

 <b>Brent</b> <b>NHS</b> <b>North West London</b>	<b>Health and Wellbeing Board</b> 29 March 2023
	<b>Report from Tom Shakespeare, Brent ICP Director</b>
<b>Brent ICP Strategic System Asks of the ICB</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	None
<b>Background Papers</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Tom Shakespeare Integrated Care Partnership Director Tom.Shakespeare@brent.gov.uk

## 1.0 Purpose of the Report

- 1.1 This report provides a brief overview of the current joint working between Brent ICP partners and NW London Integrated Care Board, and to seek comment on the strategic priorities for strengthening joint working.

## 2.0 Recommendations

- 2.1 The Health and Wellbeing Board are asked to comment on the proposed strategic system asks and areas for improved joint working.

## 3.0 Detail

### 3.1 Summary of current joint working between Brent ICP and NWL ICB

- 3.1.1 Following the formal establishment of the NW London Integrated Care Board in 2022, Brent has maintained good relationships with and strong representation at an ICB level, including at NW London Boards and formal governance meetings at both political and officer level and across the council and NHS.
- 3.1.2 Brent has contributed to a number of strategic consultations in collaboration with other Boroughs and the ICB. For example:
- The NWL Place/Borough response to the Hewitt Review
  - The Contribution to the NWL ICS/ICB strategy through informal discussions and through direct engagement at ICP Strategy Forums
- 3.1.3 In addition to formal interactions, good working relationships have been developed at both strategic and operational levels. This can be evidenced by:

- Attendance of Rob Hurd (ICB CEO) and other Senior ICB Execs at Brent ICP offices and Management meetings, and regular 1:1s
- Attendance of the Chief Finance Officer at ICP Directors meetings
- In principle commitment towards levelling up funding where Brent has been significantly underfunded for its population, with real confirmed commitment to increased funding in primary care and verbal commitment to mental health in 2023/4
- Joint development of business cases, informed by Brent needs
- Development and joint participation in joint operational groups to share learning and good practice between Boroughs

## 3.2 Key areas for enhanced joint working

3.2.1 Whilst the majority of contract management and commissioning responsibility has moved to the NW London ICB on the health side, there remains significant responsibility at Borough level to deliver improved outcomes using the over £1bn of health and social care spend in the Borough.

3.2.2 Good progress has been made at Borough level on the deliver against our four priority delivery areas: addressing health inequalities, strengthening primary care, improving mental health and wellbeing and strengthening community services. Detailed reports on these priority areas will continue to be reported separately to the Health and Wellbeing Board.

3.2.3 Whilst at Brent level there are strong relationships and good support from the ICB in a number of areas, there remain a number of opportunities to improve joint working that respond to the key challenges facing Brent. For example:

- Action on workforce** – Brent faces significant challenges with recruitment and retention of key parts of its workforce, which is exacerbated by inequity of salary in NHS workers between inner and outer London (5% differential). As part of the agreement of its workforce priorities, Brent ICP has led the development of a cross-provider group to develop a proposal for a ‘recruitment and retention premium’ for Occupational Therapists and then subsequently health visitors and mental health practitioners. This has the support of the ICB Director of People, but is likely to face significant challenge from across the system in securing support and commitment. Given the pan Borough implications of any changes in this area, this is proposed.
- Levelling up funding** – Whilst there has been some clear commitment to begin the levelling up in some areas (e.g. primary care), the levelling up process does not appear to be systematic in approach nor reflective of the full needs of our populations. Furthermore, there is currently an opacity in the current funding levels in each Borough. Brent ICP is therefore undertaking its own thorough review of current funding in the Borough, opportunities for efficiencies as well as costed gaps in provision. This should stand Brent in a good position to respond to any asks from the ICB

as well as to make a strong case for our population. However, the shortfall of funding for mental health services in the Borough is a significant pressing risk for our population, and as such we have raised this to the ICB Chief Executive in advance.

- c) **Action on health inequalities** – Health inequalities and population health are one of the top priorities for the ICB, as it is in Brent, and access to Brent’s share of the £7m national health inequalities allocation is well received. However, there remains an ask to ensure that NHS partners are systematically first identifying and then addressing inequalities. Brent ICP is seeking to do this by ethnicity, deprivation and disability – within the latter looking at LD and SMI would seem a reasonable first step. We would like to see an improvement in how we monitor and track improvements in health equity by looking at all performance indicators through an ethnicity and deprivation lens. We believe that this will drive a more nuanced discussion about how services are designed and delivered, as well as delivering long term improvements in trust with our communities and longer-term improvements in health outcomes.

**Report sign off:**

Phil Porter  
Corporate Director, Adult Social Care and Health