Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Thursday 24 July 2025 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Councillor Knight (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Jackie Allain (Director of Operations, CLCH), Robyn Doran ((Director of Transformation, CNWL, and Brent ICP Director) Patricia Zebiri (HealthWatch), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care, Brent Council – non-voting)

In attendance: Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Jonathan Turner (Borough Lead Director – Brent, NWL ICB), Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS), Eleanor Maxwell (Senior Programme Officer – Better Care Fund Lead for Brent Borough), Antoinette Jones (Head Of ICP Delivery (Brent and Harrow), Brent ICP), Zaid Dowlut (Head of Place – Primary Care, NWL ICB), Jon Cartwright (Head of Change and Customer Insight, Brent Council), Fatuma Serugo-Lugo (Strategic Data Manager, Brent Council), Agnieszka Spruds (Strategy Lead – Policy, Brent Council)

1. **Apologies for absence and clarification of alternate members**

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council)
- Simon Crawford (Deputy Chief Executive, LNWT)
- Gina Aston (HealthWatch)
- Tom Shakespeare (Managing Director, Brent Integrated Care Partnership)
- Dr Rammya Mathew (Vice Chair)
- Sarah Law (Nursing and Residential Care Sector)

2. **Declarations of Interest**

Personal interests were declared as follows:

- Councillor Nerva – Councillor Member of the North West London Integrated Care Board (NWL ICB)
- Councillor Donnelly-Jackson – was involved in the Kilburn State of Mind and Music Mile projects in her previous portfolio role and was under discussions to become a trustee.

3. **Minutes of the previous meeting**

RESOLVED: That the minutes of the previous meeting, held on 2 April 2025, be approved as an accurate record of the meeting.

4. **Matters arising (if any)**

None.

5. **Update on the outcome of Brent's January 2025 Local Area SEND Inspection**

Councillor Gwen Grahl (in her role as Cabinet Member for Children, Young People and Schools, Brent Council) introduced the report, advising members that the conclusion of the local area SEND inspection that took place in January 2025 was that SEND arrangements in Brent typically led to positive experiences and outcomes for children and young people with SEND. In introducing the report, she highlighted the following key points:

- She provided national context that local areas were operating in a challenging landscape, with the number of Education, Health and Care Plans (EHCPs) rising approximately 10% per year over the last 10 years. This in turn caused significant financial pressure on the High Needs Block (HNB) and there was shortage of provision in some areas, for example children with an Autistic Spectrum Disorder (ASD).
- She felt that the inspection conclusion was very positive for Brent and commended those staff in the Inclusion Service, those supporting young people in schools and health colleagues. She thanked health colleagues for providing support with prompt anti-natal checks for learning and development needs, enabling needs to be identified as early as possible.
- Whilst there was good progress identified, resulting in a good outcome, she highlighted that inspections were also an opportunity to recognise areas for improvement.
- She felt that Brent as a local area partnership had worked hard to meet targets for progressing initial EHCPs but needed to improve on annual reviews to ensure the right support was in place for each young person. She highlighted challenges in that, as reviews required professional input from many different agencies including schools, parents and health.
- There was work to be done on cross-organisational working to streamline the EHCP review process.
- In relation to the timeliness of mental health provision and neurodevelopmental provision, she advised that those challenges were deeper and widespread, and she felt government oversight and spending would be needed to comprehensively address those issues.

Nigel Chapman provided further information by way of introduction, highlighting the following key points:

