Brent NHS North West London	**Brent Health and Wellbeing Board** 15 April 2024
	Report from the Brent Based Partnership (Brent ICP) Mental Health and Wellbeing Executive Group
Improving Mental Health and Wellbeing priority progress and plan for 2024-2025	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	0
Background Papers:	0
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1.0 Executive Summary

1.1. This report is to update the Health and Wellbeing Board on the ICP priority area - Improving Mental Health and Wellbeing. The report includes an update on the outcome of the investment Business Case for levelling up financial resources for Brent, the Mental Health and Wellbeing Group's achievements from 2023-24 priorities and the work programme for 2024-2025.

1.2. The report covers the Mental Health and Wellbeing Group's priorities including:

- Levelling up financial resources for Brent.
- Employment - Supporting people with mental illness to access employment and training opportunities.
- Housing - Ensuring housing and accommodation provision is accessible and reflects identified needs of those with mental illness.
- Children and Young People - 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.

- Access and demand - increasing access to mental health support for our communities and reducing variation in mental health care for the local Brent communities.

2.0 Recommendation(s)

2.1. For the Brent Health and Wellbeing Board to confirm support for the approach that has been taken to develop new ways of working to respond at pace in partnership with communities and the voluntary sector, with targeted work in our neighbourhoods with the highest levels of admissions and readmissions. The approach focuses on meeting the needs of our diverse communities earlier, through effective in-reach into those communities and providing more dynamic and effective crisis support and access to advice and talking therapies. This will be all age, with services supporting people throughout their life course.

2.2. For the Brent Health and Wellbeing Board to note the length of time taken by NWL ICB and delays to the agreement of the levelling up resources for Brent.

3.0 Detail

Priorities

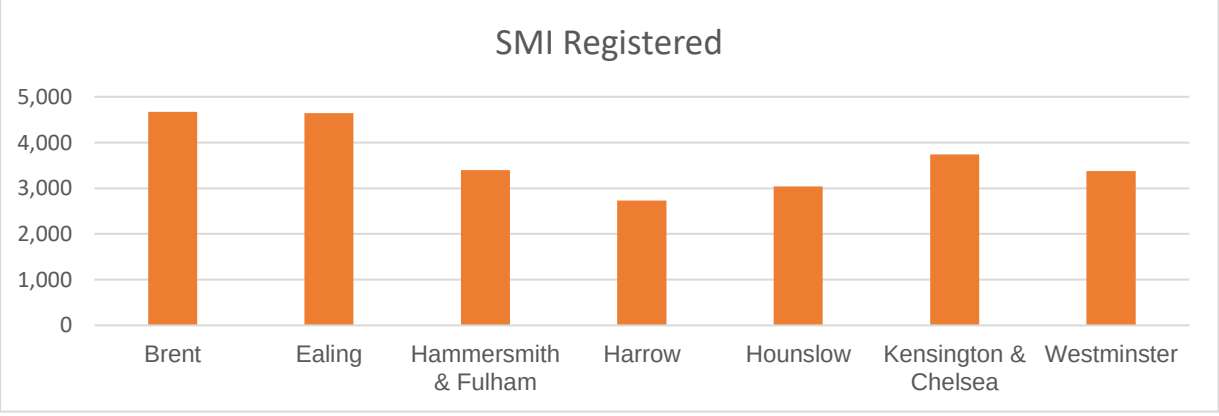
3.1. The focus of the Mental Health and Wellbeing priorities includes:

- **Preventing ill health and tackling inequalities in outcomes, experience and access** - through good quality mental health provision that is timely, accessible and effective. This includes informed treatment to reduce the risk of self-harm, premature mortality, avoidable admissions to acute in-patient hospitals and longer in-patient stays.

- **Enhanced productivity and value for money** by improving access to primary care, community and crisis services to reduce admissions and length of stay for people experiencing emotional and mental distress.

- **Supporting broader economic and social development** by employing people with lived experience to provide peer-led support and co-deliver awareness training to promote learning disabilities and autism-aware and accepting communities. This development also promotes the right to community life, independence, relationships, and education for people with mental health problems.

