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Brent

Community and Wellbeing Scrutiny Committee

Wednesday 5 March 2025 at 6.00 pm

Conference Hall - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Please note that this will be held as an in person physical meeting which all Committee members will be required to attend in person.

The meeting will be open for the press and public to attend or alternatively can be followed via the live webcast. The link to follow proceedings via the live webcast will be made available HERE.

Membership*:

Members	**Substitute Members**
Councillors:	Councillors:
Ketan Sheth (Chair) Fraser (Vice-Chair) Aden Afzal Chohan Clinton Ethapemi Mahmood Rajan-Seelan Smith Mistry	Moghaddam, S Butt, Conneely, Dixon, Kennelly, Long, Mitchell, Molloy and Shah Councillors: Kansagra and Maurice Councillors: Matin and Lorber

**Membership updated following appointments approved at Full Council 27 February 2025*

Co-opted Members
Jane Noy, Parent Governor Representative
Alloysius Frederick, Roman Catholic Diocese Schools
The Venerable Catherine Pickford, Archdeacon of Northolt/Willesden Area, Church of England Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools
Rachelle Goldberg, Jewish Faith Schools
Vacancy, Parent Governor Representative

recycle for Brent

Observers
Brent Youth Parliament, Observer
Jenny Cooper, NEU and Special School observer
John Roche, NEU and Secondary School Observer

For further information contact: Hannah O'Brien, Senior Governance Officer
hannah.o'brien@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: www.brent.gov.uk/democracy

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.

(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.

(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.

(d) **Land -** Any beneficial interest in land which is within the council's area.

(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.

(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.

(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;

a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

Item		Page
1	**Apologies for absence and clarification of alternate members**	
2	**Declarations of interests** Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3	**Deputations (if any)** To hear any deputations received from members of the public in accordance with Standing Order 67.	
4	**Minutes of the previous meeting** To approve the minutes of the previous meeting as a correct record.	1 - 12
5	**Matters arising (if any)**	
6	**Maternity Provisions - an update from North Central London NHS on the Start Well Programme** To provide an update from North Central London NHS on the Start Well Programme. *Added to the agenda pack 28 February 2025.*	13 - 32
7	**Nicotine Addiction and Vaping in Brent** To provide an overview on nicotine addiction and vaping in Brent, including both national and local contexts and available data.	33 - 62
8	**Community and Wellbeing Scrutiny Committee Recommendations Tracker** To present the Scrutiny Recommendations Tracker to the Community and Wellbeing Scrutiny Committee.	63 - 72

9 Community and Wellbeing Scrutiny Committee Work Programme Update 2024-25 73 - 82

To provide an update on the changes to the Community and Wellbeing Scrutiny Committee Work Programme 2024-25.

10 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Deputy Director Democratic Services or their representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: Monday 28 April 2025

Please remember to turn your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public on a first come first serve basis. Alternatively, it will be possible to follow proceedings via the live webcast HERE.

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THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Wednesday 20 November 2024 at 6.00 pm
Held as a hybrid meeting in the Conference Hall – Brent Civic Centre

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Fraser, Aden, Afzal, Ethapemi, Lorber, Mistry, Rajan-Seelan and Smith, and co-opted members Ms Rachelle Goldberg and Mr Alloysius Frederick

In attendance: Councillor Neil Neva

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

- Councillor Mahmood had been in attendance but became ill for the duration of the pre-meeting and therefore passed on his apologies and left before the start of the meeting.
- Councillor Benea passed on her apologies following her appointment to Cabinet.

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
- Councillor Tazi Smith – employed by NHSE

3. **Deputations (if any)**

None.

4. **Minutes of the previous meeting**

The minutes of the meeting held on 20 November 2024 were approved as an accurate record of the meeting.

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

There were no matters arising.

6. **CQC Adult Social Care Improvement Plan**

Councillor Nerva, as Lead Cabinet Member for Adult Social Care, Public Health and Leisure, introduced the report, which provided details of the Brent CQC Adult Social Care Inspection and the Adult Social Care (ASC) Improvement Plan. He highlighted that the local authority was last inspected over 10 years ago, and this was the first inspection Brent had received as part of the new CQC inspection regime for local authorities. The result from the inspection was that Brent Adult Social Care 'requires improvement', and it was highlighted that the Council was 1 percentage point from 'good'. Councillor Nerva emphasised the importance of not dwelling on that one point and instead to take on board the feedback received from the inspectors. In addition, the authority was judged 'good' for both keeping residents safe and leadership. He added that, whilst the CQC Inspection was of Adult Social Care fulfilling its Care Act responsibilities, some of the services that were inspected ran right across the authority and interfaced with NHS services and the voluntary sector. In bringing his remarks

to close, he highlighted that the Adult Social Care Improvement Plan and Adult Social Care Transformation Programme due to be considered in the following agenda item complimented each other and focused on the measures the local authority was putting in place to make demonstrable improvements.

Claudia Brown (Director Adult Social Care, Brent Council) added that the Improvement Plan focused on the areas identified by the CQC as requiring improvement whilst emphasising the importance of ensuring that systems and processes within ASC continued to be safe. She explained that, whilst safeguarding and leadership had been judged as 'good', ASC was not being complacent and was focused on ensuring safeguarding and leadership continued to do well and improve to 'excellent'. The main areas of improvement included in the Plan and identified by CQC were around how ASC delivered services to individual users. Many of the areas identified by CQC were areas that ASC was already aware of and already had plans in place to deliver on. Overall, she felt the report presented to the Committee outlined a comprehensive plan to move ASC to a more qualitative service delivering good customer care, collaborating with other organisations and customers and continuing the trajectory of improving services towards excellent.

Harry Peacock (Head of Performance, Change and Assurance, Brent Council) provided more details about the improvements and actions outlined in the plan. He advised the Committee that CQC assurance fell within his remit and the Improvement Plan aimed to bring all actions together to understand the available data and Brent's performance against benchmarked London boroughs. Prior to the CQC Inspection, the Council had completed a self-assessment of ASC and identified through the data and talking with partner agencies, staff and customers some areas needing improvement. The CQC Inspection then further reinforced those areas in terms of how Brent compared to national datasets and comparative London boroughs.

The Committee heard that one of the major areas of focus was on the customer experience and the way Brent Council worked with its customers, with emphasis on ensuring ASC supported carers appropriately in the borough. The Council had just developed and launched its Carers Strategy and its carers commitments and had been working with partner agencies to improve the experience of carer. Officers were now beginning to see the impact of that through the figures. For example, officers highlighted that the last set of data from the Carer's Survey saw satisfaction rates move from 31% to 37%, putting Brent in the top 25 percentile in London for carers satisfaction. In terms of assessing need and providing the right support at the right time and in the right place, assessment waiting lists had reduced significantly over the last 6 months following the CQC inspection as a result of actions put in place. Harry Peacock advised the Committee that ASC's approach had also moved to focus more heavily on community engagement and co-production, working with residents, user groups and community partners which was now beginning to embed. There was a Co-Production Forum and Co-Production Steering Group, and Co-Production Champions had been recruited from staff and resident groups. Four Resident Advisory Inclusion Groups had been set up to help improve the customer experience and understand life stories to help develop services. Within that approach there were 4 priorities; self-care, technology, loneliness and mental health. At an individual level, ASC were viewing every interaction with an individual as an opportunity to seek direct feedback from them and their carers so that there was no need to wait until the annual survey to understand service user's views. ASC had also worked to understand the complaints that were coming through and identify themes that could be actioned to reduce the number of complaints and the timeliness of responses, resulting in significant improvement over the past 6 months. One key theme coming out of learning was the need for two-way communication between the Council and the service

users and carers so that they understood where they were in their ASC journey. In addition, ASC was working with its wider providers and partners and had a number of actions in relation to that.

Concluding the introduction, Harry Peacock informed members that ASC was implementing an ambitious digital and assistive technology program to roll out tech enabled care, working with an organisation called Triple Value Impact to design a digital blueprint to deliver technology into people's homes to support them to remain independent.

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

In noting that ASC was judged 'requires improvement', the Committee asked what 'outstanding' looked like to the Council and whether there were any areas where ASC were moving towards an 'outstanding' judgement. Claudia Brown emphasised to the Committee that, although ASC had been judged as 'requires improvement', it had been 1% from 'good', which demonstrated ASC was on a trajectory towards being 'good'. She explained that some of the reasons ASC had been marked down was because, whilst an improvement plan had been established, many actions were in progress rather than fully implemented, and ASC knew from other boroughs that a Council could be marked down where plans had not been fully implemented. ASC had accepted the score by CQC and recognised the areas for improvement and now had plans in place to move forward, with improvement already being seen as a result of those plans in terms of working closely with partners, co-production, and a customer facing approach. In terms of what she thought outstanding looked like, she highlighted receiving minimal complaints, working closely with partners, communicating regularly with customers and receiving feedback on services, and delivering services in a timely way. As such, she felt ASC had a way to go, was confident that the performance data was starting to improve in the right direction and officers anticipated that over the next 6 months ASC would move into a solid 'good'.

In considering the CQC inspection regime, the Committee acknowledged the challenge in the CQC not having set themes or definitions, and asked whether the Council used its own measuring tool to assess itself. Officers confirmed that there was a framework that ASC was testing itself against, based on what CQC might have, and this could be shared with the Committee.

The Committee felt that the report was lacking in data and asked for future reports to include further performance information, metrics and benchmarks. In response, Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) referred to section 3.4 of the report, which highlighted the data used by the CQC, and advised the Committee that the full CQC inspection report showed the national benchmarking data ASC had been judged against. The CQC had identified that Brent had less people satisfied with their care and support, but there had been a low return rate on the survey, which she felt could mean that customers did not feel engaged and empowered to communicate with ASC. This was one of the reasons ASC was focused on getting deeper into communities, including through the recent Community Assessment Days that had been piloted with Brent Health Matters (BHM), to give a consistent experience to Brent residents. Councillor Nerva added that section 3.4.4 showed tangible areas where the Council had set itself targets for improvement, which he, as Lead Cabinet Member, would expect to be updated on regularly.

Harry Peacock provided a further explanation on the use of data, highlighting that the metrics benchmarked against came from annual surveys that all local authorities were required to undertake with their customers. That most recent survey had started in late January 2025, so over the next two months those results would be collated so that, once analysed, ASC could see any improvement made. Arrangements were being made with Co-Production Co-

ordinators to go out into the community to assist people to complete those surveys where individuals were having difficulties completing them and customers were also being assisted to complete the survey over the telephone. Early indications suggested that the response rate was increasing as a result. August 2025 would be when all results were nationally co-ordinated and ASC would be able to see whether performance had improved and whether it compared favourably to other boroughs.

In response to requests for further benchmarking information, Harry Peacock added that the Council and other London boroughs had expressed strongly to the CQC that comparing London boroughs with the rest of England did not recognise the unique challenges and diversity of many communities in London compared to nationally. He informed members that the Association of Directors of Adult Social Services (ADASS) had engaged London Councils to do a piece of work around the uniqueness and challenges that London boroughs faced when benchmarked nationally. That work had since completed and showed stark differences in the experiences of people in London to people in other parts of the country.

The Committee asked what mitigations were in place to move the metrics identified in the table in section 3.4.4 forward. Officers confirmed that there were mitigations in place, and as a result this had seen carers satisfaction increase, bringing Brent into the top 25% of London boroughs for carers satisfaction. In terms of reviewing the performance metrics outlined in the table, the Committee asked whether there were governance and assurance processes in place to ensure further interventions were made if those figures did not improve. Rachel Crossley advised the Committee that there was a monthly Improvement and Assurance Board which she chaired, and that meeting included standing items reviewing performance areas, any provider concerns and statutory practice areas. As such, data was monitored monthly. There were also regular briefings with the Lead Cabinet Member and briefings with the Leader and Chief Executive to review CQC assurance.

Regarding carers satisfaction, the Board queried the target on table 3.4.4, highlighting that the narrative stated the target had already been achieved. Harry Peacock explained that CQC had used the year before data to set their benchmarks, and over the last few months since CQC had inspected Brent the most recent national data had become available, showing carers satisfaction had increased to 37% and moving Brent into the top 25% in London. The Committee highlighted they would want to see satisfaction much higher than that, which officers concurred with. Officers acknowledged the possibility of revisiting the target as it had already been achieved and agreeing what the next step target should be. In terms of targets, Rachel Crossley expressed that Brent ASC would always want to be sitting in the top 25 percentile in London. To be considered ‘outstanding’ it would likely need to be in the top 10%. To fully understand both carer and ASC service user satisfaction and improve it, ASC was gathering its own service user feedback when residents had assessments and reviews so that information was being collated in real time. On the majority of performance targets, ASC had been setting ‘step’ targets to hit, which would then be increased once the ‘step’ target was met. Performance targets were due to be reset in March 2025, based on what outcomes Brent wanted to achieve and the resources available. As such, it was felt that ASC was aiming for continual and maintained improvement.