- He advised that Brent had been on a journey over the last 8 years following the inspection in 2017 concluding that Brent required a written statement of action. That had been dealt with quickly, as evidenced by a revisit in 2019 where Brent and inspectors had been assured that improvements had been made. He felt that the outcome of the 2025 inspection showed that those improvements had been consolidated and built upon.
- In terms of the inspection process, he explained that, nationally, there had been 59 published joint CQC Ofsted inspections of local areas, with a possible grading across 3 numbers. 30 of those published inspections had an average middle grading, 15 had the lowest grading, and 14 had the best outcome, of which Brent was one.
- He felt that, throughout the inspection, Brent had been able to demonstrate that the work being done was mitigating the impact of the challenges in the overall system for SEND that was felt did not work as well as it could. This was achieved through effective partnership working.
- An action plan had been created following the outcome of the inspection which was monitored through both the Brent Children's Trust (BCT) and Integrated Care Partnership (ICP) Executive to ensure issues were escalated where needed and attention was given to areas requiring improvement, such as mental health waiting times.
- The work and learning would feed into the new SEND Strategy due to be published at the end of the year and a white paper on SEND was expected in Autumn 2025.
- Considering the progress Brent had made on SEND, the DfE had invited Brent to become a sector-led improvement partner for SEND because of the good outcome. That would be considered depending on the requirements and resources needed to fulfil that role.

Robyn Doran provided further information on the SEND inspection and outcome from a health perspective, highlighting the following key points:

- A healthy debate had taken place at the most recent BCT meeting in relation to neurodevelopmental assessments and CAMHS waiting lists. This was due to the fact that 70% of young people referred to CAMHS in Brent were also referred for neurodevelopmental assessments, compared to the national and NWL average of 35%.
- The discussion had focused on the need to think differently in that first stage of addressing children and young people to be assured that professionals were not over-pathologizing. She highlighted that many of the children and young people that had SEND were traumatised because of their life experiences such as poverty, domestic abuse and other community issues, and when they presented challenging behaviours as a result of that trauma they were often automatically seen as having a neurodevelopmental disorder. As such, a joint piece of work with Brent's communities was being implemented. This would include reviewing what percentage of children

referred for an assessment were then diagnosed with a neurodevelopmental disorder.

The Chair thanked the presenters and invited contributions from those present. The following points were made:

- Jackie Allain advised that CLCH had received approval and funding to deliver an incontinence service for children. CLCH was in the process of recruiting and hoped to have staff in post by the end of September. This would make Brent one of only a few boroughs with an incontinence service for children.
- It was suggested that the Health and Wellbeing Board received regular updates on the ongoing work across the Integrated Care Board (ICB) system reviewing pathways and CAMHS pressure.
- The Board highlighted that some of the incomplete actions detailed in the action plan stated that there was 'no funding available, needs discussion' and asked where that funding might come from. Robyn Doran explained that there was money in the ICB for children's mental health, but it was not yet defined how that would be allocated. Brent ICP was doing as much as possible to ensure Brent was one of the boroughs that received an allocation as the most deprived borough with the highest waiting lists. The previous year, some internal CNWL money was moved from another borough to Brent to clear some of the waiting lists, but that had been a one-off and the waiting lists had since increased.
- The Board asked for further information on the waiting lists, and heard that ADHD and autism assessments were at a 30-month backlog, and further details could be provided on the numbers of people on waiting lists.
- Nigel Chapman explained that the 45-day target for equipment was not a statutory target, but based on the time taken to complete Child and Family Assessments. The targets were variable across the country on that, but this was an area that sat within children's services that the service would like to increase focus on.
- In terms of the impact of long waiting lists, Nigel Chapman advised that Brent had been able to demonstrate that it could mitigate the impact of long waiting times through different strategies using the thrive model and Brent Centre for Young People, where support was provided to families whilst they waited. The importance of understanding what was driving the higher referral rates in Brent compared to other areas was highlighted, and Robyn Doran confirmed that a university wanted to work with Brent on that piece of work.
- The Board asked why there were recruitment and retention challenges for specific skills. Nigel Chapman advised that the primary difficulty in recruitment was for Occupational Therapists, where there was a national shortage and variability in pay across boroughs. Children's services was now working closely with colleagues in Adult Social Care to ensure a joined-up approach across children's and adults regarding Occupational Therapy. Robyn Doran added that there was work going on across the sector in Brent to recruit locally. Work was being undertaken by Lead Occupational Therapists to get people into the

profession earlier, such as through apprenticeships, and CNWL had funded some apprenticeship posts in the Trust.

