	Community and Wellbeing Scrutiny Committee 5 July 2023
	Report from Tom Shakespeare (Managing Director, Brent ICP)

Report on Brent healthcare funding, recruitment and retention

Wards Affected:	All
Key or Non-Key Decision:	Non-key decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	None
Background Papers:	Not applicable
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1.0 Purpose of the Report

1.1 The purpose of the report is to inform the Board of the current position in relation to health spend and recruitment and retention challenges in the Borough, and to inform Members of work underway and outstanding risks.

2.0 Recommendation(s)

2.1 To comment upon the workforce and funding issues outlined in the report

2.2 To comment upon the proposed actions and next steps in section 3.6

3.0 Detail

3.1 Context

3.1.1 As one of the largest and most diverse Boroughs in NW London, Brent faces many different challenges to other Boroughs. Demand for services is often higher, requiring a workforce to meet that demand and in a way that is more

tailored to meet the needs of our different communities, as well as resources that are commensurate with the need and demand.

3.1.2 Brent ICP has taken local leadership of these issues. For example, undertaking joint programmes of work, looking at innovative new schemes (such as the voluntary sector triaging and seeing people waiting on the CAMHS waiting list). Partnership working has delivered a range of innovative winter schemes, the Brent Health Matters Programme has increased community prevention, and ICP dialogue with the ICB has yielded progress on primary care funding.

3.1.3 However, some issues are cannot be addresses at Borough level alone. That is why Brent's Integrated Care Partnership Board and Health and Wellbeing Board have identified a three key risks to meeting the demand from our residents, and have endorsed three keys asks for joint work between the Brent ICP and NW London ICB, namely:

i. To address health inequalities, ensuring consideration of deprivation, ethnicity and disability in the planning, provision and monitoring of all services
ii. Levelling up funding, ensuring there is a routemap towards equitable funding for core services across NW London
iii. Workforce recruitment and retention, ensuring that terms and conditions for staff in inner and outer London Boroughs are equitable, particularly for hard to recruit professional groups

3.1.4 These risks are compounded by the fact that the system is in a state of transformation – last year the Clinical Commissioning Group was abolished and an ICB created, with 7 borough-based partnerships forming part of the wider integrated care system. The Brent ICP has shifted from a commissioning-based system to a provider-led partnership.[1] Towards the end of 2022, NHS England announced that 30% NHS savings were required to the ICB's running costs by 2025/26, which consists mainly of ICB managerial and administrative staff, including those within the Brent ICP borough team. The required level of savings is £12m across NWL.

3.1.5 The Council also has a significant target to meet with its Medium-Term Financial Strategy. It is acknowledged that there is considerable financial uncertainty in the national economy, owing to factors such as Covid-19, high levels of inflation and the global impact of the Russo-Ukraine war. Together with local changes, this has required the need for substantial savings within the Council's budget. Circa £21 million of savings are required across the council.

[1] In a legal sense, both the local authority and the ICB still commission services since they still procure and hold contracts with providers of services. However, the approach to service improvement has changed, where providers come together to plan changes together with service users, rather than the contracting process being the driver of the change. The new approach avoids service fragmentation and duplication.

3.1.6 Despite this we have worked with colleagues at and across NW London at all levels to try and influence change. For example, through dialogue with our ICB leadership team we have sought greater influence over the Mental Health Programmes through representation on the MH Programme Board. We are also in dialogue with the ICB Executive team about the scope of delegation from ICB to borough level, and we have escalated issues relating to mental health funding to the Chief Executive of the ICB.

3.1.7 The following sections will outline the capacity challenge (both recruitment and retention and finance) in more detail. It should however be noted that work is still underway to gather the relevant information to develop a more detailed picture that will inform further action in these areas.

3.2 Workforce recruitment and retention

3.2.1 As a system Brent health and care system employs an estimated 14,962 people, representing around 9.7% of people employed in the Borough[2].

