



Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE

Tuesday 7 March 2023 at 6.00 pm

Held as a hybrid meeting in The Conference Hall – Brent Civic Centre

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair), and Councillors Afzal, Begum, Ethapemi, Fraser, Matin, Mistry, Rajan-Seelan and Smith

Also Present: Co-opted member Mr Alloysius Frederick (remote attendance) and Councillors Mili Patel, Gwen Grahl and Neil Nerva

1. Apologies for absence and clarification of alternate members

- Councillor Moeen

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and North West London NHS Foundation Trust and a number of educational bodies as detailed on the public website
- Councillor Matin – employed by NHSE
- Councillor Ethapemi – spouse employed by NHSE
- Councillor Collymore – member of palliative care end of life steering group
- Councillor Rajan-Seelan – spouse employed by NHS
- Councillor Smith – employed at Royal Free Hospital

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting on 25 January 2023 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Update on School Attainment, including for Black British Boys of Caribbean Heritage

Councillor Grahl (Cabinet Member for Children, Young People and Schools) introduced the report, which provided a summary of school attainment across the Borough and outlined some of the interventions the Council had taken to assist where results were lower than averages. She felt there were a lot of positives, including an above average attainment for

disadvantaged children in the borough. In addition, every Brent school except one had achieved a 'good' or 'outstanding' Ofsted rating. She highlighted the challenges, such as a plateau in attainment in some areas following the pandemic, including the attainment gap amongst Black British boys of Caribbean heritage, and some results below the national average for those on Education Health and Care Plans (EHCPs).

In continuing the introduction, Nigel Chapman (Corporate Director Children and Young People, Brent Council) highlighted that he was confident Brent was one of the best performing local authority areas in the country in relation to Ofsted ratings, which he attributed to the commitment, quality, and strength of school leadership in the borough, despite some of the challenges being experienced within the school system. He listed some of these pressures as the pandemic, workforce issues, additional need demand, and budget pressures. The current focus was on post-covid recovery, including attendance and promoting attendance. The attendance levels of Brent schools were within the top 10 local authority areas nationally, which he believed was a sign of both parental support and school commitment to engagement. There were plans in place to improve those areas of challenge and he felt the overall position was strong.

The Chair thanked Councillor Grahl and Nigel Chapman for their introduction. Several headteachers from different schools were in attendance at the meeting, and the Chair invited comments from them individually to explain what they were doing in relation to attainment within their own schools.

Georgina Nutton (Headteacher, Preston Park Primary School) explained that the main focus at Preston Park Primary School was on the curriculum, ensuring it was effective, fit for purpose, and relevant for all the children at school. This focus included training for staff on subject knowledge and knowledge cascades to ensure that the way the school taught was delivered in a high quality and purposeful way, personalising the learning within the classroom to ensure every child had access to that learning.

Jayne Jardine (CEO and Executive Headteacher, The Rise Partnership Trust) highlighted that all special schools in Brent were rated as 'outstanding' by Ofsted except one, which was being supported to improve by the local authority. The Trust's special schools were offering a highly individualised curriculum for children with complex needs, including providing integrated therapy, with behavioural practitioners working in every classroom to ensure all pupils were able to access the learning. During the pandemic, special schools had remained open as they were offering education to the most vulnerable pupils in Brent, with pupils attending on a full or part time basis. This had enabled a level of continuity for pupils going forward. She concluded by highlighting that special schools were over-subscribed, acknowledging that this was a reflection of the high esteem the local authority held for special schools in Brent.

Judith Enright (Headteacher, Queen's Park Community School) advised the Committee that Queen's Park Community School's focus had also been on having a curriculum that met the needs of all learners. The post-pandemic recovery period had highlighted attendance as a key concern for Brent, but it had been positive that attendance levels were well above national measures. She highlighted some positives within her school such as the full extra-curricular and enrichment programmes that pupils had undertaken, including productions, concerts and work experience. She highlighted that, by secondary school, learners would be looking at 'ultimate destinations' and so these extra-curricular activities were essential, as well as information, advice and guidance on future pathways. The school was still sending a high proportion of learners to Russell Group Universities, but there had been disruption to the broader range of pathways such as apprenticeships during the pandemic. She finished her update by congratulating a learner with an EHCP at Queen's Park Community School who had just achieved four A* grades and an A through the support and joint working across Brent, and four learners who had been accepted into Oxbridge during the Summer.

