

 Brent NHS North West London	Brent Health and Wellbeing Board 12 January 2023
	Report from Brent Integrated Care Partnership (ICP)
Children's Services Update	

Wards Affected:	All wards
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers	None
Contact Officer(s): (Name, Title, Contact Details)	Jonathan Turner Borough Director Brent (ICP) Shirley Parks Director, Safeguarding, Partnerships and Strategy – Brent Council Shirley.Parks@brent.gov.uk

1.0 Purpose of the Report

This report provides an update on the joint health and local authority response to winter pressures arising in the shorter-term and outlines the ICP's priorities for children over the medium and longer term, together with an explanation of the governance structures that will oversee the programmes and ensure progress is achieved.

The report also outlines where there are any resource gaps. A full report will be provided on these at the next meeting of the Health and Wellbeing Board, alongside the Children's Trust report.

2.0 Recommendations

Health and Wellbeing Board are asked to note:

- 2.1 That the NHS and the LA continue to support their local populations with additional resourcing and response, such as the additional Strep A and polio clinics.
- 2.2 That the ICP Children's Priorities are being taken forward through the existing 4 Executive Groups and report into these. A fuller report on the progress of these schemes will be provided to the next HWB session in the New Year.

3.0 Detail

3.1 Polio Response

Over the course of the Autumn, sewage sampling identified at least one positive sample of the poliovirus currently present in the sewage of a number of London boroughs, including Brent. This suggested that there was community transmission of the virus within London.

Most people have been vaccinated against polio, so the risk to the public is low. However, the Joint Committee on Vaccination and Immunisation (JCVI) has advised that, to be safe, an inactivated polio vaccine (IPV) booster dose should be offered to all children aged one to nine in London.

This will help ensure that there is a high level of protection against polio and it will reduce the risk of it spreading through the community.

In response to this, primary care in Brent set up a polio booster vaccination programme, where all eligible children between the ages of 1-9 years were offered the polio vaccine. To support individual practices, additional Health Inequalities Clinics were stood up a maximum of 3 Saturday or Sunday clinics.

A task and finish group had been established with GP network leads and public health colleagues to collaborate to help maximise vaccination rates – this has now merged into the Brent Immunisations Working Group.

Brent Civic Centre vaccination centre has also stepped up to provide the polio vaccine at their current COVID vaccination clinic, thus expanding the offer.

3.2 Routine Childhood Immunisations

All practices offer and encourage children and parents to have their routine childhood vaccinations, which is essential to ensure protection against harmful diseases circulating in the environment.

Outreach work has been taking place at local sites such as Brentfield Medical Centre for all of the children covered by the Harness network, and awareness sessions by the NWL Immunisations lead and the Family Wellbeing Centres.

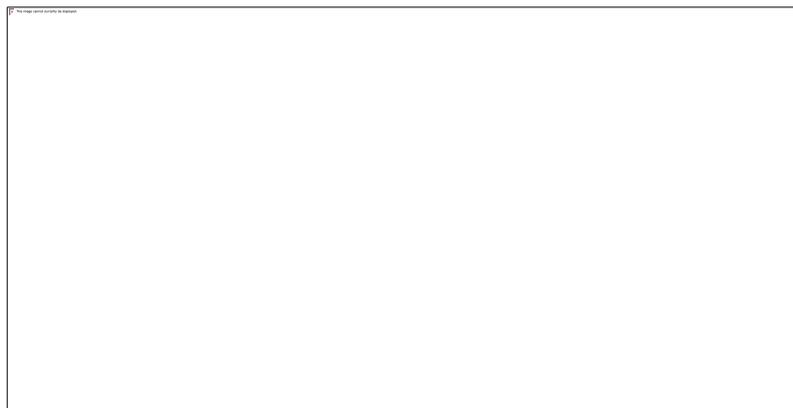
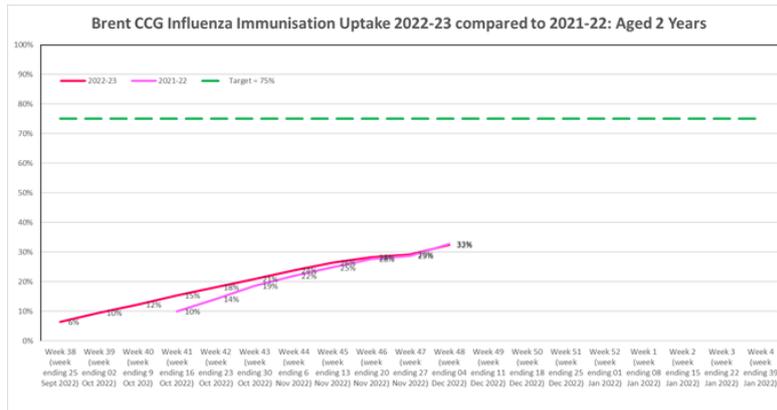
22 GP practices are offering Saturday morning surgeries to enable working parents to bring their children in for their immunisations.

