MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Wednesday 5 July 2023 at 6.00 pm
Held as a hybrid meeting

PRESENT: Councillor Ketan Sheth (Chair), Councillor and Councillors Afzal, Begum, Ethapemi, Fraser, Molloy, Rajan-Seelan, Smith, Matin, Mistry and Mr A Frederick

In attendance: Councillor Neil Nerva and Councillor Mili Patel (online)

The Chair introduced the meeting by wishing a Happy Birthday to the NHS, which was celebrating the 75th Anniversary of its inception. He welcomed NHS colleagues who had attended to discuss a health focused agenda.

The Chair informed the Committee that this would be George Kockelbergh's final meeting as the Strategy Lead for Scrutiny. The Committee thanked George for his dedicated support and wished him well in his new role.

1. Apologies for absence and clarification of alternate members

- Councillor Collymore
- Co-opted member Ms Rachelle Goldberg
- C-opted member Ms Jane Noy

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and North West London NHS Foundation Trust
- Councillor Matin – employed by NHSE
- Councillor Ethapemi – spouse employed by NHS
- 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 18 April 2023 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Tackling Health Inequalities in Brent

Councillor Neil Nerva (Cabinet Member for Public Health and Adult Social Care, Brent Council) introduced the item, highlighting that there was an awareness in Brent that there were significant inequalities in how people accessed care and their wider health determinants. The paper demonstrated a range of initiatives that had been put in place since the formation of Brent Health Matters (BHM) to tackle health inequalities in Brent. In particular, Councillor Nerva highlighted the section in the report detailing the factory interventions that had taken place in the workplace through Brent Health Matters' outreach service, which visited workplaces directly where there were known health inequalities and people at risk. The report detailed some of the learning from those outreach sessions which had found instances of diabetes, heart disease and hypertension and highlighted the need for Brent to have a service that was accessible, informed by issues in the local community, and was able to drill down and work in geographical terms at a micro level to reach the people most in need. He highlighted that, within Brent, the partnership wanted to ensure universal coverage whilst also targeting NHS resources to those with the greatest need and difficulties in accessing mainstream services.

In continuing the introduction, Dr Melanie Smith (Director of Public Health, Brent Council) highlighted that there were 4 pillars to the strategic approach Brent was taking. She explained the term 'proportionate universalism', which meant that there needed to be both a universal and targeted offer, with that targeted offer developed with communities rather than done to them. The second pillar was recognising that there was a need to attend to the wider determinants of health, which she felt was exemplified by the work BHM had done in factories. Co-production formed the third pillar, where there was a need to listen and work with communities to understand and act. The final strand was accountability, with not only the traditional examination of differences of health status by age and sex, but explicit examination of how services were being experienced and accessed differentially according to a residents' ethnicity, deprivation and disability. In relation to what she viewed as unique to Brent, she highlighted a combination of input from the local authority, local NHS, community organisations and the voluntary sector reaching out with a practical and clinical offer which other areas did not offer.

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) explained that an important aspect of the programme, which was different to other areas, was that Brent Integrated Care Partnership (ICP) was employing people directly from the local community into teams. For example, Central and North West London University NHS Foundation Trust (CNWL) had a team of Community Connectors, of which 6 were employed directly from the community to reach those communities that it had not been good at reaching in the past. Brent Health Educators and the BHM team were also employed directly from the Brent community.

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

The Committee was pleased that the report was clear in outlining what health inequalities were and the steps BHM had taken to get to where it was now to address various issues. However, they felt there was a lack of clarity on benchmarking and data around health inequalities and asked for future reports to incorporate information on where Brent had been in relation to health inequalities, where it was now, and where it needed to be in the future, in the context of the 5 key priority areas identified. Dr Melanie Smith agreed that there was a lack of benchmarking, but Brent was now looking at data in a way that many other parts of the system were not. For example, there had always been an awareness, intuitively and at a macro level, that there were inequalities in levels of hypertension, particularly for those of Black and South Asian heritage, but Brent had only recently been able to quantify those differences. Now, BHM was able to know how much more likely a

person was to have uncontrolled hypertension if they were of Black or South Asian heritage and lived in Stonebridge compared to other ethnicities in other parts of the borough. Dr Melanie Smith felt confident that she would be able to return to the Committee in a year having narrowed down those differences to provide further benchmarking and data.

