MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Wednesday 5 March 2025 at 6.15 pm
Held as a hybrid meeting in the Conference Hall – Brent Civic Centre

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Fraser, Afzal, Chohan, Clinton, Ethapemi, Mahmood, Mistry, Rajan-Seelan and Smith, and co-opted members Ms Rachelle Goldberg, Archdeacon Catherine Pickford and Mr Alloysius Frederick

In attendance: Councillor Neil Neva

The Chair led introductions of those present and highlighted he was pleased that part of the meeting tonight would be led by representatives from Brent Youth Parliament - Sherae and Kenechi - who had taken part in the Committee's work programme planning and requested an item on smoking and vaping be brought to the Committee. He also welcomed Councillor Chohan and Councillor Clinton as new members of the Committee.

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

- Councillor Aden
- Observer Jenny Cooper
- Councillor Tazi Smith apologised that she would be joining the meeting late.

2. **Declarations of interests**

Personal interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor of Central and North West London NHS Foundation Trust
- Councillor Ethapemi – spouse employed by NHSE

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

RESOLVED:-

The minutes of the meeting held on 5 February 2025 were approved as an accurate record of the meeting.

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

There were no matters arising.

6. **Order of Business**

The Chair advised that he had agreed to take an urgent item regarding additional beds that had been added at Northwick Park Hospital A&E Department in response to winter pressures as well as an update on the improved services in Northwick Park Maternity

Services. As such, he advised that he would be taking item 10 – Any Other Urgent Business – first.

7. **Any other urgent business**

In accordance with Standing Order 60, the Chair agreed to take two urgent items relating to additional beds in Northwick Park A&E and Northwick Park Maternity Services. He welcomed Pippa Nightingale, CEO of London North West University Healthcare NHS Trust, to provide an update.

A&E Winter Pressures and Additional Beds

Pippa Nightingale began her remarks by reminding the Committee that NWL hospitals were still currently in the winter period, with an outbreak of a new strain of norovirus in the community which was being seen across all hospitals and impacting patients and staff. As a result, the Trust was reminding people not to socialise in public when they were symptomatic. The Committee heard A&E departments had experienced significant pressure this winter, with Northwick Park seing a 9% increase in attendance to A&E, which had not been the intention with the Out of Hospital Strategies in place. She advised that these strategies did not seem to have been delivered effectively and therefore an increase in attendance to emergency departments had put a strain on the Northwick Park Hospital. She advised, however, that the Trust was fortunate to have two A&E departments through Northwick Park Hospital and Ealing, so had the ability to move ambulances between the two, which was not always ideal for local populations but meant there was a footprint to move patients where one site was busy.

Pippa Nightingale then moved on to highlight some of the positives, which were that the Trust had ran all three Urgent Care Centres themselves for the first year, and those centres were operating daily at 99% and achieving the target of seeing, treating and discharging patients within 4 hours, which was highlighted to be very good performance. As a result of that positive performance, more patients could be seen and the Trust could move patients between A&E and Urgent Care Centre pathways in a much more streamlined way than previously when there had been third party organisations running those services. The Trust had also opened additional winter beds this year to deal with the extra demand being experienced. As an estimate, around 130 conveyances of patients by ambulance was seen by Northwick Park daily, but the Hospital usually only needed to admit between 40-45% of those patients, so colleagues felt there was work to be done to remind people when it was the right time to use an ambulance and how to use other parts of the health system. That communications work would be done through Primary Care next year.

The Committee were informed that the Trust was fortunate to have been funded to build an additional 32-bed acute ward, which had opened in April 2024 and had helped demand. Pippa Nightingale expressed that it was a very good facility and had been full from the first day of opening. In addition, the Trust had been fortunate to open some mental health compliance rooms in response to the high numbers of patients in NWL hospitals with a mental health illness, likely because they were waiting for a mental health bed placement or because they had physical health needs as well. She highlighted that this was the first time the Trust had been able to build rooms where staff could safely provide care to them in the new acute medicine ward which had helped the situation.

She concluded her update by highlighting that if Northwick Park had not seen a 9% increase in A&E attendance then it would have the right bed balance, but because of the increase there were still patients being held in temporary escalation spaces with care being provided to them. As such, she advised that the hospital had been challenged but that the teams had done a good job managing demand, and whilst A&E performance was not

where colleagues would want it to be, which was the case across London, it had performed better than the previous year.

Northwick Park Maternity Services Improvement Plan

Pippa Nightingale then provided an update on maternity services at Northwick Park. She explained that she had attended the scrutiny Committee in 2022 to talk about maternity services and had informed the Committee that she was not satisfied with the maternity services in the Trust she was running, of which she had recently became CEO. At that time, she had asked the Committee for their patience and trust that the hospital would improve services to the right place over time, as the issues were not immediately fixable, and so thanked the Committee for that support and patience, highlighting that the support the Trust had received locally from members and leaders had been exceptional.