In relation to carers, the Committee asked how ASC identified carers in the borough. Claudia Brown explained that there were different ways to identify carers. For example, a carer might be identified through the hospital discharge process or conducting an assessment within the community, where in both circumstances they would be offered a carers assessment. ASC would look at carers needs as well and take on board any young carers needs. The Council had a contract with a carers organisation to help provide support to carers and part of their specification was to identify carers and refer them to ASC. Carers could also self-refer or be referred by an external organisation or individual.

The Chair then invited Brent Youth Parliament (BYP) representatives to participate. BYP asked what work was being done to support young carers and whether there were any young carers directly involved in the workstreams presented to the Committee. Officers advised BYP that ASC had signed up to 'no wrong doors' and as part of that included young carers on the Carers Board, and the carer support provider that ASC commissioned had provision for young carers with different activities targeted towards young people. ASC had an agreement in place with the Children and Young People department regarding transitions, so if there were young carers identified in their service they received a holistic transitions process so that they did not fall through the net. Councillor Nerva added that Council recently considered the implications of the 21-hour rule on young carers and their ability to claim carers benefits and remain in full time education. He and the Cabinet Member for Children, Young People and Schools had met with the Social Security Advisory Committee to express concerns about the new rule, and the Council was campaigning and lobbying around this to ensure young carers were not prejudiced regarding having to choose between money and full time education.

The Committee asked how ASC was seeking out underrepresented communities to ensure they knew about and could access services. Claudia Brown responded that ASC had recognised there were communities that it was not reaching, and so had partnered with BHM to pilot 2 ASC Community Assessment Days that were very successful and assessed around 200 individuals. As a result of those pilots, ASC would be looking to plan more events with BHM to go out to the community and open up the opportunity for individuals to receive an assessment and access various other services.

Noting the various existing frameworks for further engaging residents identified in the introduction, the Committee asked how effective those approaches had been. Officers advised that the implementation of the Co-Production Boards and the Carers Board had received very positive feedback. The people involved with those groups were fully engaged and the memberships were expanding and growing with increased participation. ASC had adopted a listening culture and any feedback received was brought back into the service to make changes as and when possible.

The Committee asked what the number of complaints being received by ASC was and the timescales they were being responded to in. Rachel Crossley confirmed that had access to that complaints data, and responded that, over the last quarter, 110 member enquiries, service requests, complaints and corporate complaints had been received across ASC. 96% of those had been completed on time (responded to within 20 working days).

In relation to the ASC restructure taking place outlined in section 5.5.5 of the report, the Committee asked what actions had already taken place. Claudia Brown explained that the consultation had just completed and ASC was working to implement the restructure from 3 March 2025. Within the restructure, there was work being done to ensure ASC was more closely aligned with neighbourhoods, with 3 social workers recruited to work externally within neighbourhoods to identify individuals in GP surgeries. The restructure aimed to streamline services and ensure ASC could be accessed much quicker, as well as ensure information and advice was available to the community through various sources, working closely with the neighbourhood service to do more outreach.

The Committee asked what impact the Improvement Plan was having on staff and carer wellbeing and workloads and whether there were any financial implications associated with the plan. Rachel Crossley advised the Committee that ASC had undertaken a restructure, moving some of teams around so that there was resource in the right places which had been positively received by staff. ASC had also responded to the feedback received during the staff consultation, and the staff survey results were positive overall. The Council always aimed to listen to people's issues and understand pressure points, particularly around winter discharge. Claudia Brown also led wellbeing sessions and ASC had a suggestions box, ensuring staff

could engage in this transformation. In relation to the financial aspects of the improvement plan, officers highlighted that there were no specific budgetary implications because ASC was using the resources it had and focusing on improvement areas, and there was no additional ask for a budget given the stretched financial position the Council was in.

The Committee noted the improvement plan priority to work collaboratively with partners, and asked how ASC would measure the success achieved through working with partners. They heard that the Better Care Fund (BCF) ensured ASC services were working with health partners to deliver support to the community, and data was collected through the BCF around how much integrated work was taking place. This information was then reported to the Department for Health and Social Care. In addition, Brent ASC benchmarked itself against other London boroughs and through national data and information returns. It was agreed that this data would be provided to the Committee.

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

i) For ASC to improve the visibility and availability of data, including for staff, so that everyone understood how their areas were performing and what impact they were having.
ii) For ASC to set more targets and specific benchmarks.
iii) For future reports, to further outline mitigating factors if targets are not met and actions being taken to address that.
iv) For ASC to compare with boroughs of similar demographics when making comparisons with other London boroughs.

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

i) To share the self-assessment tool ASC used to understand its performance.
ii) To share carers satisfaction, including how Brent compared with similar boroughs, once the data was made available.

7. **Brent Adult Social Care Transformation Programme**

Councillor Nerva, as Lead Cabinet Member for Adult Social Care, Public Health and Leisure, introduced the report, which provided information regarding the implementation of the Adult Social Care (ASC) Transformation Programme. He highlighted that the programme took into account comments made by the CQC as well as learning from other areas of work. Claudia Brown (Director of Adult Social Care, Brent Council) added that the programme focused on the Council's drivers for change and what was being put in place to ensure change occurred, highlighting the enablers being used to make that happen.

Harry Peacock (Head of Performance, Change and Assurance, Brent Council) outlined further details of the programme, which had been rescoped to incorporate all areas where ASC wanted to see change. The programme focused on 4 frontline facing areas; how ASC worked with partners and customers to maximise people's independence; how ASC ensured practice was strength-based and reflected the needs and outcomes that people wanted; how early intervention work could be provided to prevent, reduce or delay the need for formal care and; how ASC could use digital and tech enabled care to support residents to be independent and live safe and well in their own home. It was recognised that, to make radical change, it was essential to have support from other areas, so the transformation

programme includes enabling workstreams across commissioning, finance, performance and data, and underpinning the entire programme was co-production.

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

The Committee highlighted the commitment in slide 5 of the appendix – 'working with you to live your best life' – and asked what that meant in practice. Officers explained that it meant working with people in a way that gave them the solutions that mattered and worked for them. ASC understood that people's circumstances could be challenging and that there were things the Council and ASC could to do support them further. For example, the Transformation Programme looked for ways to support people much earlier in their life to delay, reduce or remove the need to enter formal care. To do this, there would be a need to do things differently and shift resources into the right areas.

In relation to the aspirations outlined in the Programme, particularly in relation to the use of new technology to support the deliver of care, the Committee highlighted that training would be essential to equip staff with the relevant skills to deliver. Officers confirmed that training had been considered and ASC was working with Triple Value Impact to develop the digital blueprint. A key aspect of that work was about working with resident groups, staff and providers to take up that technology. It was recognised that, as well as equipping people with the skills to use technology, there would be an element of culture and behavioural change needed to show the positive impact of technology and bring people on board.

The Committee asked if the financial implications of implementation had been considered. Harry Peacock confirmed that one of the key enablers of the programme was finance. It was important for ASC to understand demand and where it was coming from, as the data showed increased demand for mental health services and Learning Disability support. Officers were working with commissioning to see how the increased cost of care and the pressure in the care market could be managed and met in a sustainable way and working with finance colleagues to ensure ASC could meet the current budget pressures and deliver a sustainable financial model. It was added that finance was a challenge for every local authority delivering ASC across the country. Claudia Brown added that not everything provided would be a Council funded care cost, so it was important to recognise the resource available in the community and use those resources well. The Programme did not ask for a lot of new money and aimed to work within the budget already available, re-allocating funding from areas that were underspending to areas where extra budget might be required. ASC was also utilising extra government grants where possible to facilitate the programme.

In considering the aim to work within the budget available, the Committee asked how confident officers were that ASC would be able to deliver everything the Transformation Programme sought to do within the current budget and without an overspend, particularly following the additional National Insurance contributions providers, agencies and the Council would now be required to make. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) acknowledged that it would be a challenge, but advised members that the aim was to deliver the programme within the budgets available and get it right. She explained that the Transformation Programme worked in tandem with the budget proposals due to be presented to Cabinet and Council in February and included business as usual demand as well as the bigger savings programs the Council was required to consult on. There was around £7m of pressure, with workplans against all of them. She confirmed that the Council was clear what those programs of work looked like and growth had been planned into those areas. Officers added that ASC also had a Financial Strategy for the next year which was being regularly monitored. In addition to the ASC budget, members were advised that that the programme was a whole Council endeavour using transformation

resources across the Council. For example, the budget for digitisation and technology was not coming from the ASC budget. As such, there was prioritisation of this programme in other departments across the Council and the programme helped ASC remain within its budget and deliver for residents. Councillor Nerva added that he hoped in the future for discussions relating to one public purse, where there was greater collaboration across partners including the local authority and NWL Integrated Care Board (ICB) around a single pot of money to ensure the best delivery of services to local residents in the most efficient way.

Noting that the Transformation Programme looked to shift to an early intervention and prevention approach, the Committee asked how it would be possible to do preventative action without additional funding. Harry Peacock advised that part of the programme aimed to understand what the Council was already spending on intervention and prevention, which was significant. He provided the example of the reablement service the Council delivered to those who did not have Care Act eligible needs or did not need a financial assessment, which cost in the region of £2.8m for resources and £2.3m on care and support. For every 100 service users that went through reablement, 70 did not go on to long-term formal care and support, so the Council knew that investment was working. Other examples provided included the money being spent alongside health colleagues for community equipment and the money spent alongside the housing services department for the Disabled Facilities Grant. For some of the workstreams, including tech enabled care, this was being funded by government grant. Rachel Crossley added that money also came through the NHS for prevention, but tended to focus on medical prevention. She felt that the NWL ICB should be more involved in the social, economic development stages of the prevention approach and there were conversations needed around how health inequalities funding and prevention resource was used. She highlighted that more advice had been included in the NHSE guidance around how ICBs used money on developing and supporting Integrated Neighbourhood Teams (INTs), and so she felt there was a need to look at that pool of funding together to use it more impactfully.

The Committee asked for clarification on the figures in relation to slide 2 of the appendix, which showed a 22% increase in demand for support for people with mental health issues. They queried whether this related to a particular profile, for example people over 60, people with dementia, people with Learning Disabilities or younger adults. It was clarified that the22% increase related to the increase over the last 3 years, meaning that since 2021-22 until the current year there had been a 22% increase in the number of people with mental health issues supported by the local authority. The number of people with mental health problems supported in 2021-22 was around 640 people, and the local authority was now supporting around 700 people, showing a significant impact on the level of demand for mental health support. Officers agreed to provide supplementary information outlining how many people were being supported with a mental health issue broken down by age, gender, ethnicity, deprivation and other demographic metrics.

The Committee understood the rationale for the priority around maximising independence, but raised concerns that there was a risk of pushing people who needed support into a space where they were forced to be independent and not able to be. They asked what safeguards were in place to ensure that did not happen. Claudia Brown highlighted that the priority to maximise independence was not about people with Care Act needs being forced into independence, but about providing information to the community and providing resources to individuals to ensure that, wherever they could, they could be independent. For example, this could be a mixed package where some support was provided by the individual and ASC topped that up with a support package. Where there was a Care Act duty to deliver

on a need that would be done, but if an assessment found that the individual could do certain aspects independently or had family members willing to support them to be independent then ASC would aim to support them to do that. Individuals would be monitored to ensure that if they needed to they could come back into the ASC space.

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

i) For ASC to implement a set of measurements for the Transformation Programme to track progress and improvements.

As well as recommendations, the Committee made an information request during the discussion, recorded as follows:

i) To provide supplementary information outlining how many people were being supported with a mental health issue broken down by age, gender, ethnicity, deprivation and other demographic metrics.

8. **Community Health and Wellbeing Performance Update**

Councillor Nerva, as Lead Cabinet Member for Adult Social Care, Public Health and Leisure, introduced the report, which provided an overview of the performance and key metrics for Adult Social Care (ASC) and Public Health services for Quarter 3 (Q3) of 2024-25. Dr Melanie Smith (Director of Public Health, Brent Council) added that the report provided a succinct and clear account of the corporate Key Performance Indicators (KPIs) that the Council measured performance by. She clarified that these areas were not the only things that were measured, for example, in the Council's contracted services there was a suite of KPIs to hold contractors to account for, but the KPIs presented had been selected to give an overview of the most relevant areas of performance.

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

The Committee felt that, whilst there was a comprehensive set of information about performance included in the report, there had been no explanations, context, comparisons or detailed solutions for improving performance outlined in the report. Officers explained that the report aimed to follow the template that the Corporate Performance Team provided to Cabinet on a quarterly basis, and some of the information had been covered in the previous two items, although it was acknowledged that this document could be read as a standalone item separately from the agenda. There was benchmarking information available as well as a visual performance dashboard which officers agreed to share with the Committee.