How Brent compares for individuals registered with Brent GPs as having severe mental illness



3.2. Brent has the largest numbers of people registered as having severe mental illness at 4696 (March 24 figures) followed closely by Ealing with 4663. 1.15% of the Brent population is registered as having a Severe Mental Illness, well above the London-wide rate of 0.95%. In the first 3 months of 2024, Brent has had the highest proportion of formal adult acute admissions following a Mental Health Act assessment of any NWL borough, at 91% (compared the national average of 50%).

Snapshot of how we compare across NWL on access to mental health services and support.

February 2024		Brent 07P	Harrow 08E	Hillingdon 08G	Kensington & Chelsea (West London) 08Y	Westminster (Central London) 09A
MH_22_3	Number of people receiving NHS community mental health services for adults and older adults with severe mental illnesses.	271	154	204	185	136
IAPT_4	**Talking Therapies -** The number of people accessing psychological therapies (i.e. had first therapeutic session) during the reporting month	816	539	605	612	543
19N_MH_LPS_04a	**Liaison Psychiatric -** Number of Mental Health patients seen through Liaison Psychiatric Services (those turning up in A &E and referred for mental health assessments)	34	1	3	42	51
MH_17b	**Readmissions -** Total number of readmissions	52	29	37	34	33
MH_22_LOS_1a	Occupied Bed Days for patients - **Acute**	1800	739	949	919	739
MH_22_LOS_4a	Occupied Bed Days for patients **PICU Adults**	378	0	90	71	48
MH_22_OCC_1a	Occupied Bed Days - **Acute**	1459	957	729	1350	933

**the above table shows the numbers of individuals presenting as mentally unwell to community services – talking therapies, to Liaison Psychiatry which accepts referrals coming through from A&E and from acute in-patient admissions. * Occupied Bed days are significantly higher than the rest of NWL hence the work around crisis intervention as part of the Business case and transformation work. *NB Brent has the highest numbers of individuals accessing secondary care mental health services. The caveat is Ealing and Hounslow did not share their data.*

Priorities Detail and Achievements

3.3. The group is working 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 to those experiencing emotional and mental distress in Brent. The focus work-streams of the Mental Health and Wellbeing priority are Employment, Housing, Children and Young people and Access and Demand.

Employment

3.4. Established a strategic employment board and a mental health forum with relevant partners, including Shaw Trust WHP and IPS, Twining, Brent Works, Brent Start, DWP and the NHS, to ensure a joined-up approach. Implemented a communication and engagement plan jointly with Brent GPs. Worked jointly with Brent Health matters to promote employment pathways with local Brent communities. Held webinars, seminars, and job fairs locally. Developed accessible employment referral pathways with system partners. Linked up with DWP and other employment providers to support mental health service users into work opportunities. Increased the numbers of people with mental illness supported to access a range of employment opportunities and training opportunities. Increased referral rates of those with mental illness to access support from Shaw Trust, Twining and Brent Works. Increased the number of Brent employers with a Disability Confident accreditation.

Employment work-stream demographic data

Total numbers of referrals = 1154 referrals,
Male = 412
Female = 740
Self- identity = 2

Employment work-stream - Age range

25-30 age range = 238
30-50 = 689
50+ age range = 227

Employment Work-stream ethnicity data

Asian/Asian British = 215
Black/Black British/African or Caribbean background = 192
White background = 37
Mixed or Multiple Ethnicity = 134
Did not disclose = 576

Qualitative feedback from residents

3.5. Residents accessing services at Twining noted how supportive staff were and how staff were central to renegotiating a return to work under new conditions. Feedback highlighted that staff put regular catch-up meetings in place and the

person was able to reach the objectives that they set for themselves. Feedback to Shaw Trust (WHP) highlighted that the support provided enabled residents to overcome barriers and regain confidence in work-place settings. Feedback from partners across the system is that they are successfully working together to produce positive employment outcomes for Brent's communities and will continue to work in partnership to further improve outcomes.

