

 Brent NHS North West London	Brent Health and Wellbeing Board 12 January 2023
	Progress Report from Integrated Care Partnership
Brent Integrated Neighbourhood Teams Development	

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

1.0 Purpose of the Report

- 1.1 To update the Board on the latest progress of *integrated neighbourhood team development* in the Borough since the last report on the 13th of October 2022.

2.0 Recommendations

- 2.1 The Board is asked *to note* and *provide comment* upon the latest developments of integrated neighbourhood teams programme in the Borough.

3.0 Detail

- 3.1 Summary - An integrated neighbourhood team is a group of various clinical, care and support staff, volunteers and wider partners working together to deliver seamless service in 5 neighbourhood connect areas of Brent. There is strong evidence to suggest that if local teams are aligned with local population needs, those populations in a neighbourhood tend to live better, healthier and happier lives. We believe that we will be able to achieve an effective, multidisciplinary integrated team working at each neighbourhood areas through 3 key enablers:
- *Workforce + OD and Leadership* - ensuring that we are developing the roles and skills that we need in our neighbourhoods, supporting even greater collaboration and partnership working.

- *Estates Optimisation* - developing health and care hubs (ultimately 'superhubs') within the neighbourhoods to deliver joined up health + care services under one physical space, co-locating our integrated workforce
- *ICT & Digitalisation* - ensuring that staff can access the information they need about a resident to deliver the best possible care and to support effective communication between staff working for various organisations.

3.2 Recap of next steps and progress from the last 13th October 2022 report –

Identified <i>next steps</i> from last report	Progress to date (12 th Jan. 2023)
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 – our listening engagement sessions have now reached more than 400+ members of staff across partner organisation and VCSEs. We have attended various residents' forums in Harlesden, Church End and Wembley to name a few alongside BHM events and sessions dotted around the Borough. This is on top of the usual ICP workshops we already have with partners and local organisations in Brent. We have more roadshows booked from this month onwards alongside BHM and will be attending the Brent Together Assembly on the 24 th of January 2023, organised by Brent CVS, representing 65+ local charities and VCSEs.
On-going Action Learning Sets (using Appreciative Enquiry framework) is set for the 20 th of October and 3 rd ALS for the 1 st of December. Further sessions plotted for the rest of the financial year (see timeline in Sec. 3.5 for details)	On-going – Action Learning Sets 1, 2 and 3 have been completed which focused on discovery, dream and design phase of the programme. ALS 4 is booked for the 2 nd of Feb. 2023 which will focus on <i>delivery phase</i> - to look at how the teams are going to deliver those identified models of care and pathways from the design phase.
Distribute / share the Contact List Directory of <i>Who's Who in the Neighbourhood?</i>	Completed – well received by partners in the Borough. Department of Works and Pensions (DWP) has since shared their own contact directory to be included at our local directory. The local Brent Job Centre Plus sites cater for significant number of daily footfall and if we work closely in partnership with Brent JCPs, will enable better integrated access for those visiting DWP's sites who may also need health and care support.
Scope, develop, produce specification for the <i>superhubs</i> , co-design/produce with local residents	Work in progress – commenced the draft criteria, requirements and core offer at health and care hub sites, on-going co-development with residents through on-going listening-engagement sessions. Plan is to develop Equality Health Inequalities Impact Assessment (EHIA) and Quality Impact Assessment (QIA) to ensure that the programme looks at potential impact