She was pleased to inform the Committee that Northwick Park Hospital was now in what she felt was a very good place with maternity. Almost £6m had been invested in estates, including a brand new birth centre which was now open, and a bespoke triage service had been introduced where women and pregnant people were seen promptly when they attended the maternity service. The neonatal service had been renovated and a new bereavement suite had been opened. It was recognised, however, that buildings did not fix every problem, although they had helped make the service feel invested in. In tandem with estates improvements, the hospital had done a lot of work around culture, which Pippa Nightingale felt had been the reason the service in the past had received scrutiny, as the culture had never been addressed. She highlighted that improving culture within the service had been a challenge and had meant that staff had exited the service that she did not feel could work to the standards needed to improve the service to where it needed to get to. As a result, the first year of the improvement plan had focused heavily on managing very long, difficult and complex HR processes.

The Committee were advised that the service had then focused on recruitment, and Pippa Nightingale expressed she was pleased that Northwick Park Hospital now had one of the lowest vacancy rates in midwifery across London at 7%, compared to 2 years ago when it had been at a 48% vacancy rate. With a new and enthused workforce in both the midwifery and medical workforce, this had helped to change the culture, and the service was now on the embedding stage, supporting staff to get the experience they needed, a lot of whom were at the start of their careers.

Pippa Nightingale informed the Committee that, as a result of the improvements made, Northwick Park Hospital now had a stillbirth rate lower than the national average, which had previously been much higher than the national average, and it had been lower than average for over a year. The neonatal mortality rate was also lower than the national average. As such, Pippa Nightingale stated that Northwick Park Hospital now had some of the best and safest mortality ratings across the country. In the recently published Embrace report, which was the national mortality report for maternity, Northwick Park now had a 15% lower than national expected mortality rate for maternity. The service had also met the 10 CNST safety targets for the past 3 years. In addition, friends and family tests showed that 94% of women and pregnant people would recommend the service. Pippa Nightingale felt that these improved figures began to tell a positive story, but reassured members that the service was not complacent and was now ensuring those positive improvements were fully embedded and seen long term.

The Chair thanked Pippa Nightingale for her introduction and invited comments and questions from those present, with the following points raised:

The Committee highlighted that the next part of the improvement plan should be to communicate the improvements to users to instil confidence that the service was where it

should be. As such, they asked what communications were planned or already in place to do that. Pippa Nightingale explained that the service had been appropriately cautious to celebrate the successes straight away, conscious that early communications could result in the birth rate suddenly increasing, and she wanted to be assured that the improvements were embedded, the achievements made had been stabilised and that the workforce was fully equipped before the hospital saw an increase in births. The new birth centre had also only recently opened 6 weeks previously. She added that the majority of promotion of the service came from women and families through word of mouth, and the best thing maternity services could do was deliver a good service that would then cascade through communities via word of mouth. Considering the steady improvements, she felt that the service could now start to think about promoting the improvements made through primary care and GPs, who had already done some of that work, as well as through social media channels. This would be done carefully to avoid flooding activity. She felt that women and pregnant people would naturally start to return to Northwick Park for their maternity care over time, and for the last 6 months the booking rates of women and pregnant people booking to give birth at Northwick Park at the start of their pregnancy had increased considerably.

The Committee asked if the Trust felt the need for a a confidence building exercise to be done with the community and asked how councillors could support that. Pippa Nightingale advised that she did think that was needed and the service was now at the point that she felt confident to do that. This would be done through the Trust's Maternity and Neonatal Voice Partnership (MNVP) which had some strong voices and worked with service users and in children's centres to promote the work being done. The Trust was also working with faith groups to communicate with residents. For example, the Trust was looking to partner with Neasden Temple to deliver some antenatal clinics. As such, she felt that working with established community partners was the way to instil that trust.

Noting that the Committee had previously heard about the culture issues within the service and the issues with retention, members asked whether those issues had now gone following the improvements made. Pippa Nightingale advised members that the Trust had recently had the staff survey results returned and they had been the best results the Trust had ever seen. Upon delving further into the figures to look at maternity, that was also very positive. As such, she felt confident that the culture had started to change as a result of dealing with some of the challenging staff who had caused some of those culture issues. She highlighted that sometimes there was a need to create a change in a workforce to create a new culture, and that had taken the first year of the improvement plan. As such, she felt that the challenging actions had now been done and were starting to show a difference in culture within that department.

The Committee queried whether CQC had returned to ratify the improvements made since their last visit. Pippa Nightingale confirmed that they had not yet returned.

The Chair thanked Pippa Nightingale for providing her updates and drew the item to close.