The Chair thanked headteachers for their updates and invited comments and questions from the Committee, with the following issues raised:

The Committee asked for clarity on why there had been specific focus on Black British boys of Caribbean heritage and whether there had also been specific focus on children of Somali heritage, who had also historically had lower attainment. Nigel Chapman explained that Black British boys of Caribbean heritage had been identified as the most underperforming group in comparison to all other groups, whereas children of Somali heritage, whilst in the past had not progressed as well as all groups, had in recent years made good progress and were now in line with other groups of children in relation to attainment, which was why there was specific focus on that cohort.

In highlighting that the report detailed that lower attainment for Black British boys of Caribbean heritage was a historic issue, the Committee asked why Brent had not moved forward and closed that attainment gap. Jen Haskew (Head of Setting and School Effectiveness, Brent Council) highlighted that the gap had been closing and, had it not been for the disruption in the usual offer caused by covid, then that trajectory would have continued. However, focus and resource had changed to focus on covid delivery and recovery. It had been found that covid had a disproportionate impact for those at risk of lower attainment, due to the need for continuity which was not available during the pandemic. Whilst it was acknowledged that the gap had not continued to close, she felt assured that schools were now in a period showing renewed outcomes as measured by Ofsted, and could now refocus and put resources back into focusing on underperforming groups.

The Committee asked for assurance that there was a school journey mapped out for Black British boys of Caribbean heritage, which was consistent and meaningful from one stage to the next and that was monitored and focused. Judith Enright explained that, in Queen's Park Community School, the work to close the attainment gap for Black British boys of Caribbean heritage began in September 2016, building on previous projects that had a range of successes. The school had the 'Aiming High' project, lead by its Anti-Racism Leader, and the primary starting point of that project had been connection with families and ensuring families were involved in the school experience of their children. That project had been disrupted by the pandemic as there were no face-to-face meetings, trips, visits or shared experiences. Data showed that the gap had been closing in 2019, and any gains made up to 2019 had been set back by the pandemic when the first set of official results were announced in 2022. In terms of how the school knew it was working to significantly address the gap now that schools were business as usual, the Committee heard that the school's Anti-Racism Leader had been delivering a programme of school interventions and monitoring progress there, holding staff to account, and had also been engaging with families such as through a recent trip to see Black Panther with families from the 'Aiming High' cohort. As a result of the 'Aiming High' project, one of the first students who took part in that programme had now started Cambridge University, and she had come back to speak to students about her journey, as a mantra for the school was that 'you can't be what you can't see'. On top of that, Queen's Park Community School was working on its anti-racism curriculum, racial literacy and training for staff. Judith Enright hoped it would be a Brent-wide approach for staff to undertake racial literacy training, as it was not part of initial teacher training.

It was highlighted that section 10.5 of the report stated that the attainment gap for Black British boys of Caribbean heritage was already evident in early years, in comparison to the 1970s and 1980s where Black boys were ahead of their peers when they got to school and that drop in attainment had happened at age 11. This meant teachers were supporting children who were already behind in attainment by the time they reached school. Councillor Grahl acknowledged that was the case, and there were various strategies used by schools

to support pupils already underachieving. From a local authority perspective, the Council were ensuring that they were providing young people with the best start in life. Increasing research showed that school attainment was not just about what happened at school but a multitude of other factors such as quality of housing, poverty and mental health. She pointed to the free school meals provision that was due to start in September, the Resident Support Fund, and the building of council housing as work the Council were doing to build a safety net for young people to get the best start in life.