The Committee highlighted that there were several KPIs not reaching their target, and asked how confident officers were that the Improvement Plan and Transformation Programme considered in the previous two agenda items would improve performance and bring those KPIs into target. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) advised members that she felt confident around a number of KPIs relating to timeliness and satisfaction, but she had less confidence in relation to improving the number of people with a mental health condition or Learning Disability being supported into employment. She understood this was not a solely ASC issue but about how officers engaged businesses to find the right type of work, and she felt there was more work that could be done across the Council with partners in the employment space to improve that. Claudia Brown (Director of Adult Social Care, Brent Council) added that there were plans to redesign Day Opportunities, which included supporting those with Learning Disabilities and mental health issues into employment.

In relation to the amber KPI outlined in section 3.2.21 on health checks, the Committee asked whether officers had identified the reason for missing the target and any mitigations in place for that. Dr Melanie Smith explained that health checks were commissioned by Public Health from GPs and Public Health then reported on the overall performance, but did not report publicly on performance by individual GP practice, although it did hold that data. As such, Public Health would be able to do targeted work with those practices who were below target in quarter 4 to make further efforts to reach out to people to encourage them to attend their health checks which could translate into an overall increase in performance. She added that she was confident that, by year end, the target for NHS health checks would have been reached.

Some Committee members shared some of the cases they had been involved in with residents in their ward relating to ASC. A resident had contacted the member about an elderly couple and was worried about self-neglect and safeguarding issues because the elderly man's partner had been in hospital, and the resident had been unclear who to contact or whether there was a care package in place. When the member brought this case to the attention of ASC they had found the response to be excellent, but the member queried how ASC could become aware of those cases and where this would appear in KPIs. Claudia Brown highlighted that cases like that were difficult because unless ASC knew about the individual then they would be unable to help. She felt this was why there was a need to work closely with the London Ambulance Service and other partners, so that if someone's carer had been taken into hospital ASC were informed and could pick up that case. ASC was working with partners to ensure everyone knew about how to contact ASC in cases of emergency. This included working more closely with GPs, so ASC was doing more outreach in neighbourhoods, such as through the Community Assessment Days, to ensure people knew about services available to them. Sometimes other organisations may know about someone but had not informed ASC, so making those referral pathways and access points clearer so that ASC knew about those individuals as soon as they were at risk was seen to be essential. ASC was also updating the information provided on the website and ensuring information was going out into the community about ASC, and was working with Brent Customer Services to devise a way of identifying what happened to those individuals when they were signposted.

The Committee asked how the Community Health and Wellbeing Directorate was working in collaboration with health partners. Claudia Brown advised members that the department was working closer with Brent Integrated Care Partnership (ICP) / Brent Borough Based Partnership. For example, ASC was working with Brent ICP to ensure they were a part of a new frailty pathway being introduced, and with hospitals to ensure that if someone went into hospital the ambulance highlighted whether there was someone remaining at home requiring support. She felt that ASC did a lot of work with partners to ensure that, whatever avenue a person entered the care system, ASC were made aware of any other vulnerable adults or children in the household.

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

i) For ASC to include comparative measures, including from previous performance and other similar boroughs, in future reports.

As well as recommendations, the Committee made an information request during the discussion, recorded as follows:

i) To share benchmarking information and the visual dashboard.

9. **Recommendations Tracker**

The Committee noted the recommendations tracker.

10. **Any Other Urgent Business**

None.

The meeting closed at 8:00 pm
COUNCILLOR KETAN SHETH, Chair

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	**Community and Wellbeing Scrutiny Committee** 05 March 2025
	Report from Service Development Director CYP, CAMHS, Maternity and Neonates, North Central London ICB

Start Well – Update on the consultation outcome report for the proposed changes to maternity, neonatal, and children's surgical services in North Central London

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix A - NHS Start Well
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Anna Stewart Service Development Director, CYP, CAMHS, Maternity and Neonates NHS North Central London ICB anna.stewart3@nhs.net Chatan Popat Strategy Lead - Scrutiny, Strategy and Partnerships chatan.popat@brent.gov.uk

1.0 Executive Summary

1.1. North Central London Integrated Care Board (NCL ICB) and NHS England (London) Specialised Commissioning consulted on proposed changes to maternity, neonatal, and children's surgical services from 11 December 2023 and 17 March 2024.

1.2. The report describes the reach and breadth of the public consultation, then sets out high-level themes, with a particular focus on responses from Brent residents. The report then details the work that has been undertaken since the closure of the public consultation.

2.0 Recommendation(s)

2.1 Note the update on the public consultation and consultation feedback from Brent residents.

2.2 Note next steps of the programme.

3.0 Detail

3.1 The programme developed a set of proposals to improve maternity and neonatal and children's surgical services in NCL and for those choosing to use services in NCL from neighbouring areas. The programme consulted on these proposals from 11 December 2023 to 17 March 2024.

3.2 The purpose of the briefing today is to:

- Provide a reminder of the proposals and the background to the public consultation
- Provide an overview the consultation process and outcomes, including the extent of engagement with Brent residents and stakeholders
- Outline the work done to respond to the consultation feedback, including mitigations for the impact on Brent residents
- Describe next steps, including the committee of notifying decision-making timelines

Contribution to Borough Plan Priorities & Strategic Context

This report relates to the Borough Plan Priority – a Healthier Brent.

3.3 Background

The Start Well Programme was initiated in 2021 to ensure maternity, neonatal, children and young people's services in NCL are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against the ICS's duties around population health improvement and tackling inequalities.

Three Start Well proposals for change were consulted upon between 11 December 2023 and 17 March 2024: two around maternity and neonatal services, and the second on children's surgery. The consultation aimed to reach a wide range of residents, patients, staff and stakeholders gathering feedback on the proposed changes to services. The consultation focused on NCL residents, staff and service users and those from neighbouring areas who may choose to use NCL services. An interim integrated impact assessment identified Harlesden and Willesden residents as potentially impacted by the proposed changes to maternity and neonatal services and close attention was paid to engaging this area during the public consultation.

Responses to the public consultation were analysed by an independent organisation Opinion Research Services (ORS), and these reports were published on the ICB website in November 2024:

- https://nclhealthandcare.org.uk/wp-content/uploads/2024/11/Start-Well-Consultation-on-Maternity-and-Neonatal-Services-in-NCL-ORS-Full-Report-NOV-FINAL.pdf

- https://nclhealthandcare.org.uk/wp-content/uploads/2024/11/Start-Well-Consultation-on-Childrens-Surgical-Services-in-NCL-ORS-Full-Report.pdf

NCL ICB are taking feedback from the public consultation into consideration as they update the proposals and develop a decision-making business case for the maternity and neonatal proposed changes.

4.0 Stakeholder and ward member consultation and engagement

4.1 Briefing with the Brent Community and Wellbeing Scrutiny Committee at the start of the consultation process.

4.2 The chair of the community and wellbeing scrutiny committee / NWL JHOSC attended the NCL JHOSC on 30 November 2023 which reviewed the consultation plan and discussed the approach to public consultation. He also attended a further session of the NCL JHOSC in July 2024 which outlined the interim findings from the consultation and proposed next steps.

4.3 Briefing for Leader, Cabinet members and chief officers, immediately prior to consultation launch.

4.4 In the first part of the public consultation there has been an all members briefing for all LB Brent councillors on the proposals, this was attended by ICB Executive leads from NCL and NWL, the programme team and clinical leaders from NCL and NWL.

4.5 Updates have been given at Brent Connects meetings in January 2024 in Harlesden, Willesden and Kilburn.

4.6 During consultation, letters inviting residents to participate in the consultation were sent to over 3,800 households in Harlesden and Willesden. Other engagement events included: drop-in events, ‘stay and play’ events, focus groups and 1:1 interviews. Other stakeholders were engaged through VCS organisations. There was also attendance at the Brent GP forum.

5.0 Financial Considerations

5.1 N/A

6.0 Legal Considerations

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6.1 N/A

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 Alongside the initial consultation documents, NCL ICB published an interim Integrated Impact Assessment (IIA) that explores the possible impact of both the maternity and neonatal proposals and children's services proposal. To support future decision making the IIAs will be updated with refreshed data and further mitigations reflecting the feedback from the consultation. The interim IIAs can be found on the NCL ICB website:

- Maternity and neonatal proposals interim IIA: https://nclhealthandcare.org.uk/wp-content/uploads/2023/12/ALT-TEXT_Maternity-Neonates-IIA-1.pdf

- Children's services proposal interim IIA: https://nclhealthandcare.org.uk/wp-content/uploads/2023/12/ALT-TEXT_Paediatric-Surgery-IIA-1.pdf

8.0 Climate Change and Environmental Considerations

8.1 Impact of the proposals on the environment have been captured through the interim IIA that was carried out. This will be updated as part of the IIA refresh.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 N/A

10.0 Communication Considerations

10.1 N/A

Report sign-off:
Anna Stewart
Service Development Director, CYP, CAMHS, Maternity and Neonates
NHS North Central London ICB

North Central London Health and Care
Integrated Care System

NHS

Start Well update for Brent Community and Wellbeing Scrutiny Committee

5 March 2025

Background and purpose of this update

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Background

- A public consultation was conducted between 11 December 2023 and 17 March 2024 which focussed on proposed changes to maternity, neonatal and children's surgery. The consultation aimed to reach a wide range of residents, patients, staff and stakeholders gathering feedback on the proposed changes to services.
- An independent organisation (Opinion Research Services or ORS) have analysed the feedback received over the 14-week consultation period and have published their full evaluation reports.

Purpose of the update

We have the feedback reports to inform further work done since consultation and next steps. The purpose of this paper is to give an update to Brent Community and Wellbeing Scrutiny Committee about the consultation outcomes and the ongoing work that is being undertaken to update the proposals that responds to consultation feedback.

To support this, today's update includes:

- A reminder of the proposals included in the consultation
- A summary of the activities undertaken as part of the public consultation
- High level feedback themes from the consultation, with a focus on feedback from Brent residents
- The proposed next steps

Supporting papers

- Maternity and Neonates independent feedback report: https://nclhealthandcare.org.uk/wp-content/uploads/2024/11/Start-Well-Consultation-on-Maternity-and-Neonatal-Services-in-NCL-ORS-Full-Report-NOV-FINAL.pdf
- Reach report and consultation methodology: https://nclhealthandcare.org.uk/wp-content/uploads/2024/07/Start-Well-programme-methodology-and-activity-report.pdf

The Start Well programme was set up with the aim of supporting the reduction of inequalities and improving population health outcomes

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The Start Well programme is one of a number of programmes that NCL ICS is progressing in line with its overarching strategy to improve access, experience and outcomes for North Central London residents. Other programmes underway designed to improve population health outcomes include delivering a core offer for community services and mental health services as well as the implementation of a Long Term Conditions Locally Commissioned Service in Primary Care.

The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities

- **Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes**
- **There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others**
- **The quality of services could be improved, and some service users face differential outcomes and experience**
- **Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care**
- **Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care**

Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders, ICS partners and our neighbouring areas

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Start of review
November 21

Agreement across all organisations to commence the programme following Trust Board engagement.

Case for change development
November 21 – May 22

The clinical case for change was co-developed through significant clinical engagement, including: 60 interviews, 12 reference group meetings, 2 large clinical workshops and 5 surgical deep dive sessions

Case for change engagement
July – September 22

Engagement with patients and the public on the case for change, including:

- 207 in depth discussions
- 389 questionnaire responses
- 16 stakeholder meetings
- 2 youth summits

Over **75% of respondents agreed or strongly agreed with opportunities identified**

New care models
July – September 21

Future facing best practice care models were developed. This involved **over 100 clinicians** through workshops and task and finish groups

Options appraisal
November 22 – May 23

Evaluation of options was undertaken through **10** clinical reference group meetings, **8** finance group meetings and **3** patient and public engagement group meetings

Pre-consultation business case development
May 23 – September 23

Drafting of pre-consultation cases that outline proposals and new clinical model to be implemented

IIA engagement
May – June 23

Engagement with **over 120 service users** about their experiences of maternity and neonatal care to build up an understanding of the impact of implementing changes

Clinical senate review
July 23

A panel of over 30 senate panel members reviewed and feedback on proposals. Lead clinicians from NCL represented the programme

NHSE assurance
November 23

Assurance of proposals by NHSE, a requirement in advance of commencing a consultation. Trust Board sign up to proposals is needed for this

Public consultation
December 23 – March 24

Seeking feedback on proposals which will inform subsequent decision making

ORS report development
July – November 24

Working with independent provider to develop feedback reports. Published 4th November

Responding to feedback and updating proposals
August – December 24

Working with reference groups (including finance and clinical) to update options appraisal and evaluation in the context of consultation feedback and with latest data

Developing DMBC and implementation planning
December 24 – March 25

Developing decision-making business case (DMBC) ahead of ICB decision-making meeting in early 2025, including more detailed implementation planning

The programme, which began in November 2021, has benefitted from extensive clinical and service user input.

