

	<p align="center"><b>Health and Wellbeing Board</b> 25 July 2023</p>
	<p align="center"><b>Report from Robyn Doran and Tom Shakespeare (MH and Well Being Sub-Group Co-Chairs)</b></p>
<p><b>Report on the Mental Health and Wellbeing Executive Group's priorities</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>No. of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	Sarah Nyandoro Head of Mental Health, Learning Disabilities and Autism – All Age, NHS North West London Sarah.Nyandoro@brent.gov.uk

## 1.0 Purpose of the Report

1.1 To provide information on the priorities of Brent's Integrated Care Partnership, which brings together commissioning and provider organisations to support the improvement of local health and wellbeing outcomes and reduce inequalities across Brent's communities and residents. The Partnership has 4 priorities:

- Priority 1 - Reduce health inequalities
- Priority 2- PCN Development and reduction in practice variation
- Priority 3 - Improve community and intermediate health and care services
- Priority 4 - Improve mental health and wellbeing

1.2 This report sets out the background and context for Priority 4 of Place Based Partnership - Improving mental health and wellbeing of the Brent population. It also provides an update on the discussions between the Place Based Partnership (Brent ICP) and the NWL ICB regarding mental health funding levels, and requests a steer from the Board on how to progress this.

## 2.0 Recommendations

2.1 For the Health and Wellbeing Board to note and comment on the contents of this report, in particular the collaborative approach taken by the Integrated Care Partnership, which ensures mutual accountability, clear priorities and responds to

issues from NWL ICB and from across Brent partners, and is committed to supporting all partners across health, the council and Community Voluntary Services to work better together.

- 2.2 The Health and Wellbeing Board is also asked to provide guidance on the next steps for Brent ICP to escalate the issue of inequalities in funding resources for Brent impacting on our local communities. The recommendation is for the Board to provide advice and guidance on the approach needed to ensure that Brent receives the appropriate level of resources to address local health inequalities.

### **3.0 The Mental Health and Wellbeing Subgroup Approach and Key Aims and our commitment to System Working**

- 3.1 The challenges that the Brent health and care system faces to support people's Mental Health and wellbeing are immense. The complexity and scale of need in Brent is greater than ever. To tackle this challenge, we cannot simply focus on changes to processes or policy but must fundamentally change how we work in partnership to make the most of the resources we have in Brent.

- 3.2 The group works with system partners including experts by experience and carers to co-design and co-produce transformation work, ensuring that local resources are best used to provide outstanding care. It is responsible for managing the allocation of resources for system and joint programmes and monitoring progress of key milestones and actions across system and joint programmes.

- 3.3 The Mental Health and Wellbeing Executive group has 4 priorities:

1. Supporting people with mental illness to access employment and training opportunities
2. Ensuring housing and accommodation provision is accessible and reflects identified needs of those with mental illness
3. Specialist Child and Adolescent Mental Health Service (CAMHS) and support for Children and Young People (CYP) - Prevention, early identification and early intervention for Children and Young people experiencing emotional and mental ill health
4. Managing demand, increasing access to support and reducing variation in mental health care for the local Brent communities

- 3.4 These priorities were decided in partnership and checked against wider research (including Health and Wellbeing Board, Joint Strategic Needs Assessment and Public Health team). We also listen to feedback from the CVS partners on the group, the thematic leads, Brent Thrive and Brent Health Matters. We will review this on an annual basis. Detailed information on the 4 priorities this Executive group is working on include:-

### **4.0 Mental Health and Wellbeing Work-streams**

#### **4.1 Access, Demand and Pathways**

- 4.1.1 Why this was selected - this was selected to support access to services for Brent's diverse population recognising the diversity of cultures, beliefs, identities, values, race and language used to communicate experiences of mental health conditions, responding directly to the BBP's focus on health inequalities.

