
 Brent  North West London	Brent Health and Wellbeing Board July 2022
	Report from Tom Shakespeare, ICP Director
ICP Priority Area Update - Mental Health and Wellbeing	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt:	Open
No. of Appendices:	Two Appendix 1 - Brent ICP – Partners Appendix 2 - Governance Structure
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Sarah Nyandoro Head of Joint Commissioning MHLDA (All Age) sarah.nyandoro@nhs.net

1.0 Purpose of the Report

- 1.1 This report updates Health and Wellbeing Board on progress being made on one of the four Integrated Care Partnership priorities: Mental Health and Wellbeing. The report sets out the detail of the work-streams under this priority including the outcomes they are seeking to achieve progress to date, priorities for the next 12 months and any risks and issues relating to each of the work-streams, which are:
- Improving access to Employment
 - Mental Health and Housing
 - Children & Young People, including Specialist Child and Adolescent Mental Health Services (CAMHS)
 - Improving Access to Adult Mental Health Services - Demand and Pathways

2.0 Recommendations

- 2.1 To note progress, impact, outcomes and risks

3.0 Background

- 3.1 The Brent Place Based Partnership, also known as the Brent Integrated Care Partnership (BICP), is the Brent health and council partnership, which reports to the Health and Wellbeing Board (HWBB) (see Appendix 1). The partnership is focused on working together to improve the health and wellbeing of Brent residents. It is clear that we all have a responsibility to tackle health inequalities and respond not only to immediate and health and care needs, but also to the wider determinants of health and wellbeing, including as this report shows, housing and employment.

- 3.2 In January 2022, a report came to the HWBB, which set out the wider partnership arrangements and provided an overview of all the priorities. Mental Health and Wellbeing was one of those priorities, and this report provides an update on that work, building on the areas that were identified in that report, set out below:
- Increase engagement, utilisation and awareness 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.
 - CYP/Transitions – ensure the additional needs and identified gaps as a direct result of the pandemic are addressed and aligned to the Children’s Trust Board priorities.
 - Align identified areas of mental health inequalities from this work stream to HI&VE.”
- 3.3 The Mental Health and Wellbeing work is led and overseen by a sub-group of the BICP (see attached at Appendix 2 the partnership organigram). The sub-group is co-chaired by Robyn Doran and Phil Porter and oversees the work of a number of working groups responding to immediate issues as well as delivering wider change projects. It involves a range of health and council partners and community sector partners, including Ashford Place and Brent Healthwatch. The group is committed to ensuring that all of the work it drives:
- Responds to patient/service user lived experience and is co-produced wherever possible
 - Recognises the need to meet people’s needs, rather than responding only to service criteria, which reflects the importance of recovery and the importance of employment, housing and leisure to recovery,
 - Ensures that where care is needed it is delivered as close to home as possible in the least restrictive settings, and
 - Tackles inequalities and delivers improved patient and resident satisfaction.
- 3.4 The rest of this report provides an overview of each of the four work-streams, setting out the overarching objectives, specific outcomes, progress to date and milestones and any risks and issues.

Detail of the four priority areas

4.0 *Priority 1 - Improving access to Employment*

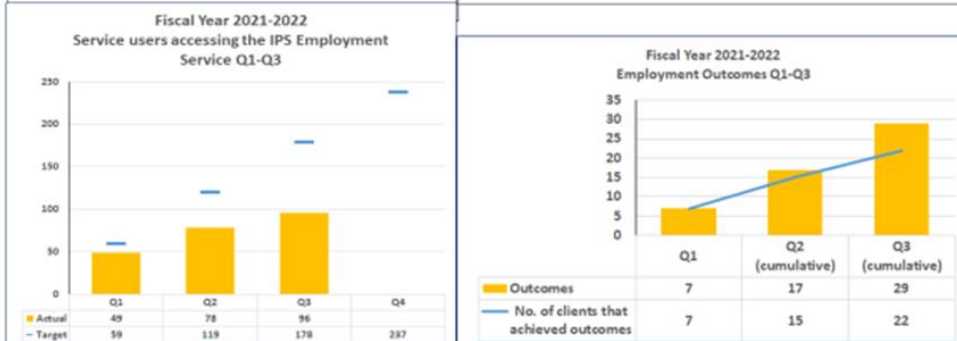
- 4.1 This work-stream recognises that in a time where there are more vacancies than jobseekers, one of the most significant barriers to employment is mental health, both common mental illness and severe and enduring mental illness. The council, working with Jobcentre Plus, West London Alliance and a range of employment providers already has a broad offer for people, but we recognise that there are still barriers to accessing their services and we need to raise awareness and make it easier for people.
- 4.2 Therefore, the focus of this work-stream is to support individuals with mental illness to navigate the system and get the right support at the right time to enable them to access meaningful activities and increasing the number of mental health service users supported into employment, training, further education and volunteering opportunities.