The Programme consulted on changes to maternity and neonatal care and children's surgical services

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The consultation included three areas:

1 **Maternity and Neonatal Care:**
The proposals include ensuring the same minimum level of neonatal care is provided across all NCL sites and significantly investing in maternity and neonatal services. To enable this, it was proposed to consolidate maternity and neonatal care across four sites compared to the current five. The two options that were consulted on were:

- **Option A:** proposes closing maternity and neonatal services at Royal Free Hospital *(identified at consultation stage as the preferred option)*
- **Option B:** proposes closing maternity and neonatal services at Whittington Health
- **Both options** propose retaining services at Barnet, North Mid and UCLH, and significantly investing in maternity and neonatal services at these three sites

2 **Birthing suites at Edgware Birth Centre:** proposed the closure of the birthing suites while retaining ante and postnatal care at the site

Focus of today's update

3 **Children's Surgery:** proposed consolidation of some children's surgical activity in centres of expertise – particularly for very young children (under the age of 5):

- **Centre of expertise for emergency and planned inpatient** care proposed to be at **GOSH** – this proposed the creation of a surgical assessment centre for improved emergency access
- **Centre of expertise for planned day case** surgery proposed to be at **UCLH**

Consultation aims and purpose

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The programme set out to **deliver a 14-week public consultation** in line with best practice that complies with legal requirements and duties. We aimed to:

- Provide clear and accessible information about proposals and how they have been developed
- Allow time and opportunities for feedback from staff, residents, and stakeholders
- Ensure diverse voices are heard
- Seek alternative proposals or new evidence
- Understand the pros, cons and unintended consequences of the proposals
- Explore mitigations for any disadvantages
- Find out what matters most to patients and how this might affect implementation
- Ensure feedback was recorded and could be analysed to support thoughtful decision-making

We achieved this through:

- Developing a range of materials that explained the consultation proposals in an accessible way
- Ensuring feedback could be shared several ways: questionnaire, telephone, written response, at a focus group and through attending a public drop-in session
- Focussing resources and working with the voluntary sector to reach population groups identified as potentially more impacted through our impact assessments
- Widely promoting the opportunity to take part in the consultation through social media and other promotional opportunities
- Engaging with staff working across services and in the wider NHS
- Identifying local political and other stakeholders to seek their feedback on the proposals

During the consultation we widely promoted the opportunity to participate whilst seeking in depth feedback from potentially impacted groups

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Engagement with the consultation and feedback

Nearly **9,000 website** views, of which **6,335 were individual users**

3,112 questionnaire responses, of which:

- **2,031** came from members of the public
- **1,060** came from NHS staff
- **21** came from organisations

79 written submissions and emails of which:

- **32** came from members of the public
- **47** came from NHS staff, stakeholder organisations and officials

Promotional activities

Social media promotion leading to over **720,000** impressions and over **3,670 clicks** through to the consultation website

Video content totalling **1,310 views**

Print adverts placed in **13 local papers** or circulars

Over **40 items of news coverage** in local and national press

Nearly **7,000 letters sent** to households in target geographies

Meetings and feedback opportunities

Programme team attendance at **199** different meetings or events, reaching just under **3,400 people**, of which:

- **32** were in depth staff feedback sessions with **over 470 participants**
- **26** were promotional drop ins at local hospital sites reaching nearly **600 people**
- **46** were sessions targeted at communities who have protected characteristics or face health inequalities reaching **503 people**

Example communities reached:
Orthodox Jewish community, Black and Asian women's groups, families with learning disabilities, women over the age of 35, women with experience of maternal medicine services, women living in areas of deprivation, people with experience of mental health problems, women and people with poor English proficiency

- **34** were in target geographies as identified by the interim integrated impact assessments reaching **582 residents**
- **8** were local GP meetings reaching **279 GP staff** across NCL as well as Brent and Harrow
- **9** were targeted close the Edgware Birth Centre, reaching **81 staff and residents**

Engagement was separately commissioned with hard to reach groups such those experiencing homelessness **reaching 42 people**

Separately commissioned focus groups and interviews with people living in target geographies **reaching nearly 30 residents**

The original consultation documents can be found at: https://nclhealthandcare.org.uk/get-involved/start-well-2/key-information/

After identifying Brent residents as impacted by the proposed change, we engaged with as many residents and stakeholders as possible as part of consultation

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PUBLIC ENGAGEMENT

- Letters to over 3800 households in Harlesden and Willesden (over a third of households)
- ‘Open to all’ drop-in events
- ‘Stay and play’ events at local children’s centres
- Focus group with residents
- 5x 1:1 interviews with Brent residents
- Half-page advert in the Brent and Kilburn Times

COUNCIL ENGAGEMENT

- Brent Councillors briefing
- Brent Community and Wellbeing Committee

STAKEHOLDER ENGAGEMENT

- Brent GP forum with 60+ attendees
- Reached out to 10+ Brent-based VCS organisations including: Brent Health Matters, Healthwatch Brent, churches and faith centres
- 3x Brent Connects meetings with 26-35 attendees at each

The ORS feedback report showed widespread recognition of the challenges facing services in NCL and mixed views on the proposed consolidation of services

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Maternity and neonatal care model

Strong agreement with challenges in case for change

- Across all engagement activities, a **substantial majority agreed that changes are needed to address current challenges facing services**, with **68% of questionnaire respondents either strongly agreeing or tending to agree**
- **Nearly three quarters of questionnaire respondents (73%) either strongly agreed or tended to agree with the proposal that all neonatal units in NCL should offer the same minimum level of neonatal care** (i.e. at least level 2)

Less support for consolidation of services

- There was **less support for consolidating maternity and neonatal services** from five to four sites – 68% of neonatal NHS staff agreed compared to 41% of maternity NHS staff
- One quarter of service users/parents/carers agreed; 63% disagreed. There was higher disagreement (69%) among those near Royal Free Hospital, though there was disagreement elsewhere too.

Greater support for option A vs option B

- Overall, **69% of respondents preferred Option A over Option B**
- Those near Royal Free Hospital favoured continuing services there (Option B). Those near all other hospitals supported Option A (keeping provision at Whittington Hospital).

EBC birthing suites

Recognition of the challenges

- Across all engagement activities, there was **broad recognition of the current challenges facing services and the need to make changes** (65% of respondents agreed or strongly agreed with the need to make changes)

Agreement with the proposed closure of birthing suites

- Overall, about **three fifths (61%) of respondents agreed with the proposal to close the birthing suites**, with many tending to cite the low number of births as the basis for supporting this proposal.
- However, a higher proportion (41%) of those living closest to Edgware Community Hospital disagreed with the proposed closure

Note: This is a high-level summary of very rich consultation feedback that was analysed by an independent company ORS. The full reports can be found here : https://nclhealthandcare.org.uk/wp-content/uploads/2024/11/Start-Well-Consultation-on-Maternity-and-Neonatal-Services-in-NCL-ORS-Full-Report-NOV-FINAL.pdf

The consultation has helped us meet our legal duties relating to engaging and involving the public and under the Equality Act / PSED

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The programme has successfully delivered a wide-ranging consultation. The **comprehensive feedback** gathered plays a **crucial role in shaping the final decisions on the proposed changes**, ensuring that the services provided are safe, timely, and of outstanding quality for all local residents.

Meeting legal duties

NHS Act 2006

Through the breadth and depth of engagement undertaken both during consultation and prior to it, including by way of formal public consultation, we have demonstrated our ongoing commitment to involve the public and staff and local authorities in our development of proposals.

The Equality Act and Public Sector Equality Duty

Our interim IIAs formed an important part of ensuring we meet our legal duties under the Equality Act 2010, including the public sector equality duty at the pre-consultation stage:

- They identified target populations who may be more impacted by proposals, with a focus on those with protected characteristics.
- Based on this, we identified groups that we particularly wanted to hear from during the consultation.
- The methodology, activity and reach report describes that we were successful in hearing from the full range of these groups.
- Their feedback will be reflected in an updated impact assessment that is published with the DMBC and will further inform our approach, in compliance with our legal duties under the Equality Act.

We also received feedback from Brent councillors and political stakeholders about the proposals which we will take into consideration as part of the DMBC

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Who we heard from

We received feedback from:

- **Leader of Brent Council and other elected members (letter)**
- **Brent Community and Wellbeing Scrutiny Committee**
- **Cabinet Member for Adult Social Care, Public Health and Leisure**
- **MP for Hampstead and Kilburn***
- **London Assembly Member for Brent and Harrow**

*Note that since consultation there have been boundary changes

What they said

Feedback mainly related to Option A. This includes:

- Questions posed about whether the **impact on Harlesden and Willesden** had been considered during consultation (both positive and negative)
- Concerns around potential **impact on NWL providers** i.e. St Mary's and Northwick Park hospitals, including concerns about challenges absorbing any additional flows of activity as a result of changes in NCL
- A view that some Brent residents are **reluctant to use services at Northwick Park Hospital** due to perceived concerns around quality of care and so may have their choice in hospital reduced further
- **Increased travel distances and costs** could negatively impact Brent residents (e.g., families with babies in neonatal care, low-income residents, logistics with public transport)
- Concern that there is a **risk of further reductions** in maternity and neonatal care provision, should any similar reorganisation of services be replicated in NWL in the foreseeable future
- Perception that proposals may focus on cost-cutting over quality
- Request for additional **support and contingency arrangements** to be provided to communities detrimentally impacted by the implementation

Since the conclusion of the public consultation, we have been updating our proposals and preparing for a decision-making business case

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Since March 2024, we have:

- Worked with Opinions Research Services for them to produce **comprehensive independent reports on the consultation feedback**
- Worked with the Clinical Reference Group to **further develop the proposed care model** in response to consultation feedback
- Updated the **workforce implications of proposals** with both the Clinical Reference Group and Finance Group using the latest best practice guidance
- Refreshed the data and approach underpinning patient flow modelling and updated the **Integrated Impact Assessment** to understand the impact of each proposal
- Worked with the Patient and Public Engagement Group to **update access evaluation and mitigations** to support vulnerable groups
- Worked with the finance group to do more detailed work on the **capital requirements** that would support implementing the proposals
- **Refreshed the options appraisal evaluation** and reevaluated each option based on the work done with programme governance groups and asked the programme board to agree a recommended option

Next steps

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- Feedback received will inform and influence our future decision-making, the next steps of the programme and how plans will be implemented
- We will also be completing the final tests (Mayor's 6 Tests) for Mayoral assurance prior to decision making meeting
- We are happy to provide a further update to Brent Community and Wellbeing Scrutiny Committee
- We will continue to work closely with public health colleagues and NWL teams to ensure the voices and views of Brent residents are considered

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Appendix

Summary of all consultation engagement activities in Brent

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Activity	Detail	
Meetings and events attended or facilitated during the consultation period	1. Brent Integrated Care Partnership Executive Meeting (20/12/2023, 15 attendees) 2. Brent Connects Harlesden (09/01/2024, 35 attendees 3. Brent Councillors Briefing (09/01/2024, 26 attendees) 4. Brent Connects Kilburn (11/01/2024, 35 attendees) 5. Brent Connects Willesden (23/01/2024, 26 attendees) 6. Brent Health Matters at Harlesden Methodist Church (26/01/2024, 45 attendees)	7. Brent Health Overview and Scrutiny Committee (30/01/2024, 20 attendees) 8. Brent Health Matters at Pakistani Community Centre (30/01/2024, 5 attendees) 9. Maternity service user experience in Brent (07/02/2024, 9 attendees) 10. Brent GP Forum (08/02/2024, 60 attendees) 11. Brent drop-in at Harlesden Library (06/03/2024, 20 attendees) 12. Daniel's Den stay and play (15/03/2024, 15 attendees)
Household mail-out letters	3822 letters across Harlesden and Willesden	
Paid-for advert in media	• Brent and Kilburn Times (11/01/2024) • Brent and Kilburn Times (22/02/2024)	
Voluntary Sector and Community organisations contacted during the consultation period	• Brent Connects • Brent Christian Faith Church International • Brent CVS • Brent Health Matters • Brent Immunisation Coordinator • Brent Immunisation Coordinator • Brent New Testament Church of God	• Brent Reformed Church Zimbabwe International • Brent St Mary Magdalen Catholic Church • Brent Women's Advisory Resource Centre • Harlesden Food store • Healthwatch Brent

Source: Start Well methodology and activity report 2024

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	Community and Wellbeing Scrutiny Committee 05 March 2025
	Report from the Corporate Director of Community Health and Wellbeing
	Lead Cabinet Member Adult Social Care, Public Health and Leisure - Cllr Neil Nerva

Nicotine Addiction and Vaping in Brent

Wards Affected:	All
Key or Non-Key Decision:	Not Applicable
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	None
List of Appendices:	Appendix 1: References
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Raafia Butt Senior Public Health Strategist Raafia.Butt@brent.gov.uk Dr John Licorish Public Health Consultant John .Licorish@brent.gov.uk Dr Melanie Smith Director of Public Health Melanie.Smith@brent.gov.uk

1.1 Purpose of the Report

1.1.1 This report provides an overview to the Committee on nicotine addiction and vaping in Brent, including both national and local contexts and available data. It will examine existing and future services and activities in Brent aimed at reducing tobacco use and nicotine dependency and addressing health inequalities. It does not cover enforcement activities and environmental impact.