- 4.1.2 Aims of the work-stream - to identify barriers and find solutions to enable access to mental health support for Brent's diverse population. To increase access to psychological support (IAPT), reduce admissions and readmissions to acute mental health services, increase the number of people with severe mental illness (SMI) cared for in the community, increase the number of discharges from statutory and community mental health services, increase community support for local Brent residents experiencing mental health problems.
- 4.1.3 Key deliverables - Deliver parity of esteem so that people with mental illness have the same access to services as those with physical health problems. Raise awareness of mental health services available in Brent. Increase access to IAPT services, increase access to physical health checks for those with mental illness. Reduce the flow of referrals to secondary care and increase support in primary care and in the community settings. Reduce inequalities, morbidity and mortality rates through increased physical health checks for this group.
- 4.1.4 How this is monitored – Through collection and analysis of data of primary and secondary care mental health services looking at referrals, sources of referrals, waiting time, caseloads. This also includes referrals and access to IAPT and recovery rates and numbers of patients with mental illness who have received annual physical health checks and follow-ups
- 4.1.5 Work achieved so far - Recruited IAPT-Community engagement workers to support with raising awareness of IAPT to our diverse communities and facilitate access. Developed IAPT promotion videos in different languages for GP surgeries. Developed leaflets in different languages. There is a plan to expand the languages offer. Developed IAPT community connectors to support with raising awareness of the IAPT service and other mental health support. There is a notable steady increase in numbers of people accessing IAPT.
- 4.1.6 What we are planning to do next:
- Improve % of people accessing IAPT: Building stronger relationships with GPs using the community engagement workers.
  - Improve % of SMI Patients with annual physical health checks: Implement the Make Every Contact Count programme to increase physical health checks.
  - Reduction in admissions and re-admissions (increase in the number of people with SMI cared for in the community): Work with partners to increase community crisis response with an intensive focus on pathways, length of stays, bed management & patient flow

## **4.2 Employment**

- 4.2.1 Why this was selected - this was selected because employment is an evidence based intervention that improves the mental health and wellbeing of people with mental health problems. There is wide recognition that employment is both a critical health intervention and a meaningful outcome for people with mental illness, and employment is also recognised and expressed as a goal by mental health service users. Mental illness is also a key and growing reason for economic activity.
- 4.2.2 Aims of the work-stream - to improve links and communication between key facets of the system (Health, DWP and Service Providers). Support individuals with mental illness to navigate the system and get the right support at the right time. Stimulate business appetite for recruiting and supporting those with mental health conditions in the work-place. Increase the numbers of people experiencing mental ill health

supported into employment. People with mental illness will secure meaningful employment. This will lead to improved quality of life, moving away from the poverty line and giving those with mental illness better financial security. It will improve self-esteem with a sense of purpose and a feeling that they are playing an active part in society.

- 4.2.3 Key deliverables – the establishment of a strategic employment board and a mental health forum with relevant partners to ensure a joined up approach. Development of accessible employment pathways. A newly designed referral pathways with system partners. Promotion of and marketing of the employment referral pathways. Organise employment related events/activities through job fairs, including upskilling and training. Increased accreditation of Disability Confident Employers locally. Increased numbers of people with mental illness supported to access a range of employment opportunities and training opportunities.
- 4.2.4 How this is monitored – this is monitored through attendance at operational/strategic forums, numbers of job fairs and workshops organised for people with mental illness and employers, numbers of people accessing this service, numbers of people supported to find and secure work including numbers accessing employment services through support from secondary care services and numbers / level of disability confident employers
- 4.2.5 Work achieved so far - A strategic employment board and a mental health forum with relevant partners developed and is fully operational. Employment pathways developed and promoted locally. Communication and engagement plan implemented including with Brent GPs. Joint working with Brent Health matters to promote employment pathways with local Brent communities. Dedicated webinars and seminars, as well as a big job fairs held locally. Work to increase numbers of people with mental illness securing good quality jobs and increasing employers accredited to the Disability Confident charter is on-going. The Employment Team Employment team attended a successful Catalyst Housing Wellbeing Hub launch promoting the employment and referral pathways. The team are working closely with Brent Health Matters and Brent Works to share and promote employment pathways. The project ran a successful practitioner event early in the year, showcasing employment support services for those with mental illness and wider barriers to work. A 2<sup>nd</sup> event was held in the summer 'Let's talk about Mental Wellbeing' for residents to showcase local employment support and wider support services.
- 4.2.6 Employment outcomes from Brent Works and Shaw Trust year –to-date: 40 registrations with health conditions of which 24 have mental illness. We had 8 successfully supported into employment. Data from Twining's not available.
- 4.2.7 What we are planning to do next - We are planning to increase the referral rates of those with mental illness to access support from Shaw Trust/Twinning/Brent Works with preparing and accessing employment. We will be increasing the numbers of people with mental illness who secure employment. We will also embed employment of those experiencing mental illness into businesses and employers hiring practices. We will increase accreditation of Disability Confident employers locally through a number of Disability Confident Events to promote the scheme to employers. There will be a follow-up presentation to the Brent GP forum.