The Committee highlighted that the report referred to 'disadvantaged' pupils, and asked what the definition of 'disadvantaged' was in the context of the report. Shirley Parks (Director Safeguarding, Partnerships and Strategy, Brent Council) explained that the categories of data within the report referring to disadvantaged pupils were national categories of data used as a deprivation indicator by the DfE, based on children eligible for pupil premium. It was explained that those pupils who were eligible for free school meals previously now attracted additional funding in the school's budget through pupil premium, as it was recognised they may have wider needs than some other children. That additional funding was for schools to deploy, targeted at supporting those particular children, and there was a requirement for schools to evidence how they were putting that support in place and using that funding for those children.

In considering how schools used their pupil premium, the Chair invited headteachers present to explain what support they put in place with that additional funding. Georgina Nutton explained that a major part of implementing that support in Preston Park Primary School was to have a lower teacher to pupil ratio in the classroom, so that those pupils had more interaction with their teacher. The pupil premium also went towards uniform support and enrichment activities, for example supplemented school trips. Within Preston Park Primary School, pupils eligible for pupil premium could learn a musical instrument for free and receive tuition for phonics daily for 10 minutes to close that gap early.

In secondary school, Judith Enright explained that the same approach to using pupil premium funding would apply. Any Brent school was required to have their pupil premium statement on their website to show how that specific school was using that funding to close the gap. As pupils moved from primary to secondary school, the secondary school gathered lots of information, including SAT results, speaking to the year 6 team, and doing their own assessments of reading age, in order to understand the needs of each child. Queen's Park Community School offered literacy and numeracy interventions in small groups and some children may be targeted for urgent intervention to improve reading age, as pupils quickly needed a reading age that mirrored their chronological age at secondary school level. The pupil premium in Queen's Park Community School was also used to support music lessons, trips and visits, and also curriculum entitlement such as art and food technology materials. In addition, Queen's Park Community School had commissioned an intervention recommended by Brent Inclusion called West London Zone, who worked in a holistic way with 30 identified children and their families for 2 years.

In relation to children diagnosed with a learning disability, the Committee asked if there was any data for that, such as timings for diagnosis. Sharon Buckby (Head of Inclusion and Brent Virtual School, Brent Council) explained that diagnosis for neurodiversity, predominantly Autistic Spectrum Disorder (ASD) or Dyslexia, Dyspraxia or Tourettes, was usually around the ages of 3-4 years old in Brent. A significant number of children diagnosed under the age of 5 with ASD then moved on to an EHCP. For the calendar year, 43% had a diagnosis of ASD and an EHCP by the age of 4. 63% of all under 7-year-olds with an EHCP were diagnosed with ASD. In relation to ethnicity data for those with a learning disability, Sharon Buckby explained that she had only recently received that data and would want to analyse it first before sharing wider.

Continuing to discuss diagnosis timings, the Committee queried if it was possible that disabilities were being missed by settings which were then having to be picked up higher in the pathway and individuals subsequently receiving a late diagnosis. Sharon Buckby acknowledged that there would be older young people now who may not have been able to access early intervention and support through the system when they were younger because the system was not as it was now. That would mean there would be greater numbers of neurodiversity identified at University or work now than had been previously. The system in Brent now recognised and diagnosed earlier than every part of the country and there was a much higher rate in Brent compared to nationally and there was a need to understand why that was the case.

The Committee highlighted that there was a lot of data in the report, and some of that data showed variation such as; for some categories girls were performing better than boys; and SEND pupils were outperforming national averages in some categories but below national averages in others. The Committee felt it would be helpful for the Committee to understand why there were disparities in attainment and what strategies were being implemented to address them moving forward included in future reports. Particularly in relation to the data for Black British boys of Caribbean heritage, Shirley Parks explained that the data was not in the public domain but could be provided to the Committee separately.

It was highlighted that, now that traditional exams had returned, the grades for Key Stage 4 students had reduced in comparison to their teacher marked grades. Committee members asked what could be done to level up those students. Judith Enright explained that grades in 2020-21 were differently applied based on teacher judgement, and teachers had been required to provide evidence on the grades they were giving. In 2020, grades had been given based on a ranked order of how well students did, based on all the information teachers had available. In 2021, there was a fuller picture of learning through teacher assessment, and teachers gave grades to Black British boys of Caribbean heritage that were higher across schools than they subsequently achieved in sitting the traditional GCSE exams in 2022. This was being discussed at Judith's school as to the reasons for this, because, through teacher assessed grades, there had been a closing of the attainment gap.