The Committee were advised that the figures in relation to social isolation and loneliness detailed in paragraph 3.16, point 7 of the report were from Census data.

In relation to the data available regarding individual Brent wards, the Committee asked whether there had been any work done to identify 'pockets' of wards as having significant health inequalities, particularly in the North of the borough. Dr Melanie Smith explained that, currently, Public Health used standard available data to determine deprivation, based on generally accepted measures of deprivation. She thought the Committee was right to highlight the issue of very small pockets of deprivation or other disadvantage, and explained that this was where the quality of understanding being developed through the work in communities was essential to supplement that standard quantitative data. BHM was finding that newly emerging communities or communities with whom statutory services had very little contact with were hidden in data. John Licorish (Public Health Consultant, Brent Council) agreed that there were communities hidden in the data. He gave the example of the Brazilian community who had attended the vaccination bus in Harlesden during the early years of Covid. Because the BHM team employed people directly from the community who lived and worked in Brent and spoke community languages, BHM was able to pick up a number of problems that were being presented and address them there and then. As word spread, more people from other communities started coming to the bus for other issues such as GP access, housing issues and access to maternity services. As a result of that, BHM then worked with specific charities and community organisations that worked with these small pockets of communities to reach further within those communities to address health need. John Licorish highlighted that Brent had an ever changing, diverse population so this was a continuous process.

The Committee asked how BHM could demonstrate co-production work and its impact. They highlighted that one of the key learnings around health inequalities was that they were underpinned by medical mistrust, and they asked how that improved trust was being measured. Nipa Shah (Brent Health Matters Director) highlighted that co-production was measured with a participation ladder, ranging from organisations BHM simply provided information for to organisations with whom BHM was genuinely co-producing with. This was shared on a monthly basis with the Executive Group. BHM now had contact with around 400 organisations. In relation to measuring trust, Nipa Shah explained that it had been approximately one year into the BHM programme when the team started looking at particular impacts. She thought that if BHM had done a survey right at the beginning of the programme it would now have some good comparable data and could do another survey to demonstrate that improved trust, but unfortunately this had not been done. Now BHM was planning to send a survey to all community organisations asking whether they believed this was the right way to work with them and if they felt their community's trust in health services had improved.

As the report identified Stonebridge as an area in Brent with one of the highest levels of deprivation, the Committee asked if BHM had a plan to level up Stonebridge through greater allocation of resources, including funding. Robyn Doran explained that Brent ICP was trying to use all the resources within it and its partners to wrap services around communities with high level of deprivation, using its influence to target resource on particular communities.

The Committee identified that the performance of the BHM programme was highly dependent on the reliability and granularity of the data collected on health inequalities. Some members were concerned about data in areas that bordered the borough. For

example, in Kilburn, the ward bordered Camden and Westminster, meaning some residents were in at least 2 Integrated Care Boards (ICBs) and 3 Primary Care Networks (PCNs), which were the principle data collection agencies. For this reason, some Kilburn residents were not being recorded on Brent data which the BHM programme was based on, which members highlighted had implications for funding and service provision. Tom Shakespeare (Managing Director, Brent ICP) reassured the Committee that Brent ICP had access to all GP data across NWL ICS. The particular issue being raised, where Brent ICP would not have access to data, was where Brent bordered other Integrated Care Systems (ICS), such as North Central London ICS in Kilburn where the ward bordered Camden. Brent ICP recognised there was a particular issue there, and had raised the issue at an ICB level and would continue to raise the issue to see what more could be done to gain access to that particular practice data. Operationally, he felt that Brent ICP had a fairly good understanding of the community given the depth of knowledge into communities BHM had developed. Councillor Nerva added that the point about data from the particular medical centre in Kilburn had been raised at MP level.