3.2.2 Recruitment and retention of staff is a major obstacle to delivering on the capacity and demand for services. In large part this is due to the differential in NHS pay of 5% between inner and outer London Boroughs. There are recruitment and retention challenges across the whole of the health and care sector to a greater or lesser extent, but there are 4 professional NHS workforce groups where recruitment and retention are causing significant challenges to the system:

i. Occupational therapists
ii. Health visitors
iii. District nurses
iv. General Practitioners[3]

3.2.3 Brent ICP has identified 5 key priority programmes to support transformation of its workforce. Namely:

- Developing a comprehensive Brent training hub offer to support primary care and integrated neighbourhood teams
- The introduction of 'SPIN' GPs (Salaried Portfolio Innovation Scheme)
- Programme of rotation for Occupational Therapy to increase career satisfaction and variety
- The use of recruitment and retention premia such as "golden hellos" to make Brent a more attractive place to come to work.
- Exploring the options around removing the difference in pay between inner and outer London boroughs, which currently means that staff are leaving organisations to work a mile down the road in some cases.

[2] This is an estimate based on national figures employed in health and care, extrapolated to the population size of Brent, and as a percentage of the number of people recorded as employed in the borough.

[3] It should be noted that the recruitment and retention issues are somewhat different for GPs, who are independent contractors and whose earnings are not part of the wider Agenda for Change framework that governs the pay of nurses, allied health professionals and most administrative staff.

3.2.4 The Brent Training Hub is the ‘go to’ place for any information about primary care workforce, education and development. We work to address local needs. The Brent Training Hub and its offerings will be available on the Brent Website and will detail all provision for GPs, Nurses, Practice Managers, HCA, ARRS and Admin. We expect individuals, employers and Primary Care Networks (PCNs) to take the time to find out what’s on offer.

The Training Hub is run by clinical leaders and managers supported by a network of primary care staff with education and training professionals based both in the community and the Brent Civic Centre.

It works closely with Primary Care Networks (PCNs) and the NWL Integrated Care System to support workforce priorities and tackle health inequalities to help meet patient and population demand.

The training hub operates a ‘hub and spoke’ model, with a central resource, and then PCN level resources in addition to that. This ensures that the PCNs have an opportunity to influence the training strategy from the ground level up. We have recently recruited to some of the core clinical and managerial roles in the training hub, but we still have some roles to fill at the PCN level to gain the full complement of roles.

3.2.5 With regard to the SPIN GPs, Brent has at two year supported opportunity for newly qualified GPs to create roots in general practice as a salaried clinician, while simultaneously pursuing their passion in alternative service improvement, leadership or clinical settings.

Currently in Brent there are 7 SPIN fellows focusing on areas such as ENT, CAMHS & Paediatrics. We also have 5 new GPs who have been locally recruited and are currently being supported to start on the SPIN programme.

3.2.6 The workforce programmes have delivered some small successes, which will, to some extent address the recruitment and retention challenges. Specifically this includes the rotation of occupational therapists across settings of care and between local authorities, the introduction of a CLCH “golden hello” scheme, and the enhancement of the Brent training hub.

3.2.7 CLCH is implementing is a recruitment and retention premia that falls under the pay enhancements that can be applied under NHS terms and conditions framework, 'Agenda for Change'. This is a 'one off' £2500 bonus paid on starting or for existing band 6 Health visiting staff. This was agreed at trust level to be applied for band 6 Health Visitors on an 'opt in' basis due to the high levels of vacancies in this staff group compared to other staff groups in the organisation. This scheme comes into effect from July 2023.

3.2.8 However, to achieve the scale of change required we are seeking support from the ICB to work together across providers and across Boroughs in NW London to redress the imbalance of London weighting on NHS staff.

3.3 Comparative Borough health spend

3.3.1 Due to the changes in NHS commissioning, and the variety of funding mechanisms, the overall spend across health and care services in Brent is very difficult to understand. The spend areas are as follows:

- Services commissioned by Brent council (including Public Health) for Brent residents;
- Services delivered by Brent council for Brent residents;
- Primary Care services, funded through national contracts, for the Brent GP registered population;
- Local Primary Care, Community Care, VCSE contracts commissioned by North West London (NWL) ICB, specifically for the Brent GP registered population;
- North West London wide Acute Care, Primary Care, Community Care, VCSE services commissioned for the North West London GP registered population, of which includes the Brent population;
- Funding of health related support that takes place outside of Brent for the Brent GP registered population (e.g. hospital admissions outside of NWL).