The Committee highlighted that the report referred to schools receiving support and challenge from the local authority to rapidly improve, and queried what specifically that challenge looked like. Jen Haskew explained that a number of officers within her team worked directly with schools, school leaders and governors to represent the local authority around support and challenge. During these directive visits with headteachers, her team would talk about the specific data for that particular school. That may involve speaking to school leaders about particular groups of children or individual children who may not be achieving as well as their peers, and they discussed what leaders were doing to interject and improve outcomes for those pupils. There was also Rapid Improvement Groups where, if a particular school had been identified or had self-identified, they received resources from the local authority and a group convened with school leaders, governors and the local authority to address specific areas that needed to improve rapidly. This could be in a number of areas, such as achievement, finance or attendance. One particular school had been supported by a Rapid Improvement Group where the areas for improvement had been identified by Ofsted. Some of the support offered to that school to improve had been around curriculum developments to ensure it was fit for purpose for the pupils attending that school, strengthening governance, and supporting recruitment to ensure enthusiastic and well qualified staff were being recruited. Jen Haskew felt confident that when the school was reinspected the outcome would be different and the rating would be improved. Of the other 2 schools referenced in the report that had been supported by Rapid Improvement Groups, both of those had seen positive outcomes as judged by Ofsted.

The Committee asked about parent and carer engagement. Georgina Nutton highlighted that, as schools, one thing they had done particularly well pre-covid with Black British boys of Caribbean heritage had been to work in partnership with families, having the child's voice heard, and giving children mentors and coaches. Covid had been disruptive to that process, but schools were building on that good practice and putting it back in to the system, working hard to close the gap and help every child succeed and have a great first start to education.

The Committee queried whether the Ofsted inspection lens was too narrow a focus to measure how schools were approaching attainment. Jayne Jardine explained that she worked as a Lead Ofsted Inspector, and when Ofsted inspected schools they looked at the quality of education, behaviour and attitudes, personal development, safeguarding in its widest sense, and leadership and management. Through that, there was a particular focus on a curriculum that prepared pupils for outcomes at each key stage. In addition, inspectors asked for parents, staff and pupil views to gather a broad range of perspectives, however, the window of time available to gather that feedback was short. This meant some schools had a lot of responses whereas others got very few.

The Chair thanked those present for their contributions and drew the item to a close. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that future reports to the Committee about the attainment of Black British boys of Caribbean heritage were structured around the journey of the child. In practice, this would consist of outlining educational experiences and outcomes from early years to the end of secondary school.
- ii) To recommend that future reports to the Committee on the issue of attainment include a wider narrative on the reasons for historically lower attainment for Black British boys of Caribbean heritage, to give the Committee a sense of the bigger picture.
- iii) To recommend that future reports include more information on the underlying issues that contribute to lower attainment at school.

In addition to the recommendations, a number of information requests were raised throughout the discussion, recorded as follows:

- i) That the Committee receives a breakdown of ethnicity data for children diagnosed with neurodiversity in Brent.
- ii) That the Committee receives a breakdown of attainment data for Black British boys of Caribbean heritage, including how it has changed since 2019.
- iii) That the Committee receives information on how the Children and Young People's directorate is prioritising attainment for Black British boys of Caribbean heritage and how it is working with other departments to tackle underlying issues that contribute to lower attainment for Black British boys of Caribbean heritage.

7. Children's Mental Health and Wellbeing including CAMHS

Councillor Grahl (Cabinet Member for Children, Young People and Schools) introduced the report, which she highlighted was an area of considerable past challenge and public interest. CAMHS was a relatively new service nationally which had struggled with large

increases in demand, particularly since the pandemic, and long waiting lists in many boroughs. The report highlighted that the waiting list had reduced substantially over the previous few months, and the Thrive model was being implemented to provide early intervention and prevent ill mental health from escalating and affecting other areas of young people's lives. As a Council, Brent favoured this early intervention and multi-disciplinary approach and welcomed feedback from the Committee on working with partners to accelerate the programme. Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that it was acknowledged there were issues with CAMHS waiting lists nationally, but that mental health and wellbeing support was not available via CAMHS only, with many children not requiring that level of intervention.

