 <b>Brent</b> <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 13 October 2022
	<b>Report from Director of Integrated Care Partnership</b>
<b>Brent Integrated Neighbourhood Teams Development</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	n/a
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 - Brent Integrated Neighbourhood Team Development
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Josefa Baylon Head of Integration, Neighbourhood Team Development <a href="mailto:j.baylon@nhs.net">j.baylon@nhs.net</a>  Tom Shakespeare ICP Managing Director <a href="mailto:Tom.Shakespeare@brent.gov.uk">Tom.Shakespeare@brent.gov.uk</a>

## 1.0 Purpose of the Report

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

## 2.0 Recommendations

- 2.1 The Board is asked *to note* and *provide comment* upon the overall approach to the development of integrated neighbourhood teams in the Borough.
- 2.2 The Board is asked *to note* and *provide comment* on the progress of the 3 key enabling work streams supporting the overall development of our integrated neighbourhood teams: *Workforce and Organisation Development; Estates – development of Superhubs and ICT/Digitalisation.*

## 3.0 Detail

- 3.1 [Summary](#) - Following the recommendations from the Fuller Report (May 2022) on how Integration should look like, we took on-board the suggestions and have ran past our Primary Care Networks and wider partners on the areas of priority with in their neighbourhood/s. The Fuller Report iterated that the foundation of a strong service delivery and demonstrable outcomes are glued together by an *integrated neighbourhood team*. How this operates and what the model looks like needs immediate examination. We embarked at various listening-

engagement sessions, both with 200+ staff and residents with over 25+ teams and organisations to date – engagement is on-going.

The development of our integrated neighbourhood team/s is an opportunity in the next coming months to focus, engage and work jointly with partners to *discover, design, develop, implement, evaluate and sustain / spread* models of care and better ways of joint working for our population in the neighbourhood. These are enabled by 3 critical key functions for the neighbourhood teams to be effective:

- A. **Workforce and partnership working:** ensuring that we are developing the roles and skills that we need in our neighbourhoods, and supporting even greater collaboration and partnership working.
- B. **Estates:** developing 'super-hubs' within the neighbourhoods to deliver integrated services together in one physical space.
- C. **Digital:** ensuring that staff can access the information they need about a patient to deliver the best possible care, and to support effective communication between staff working for various organisations.

3.2 **Objectives / Aims / Purpose** - our aim is to have Integrated Neighbourhood Teams (INT) working collaboratively, strongly aligned and connected across partners, these are teams of MDT professionals, clinical, support staff and volunteers in the 5 neighbourhood areas by summer of 2023. More specifically, we wanted to:



a. **Improve the outcomes** for the neighbourhood including improved health and wellbeing, supporting people to live healthier, independent lives, and reduced inequalities in accessing services closer to home.

b. **Champion co-production and inclusiveness** throughout the neighbourhood as evidenced by better experience of staff and residents by the end of the programme.

c. **Support the delivery of the quadruple (Integrated Care System) aims**, cooperate with statutory bodies (i.e. Council and NHS) and actively contribute to the wider borough/place-based decision-making.

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

Desired Outcomes of neighbourhood working:



- a. **Tailoring our support to local populations** and ensuring a continuity of care for our patients
- b. **Developing strong relationships and connections between staff**, creating true multi-disciplinary working
- c. **Delivering integrated models of care**, that are person centred and support a person's holistic needs in a way that is sustainable

3.3 **Activities / Deliverables to Date**

Task & Finish Groups / Workstream – these are our 3 key critical functions that will enable effective delivery of integrated neighbourhood teams, jointly working with partners at “superhubs”, digitally equipped.