1.2 Introduction

1.2.1 Tobacco use and nicotine addiction play a significant role in the health inequalities experienced by the residents of Brent.

1.2.2 To effectively tackle nicotine addiction and reduce tobacco use, it is crucial to understand who is using nicotine, how they are using it and how it affects them. Smoking remains a significant public health challenge both nationally and locally. Brent faces challenges experienced elsewhere including deprivation, smoking in vulnerable groups such as pregnant women, mental health service users and vaping in under 18s. In addition, Brent faces particular issues with tobacco use influenced by its diverse population.

1.2.3 As well as the use of cigarettes, there is significant use of shisha and various forms of chewing tobacco. This is influenced by the heritage and history of our diverse population and longstanding cultural and behavioural habits. In some communities, nicotine use is deeply embedded, presenting in different formats across the life course. This necessitates making targeted, community led approaches essential.

1.2.4 Additionally, the increasing use of vaping products, particularly in children and young people has raised concern about new forms of nicotine addiction. While vaping can be a harm reduction tool for smokers, emerging evidence suggests potential risks, including dependency and long-term health effects in the never smoked cohorts including young people.

1.2.5 Data on the use of different nicotine products other than cigarettes is limited. Addressing tobacco use in all its forms is a key public health priority for Brent requiring the public health team, external stakeholders and the NHS to work collaboratively with communities to promote the health and wellbeing of the population in relation to nicotine use.

2.0 Recommendation(s)

2.1 Members of the Brent Community Wellbeing Scrutiny Committee are asked to note and comment upon the work to address nicotine addiction and vaping and health inequalities.

3.0 Detail

3.1 Contribution to the Borough Plan and Health and Wellbeing Strategy

3.1.1 The **Brent Borough Plan 2023-2027** priorities most relevant to tackling nicotine addiction and vaping are **A Healthier Brent and The Best Start in Life**. Tackling nicotine addiction and vaping aligns with these priorities in the following ways:

Reducing Smoking-Related Health Inequalities

Tobacco use and nicotine addiction remain leading causes of preventable illness and health inequalities. Nicotine addiction is addressed locally through the NHS, the Brent Stop Tobacco Service, the Stop Smoking London Services and the London Stop Tobacco Alliance. Alongside these services,

awareness campaigns and targeted interventions will contribute to improving health equity.

Promoting Healthy Lifestyles
The increasing use of vaping, especially among children and young people, presents a new public health challenge. While vaping is a harm reduction tool for smokers, concerns about youth uptake and long-term health effects require a balanced approach. Implementing educational awareness sessions will be essential to supporting our long-term plan for a Healthier Brent.

Saving Babies Lives
Good health starts in the womb. Tobacco use during pregnancy is directly associated with pregnancy related complications and poor maternal health outcomes. The Local Brent Stop Smoking Service offers support to mothers, birthing people and their partners who use tobacco in form of smoking or smokeless tobacco.

Addressing nicotine use and vaping also align with the following themes in the Health and Wellbeing Strategy (HWB).

Healthy Lives: *"I can make healthy choices and live in a healthy way, for myself and the people I care for."*

Staying Healthy: *"I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it".*

Healthy Ways of Working: *"We work together to support the health and wellbeing of everyone in Brent."*

Collaborative efforts to reduce nicotine addiction and regulate vaping involve partnerships across health services, different stakeholders and community groups. By working together, we can adopt a unified approach to tackle these issues.

3.2 Background: national context

- In 2017, the National Tobacco Control Policy for England set the national ambition of a smokefree society by 2030 (Department of Health, 2020). A smokefree society was defined as a reduction of smoking prevalence to 5% or below, equivalent to approximately 3 million smokers in England. England is not currently on track to meet this ambition. Currently, around 6 million people aged 18 and over smoke cigarettes (11.6%) (Office for National Statistics, 2024).

- The Khan Review in 2022 projected that, on existing rates of decline, the smoke free ambition would not be achieved until 2037 (Khan, 2022). However, the poorest and most vulnerable in society will not see smoking rates of 5% or less until 2044 (Cancer Research UK, 2020).

- Smoking is a significant modifiable risk factor contributing to health inequalities both nationally and locally (Khan, 2022, p.6).

- To reduce inequalities, it is imperative to support the following groups who are most likely to be affected by tobacco use:

Lower Socioeconomic Groups

- In 2023, 20.2% of adults in the United Kingdom who worked in routine and manual occupations smoked, compared with 7.9% in managerial or professional roles (Office for National Statistics, 2024).

- People who are unemployed are more likely to smoke (20%) compared to those who are employed (11%) (Office for National Statistics, 2024).

People with a Long-Term Mental Health Condition

- 25.1% of people with a long-term mental health conditions smoke (Office for Health Improvement and Disparities, 2025), compared with the national average of 11.6% (Office for National Statistics, 2024).

Smoking in Pregnancy

- Smoking increases the risk of a number of maternal and infant health complications for example sudden infant death is three times more likely (details in table 2) (Action on Smoking and Health [ASH], 2021).

3.3 The role of the NHS: the NHS Long Term Plan

Addressing tobacco use and nicotine addiction is not only a public health issue but also a priority for the NHS identified in the NHS Long Term Plan.

To achieve a smoke-free generation, England's Tobacco Control Policy advocated for:

- 'Comprehensive and effective tobacco control strategies'

- 'Integrated commissioning between local government and the NHS'

(Department of Health, 2017, p. 12).

The NHS Long Term Plan committed the NHS to 'complementing' the local government role in tobacco cessation by funding the introduction of NHS services which will:

- Ensure a smoke-free pregnancy pathway for pregnant individuals who smoke and their partners who smoke.

- Providing a new universal smoking cessation offer, which will support tobacco users accessing NHS mental health services.

- By 2024, all smokers admitted to NHS hospitals will be offered NHS-funded tobacco treatment. (NHS England, 2019, p.35)

3.4 Creating a smokefree generation and tackling youth vaping

A new policy paper aimed at tackling youth vaping and creating a smokefree generation was launched in October 2023 by the Department of Health and Social Care. The Tobacco and Vapes Bill was announced in November 2023 (DHSC, 2023). Following the general election, additional measures to the Bill were proposed by the new Labour government and introduced to Parliament in November 2024 (DHSC, 2024).

<u>The proposed legislation includes:</u>

- Indefinitely raising the age of sale of tobacco products for individuals born after 1st January 2009. This legislation is due to come into force 1 January 2027 which would mean that anyone born after 2009 will never be able to legally purchase cigarettes. This is subject to approval from parliament

- Proposals to tackle the rise in youth vaping by banning disposable vapes and reducing the number of flavours appealing to children.

- Increased funding to smoking cessation services to increase accessibility.

- Swap to Stop: A government scheme to work with councils and others to offer a million smokers across England a free vaping starter kit.

- Maternity financial incentives: Pregnant women enrolled on the scheme will be paid weekly over the first 4 weeks of their quit attempt and then paid monthly until birth. The maximum value of vouchers that can be given is capped at £400 (NHS England, 2025).

- Extending the indoor smoking ban to specific outdoor spaces.

- Introducing a new retail licensing scheme in England, Wales and Northern Ireland for tobacco, vapes and nicotine products.

- However, these proposals may be subject to change as the Bill is under review in Parliament.

3.4.1 Department of Health and Social Care*: 10-year study to shed light on youth vaping (*February 2025)

DHSC have recently announced new long-term research to investigate the long-term health effects of vaping on children. The £62 million research project, funded by UK Research and Innovation, will track 100,000 young

people aged 8 to 18 over a decade, collecting data on behaviour, biology, and health records to understand what affects young people's health and wellbeing, including the impact of vaping.

Funded through the National Institute for Health and Care Research (NIHR), the second piece of research will see University College London produce yearly updates capturing the latest vaping research from both the UK and international sources. Separately, the London School of Hygiene and Tropical Medicine will conduct the most comprehensive analysis of youth vaping studies to date, also funded by NIHR. At the same time, the government is rolling out its first-ever nationwide campaign to inform young people about the hidden health dangers of vaping

3.5 Brent Context

Smokefree Tobacco Use

Chewing tobacco use in various forms such as Paan or Gutka is more common in South Asian Communities (NHS, 2022). Brent is one of the most diverse boroughs in the UK, with 19.5% of its residents being of Indian ethnicity (Census, 2021). Gujarati is the most spoken language, with approximately 7% of residents reporting it as their main language (Census, 2021). The Indian community is predominantly located in the Wembley area, especially in Wembley Central (56.5% of the population) and Alperton wards (44.4%) (Census, 2021).

Paan, a commonly used preparation contains the following ingredients: betel nut, herbs, spices, slaked lime, and tobacco, which are wrapped in a betel leaf (NHS, 2022; Sankhla et al., 2018).

Smokefree tobacco is a major public health concern as it is strongly associated with the development of pharyngeal, oral, and oesophageal cancers (Siddiqi et al., 2020).

There is a widespread misconception that smokefree tobacco is less addictive and less harmful than traditional tobacco products, such as cigarettes (Hajat et al., 2021; Sankhla et al., 2018).

Current work with Brent's Indian community indicates that smokeless tobacco use, such as Paan, is deeply rooted in cultural practices and influenced by wider social determinants. For example, males from the Diu sub-community are more likely to use smoke-free tobacco, often work in routine and manual jobs and have low levels of proficiency in spoken English. Additionally, inequalities are exacerbated by barriers common to newly arrived communities, like difficulties accessing NHS dentistry services, potentially delaying the identification of cancerous oral lesions and opportunities for individualised health promotion.

Shisha Use in Brent

Shisha or Hookah involves using a waterpipe to smoke tobacco. Its use was traditionally in Middle Eastern and South Asian communities however it is used more widely among young people across all ethnic groups.

3.6 Vaping

Vaping is considered a harm reduction strategy primarily because it offers less harmful alternative to smoking cigarettes. Vaping products generally contain fewer toxicants compared to combustible cigarettes, which significantly reduces the risk of smoking-related diseases. It can also be an effective tool to support smokers looking to quit.

On the other hand, vaping can result in nicotine dependency. For this reason the increasing prevalence of vaping among young people and non-smokers who might not have otherwise used nicotine products is a concern.

Although at present there is no robust local data on rates of use of smokefree tobacco or vapes, national data can be used to inform where local interventions may be required in relation to nicotine addiction.

In 2022, OHID published Nicotine and Vaping Research and Analysis in England. This report focuses on the prevalence of and potential health risks of vaping, as well as the characteristics of young people and adults who vape.

This report concluded that:

<u>Young People</u>

- Current national vaping prevalence (including occasional and regular vaping) is 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020.

- Most young people who have never smoked are also not currently vaping (98.3%).

Source: Office for Health Improvement and Disparities (2022).

<u>Adults</u>

- Vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 and 3.2 million adults who vape.

- Vaping prevalence among adults who have never smoked remained very low, at between 0.6% and 0.7% in 2021.

Source: Office for Health Improvement and Disparities (2022).

Currently, in Brent we are providing the following support surrounding vaping and nicotine addiction:

- Training at Northwick Park Hospital to provide maternity services with specialist awareness surrounding the use of tobacco and vaping during pregnancy. This training addresses referral pathways and how pregnant women can be supported during their quit and highlights vaping as a harm reduction tool.

- The Brent Stop Tobacco Service is looking to expand current support to children and young people. The team is commissioning specialist targeted smoking and vaping support for the under 18. This will include behavioural support and pharmacotherapy interventions to help stop smoking or vaping.

3.7 Health Risks of Nicotine Use

Nicotine is a psychoactive chemical that has originally been found in tobacco leaves from the genus Nicotiana plant which originates from Australia, Southwest Africa, America and the South Pacific Region (Lewis,1931). It is an addictive substance found in all tobacco products such as cigarettes, cigars, shisha, smokeless tobacco, cigarillos, and heated tobacco. It can also be found in vapes, Nicotine Replacement Therapy (NRT) or nicotine pouches. Vaping and e-cigarettes do not burn tobacco nor produce tar and carbon monoxide but provide nicotine in vapour form rather than smoke.