### **4.3 Housing and Accommodation**

- 4.3.1 Why Housing and Accommodation was selected - Good quality, safe and secure housing is vital to good mental health. Poor housing impacts on mental health in a

variety of ways including stress, anxiety, depression, physical health problems, breakdown in relationships and sleeping difficulties among others, all of which impact on mental wellbeing. There is wide recognition that people with mental illness find it harder to both access and maintain their accommodation.

- 4.3.2 Aims of the work-stream – The overarching aim is to ensure a joined up recovery focused pathway which works across housing, health and social care to ensure people can access accommodation which supports their recovery and independence, which includes targeted improvements in the provision of accommodation options for those with mental illness, improved pathways from in-patient to supported and independent accommodation, and improved access to independent housing in public and private sectors. In doing this we will ensure that people with mental illness will have long term accommodation that is secured. Improved quality of life, with safe housing in familiar settings closer to family and friends. Increased numbers of mental health service users with stable tenancies. Reduction in homelessness and rough sleeping for those with a mental illness.
- 4.3.3 Key deliverables - Shared understanding and resolution of the challenges around access to accommodation for those with mental illness. The Mental Health and Wellbeing Subgroup has been working with the Mental Health and Housing project as a pilot project to develop an approach to better system working. This project not only looks at how we need to change the service model, but also how we can work differently to improve the services we have and to tackle the day-to-day operational challenges teams face. Using the learning from this project, a toolkit is being developed that will help leaders, and their teams, implement the approach to system working in their areas. Building the system/managing the system – includes better connections and arrangements for multi-agency discussions and arrangements for commissioning the right services/accommodation requirements. Co-production of end-to-end pathways. Developing greater integration and partnerships of local mental health support with specialist skills and expertise and flexibility of care. Developing more consistent and explicit models of supported housing. Setup of a Portal for housing referrals and redesign of the duty to refer offer form. Reduction in rates of homelessness for people with mental illness. Reduction of numbers of people with mental illness who lose their tenancies. Reduction in numbers of people with mental illness supported in temporary accommodation. Improved and increased numbers of those with mental illness supported to access general needs housing.
- 4.3.4 How this is monitored – this will be monitored through a newly developed portal to collect data on all mental illness referrals by GPs and others. This will enable referrals for those with mental illness to be identified (not previously collected) and declined referrals analysed. This will be monitored through the numbers of referrals, numbers of successful referrals, reasons for unsuccessful referrals as well as numbers. of people with mental illness supported into more independent accommodation, and will ensure we have better to ensure we are able to make the case for more, new or different types of accommodation.
- 4.3.5 Work achieved so far - Duty to refer form widely consulted on and socialised with GP practices and other agencies. Mapping and auditing of the local accommodation portfolio. Mental health discharge processes reviewed and additional resources provided to support and facilitate discharges from Park Royal and Northwick Park now in place. There is on-going work supported by PPL to understand needs, the system, managing the system, managing operations and joint commissioning is on-going. A project officer to support the Housing/Accommodation work-streams and a Senior Programme officer to support the Mental Health and Wellbeing priorities both now in post.

- 4.3.6 What we are planning to do next - Building the System/Managing the system – this includes building better connections and arrangements for multi-agency discussions and arrangements for commissioning the right services/accommodation requirements. It also includes improving collaboration arrangements to reduce multiple agency assessment and co-production of end-to-end pathways and to support the system. We will build a system that can share information and supports other parts of the system.
- 4.3.7 We plan to develop greater integration and partnerships of local mental health support with specialist skills and expertise and flexibility of care. This will include developing more consistent and explicit pathways and models of supported housing, and new types of supported housing. We will be collecting and collating Housing Needs data to support analysis of the types of available accommodation, capacity and different models of housing support. We will also align the s117 mental health panel with the local authority's complex needs panel. We will improve engagement with Housing/accommodation system partners and also improve engagement with GPs – strengthen links with Primary Care. (All Brent GP Practices)