- 4.3 The work is led by Ala Uddin, Head of Employment, Skills and Enterprise in the council, and is focused on:
- Service user navigation – establish employment referral pathways to support people with mental health secure good quality employment.
 - Joining up the system – putting together partner forums and task and finish group with key stakeholders including NHS, WLA, DWP, Shaw Trust and Twinings to work collegiately to ensure systems approach to supporting people with mental health.
 - Employment opportunities and support – working with referral partners to source, advice and secure employment. In addition, stimulating business appetite for recruiting and supporting those with mental health conditions in the workplace, through our work with DWP on Disability Confident.
- 4.4 Working with DWP who are leading on Disability Confident, we have run a number of sessions jointly to promote Disability Confident to employers and the next session is earmarked for September 2022. Building on Council's level 3 accreditation, we are supporting our health partners and local employers to go through the assessments at levels 1, 2, and 3. With more than 50 employers identified requiring support, DWP and Employment Team are in the process of engagement, support and assessment.
- 4.5 The Mental Health and Employment Task Group have held a number of events. These include:
- Collaborative Coffee Mornings in April bringing together NHS Link Workers, Social Prescribers and Practitioners, DWP, Troubled Families, Brent Works, Family Wellbeing Centres, Brent Hubs, Shaw Trust, Twining Enterprise and partners to promote the employment support and services that are available across Brent to Primary Care Practitioners working with people with mental health condition
 - An event was held in June 2022 to showcase to residents all the employment support provision available for mental health service users in Brent
 - A successful practitioner event in Spring 2022 showcasing employment support services for those with mental health issues and wider barriers to work
 - "Let's talk about Mental Wellbeing" was held for residents to showcase local employment support and wider support services in July 2022
 - Brent's Employment team have also been working with other partners such as Catalyst Housing, Brent Health Matters, MIND and the GP forum promoting the employment and referral pathways
- 4.6 Data for this Quarter 1 shows that Council's Brent Works Team and Employment Programmes supported 40 people with health issues of which 24 had mental health problems. 8 people were supported into full-time employment. CNWL is also a member of the mental health and employment forum and they also have a range of employment support and an overview of activity is set out below:

Employment– Access & Outcomes

140 referrals have been received. The graph below shows figures of those who accessed the service. A combination of office relocation, annual leave and staff shortages have contributed to a reduced number of referrals. The recruitment of new staff in clinical teams as well as a new Employment Specialist to support the Wellbeing, Clozapine and Depot clinics should address these issues once embedded into service.

29 job outcomes were achieved for 29 people. Performance outcomes has continued to rise in Q3 with in-work support continuing to assist clients secure second/ better paid employment.



- 4.7 Evidencing the full impact in addition to core services is difficult, but feedback from the operational group is positive and the qualitative evidence that we have from residents shows that it has been positively impactful as demonstrated below by comments from service users:

“When I was made redundant in 2018 I thought I would never work again. I really enjoyed my role in the city and loved the buzz of inner London. It was stressful but being at the heart of the action kept me going. What hurts most is that the staff I thought I was training up around me to form a new team were really there to replace me after 12 years of service. My anxiety went through the roof and with no job to manage it I had to continue to live with my parents as I developed eating disorders and severe depression”.

“It took me a long time to get to a point whereby I could even ask for help and often looked down at the help I received as my trust in people had died. I was basically going through the motions with my therapist until they referred me to employment support. Being mistrusting I actually looked up IPS and what it was meant to be about just so I could argue if asked to do a supermarket cashier job”.