- The Board asked for further context as to why Brent had constraints with EHCPs. They were advised that the main reason local authorities nationally were struggling to keep up with the pace was the growth in numbers, with Brent now having almost 4,000 children on EHCPs compared to 2,000 before the pandemic. Whilst Brent had kept pace doing initial EHCP assessments at 70%, which was above the national average, it had not kept pace with review assessments. To mitigate this, Brent had prioritised reviews for those children at transitional points such as those moving from reception into primary school or from primary into secondary school. There were plans in place to improve further, and the number of staff undertaking review assessments had increased. Nigel Chapman advised that he was confident with the plan in place that performance would improve.
- Considering Brent was one of 8 NWL boroughs, the Board asked whether officers were tracking inspections in other boroughs from a service planning perspective. Nigel Chapman explained that Brent was the third of the 8 boroughs in NWL to be inspected under the current framework along with Hillingdon and Hounslow. Officers in the ICB who worked with Brent on the inspection were well sighted on the issues in the other boroughs and had been helpful in providing that insight for Brent.

In concluding the discussion and noting the update, the Board thanked officers and noted the findings of the recent SEND inspection, proposed action plan and progress made. Additionally, the Board welcomed the news about the incontinence service for children and awaited an update on the work to improve the CAMHS waiting lists.

6. **Brent ICP Primary Care Transformation Executive Group Progress Update**

Zaid Dowlut introduced the report, which provided an update on the projects being progressed within the primary care programme covering general practice. In introducing the update, he highlighted the following key points:

- The recently published NHS 10-year plan had now been published, which set out significant changes due to take place moving forward from the current way of working to a more neighbourhood health approach. Primary Care was at the core of the model and would be asked to work closely with communities to tackle health inequalities and deliver better access and co-ordination of services locally.
- The national General Practice Improvement Programme (GPIP) also introduced a focus on health inequalities and the wider determinants of health in 2023 in light of growing challenges.
- The Brent Primary Care Transformation Executive Group (PCTEG) was responsible for overseeing the delivery of primary care transformation and change priorities relevant to the local partnership and system, and aimed to

align primary care with both national policy and local plans, including the NWL Joint Forward Plan and the Council's Borough Plan 2023-25.

- The next steps that the PCTEG was looking to implemented was to move to a neighbourhood level approach for primary care, which would require a different way of funding.
- Locally, colleagues across the ICP and primary care were working together to look at models of multi-disciplinary working and the report set out that approach, including Child Health Hubs, local enhanced services, population cohorts with specific needs and improving access to primary care.
- In relation to access to primary care, a new access model had reduced pressure on other parts of the system, including urgent and emergency care, and the report detailed the 9 extended access hubs now available offering a range of face to face and telephone appointments. These additional appointments had achieved an overall utilisation of 93% across Brent.
- Registration of patients on the NHS had increased, and Brent, compared to NWL, had higher rates of appointments being booked through the NHS app, showing a good indication of engagement with the new digital environment.
- The paper set out key progress since the previous year and some of the challenges for some services. It was hoped that with better access, capacity and transition planning that performance would have improved by next year.
- In relation to cancer screening and early detection, 33 GP practices across Brent remained below 60% uptake for cervical screening, below the national efficiency standard of 75%. It was hoped that with the new integrated approach the performance would strengthen. A new HPV self-referral approach was being deployed, and cervical screenings were now being offered at enhanced access hubs, and a local cancer improvement programme was in development to reach communities with low uptake of screening.
- Child Health Hubs were due to come on stream in July, running initially at PCN level with the aim to scale that up to a neighbourhood level, working as multi-disciplinary teams supporting children and young people with complex needs in the community without them having to attend outpatient or acute hospitals unnecessarily.
- Primary care now had a diverse set of roles including pharmacists, clinicians, social prescribers and others, and primary care was keen to maximise the opportunities to enable training and development for the workforce in partnership with the NWL training hub.