Housing and Accommodation

3.6. Worked collaboratively with social landlords to increase the numbers of mental health service users with stable tenancies. Analysed current case studies to identify themes around the barriers that residents face at present. Partners developed a system toolkit that outlines the roles and remits of colleagues within the system. This is designed to develop knowledge and understanding of key contacts and escalation pathways, ensuring smooth resolution of complex cases and better outcomes for tenants. Work is in hand to co-locate social workers and housing officers in Brent Civic Centre to share knowledge and work collaboratively on complex cases. In tandem, partners will develop a joint training and induction offer, to ensure that frontline staff are equipped with the appropriate training to best support tenants in this cohort. This priority will be tested with tenants living in the in-house local authority provisions to determine outcomes and risks and thereafter rolled out to other social landlords that serve Brent residents. There are a number of aligned projects as follows:

Rough Sleepers Initiative

3.7. Worked on the Rough Sleepers Pilot aimed at reducing homelessness and rough sleeping for those with a mental illness by providing early intervention, prevention, and proactive solutions to assist rough sleepers who have mental health issues, physical health issues and/or substance misuse issues, who require accommodation. We are recruiting the team who will provide a proactive outreach service across the Borough, including speculative visits to known rough sleeping hotspots. The team will comprise of a team manager, a psychologist, a mental health nurse, a Physical Health Nurse and Psychiatry input.

Duty to Refer

3.8. Working with PCNs, GPs and primary care colleagues to socialise a duty to refer form in primary care. This has been added to the GPs EMIS system and will support primary care colleagues with identifying when someone is threatened with homelessness and referring them to housing support. The Duty to Refer also contributes to ascertaining the level of demand in the Borough by measuring the number of mental health referral and presentations for accommodation support. A number of GPs have fed back that they have found this accessible and user friendly but would prefer that this is managed by social prescribers. Work to socialise this with social prescribers is planned.

Built for Zero

3.9. The Duty to Refer priority has been widened to incorporate data from the Built for Zero project. The project has produced data sets based on 149 people, as of January 2024, in Brent that are rough sleeping and have been added to the

project's 'By Name List'. This list allows the team to be aware of everyone in the community experiencing homelessness in real time. This data has identified mental health as one of the primary barriers to securing accommodation. This data, coupled with the Duty to Refer form data, will enable partners to ascertain the level of demand for mental health services in this cohort. Specifically, we will have data on number of referrals, no. of successful referrals and reasons for unsuccessful referrals.

Discharge work

3.10. Mental health discharge workers based within Park Royal and Northwick Park is another aligned project of the Housing work-stream. The discharge workers work in hospital settings to ensure that mental health patients' housing needs are assessed and acted on at the earliest opportunity. These workers facilitate effective and efficient discharge processes, prevent re-admissions, and support and inform wider housing system-change and commissioning activity. The scheme has been supporting the arrangements for good transition between inpatient settings and community or care home settings to ensure a positive experience for patients at the point of discharge. We will share data at a future meeting.

Rehabilitation

3.11. The rehabilitation project is another aligned housing project. We reviewed mental health discharge processes and put in additional resources to support and facilitate discharges from acute rehab units. This work focuses on improving pathways for supporting inpatients in rehabilitation beds into high supported accommodation, low support accommodation and independent accommodation (i.e., right level of support at the right time). This work also focuses on improving access to housing with appropriate wraparound support for those with mental health problems.

October 2023 to March 2024 Rehab discharges – 38 – Ethnicity and Discharge Destinations

Ward Type	Ethnicity Brent Borough	
HDU	Afro-Caribbean	Supported Accommodation
HDU	Afro-Caribbean	Supported Accommodation
HDU	Black African	Supported Accommodation
HDU	Afro-Caribbean	Supported Accommodation
HDU	White British	Supported Accommodation
HDU	Afro-Caribbean	Independent Accommodation
HDU	Afro-Caribbean	Supported Accommodation
HDU	Black	Family Home
CRU	Afro-Caribbean	Supported Accommodation
HDU	White Irish	Supported Accommodation
HDU	White British	Supported Accommodation
HDU	Black British	Independent Accommodation
HDU	Caribbean	Independent Accommodation
HDU	Mixed race	Family Home
HDU	White Irish	Supported Accommodation