3.3.2 The vast majority of NHS funding now sits within contracts commissioned at a NWL level for the entire NWL registered GP population. Borough based budgets are therefore managed by NHS providers in many cases, with breakdowns of budgets not held by the NWL ICB.

3.3.3 When compared with other Boroughs, there are a number of spend areas, which differ significantly per head of population, namely:

- Primary Care historically was under-funded in Brent relative to some NWL boroughs. Primary care spend has increased significantly and by 2024/5 will be fully in line with top spending NW Boroughs.
- Adults Mental Health: adult mental health remains significantly underfunded compared with some NWL boroughs, and despite an increase in the proportion of the Mental Health Investment Standard that is applied to Brent, this increase is not sufficient to reach parity levels in the future. Please see the section below on mental health funding.
- Children Mental Health services: Significant service gaps to meet the needs of children (approximately £2m). Including:
    - Supporting medical need in schools
    - Continence (including enuresis)
    - Specialist CAHMS support
    - Neurodiversity assessment and support
    - Non-educational therapy provision
    - Special School Nursing service
    - Audiology for deaf children
    - Global Development Delay pathway for Children over 5
- Brent Integrated Care Equipment Services – significant cost pressures identified to meet demand in Brent (approximately £400,000)

- Discharge to assess rehabilitation services to support people on an independence journey after discharge (approximately £120,000)

3.3.4 Brent health and care services support a broad and diverse population, who face significant inequalities and socio-economic challenges of the borough including high housing costs, and significant low wage employment sectors. Our work through Brent Health Matters has identified significant un-met need, but this is likely to be a small proportion of its totality. This work has also only focussed on Adults, with a need to expand work to Children as proposed in a live business case submitted to the ICB.

3.3.5 The budget for care services in Brent in 23/24 is £117 million. To give an indicative figure for health, if the ICB's budget was split proportionately in accordance with the populations of the 8 North West London boroughs, the Brent expenditure would be £583 million. [4]

3.3.6 There is a case for Brent's relative deprivation and the diversity of its population translating into a need for more resources by reference to the accepted need for universal and targeted interventions as a means to address inequalities. In Brent we have learned that we need a diversity of targeted approaches, as evidenced by our approach to vaccination during the pandemic, involving (for example) PCN- level vaccination clinics, mass vaccination centres, vaccination buses, and events at places of worship and other public areas.

3.3.7 There are considerable socio-economic challenges in the borough – even before the cost of living crisis hit, we had high housing costs and a high number of low-paid employment sectors such as small retail units and food factories.

We know from our experience in Brent Health Matters running outreach clinics that there is considerable unmet need in Brent, and this is only beginning to be discovered. Our logic model is that if we can meet some of the unmet need at an earlier stage, then we can avoid unnecessary hospital admissions and non-elective activity.

3.4 Mental Health Focus

3.4.1 The ICB has conducted a review of expenditure in mental health services across the 8 boroughs.

3.4.2 Variation across services at borough level within provider footprints is *greater* than the difference between provider averages.

3.4.3 Overall, investment is *higher* in inner boroughs on total investment, and on a weighted per-head of population, but a simple inner/outer narrative masks service variation