“The service was much better than I thought it was. The first thing I learned was that my stress at work was not healthy and that I enjoyed the responsibility not the intensity or false prestige of my old job. I also learned that “Brain Fog” is real and quite common in high functioning roles. My employment specialist helped me to focus on me and introduced me to tools like the importance vs urgent model and how to use this to manage my anxiety. I now have a much better understanding of myself and what I really want out of a job. I am also working much better with my therapist now and my relationship with my parents and food is improving. I feel my life is back on the right track and will be much more prepared to deal with things in the future”.

- 4.8 Our efforts during the next 6 to 12 months will focus on promoting the employment pathways to referral partners as well as residents and we will do this using various mediums including on-line presence, presentation to the GP forums, collaborating with Brent Health Matters, attending and setting up roadshows and events. We will also look to strengthen partnership with key stakeholders involved in supporting the pathways through the mental health and employment group. This is to avoid the risks

of duplication of referrals or incorrect referrals, taking too long to support residents at risk and poor in-work support. We will continue to work with partners to ensure that we have accurate data to reflect the impact of this work-stream and ensure that systems are joined effectively to support residents into employment. The collaborative work with DWP will continue with a focus on assessing employers for Disability Confidence with a view of completing/grading at least 10% of the current list of employers.

5.0 **Priority 2 - Mental Health and Housing/Accommodation**

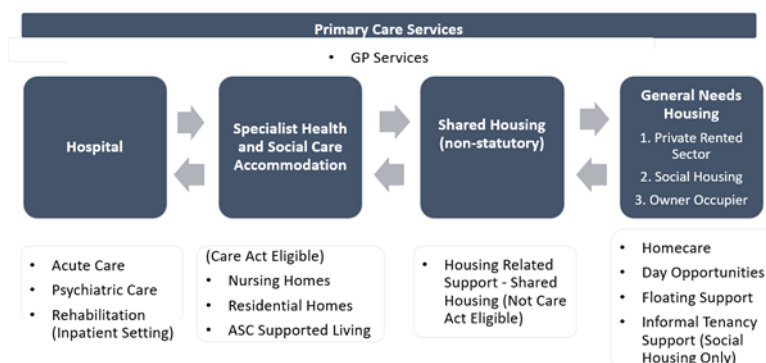
5.1 This workstream is driven by two overarching issues. The first was the feedback from people and community groups about the relatively poor experience of people with a mental illness accessing housing, navigating the system and finding appropriate housing. And secondly, the challenges people with a mental illness can have sustaining a tenancy, with a particular focus on Brent council housing and Network Homes. Both housing providers recognised this as an issue and have put additional support in place, but both need more support from the wider health and care system to maintain tenancies.

5.2 The project has developed across two workstrands:

- Improving communication and collaborative working to tackle operational issues
- Outcome based review to better understand the specific issues face and the changes that need to be made.

5.3 Both workstreams have involved a range of stakeholders: Primary Care, Brent Community Mental Health Team and CNWL more broadly, Adult Social Care, Brent Housing Needs, Brent Housing Management and Network Homes. Crisis and Ashford Place have also been involved and made the connections both to existing community support, the Homelessness Forum and supporting people with lived experience to provide their stories / ethnographies.

5.4 The work has provided an overview of the system and the challenges individual practitioners experience working across it. The diagram below shows the range of situations someone may find themselves in depending on where they are living (and critically if they need to move for a period), whether CNWL or primary care are supporting their mental health need, whether they are receiving ASC or lower level support.



5.5 The work has created system wide commitment to everyone working as part of a recovery pathway, moving from left to right. However, it has also recognised the challenges of implementing this, including:

- Recovery journeys vary and are not usually linear, so the system has to be flexible to deal with relapses and the practical issues this can create (e.g. with tenancies)
- Pressures in the system, particularly around hospital discharge can lead to worse outcomes, and everyone needs to focus on discharge from the point of admission
- Non-engagement is often an issue where there are problems in services, some people are distrustful of public services, or cannot engage with them, and we have to have ways of making our services accessible and building trust
- The underlying housing crisis, and the relative shortage of social housing, which means private rented accommodation will continue to be important.