The Health Risks Associated with Smoking and Tobacco Use:

1. Chronic Obstructive Pulmonary Disorder (COPD)

   Ninety percent of cases of COPD are attributable to smoking tobacco. (NHS, 2023). This is due to the harmful chemicals in tobacco smoke damaging the lining of the lungs and airways.

2. Complications in Pregnancy and Labour

   First hand[1] and second-hand smoke[2] exposure during pregnancy increases the risk of poor health outcomes for mother and baby. The baby fails to receive adequate supply of oxygen, causing its heart to work faster and exposing the baby to harmful toxins (Marufu et al., 2015)

[1] **First Hand Smoke** refers to the smoke that a smoker inhales directly from a cigarette, cigar, or other smoking devices.
[2] **Second Hand Smoke** is the smoke exhaled by the smoker and the smoke that comes from the burning end of a cigarette, cigar, or pipe. Non-smokers who breathe in this smoke are exposed to many of the same harmful chemicals as smokers

Table 2. demonstrates the impact of smoking and exposure to second hand smoking during pregnancy

	Maternal smoking	Second-hand smoke exposure
Low birth weight	2 times more likely	Average 30-40grams lighter
Heart defects	25% more likely	Increased risk
Stillbirths	47% more likely	Possible increase
Preterm birth	27% more likely	Possible increase
Miscarriage	32% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

Source: ASH, Smoking, Pregnancy and Fertility, 2021

3. Child health

Infant and children of parents who smoke are twice as likely to suffer from serious respiratory infection as the children of non-smokers (RCP, 2010). Smoking in pregnancy also increased the risk of asthma and wheezing in young children and adolescence (Burke et al, 2012).

4. Head and Neck Cancers

Chewing tobacco poses an increased risk of head and neck cancer. In England, there were 9,122 cases of head and neck cancer in 2021 (NHS England, 2023) with a population of 56,536,000 (ONS, 2022). In comparison, Brent recorded 306 cases (Whole Systems Integrated Care, WSIC) with a population of 339,800.

This data shows for every 100,000 people, there are approximately 16.13 cases of head and neck cancer in England and about 90.05 cases in Brent. These calculations show that Brent has a significantly higher rate of head and neck cancer cases per 100,000 people compared to the national average in England.

The Institute for Health Metrics and Evaluation tool (2021) calculated the percentage of deaths that are directly caused by smoking within Brent and England.

	England	Brent
	Deaths	**Deaths**
Ischemic Heart Disease	10.9%	11.59%
Chronic Obstructive Pulmonary Disorder (COPD)	5.67%	4.15%
Lung Cancer (tracheal and bronchus)	5.47%	4.72%
Oesophageal Cancer	1.39%	1.11%
Liver Cancer	1.03%	1.2%
Stomach Cancer	0.93%	0.82%

Source: Institute for Health Metrics and Evaluation (2025a; 2025b)

Health Risks of Vaping

The health risks of vaping are not as well studied as those of smoking. This is compounded by the relative newness of the use of vapes. The use of vapes in adults shows significant reduction of harm compared to the use of tobacco. For those individuals who have never smoked but start using vapes the health risks of vaping relate largely their nicotine content. Nicotine is highly addictive and can produce nicotine dependency syndromes as well as withdrawal symptoms.

There is evidence that nicotine is potentially harmful to the developing brains of children (McGrath-Morrow et al., 2020). Propylene glycol and glycerine, common components of e-liquids, can pose risks when overheated (Laviolette et al., 2022). While these substances are widely used as food additives, the effects of overheating and inhalation, especially in the long term, are still being studied (Smith et al., 2020; Vyshneva, 2022). Additionally, other components such as flavourings are generally safe when consumed, but the long-term effects of heating and inhaling them into the lungs remain to be determined (Krüsemann et al., 2019).

As previously highlighted in section 3.2, most tobacco users are from lower socioeconomic groups. Consequently, they are more likely to experience poor health due to the early onset of disease and are at a higher risk of premature death (Department of Health, 2017). It is imperative that we intervene to prevent these health issues from arising in the first place. By addressing the root causes of tobacco use and providing support and resources to those most affected, we can significantly reduce the incidence of disease and improve overall health outcomes.

3.8 The Costs of Smoking

The cost-of-living epidemic has exacerbated health inequalities locally and nationally, with the poorest in society being most negatively impacted. Smokers who are struggling financially often spend a significant portion of their income on their nicotine addiction (Khan, 2022).

Nicotine addiction from smoking not only contributes to poor health but also negatively impacts the economy. The overall cost of smoking to society in England is £17.3 billion. The ASH Ready Reckoner Tool (2025) is an easy-to-use cost calculator developed by Action on Smoking and Health (ASH). It estimates the societal costs of smoking, including productivity losses, healthcare expenses, social care costs, and fire-related costs. The tool provides detailed breakdowns for various regions, including local authorities, combined authorities, and Integrated Care Boards (ICBs) in England. It is estimated that smoking costs Brent £209 million per year.

Table 1. Estimates of the financial impact of smoking nationally and locally.

Cost Category	National (£bn)	Brent (£m)
Productivity costs	£14 billion	£137 million
Healthcare costs	£1.9 billion	£8.2 Million
Social care costs	£1.1 billion	£62 million
Fire-related costs	£326.8 million	£1.39 million

Source: (ASH, 2025).

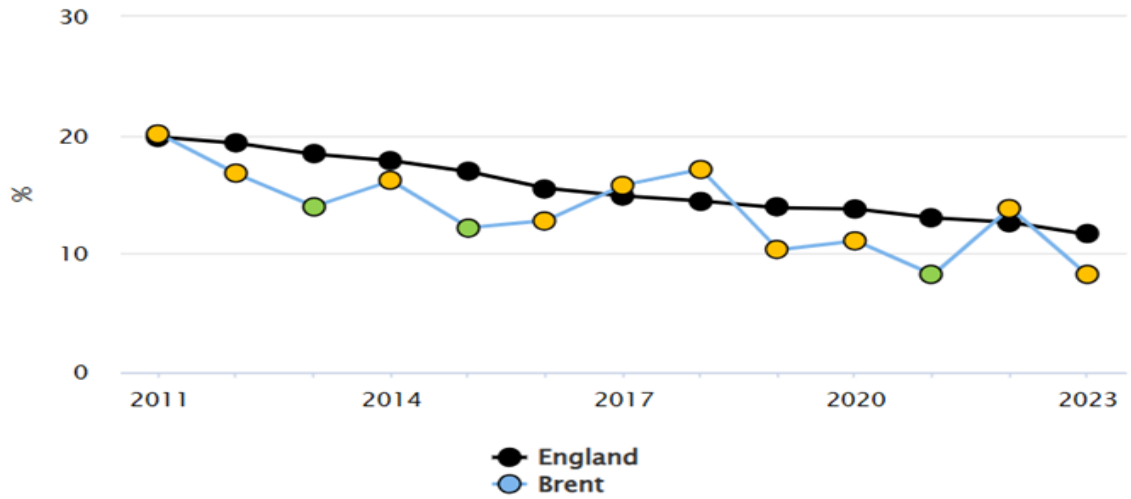
3.9 Epidemiology: Local quantitative data on smoking

Smoking prevalence in Brent is lower than the national average but remains a significant public health issue.

3.9.1 Smoking prevalence in Brent

According to the Annual Population Survey (APS 2024), the rates of smoking in Brent fluctuated from 10.3% in 2019 to 8.2% in 2023. This is one of the lowest rates across Northwest London. This is also lower than the smoking rate in London (11.7%) and England (11.6%). The average rate of smoking in Brent was 10.2% when aggregated for the years between 2021 to 2023.

Figure 1: Smoking Prevalence in adults in Brent



Source: PHE Fingertips, Local Tobacco Control Profile, 2024

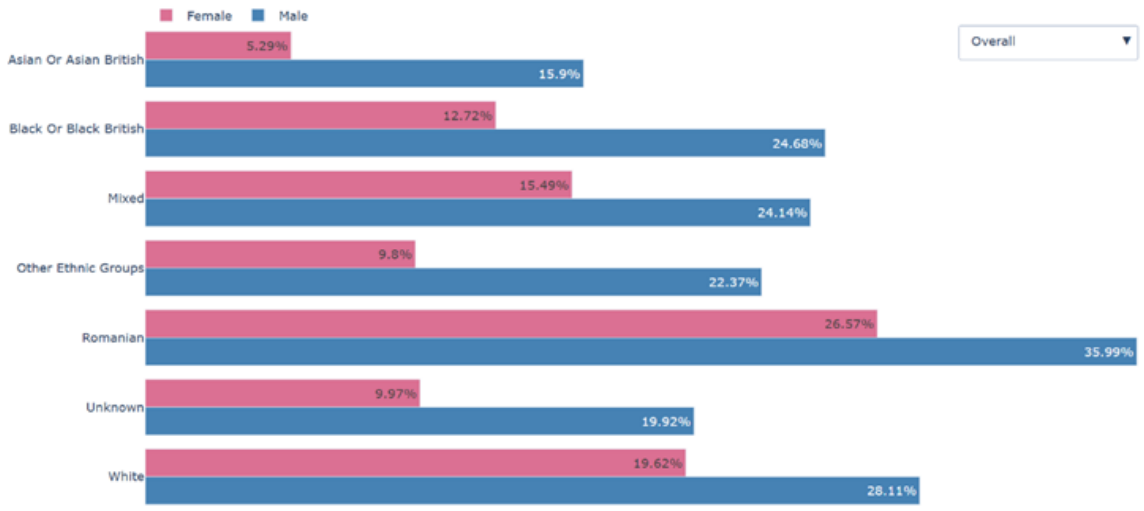
3.9.2 Smoking prevalence by gender and ethnicity

Nicotine addiction poses health risks across all ethnicities, but patterns of nicotine and tobacco use vary considerably among different groups. For instance, smokeless tobacco is particularly popular among South-East Asian

communities, while shisha pipes are more commonly used among Eastern European groups. At present the data regarding different nicotine products is limited however, smoking remains the most common form of tobacco use within these communities.

The following ethnicity breakdown is sourced from the Whole Integrated Care System (WSIC) which is a local NHS data source, as the Annual Population Survey (APS) does not provide the desired level of ethnic detail.

Figure 2. Smoking prevalence by gender and ethnicity in Brent



Source: Whole Integrated Care System, Smoking, 2024

Smoking prevalence is consistently lower in females than males in Brent. Within males, rates of smoking in 2023 were 11.8% showing a decline from 17.0% in 2019. Within females, rates of smoking are 4.0% increasing slightly from 3.4% in 2019. Both male and female rates are lower than in England where the rate of smoking in males is 13.4% and 9.9% for females (APS, 2024).

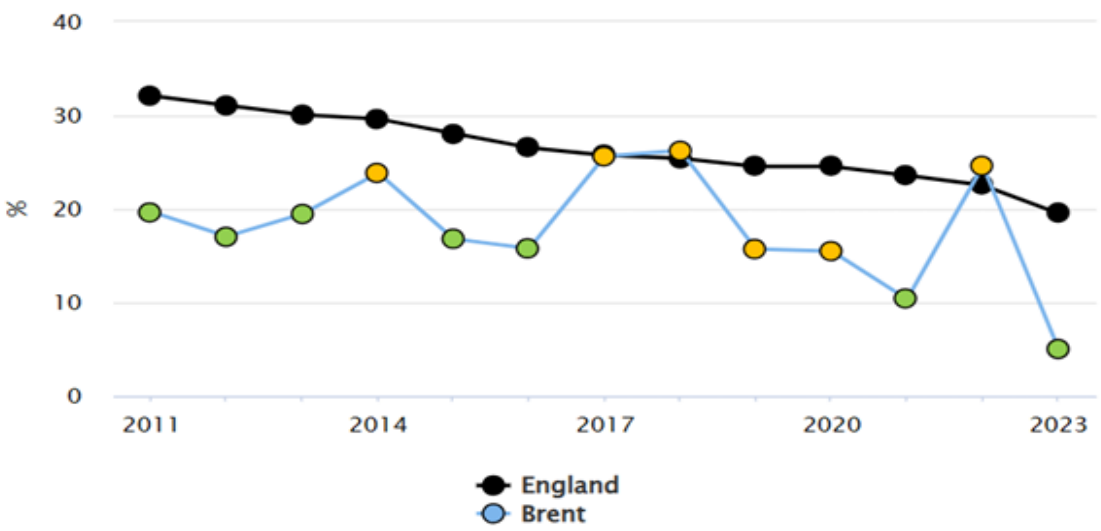
Romanian males (35.99%) and females (26.57%) have the highest smoking prevalence across ethnic groups. Smoking is more socially accepted within the Romanian community. The greater nicotine-related health risk compounds the health inequalities this community experiences, particularly due to language barriers and the fact that males in the community are less likely to seek primary care compared to the average Brent resident.

