alternative to specialist CAMHS) – based with Voluntary Sector organisations: focus on IAPT compliant Step 2 service to Brent children and young people. Focus on those at risk of experiencing mental ill health, those already struggling with poor emotional wellbeing, low mood, anxiety and/or depression and those children and young people who have been impacted by the pandemic.
g. Neurodiversity for 0-5: Early identification and neurodiversity support for better long-term outcomes in terms of cognitive, social, and emotional development. Focus on behavioural interventions to address challenging behaviours, improve social skills and promote positive behaviours, breaking down skills into smaller steps and using positive reinforcement to teach new behaviours using applied behavioural analysis approach.
h. Reducing waiting times for ADHD / ASD Assessments: A dedicated ASD/ADHD pathway for Children and Young People. Increasing the specialist CAMHS/CLCH clinical capacity to offer detailed diagnosis and follow up interventions for: Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) without a learning disability (Asperger's Syndrome) and Tourette Syndrome (TS), as well as short-term post-diagnosis support.

6.0 Financial Implications

6.1. There is a need for additional levelling up investment for mental health services across all ages for Brent. The investment into some of the areas highlighted in the Business case is being considered and we are confident this will be made available. However, more investment is needed to support the high levels of demand including investment in neighbourhood hubs.

6.2. No levelling up funding to Brent has been agreed yet but associated discussions with NHS NWL ICB are on-going.

NHS NWL ICB Re-organisation

6.3. Work is also underway to reorganise functions and activities of the borough team as part of NHS NWL ICB's reorganisation programme with a substantive reduction to NHS Borough staffing.

7.0 Legal Implications

7.1. There are no legal implications at this time.

8.0 Equality Implications

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

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

9.0 Consultation with Ward Members and Stakeholders

9.1. Consultation, engagement and co-production with Ward Members, system partners, Brent residents, mental health service users and carers is embedded in this work. Involvement and inclusion of the Brent population continues to be supported by Brent's Community Engagement Team, Brent Health Matters and the Brent Changing Minds Mental Health group.

10.0 Climate Change and Environmental Considerations

10.1. There are no climate change and environmental considerations at this time.

11.0 Human Resources/Property Implications (if appropriate)

11.1. There is likely to be human resources implications from NHS NWL ICB's reorganisation exercise. Engagement and consultation on this reorganisation is in progress.

11.2. There are no property implications at this time.

12.0 Communication Considerations

12.1. We engaged with system partners, patients, service users and carers in developing these priorities. We are developing a communications and engagement plan that involves staff, clinicians, patients, carers, public representatives and other stakeholders in the development of these proposals for access and demand transformation services across Brent. The activities outlined in this report will be co-produced with local stakeholders with the Overview and Scrutiny Committee and ICP Executive Board having oversight and ensuring appropriate scrutiny.

Report sign-off:

Tom Shakespeare
ICP Managing Director

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

Rachel Crossley
Corporate Director Community Health and Wellbeing

Brent NHS North West London	**Brent Health and Wellbeing Board** 15 April 2024
	Report from the Chair of Brent Children's Trust **Nigel Chapman, Corporate Director of Children and Young People**

Brent Children's Trust Update and Forward Look

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)	Open
List of Appendices:	0
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Wendy Marchese Strategic Partnerships Manager Wendy.Marchese@brent.gov.uk

1.0 Executive Summary

1.1. Brent Children's Trust (BCT) is a strategic partnership group with the primary function to coordinate and steer the joint strategic direction for the delivery of local authority and health partner integrated services for children and young people in Brent.

1.2. The BCT has a strong strategic relationship with the Brent Health and Wellbeing Board and Brent Integrated Care Partnership (ICP). The Health and Wellbeing Board maintain oversight of the BCT activity. As part of this governance arrangement, the BCT provides the HWB with a regular update report.

1.3. The BCT is currently the strategic partnership group that drives the activity responding to the four Brent ICP priorities focussing on children and young people services.

1.4. This paper provides an update of the BCT work programme covering the period July 2023 to March 2024 and sets out a proposal to redefine the purpose and vision of the Brent Children's Trust for 2024 – 2026.

2.0 Recommendations

2.1. The Health and Wellbeing Board is asked to note the strategic oversight activity of the Brent Children's Trust for the period July 2023 to March 2024

2.2. The Health and Wellbeing Board is asked to comment on and endorse the proposal to redefine the purpose and vision of the Brent Children's Trust for 2024 – 2026.

3.0 Detail

3.1. The BCT is chaired by the Statutory Corporate Director of Children and Young People. The Vice Chair is the Clinical Director, NWL ICB, Brent.

