

	<b>Health and Wellbeing Board</b> 25 July 2023
	<b>Report from Managing Director</b> <b>Brent Integrated Care Partnership</b>
<b>Brent response to the North West London Integrated Care System (NWL ICS) Health and Care Strategy consultation</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	0
<b>Background Papers</b>	None
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## 1.0 Purpose of the Report

1.1 This report highlights Brent's proposed response to North West London Integrated Care System (NWL ICS) Health and Care Strategy consultation.

## 2.0 Recommendations

2.1 The Health and Wellbeing Board is asked to comment on and contribute to the proposed Brent response to the NWL ICS Strategy.

## 3.0 Detail

3.1 NWL ICS is required to produce a health and care strategy. The aim of this strategy is to set a vision and strategy for North West London that builds on achievements to date, and takes advantage of the strengthening collaboration across health and care to improve outcomes for our residents and communities.

3.2 The strategy aims to address long standing inequalities in access, experience and outcomes, level up, improve value for money and deliver wider benefits across North West London.

3.3 The draft strategy was published on 21 May 2023 and all eight NWL boroughs have been asked to challenge and comment on the strategy with a focus on what areas should be emphasised, amended or removed.

3.4 The draft strategy was presented to Brent Integrated Care Partnership (ICP Board) on Monday 26 June 2023.

3.5 The following challenges were made from the Brent ICP Board:

### What difference will the strategy make and how we will we measure it?

- The strategy should be amended to ensure that there is a stronger focus on what tangible differences this strategy will make for Brent residents and how it will make a positive impact on resident's experience of health and care services.
- The current draft strategy does not appear to have recognised individual borough context, initiatives, or locally developed approaches. Brent requests that the strategy recognises each individual borough's challenges and approaches:
  - This should include both identifying good practice initiatives as well as areas of local improvement for all 8 NWL boroughs.
  - This should be underpinned and informed by each individual borough's context and data.
- The strategy needs a bigger emphasis on data. With the WSIC database in place, North West London has a rich dataset available and the combination of high deprivation levels, and high prevalence of certain conditions such as mental health, which should inform the approach to both resourcing and to working with populations to address health inequalities.
- Having drawn upon the data, the ICS needs a better understanding of why variation is present and what is 'underneath' the data in order to have the right strategy to address it, rather than simply setting targets for improvement.
- Specifically referencing the suggested outcome 'Give every child the best start in life', it was highlighted that this outcome should consider the existing Brent programme 'Start for life' and that this outcome should have a focus on the first 2 years of children's lives, rather than their first 2 weeks of life.
- In relation to the "Cancer Care" and the "Babies, Children and Young People" section, it was felt that the commitment to "working with residents to understand the reasons why" was not acceptable for a 5 year strategy. It was felt that there had been a lot of work in the community that has produced a lot of data. Therefore, the focus needs to be on actions in response to this existing work rather than further discussion.

### Inequalities and 'Levelling Up'

- Brent suffers from significant inequality of resourcing, and needs 'levelling up'. For example, we know that Community Mental Health Services in Westminster have 3 times more resource per capita than in Brent. The council has also been in dialogue recently around the underfunding of CAMHS services in Brent.
- At the same time, we know that Brent's population also suffers from significant levels of deprivation and inequality in health outcomes. To achieve parity of outcomes for such a population, a level of investment over and above the average is required, under the principle of "proportionate universalism".
- The strategy needs to include more specific commitments around this e.g. could we move to parity over 5 years?

## Workforce

- Workforce is a cross-cutting theme for virtually every area of health and social care. Recruitment rates need to pick up in order to have any chance of improving services. Brent would wish to see flexibility in the application of retention and recruitment premia and in London weighting to be able to address retention in an area of high demand, high workload but relatively low resource. The strategy should also include the local authority's experience around recruitment challenges as well as the NHS.

### **4.0 Financial Implications**

- 4.1 The strategy does not have any specific financial implications but if the principle of levelling up and proportionate universalism was incorporated within in it (as recommended) then increased resources to Brent would need to follow in order to make the delivery of this principle real.

### **5.0 Legal Implications**

- 5.1 Each ICB in England is required to publish its strategy and to engage on it with its partner organisations.

### **6.0 Equality Implications**

- 6.1 The strategy is designed to reduce health inequalities and to promote equality. However, Brent would recommend changes to be made to the document to increase resourcing to make this a reality, and to reduce the disproportionate impact of the burden of disease on particular groups, such as those living in deprived communities.

#### **Report sign off:**

*Tom Shakespeare*  
ICP Managing Director