#### **4.4 Children and Young People**

- 4.4.1 Why this was selected - Children and young people's mental health is a high priority for Brent. Brent is among the most deprived areas in NWL and in the UK. (Gov.Uk Indices of Deprivation in Children and Young People 2019). It also has the highest proportion of BAME children and young people in NWL. Additionally, the COVID19 pandemic saw an increase in demand for Mental Health support to CYP including specialist CAMHS support. There is recognition locally for action for both additional resources as well as service redesign essential to addressing the mental health needs of our children and young people.
- 4.4.2 Aims of the work-stream- We will work to reduce the numbers of children and young people waiting for specialist CAMHS support through the Waiting List Initiative and remodelling of community support services for children and young people. We will support increased recovery from mild to moderate depression and anxiety through primary care and community support. We will increase the numbers of young people with mental illness accessing Kooth, Healios and IAPT services. We will reduce the flow of referrals of Children and young people to specialist CAMHS as common complex mental illnesses is supported in primary care and community settings. We will increase capacity of our Voluntary Sector providers for children and young people in order to increase early identification and early intervention of emotional distress and mental illness
- 4.4.3 Key deliverables - Early identification and early intervention to ensure that children and young people are supported and managed before they reach crisis point that leads them to requiring a specialist CAMHS intervention. Increase access in availability for early support for children and young people in the community. Increase capacity and capability of children's community services to provide emotional wellbeing support/ psychotherapy and psychological support to children and young people. Support children and young people and their families early in settings that are closer to home. Reduce the numbers of children and young people waiting and the waiting times for specialist CAMHS assessments with a focus on waiting well. Increased support for children and young people in primary care and community settings. Maximisation of the digital offer.
- 4.4.4 Work achieved so far - The Council delivered a range of one-off school and community mental health and wellbeing initiatives, including rolling out ELSA training across

schools, bespoke training for school staff and other professionals on mental health and emotional wellbeing and school avoidance (with over 100 school staff attending) as well as workshops for parents. We increased counselling support for young people from Family Wellbeing Centres. We increased specialist CAMHS support with 7 additional posts. We engaged additional support for our Children and Young People from Healios, Brent Centre for Young People and Brent Young People Thrive to help triage the specialist CAMHS waiting list and support with CAMHS assessments. We increased access to other voluntary sector agencies to support CYP's emotional and mental wellbeing. We developed new models of early intervention and support for our 0-5 population. We developed a quality improvement project with primary care to upskill primary care staff to support low risk presentations in children and young people. Increased Mental Health Support in Schools with more schools on the programme. However, demand for specialist CAMHS service continues to increase.

4.4.5 How this is monitored – this is monitored through collection and analysis of specialist CAMHS data and data from commissioned services for children and young people, looking at numbers of referrals, waiting list and waiting times and treatment outcomes

4.4.6 What we are planning to do next - We will develop and implement a local Thrive model for Brent (Getting Help, Getting More Help, Getting Risk Support and Getting advice) to deliver mental health support to our Children and Young People (CYP). We are expanding the Mental Health Support in Schools by identifying more schools to be part of this initiative. There will be additional improvements in care for young people aged 16 to 25 through the new 16-25 offer. We will increase specialist CAMHS Nurse Capacity. Plans are also in place for access and availability of a Brent duty clinician to provide telephone support to parents/carers of CYP with emotional and mental health. We will develop and implement a quality improvement project with primary care to upskill their staff members to be able provide support to low risk CYP. The Council will be recommissioning a contract to provide early identification and intervention for children and young people in target vulnerable groups, which will include a pilot peripatetic service in schools jointly funded by CNWL. We are developing a communication and engagement project with young people to review and design how they access information about services. The results will be discussed at a future mental health and wellbeing Sub-Group meeting and at the Children's Trust Board.

4.4.7 There are other initiatives in the process of going live including expansion to the care young people receive, new model for transitioning, pilot schemes with universities and colleges, and a number of schemes commissioned with the third and voluntary sector organisations.

## **5.0 Financial Implications**

5.1 All of the work identified above is delivered from within core budgets. However, the NWL Mental Health Strategic Review recognises the current inequalities in the level of investment across NWL and stated "Protected mental health funding offers resource to address the most extreme variations in investment, provision and outcomes".