8. Maternity Provisions - an update from North Central London NHS on the Start Well Programme

Anna Stewart (Service Development Director, CYP, CAMHS, Maternity and Neonates, NHS NCL ICB) introduced the report, which described the public consultation outcome on the proposed changes to North Central London's (NCL) maternity, neonatal and children's surgical services that took place between 11 December 2023 to 17 March 2024. She highlighted that the Start Well programme was a long-running change programme in NCL that had started with a case for change looking at maternity and neonatal services and some children's surgical services, looking at best practice care models, options appraisals

on how best to deliver that care, and then moving through to the public consultation. In introducing the report, she reminded members that she had attended the Committee the previous year to present the options that North Central London Integrated Care Board (NCL ICB) would be consulting on around the delivery of maternity and neonatal care in NCL (inclusive of the boroughs of Camden, Islington, Barnet, Enfield and Haringey). Following consideration of all possible options, two that were seen to be deliverable were then consulted on. The first option was to close the maternity and neonatal unit at the Royal Free Hospital in Hampstead, which was identified as NCL's preferred option at consultation stage. The second option was to close maternity and neonatal services at Whitington Hospital in Highgate. In both of those options, maternity and neonatal services would be retained at Barnet Hospital, North Middlesex Hospital and UCLH. The second area of the consultation was around the closure of the standalone midwifery-led unit at the Edgware Hospital site in NCL used as a place to give birth, which was being considered given the decreasing number of people using that as a site to give birth with only 28 giving birth there in the last financial year. Although NCL was consulting on closing the birthing suite there, Anna Stewart advised that NCL would retain and enhance the antenatal and postnatal care at the site.

Anna Stewart then moved on to the consultation period, which lasted for 14 weeks. She advised the Committee that NCL had conducted widescale engagement to hear resident views on the proposals and worked closely with both the NWL ICB and NCL ICB teams, receiving guidance and support from the Director of Public Health for Brent. She advised members that NCL had seen very good engagement and wide feedback, with over 3,000 responses to the questionnaire, over 200 meetings which were formally minuted, and some very targeted engagement in areas where NCL particularly wanted to hear people's views on. Those areas were Harlesden and Willesden for the option to close Royal Free Hospital, and Holloway and Finsbury Park for the option to close the Whitington Hospital. To do that, targeted mailing to 1/3 of the residents in those areas was done, alerting them to the consultation and inviting them to feed back, as well as some focus groups.

The outcome of the consultation, which had been published in November 2024, was then outlined. Anna Stewart highlighted that, overall, there was strong agreement in the challenges NCL presented in the case for change, with a clear clinical case made for changing the way services were currently set up in NCL. Nearly 70% of those consulted agreed that something needed to be done to improve the way services were working. There was also strong agreement that NCL should offer a minimum level of neonatal care at all of its sites. Currently, NCL had one site that provided the lowest level of neonatal care, so there was agreement that all sites should offer level 2 neonatal care as a minimum as part of these changes. There were some mixed views about whether the answer to the case for change was to consolidate services, which NCL had expected. Overall, from the questionnaire responses, there were more people who responded favouring the option where services closed in the Royal Free site compared to the Whitington site, but there were strong views in both directions. There was also broad agreement and recognition of the challenges facing the Edgware Birth Centre, with around 3/5s of respondents to the questionnaire agreeing with the proposal to close the birthing suite there.

Providing an overview of the steps that had been taken since the results of the consultation had been published, Anna Stewart advised the Committee that work was now been done to take forward the themes of the consultation, including some very specific feedback from elected members in Brent and other members of the public, incorporating feedback from this Committee, the Cabinet Member, and the local MP and Assembly Member. NCL was in a period of considering carefully the outcome of the consultation and feedback received, refreshing some of the proposals and heading towards a formal decision-making meeting on those proposals over the next month. NCL was working with Brent's Public Health team

around incorporating the feedback received into the Integrated Impact Assessment, and with colleagues in NWL Trusts who had joined some of NCL's Clinical Reference Groups to work through some of the very specific feedback received. She concluded by confirming she would be happy to return to the Committee when the formal decision-making process was done and the papers had been published.

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

The Committee asked what NCL had learned from the consultation process about service users, how people experienced the service, and how well service users understood the challenges. Anna Stewart advised members that much of what people wanted to talk about was their overall experience of maternity and neonatal services which was not necessarily confined to the proposed changes. The theme of travel and transport came through, as well as concerns on the impact on NWL hospitals should the Royal Free maternity service close. There were general concerns about the risks there might be for other services and questions about the rationale for the case for change that officers had been able to talk through. Alice O'Brien (Head of Programmes, NCL ICB (Start Well)) added that there had been targeted engagement with groups with protected characteristics and a lot of rich detail had been drawn from that about how the proposals might impact them and how they might be mitigated. The Integrated Impact Assessment would be updated following that engagement to incorporate those considerations and mitigations. Consultation had shown that service users wanted to feel cared for and supported in their maternity journey, with an overall view that travel was important and that mitigations should be in place for service users who may find it more difficult to navigate changes like this.