3.2. The membership of the BCT consists of:

Organisation	Role
Brent Council	➢ Statutory Director of Children Services (Chair) ➢ Director of Public Health ➢ Director Education, Partnerships and Strategy, CYP ➢ Head of Looked After Children and Permanency ➢ Head of Inclusion CYP ➢ Head of Early Help, CYP
Integrated Care Partnership	➢ Brent Integrated Care Partnership Lead ➢ Brent Borough Director ➢ Brent Clinical Director (Vice Chair) ➢ Head of Mental Health, Learning Disabilities, and Autism, Brent
Health Service Providers	➢ Central London Community Healthcare NHS Trust ➢ Central North West London Mental Health Care NHS Trust ➢ London North West University Healthcare NHS Trust

3.3. The Brent Integrated Care Partnership (ICP) Director is a standing member of the BCT to enable strong links between the Trust and Brent ICP.

3.4. The responsibilities of the BCT include:

- Developing a joint vision and strategy for improving outcomes for children, young people and their families in Brent.
- Working in partnership with all key delivery agencies (public, private and voluntary) to ensure delivery of key priorities and associated aims, targets and inspection criteria.
- Setting a clear framework for strategic planning and commissioning, promoting integration and collaborative working between all partners.
- Monitoring an agreed suite of performance information, including national and local, and quantitative and qualitative indicators in conjunction with other partnership boards.
- Ensuring that priorities are informed by the views of children, young people, their families and the Joint Strategic Needs Assessment (JSNA).
- Developing initiatives between the council and health services partners to improve health and wellbeing for children, young people and their families focusing on tackling Brent's health inequalities.
- Keeping the workforce informed and involved, providing clear direction and identifying opportunities for joint development when appropriate.
- Ensuring that legislation relating to services for children and young people is implemented in the borough.

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

Partnership Group	Purpose
Inclusion Strategic Board	➢ To drive the development, implementation and success of the Brent SEND Strategy.
Early Help and Prevention Group	➢ To drive the development, implementation and success of the Supporting Families programme and Youth Strategy.
Looked After Children and Care Leavers Partnership Group	➢ To drive a range of initiatives that reflect both national and local policies and best practice to improve outcomes for children in care and care leavers.

BCT strategic oversight activity during July 2023 to March 2024

3.6. The BCT met every two months to review progress against the identified priority areas of focus and consider any emerging local and national issues.

3.7. In addition, the BCT reviewed progress made on the implementation of the Brent Integrated Care Partnership Children's Services priorities and any emerging issues as a standing item.

3.8. During the period July 2023 to March 2024, the BCT met four times and reviewed progress against the following priority areas of focus:

BCT meeting July 2023 - Looked After Children

3.9. The BCT considered the progress on activity undertaken by the Looked After Children and Care Leavers Partnership Group, with a particular focus on health services for LAC.

3.10. The BCT commended the work of Early Help and the risk management undertaken by all partners in reducing the numbers of LAC, which was noted as being below the national average of 62 per 10,000 child population, with 43.7 per 10,000 child population in Brent.

3.11. The BCT acknowledged the strong partnership working and communication between LAC health providers and social work teams had led to over 90% of LAC having an annual health assessment during the 2022/23 reporting year.

3.12. The BCT agreed a point of escalation regarding the contract for health assessments for LAC placed outside of the borough as Brent's LAC were not being prioritised in other local authorities and therefore not receiving an equitable service. It was agreed that this concern would be escalated as a system issue with NWL ICB.

BCT meeting September 2023 - Children's Mental Health and Wellbeing Update

3.13. The BCT considered a progress update on the CNWL CAMHS Service in Brent and noted the following highlights:

- Waiting times for children and young people to undergo an assessment was 1-6 weeks, however an NHS minimum waiting standard of 4 weeks would be launched in the coming months.

- The new CYP Eating Disorder Day Programme was scheduled to go live late September, supporting children across North West London with tailored, specialist therapeutic support for children with eating disorders who would otherwise have been admitted to a Tier 4 inpatient unit.

- The Young Adult Pathway Lead and Consultant Young Adult Psychiatrist had been in post for 6 months in Brent, leading the delivery of the new young adult offer.

BCT Reflective Workshop November 2023

3.14. In November 2023, the BCT held a reflective workshop considered the achievements and challenges for each of the four ICP priority workstreams over the last 12 months.

3.15. The BCT also considered the achievements and challenges for each of the partnership group workstreams over the last 12 months.

3.16. The findings of this workshop enabled the BCT to identify the priority areas of focus and strategic vision from 2024.