The Committee asked what happened when the BHM team visited communities and discovered emerging neurological conditions such as dementia and Parkinson's. Dr Melanie Smith advised the Committee that the 5 clinical areas detailed in the report were national priorities, which BHM agreed were important and contributed to the burden of ill health and health inequalities, but the approach locally was to listen to communities and not only to respond to top-down approaches from NHSE. She highlighted that there had not been a large amount of work done looking at neurological conditions, which might be something to address in the future, but there were some good examples of where communities had been listened to and priorities had changed as a result, such as with the men's health work led by John Licorish. John Licorish expanded on that work, explaining that, initially, when Public Health had been researching Covid, they had been looking at risk factors, working with residents and delivering webcasts and talks with various groups to build trust within communities. As that trust developed, a lot of feedback was received and through that feedback the Public Health Team learned of concerns around prostate cancer, particularly for men of Black Caribbean heritage. Men of Black Caribbean heritage felt that the same level of attention had not been given to prostate cancer as, for example, breast cancer, and asked if it was because this cancer was more prevalent within Black Caribbean communities where outcomes tended to be worse. Public Health started to hear those concerns and from that launched a men's health programme, co-produced with men from different communities and working with local charities that had particular focus on prostate cancer. Initially that programme had small numbers, but, over time, the numbers grew, and from that programme there was a very clear demand for the local area to provide PSA testing for prostate cancer. He felt this was a very clear example of how the community were listened to and action implemented following that.

In relation to asylum seekers, the Committee asked if there was any specific work BHM was doing to address their health needs and their ability to portray their health if English was not their first language. Dr Melanie Smith explained through the partnership there was a co-ordinated response from the Council and NHS to address the needs of those living in contingency accommodation.

The Committee noted the ambition to increase the number of children receiving immunisations in paragraph 3.63 of the report, and asked how BHM would approach that, given the mistrust in the community towards vaccinations. Dr Melanie Smith explained that she was a passionate advocate for immunisations, which she felt were fundamental for health improvements worldwide. However, she acknowledged that Brent would not achieve their immunisations ambitions if residents were continuously lectured about immunisations, so she highlighted the importance of truly listening to communities to understand their concerns and being there for them. BHM was trying to persuade the NHS to consistently

come into Brent communities to offer access to immunisations, rather than a one-time offer, which was felt to be key.

The Committee asked what other departments were being engaged in the health inequalities work and how. It was highlighted that the workstream covered class, race, poverty, disability and deprivation levels and looked at housing, social care and fed into the Black Community Action Plan (BCAP) which covered multiple departments. Dr Melanie Smith confirmed that BHM was working across the Council on health inequalities, but there was a particular focus specifically within Care, Health and Wellbeing. BHM was now looking to focus on Children & Young People, subject to a successful funding bid, which would require close working with that department. She felt it was important that joint work encouraged departments to also consider universal and targeted interventions that would help to tackle inequalities. As an example of cross-departmental work, Dr Melanie Smith highlighted the work done with the Parks department which focused on access to green spaces and play facilities and access to green spaces and play facilities for children with disabilities, which was both a universal and targeted approach.

In continuing to discuss cross-departmental working within the Council, the Committee asked whether there were any departments with more appetite than others to work on the health inequalities agenda. Nipa Shah highlighted that there was a lot more work to be done on health inequalities and the social determinants that lead to those health inequalities. BHM had made a start on that through the employment of a Link Worker in the team who linked in with Adult Social Care, Housing, and Employment within the Council. Their role was to develop easier pathways so that, when BHM engaged communities, where there were concerns around housing, employment or care needs, there was a clear pathway they could signpost residents to in order to ensure they went to the best place to serve their needs. Tom Shakespeare added that, across the Council, BHM was strongly advocating for departments to look at how services were delivered from an ethnicity, deprivation and disability lens. In doing so, this would shine a light on what further work needed to be done around health inequalities and strengthen that joint working across departments. In addition, Brent Council had adopted a Joint Health and Wellbeing Strategy with priorities that encompassed activities across the whole Council and local NHS system.