Other surgeries are offering evening appointments to ensure equity of access.

The SPIN (Salaried Portfolio Innovation) GP at Brentfield Medical Centre has undertaken sessions to improve child immunisation uptake rates. She has presented on Beat Radio on the merits of child vaccinations and has also held two open clinics for parents to come in and speak to her about vaccinations and any concerns they may have. Child immunisation vaccination was offered in the clinics if parents were willing. Uptake was good with 15 families attending the first session.

3.3 Children’s Flu Vaccine

The flu vaccine in 2 and 3 year olds continues to be promoted via their GP surgery. School aged children continue to be provided with vaccination and a catch-up clinic has been set up at Brent Civic Centre for children aged 5 to 11 Years. No appointment is necessary, and this is eligible to all children (including non-Brent residents). Flu immunisation achievement so far is shown on the graphs below:



3.4 Health Inequalities – Group A Streptococcus (commonly referred to as “Strep A”)

The winter of 2022 is the first winter following the complete cessation of all COVID pandemic restrictions. The combination of previous lockdown measures where children did not build up as much natural immunity to circulating infections, and the subsequent cessation of pandemic-related restrictions is thought to have led to the current scenario where a large number of non-COVID infections are circulating – notably influenza, RSV (Respiratory Syncytial Virus) and Strep A infections. This has led to an increase in emergency department and Urgent Treatment Centre attendances by children and parents in the recent weeks, together with increased pressure on General Practice as well.

In response, primary care health inequalities clinics have been laid on and launched from 12th December 2022 for a period of 13 weeks to support with increased capacity to manage Strep A cases. This reduces pressure on busy

A&E departments and provides children and their parents with a more convenient and local response, which for the vast majority of children does not require a hospital based intervention.

These health inequalities clinics provide additional capacity through General Practice:

- Opening Hours: One additional hour of consultation from 6.30pm to 7.30pm (or a clearly identified clinic for GAS children) 5 days a week from Monday to Friday (or on the weekend)
- Additional slots are provided, resulting in 4 to 5 appointments per day per practice. The booking pathway is either through a self-referral, or a referral from 111.

The team are expecting 65% of practices (31 practices) to sign up to this scheme. Some practices may decide to offer a longer Saturday clinic – opening 9 hours as opposed to their current 4 hours of health inequalities clinic.

The Practice Plus Group (PPG) has also reported an increase of 30-35% in out of hours calls related to the under 18s. PPG has confirmed that additional capacity has been stood up for the out of hours period to help meet additional demand over the weekend, when practices are closed. Additional capacity has been sought from PPG and has been put in place from 18th December 2022 forward.

3.5 Enhanced Access Hubs

Brent currently has six Enhanced Access Hubs that are open, and are now contactable through a single point of access number that has been made publicly available through various means. The access hubs are open to all patient groups for primary care, and this also applies to children.

The 6 available sites and their opening times are shown below, together with the single point of access telephone number. This means that patients are no longer dependent on booking into the hubs through their GP practice and can contact the hub directly.