The Chair thanked presenters for the introduction and invited contributions from those present, with the following points raised:

- The Board welcomed the child health hub initiative, which they felt would be beneficial for families and for streamlining services in primary care. Noting

the paper stated that the service would be scaled up into a neighbourhood delivery model, they asked for further detail about how that would be achieved. Zaid Dowlut advised that the service was due to start in July across 7 Primary Care Networks (PCNs). As referrals from practices increased, plans would be finalised for neighbourhood working. Jonathan Turner explained that there would be one hub in each of the 5 connect areas with 5 GPs recruited to do that work. The hubs would have a GP and consultant led model with consultant paediatricians from LNWT and Imperial Health Trust. The clinic would take place once a month at an outpatient community setting and would help to take pressure off hospitals and reduce some non-elective admissions for common physical health conditions such as asthma and epilepsy. Once there was confidence that the service was ready there would be communications disseminated on that.

- Noting that the report detailed low covid vaccination figures, the Board asked whether that was cause for concern and what the current recommendations for vaccination were. Dr Melanie Smith advised that the recommendations for Covid vaccination had been pared down, with fewer groups now advised to get vaccinated. Those who were advised to get vaccinated were those where the consequences of infection were more severe and those in whom the vaccination was less effective as their immune system was suppressed. She added that the pattern of covid infection was changing and further guidance was expected on vaccination based on the JCVI.
- The Board noted that only 10% of those severely immunocompromised had been vaccinated. Dr Melanie Smith confirmed that public health would want that figure to be 100% because that was the only way that cohort could be protected from covid. She advised that this was a challenging group in terms of vaccination as they were protective about their health and held a set of health beliefs that were best addressed in clinical encounters rather than community outreach.
- In relation to paediatric phlebotomy being listed as an underperforming service, Zaid Dowlut would ask the medical director to provide a written response on the reasons for that. The Level 2 diabetes MDT service was marked as underperforming as 2-3 PCNs did not achieve the targets set on care plans due to capacity.
- In relation to table 2 of the report, the Board noted that the level of activity in each quarter reduced and asked why that was. They heard that planned quarter 4 activity was usually less than the rest of the year due to the need for primary care to complete admin requirements for quality outcomes framework indicators.
- The Board asked what work was taking place to harmonise PCNs with localities. Robyn Doran advised that this was an ongoing discussion locally about Brent's future as neighbourhoods as opposed to PCNs so that services were built around neighbourhoods. The new NHS 10-year plan expected primary care to operate at a neighbourhood level and health services awaited further details on that.

- In relation to table 3, it was noted that Kilburn appeared to have a lower level of activity than other PCNs and the Board queried that. Zaid Dowlut would look into this and provide a response. It was added that it would be useful to have the full names of the PCN and details of the geography they covered in future reports.
- Noting that the workforce composition for extended access hubs differed across the 3 PCNs, the Board asked why that was, highlighting this did not form a common offer. Zaid Dowlut explained that there were a variety of roles in PCNs, and whilst there was a requirement that there was a GP in a hub, there were other roles that the hub may then also provide such as pharmacists and nurses. He added that during core hours the whole team would be there, but during enhanced hours the service was restricted. The Board asked whether any work had been undertaken to agree those model arrangements, which officers did not think had been the case. Officers agreed to go back to PCNs to ask why some hubs had pharmacists and others did not and provide a written response.

As no further issues were raised the Board noted the report and recommended that work be undertaken to ensure a standard offer for health care practitioners working in the hubs. They welcomed the work being undertaken to ensure services were delivered on a neighbourhood basis.

7. Joint Health and Wellbeing Strategy Progress Update

Agnieszka Spruds introduced the report which provided a progress update against the refreshed Health and Wellbeing Strategy priorities. In presenting the update, she highlighted the following key points:

- Covid-19 had highlighted deep health inequalities in Brent, leading the Board to rethink its Health and Wellbeing Strategy in 2020 to look beyond health and care services and focus on the wider determinants of health and wellbeing. At the time of the rethink, a three-stage consultation process bringing in a broad range of community voices had shaped that strategy and its commitments.
- Most of the original commitments of the 2020 strategy had been delivered, but many were narrative in nature. This had been right at the time, but made it difficult to measure progress, leading the Board to ask for clearer, data-based commitments and a refresh of the strategy to incorporate that. The refresh had been approved by the Board the previous year and included 49 commitments each with specific KPIs to track delivery.
- She felt that the work happening across the programme with the refreshed commitments was wide-ranging and ambitious, with lots of good examples of innovation and strong partnership working.