The report highlighted the work done with factories in Brent to reach out to employees in relation to their health. Sandhya Thacker introduced Ian Siddons (HR Business Manager, GreenCore) and Nicola Clifton (HR Business Partner, Bakavor) to speak more about the outreach events that had taken place in their factories.

Ian Siddons explained to the Committee that he had started at GreenCore in 2019, where the Covid pandemic shortly followed. At that point, he started working with the BHM team, and had received some help with vaccinations through the vaccination bus coming onsite to ensure staff received awareness on the vaccination. From that initial visit GreenCore had since had two more outreach events, one taking place on the day shift and one on the night shift. GreenCore had approximately 1,200 employees with a very diverse workforce. Many staff lived in HMOs and had caring responsibilities at home, meaning having the health team on site was a big positive for those staff who may find it difficult to get in touch with health services about their own health. Following the two sessions, 239 employees had been assessed on their health, with doctors and nurses onsite breaking down barriers such as language differences due to members of the health team speaking community languages. The sessions had focused on diabetes tests, mental health, BMI tests, ECGs and spoken about diet. The sessions had helped staff become accustomed to people coming in to the workplace to ask them medical questions. The team was able to identify some staff who were at risk of their health and escalated that within the NHS structure to ensure they received treatment.

Nicola Clifton had two similar events at Bakavor on the day shift and late shift. The feedback from employees who had attended the sessions had been exceptionally positive and they had asked for the sessions to happen every 6 months.

The Chair thanked both Ian and Nicola for their presentations and for attending the Committee. He asked if they would suggest something the BHM team could do more of what it would be, with both Ian and Nicola suggesting more health diagnostics with a GP onsite and increasing the frequency of the sessions.

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 cross-council work on health inequalities is strengthened to develop a whole Council approach to further addressing health inequalities.

ii) To recommend that appropriate Council officers are given training on intersectionality, to further develop the organisation's understanding of intersectionality and its impact on Brent residents.

iii) To recommend that neurological conditions within the community are considered for inclusions as part of Brent Health Matter's work.

iv) To recommend that healthcare resources are allocated to areas of Brent with greater need and deprivation, so that more targeted work can be done in those areas.

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

i) For the Community and Wellbeing Scrutiny Committee to receive the latest data on Brent Health Matters' co-production activity.

7. Local Healthcare Resources Overview

Councillor Neil Nerva (Cabinet Member for Public Health and Adult Social Care, Brent Council) introduced the report, which detailed how local health service resources were allocated. He highlighted that Brent NHS was now part of the Brent Integrated Care System (ICS) and that the formal statutory body for managing health resources was the NWL Integrated Care Board (ICB) within the ICS. He explained that the paper highlighted the challenges within the system regarding how Brent ensured community services were reaching people as early as possible and how that could be maximised, and that there was some equity in the way those services were delivered and the way residents experienced services across NWL. He highlighted that there were no colleagues from the ICS present at the meeting, and it may be a good opportunity for the Committee to invite colleagues from the ICS to a future meeting.

Tom Shakespeare (Managing Director, Brent ICP) continued the introduction, informing the Committee that the starting position in Brent was challenging both in terms of workforce and funding relative to other NWL boroughs. Having said that, there was positive news with the publication of the new National Workforce Strategy, which gave the ICP an opportunity to develop further work around that and the response locally. Brent ICP was using every opportunity to maximise workforce, such as establishing a training hub, which was an important foundation for primary care ensuring significant capacity across a range of professional levels. The ICP provider partners, Central London Community Healthcare (CLCH) and Central and North West London University NHS Foundation Trust (CNWL) had

also been looking at a range of initiatives around recruitment and retention, including 'golden hellos'.