PCN	Extended Access Hub	Hub Address	Standard hub opening hours	Single Point Access Number
Harness South Primary Care Network(PCN)	Central Middlesex Hospital (Park Royal MC)	Acton Lane, Park Royal, London , NW10 7NS	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 8.00pm	07541490200
Harness North PCN	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	Sunday – 10.00 a.m to 4.00 pm (Park Royal)	
Kilburn PCN	Staverton Surgery	51 Staverton Rd, London NW2 5HA	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm	03333212084
K&W PCNs	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm	03000339955
	Lonsdale Surgery	24 Lonsdale Rd, London NW6 6RR		
	Kingsbury Health and Wellbeing	245 Stag Ln, London NW9 0EF		
	Willesden Medical Practice	144-150 High Rd, London NW10 2PT		

3.6 Paediatric Community Primary Care-Led Clinics

Dr Neel Trivedi (GP) is holding regular Paediatric clinics with consultant support from Northwick Park Hospital to support local GPs in managing children with complex needs. MDT sessions are held once per month currently from Gladstone Medical Centre in Neasden. Dr Trivedi is also working on developing a minor ailment booklet for new mothers. Initial signs are that this model is successful in preventing unnecessary hospital admissions and there are plans in train to expand this model to 4 sites across Brent.

3.7 Health Visitors

The Public Health Team has been developing material for patients and healthcare professionals to make accessing the service easier, including contact details for the service.

Several different leaflets have been developed. The first specifically provides health promotional information such as safe sleeping, mental health, eRedbook, vitamins, and introduction to solids. There is also a button that people can click to translate the details into their own language.

It can be found here: <https://clch.nhs.uk/services/new-baby-and-parent-resources>

The second leaflet is about the Brent Infant Feeding Team. It can be found here: <https://clch.nhs.uk/services/new-baby-and-parent-resources/infant-feeding-services/breast-feeding-brent>

The third is the “Birth to Five” book, which many years ago used to be available as a physical copy but is now online as a virtual book.

The final code is the Learning to Communicate handbook from the MECSH programme which is shared with all Brent families in order to support with learning activities up until the child is one years old. https://www.slhd.nsw.gov.au/learningtocommunicate/pdf/LtC_ParentHandbook.pdf

3.8 ICP Children’s Priorities

Since the formation of the ICP, all partners have agreed that there should be a closer focus on children and that specific priority should be given to the full range of children’s services across physical and mental health.

The ICP priorities will evolve over time, but the current agreed areas of focus and delivery programmes include:

CURRENT DELIVERY AREAS



The priorities will be driven by engagement with communities and residents, national and regional requirements for health and care services, and through co-design with stakeholders. The health and care system faces significant pressures and there are considerable capacity challenges, but there is commitment across the ICP to developing sustainable transformation programmes that will be part of the long-term solution to this challenge.

With these aims in mind, the ICP recently appointed Dr Anne Murphy as the clinical director responsible for transforming children's services within Brent.

A working group across health and Children and Young People met to determine the most pressing priorities for children's services as set out below, alongside the logic of focussing upon these areas and a brief outline of the planned transformation:

Area	Description	Logic of choosing this area	Transformation
Inequalities	Developing a holistic support offer through our families hubs, Brent Health Matters and Neighbourhood teams	The group felt that a greater focus on the social determinants of health was necessary, expanding the approach of BHM to children.	Possible areas of focus include oral health, healthy weight, smoke free homes, healthy start
Mental Health and Wellbeing	Implementing a THRIVE model for mental health and wellbeing	THRIVE is the new national framework that all mental health services should be working towards for children. It seeks to create a coherent and resource efficient community of mental health	The starting point is to map existing services against the THRIVE framework and to identify the cultural and system changes that are needed to deliver THRIVE in Brent.

Area	Description	Logic of choosing this area	Transformation
		and wellbeing support for children, young people and families.	
Immunisations	Improving the uptake rate of childhood vaccinations in Brent	Uptake rate is lower than average in some areas of Brent, which may be linked to deprivation and vaccine myths/ conspiracies. Increasing uptake can reduce preventable childhood diseases	Work with our communities in an “every contact counts” approach and work with our community groups and social prescribers through BHM
Mental Health and Wellbeing	CAMHS improvement and waiting list target reduction	Demand has been exceeding capacity and a waiting list had been building up. System resources are under review.	Triage of waiting list by community and voluntary sector providers with counselling and support put in place. Ongoing dialogue with wider system around resourcing for this area.
Community	Implementing the neurodiversity pathway	There are significant waiting lists for diagnosis and there is an identified need to provide more support up-front rather than waiting a long time for a diagnosis. There is a need to develop a smooth pathway or of services across the ICP.	Develop a full neurodiversity pathway, including mapping the current approach and developing strategies to to provide more support at an earlier stage and to reduce barriers inbetween services.