- One of the new commitments led to the creation of a Social Progress Index (SPI) which was a new tool bringing together ward-level data and enabling partners to take a more data-informed approach when setting priorities.
- The Board heard that both the Joint Health and Wellbeing Strategy and the Borough Plan were due to end at the same time, allowing their next versions to be developed in parallel and strengthening the links between them. Officers proposed to return to Board in January 2026 with a process and timeline for developing the next strategy in line with the national 10-year health plan.

The Chair then invited questions and comments, with the following points raised:

- Noting that the report marked the Music Mile project as partially achieved, the Board asked why that was, considering the target for number of residents enrolled on the project had been met, which they considered a strong achievement. Officers explained that, due to lack of data, it was unclear how many of those who had enrolled had actually attended the project and therefore this had been marked as partially completed.
- The Board highlighted that there was no current formalised Food Strategy in place for Brent, but felt there was scope to develop one. Members felt it would be helpful to develop an approach across departments, including residents' services, and asked whether there were plans to develop a Council-wide formalised Food Strategy. Dr Melanie Smith replied that there was a plan to develop a Food Strategy in consultation with the community, as a borough-wide strategy instead of a Council-owned strategy. This reflected the fact that there were many organisations and individuals who were knowledgeable in this area, so a steering group had been established to drive this forward with the community leading the project. She highlighted that the process had been very positive and felt owned by the community, but this meant the progress on finalising the strategy had been slower than if dedicated Council officers were leading that work. It was agreed that the Board would be kept updated on progress of a Food Strategy as there was considerable interest.
- The Board asked how many people in Brent had signed up for the Couch to 5k running programme in Brent, to which officers would provide a written response. Dr Melanie Smith highlighted that the demographics being targeted for the programme were those much less likely to undertake physical activity.
- The Board was pleased many of the targets set out in the strategy had been reached, and asked whether some of those would continue. For example, the oral health bus had proved successful and won an award, and was felt to be needed currently in response to the poor oral health of Brent children. Dr Melanie Smith advised that the vast majority of targets were ongoing, except where they were explicitly a 'one-off' such as a new building. The oral health bus would continue, and additional funding had been received for supervised

tooth brushing which would be linked with ongoing interventions for Early Years.

- The Board highlighted the need to celebrate the successes of targets that had been achieved to maintain momentum for projects going forward.
- The Board welcomed the formation of a cross-organisational working group to improve engagement with Roma, Gypsy and LGBTQ+ communities and the understanding of their health and wellbeing needs.
- The Board were pleased that funding had been secured from Arts Council England for the Creative People and Places National Portfolio Programme 2026-29, with match funding from Brent partners, and were keen to see that woven together with the Culture Strategy work taking place.

The Board then received a demonstration of the Social Progress Index (SPI), which had been published on the Brent website as a public facing shared data tool. In taking the Board through the tool, Jon Cartwright highlighted the following key points:

- The landing page of the tool provided a high-level overview of the SPI, which was a tool to help measure outcomes in Brent for a variety of social progress markers including health, housing, safety and opportunities. The data could be viewed at a ward level and over time and was updated year on year, allowing comparisons and tracking of trends.
- The tool organised and visualised datasets into three themes; basic human need, foundation of wellbeing and opportunity. There were 12 basic components within those themes.
- The Council hoped the tool could be used for organisations to better understand communities and take data informed decisions for service planning and resource allocation.
- The final tab showed a scorecard providing an overview of all 48 datasets included in the SPI which included all 22 wards and could be filtered individually or have multiple wards selected at one time.
- The social progress in Brent tab allowed comparison of wards at a high level, and allowed for filtering of the 48 datasets to show a combination of different indicators.
- Social progress over time was another tab which showed whether a ward was improving or not for various indicators over time. For Northwick Park and Preston, the tool currently showed improvement, but for other wards such as Willesden Green and Roundwood there were some downward trends.
- This was the first iteration of the SPI, but future years would have data from previous years, allowing progress to be tracked over time.
- Brent Council was considering how the data being visualised on the tool could be used for some of its communications campaign, such as ‘don’t mess with Brent’.