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) expanded on some of the work CNWL was doing on recruitment and retention. She highlighted that one of Brent's challenges was that the NHS had an inner and outer London weighting in terms of NHS salaries, where inner London employees received approximately £2k more per year than outer London. Brent was classed as an outer London borough, compared to Kensington and Chelsea which was a neighbouring borough. This meant that if someone was working in Park Royal Hospital they would only have to move across to St Charles' Hospital, less than 5 miles away, to receive the inner London weighting. The inner and outer London weighting formed part of the national pay award which Brent ICP found challenging due to the impact it had in Brent. CNWL had used 'golden hellos' in the past, giving newly recruited staff £5,000 upfront to bring them in, but had found this had not retained staff. For that reason, there had been a big focus on retention at CNWL, focused on training, further education and personal development plans for all staff members as well as ensuring staff felt valued. The NHS workforce strategy recommended apprenticeships, and CNWL was already doing some of that work, with Occupational Therapist, Nurse Associate and Social Work apprenticeships in Brent. In addition, CNWL was recruiting directly from the Brent community into entry level jobs which were graded at a higher band for their lived experience in the community. Finally, CNWL was running a 'volunteers to careers' scheme, bringing volunteers in and creating a pathway for them to get jobs with CNWL.

In relation to funding, Tom Shakespeare explained that the starting position in Brent was also significantly further behind other NWL boroughs and there were significant historical issues regarding how that had came to pass. The ICP was undertaking some extensive work to build a case for allocating resources on the basis of need, working very closely with the ICB to build that case across a range of focus areas. Alongside that, Brent ICP was taking a pragmatic approach to address resources. For example, where there were new beds coming in for mental health, Brent ICP was supporting the case for those coming to Brent and looking at every other opportunity to make a strong case for provision coming to Brent. There had been some significant levelling up funding for primary care which was good news, but he felt there was further work to do around mental health and some community service areas.

Councillor Nerva concluded the introduction by highlighting that central government was now taking a greater look into health inequalities and it was important for NWL to look at what was happening in Brent in order to radically improve on health inequalities.

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

The Committee noted that the graph in section 3.4.7 of the report was from 2019-2020, and queried whether that investment from various different providers had now improved in 2023. Presenting officers highlighted that funding had not improved significantly and the disparity for Brent still existed. One of the things Brent ICP was doing to respond to some of those challenges was to look at performance data comparatively, to make a case to show where Brent would target investment and how it was using existing capacity within the system. Detailed work with clinical leads and partners was also looking at maximising that capacity in the system to continue to deliver the value of services whilst making the case for further significant investment. Robyn Doran agreed that it was important to look at what could be done locally to fill the gaps where funding was not where it should be and move funding around within local trusts where that was possible. For example, in 2022 the waiting lists for CAMHS had been brought down because CNWL was able to move some one-off money away from Westminster and towards Brent to deal with those waiting lists.

She advised the Committee to invite Brent ICP back together with NWL ICB to talk about the levelling up strategy.

The Committee noted the unique pressures on staff within Brent and patients in the borough, but asked how other boroughs falling within the same pay bracket as Brent was performing with recruitment and retention in comparison. Robyn Doran advised the Committee that both CLCH and CNWL had shared all information together between the boroughs of Harrow, Brent and Hillingdon because the trusts crossed borders, so a lot of what was being done in Brent was being done in those outer boroughs too. She highlighted that outer London boroughs were doing a large amount of work on recruitment and retention due to the salary weighting, and added that Brent had the added pressure of workload. For example, in Brent the CAMHS service had one third of the number of CAMHS workers that Westminster had, with significantly more demand, which had a huge impact on staff. Another way the partnership was focused on recruitment and retention was through schools, with local health and social care professionals visiting schools to talk about the work they did and offer apprenticeships and volunteering placements as a means to get people into the workforce. Those staff were very passionate about their work which proved hugely motivating.