5.6 As a result of this work a number of practical things have already been done: BHM and Network Homes are working more closely with CNWL, practical training for frontline practitioners to understand the system and work collaboratively has been developed, and an improved discharge pathway between CNWL and Housing Needs has been implemented. The focus for the next six months is threefold:

- Continue to 'build the system' bringing together practitioners across the pathway to work together, recognising that with staff churn this is a permanent workstream, developing a multi-agency approach to engagement (the SMART team works in a different way for those with multiple exclusion homelessness with a focus on trust and engagement) we will learn lessons from the SMART team and apply this approach proportionately across the system
- 'Manage the system' – jointly agreed escalation protocols to be signed off to ensure there is collaborative working, and in cases where collaborative working hasn't worked, a responsive multi-disciplinary case management approach will be adopted across all partners, and work is progressing on a portal for mental health service users referred into Housing Needs, collecting data which is not currently available to provide the evidence base for wider changes
- 'More responsive commissioning' for accommodation/housing support. The OBR has identified gaps in knowledge about available services, which have been filled (e.g. different views on what a 9-5 service is), and actual gaps in commissioned services (e.g. forensic services, which are being addressed, alongside an ongoing approach to ensure the gaps don't reappear.

5.7 The key issue for this workstream has been the project resource to drive it forward and develop a performance dashboard which reflects the system wide interdependencies. However, through the integrated team a dedicated resource for the next 12 months has been recruited. The key risk is ongoing engagement across all partners and ensuring this continues to be a priority. This is a particular challenge for primary care, not because they are unwilling but because we need to work across all practices and there are other challenges for them.

6.0 *Priority 3 - Children & Young People including Specialist CAMHS*

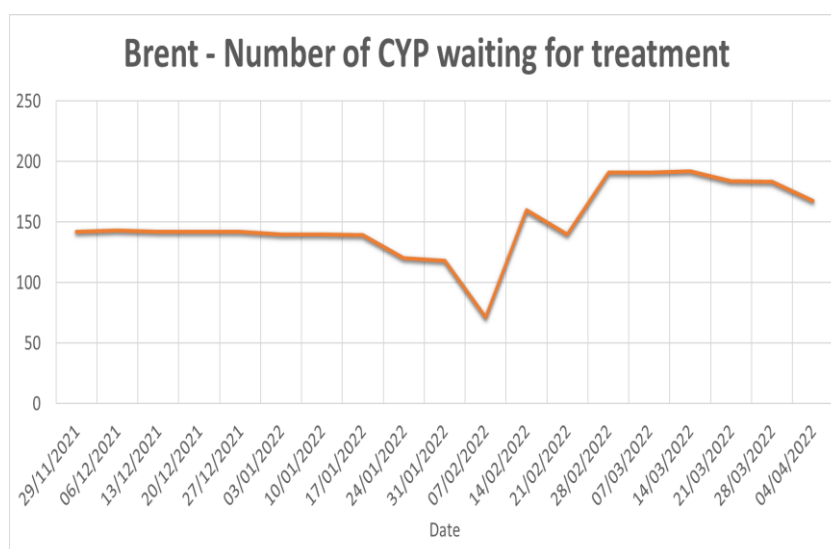
6.1 Early identification of CYP with emotional and mental ill health, and provide early intervention and support to reduce reliance on specialist CAMHS. Reduce the Specialist CAMHS Waiting List, increase support for children and young people in schools and in the community. Support the NWL Strategic Review of CAMHS which includes identifying additional resources for Brent as part of the NWL levelling up agenda. Work with public health on the Joint Strategic Needs Assessment needs to understand mental health needs of our young people including impact of COVID-19 on our children young people linked to Core 20 plus 5 Inequalities programme

6.2 Brent's CAMHS service has been under extreme pressure, with the impact of increasing deprivation, social isolation and unavoidable service disruption as a result

of the COVID pandemic. Consequently, the waiting list grew to 504 Children waiting for assessments from 2019. CNWL invested their own funds non-recurrently to employ Agency staff and increase Healios capacity to help clear some of the backlog of CYP on the waiting list for assessment. Additionally, voluntary sector organisations i.e. Brent Centre for Young People and Brent Young People Thrive have also been commissioned on a temporary basis to help triage the waiting list and to support with assessments. This has stabilised the waiting list for the time being, and has started to see a reduction in the numbers of children waiting.