CRU	Afro-Caribbean	Independent Accommodation
CRU	White British	Supported Accommodation
CRU	White British	Supported Accommodation
CRU	White Irish	Supported Accommodation
CRU	White British	Supported Accommodation
CRU	White British	Independent Accommodation
CRU	White British	Independent Accommodation
CRU	White Irish	Supported Accommodation
CRU	White British	Independent Accommodation
CRU	Black African	Family Home
CRU	Black British	Supported Accommodation
HDU	White British	Supported Accommodation
HDU	Afro-Caribbean	Family Home
HDU	White British	Supported Accommodation
CRU	Black	Supported Accommodation
CRU	Afro-Caribbean	Supported Accommodation
CRU	Afro-Caribbean	Supported Accommodation
CRU	Afro-Caribbean	Family Home
HDU	White	Family Home
HDU	Black British	Supported Accommodation
HDU	Black British	Supported Accommodation
HDU	Black British	Supported Accommodation
HDU	Black British	Supported Accommodation

*HDU – High Dependency Unit
*CRU – Complex Rehabilitation Unit

Commissioning Supported Accommodation

3.12. The commissioning work-stream is an aligned housing project. Within this work, we mapped and audited the local accommodation portfolio. Additionally, we completed a gap analysis to identify what services are currently commissioned, across Adult Social Care, Health, and Housing Needs, and whether these services were meeting the needs of the community. There is ongoing work to assess the needs of the cohort whose needs we are not currently meeting within the accommodation they are in, who are also not eligible for adult social care or community mental health services. The results of this will be used to inform a system-wide joint commissioning plan, to ensure appropriate accommodation is being commissioned to meet the needs of this cohort.

3.13. We are also progressing work with the Housing Needs team to capture the numbers of single homeless people with mental health issues who are currently in unsuitable supported accommodation to meet their needs to ensure there are sufficient arrangements to support them and/or to transfer them to more appropriate accommodation.

Housing Data

Housing Needs Service snapshot = 56 cases. These cases had varied support hours ranging from 1.5 hours per week to 5-7 hours per week. The reasons for unsuitability varied from high needs and inability to manage day to day life, to substance misuse and anti-social behaviour. This data also

referenced those deemed ineligible for adult social care and/or mental health services.

Build for Zero - 149 'active', refers to the number of people that are actively homeless in real time.

Male = 89.93%
Female = 10.07%
White Background = 22.15%
Arab background = 14.09%
Black, British, Caribbean or African background =12.08%
Highest concentration of rough sleepers = Wembley and Willesden postcode areas.

Primary barriers to ending homelessness:
Mental health issues = 10.74%
Substance misuse = 11.41%
Lack of availability of suitable accommodation =14.09%

Secondary barriers to ending homelessness:
Mental health issues alongside substance misuse = 8.72%,
people disclosing that there was no second barrier = 39.6%
Unknown barriers = 25.5%

