



**Community and Wellbeing Scrutiny
Committee**
25 January 2023

**Report from Phil Porter and Robyn
Doran (MH and Well Being Sub-Group
Co-Chairs)**

Update on the Mental Health and Wellbeing Sub-Group

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	One Appendix 1 Mental Health & Wellbeing Sub Group Structure
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Sarah Nyandoro Email: sarah.nyandoro@nhs.net

1.0 Purpose of the Report

1.1 Brent has a Borough Based 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 - Improve mental health and wellbeing.

2.0 Recommendations

For the Community and Wellbeing Scrutiny Committee to note and comment on the contents of this report, in particular the collaborative approach taken by the Brent Borough Based 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.

3.0 Background

- 3.1 The Health and Care Act established a legal framework for collaboration and partnership-working with health and care organisations working together to integrate services and improve population health. At the heart of the Health and Care Act was the formalisation of Integrated Care Systems (ICS). These were setup to bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners. The changes to the Health and Care Act brings greater opportunities to work together in partnership to help shape the future of health and care for the benefit of the people of Brent.
- 3.2 ICSs are made up of two parts, i.e. an NHS Integrated Care board (ICB) and a Borough based Integrated Care Partnership (ICP). NHS ICBs are responsible for the commissioning, oversight, spend and performance of most NHS services and are accountable to NHS England. The ICP known as the Brent Borough Based Partnership brings together a wide range of local partners, to address the broader health, public health, and social care needs of the local population.
- 3.3 The Brent Borough Based Partnership (BBBP) formerly known as Brent Integrated Care Partnership) was setup in April 2021 and reports to the Health and Wellbeing Board (HWBB), so it is still a relatively new partnership. It includes all of the key Brent health and social care organisations, but we have also broadened membership to include a wider range of council services (including housing and employment) and the voluntary and community sector. The partnership is focused on collaborative working to improve the health and wellbeing of Brent residents. It is responsible for addressing health inequalities, responding to immediate health and care needs and addressing the wider determinants of health and wellbeing within the Brent Borough. The Brent Borough Based Partnership uses local knowledge, collective accountability and combined resources to deliver better outcomes and address health inequalities across Brent.
- 3.4 The programme builds on the strong history of partnership working in Brent, and looks at how even better partnership working can continue to deliver improvement and transformation of the health and care system focusing on the 4 priorities: reducing health inequalities, developing primary care networks and reducing practice variations, improving community and intermediate health and care services and improvement of mental health and wellbeing.
- 3.5 The Brent Borough Based Partnership is accountable for delivering the local priorities, but it also provides overarching, collective leadership and

management of the local health and care system, leading clinical and non-clinical services on behalf of the Brent Borough Based Partnership Board. This is to ensure wider culture change and distribution of accountability, focussed on transformation and change. The Board has established a clear governance and accountability framework focused on Priority Executive Groups to oversee four transformation priorities one of which is the Mental Health and Wellbeing Subgroup (Appendix 1 – MH and Wellbeing structure). The BBBP have also put in a place a partnership development programme, which aims to build common values and behaviours to ensure collaborative working is the norm not the exception. This includes bringing together staff from all the organisations and partners on a quarterly basis and more targeted work focused on specific interventions such as system working across Mental Health and Housing partners and developing Integrated Neighbourhood teams.

4.0 The Mental Health and Wellbeing Subgroup Approach and Key Aims and our commitment to System Working

4.1 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.

4.2 Through the Brent BBP's Organisational/System Development programme, partners have started this journey to re-think how partners work together to meet this ever-growing need. The programme is supporting the development of a collaborative culture, that puts the person at the centre, and sees organisations, services and teams work together to make the right decisions that will maximise the outcomes achieved for people in Brent.

4.3 The Mental Health and Wellbeing Sub-Group is responsible for working collaboratively as a system, to co-produce and deliver support for emotional well-being and mental health at the right time and in the right settings for the population of Brent. This necessarily includes integration of mental health, physical health and social care across primary care, specialist care and community care. The Mental Health and Wellbeing Subgroup has a number of roles to ensure that local mental health provision meets the population's needs:

- To drive forward priorities identified by the system which are multi-agency and more complex in nature – where we need to work together
- As part of the wider ICP/BBBP to encourage joint working and collaboration across all services to improve outcomes for individuals, and
- To deal with issues in the wider system – not to ensure it meets need, but to act as a point of escalation / resolution when there are multi-agency blocks or new multi-agency projects, and
- Working with system partners to identify unmet needs and address inequalities, and identifying and developing services that improve the emotional wellbeing and mental health of the local Brent Population.