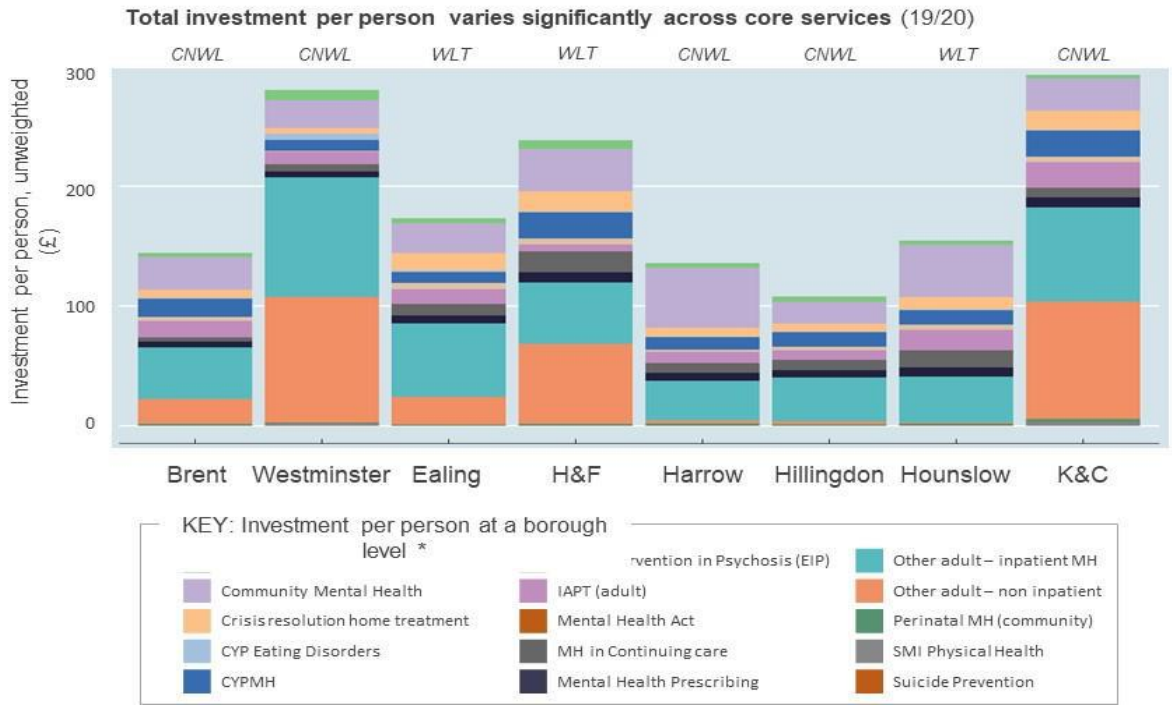
[4] The social care figure is taken from the Council's published budget statements. The health figure is an approximation based on the total NWL ICB budget, which was then apportioned into the Brent portion of the NWL population (16%). This is a notional figure only, and the actual expenditure will be different.

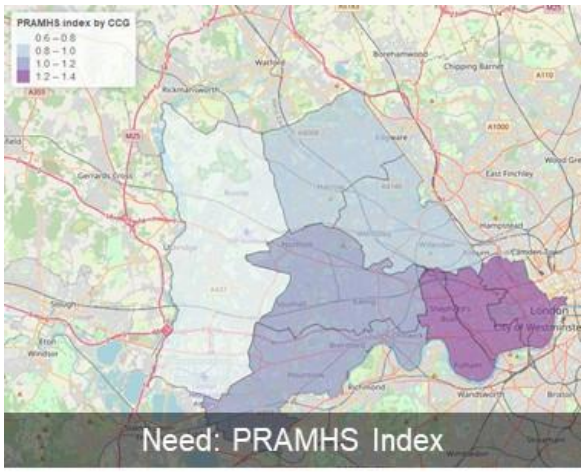
3.4.4 The variation in care provision within and across boroughs in NWL has become increasingly hard to tolerate as strategic partners come together to form an Integrated Care System

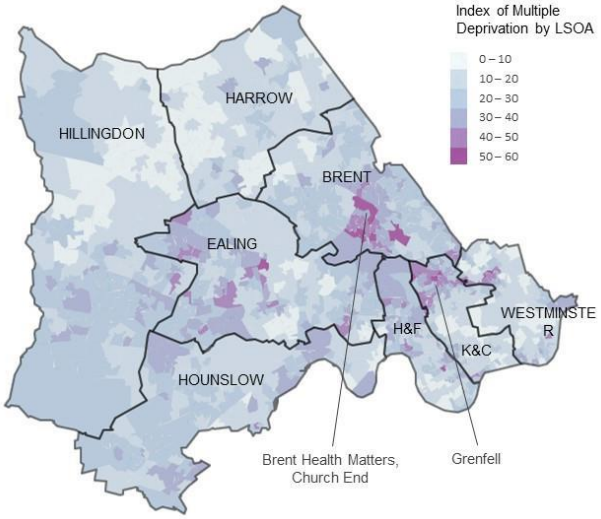
3.4.5 Analysis of variation in investment in isolation is not sufficient to determine whether this funding is right-sized. Need is driven by diverse populations, and activity does not necessarily equate to need.