Children and Young People

Special Schools Nursing

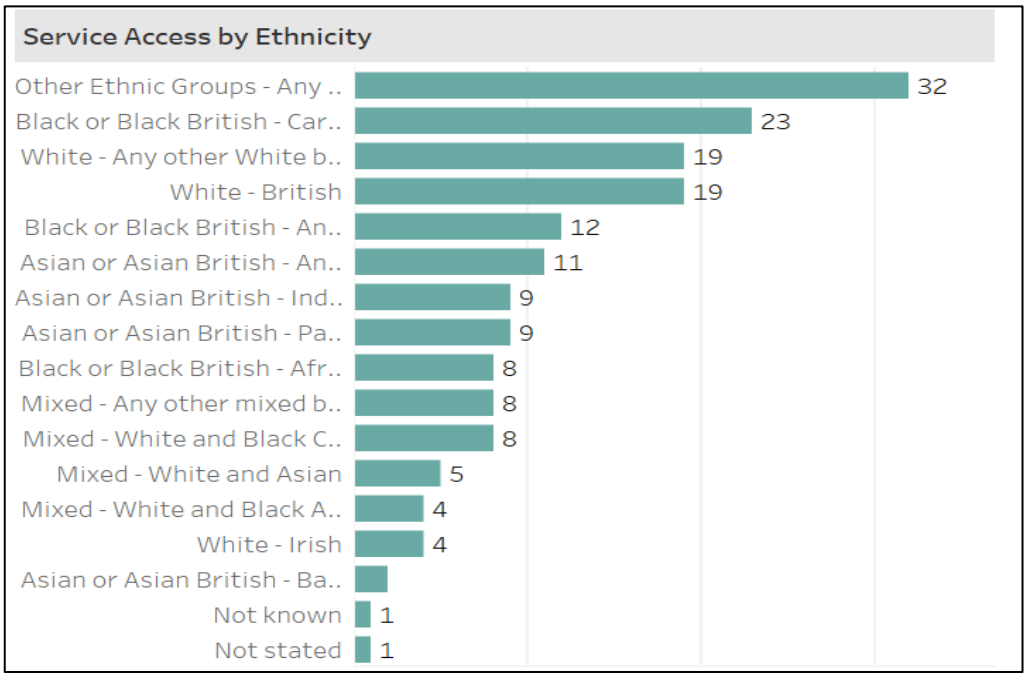
3.14. There has been an increase in the numbers of young people attending the Avenue and Manor Secondary schools who require additional support from the Special Schools nursing team. NHS NWL ICB's central team is working to identify additional resources to address these needs long term, recognising that the needs range from assessments through to providing and delivering specific health care for children and young people with special needs in our special schools. In the short-term Brent Borough Based Partnership has funded 2 additional nursing posts with CLCH to cover these schools for this academic year to the end of July 2024

Mental Health Support in Schools

3.15. There has been further expansion work of the Mental Health Support in Schools with identification of more schools to be part of this initiative. The service currently works with 26 schools delivering evidence-based interventions for mild-to-moderate mental health issues, liaising with external specialist service to help children and young people to get the right support and stay in education. From April 2024 there is additional funding to extend the numbers of schools.

Mental Health Support in Schools Data

Total number of referrals to the service, between January 2023 and March 2024 was 173.



Brent Centre for Young People

3.16. Over the past year, the ICB has funded a Child Psychotherapist with BCYP to help reduce the specialist CAMHS waiting list. Principally, the service has offered psychological and medium length therapeutic work to CYP. The BCYP Psychotherapist has also offered state of mind assessments, risk and safety planning, as well as work with parents. The psychotherapist was co-located with CAMHS and saw patients at both CAMHS/BCYP premises.

Referrals from CAMHS to the Child Psychotherapist

3.17. 21 CYP referred, 18 were engaged, 165 sessions provided. The average wait time from referral to first appointment was 7 days and the average rate of DNA was 8%.

3.18. The majority of the young people seen were girls aged between 14-18 (80%).

Ethnicity

White British or European backgrounds = 31%
Asian = 19%
Black African or Caribbean = 19%
Remaining young people, 31%, identified as Mixed or Other ethnic backgrounds.

3.19. In almost all cases, this was the young person's first experience of talking therapy and it was clear from feedback from the young people that having this therapeutic space, brought relief, and helped the young person quickly feel more stable in themselves. Many young people that engaged were presenting with high levels of risk and suicidality, and often with childhood trauma or multiple ACEs. For example, in one quarter, 50% of CYP seen had experienced sexual assault or abuse, 33% physical or emotional abuse and 17% had a family member living with a mental health issue.

3.20. The CAMHS Waiting List Initiative with BCYP is a session-limited, short-term service, and the nature of the cases have been complex and challenging. Outcomes have been very positive with strong improvements indicated in the most prevalent difficulties associated with

- Anxiety and depression (55% improved, 100% stabilised),
- Suicide risk (56% improved, 100% stabilised)
- Self-harm (89% improved, 100% stabilised).

Brent Autism Outreach Team (BOAT)

3.21. Currently there are 911 children and young people known to the service with 40% actively supported. The service has created Autism Champions in settings to empower and upskill staff in settings and have an in-house person to champion autism. Currently there are 28 schools attending and this number is continuing to increase.