The Chair thanked Councillor Grahl and Nigel Chapman for the introduction and invited comments and questions from those present, with the following issues raised:

The Chair invited the headteachers present to respond to how schools were implementing their mental health support offer. Jayne Jardine (CEO and Executive Headteacher, The Rise Partnership Trust) highlighted that schools across Brent were doing a lot of work in the mental health and wellbeing arena, including attending national training offered by DfE. Schools were rapidly improving their processes and procedures and recognising the high importance of mental health for pupils and families. She highlighted the national campaign 'no shame, no blame' in supporting the work of schools on mental health.

Georgina Nutton (Headteacher, Preston Park Primary School) advised the Committee that the most prevalent mental health conditions they were seeing at Preston Park Primary School were anxiety and depression. The school were focused on creating the conditions necessary to enable children to talk openly about mental health, which stemmed from its vision for every child to be safe, happy and kind. The school had a strong vision and values running through the curriculum, including the hidden curriculum of pastoral support, emotion coaching, and language and communication with their children. In addition, the school worked with many external agencies, such as 'Place 2 Be', which was the counselling service. In particular, the school was working on upskilling staff and ensuring all staff were trauma trained.

Judith Enright (Headteacher, Queens Park Community School) added that, at Queens Park Community School, since the pandemic, there had been a sense of young people not having a trusted adult in school as that relationship had been disrupted over the 2 periods of lockdown. The school had needed to rebuild those relationships. She also commended the work of Family Wellbeing Centres, acknowledging that parents were in their own mental health crises and Family Wellbeing Centres had been offering parenting courses and support groups which in turn helped young people with their own mental health. Those Centres engaged many stakeholders, such as citizens advice and NHS partners.

In relation to engagement with other stakeholders such as parents, Georgina Nutton highlighted that Preston Park School had done a lot of work to build relationships and host forums for young people, parents and school staff to talk about mental health in an open conversation. There were events at school where families were brought in such as coffee mornings to bring that conversation to the forefront.

Councillor Grahl added that, as well as schools, the Council worked with other stakeholders and partners in relation to children's mental health and wellbeing. The report highlighted the Council's partnership with the Anna Freud Centre, and there was also a project with Barnardo's for looked after children which concerned health and wellbeing. Shirley Parks (Director Safeguarding Partnerships and Strategy, Brent Council) added that health partners had commissioned an organisation to work with young people to understand mental health and wellbeing, called Thrive. The organisation's focus was on empowering

young people to feel safe to talk about their mental health and wellbeing and address stigma. Bespoke mental health first aid training had also been offered to young people to ensure there was peer support, as many young children were more comfortable looking to their peers for support.

The Chair thanked headteachers for their contributions to the Committee meeting that evening and led a round of applause for teachers across the borough. The Committee then moved on to questions for officers.

The Committee noted that the take up of DfE grant funding to support the training of school mental health leads was at 48%, and asked how that could be further increased. Sharon Buckby (Head of Inclusion and Brent Virtual School, Brent Council) advised the Committee that the way in which that support offer had been delivered previously had been viewed by schools as not adding value, but the DfE had subsequently changed direction and were delivering that grant programme differently, so Brent was seeing a slow increase in uptake as a result.

In terms of the waiting lists for CAMHS, the Committee were advised that there were 504 children waiting for assessment at the beginning of 2022, and by December 2022 that number had gone down to just below 100. In December 2022 alone, there had been 157 referrals to CAMHS and then additional referrals in February 2023, meaning that at the beginning of March 2023, the numbers of children that had been assessed and were waiting for CAMHS interventions was 304 children.