3.4.6 The diagram below shows the level of investment in Brent's mental health services compared with the other 7 boroughs, broken down into service categories. This originates from financial year 19/20, and whilst the figures will have changed since that year, the pattern of expenditure is unlikely to have changed significantly.

3.4.7 Adults Mental Health: this has been historically under-funded due to the spend calculations being based on 'known' demand, only looking at GP registered lists (PRAHMS). The outputs of these calculations do not correlate with the incidents of serious Mental Health activity seen in Brent. There is also a well evidenced link between areas of deprivation and poor mental health, also not reflected in the calculations.







3.5 Mental Health Survey and Service Improvement Plans

3.5.1 Brent ICP has established a joint clinical and managerial oversight group for mental health, as part of its ICP governance, to further define what the gaps in provision are in access to mental health services and what specific actions should be taken forwards to address them. This was informed by a survey of GPs asking for their experience of need across the Borough. The outline results of this survey were quite stark:

3.5.2 On the whole, across all Primary Care services, respondents rated mental health services as '1, Poor'. The areas of highest concern were in relation to Children and Young People, ADHD and depression, as well as eating disorders.

Overarching themes regarding areas for improvement included:

- Improved responsiveness and communications to GPs
- Improved support for SMI patients in Primary Care
- Quicker response times to referrals
- Improved long-term care and follow-up for SMI/Elderly
- Access to psychiatrists
- GPs to have systematically arranged meetings with Mental Health Teams
- Mental Health Practitioners to be visibly present in Primary Care
- Patients not bounced back to GPs
- Patients to be stabilised before discharging to GPs
- Improved access to Mental Health Support for SMI patients

3.5.3 A detailed set of proposed actions and interventions was developed to respond to this.

Around £5.1 million of Mental Health Investment Standard ("MHIS") funding has recently been allocated to Brent mental health service by NWL ICB. Some of this may be required to absorb existing pressures. Assuming that future 'levelling-up' funding could be forthcoming, the Mental Health and CYP Group has been considering what options it could consider to improve services and

respond to the findings of the survey. The group includes representatives from CNWL as well as clinical input and the ideas formed to date include:

- CAMHS Clinic in primary care using the SPIN GP– to be included in the paediatric hublets. This will include a Child and Family Consultation Service offering help to children and young people who are experiencing emotional, behavioural or mental health difficulties. It will also provide access to an advice and guidance service or to a primary care based CAMHS clinic.
- Designated Primary Care link workers/transition workers/liaison posts – CAMHS to Adult Mental Health services. A collaborative care model with a tiered approach, where young people who have high symptom severity are transitioned to AMHS, and those with low symptom severity but a high risk of recurrence receive follow-up appointments to monitor their symptoms in primary care.
- Mental health professionals in primary care settings to facilitate access to care while reducing the impact of mental health consultations on GP workload
- Specialist community clinics, home visits, school visits using specialist CAMHS nurse practitioner
- Range of psychological, psychiatric and psychosocial interventions. A mixture of expertise available to support CYP in crisis, including intensive community treatment.
- GP-led multi-agency primary care youth clinics with an emphasis on engaging with young people early, early detection and intervention.
- 'Virtual teams', where designated members from separate multidisciplinary teams work together, calling on their range of skills and expertise to help meet the developmental and mental health needs of young people presenting GPs.
- Access to peer support, social support and evidence-based interventions with a focus on a recovery model
- Training - GPs training in adolescent risk-taking behaviours, using a screening tool, and motivational interviewing to improve detection of health risk behaviours in young people
- Increased resources and capacity – Additional CYP CAMHS workforce to level up Specialist CAMHS with sufficient to meet local need.