Supporting the Assessment Route (STAR)

3.22. STAR continues to support families, children and young people who are under the care of Brent Paediatrics or specialist Children's Mental Health Services (CAMHS) undergoing a Neurodevelopmental or Social Communication Assessment and those choosing not to have a formal diagnosis. The service has worked with children and young people up to the age of 16 who are in a Brent mainstream school or 19, if they are in a Brent mainstream school Sixth Form.

3.23. There are 247 families currently receiving a range of support.

Neurodiversity provision – 0-5 and 6-18

3.24. The focus has been on Pre-diagnostic and post diagnostic support for neurodiversity in children. We provided neurodiversity support focusing on behavioural interventions and addressing challenging behaviours. This also included educational support and modifications to support learning and development as well as strategies for parents to support their child's development and create an inclusive and supportive environment at home. Healios has been commissioned to support with ASD assessments and we are starting to see the numbers of children who were waiting to be assessed starting to decrease.

Thrive model

3.25. Working to implement a local Thrive model for Brent focused on Getting Help, Getting More Help, Getting Risk Support and Getting advice to deliver mental health support to our Children and Young People. This will provide therapeutic interventions built around the needs of children and young people. This approach is based on meeting need, not diagnosis or severity. We are in the process of recruiting to a Thrive engagement support post to help with local arrangements.

Specialist CAMHS

3.26. The service worked to support children and young people with a range of emotional and mental distress. Demand has continued to increase and we are

working to increase specialist CAMHS capacity and develop new service provision models outside of traditional models. The service provided a Duty Team clinician available to provide advice to referrers and to CYP, parents and carers.

3.27. We embed the arrangements for Children and Young People (CYP)'s Psycho Education on Mood Disorders and Psychotic Disorders into the core CAMHS offer. This provision is facilitated by the Child Wellbeing Practitioners (CWP). We also embedded the Well-being Recovery offer into the core CAMHS offer.

Specialist CAMHS data
Number of referrals – 1321 (January to December 2023),
Number of referrals accepted - 1,257,
Number of referrals rejected = 64

Ethnicity
190 = Black or Black British background
185 = White or other White background,
180 = other ethnic groups.

Brent Hotspots for referrals
672 = NW10 postcode area
299 = HA9 postcode area
266 = NW2 postcode area
***These hot spots are the same for adults**

Age Range

The two age groups that accessed the services the most were those in the 6-10 and 11-15 age ranges. We are developing a CAMHS dashboard for monthly data reporting.

Access and Demand

3.28. We delivered a successful workshop in October 2023 to support the development of a consistent mental health service transformation approach as well as to agree a plan for improving access and managing demand across the borough. This workshop was also designed to identify areas for investment, support arrangements for improving clinical outcomes, ensure effective joint working and deliver a more efficient service improvement and delivery approach.

3.29. Several key gaps and solutions were identified for children, young people and adults that informed a case for change for additional financial resources to respond to the local system pressures from the mental health needs of our population. The need for additional resources was also added to the Borough Partnership risk log highlighting that without levelling up investment there is the risk of increased numbers of CYP and adults unable to get mental health support at the right time and in the right place and demand will continue to outstrip available resources.

3.30. The Business Case focused on Brent's urgent need for levelling up investment to support, prevention, early intervention, no wrong door for anyone requiring mental health support, right support at the right time and in

the right place and the development of high-quality, evidence-based mental health care and support services across primary, community and secondary mental health services.

3.31. We developed proposals that build on the principles of resourcing and delivering services at a scale and intensity proportionate to the degree of local needs, in the following themes:

- Targeted support in our Brent neighbourhoods with the highest activity i.e., NW2, NW10 and HA9 to reduce acute admissions and embed the new provisions into business as usual.
- Borough wide capacity to manage new and existing demand for CAMHS services and embed the new provisions into BAU.

