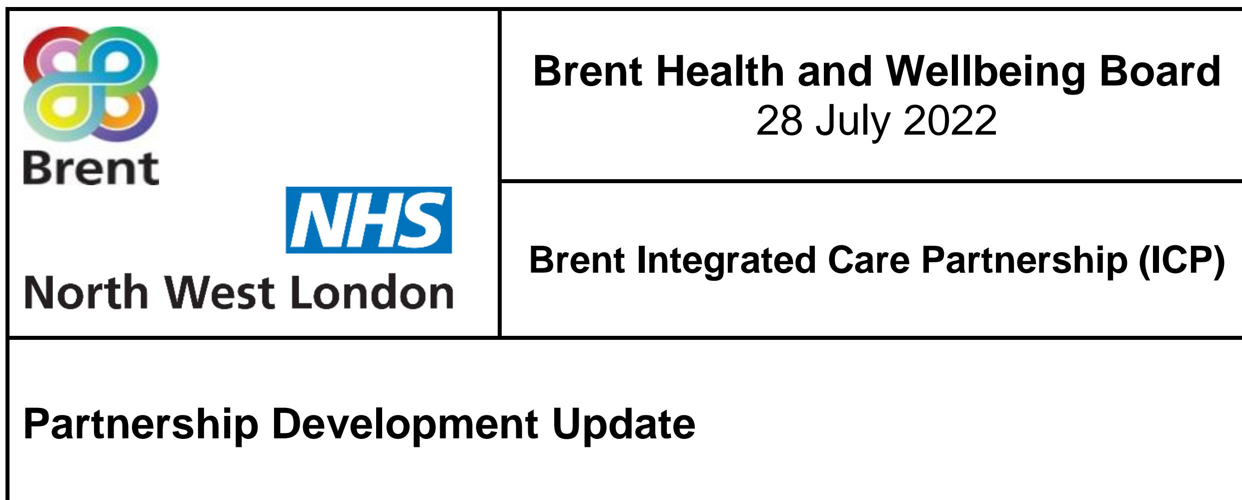

Brent Health and Wellbeing Board
28 July 2022

Brent Integrated Care Partnership (ICP)

Partnership Development Update

Wards Affected:	All Ward
Key or Non-Key Decision:	Non-Key decision
Open or Part/Fully Exempt:	Open
No. of Appendices:	Two Appendix A – Development recommendations Appendix B - Outline of the next phase of development work
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Tom Shakespeare Integrated Care Partnership Director Tom.Shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 To provide an update on the Partnership development work to date, including the achievements and outcomes of the partnership so far.

1.2 To outline the next stages of partnership development

1.3 To gain feedback from the health and wellbeing board on our planned programme and any specific areas of focus that the Health and Wellbeing Board think the development work should focus on.

2.0 Recommendations

2.1 To approve the direction of travel of the Partnership Development work

3.0 Detail

3.1 The Brent ICP brings together Health, Council and Voluntary Sector partners to tackle local inequalities and improve health and wellbeing outcomes.

3.2 During 2020 and 2021 the Partnership became a key asset in tackling the impact of the pandemic and evolved quickly and organically to tackle the immense impact COVID-19 had on people and communities, and on the health and care system.

3.3 ***Progress so far – improving outcomes for the population***

3.3.1 As well as supporting the response to the pandemic, the partnership has delivered a number of projects that are improving outcomes for people in Brent. Some examples of this include:

- Large scale events run by Brent Health Matters to support people living with Diabetes. The events were supported by staff from across the partnership including GPs, Nurses, Community co-ordinators, Community services, Health Educators, Voluntary Organisations, Public Health and Mental Health practitioners. Through the event 1009 health checks were given and 70 unwell people needing urgent medical attention were supported. The events received very positive feedback and were attended by groups who present less frequently at traditional health settings.
- Working together through the Dynamic Support Register process which protects children with Learning Disability and/or Autism Spectrum Disorder (LD and/or ASD). 9 cases were being supported in June receiving MDT support, preventing risk to the children's health and wellbeing and avoiding escalation in their care needs.
- The implementation of a UTC pilot which introduced a nurse led redirection service supporting people to be cared for in a non-acute setting, helping people receive the right treatment without long waits at UTCs and A&E. The nursing and administrative staff worked as one team with the existing UTC Hello Nurse and Patient Champion supporting a number of people to be cared for closer to home.