- The Board was advised that the Council was in the process of socialising the tool through internal mechanisms and multi-agency forums to educate people on how to use it and how it could be used to support activity such as bid writing for community grants.

In considering the demonstration, the Board raised the following points:

- The Board could see the value in the tool and its uses for partners. For example, colleagues from CNWL could use the tool to review the social determinants of areas where referrals for ASD and ADHD were most prevalent.
- The Board asked whether ward level data could be split further, highlighting that many wards had different demographics from one area to the next. Jon Cartwright advised that delving further into ward level data risked the robustness of the data.
- The Board asked whether it was possible for health to make requests to include certain indicators, such as the take up of vaccinations. Jon Cartwright confirmed that if the data was available this could be included in updates to the tool in future years. Dr Melanie Smith added there was already some health data within the index.

As no further issues were raised, the Chair drew the discussion to a close and asked the Board to note the update and next steps, including to endorse the proposal to align the future Strategy refresh with the Borough Plan refresh in 2027.

8. **Reconfiguration of the ICB and Impact on Services**

Jonathan Turner introduced the report which set out the reconfiguration of Integrated Care Boards (ICBs) and potential implications on services. In introducing the report, he highlighted the following key points:

- In March 2025, NHS England provided notice that ICBs would face 50% reduction in costs in the 2025-26 financial year and a directive to reduce operating costs by 50%, which included people and estates.
- The government also announced a 10-year plan for the NHS and a merger of NHSE with the Department of Health and Social Care, followed by the publication of a Model ICB Blueprint, which set out ICBs' role as a strategic commissioners rather than a deliverers of services.
- NWL ICB submitted a draft operating model to NHSE in May 2025, working within the new remit of ICBs, and received feedback in June 2025 which steered the ICB to develop an options appraisal on clustering NWL ICB with North Central London (NCL) ICB, considering both a full merger and viability to continue as individual organisations.
- Following this directive, NCL and NWL ICBs had received options appraisals to their Boards and endorsed on Tuesday 22 July 2025 and Wednesday 23 July 2025 the full merger option.

- The appraisal had identified benefits of merging, including reducing duplication and allowing more efficient use of resources given the reduction of funding now available. The operating model supported the shift to focusing on neighbourhood health, digital access to healthcare and early prevention and intervention.
- The main focus of attention for the ICB going forward would be on delivering population health and reducing health inequalities and, at a later stage, delivering neighbourhood health centres.
- The borough-based aspects of ICBs would no longer exist and would transfer to a provider organisation. Some other functions would also transfer, for example strategic workforce planning, which would transfer to regional teams, and continuing healthcare and infection control, which would transfer to providers to make the ICB more focused on the commissioning element of its functions.
- The borough-based partnership team were now looking at the modelling options and their impact locally for the integrator, looking at how providers could take on some of the functions of the borough-based partnership where there were duplications of roles, but there was currently no specific allocation of resource for that.

Robyn Doran provided further information:

- Many functions of the current ICB would be devolved locally to a system integrator at place level, which was likely to be one of the community or mental health provider trusts. Local authorities across NWL had fed back that they did not wish to be the integrator, there was no coherent federation of GPs to take on that role, and acute services did not wish to take on that role.
- Some functions would need to continue to be delivered by the ICB until legislation changed, such as SEND provision and safeguarding.
- She reiterated that there was no blueprint yet for ICBs to follow, so the ICB was taking things day by day operationally.

The Chair thanked colleagues for their introduction and invited input from those present, with the following issues raised:

- The Board paid tribute to ICB colleagues for their relationship with partners and contribution to the borough.
- The Board highlighted that the paper presented had not offered clarity to members, and whilst recognising that this was a rapidly changing landscape based on very recent government guidance, they found a lot of their questions felt unanswered around the merger.
- The Board highlighted that the 2025-26 financial year had already started, and asked what would happen if the ICB was not able to implement the 50% reduction in costs in the ambitious timeframe set. Robyn Doran explained

that the ICB had its current funding until the end of the financial year but was expected to have made decisions in relation to the reductions by the end of the financial year. She added that the ICB had recently gone through 30% reductions the previous year.