3.32. The business case reflected an expenditure profile of £2,166,410 for 24/25 and was submitted in October 2023. In February 2024 NHS NWL ICB communicated that they would only consider some but not all the required elements of the Business Case. The areas for investment are:

- Crisis outreach to key neighbourhoods (NW10, NW2 and HA9)
- Community connectors
- Educating and Empowering Communities through expansion of the Brent Health Matters model
- Attachment and Distinct Trauma therapy
- Community Mental Health Wellbeing and Living Well hubs
- IAPT Compliant Step 2 Waiting Well
- Neurodiversity for 0-5 and 5-18: improved diagnostic pathways and improved support
- Reducing waiting times for CYP ADHD / ASD Assessments through a targeted assessment service.

3.33. NHS NWL ICB are considering funding Crisis outreach to key neighbourhoods, Community connectors and educating and empowering our communities through expansion of the Brent Health Matters model. Whilst we are waiting for confirmation of the funding from NHS NWL ICB, Brent ICP has agreed to fund these programmes at risk so as not to further delay the urgent need to address the identified gaps to services.

3.34. In addition, they are reviewing all the mental health specifications and community services and will provide a verbal update at the meeting.

4.0 Contribution to Borough Plan Priorities & Strategic Context

Relevant priorities and outcomes within the Borough Plan

Thriving Comm**unities**

- *Enabling our communities*
  - Increase engagement, awareness raising and access of mental health support services in communities
  - Reduce variation in mental health care and support for the local Brent communities
  - Support people with mental illness to access employment opportunities
  - Ensure housing and accommodation provision is accessible and reflects identified needs locally.

- Ensure the emotional and mental health needs of our children and young people are identified and addressed early

- *A representative workforce*
  - Community connectors employed from our local communities to deliver a preventative offer that addresses health inequalities and achieves better outcomes through community work.
  - Community connectors in-reaching into the communities to explore what these communities want/need when experiencing distress.

- *The Best Start in Life*
  - Early identification of CYP with emotional and mental ill health
  - Provision of early intervention and support
  - Increased support for children and young people in schools

- *Young people are seen and heard*
  - Developed a communication and engagement project with young people to review and design how they access information about services
  - Giving children and young people the best start possible and best chance of developing to their full potential

A Healthier Brent

- *Tackling health inequalities*
  - Recruited Talking Therapies Community engagement workers' representative of our communities to support with raising awareness of IAPT to our diverse communities and facilitate access
  - Developing access and demand pathways designed to support access to mental health support 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.

- *Localised services for local needs*
  - Transforming and strengthening core community mental health offer to ensure access to support before patients hit a crisis point starting with targeted work in NW2, NW10 and HA9 localities.

5.0 Background and Reasons for Recommendations

5.1. Activity data across secondary care and primary care services for CYP, adults and older adults evidenced cultural barriers and inequality across the Brent landscape impacting on service demands and access rates.

5.2. Key gaps for CYP include; needs and support for moderate to high need presentations that do not meet CAMHS thresholds, pre-diagnostic support for neurodiversity in children who present with additional support needs, growing demand for ASD/ADHD services for both assessment and treatment of children and young people, a need for safe spaces to support children and young people with their wellbeing, gaps in early intervention and prevention services to enable children and young people to stay well and thrive in the community, including for those in at risk groups and a high proportion of CYP in-patient admissions who are not known to CAMHS services.

5.3. Key gaps identified for adults included lack of shared definition of crisis and crisis pathways that originate in the community, high volume of A&E presentations including first contact with mental health services through A&E,

patients known to services waiting a long time for interventions and support, lack of access to mental health support earlier before a crisis, lack of information and advice for mental health patients experiencing a psychotic episode, our communities being unaware of how to access mental health support and high thresholds for psychiatry liaison.

Alternative options considered:

Option 1 – Do nothing

5.4. There is a risk that the lack of access to preventative support, early identification and informed treatment will lead to continued increases in A&E attendances, increase in admissions to acute in-patient care including admissions often out of area acute in-patient, increases in lengths of stay of admissions, increases in self-medication of substance misuse and alcohol, self-harm, suicide and lengthier admissions. All of which would have a significant impact on patient safety and quality of life.

5.5. Doing nothing will have a significant and detrimental impact on people experiencing mental illness, including emotional and psychological harm, social isolation and exclusion, physical health issues not being addressed, increased vulnerability to abuse and exploitation, decreased self-esteem and self-confidence and limited opportunities for independence and autonomy.