Continuing to discuss staff retention, the Committee highlighted that the NHS National Retention Programme had pointed out that the two key factors for staff retention was targeted interventions at different career stages and people feeling valued, and within that, people feeling stable and safe in their role, leading to people staying. They asked what Brent was doing with regard to targeting interventions at different career stages, making staff feel valued, and routing out instability. Robyn Doran explained that CNWL had developed a Leadership Programme called '21st Century Leadership' where one of the core elements was compassionate based leadership, talking very openly about staff feeling safe and stable in the workplace. She highlighted that in large London organisations that had a higher number of BAME staff those staff did not feel safe that their career was progressing, felt their leaders were not compassionate and thought instability was part of the culture, so CNWL was having honest conversations with Leaders about that. 100 leaders had now completed that training programme and a further 100 were due to complete it.

The Committee further queried what techniques were being employed to prepare people for what it was like to work in Brent so that they were made to feel at home and understood the communities they worked with and served. Tom Shakespeare advised the Committee that the ICP was developing a common induction process so that any member of staff working in the health and care sector in Brent, regardless of the organisation, would receive this induction. This would look at what it meant to work in Brent, what the vision was, what was being done around health inequalities and why Brent was an exciting place to work, and would be tailored differently for different types of staff.

The Committee asked for further details regarding the £2,500 one-off bonus payment for health visitors detailed in the report and questioned what impact Brent ICP expected from that. Robyn Doran highlighted that, from her experience, one-off bonus payments worked for a time but did not tie people into a role long-term unless the organisation also took various other approaches to retain people, such as ensuring staff were managed well, supported, given development opportunities, and felt their jobs were doable. Both CNWL and CLCH was working on those additional steps to retention, but Robyn Doran highlighted the pressure, demand and lack of resources that was specific to Brent. Dr Melanie Smith added that, as the commissioners of the Health Visiting Service alongside CLCH, different service models were being reviewed, because another reason people stayed in Brent was satisfaction from working in a service that delivered. She highlighted that Brent was proud of the MESH service, the targeted health visiting service which worked with the most vulnerable families in Brent with children under 2 years old, and was pleased to be one of the first places in the country that would introduce the successor to MESH, visiting children

who continued to need support from ages 2 – 5 years old. As such, she felt that by creating those more fulfilling professional roles then there was a better chance of retaining health visitors.

The Committee asked how the partnership would escalate the issue around the London weighting and whether there was any concrete outcomes they hoped for. Tom Shakespeare highlighted how difficult it was to influence the London weighting due to it being a national decision. Most of the approaches the partnership had taken were what was available to the partnership as a system, through golden hellos, building the workforce from within Brent, and opportunities to work in different ways. The question for the partnership was how to scale up that work and build it in to everything the partnership did. He highlighted the need to recognise it was a complex system with multiple providers working across different geographical footprints and boroughs and within a national context where the gifts were not entirely within the Brent partnerships' control. However, he did feel that there were opportunities within the context of the new national NHS workforce plan. Councillor Nerva highlighted that the health service consisted of single trusts which covered both inner and outer London, where someone could still be working in the same trust but earn significantly more money depending on where they were based, which was the challenge the new NWL ICS, which covered both inner and outer London, would need to cope with.

The Committee felt that staff must find it difficult to stay resilient at work due to the mental health crisis, where mental health patients were being discharged before they should be due to the number of beds and then returning in crisis again. Tom Shakespeare agreed there was a need to make a case for moving away from dependency on beds, which were a symptom of a problem, and moving downstream towards preventing crisis in the first place by managing people in the community. The timeline for this was being revised currently and the ICP was building its case for investment and transformation for September 2023, with the delivery phase being much longer term. In relation to mental health, Councillor Nerva added that all 8 NWL boroughs had agreed that the first deep dive to take place towards getting a high-level ICS Strategy would centre around mental health. He highlighted there would be evidence gathering around mental health spend and use across the whole of NWL.