The Committee asked at what stage a school would engage the services of a psychologist for a child. Sarah Nyandoro (Head of Mental Health, Learning Disabilities and Autism – All Age, NHS North West London) explained that there had been an increase in the number of referrals going to specialist CAMHS, but it had been identified that some children and young people did not specifically need the type of intervention CAMHS provided, and some of those children and young people had benefited more from talking therapies through IAPT for children. Psychological therapies were being provided for children and young people through the Brent Centre for Young People.

The report noted that Brent had the lowest funding in NWL for mental health services for children despite high demand, and the Committee asked officers to explain the challenges of that lack of funding and its impact on the delivery of services. Sarah Nyandoro highlighted that funding was a historic issue, and that Brent had historically been underfunded across mental health services as a whole, as well as specifically for children. The Integrated Care Partnership (ICP) in Brent had continued to raise the issue at NWL level to ensure Brent received additional investment in order to bring Brent to the same level as the other 7 NWL boroughs. They were looking at this through the lens of levelling up, but did not yet have a definitive answer as to if Brent would receive that levelling up. They were also lobbying for mental health investment going forward. In addition, Brent had been working with different groups to provide additional support. For example, Brent had currently started working with the Young Brent Foundation, which provided education, training, employment, advice and podcasts for young people to share their experiences and get support from other young people. Brent Young People Thrive provided tier 2 counselling support. As such, Brent was not relying solely on specialist CAMHS to support children, but were looking at what other services could be accessed in Brent to support children. In addition to the funding gap, there was also challenges in recruitment for CAMHS being experienced nationally, and therefore Brent had increased capacity within IAPT. In terms of numbers, officers had identified that around £800k would be needed to bring Brent to a levelling up position, not including the additional mental health investment allocated each year for mental health.

The Chair thanked those present for their contributions and brought the discussion to an end.

An information request was raised during the discussion, recorded as follows:

For the Committee to receive data on which mental health conditions were most prevalent in children and young people in Brent, and for this to be included in future reports to the Committee

8. Update on Childhood and Seasonal Immunisations

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report which provided an update on childhood and seasonal immunisations in Brent. She explained that the arrangements for immunisations were national and determined by the Health and Social Care Act 2012. The Joint Committee for Vaccination and Immunisation (JCVI) gave independent recommendations on immunisations schedules, that NHSE then implemented. Dr Melanie Smith believed that the independent advice from JCVI had stood the country in good stead to have a world class immunisations programme.

In further explaining the arrangements for immunisations, Dr Melanie Smith highlighted that NHSE were responsible for the commissioning of immunisations and providers were generally GPs for both childhood and seasonal immunisations, although recent years had seen an increased role for community pharmacists in delivering immunisations programmes. The exception to that was the school-aged programme for immunisations, which was provided in schools by a specific workforce commissioned by NHSE. Within Brent, that workforce was provided by Central and North West London NHS Foundation Trust. The UK Health Security Agency (UKHSA) were responsible for providing expert advice to NHSE, in particular on outbreaks or potential outbreaks of vaccine preventable diseases such as the case recently with Polio.

At present, the Integrated Care Board's (ICB) role around general practice was largely one of quality assurance and development, and, in time, NHSE's responsibility for commissioning would be devolved to ICBs. There was also the newly established borough-based partnership, which did not have responsibility for immunisations but did have responsibility for addressing health inequalities and who had taken it upon themselves locally to make immunisations and addressing health inequalities within immunisations a priority. The local authority public health role for immunisations was one of independent challenge and assurance, and the Health and Wellbeing Board in Brent had recently discussed immunisations in January 2023 to assure themselves. Dr Melanie Smith summarised the discussion at that meeting, where the Board reflected, with the input of local GPs, on the significant challenges that local primary care services were facing. Local GPs had made developments and initiatives to improve access to vaccination, including weekend clinics. The Board also recognised the shortcomings in the official statistics for childhood immunisations, specifically the fact that the official statistics did not take account of deprivation or ethnicity. The Board had also discussed the variety of experiences and beliefs that communities within Brent held around immunisations, with some views informed by a historic experience of inequalities and structural racism within the provision of public services. Lastly, the Board had looked forward to an increasing flexibility in the local response to immunisations which they hoped to see as a consequence of delegation of the immunisations responsibilities from NHSE.