In terms of whether NCL had heard anything from the consultation that would make it consider changing the preferred option, Anna Stewart advised members that she could not pre-judge the decision-making process on the final business case. Feedback that had been heard ranged from thoughts regarding the headline changes proposed to how people experienced the model of care, how they were communicated with, how they felt cared for, their experience of giving birth and interactions with midwives. Actions to address that specific feedback would be built into all of the maternity and neonatal services delivered in NCL. In relation to feedback from Brent specifically, this followed the general themes around travel and transport, experience of care, and concerns about impact on other services. It was highlighted that less than 1 in 10 women and pregnant people in Brent gave birth at Royal Free hospital, which was the hospital closest to Brent relating to the proposed changes. Most of the service users spoken to in Brent had given birth at Northwick Park or St Mary's, so there was a much smaller proportion of residents impacted by the change and this was only one of the units where women and pregnant people in Brent may chose to give birth.

Members highlighted that for some, particularly in Harlesden, Stonebridge and Willesden, the proposed change would increase their journey time and there was often stress associated with getting to hospital. They asked what thought had been given to those service users to in relation to how long it would take them to get hospital through London traffic and how the service might mitigate that. Anna Stewart advised that a technical document known as an Integrated Impact Assessment had been conducted as part of the case for change, looking at all protected characteristics and through the lens of different demographics, including geographical location and levels of deprivation, in order to assess the areas there might be more of an impact. She explained this was how Harlesden and Willesden had been identified as areas to focus on to address any impact of the proposed change. It was added that, for residents in Harlesden and Willesden, they were at the edge of the border for Royal Free, so the vast majority of residents were closer to a unit in NWL. For them, the impact in terms of travel time would be less significant than the other option being consulted on to close the Whittington, where the impacted population from a deprivation lens may be more impacted. Alice O'Brien explained that the interim Integrated

Impact Assessment that had been done prior to consultation had identified mitigations around travel times including ensuring care continued to happen in the community and patients were aware of their different routes, making that information available, consistent and accessible. The consultation having now concluded, NCL would be updating the Integrated Impact Assessment based on the feedback received for the full decision-making business case, and the updated document would include travel time analyses including public transport and private taxi. The updated document would also make patients aware of how they could access travel reimbursement schemes and other financial support available to pregnant people throughout their maternity care.

Noting the comments by presenters and information within the report that very specific feedback had been received from particular communities, the Committee asked whether mitigations would be put in place for those issues. For example, some feedback from Jewish communities highlighted that there were services offered at Royal Free that included Shabat rooms and Kosher food products, and there would likely be other specific needs impacting particular religious groups or groups of people with protected characteristics. As such, the Committee asked if alternative sites would be willing and able to service those particular needs. The Committee was advised that NCL had received particularly detailed feedback from the Orthodox Jewish community in Golders Green and Hendon regarding the nuances of the care they received and how they had built up trust with Royal Free over time, and this type of feedback was why NCL had felt the consultation was essential. There were flows of Orthodox Jewish people who gave birth at some other sites but there was a concentration of that care at Royal Free, so NCL had been doing work on that as part of the Integrated Impact Assessment to support the decision making cases about the list of services that would need to be in place should the decision be to close the Royal Free.

Acknowledging that the options consulted on would compromise a choice which may have an impact on existing departments, where some women and pregnant people giving birth may be dispersed to other hospitals, the Committee asked whether there would be increased capacity and staffing in those units that continued to remain open. Anna Stewart responded that NCL had worked closely with NWL ICB, who had sat on the Programme Board for Start Well alongside NEL ICB and Hertfordshire ICB to ensure any impact was considered and mitigated. In addition, the modelling done incorporated clinical implications received through clinical representation from Trusts in NWL through Clinical Reference Groups. In doing that clinical analysis, it had been noted that both NWL and NCL had declining birth rates, which had declined further in the time that NCL had undertaken the consultation. In addition, there was a clinical case for having units of a certain size and capacity in terms of meeting safety requirements and standards, so NCL had worked closely with NWL and NEL to look at capacity implications for both of the options consulted on to ensure there would be sufficient capacity to take any flows of patients that would be dispersed. This included building additional capacity in the units that remained open in NCL to ensure it could manage the potential additional numbers, and there were additional physical capacity units that could be used at NWL hospitals if the decision to close Royal Free was made. There were people in NWL and Brent who chose to cross the border to use the Royal Free for their maternity care, so it was anticipated that those patients would choose to give birth at a NWL hospital should Royal Free close. It was highlighted that there were benefits to that in terms of continuity of care, continuity of experience and links into local services. Anna Stewart added that changes would not be implemented immediately but would need an implementation period, lasting for approximately three years for building works to complete and detailed implementation planning with neighbouring partners and NCL Trusts to take place in order to carefully manage that process and transition.