The disparity of smoking prevalence among males and females varies between ethnic groups as shown in figure two. Specifically, the disparities are the widest in Asian or Asian British groups, with smoking prevalence for men three times that of women. This is followed by those of Unknown, Other, or Black or Black British ethnicity, where smoking prevalence for men is around twice that for women.

3.9.3 Smoking prevalence in adult routine and manual workers

Office for National Statistics (ONS) data consistently shows that smoking rates are highest among routine and manual workers throughout the UK since data collection began. Smoking prevalence by those in a routine and manual occupation in Brent was 5.0% in 2023 which is significantly lower than the average in London (15.2%) and England (19.5%) (PHE, 2024).

Figure 3: Smoking prevalence in routine and manual workers in Brent



Source: PHE Fingertips, Local Tobacco Control Profile, 2024

The overall trend in smoking prevalence among routine and manual workers in Brent is downward and lower compared to London and England. However, the small sample size of the Annual Population Survey (APS) at the local authority level causes some "up and down" variation in the data. The APS surveys approximately 320,000 people, with Brent representing about 0.5% of the UK population, which equates to around 1,600 respondents. Therefore, Brent may be underrepresented in the survey.

3.9.4 Smoking prevalence by locality

Overall, the smoking prevalence is higher in the south of Brent, the main exception to this is Preston in the north of the borough. The LSOA with the highest smoking prevalence is Cricklewood and Mapesbury (30.2%), followed by Dollis Hill (27.57%) and Stonebridge (26.53%) (WSIC, 2024). Wembley Central has the lowest smoking prevalence (10.04%) however nicotine addiction is still a concern as local intelligence is that smokeless and chewing tobacco are popular in the area

Table 3. indicates the smoking prevalence in Brent by each ward

Ward	Prevalence
Dollis Hill	23.23%
Roundwood	23.08%
Cricklewood and Mapesbury	22.86%
Willesden Green	22.01%
Stonebridge	21.76%
Kilburn	21.66%
Harlesden and Kensal Green	21.47%
Queens Park	19.01%
Brondesbury Park	19.00%
Preston	18.77%
Welsh Harp	18.31%
Barnhill	17.21%
Wembley Hill	16.70%
Kingsbury	16.01%
Queensbury	15.55%
Tokyngton	15.15%
Kenton	13.68%
Sudbury	13.68%
Northwick Park	12.62%
Wembley Park	12.42%
Alperton	12.20%
Wembley Central	10.04%

Source: Whole Systems Integrated Care (WSIC, 2024)

3.10 Local Qualitative Insights

Brent is a highly diverse community where smoking and nicotine use patterns vary across ethnic groups. Recognising these variations, the Brent Stop Tobacco team is working closely with community organisations and cultural groups to implement targeted interventions. These efforts aim to raise awareness, provide cessation support, and reduce nicotine-related health inequalities within the community.

Since 2021, a mixed method approach[3] has been conducted to better understand tobacco use and nicotine addiction, shaping the direction of required intervention. This has included:

1. Focus Group with Elderly Men at the British Indian Association (BIA), Wembley (Autumn ’21). The PH team facilitated the focus group and explored attitudes towards smokeless tobacco use. They identified:

- co-addictions such as betting and gambling.

[3] **Mixed Methods Approach** is a research strategy that combines both non-numerical data (qualitative) such as interviews, observations, open-ended surveys and numerical (quantitative) methods such as surveys, experiments to collect, analyse, and interpret data.

- resident hesitancy and lack of trust in engaging with public health initiatives.

2. Quantitative Survey on Tobacco Use (Spring ’22 to ’23) This aimed to measure prevalence and attitudes toward different tobacco products. Some key findings were:

- Low engagement due to lengthy survey format.

- Highlighted the role of wider determinants in tobacco use, such as social and economic factors.

Diu Community - Chewing Tobacco Cessation Project (2023)

Project Background:
Smokeless tobacco (ST) is commonly used in South Asian communities and is linked to serious health issues, including cancers of the mouth, throat, and oesophagus. Understanding why ST is used and how public health can support cessation is imperative.

Project Aims:
To establish and strengthen rapport with the DIU community in Brent. Rapport building and engagement with this community will be used to deliver holistic tobacco cessation efforts.

Research Method & Participant Characteristics:

A total of 25 semi-structured interviews took place with residents who were mostly male and were above the age of 50. Residents were asked questions based on the following themes: what matters to you in health and care, tobacco habits, and behaviours surrounding tobacco use.

Results:

1.) Affordability and Cost
Participants stated that chewing tobacco is *‘cheap’* and it *‘doesn’t cost much’* implying it is a cost-effective and an easily accessible product to use.

2.) Social Norms
Participants stated chewing tobacco is a habit which starts in childhood. One participant stated*: ‘I have used it since I was 8 years old. My parents used it, everyone I know around me used it, so it’s common in my environment’*. This suggests chewing tobacco within this community can be a social norm.

3.) Gender and Age
Chewing tobacco is habit, which is associated with older people**,** specifically males compared to females using chewing tobacco. Whereas younger males tend to smoke cigarettes and a vape.

Females will use chewing tobacco if it is offered to them by their husband.

B3 – Focus Groups (2023)

Background to B3:

B3 is a peer led service which is formally known as 'Brent Service User Council'. The service is led by individuals who have accessed the drug and alcohol service (VIA – New Beginnings) and aim to:

- Raise awareness of drug and alcohol issues through providing support, education, and information.

- Provide a platform where the voice of service users can be heard.

Research Context

People who have recovered from alcohol or drug dependencies are more likely to die from tobacco-related illnesses (Hurt et al., 1996). Therefore, to prevent premature death, it is important to understand why recovering alcohol and drug addicts smoke and to identify what barriers exist which prevent cessation.

Project Aims:

To explore the barriers to tobacco cessation for people who have recovered from drug and alcohol addictions. Also, to identify what treatment interventions could lead to more successful quit attempts.

Method, Sample, and Characteristics

The focus group consisted of seven participants and all participants had previously completed drug and alcohol treatment, smoked or used tobacco, and were middle aged. Participants were asked questions surrounding the following themes:

1.) General Health
2.) Smoking/Tobacco history
3.) Motivations for Quitting
4.) Techniques for Quitting Tobacco

Key Findings

- All participants recognised the harm of tobacco use and how it negatively impacts their health.

- All participants expressed a desire to either quit or a want to reduce their tobacco consumption.

- All participants felt the behavioural and habitual act of smoking is a difficult thing to stop.

- All participants had previously attempted to quit smoking with using a variety of methods, but none of these were considered particularly useful.

- All participants believed that health services could be doing more to help people quit tobacco.

Stop Tobacco – Romanian Project (2024 – 2025)

Project Background:

Within Brent, the Romanian community has the highest percentage of current smokers **(31.69%)**, followed by individuals of White ethnicity **(24.06%)**. The Romanian community is one of the fastest growing populations in the area, yet they currently show low engagement with health interventions such as stop smoking services. This makes them a high-risk group that would significantly benefit from targeted programmes aimed at improving their health and wellbeing.

Project Aims:

To commission a Romanian speaking community researcher who will help to:

1. To explore reasons for high tobacco prevalence within the Romanian Community.
2. To identify how the Romanian Community perceive Brent's Stop Tobacco Service.
3. To identify and understand barriers to tobacco cessation within the Romanian Community.

To achieve the above research aims, the Romanian community researcher will undertake the following:

- Identify and recruit native speaking community champions.

- Undertake mixed methods research in the form of surveys and focus groups.

Once the above has been completed, findings will be consolidated which will be used to improve service delivery and community engagement.

3.11 The role of the NHS

The NHS Long Term Plan (LTP) stated that by 2023/24, NHS funded tobacco treatment service will be offered to:

- Anyone admitted overnight to hospital who smokes
- Pregnant women and members of their household
- Long-term users of specialist mental health services

The NHS LTP allocated funding for tobacco dependency treatment across three key healthcare settings.

- Acute In-patient settings
- Maternity Services
- Mental Health Services

The commitment was to offer every smoker in these settings an opportunity to quit smoking. The programme follows the Ottawa Model for Smoking Cessation, which includes:

- Recording smoking status upon hospital admission
- Assessment by a smoking advisor
- Very Brief Advice (VBA) and personalised counselling
- Nicotine Replacement Therapy (NRT) or pharmacotherapy interventions during hospital stay
- Post-discharge referrals to community pharmacies for continued smoking cessation support to successfully enhance your chances of successfully quitting smoking.

Funding was allocated to establish inpatient pathways across NHS Trusts in Northwest London (NWL) by the end of 2023/24. However, implementation has been suboptimal, with only 60% of pathways in place across NHS Trusts.

Pathway Implementation Status in NWL NHS Trust

Trust		Pathway status
Chelsea and Westminster Hospital NHS Foundation Trust	Inpatient service	Live
	Maternity service	Live
Imperial College Healthcare NHS Trust	Inpatient service	Live
	Maternity service	Live
London Northwest University Healthcare NHS Trust	Inpatient service	Live
	Maternity service	Not established
The Hillingdon Hospital NHS Foundation Trust	Inpatient service	Not established
	Maternity service	Not established
Central and Northwest London Foundation Trust	Mental health service	Not established
West London NHS Trust	Mental health service	Live

Brent NHS Service Providers and Implementation

The two main NHS service providers in Brent are:

1. **London Northwest University Healthcare NHS Trusts**
   - Inpatient services began in July 2024
   - Maternity pathway is delayed and not established

2. **Central and Northwest London NHS Foundation Trust (CNWL)**
   - Mental health pathway is delayed and not established

The development and roll out of the pathways within the NHS providers are dependent on the Trust's schedule. As a result of the limited implementation of the LTP commitments in NWL, the ICB received a reduced funding allocation in 24/25

Smoking Cessation Services (SCS) in Community Pharmacies.

In July 2019, the Department of Health and Social Care, Community Pharmacy England and NHS England agreed a five-year pilot for community pharmacies to take stop smoking referrals from secondary care. The Smoking Cessation Service (SCS) was commissioned nationally as an advanced service from March 2022.

It aims to:

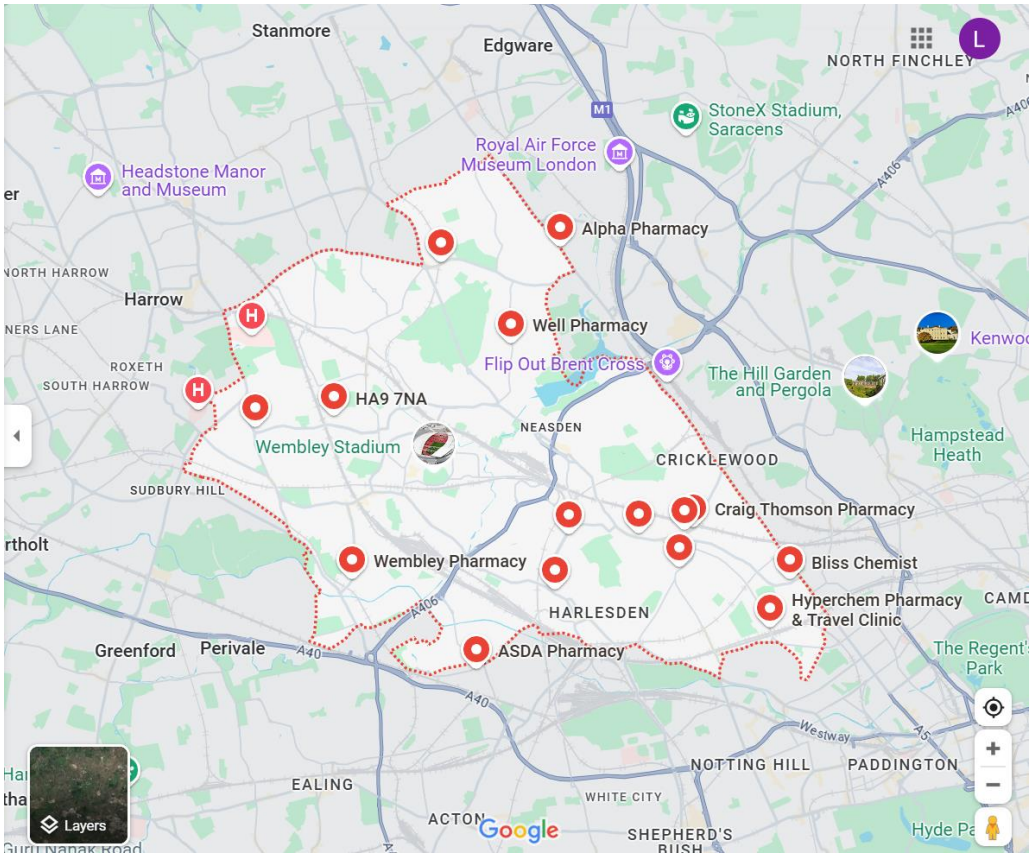
- Reduce smoking-related morbidity and mortality
- Address health inequalities associated with higher rates of smoking.
- Ensure patients identified and supported within acute and mental health Trusts are referred to community pharmacies for continued behaviour support in the community.