The Chair then invited Susan Elden (Consultant in Public Health, NHSE) to report the headline findings for Brent. Susan Elden informed the Committee that Brent had similar levels of vaccination rates to the London region, which had been impacted since the pandemic and had declining rates of immunisation. There was now an uptick in particular areas of immunisations. Areas of concern were around the MMR vaccine, where measles needed a very high coverage of immunisations to prevent outbreaks. The flu vaccination for school aged children was also quite low.

The Chair then invited comments and questions from the Committee, with the following issues raised:

The Committee noted the challenges listed in the report, and asked how NHSE and local health partners would work to address them. Tom Shakespeare (Integrated Care Partnership Director) highlighted that the Integrated Care Partnership (ICP) were very aware of the challenges in Brent and, following the Community and Wellbeing Scrutiny Task Group on GP access, there had been a lot of work done with the primary care team, GP practices, and the new clinical lead in the borough to look at what more could be done around access. As a result, a significant number of additional appointments had been released, and there had been improved access for online and telephone consultation as well. In relation to staffing, there had been a 100% increase in Additional Roles (ARR) to support GPs and the ICP were looking to use additional funding coming on stream next year to offer more appointments at individual practice level as well as hub level. A communications piece would run alongside that to ensure members of the public were aware of the offer. Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) hoped that, as the Integrated Care Board (ICB) took a greater interest and role in the commissioning of immunisations, NWL as a sector would begin to drill down to locality and, where necessary, GP level, in relation to the uptake of immunisations.

The Committee had concerns that there were still members of the public who were unwilling to take children for immunisations due to fear of a relationship between autism and immunisations. They asked whether there was any work being done around that concern. Dr Melanie Smith agreed that the issue was important to highlight. National communications had taken the view that the argument had been addressed sufficiently, but officers were hearing that was not the case locally for Brent. She felt this highlighted the importance of having both good national communications but then supplementing that with very tailored messages that had generated locally from people within communities that were known and trusted. Brent had done that successfully during Covid and were now looking at repeating that type of communication, including for the linkage between MMR immunisations and autism, which had been discredited. The initial physician who put that theory forward had also since been discredited. The primary aspect of communications about immunisations was done through the NHS, which was done in a number of different language formats and through social media standardised messages, but those were less good at understanding problems and unpicking them. Susan Elden felt it was important not to be overly reductive, but there was a need to understand why certain ethnicity groups had lower uptake of immunisations, which was why the local communications and engagement piece was so important in order to understand what different communities needed.

Susan Elden highlighted that there were a number of local authority areas with persistent issues around inequalities, challenges with access, a need to understand ethnicity data and vaccine hesitancy. On a regional level, it had been found that ethnicity data at GP level was often ticked as 'unknown', so a project to improve ethnicity data collection had been piloted in a few areas and it was hoped this would be rolled out wider so that GPs could get better at collecting ethnicity data. Dr M C Patel highlighted that he would be interested in learning the comparative data of the immunisations take-up of different ethnicity groups compared to their countries of origin, in order to learn from them if they were reaching higher figures.

Committee members observed that there may be cultural and religious reasons that may make parents reluctant to bring their children forward for immunisations. They queried how successful Brent had been in reassuring vaccine hesitant groups and whether there had been any changes in uptake following Brent interventions. Dr Melanie Smith advised that, in her experience, improving vaccine uptake could be done, but there was no one intervention that made a difference because the interventions needed to be tailored to different communities, and a range of different offers needed to be made available. As

such, she felt that Brent had made change but not at scale, and the only way it would change at scale would be to continue to be targeted but at a greater scale.