5.2 This report highlighted that there were wide variations in levels of overall mental health funding, including CAMHS services. Some NWL Boroughs have approximately double the level of funding that Brent currently receives, per head of population. This inequality for Brent has been recognised, and a dialogue is ongoing between the Brent ICP leadership and its clinicians with the NWL team. There is a commitment to adhere to a principle that additional investment in Brent CYP and mental health will be

proportionately higher than in other boroughs. However, there is not yet a plan with timescales or financial data.

- 5.3 In June 2022 the Brent Children's Trust Board formally wrote to the leadership of NWL ICB over concerns around the inequality in the level of investment in Brent's mental health services for children and young people, compared with some other boroughs in North West London. Kensington & Chelsea, for example, appears to have double the level of funding that Brent currently receives, per head of population.
- 5.4 We further communicated that Brent's specialist CAMHS service was under extreme pressure, with the impact of increasing deprivation, social isolation and unavoidable service disruption as a result of the COVID pandemic. At that time, the waiting list was 504 Children waiting for assessments from 2019. With this high risk to our Children and Young people and with no additional funding from NWL ICB, we identified limited non-recurrent funding across the system to employ agency staff and increase capacity to help clear the backlog on the waiting list for assessments. We also used voluntary sector organisations i.e. Brent Centre for Young People and Brent Young People Thrive to support Brent CAMHS on a temporary basis to help triage the waiting list and support with assessments. This stabilised the waiting list and reduced the numbers of children waiting for a limited time. However, this was short-term non-recurrent funding and there was no funding beyond the point at which these resources ran out, resulting in further risks to the mental and emotional wellbeing of our children and young people. Demand has again risen for our children and young people, with more children unable to get the right care at the right time with longer waiting times. The service currently has up to 5000 children and young people either in treatment or awaiting assessments. This is also impacting on staff retention within the service with stress driving staff turnover and vacancy rates in the Brent team due to the workload and complexity of presentations in our borough.
- 5.5 In June 2023, a group of clinical directors within Brent ICP wrote to the CEO of North West London ICB expressing their concerns about the funding situation and requesting a resolution. The response referenced some short, medium and longer term solutions that could be put in place, including a London-wide demand and capacity plan for both adults and CYP, and in the longer term – building our evidence base for underlying causes and the appropriate investment areas for intervention. Following the letter, there was a constructive meeting between the CEO and the Brent clinicians which demonstrated an understanding of the issues.
- 5.6 There is not yet, however, a clear analysis of the difference in funding levels between the different boroughs in NWL or a timescale for equalisation of the funding levels. Further dialogue between the Brent clinicians and the ICB leadership is due to take place. One suggestion previously made was for the Brent Place Based Partnership to put the risk on its risk register and manage the risk using its own resources. Given that the contracts and investment sit with NHS NWL ICB, the Brent ICP Partners are not in a position to address this long standing, high risk issue without additional levelling up resources.
- 5.7 We have recently been informed that there may be a reserve funding pot of £3 million that the borough team can submit bids against.
- 5.9 Alongside the dialogue about the expenditure, our clinicians were keen that a Survey Monkey be undertaken from primary care to understand current experiences of the service. This survey was completed by our GPs and Heads of Schools.



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

#### 5.10 Longer-Term Improvement Proposals

Assuming that future 'levelling-up' is forthcoming, the ICP has initiated a review process to determine what the most cost-effective ways of improving performance and patient experience could be. The approach is data driven and we are in the process of organising a series of workshops (involving clinicians) to design and submit a funding bid against the £3 million non-recurrent funds available.

Some initial ideas have been put forward, but these will need reviewing against a logic model and to ensure that we are not duplicating any existing services:

- 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

These proposals are dependent on levelling-up funding being granted, and would need further refinement and engagement with providers before they are rolled out.

## **6.0 Legal Implications**

6.1 There are no legal implications at this time.

## **7.0 Equality Implications**

7.1 Through developing local clinical leadership, co-production and a partnership approach Brent is focused on addressing health inequalities.

7.2 Brent has adopted the NHS England Core20PLUS5 approach to addressing health inequalities led by Brent's Public Health. This work recognises the complexity of the determinants of health, including the socio-economic status of the local population and deprivation, experiences of protected characteristics under the Equality Act, the geography of Brent as an outer borough, Brent's diverse population and levels of social connectedness among others. Addressing health inequalities is a priority for Brent and the focus is on: -

- Developing a common understanding of health inequalities
- Engaging with and involving all system partners in the work to systematically address health inequalities
- Using a collaborative system approach to addressing health inequalities and determining the required benefits locally.