Area	Description	Logic of choosing this area	Transformation
	Speech and Language Therapy transformation	SLT is commissioned by both the LA and by the NHS and there is a need to develop a joint commissioning approach that ensures the best value out of the service with combined resources.	Review of key challenges within the service and development of a common specification across health and local authority. .
	Supporting children through the integrated neighbourhood model	This is part of the work relating to the setup of integrated health and social care neighbourhood teams. Support for children and families should be a key component of this.	Identification of scope of the neighbourhood teams with input from service users. Identification of hub sites, resource and staffing model to support.
Primary Care	Implementing paediatric hubs.	Imperial have successfully rolled out paediatric hubs in several other NWL boroughs. There is scope for ensuring better collaboration between secondary and primary care to manage a range of paediatric conditions.	Several hubs have already been rolled out such as that based in Neasden (Gladstone Medical Centre). The aim is a to borough-wide roll out with 4 clinics across Brent.
	Asthma diagnosis and control improvement (primary and community)	National Review of Asthma Deaths showed that some deaths were preventable, as well as non-fatal	Focus upon asthma checks in primary care, better inhaler technique and working with housing team

Area	Description	Logic of choosing this area	Transformation
		exacerbations that were avoidable, through better inhaler technique and medication compliance, as well as regular asthma checks in primary care. Air quality and accommodation may also play a role.	around mould in houses, as well as the link with air quality and environment.

3.9 Governance and Reporting

The Brent Children’s Trust Board (BCT) (responsible for ensuring that system resources are allocated and utilised to deliver maximum benefits for Children and Young People in Brent) and the Brent Integrated Care Partnership Board (responsible for improving health and wellbeing of the Brent population; with a focus on tackling inequalities) are working closely together to support better outcomes for children and young people. In practice this means cross-membership across the two boards and a commitment to building strong relationships between members of the two boards.

The BCT and the ICP have established a single system planning process to develop a set of shared annual priorities. As part of this process a clear ‘delivery vehicle’ is being defined for each of the priorities agreed.

Sub-groups of the ICP Transformation Executive groups are being established to focus on children’s priorities, reporting to the relevant ICP Transformation Executive group. Where relevant they will work closely with the Children’s Trust sub-groups, in particular the Inclusion Board and the Early Help and Intervention Group to deliver on the shared priorities for children and young people. In practice named owners from the local authority, the ICP and providers have been identified to lead this partnership work.

As part of the development of governance, the following actions have been agreed:

- Keep the governance under review as the partnership evolves, ensuring that the remit and membership are right to move forward.
- To keep under the review the BCT groups and how they work with the new ICP children’s sub-groups.
- The establishment of the ICP Mental Health Executive as the single group across the BCT and ICP to cover Mental Health and reforming the BCT MHWB group to be a partner stakeholder group

- Development of programme and project plans for each of the identified areas

3.10 Next Steps

A working group has been meeting over the past month to develop the plans and outcomes for each of these programmes. Some are more developed than others currently and need to be completed early in the new year.

Named leads have been identified across the LA, NHS borough team and from providers. These workstreams will start reporting into the Executive Groups in the New Year.

3.11 Risks

There are some risks around capacity of the teams to manage an increased number of transformation programmes, given an increased focus on winter pressures within the NHS at the current time and in light of the recent industrial action, as well as staff sickness and vacancy levels. The borough team's structure is currently under review to understand where we can bring in additional support to run these transformation schemes. For example, the paediatric hub roll-out may be at risk due to limited capacity of the current lead.

4.0 Financial Implications

- 4.1 The costs of the additional Strep A clinics are estimated at £168k, which will be provided for from existing NHS budgets.

The other programmes mentioned in this paper do not have financial implications, but may identify further service gaps that may require future business cases, depending on availability of funding.

5.0 Legal Implications

- 5.1 There are no direct legal implications from the work that has been undertaken to date.

6.0 Equality Implications

- 6.1 The programmes mentioned above are intended to directly respond to the inequalities agenda and to ensure that all sectors of the population can access appropriate care for their children at the right place and the right time.

Report sign off:

Nigel Chapman

Corporate Director Children and Young People, Brent Council

Tom Shakespeare

Managing Director, Brent Integrated Care Partnership