6.3 Our target was to reduce current waiting list of 504 a year by 50% by August 2022. This is on track as we have achieved a reduction of more than 50% to 226 at the end of June. However, the board is asked to note that the additional resources to support this recovery plan are not available on a permanent or recurrent basis and without additional investment into specialist CAMHS demand will continue to outstrip the capacity of this service. Without a levelling up + in Brent in funding through NHS NWL ICB this position is not sustainable and Brent Specialist CAMHS service will very quickly return to an overwhelmed position.

6.4 There have been further initiatives to support CYP in Brent. The crisis alternatives that has been launched recently include the CYP crisis house opening and the Crisis café expanded to include 16+. Current numbers of children who have been assessed and are now waiting for treatment at 04/04/2022 is as below.



6.5 The plan is to further reduce the numbers of CYP waiting for treatment to below 50 by the 31st August through:

- A dedicated team external to core establishment carrying out assessments and 1st Treatment (approx. 45 assessments per week)
- Healios supporting end to end packages of care (assessment through to discharge). Waiting well initiatives focusing on support for those on waiting lists
- Weekend and evening clinics
- Maximising digital initiatives
- Further work with third and voluntary sector organisations
- Expansion of generic working in addition to pathway specific assessment and Treatment.

- 6.6 The other focus for children and young people includes early identification of CYP with emotional and mental ill health, and the provision of early intervention and support to reduce reliance on specialist CAMHS.

7.0 *Priority 4 - Mental Health and Access and Demand*

- 7.1 Improve access to services and support mental health service users to maintain wellness. Increase numbers of people accessing IAPT. Increase numbers of SMI and CCMI patients supported with their annual physical Health Checks. Reduce admissions and readmissions to secondary care services. Increase the numbers of people with SMI who can be cared for in primary care. Increase the numbers of SMI service users discharged from formal mental health support services.
- 7.2 The access and demand work-stream is the least progressed of the metal health and well-being Executive group due mostly to staff changes. Initial focus has centred on increasing referrals to IAPT to support early intervention of moderate depression and anxiety. Noting that the number of GP referrals to IAPT has reduced whilst also recognising the diverse populations in Brent and inequalities the Brent IAPT service put together 5 short videos translated into Arabic, Gujarati, Polish, Punjabi and Urdu. These 1-minute-long information clips of the referral process in these languages have been shared with all Brent GP practices to be added to their websites. There has also been a raising awareness drive to promote IAPT through the Brent Residents magazine. A wider NWL marketing drive that will include posters on the underground and at local bus stops is being taken forward by the NWL ICS team for all 8 boroughs. Recruitment drive also being progressed.
- 7.3 The other area of focus for this work-stream includes increasing the numbers of SMI service users accessing their Physical Health checks. Two Voluntary Sector organisations have been commissioned to support GP Practices with engagement of those patients requiring additional support to access their physical health checks as well as support for carers of service users (Ashford Place and Brent Carers Centre).

8.0 *Financial Implications*

- 8.1 All of the work identified above is delivered from within core budgets. However, earlier in the year, Brent's Director of Public Health, attended a meeting to discuss the NWL Mental Health Strategic Review. A document was presented that recognised the current inequalities in the level of investment across NWL and stated "Protected mental health funding offers resource to address the most extreme variations in investment, provision and outcomes".
- 8.2 The report went on to highlight that there were wide variations in levels of overall mental health funding, including CAMHS services. Some NWL Boroughs have double the level of funding that Brent currently receives, per head of population. Brent's Place-Based Partner organisations were encouraged by this report. This inequality for Brent had been recognised with plans for a strategy to be developed to address this by the ICB. This would mean increased investment in mental health services for Brent prioritised so that "levelling up" of resources could be achieved incrementally over time.
- 8.3 Financial implications at this time are that there has been no levelling up funding to Brent. Unless this is addressed for the Specialist CAMHS service in particular mean, demand will continue to outstrip supply.

Report sign off:

ICP co-chairs:

- Robyn Doran
- Phil Porter