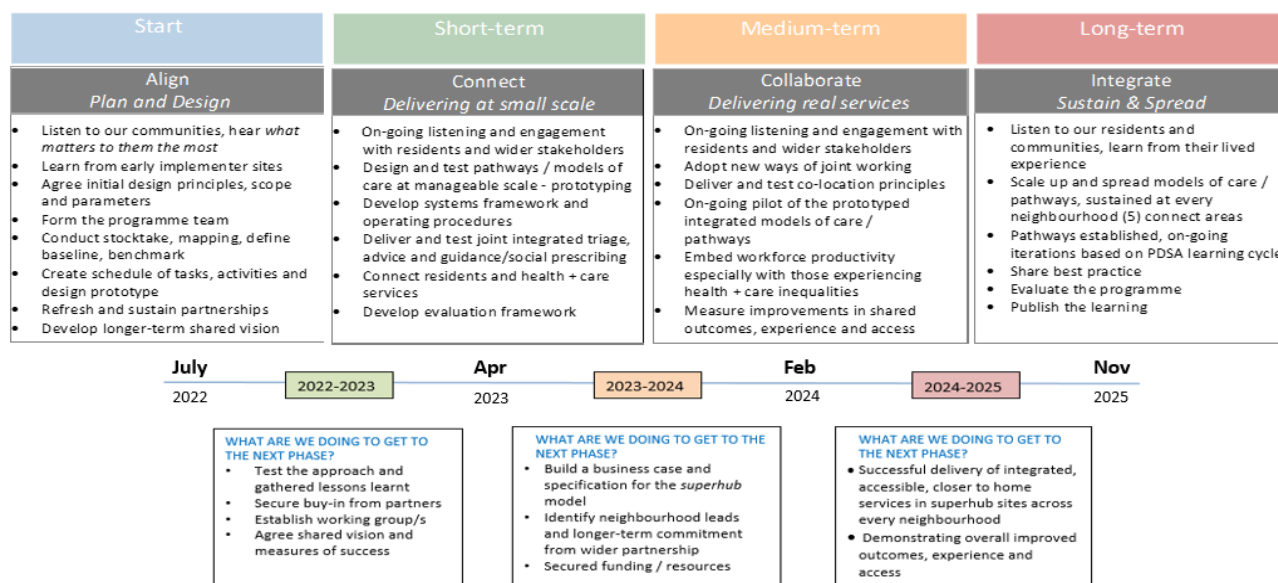
	especially to those experiencing inequality as well as in compliance with governance assurance processes.
Assist in addressing the <i>here and now</i> needs of staff (i.e. ARRs) locations (office base) in the community as well as their ICT and office space requirements	On-going – pressing needs are being addressed for existing and growing numbers of Associated Roles Reimbursement Scheme (ARRs) staff in Primary Care to find working space for continued collaborative work with colleagues and wider partners to ensure they have office-base to enable them to settle in within their neighbourhoods, access training, development, and CPDs are met. We have put a capital bid through to NHSE for refurbishment work to ensure office / clinic base has appropriate fixtures and ICT provision.
Roll-out the Diabetes Neighbourhood MDT pilot, starting with Harlesden area, scale up swiftly using qualitative improvement principles	On-going – commenced the prototyping of the Diabetes Neighbourhood Team in Harlesden, Stonebridge and Kensal Green areas. Excellent learning gathered will now be rolled out as a pilot on 5 neighbourhood areas and PCNs with MDT partners – PCNs, CLCH, CNWL and ASC. The next phase is to expand and include VCSE partners’.

3.3 Further activities and deliverables to date:

- Strengthened the connections with partners through matching premises with partners’ needs and service demands. For example, community pulmonary rehab classes will now be hosted at Willesden Library. Selected mental health sessions hosted at Granville FWBC in Kilburn. These are excellent examples of collaborative work across Brent Integrated Care Partnership.
- On-going visits to more potential health and care hub sites. Estates/premises are categorised as either short term, medium term and long term potentials. Maximising existing sites such as FWBCs, Libraries and Sports Centres as well as optimising NHSPS void spaces for joint health and care functions whilst designing the future “superhub” aspirations alongside existing major developments in the Borough.
- Bid for capital funding to NHSE for refurbishment and conversion works on short and medium term sites to help address the *here and now* issues with local partners’ immediate estates needs including clinical consulting rooms and office spaces for i.e. ARR staff and wider partners
- Alongside colleagues, represented Brent at the NWL Fuller Implementation workshop (6th October 2022) and the London Festival of Integration (11th October 2022) – Brent had a booth for Brent Health Matters and co-presented the Integrated Neighbourhood Team Development programme at the events, shared best practice.
- Commenced work on stocktake of ALL commissioned services Borough-wide to better understand local system demand and capacity – commissioned by the NHS, Council, PHE and others

3.4 Timeline to date

Our Maturity Index



3.5 Issues, Risks and Mitigations

Our risks remain with our capacity with partner Providers to send representations and attend working group sessions as well as the capacity in Estates & Digitalisation working group - the amount of work required in the development of “health + care hubs” and ICT interoperability will need dedicated project team members once workstream mobilisation commence.

We aim to mitigate this through creating a culture of learning and development across partners and wider Provider Collaboratives, highlighting benefits of participation. Furthermore, continue to raise with Brent ICP Board / Exec resource requirements for mobilisation of workstreams

3.6 Next Steps

- Focused engagement with Council members (Councillors) representing their local neighbourhood constituencies to ensure better understanding of the programme and its impact with local residents they serve
- Further engagement and ocular visits on potential health + care hub sites, particularly around Kingsbury-Kenton areas.
- Align Brent ICP and NWL Estates strategy, aim for *One Borough Estates* with Council, NHS Property Services and VCSE-owned premises
- On-going specification development of health + care / superhub model – focused engagement with partner hub leads including GP Enhanced Access Hub and Brent Community Hubs to begin with
- On-going stocktake of ALL commissioned services to better understand current baseline, demand and capacity at Borough level and continue to grow local contact list of all partners – aim for external public facing version at future iterations
- To share widely draft co-designed specification of the integrated neighbourhood teams – its model of care, core offer, requirements and enablers, etc.

4.0 Financial Implications

Nothing to update at this stage, in contrast with the previous report.

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 Positive impact noted

Report sign off:

Tom Shakespeare
Managing Director, Brent Integrated Care Partnership