BCT meeting January 2024 – Follow up on reflections on 2023 BCT activity

3.17. During this meeting, the BCT built upon the findings of the reflective workshop held in November 2023 and brought together the overarching themes with the aim of ensuring that the BCT adds value to strengthening integration and collaborative working between the Council and health service partners.

BCT meeting March 2024 - Realisation of HWB Strategy

3.18. In response to Brent Health and Wellbeing Board's recommendations, the Brent Children's Trust reviewed the Health and Wellbeing Strategy and the five priority themes giving consideration to:

- Determining which of the original commitments have either been achieved and/or have become business as usual and which remain relevant.

- Identifying the commitments for 2024/5 to children and young people the BCT would want the refreshed Health and Wellbeing Strategy to contain that reflects existing or planned priorities.

Proposed BCT strategic vision for 2024-2026

3.19. Over the next two years, the BCT aims to further strengthen integration and collaborative working between the Council and health service partners through a shared goal of delivering maximum benefits to improve the health and wellbeing for children, young people and their families in Brent.

3.20. The BCT's main aim is to act as an advocate for Children and Young People across the wider system and therefore will ensure that the vision is in line with and informed by both the Brent Integrated Care Partnership priorities and the Health and Wellbeing Strategy priorities.

3.21. From 2024 the BCT intends to operate by:

Redefining the format of the BCT meetings

- Each BCT meeting has a systematic approach and are less report driven enabling richer collaborative problem-solving discussions.

Strengthening joint accountability

- The BCT has awareness of and input into all workstreams of collaborative working between the council and health services partners to improve the health and wellbeing for children and young people.
- The BCT partners have robust and transparent discussions to strengthen a 'challenge and support' style relationship in holding each other to account.

Establishing a clear escalation process for BCT to provide a steer on system and service delivery challenges and risks

- The BCT resolves issues of escalation related to arising joint system and service delivery challenges and risks

Ensuring that the BCT adds value to Brent ICP priorities and activity of the ICP

- The BCT has a more systematic approach to maintaining an overview of the joint projects and initiatives developed by these groups through the lens of vulnerable children and young people services.

3.22. During 2024-2026 the BCT's objective is to lead system change for all identified priorities reinforced by the following three underpinning pillars:

1 **Strengthening joint systems shared accountabilities**	2 **Utilising partnership performance information**	3 **Improving communication and engagement**

3.23. Sitting within the three main underpinning pillars above the BCT has identified a number of priority areas of focus in line with the ICP priorities and the Health and Wellbeing Strategy priority themes:

Reducing health inequalities for children and young people

- Drive a strengthened programmatic approach to vaccinations and childhood immunisations with the aim of:
  - Identifying and addressing the issues/barriers for progress
  - Developing a more accessible programme with a specific focus on immunisations for unaccompanied and looked after children.
  - Promoting and embedding the Brent Health Matters programme into children and young people system activity, service plans and strategies

Delivering mental health services for children, young people and their families

- Strengthen the strategic oversight of the THRIVE Framework delivery with the aim of:
  - Resetting the strategic direction and expectations of the system
  - Ensuring that Brent CYP have appropriate support at right time, considering broader support service provision wider than specialist CAMHS.

Improving services for Children with Special Educational Needs and Disabilities (SEND)

- Set the strategic direction of continuous improvement of services for children and young people with SEND with a focus on ensuring that:
  - The voices of children and young people with SEND are being heard and inform the development and delivery of services.
  - There is robust and timely development of an enhanced post-16 offer

Improving Early Help and Intervention

- Set the strategic direction of continuous improvement of Early Help and Intervention services for children and young people with a focus on ensuring that:
  - There is robust development of a parent-led approach
  - Collaborative bid-writing for funding opportunities is strengthened
  - There are clear and robust plans to enable the 'Start for Life' programme to continue after government funding ceases

Improving services for Looked After Children (LAC)

- Set the strategic direction of continuous improvement of LAC services for with a focus on ensuring that:
  - There is stronger coordination of health services for looked after young people
  - There is robust development of emotional wellbeing support services for LAC.

4.0 Stakeholder and ward member consultation and engagement

4.1. Brent Council and NWL ICB (Brent) are members of the BCT and the partnership groups and have contributed to this report.

5.0 Financial Considerations

5.1. There are no financial and budgetary implications relating to the proposals within the report.

6.0 Legal Considerations

6.1. There are no legal implications relating to the proposals within the report.

7.0 Climate Change and Environmental Considerations

7.1. There are no climate change and environmental considerations relating to the proposals within the report.

8.0 Communication Considerations

8.1. There are no communications considerations relating to the proposals within the report.

Report sign off:

Nigel Chapman
Corporate Director of Children and Young People

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