Task & Finish Group 1	Workforce, OD and Leadership
What this group is about?	<ul style="list-style-type: none"> <li>Representatives from partners (PCNs, CNWL, CLCH, Brent ASC) in Brent who looks at workforce, leadership and organisation needs of the Borough, focusing at neighbourhoods of Wembley, Willesden, Kilburn, Kingsbury &amp; Kenton and Stonebridge/Harlesden &amp; Kensal Green connect areas</li> </ul>
What it plans to do?	<ul style="list-style-type: none"> <li>Tasked to discover, scope, define, develop our workforce to create an effective, resilient and dynamic integrated team</li> <li>Tasked to identify any gaps and development needs in <b>training, competencies and leadership skills</b> for all staff across clinical, support staff and volunteers</li> <li>Tasked to recommend findings and actions to the Integrated Care Partnership Board feeds back to the system (NWL) strategic Workforce + OD group</li> </ul>
Key impact / desired outcomes	<ul style="list-style-type: none"> <li>Better understand the current workforce status across partner organisations in Brent</li> <li>Better plan, design and deliver improvement as required based on findings from current gap analysis</li> <li>Better plan, design and deliver <b>training and development</b> for workforce (clinical and non-clinical staff) in Brent in relation to space utilisation at a given physical site (<i>here and now</i>)</li> <li>Better <b>job satisfaction and retention</b> rates amongst staff, making Brent a better place to work and an employer of choice for staff</li> </ul>
Actions to date	<ul style="list-style-type: none"> <li>On-going listening-engagement sessions with 25+ partner organisations, 200+ staff from CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM. Planned engagement with Urgent Emergency Care teams including Acute NHS Hospital Trusts.</li> <li>1<sup>st</sup> Action Learning Set completed last 22<sup>nd</sup> Sept. attended by 51/68 attendees from over 25+ teams and organisations. 2<sup>nd</sup> ALS is set for the 20<sup>th</sup> of October and 3<sup>rd</sup> ALS for the 1<sup>st</sup> of December. Planned ALS plotted for the rest of the financial year (see timeline in Sec. 5)</li> <li>Created Contact List Directory of Who's Who in the Neighbourhood following unanimous requests from all partners.</li> </ul>

Task & Finish Group 2	Estates Optimisation
What this group is about?	<ul style="list-style-type: none"> <li>Representatives from partners (PCNs, CNWL, CLCH, Brent ASC) in Brent who looks at space utilisation and estates requirements (here and now + future) of staff in the Borough, focusing at 5 connect neighbourhood areas</li> </ul>
What it plans to do?	<ul style="list-style-type: none"> <li>Tasked to discover, scope, define and Develop estates to provide physical locality space to deliver services (<b>Super Hubs</b>)</li> <li>Tasked to identify any gaps and space utilisation needs in estates</li> </ul>

	<p>for potential <b>co-location of staff</b> (physically + virtually) in an integrated “superhub” site</p> <ul style="list-style-type: none"> <li>Tasked to recommend findings and actions to the ICP Board and feeds back to the system (NWL) strategic Estates group</li> </ul>
Key impact / desired outcomes	<ul style="list-style-type: none"> <li>Better understand the current estates (NHS + Council) status across partner organisations in Brent</li> <li>Better plan, design and deliver improvement as required based on findings from current gap analysis (<i>here and now</i>)</li> <li>Contribute to the development of the “superhub” in Brent (<i>future aspirations</i>)</li> </ul>
Actions to date	<ul style="list-style-type: none"> <li>On-going listening-engagement sessions with managers and staff of each partner organisations – CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM. On-going engagement with wider teams (NHS + Council Property Services).</li> <li>Produced suite of potential sites for the <i>here and now</i> space requirements as well as future superhub sites. Found 5-6 potential super hub sites, 2 of which are part of the on-going regeneration sites in Brent: <b>Grand Union Canal in Alpertown</b> area and <b>South Kilburn Trust Development in Kilburn</b>. Equally, there are spaces that can be optimised to provide office base for PCN ARR staff alongside partners – Wembley Centre for Health and Willesden Centre for Health (<b>NHS Properties</b>). We also found Willesden Library, Sports Centres – Willesden/Bridgepark/Vale Farm and Family Well-Being Centres – St. Raphael's (near IKEA) and Granville (South Kilburn), all are <b>Brent Council properties</b>.</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p><b><u>St Raphael's</u></b> Rainsborough Close St Raphael's Estate NW10 0TS</p> </div> <div style="text-align: center;">  <p><b><u>Granville Plus</u></b> 142 Carlton Vale Kilburn NW6 5HE</p> </div> </div> <ul style="list-style-type: none"> <li>Superhubs specification being drafted, will be out for consultation / further engagement with wider stakeholders. Working closely with residents and VCSEs to co-produce / co-design what good looks like.</li> </ul>

Task & Finish Group 3	ICT Inter-operability + Digitalisation
What this group is about?	<ul style="list-style-type: none"> <li>Representatives from partners (PCNs, CNWL, CLCH, Brent ASC) in Brent who looks at ICT optimisation and Digitalisation programmes (<i>here and now</i> + future) of staff in the Borough, focusing at 5 connect neighbourhood areas</li> </ul>
What it plans to do?	<ul style="list-style-type: none"> <li>Tasked to discover, scope, define and develop the ICT &amp; Digital status (<i>here and now</i>) and needs in the neighbourhoods and the wider teams to enable better collaboration and to support local care needs of the population</li> </ul>