The Committee asked how Brent ICP was addressing the £2m funding gap for children's mental health service. Tom Shakespeare explained that the ICP was trying to make a case for further investment from NWL. There had been some successful attempts where the ICP had managed to secure some funding shifted from CNWL to invest in partnership work with the voluntary and community sector, which had seen a significant impact on the CAMHS waiting list. The ICP would like to expand that further, working with clinical leads over the next few months to find what further interventions could be put in place with the resources that were already there whilst lobbying for levelling up. The ICP had very constructive positive engagement from CNWL at a senior level, who were supportive of the ICP making that case, and he felt positive the ICP would come up with some creative solutions with their partners.

The Committee felt that some health areas affecting minorities in Brent were not spoken about prominently, such as Sickle Cell. They queried whether any funding was being allocated to research these types of health issues. Dr Melanie Smith agreed that there were entrenched inequalities within the topics chosen for research and who was included within research. There was some good news that some big national research funders, such as the National Institute for Health and Care Research (NHIR), were now more interested in funding research carried out in conjunction with the wider system, so Brent was being approached by a number of academic institutions looking for its support. One of the criteria Brent had set in agreeing who to partner with was whether that research was relevant to the diversity of Brent's population.

The Committee asked what was being done to maximise the limited pot of funding Brent received and what reassurance could be given to residents that the ICP was doing the best it could to ensure residents were looked after. Tom Shakespeare expressed that he could say with confidence that the ICP was doing everything it possibly could to maximise the resources available in Brent. The impact Brent was having for the resources it had was significantly above other areas. However, he acknowledged there were always areas for improvement. The ICP was aware there was significant underutilisation of crisis response centres in Brent, and there were significant opportunities for better aligning and increasing awareness of that resource and its referral routes, as well as the ongoing work developing neighbourhood teams. He felt there was an opportunity for the ICP to consider how services could be brought together much more effectively, where services could promote other services. Robyn Doran added that the model of BHM focused on getting all agencies to work together as one team, to make it easier for residents to only have to tell their story once.

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 North West London Integrated Care Board (NWL ICB) colleagues are invited for further discussions relating to funding settlements for Brent in relation to NWL.

ii) To recommend that work to address the inner and outer London pay gap is further escalated and that bolder solutions are utilised.

iii) To recommend that Brent Integrated Care Partnership (ICP) advocates for further levelling up for children's mental health services in the borough.

iv) To recommend that NWL ICB commits to a timescale to address the historical underfunding compared with other NWL boroughs and to equalise levels of expenditure.

v) To recommend that a collaborative approach is taken with staff, the community and managers to co-produce solutions for retention.

vi) To recommend that the proposed induction for all staff working in Brent should include attending a Brent Health Matters (BHM) community event.

vii) To recommend that Brent continues to advocate for healthcare funding that is allocated based on need, rather than population.

A number of information requests were made throughout the course of the discussion, recorded as follows:

i) For the Community and Wellbeing Scrutiny Committee to receive information on how outreach work in schools to promote roles in Brent's health and care sector is aligned with the Greater London Authority (GLA) Academy.

8. Community and Wellbeing Scrutiny Committee Work Programme 2023/24

The Committee noted the work programme.

9. 2022/23 and 2023/24 Scrutiny Recommendations Tracker

Councillor Matin proposed a recommendation in relation to the Community and Wellbeing Scrutiny Committee meeting that took place on 25 January 2023 which looked at issues such as communications to residents around damp and mould. The recommendation being put forward was for all Brent Council communications that specifically focused on health, safety and wellbeing of residents to include an additional section or additional page to indicate the importance of the communication and how to seek support and help. The additional information should be in the top 5 recognised languages in Brent in large print and also braille to ensure all residents were able to access important communications. By way of clarity, Councillor Matin confirmed that this would only relate to communications that were sent in hard copy, and if the Council were able to identify specific residents that required those adapted communications then the accessible information could go to those households only.

The Committee considered the recommendation and the Chair led a vote on the issue. Following the vote, the recommendation was not carried.

10. **Any other urgent business**

None.

The meeting closed at 8:00pm

COUNCILLOR KETAN SHETH,
Chair