3.5.4 Further work is needed to understand the mental health data and to define which of these interventions is most likely to improve outcomes. We also need to involve children, young people and their families in the development of the proposals. They are dependent on further work to cost out these proposals and assess their viability within the available funding envelope.

3.5.5 In addition, the concerns have been escalated the MH levelling up funding, and addressed this in the following way:

i. Direct requests from ICP Exec chairs to senior executives at ICB and CNWL
ii. A letter from clinical leads to the ICB chief exec, to which we received a positive response, but which does not yet address the historically lower levels of funding which Brent's mental health services received in the

past (Brent therefore starts from a lower financial baseline). This is an ongoing dialogue and we expect to have further conversations

iii. Agreement for representation of ICP MD at MH Exec and programme board – this has recently begun

3.5.6 It should be noted that in advance of any recurrent and long term solution to these pressures in mental health services, Brent ICP partners are actively maximising all existing and non-recurrent resources available to partners. For example:

i. Winter pressures schemes – for example funding the Adult Mental Health Emergency Centre at Northwick Park Hospital, and the Additional Hospital Discharge Support scheme, which facilitates earlier discharge from A&E.

ii. CNWL services – we have invested non-recurrent resources in addressing the CAMHS backlog, such as commissioning Brent Centre for Young People to triage and see patients who are on the CAMHS waiting list.

3.6 Proposed actions and next steps

3.6.1 The following actions and next steps are proposed:

i. The ICP borough team continue to advance its recruitment and retention and training programmes, drawing on its clinical and managerial resource

ii. That a training needs analysis is commissioned that would ask *"What would make Brent an attractive place for clinicians to move to? What would act as a pull factor?"*

iii. That information from exit interviews (where available) in provider organisations is collated and analysed for information on what might be adding to Brent's recruitment and retention issues.

iv. The issue of the London weighting should be escalated and raised at London-wide level in order to influence change

v. Further scoping should take place with provider organisations to consider what additional schemes we could put in place to further impact upon recruitment and retention

vi. Further work should take place to scope, plan and cost out the proposed ideas to address mental health access and demand, and to continue the dialogue with NWL ICB about how to resource them. There should be appropriate involvement from service users. We would seek a recommendation from the committee that the ICB should commit to a timescale to address the historic underfunding compared with other NWL boroughs and to equalise levels of expenditure.

4.0 Financial Implications

4.1 The conversations with NWL ICB regarding the 'levelling up' agenda are ongoing.

The MHIS requirement in 2023/24 for North West London is £472m, which is in an additional £30.4m. The ICB has confirmed that funding has been allocated

to borough-level services on the basis of population prevalence (i.e. the prevalence of mental health conditions as a percentage of the total NWL mental health prevalence) and this figure is 17%. We are therefore expecting around £5.2 million in additional investment from the MHIS.

The ICB has retained £3.8m of reserves to fund 2023/24 in-year service development which may include expansion of services following the Metropolitan Police Service's plans to implement Right Care, Right Person, further support for implementation of 111 First for Mental Health (due to go live in Q3 2023/24), supporting safe and suitable environments in acute hospitals for mental health patients, further service development as a result of temporary closures, as well as overall co-production activities for the North West London.

5.0 Legal Implications

5.1 There are no legal implications

6.0 Equality Implications

6.1 There are equality implications for the more deprived sections of the population, which suffers from a greater degree of illness and mental health issue compared with wealthier groups. There is therefore a need to invest more in these areas of the population in line with the principle of "proportionate universalism"

7.0 Consultation with Ward Members and Stakeholders

7.1 The report has no consultation implications for ward members. There has been engagement with provider organisations about their needs and solutions to their recruitment problems.

8.0 Human Resources/Property Implications (if appropriate)

8.1 The Human Resources implications are outlined in the main body of the report i.e. in some cases recruitment and retention premia may be paid to particular groups of staff and further work is due to take place relating to the London weighting.

Report sign off:

Tom Shakespeare
Managing Director of Brent Integrated Care Partnership