The Committee highlighted that home births was an option for women and pregnant people, which would mitigate the need to travel to appointments, but members highlighted

that home births might not be able to deal with emergencies that arose during a birth. Anna Stewart responded that choice was very important in maternity services, including choice of unit and choice of setting, which was complicated from a clinical point of view. There were a range of factors affecting where someone should give birth, incorporating both the person's preferences but also their clinician's advice about their care. Currently in NCL, pregnant people could have a home birth if they met the eligibility criteria, or they could give birth at the standalone midwifery led unit at the Edgware Road Suite which was closer to a home environment, but there were less women now choosing to do that. Women and pregnant people could also choose to give birth in an 'alongside' midwifery led unit, which was a midwifery led unit on a hospital site, meaning it was close to backup clinical care but had a more homely feel, or there was the option to give birth in an obstetrics led unit, usually for more complex births. In the model of care that NCL had consulted on, the proposed model continued to offer home births alongside midwifery led care and obstetrics led care, and the option that was potentially being removed was the standalone midwifery led unit. NCL wanted to ensure women and pregnant people had a choice all of the time, and the consultation materials had highlighted that when there were staffing shortages it was often the 'alongside' midwifery led units that were temporarily closed to ensure there was adequate staffing on obstetrics led units. Anna Stewart advised members that one benefit of moving to the new model with larger units and more resilient staffing structures was that it would mean NCL would be able to offer that full range of choice all of the time. She did acknowledge that complexities were increasing, which might be one of the reasons less people were opting to give birth at the standalone birthing suite at Edgware Road, but NCL was committed to ensuring choice remained and there was dialogue with the clinician and pregnant person about that.

In terms of birthing before arrival at hospital when the plan had been to give birth at hospital, officers confirmed that they would not want to be in a position of that happening and the system monitored that. In London, there was a very small proportion of this happening compared to other geographic areas where it might happen more frequently, at less than 0.3% in the whole of London. Officers explained that all paramedics and midwives were trained to be able to cope with those situations. They acknowledged that the complexity of birth was increasing, largely because research suggested that delivering babies earlier for a proportion of women and pregnant people was the safer thing to do to reduce still birth rates, alongside the fact that people were having babies at an older age and that pregnant people who previously would not have been able to have children due to medical complications were now able to. This meant that the maternity pathway was becoming more medicalised. As such, officers advised there were many reasons maternity care was becoming more complex which was resulting in a bigger proportion of elective maternity care with approximately 50% of women and pregnant people no longer spontaneously going into labour but being induced or having C-Sections. These complexities had meant that the system needed to change the whole model of care to be able to provide what was required, but the most important part of changing any maternity configuration was ensuring choice remained and that there was not an increase in women and pregnant people giving birth before they got to hospital.

Pippa Nightingale (CEO, London North West University NHS Healthcare Trust) provided a response on behalf of NWL ICB. She explained that, when this work had initially been undertaken, NWL had designed a maternity service that could deliver 38,000 births. NWL was currently at 33,000 births so she highlighted that there was capacity in the NWL maternity system, most of which sat in the North of NWL. As such, the NWL system was set up in such a way as to be supportive to the proposed changes in NCL for maternity and neonatal capacity. She agreed with the advantages in terms of continuity of care as those in Brent would already have their post-natal care provided by NWL. This was highlighted as especially important if a baby needed readmission as they could return to the same unit which had their medical history, helping to streamline the clinical pathway from a patient safety point of view.

The Committee asked what the NWL model of care would be going forward, highlighting that there were 9 appointments in the maternity pathway, and for less advantaged members of the population they were less likely to travel to a maternity service 9 times for that care. Pippa Nightingale agreed that maternity services should be brought into the community where possible, and NWL already had a model of care which it committed to through 'shaping a healthy future' that looked to bring care into the community. As such, NWL now had Midwifery teams providing neighbourhood midwifery care in the community. The benefit of providing care in the community was that midwives could engage women in their own community where they had other support systems, which was important for the populations that NWL ICS was providing care for. She advised members that if patients were started on a clinical pathway well in the community then they tended to follow that for their child, ensuring their child received their immunisations and were socialised. As NWL already ran that model it would be proposing to expand that further north in Brent so that all women in Brent could receive that care model.

Noting that capacity at other hospitals had been reviewed to ensure the system could withstand the impact of a maternity unit closing, the Committee asked whether this had factored in any hard to predict factors such as a sudden increase in the birth rate, the number of new houses being built in Brent and young families moving to the borough. They asked whether those factors had already been incorporated into the forecasting so that planning was future fit. Anna Stewart confirmed that NCL had done some very detailed modelling as part of the consultation, including modelling a 10-year projection of neonatal usage and demographic factors including the birth rate, which was done at LSOA level which she saw as reasonably granular. She advised members that all change programmes involved multiple layers of assurance and advice before they could be implemented, and this particular business case had received a detailed review by the London Mayor, the recommendations of which had been incorporated into the final decision making business case. As such, she felt as confident as she could be in the modelling that had been done, which had accounted for choice, been done at a granular level, and considered different assumptions, so that there was now a robust model to make a final decision on.