- The ICB had discussed the impact of the reforms on people and the risk of good colleagues leaving as a result.
- In response to concerns around the impact of the reforms on children's safeguarding, Robyn Doran confirmed that statutory responsibilities that the ICB held, of which safeguarding was one, would remain the same for the time being unless the legislation changed. The ICB had been clear that there would be a need to change that legislation before any changes were made around the delivery of those services. As yet, future options had not been explored and there was no clear plan around those services.
- Patricia Zebiri highlighted that, as part of plans to reduce duplication, the Healthwatch Service would also end. Changes to statutory legislation would be required with Healthwatches remaining until that happened. The Board acknowledged this would cause challenges for the Health and Wellbeing Board in understanding that crucial independent input at a local level that Healthwatch facilitated.

As no further issues were raised, the Chair drew the discussion to a close and asked members to note the report. He advised Board members that the ICB papers, including the options appraisals, were available publicly and the meeting had been recorded and was available to view. In noting the report, he asked members to recognise the pace of change that had precluded the ICB engaging actively with partners and local government, but hoped for improved engagement and partnership working going forward. He highlighted the need to ensure that future arrangements were viable immediately to ensure a fully functioning organisation and partnership.

9. Better Care Fund Year-End 2024-25 and Plans for 2025-26

Eleanor Maxwell introduced the item, which presented the End of Year Better Care Fund (BCF) submission for 2024-25. In introducing the report, she highlighted the following key points:

- The end of year report had been submitted to NHSE on 6 June 2025, having been through the relevant governance stages, and been signed off by the Corporate Director of Service Reform and Strategy under delegated authority, pending ratification of the Health and Wellbeing Board. It has been signed off by NWL Integrated Care Board (NWL ICB), Brent's Chief Finance Officer, and borough-based partners in health, Adult Social Care and Finance.
- The end of year report presented a balanced financial year with one exception – an overspend on community equipment – which had been funded from additional ICB contributions.

- The balanced position was seen to represent strengthened governance and financial monitoring processes and the variances were advocated to the system's responsiveness to local need.
- Brent Council had implemented improved processes for budget allocation and tracking in 2024-25 which had resulted in enhanced financial oversight and forward planning into the new year.

Antoinette Jones then presented the BCF Plan for 2025-26, highlighting the following key points:

- The BCF Plan for 2025-26 had been signed-off by the Corporate Director of Service Reform and Strategy under delegated authority on 4 April 2025. The Board was asked to formally ratify the plan.
- There had been a lower than usual NHS Minimum Contribution for 2025-26, which had increased by 3.9% compared to the historical 5.66% uplift.
- This meant Brent as a system was dealing with lower levels of income, which, taking into account the increase in expenditure due to operational costs and cost-of-living, meant 2025-26 would be a challenging period. As such, the new plan delivered no new opportunities but maintained the current rollout of programmes.
- The Health and Wellbeing Board had discussed the reduction in additional funding from the ICB at its meeting on 2 April 2025, where a service reduction in the scheme with the least impact on discharge had been agreed – rapid access to physio in CLCH.
- There was now a programme lead in post looking at rehabilitation and reablement and officers hoped for an interim solution in the short term in mitigating those risks as well as a long-term solution by April 2026 where the funding for reablement and step-down would come to an end.
- Partners had been improving BCF processes over the past 2 years with improved oversight, regular reporting, and improved accountability by heads of service and programme leads.
- She concluded that due to the reduction in funding and income there was a need to manage the budget tightly to ensure the BCF could balance needs and demand against the funding constraints.

The Chair thanked officers for the introduction asked the Health and Wellbeing Board to note the 2024-25 end of year position and ratify the 2025-26 BCF Plan.

10. **Health and Wellbeing Board Forward Look - Future Agenda Items**

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future. Future items included the Food Strategy and ongoing updates relating to the ICB reforms and statutory functions.

11. **Any other urgent business**

None.

The meeting was declared closed at 8:00pm

COUNCILLOR NEIL NERVA
Chair

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