The Committee asked what awareness was being raised for HPV immunisations. Dr Melanie Smith felt that there had not been enough and a chance had been missed when the vaccine was introduced for boys as well as girls. She highlighted the importance of empowering young people to make their own informed decisions regarding immunisations, as this was a vaccination that had been proven to prevent cancer. In raising awareness of that, she thought it would be useful for young people to lobby the system to make it easier for them to get vaccinated. In considering the HPV vaccine, members highlighted that the uptake in Brent was slightly above the London average, and asked why that was and what learning could be taken from that for other immunisations programmes. Dr Melanie Smith advised the Committee that school-aged immunisations had the advantage of being delivered to large numbers of children very easily. Although she agreed that Brent had done very well, she wanted to be certain that every young person in Brent had received an offer and a repeat offer and been given a chance to make an informed decision.

The Committee asked what work was being done in Brent to ensure children of non-English speaking families did not slip through the gap to access the vaccinations they needed, including amongst emerging communities. Dr Melanie Smith advised the Committee that the approach was 2-fold. The first was ensuring any standard communications were available in community languages, and she commended NHSE and the London Immunisations Board for the work they had done to ensure that. For emerging communities, producing standard information in a suitable language did not necessarily address the specific issues those communities had, so it was about ensuring general information was accessible but also listening to emerging communities to understand their particular issues and tailoring communications to that.

The Chair thanked those present for their contributions and brought the discussion to an end. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that communications and engagement with different communities in Brent is targeted but done at a greater scale to improve the health outcomes of vaccine hesitant and apathetic groups.
- ii) To recommend that a collaborative approach between public health and Brent Health Matters is developed to increase vaccination uptake, including for HPV immunisations.

In addition to the recommendations, a number of information requests were raised throughout the discussion, recorded as follows:

- i) To receive a breakdown of the number of childhood vaccinations by GP practice, to provide a more localised understanding of vaccination uptake across Brent's primary care system, and to inform the NHS's approach to improving vaccination uptake.

9. Social Prescribing Task Group Final Report

The Chair invited Dr M C Patel, member of the Community and Wellbeing Scrutiny Committee Social Prescribing Task Group, to introduce the report. Dr M C Patel began by thanking the members of the group for their contributions and George Kockelbergh (Strategy Lead – Scrutiny, Brent Council) for his support. There were 5 principle recommendations to the report, and he hoped they would help to propose a way forward for how Brent delivered some of the aspirations it had for communities around reducing inequalities in access. The purpose of the task group was so that social prescribing

became embedded in Brent and seen as an integral part of everyone's work. In introducing the report he summarised the 5 recommendations.

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) thanked Dr M C Patel for summarising the work of the Task Group, and highlighted that it had been a very interesting learning experience for himself as the Cabinet Member and for Senior Officers to understand the opportunities for social prescribing.

Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) added that, as Co-Chair of the Brent Integrated Care Partnership Executive, the group that would be overseeing the implementation of the recommendations, he wanted to thank the task group for the work. He highlighted that the ICP was ready and excited to take on the challenge.

The Chair thanked those present for their contributions and invited comments and questions from the Committee, with the following issues raised:

The Committee highlighted that the report detailed the relative deprivation amongst the different wards and asked whether funding would be allocated accordingly. Tom Shakespeare (Integrated Care Partnership Director) advised that the ICP had been doing a review of services locally and were looking at making a case for levelling up where it felt there was precedent to do so. This was not specific to social prescribers and adjusting the allocation of those, but there was an opportunity to look at Brent's wider services as part of that levelling up agenda and ensure that all staff across the system were trained in social prescribing principles and making every contact count.

While Committee members acknowledged the need for areas of deprivation to have access to social prescribing, they highlighted that there were individuals in more affluent areas that were also in need of social prescribing. Dr M C Patel agreed that the need for access was not limited to areas of deprivation and that affluent individuals could be lonely and isolated as well. The purpose of the exercise was to look at if there were more resources that could be put in and whether the current offer was effective and value for money, as opposed to taking away services from elsewhere.

As no further issues were raised, the Committee **RESOLVED**:

- i) To agree the contents of the report.

10. **Community and Wellbeing Scrutiny Committee Recommendations Tracker**

Noted.

11. **Community and Wellbeing Scrutiny Committee Work Programme 2022-23**

Noted.

12. **Any other urgent business**

None.

The meeting closed at 8:13 pm
COUNCILLOR KETAN SHETH, CHAIR