- 4.4 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. The Mental Health and Wellbeing Subgroup provides senior operational oversight over key programmes and a key point of escalation for system and joint programmes and escalating risks and issues to the BBBP board if required.
- 4.5 In relation to the first bullet point above, the sub group currently 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
- 4.6 These priorities were decided in partnership. The Mental Health and Wellbeing sub-group is keen to work together with partners to deliver and build relationships around the priorities that were identified by the Brent Borough Based Partnership Executive, 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.

5.0 Mental Health and Wellbeing Work-streams

5.1 Access, Demand and Pathways

- 5.1.1 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 BBBP's focus on health inequalities.
- 5.1.2 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.

5.1.3 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.

5.1.4 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

5.1.5 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.

5.1.6 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

5.2 Employment

5.2.1 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.

5.2.2 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.

- 5.2.3 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.
- 5.2.4 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.
- 5.2.5 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 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 2nd event was held in the summer 'Let's talk about Mental Wellbeing' for residents to showcase local employment support and wider support services.
- 5.2.6 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.
- 5.2.7 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.

5.3 Housing and Accommodation

- 5.3.1 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.
- 5.3.2 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.
- 5.3.3 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.

- 5.3.4 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.
- 5.3.5 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.
- 5.3.6 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.
- 5.3.7 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)

5.4 Children and Young People

- 5.4.1 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 19 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.

- 5.4.2 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. Increased recovery from mild to moderate depression and anxiety. We will increase the numbers of people with mental illness accessing IAPT services and those having their physical health checks. We will reduce the flow of patients to secondary care as common complex mental illnesses is supported in primary care and community settings.
- 5.4.3 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.
- 5.4.4 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 Vol 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. Reduced the waiting list and waiting times for specialist CAMHS. However, demand for specialist CAMHS service continues to increase. A discussion was held between the ICP Leadership and the Programme Director for Mental Health at NWL ICB in early 2022 where it was agreed in principle that additional investment for "levelling up" will be provided to increase specialist CAMHS capacity. Whilst we have received positive signalling on this issue, we do not yet know the quantum of funding that we might receive or how the 'levelling up' allocation might work. We are seeking further written clarification on this matter.
- 5.4.5 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

- 5.4.6 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 SubOGroup meeting and at the Children's Trust Board.
- 5.4.7 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.

6.0 Differences and similarities in how each of the four areas are being addressed

- 6.1 Similarities in all four work-streams include development of inclusive services. Developing accessible pathways for mental health service users. Improved collaboration arrangements to reduce multiple agency assessment. Improved engagement with GPs, strengthening the links with Primary Care. Joining up the system by developing greater integration and partnerships of local mental health care and support with specialist skills and expertise and flexibility of care. Developing more consistent and explicit models of care and support. Implementing a system wide commitment for recovery based approaches to the services being provided. Simplifying service user navigation and access into support services. Close liaisons and working together with Brent Health matters to engage with Brent's diverse communities. Building a system that can share information and support other parts of the system. Practical training for frontline practitioners to understand the system and work collaboratively. Jointly agreed escalation protocols. More responsive commissioning arrangements.
- 6.2 Differences are that the focus for each work-stream is a speciality area of support for people with mental ill health ranging from housing, employment, access and demand and specific support for Children and Young people. There is also recognition that recovery journeys vary so the system has to be flexible to deal with relapses and the issues this can create. The impact of pressures in

the system, particularly around hospital discharge. We also recognise Non-engagement as service users are distrustful of public services, or cannot engage with them, and we have to build trust.

7.0 Financial Implications

- 7.1 All of the work identified above is delivered from within core budgets. However, earlier in the year, Brent's Director of Public Health, attended a meeting to discuss the NWL Mental Health Strategic Review. A document was presented that recognised 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".
- 7.2 The report highlighted that there were wide variations in levels of overall mental health funding, including CAMHS services. Some NWL Boroughs have double the level of funding that Brent currently receives, per head of population. Brent's Place-Based Partner organisations were encouraged by this report. This inequality for Brent had been recognised with plans for a strategy to be developed to address this by NHS NWL ICB. This would mean increased investment in mental health services for Brent prioritised so that "levelling up" of resources could be achieved incrementally over time.
- 7.3 Financial implications at this time are that there has been no levelling up funding to Brent. Unless this is addressed for the Specialist CAMHS service in particular, demand will continue to outstrip supply.

8.0 Legal Implications

- 8.1 There are no legal implications at this time.

9.0 Equality Implications

- 9.1 Through developing local clinical leadership, co-production and a partnership approach Brent is focused on addressing health inequalities.
- 9.2 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.

10.0 Consultation with Ward Members and Stakeholders

10.1 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.

11.0 Human Resources/Property Implications (if appropriate)

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

Report sign off:

ICP Executive Board Chairs and
Mental Health and Wellbeing Sub-
Group Co-chairs: Robyn Doran and
Phil Porter