The Committee recalled the retention and recruitment issues that had been detailed in 2022 when the Northwick Park Maternity Improvement Plan had first came to Committee and asked whether that had improved in order to alleviate any impact on capacity any closures would have. Pippa Nightingale responded in relation to NWL, highlighting there were no recruitment and retention issues currently, with NWL having only 7% vacancy rate in midwifery. She advised members that NWL midwives rotated across all areas now, with very few midwives working solely in one area. Midwives would usually do a year in the community and then a year on the labour ward, as this enabled them to retain their skills in all areas. Some midwives chose to just focus on community midwifery, which was becoming a more popular role now that midwives were being given a specific neighbourhood area to provide care for. As such, there had been no issues in the past year recruiting and retaining community midwives.

As no further issues were raised the Chair thanked officers for their time and responses and drew the item to close.

9. Nicotine Addiction and Vaping in Brent

The Chair opened the item by reminding members of the Committee that this particular item had been brought to the Committee by Brent Youth Parliament (BYP), and therefore he would be inviting them to contribute to the discussion. He then asked officers to introduce the report.

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which she advised covered nicotine addiction and vaping in Brent and touched on national policy and legislation as well as providing the local context. She advised members that it was important to recognise that, whilst smoking was the focus for the vast majority of national policy and effort, locally in Brent there were a variety of ways nicotine and tobacco was used, including shisha smoking and chewing tobacco, which the paper drew out. The report also spoke about the health risks, which for smoking were relatively well understood in the community, but for shisha smoking and chewing tobacco, despite the strong evidence base, were generally not well understood by communities. For vaping, research was in its early stages, and whilst it was clear there were some health impacts, the long-term impacts were not yet known. There was also a gap in knowledge specifically related to the long-term effects of vaping on young people, and research had now been commissioned to address that. She advised the Committee that the data in the report on levels of smoking came from 2 sources – the national survey, which she added was robust at a borough level but not granular enough to see ward level data or different groups, and data from WSIC (Whole Integrated Care System) which used local NHS data derived from GP surgeries, allowing public health to look at subgroups of people in the population, but which could not be taken as the whole truth due to the variance across GPs in terms of timeliness of recording and reporting data. The report then detailed the service response and what was planned moving forward, and the Council had been fortunate in bidding for additional funds for tackling nicotine addiction, some of which had been used to recruit a Smoking and Nicotine Addiction Team who would help people using nicotine to overcome that addiction.

Dr John Licorish (Public Health Consultant) added that there was upcoming legislation relating to smoking and smoking age coming through parliament, with the proposal that no-one born after 2009 would be allowed to smoke. Whilst that legislation was being brought through the parliamentary process, in the short term there was funding to increase the scope, attention and evidence base around smoking and vaping.

Councillor Neil Nerva (as Lead Cabinet Member for Adult Social Care, Public Health and Leisure) thanked Brent Youth Parliament for bringing the item in front of Scrutiny and looked forward to a discussion on how the work could be taken forward in Brent.

The Chair thanked presenters for their introduction and before inviting comments and questions from the Committee he asked Brent Youth Parliament to introduce their anti-vaping campaign. BYP explained that, in 2024, over 2,000 young people in Brent took part in the Make Your Mark Ballot. Crime and safety in Brent had been voted as the top priority, and from that, there had been discussions in BYP about the specific issues affecting young people in the borough. The main concerns were underage vaping, the selling of vapes with illegal substances in them and the accessibility of vapes for young people. Following discussions, BYP had agreed that the issue should be raised with the Community and Wellbeing Scrutiny Committee. BYP had also met with the police on several occasions to see how they could support the campaign, and held a public safety neighbourhood meeting with headteachers, community leaders and the police to raise further awareness of the campaign.

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

The Chair invited Brent Youth Parliament to lead the discussion as the proposers of the item. Brent Youth Parliament (BYP) representatives began by highlighting the details in the report regarding an expansion of support for young people in relation to smoking, vaping and nicotine addiction and asked for further information about that and whether parental consent would be required for young people to participate, acknowledging that some young people would not want their parents to know that they had been using nicotine. Dr Melanie Smith advised BYP that the plan was to locate the new service within a wider young people's service called Elev8, which already provided a range of health and wellbeing

services to young people. She advised members that young people were very much a part of the decision-making process within Elev8 and had named the service. The reason the new smoking, vaping and nicotine addiction service for young people was being located within Elev8 was because they were the experts in working with young people and were well versed in dealing with issues of confidentiality and consent.

BYP highlighted that, from the data, it was clear that adults smoked and vaped more than young people, but the report referenced a reduction of harm to adults from vaping as opposed to smoking, whilst for young people there was a potential for vaping to be harmful for a developing brain. As such, BYP asked that if there was more potential for vaping to harm young people whether there should be a greater focus on young people and further research on the effects of vaping on young people specifically. Dr Melanie Smith agreed, highlighting that national legislation was long overdue on this in terms of the protection it could offer to young people. She felt there had been a missed opportunity when vaping first emerged to help people understand the importance of preventing the acquisition of addictions at a time when they may not be fully aware of the consequences, as many health professionals had seen vaping as a good thing as switching from cigarettes to vaping was much better for health. Professionals had not anticipated how clever industry marketing would be in targeting young people and making their product incredibly attractive to young people, which had subsequently allowed young people in small numbers to develop a nicotine addiction not through cigarettes but through vaping. She saw legislation as the solution to tackling this.