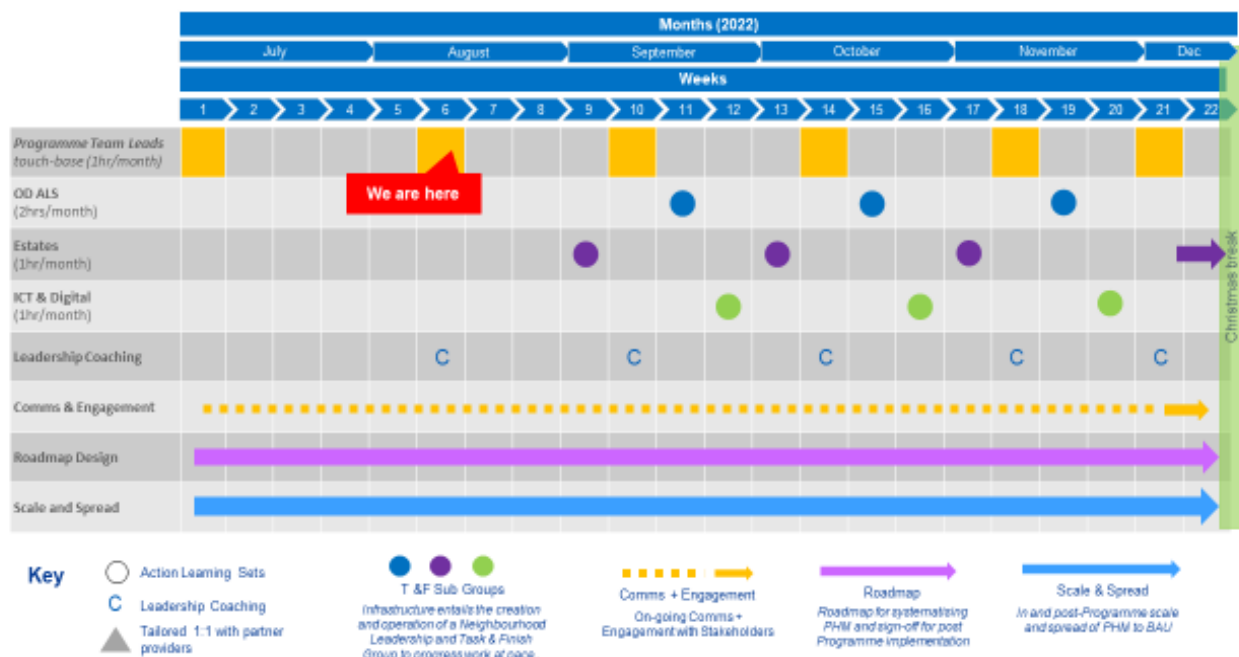
	<ul style="list-style-type: none"> <li>• Tasked to identify any gaps and development needs in ICT and digital requirements for co-location of staff (physically + virtually) in a “superhub” integrated site (<i>future</i>)</li> <li>• Champions the use of <b>population health management</b> principles, tools, approaches and methods to foster pro-active personalised care and support to local population</li> <li>• Tasked to recommend findings and actions to the ICP Board and feeds back to the system (NWL) strategic Digitalisation group</li> </ul>
Key impact / desired outcomes	<ul style="list-style-type: none"> <li>• Better understand the current ICT and Digitalisation (NHS + Council) status across partner organisations in Brent (<i>here and now</i>)</li> <li>• Better plan, design and deliver workforce ICT + Digital needs at a <i>superhub</i> site (<i>future</i>) including any related-improvements identified from gap analysis</li> </ul>
Actions to date	<ul style="list-style-type: none"> <li>• On-going listening-engagement sessions with managers and staff of each partner organisations – CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM. On-going engagement with wider teams (ICT/Digitalisation Teams from NHS + Council).</li> <li>• T&amp;F Group set-up – this programme will join the wider Brent Borough Digitalisation working group. Plans in place for the Terms of Reference and meeting dates being coordinated.</li> </ul>