Option 2 – Invest in the following All Age Mental Health SupportL

a. Crisis outreach to key neighbourhoods (NW10 and NW2) - clinical crisis workers in-reaching into these neighbourhoods which have significantly higher levels of acute Mental Health attendance
b. Community connectors: voluntary sector workers creating connections with and navigating people to the CNWL health inequalities team 3 x Band 4
c. Educating and Empowering Communities: expansion of the Brent Health Matters model to provide increased levels of information and advice, and targeted therapy.
d. Attachment and distinct trauma Therapy: immediate/very quick access to attachment and distinct trauma and dialectical behaviour therapeutic intervention for reducing repeat suicide attempts, non-suicidal self-injury and self-harming behaviours in young people up to 25 years and adults who have presented with self-harm/suicidality, or an actual suicide attempt.
e. Community Mental Health Wellbeing and Living Well hubs: Neighbourhood hubs providing clinics for brief intervention/therapeutic work to children & young people and to adults (involving their family member(s)/carer(s) where able/appropriate) to support them with their mental wellbeing. Recovery orientated care

f. IAPT Compliant Step 2 Waiting Well (alternative to specialist CAMHS) – based with Voluntary Sector organisations: focus on IAPT compliant Step 2 service to Brent children and young people. Focus on those at risk of experiencing mental ill health, those already struggling with poor emotional wellbeing, low mood, anxiety and/or depression and those children and young people who have been impacted by the pandemic.
g. Neurodiversity for 0-5: Early identification and neurodiversity support for better long-term outcomes in terms of cognitive, social, and emotional development. Focus on behavioural interventions to address challenging behaviours, improve social skills and promote positive behaviours, breaking down skills into smaller steps and using positive reinforcement to teach new behaviours using applied behavioural analysis approach.
h. Reducing waiting times for ADHD / ASD Assessments: A dedicated ASD/ADHD pathway for Children and Young People. Increasing the specialist CAMHS/CLCH clinical capacity to offer detailed diagnosis and follow up interventions for: Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) without a learning disability (Asperger's Syndrome) and Tourette Syndrome (TS), as well as short-term post-diagnosis support.

6.0 Financial Implications

6.1. There is a need for additional levelling up investment for mental health services across all ages for Brent. The investment into some of the areas highlighted in the Business case is being considered and we are confident this will be made available. However, more investment is needed to support the high levels of demand including investment in neighbourhood hubs.

6.2. No levelling up funding to Brent has been agreed yet but associated discussions with NHS NWL ICB are on-going.

NHS NWL ICB Re-organisation

6.3. Work is also underway to reorganise functions and activities of the borough team as part of NHS NWL ICB's reorganisation programme with a substantive reduction to NHS Borough staffing.

7.0 Legal Implications

7.1. There are no legal implications at this time.

8.0 Equality Implications

8.1. 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.

9.0 Consultation with Ward Members and Stakeholders

9.1. Consultation, engagement and co-production with Ward Members, system partners, Brent residents, mental health service users and carers is embedded in this work. Involvement and inclusion of the Brent population continues to be supported by Brent's Community Engagement Team, Brent Health Matters and the Brent Changing Minds Mental Health group.

10.0 Climate Change and Environmental Considerations

10.1. There are no climate change and environmental considerations at this time.

11.0 Human Resources/Property Implications (if appropriate)

11.1. There is likely to be human resources implications from NHS NWL ICB's reorganisation exercise. Engagement and consultation on this reorganisation is in progress.

11.2. There are no property implications at this time.

12.0 Communication Considerations

12.1. We engaged with system partners, patients, service users and carers in developing these priorities. We are developing a communications and engagement plan that involves staff, clinicians, patients, carers, public representatives and other stakeholders in the development of these proposals for access and demand transformation services across Brent. The activities outlined in this report will be co-produced with local stakeholders with the Overview and Scrutiny Committee and ICP Executive Board having oversight and ensuring appropriate scrutiny.

Report sign-off:

Tom Shakespeare
ICP Managing Director

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

Rachel Crossley
Corporate Director Community Health and Wellbeing