The Committee were pleased to see that the Council was committed to tackling smoking and smoke-free tobacco and nicotine, but felt there was a lack of detail in the report on any engagement or active work being done relating specifically to under 18 year olds. John Licorish felt that it was important to target young people when tackling smoking, vaping and smoke-free nicotine use, and the legislation would support that. He advised that the specific issue relating to young people currently was vaping, and whilst it was true that it was better for a person's health to vape rather than smoke, there was an emerging category of people who had never smoked but now vaped, which was an area of national concern. Due to the emergence of vaping amongst young people who had never smoked, Elev8 had been asked to further develop a young person's smoking and vaping service. Elev8 did already see young people who smoked and vaped, but that work would be expanded. In relation to work in schools, Dr Melanie Smith highlighted that there had been some work in schools although not as much as she would like, and Public Health was open to working more with schools. She highlighted that lecturing children and young people that smoking and vaping was bad for you did not resonate with young people, so a holistic approach was taken, looking at risk taking behaviours with a third sector organisation running assemblies about making choices and risk taking in a broader approach, avoiding 'wagging fingers'. She added that smoking and vaping were not areas schools were asking for interventions in and they had a lot of other pressures they were addressing, particularly around children and young people's mental health. Despite the different priorities of schools, Public Health did have good links with headteachers and was currently working with the Harlesden school cluster around a range of messages and had found that offering a menu of options did increase a headteachers willingness to give that time in the busy school day.

Continuing to discuss the approach to young people and smoking / vaping, the Committee asked how effective the Council was at speaking to and listening to young people, and whether they were being spoken to in a language they understood. They heard that the Council's third sector organisations were much better at relating to young people and speaking their language, and Elev8 worked specifically with young people to design messages, so it came from young people for young people. Dr Melanie Smith added that it was clear that the messaging and approach needed to be different from that for established smokers, which was why the Council had commissioned and recruited to the new service.

In relation to the accessibility of vapes for young people, BYP representatives highlighted that young people in uniforms had been able to buy vapes in corner shops, and asked whether there was anything the Council was doing or could do to reduce or prevent that. Dr Melanie Smith highlighted that the report was focused on the Public Health element of smoking, vaping and nicotine use from a community health and wellbeing point of view, so had not addressed enforcement, but confirmed that there was a considerable amount of activity happening around enforcement, including mystery shopping where young people went into shops and test purchased. One factor that was influencing the accessibility of vapes was that the financial penalty of selling to underage buyers was disproportionate to the profit. That would change with the introduction of the new legislation.

Highlighting that the majority of young people engaged in campaigning against smoking and vaping were those who were not smoking and vaping or those who saw the negativities of smoking and vaping, BYP representatives asked how the Council planned to engage young people who saw it as a positive or did not see the negatives of vaping. Dr Melanie Smith agreed that those most willing to have the conversation were those who were probably not vaping or were vaping but wanted to stop, and it was much harder to get through to someone who did not see the negatives or who was vaping. She advised that when Elev8 spoke to young people about vaping it was done with messaging through other activities that young people enjoyed such as drama club, so that they were being engaged about issues Public Health wanted them to be aware of whilst undertaking activities they were interested in, making them more likely to engage in those messages.

BYP noted the government scheme to undertake a 10-year research programme looking at the effects of smoking and vaping, but, considering the increase in vaping from 2022 to now, highlighted that vaping in young people looked set to increase. They asked what data or solutions could be sought in the meantime. Dr Melanie Smith advised BYP that Public Health was hoping to undertake a survey in secondary schools, which other boroughs had done with varying degrees of success. She advised that the success of the survey was dependent on how the school approached the survey and how much faith young people had that their answers would be confidential. The boroughs who had seen a more successful return of the survey had utilised digital technologies to do so. As such, if Public Health could get a critical body of headteachers on board, the group could then look to talk to BYP about what would make the survey effective and what would enable young people to be honest in their answers.

In response to how Public Health planned to collaborate in future with headteachers to create the same standards across schools with regards to tolerance on vaping, BYP heard that it was a challenge to work with headteachers as they all had their own approaches, policies and priorities. If some of the health issues associated with smoking and vaping could be linked to the priorities of headteachers, such as to educational attainment and students' life chances, then there was a better chance of getting headteachers on board.

The Committee asked whether work was being done with the various community leaders in Brent to speak to the community about prevention. John Licorish confirmed that this formed part of the wider work Public Health and Brent Health Matters (BHM) undertook in different areas with faith groups and community organisations. Some focused work on specific issues in the borough was also done working with third sector organisations, such as tackling chewing tobacco and the use of shisha. BHM helped develop materials for the community and messages that helped to deliver that work.