3.4 ***Partnership priorities***

3.4.1 The partnership is currently focussing on four key areas of transformation and improvement. These are:

- Tackling inequalities
- Better Mental Health and Wellbeing
- Strengthening Primary Care
- Community Care and Support

3.4.2 To ensure that the transformation programmes are delivering outcomes for people in the short to medium term, as well as part of a longer-term journey, there are specific areas of focus within the four priority areas. These are:

- Expanding the previous model of working closely with communities to develop solutions for specific inequalities and specific communities
- Developing a better housing offer for people with Mental Health issues and needs, alongside delivering key priorities from the Long-Term Plan
- Improving access to key Primary Care services where there is high levels of need and unmet demand
- Developing integrated community teams and community hubs to care for people with higher levels of need or complexity in the community and closer to home

3.5 ***Partnership development work to date***

3.5.1 At the end of 2021 a review was conducted, engaging all partners to understand their perspectives on the partnership and what they felt the next stage of the partnership should look like. Four themes emerged from this discussion, which were:

- How the partnership puts patients and citizens at the heart of joint working
- Agreeing to a collective set of transformation and delivery priorities
- Holding ourselves to account as a partnership

- Developing a shared culture

3.5.2 Following the review a set of nine recommendations were developed and agreed. These can be seen in Appendix A. A development plan was created to tackle these recommendations, organised by the four themes.

3.5.3 The first stage of the development plan has been completed, delivering key outcomes across each theme. These are:

- The development of a clear vision and narrative for the Partnership moving forward, focussed on reducing inequalities and improving health and wellbeing outcomes for the people of Brent.
- A review of the delivery priorities for the partnership with a resident focussed and inequalities lens, and the mobilisation of delivery programmes under a partnership change and programme management approach.
- The development of a governance structure sitting beneath the Partnership Board, to support effective collaboration that would support better outcomes for all people, at all stages of their life.
- Delivery of key development sessions with stakeholders from across the partnership, bringing together staff from across partner organisation to create a shared understanding of the challenges and opportunities faced and to co-design the future of partnership working.

3.6 ***Next phase of partnership development***

3.6.1 The next phase of the development plan will focus on making key aspects of the partnership model a reality and strengthening partnership working for the benefit of Brent's residents and communities. A summary of this work across the four workstreams are as follows:

- Development of shared strategies for key Partnership priorities, including better access to Primary Care services, establishing community teams and hubs, and provision of mental health housing.
- Establishing and embedding an outcome focussed approach to partnership change and transformation and ensuring that teams have the support and resources they need to work effectively.
- Consolidating the agreed approach to partnership working into a Memorandum of Understanding and mobilising the clinical leadership model.
- Bringing staff together across the partnership to co-design changes at both the strategic level (through workshops and away day sessions) and at the operational level (through action learning sets and continuous improvement cycles).

Further detail on the next phase of this work can be found in Appendix B.

3.6.2 This work will deliver benefits for the partnership by:

- Providing clarity across the partnership on the vision and objectives in key areas such as Primary Care access, Community Care and Mental Health provision; empowering staff to work together with a shared focus and understanding
- Creating both broader and deeper connections between staff across all partner organisations.
- Strengthening the collective leadership approach in Brent, enabled by the MOU and leadership model, and continuing to support staff across Brent to operate as one team and across organisational boundaries for the benefit of residents.

- Supporting the delivery of key service transformations to meet specific needs of the brent population, including the improvement of access to Primary Care services, the development of an integrated community team and community hub, the improvement of the housing offer for people with mental health needs and the expansion of our inequalities work to wider populations through Brent Health Matters.
- Facilitating action focussed learning and delivery approaches across these transformational areas, to deliver change quickly and effectively, but to also create and embed learning from the current delivery programmes, to improve the way we work together in the long term.

3.6.3 This will bring benefits to residents and patients in Brent by:

- Implementing improvements to services through agile and outcome focussed transformation projects.
- Support better joined up care through the strengthening of relationships across the system and breaking down the organisational and structural barriers that exist between teams.
- Strengthening the engagement and involvement of communities and residents in improving health and wellbeing outcomes, through the Brent Health Matters programme.
- Creating a system that can learn effectively, leading to long term improvements to the health and care system and the care that people receive.

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 The key focus of the Brent ICP is the reduction in inequalities for the population. This is reflected in the previous development work and future planned development work.

Report sign off:

ICP Co-Chairs:

- Robyn Doran
- Phil Porter