## **8.0 Consultation with Ward Members and Stakeholders**

8.1 Consultation with Ward Members, system partners, Brent residents, mental health service users and carers. Consultation, involvement and inclusion of the Brent population has been supported by Brent's Community Engagement Team. Brent Health Matters and the Brent Mental Health Thrive group.

## **9.0 Human Resources/Property Implications (if appropriate)**

9.1 There are no human resources/property implications at this time.

### **Report sign off:**

ICP Executive Board

ICP Mental Health and Wellbeing  
Executive Group Chairs Co-chairs:  
Robyn Doran and Tom Shakespeare

Appendix 1

<b>Brent Based Partnership</b>	<b>Focus</b>	<b>Membership</b>
<p>Reports to the Brent Health Wellbeing Board and NHS NWL ICB</p> <p>Meets Fortnightly</p>	<p>To determine the local priority areas of focus for Brent, based on need and knowledge of our local populations;</p> <p>To develop a Place Delivery Plan to improve services in the priority areas</p> <p>To develop metrics to monitor delivery of the Place Delivery Plan;</p> <p>For each member organisation to take forward the programme of work for their organisation using their own transformation resource;</p> <p>To collectively hold each organisation to account for delivery of its part of the Place Delivery Plan.</p> <p>To realise opportunities for efficiency through system redesign that enables funds to be reinvested back into better quality services</p>	<ul style="list-style-type: none"> <li>• A Director representing Brent Local Authority</li> <li>• (including adult social care and children’s services)</li> <li>• A Director of Mental Health services</li> <li>• A Director representing Community Health Services</li> <li>• A Director representing local acute services</li> <li>• The Clinical Chair of Brent CCG</li> <li>• The Lead Borough Director (Brent CCG) and the Director of Integration (Council/ CCG) should be in attendance at each Committee meeting.</li> <li>• A nominated management representative from the primary care networks</li> <li>• Patient rep (TBC)</li> </ul>

The Mental Health and Wellbeing sub-group is Co-chaired.

Reporting to and Frequency	Focus	Membership overview
<p>The Mental Health and Wellbeing sub-group Reports to the Brent Based Partnership's Executive Group</p> <p>Meets Monthly Last Tuesday or Wednesday of the month, 3.30 - 5pm.</p>	<p>Increase engagement, utilisation and awareness of mental health support services in our local communities</p> <p>Reduce variation in mental health care and support for the local Brent communities</p> <p>Support people with mental illness to access employment opportunities</p> <p>Ensure housing and accommodation provision is accessible and reflects identified needs locally</p> <p>Increase mental health support in primary care and in the community</p> <p>Improve access to IAPT</p> <p>Increase Physical Health checks for those with mental illness</p> <p>CYP/Specialist CAMHS / Transitions – prevention, early identification, early intervention and timely access to support services for children and young people. Ensure that the additional needs of children and young people and identified gaps as a direct result of the pandemic are addressed and aligned to the Children's Trust Board priorities. Align identified areas of mental health inequalities from this work stream to the Inequalities Work-stream</p>	<ul style="list-style-type: none"> <li>• Robyn Doran (Co-Chair)</li> <li>• Dr Sumi Mukherjee (Adults)/Dr Anne Murphy (CYP)</li> <li>• Jonathan Turner – NWL ICB Brent</li> <li>• Sarah Nyandoro – NWL ICB Brent</li> <li>• Kingsley Akuffo - CNWL</li> <li>• Dr Mohammad Haidar</li> <li>• Danny Maher – Voluntary Sector Rep</li> <li>• Marie McLoughlin – Public Health</li> <li>• Shirley Parks – Brent Council (CYP)</li> <li>• Rebecca Byrne – Brent Council (Adults)</li> <li>• Ala Uddin - Employment lead – Brent Council</li> <li>• Steve Inett - Healthwatch - VCS rep</li> <li>• Hinda Mohammed – Brent Health Matters</li> <li>• 2 PCN CD Leads</li> <li>• Community Champion</li> <li>• Patient rep (TBC)</li> </ul>