The Committee acknowledged that the focus nationally was on smoking and vaping, but in relation to chewing tobacco there were other parts of the country with similar use to Brent such as Tower Hamlets, Leicester and Birmingham who had used various initiatives to tackle chewing tobacco with varying success. As such, members asked whether Brent had

connected with those boroughs to share learning and, if not, whether Brent would commit to doing so. Dr Melanie Smith highlighted Brent's networks in London were very strong. Brent was part of the London Tobacco Alliance and learned from colleagues in London. However, it was acknowledged that this was London-centric and there was an opportunity to look further afield to see what other areas were doing in that space. Councillor Nerva highlighted that there was also high prevalence of chewing tobacco within the NWL ICB footprint including Ealing and Harrow, and hoped to see a NWL-wide focus on reducing that use.

Further detailing the work Brent did to reduce the use of chewing tobacco, John Licorish advised members that colleagues across health and social care and London North West University Healthcare NHS Trust had been checking for risk factors of chewing tobacco, due to the increased risk of head and neck cancers associated with chewing tobacco. This work had utilised the oral health bus and had taken place in Alperton, with an aim to do more of that, testing members of the community and referring them to an onward pathway. There was a focus on the risks of tobacco chewing to the chewer, with 1-1 interventions seeing the most impact. By inviting people to see a dentist for an oral health check through the oral health bus, which had proved popular, this gave the opportunity for some 1-1 counselling about chewing tobacco, with a professional explaining and showing graphic images of the risk of head and neck cancers proving effective.

The Committee asked whether an effort was made to communicate with tobacco chewers in the places where they gathered and in their language to discourage use. John Licorish assured members this was the case, with a factory workstream BHM and Public Health delivered covering a number of health issues. The workstream looking at chewing tobacco had started with one of the larger employers in Park Royal where there was found to be a high prevalence of chewing and smoking. The Council wanted to do more of that work and was looking at doing more work with medium sized employers now that the wider smoking team had been recruited, particularly in factories where the Council knew the levels of smoking and chewing were high. In relation to languages, it was confirmed that wherever possible the Council would speak to individuals in their own language. Across Public Health and BHM, over 50 languages were spoken, so there were a number of people from various communities who helped to tailor resources and communications in that way and work with natural speakers in the community.

In relation to the data in the report, the Committee asked whether the figures for smoking prevalence in Brent included all forms of nicotine use. It was confirmed that the figures were from the national survey which solely measured cigarette smoking. In terms of whether there had ever been an official study looking at what age people started smoking, officers confirmed that 4 out of 5 smokers started before they turned 18. When the Committee queried the figure of between 8-18 years old, officers confirmed that there were people known of locally who were primary school aged and smoking or vaping.

The Committee highlighted that some young people who smoked also smoked drugs, and asked whether those figures were included in the figures around smoking. They also asked whether there was a joined-up approach between the workstreams tackling smoking nicotine and smoking other drugs. Dr Melanie Smith agreed that often risky behaviours coalesced, but the report deliberately focused on only nicotine use, with the figures included only reflecting the smoking or vaping of nicotine or other nicotine use and not other drugs. She added that the Elev8 Service that would deliver the young persons' anti-vaping and anti-smoking service had two strands, one dealing with substance misuse and the other a more general wellbeing service. The anti-vaping and anti-smoking service would be located in the general wellbeing service, which was seen to be more approachable and accessible, but there was expertise within the service with the other strand for substance misuse so that if a young person came forward for vaping but it was

found they were using other substances then the service would be well equipped to explore and address that with the young person.

The Chair drew the item to a close and expressed gratitude to Brent Youth Parliament for bringing the issue to the Community and Wellbeing Scrutiny Committee. He then invited members to make recommendations with the following RESOLVED:

i) To ensure parents are included in the approach to tackling vaping, smoking and non-smoking tobacco use
ii) To share information and learning with other local authorities with similar issues, such as Leicester, in relation to non-smoking tobacco use
iii) To further engage those whose first language is not English and other communities who the Council and partners may not be reaching.
iv) To ensure targets are set to reduce vaping, smoking and non-smoking tobacco use.
v) To meet with young people regarding their experience and views towards vaping and smoking to further understand their lived experience and needs.

A specific recommendation was then received from Brent Youth Parliament representatives, recorded as follows:

i) To lobby for or undertake more research relating to young people vaping and smoking, and to incorporate data into future reports.

The Committee also made an information request, recorded as follows:

i) To be provided with data on smoking and vaping prevalence by age, with a focus on 8-18 year olds.

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

The Committee noted the recommendations tracker and requested that deadlines for action completion were included in the table.

11. **Community and Wellbeing Scrutiny Committee Work Programme Update 2024-25**

The Committee noted the work programme.

The meeting closed at 8:00 pm

COUNCILLOR KETAN SHETH
Chair