### 3.4 Issues, Risks and Mitigations

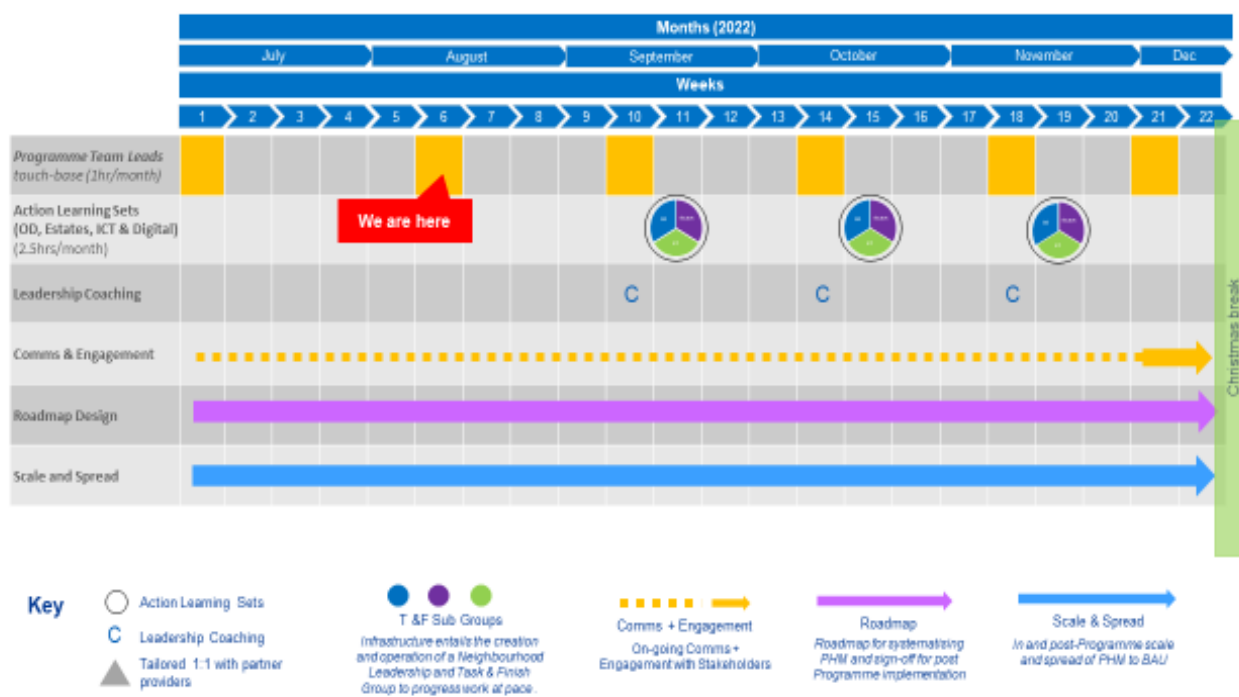
There is a need for a **dedicated project team** to design, develop and mobilise the super hubs concept through the establishment of the Estates workstream. This dedicated team of experts will drive and shape the journey towards an integrated super hub sites in the neighbourhoods of Brent. Equally, we are faced of the *here and now* issues - in order to co-locate our PCN/GP ARR staff with partners from ASC, CLCH & CNWL for example - we need dedicated space for them and expertise from Estates colleagues to design, develop and implement space requirements i.e. layout plans, space utilisation requirements, etc.

### 3.5 Timeline to date

#### Integrated Neighbourhood Development Programme Timetable and Sequencing of Activity (1/2)



#### Integrated Neighbourhood Development Programme Timetable and Sequencing of Activity (1/2)



### 3.6 Next Steps

- On-going listening-engagement sessions with partner organisations, staff from CLCH, CNWL, ASC, wider Council teams, PCNs, VCSEs, BHM, UEC services and residents. Planned engagement with Urgent Emergency Care teams including Acute NHS Hospital Trusts; NHS + Council Property Services as well as ICT/Digitalisation Teams from NHS and the Council.
- On-going Action Learning Sets (using Appreciative Enquiry framework) is set for the 20<sup>th</sup> of October and 3<sup>rd</sup> ALS for the 1<sup>st</sup> of December. Further sessions plotted for the rest of the financial year (see timeline in Sec. 3.5 for details)



- Distribute / share the Contact List Directory of *Who's Who in the Neighbourhood*
- Scope, develop, produce specification for the *superhubs*, co-design/produce with local residents
- Assist in addressing the *here and now* needs of staff (i.e. ARRs) locations (office base) in the community as well as their ICT and office space requirements
- Roll-out the Diabetes Neighbourhood MDT pilot, starting with Harlesden area, scale up swiftly using qualitative improvement principles

#### **4.0 Financial Implications**

- 4.1 There is a small programme support team who oversees, coordinates and project manages the development and roll out of the programme and is funded through locally lodged health funding (Section 256). This includes:
- Support from PPL to run workforce + OD workshops across the Borough all throughout the financial year
  - There is a dedicated Programme Manager seconded to this role
- 4.2 The cost to build the “superhubs” (physical space) are being analysed in parallel to the aspirations and ambitions of what a good “superhub” looks like. There are 2 main strands of priorities in the development of “superhubs”– the *here and now* and the *superhub (future physical site)* itself. Both strands need to be costed as we progress in the journey alongside the specification requirements development.

#### **5.0 Legal Implications**

- 5.1 None

#### **6.0 Equality Implications**

- 6.1 Positive impact noted

#### **Report sign off:**

Tom Shakespeare  
ICP Director