Brent SCS Coverage (as of November 2024)

There are total of 15 pharmacies in Brent delivering the SCS service and offering smoking cessation treatment to patients who are discharged and referred from NHS trusts.

However, the public health team have been unable to obtain activity data from the NHS meaning we do not know the number of people referred to and attending the community pharmacy service, how many are receiving Nicotine Replacement Therapy (NRT) or behavioural support nor how many declined the service.

The Map below displays where the SCS Community Pharmacies are located



Pharmacies are primarily concentrated in the southern part of the borough, particularly in Harlesden and Cricklewood, where deprivation levels and smoking prevalence are higher. The dense availability of pharmacies providing SCS improves access for residents with greater support needs. Additionally,

several pharmacies in Wembley and Welsh Harp serve the northern and western areas of the borough.

However, there is a notable lack of SCS-providing pharmacies in central Brent, identified as a smoking hotspot. It should be noted that the selection of pharmacies for this project is based on the NHS's selection criteria, which may not reflect the need of the population. Without accessible behavioural support and pharmacotherapy interventions, smokers in these areas may face greater challenges in quitting.

3.12 Local services

The Brent Stop Tobacco Service provides a targeted service to support local residents to stop tobacco use and it is available for residents aged 18+ or are registered with a GP in Brent, and who:

- Are pregnant or living with someone who is pregnant
- Are receiving mental health support (e.g. talking therapies, CBT and counselling)
- Are receiving drug and alcohol support
- Smokes shisha
- Uses chewing/ smokeless tobacco

The Brent stop tobacco service offers a 6-week programme, consisting of weekly behavioural support sessions and pharmacotherapy interventions (e.g. gums and patches. Alternatively, residents are offered to use e-cigarette as a quit aid under the national Swap to Stop scheme.

With the additional funding received from DHSC this year, the Brent stop tobacco service is expanding the current offer to the wider population by embedding a new community pharmacy offer and working with targeted groups, such as Romanian community and routine and manual workers.

The Brent stop tobacco team continues to collaborate with different partners to increase the demand for local service and reduce nicotine addiction within the borough. The key partners are listed in below:

- Brent Health Matters
- Community groups (e.g. Brazilian and Latin American group)
- Local dentist group
- London Tobacco Alliance
- VIA (Elev8 and New Beginnings)

3.13 Considerations/Future Planning

As part of the Government commitment to create a 'smokefree generation', additional funding was made available to support local authority led stop smoking services. This has been distributed based on local smoking prevalence. We await the final allocation for 2025-26. New and planned initiatives include:

1. Brent and Harrow Tobacco Dependency Alliance (TDA)

- As neighbouring boroughs, Brent and Harrow share key service providers including Northwick Park Hospital, MET Police, London Fire Brigade.

- **Goals:** This collaboration aims to enhance collective efforts in reducing nicotine-related harm while ensuring continued contributions from core members as well as sharing intelligence and consistent public messaging and co-ordinate resources.

- The first joint TDA meeting will take place early April 2025.

2. Community-led Projects

The aim of this project is to increase our offer of stop tobacco support through community-led projects as well as generate referrals to the Brent stop tobacco service. The targeted populations are:

- Children and young people who use tobacco or vapes (e-cigarettes)

- Communities using smokeless tobacco/ chewing tobacco

- Regular shisha user

- Regular foodbank users who use tobacco

- Routine and manual (factory) workers

By the end of the project, the team will gain a deeper insight and understanding of challenges, needs and perspectives from the targeted groups. This insight will enable the team to develop more tailored interventions to effectively reduce nicotine dependency within these priority populations.

3. Brazilian and Latin American Targeted Interventions

This project is looking to commission a native speaking community worker/ researcher to gather intelligence and act as a conduit in bridging the evident engagement gap between health services and this under-served community.

- It hopes to foster stronger collaboration between the local authority and the Brazilian/Latin American community. Beyond smoking cessation, the project

aspires to empower these populations by strengthening social capital and improving overall community well-being.

4. Smokeless and Chewing Tobacco Workstream

- Focus: Target South Asian factory workers.
- Goals: Collaborate with local partners (dentists, factories, community organisations). This is to ensure we can promote tobacco cessation services and improve outreach efforts.

5. CYP Advisor within VIA Elev8

- Role: Recruit an in-reach CYP advisor.
- Goals: Integrate smoking cessation with primary treatment programs.
- Deliver holistic care for CYP with complex needs.

5.0 Financial Considerations

5.1 Included in the main body of the report.

6.0 Legal Considerations

6.1 Included in the main body of the report.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 Included in the main body of the report.

8.0 Climate Change and Environmental Considerations

8.1 Included in the main body of the report.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 Included in the main body of the report.

10.0 Communication Considerations

10.1 Included in the main body of the report.

Report sign off:

Rachel Crossley
Corporate Director of Community Health and Wellbeing

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	Community and Wellbeing Scrutiny Committee 05 March 2025
	Report from the Deputy Director, Democratic Services

Scrutiny Recommendations Tracker

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix A – Scrutiny Recommendations Tracker 2024-25
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Chatan Popat Strategy Lead - Scrutiny, Democratic Services chatan.popat@brent.gov.uk Amira Nassr Deputy Director, Democratic Services amira.nassr@brent.gov.uk

1.0 Executive Summary

1.1 The purpose of this report is to present the Scrutiny Recommendations Tracker to the Community and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 That the progress of any previous recommendations, suggestions for improvement, and information requests of the Committee be noted (Appendix A).

3.0 Background

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 Borough Plan 2023-2027 – all strategic priorities

3.2 Background

3.2.1 The Recommendations Tracker tabled in Appendix A relates to the current municipal year (2024/25). These responses will remain on the tracker for ongoing monitoring with some further updates expected in upcoming meetings throughout this municipal year and next.

3.2.2 In accordance with Part 4 of the Brent Council Constitution (Standing Orders of Committees), Brent Council scrutiny committees may make recommendations to the Full Council or the Cabinet with respect to any functions which are the responsibility of the Executive, or of any functions which are not the responsibility of the Executive, or on matters which affect the borough or its inhabitants.

3.2.3 The Community and Wellbeing Scrutiny Committee may not make executive decisions. Scrutiny recommendations therefore require consideration and decision by the appropriate decision maker; the Cabinet or Full Council for policy and budgetary decisions.

3.2.4 The Scrutiny Recommendations Tracker provides a summary of any scrutiny recommendations made in order to track executive decisions and implementation progress. It also includes suggestions for improvement and information requests, as captured in the minutes of the committee meetings.

3.2.5 Recommendations are removed from the tracker when they have been rejected or when implemented successfully and the review date has passed. This is the same for suggestions of improvement and information requests.

4.0 Procedure for Recommendations from Scrutiny Committees

4.1 Where scrutiny committees make recommendations to the Cabinet, these will be referred to the Cabinet (and/or relevant cabinet member) requesting an Executive Response. If relevant, the item will be published on the Council's Forward Plan.

4.2 Regarding recommendations to Full Council (e.g. in the case of policy and budgetary decisions), the same process will be followed, where a report containing the scrutiny recommendations will then be forwarded to Full Council alongside the Cabinet's responses to those recommendations.

4.3 Where scrutiny committees have powers under their terms of reference to make reports or recommendations to external decision makers (e.g. NHS bodies), the relevant external decision maker shall be notified in writing, providing them with a copy of the respective Committee's report and recommendations, and requesting a response.

5.0 Stakeholder and ward member consultation and engagement

5.1 None for the purposes of this report.

6.0 Financial Considerations

6.1 There are no financial implications for the purposes of this report.

7.0 Legal Considerations

7.1 Section 9F, Part 1A of the Local Government Act 2000, *Overview and scrutiny committees: functions,* requires that Executive arrangements by a local authority must ensure that its overview and scrutiny committees have the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are or are not the responsibility of the executive, or on matters which affect the Authority's area or the inhabitants of that area.

7.2 Section 9FE, *Duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive;-

(a) consider the report or recommendations,

(b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,

(c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

8.1 There are no EDI considerations for the purposes of this report.

9.0 Climate Change and Environmental Considerations

9.1 There are no climate change and environmental considerations for the purposes of this report.

10.0 Communication Considerations

10.1 There are no communication considerations for the purposes of this report.

Report sign off:

Amira Nassr
Deputy Director, Democratic Services

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Appendix A

Community and Wellbeing Scrutiny Committee (CWBSC)
Scrutiny Recommendations and Information Request Tracker 2024-25

The Recommendations Tracker is a standing item on committee agendas, and documents the progress of scrutiny recommendations, suggestions for improvement, and information requests made by the Community and Wellbeing Scrutiny Committee at its public meetings and as part of task and finish group reviews. Scrutiny recommendations, suggestions for improvement, and information requests will not be removed from the tracker until full responses have been provided to the Committee by either the Cabinet, council departments, and/or external partners.

Recorded Recommendations to Cabinet from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	Cabinet Member, Lead Officer, and Department	Executive Response	Implementation Status	Review date

Recorded Recommendations to external partners from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	External partner	Response	Status
30 July 2024 - Brent Safeguarding Children Partnership Report (Oct 2022–Mar 2024).	To formally invite Keith Makin (Independent Chair and Scrutineer, Brent Safeguarding Children Forum) to accompany the Chair of the Community and Wellbeing Scrutiny Committee to the next Brent Youth Parliament event.	Brent Safeguarding Children Forum	The Independent Chair has been liaising with the Brent Youth Parliament and will be attending their events as and when appropriate. The Chair of the CWBSC will also be joining him when required.	

Recorded suggestions for improvement from CWBSC to Council departments/partners

Meeting date and agenda item	Suggestions for improvement	Council Department/External Partner	Response	Status
30 July 2024 - Brent Safeguarding Adults Board (SAB) Annual Report (2023/24)	Recommend that an Internal Communications Strategy is drawn up for data sharing between partners.	Partnerships, Housing and Resident Services	This has been accepted by the Independent Chairs and the Brent Strategic Partnerships Team. All relevant stakeholders will work together to ensure a strategy and processes are developed to ensure data sharing is incorporated into the work of both partnerships and the Brent Strategic Partnerships Team. This will now become an on-going action throughout the year.	
30 July 2024 - Brent Safeguarding Children Partnership Report (Oct 22–Mar 24)	In relation to the commitment to develop data collection outlined in the report, to recommend that the next report details what the current system for data collection and analysis is and what the improvement over the period was.	Partnerships, Housing and Resident Services Independent Chair and Scrutineer, Brent Safeguarding Children Forum	This has been agreed and will be included in the next report that will come to the Committee in the 2025/26 municipal year.	
18 September 2024 – Overview of SEND Provision in Brent	To widen the understanding of SEND within the wider community outside of the school setting, particularly in organisations with a young people focus.	Children and Young People	Accepted by the department at the meeting. Updates are and will continue to be provided through various channels to all partners and relevant organisations to ensure residents and families are well informed of the SEND offer Brent has in place and work carried out in this area.	
18 September 2024 – Early Years Provision and progress towards meeting the expansion of childcare entitlements	Recommend that officers working on the Food Strategy looked to further utilise data from food banks to map where provision of breakfast and afterschool clubs is required.	Children and Young People	Accepted by the department. CYP and partners will utilise data captured by our current providers, food bank partners, the Public Health team and other data sources available to ensure they have accurate data that can be used to target the correct areas and to ensure informed decisions are being made.	

18 September 2024 – Early Years Provision and progress towards meeting the expansion of childcare entitlements	Recommend early years officers contact voluntary and community sector organisations who had data on children and families whose first language was not English so that information regarding provision could be disseminated to those families.	Children and Young People	Accepted by the department. The department does and will continue to work with Brent's communications team, translation service, voluntary sector and community partners, medical services and other partner agencies to ensure that all residents have access to the information they need in a clear and understandable manner, presented to them in several of Brent's most prominent languages to ensure the highest possible catchment.	
20 November 2024 – Brent i4B and FWH performance update	At a future meeting, to receive the voids action plan, including reassurance that properties were being looked after in a systematic way before the point they became void, with staff checking property conditions while tenants were in situ. The plan should incorporate value for money.	Neighbourhoods and Regeneration Chair of i4B and FWH Housing Companies	Accepted by the Chair of i4B and FWH. Future updates to the Committee will include detailed information on voids. This will include numbers by ward (where applicable), turnaround times, risks and a rectification action plan for long term major and minor voids. Information on planned inspections and maintenance will also be included.	
20 November 2024 – Brent i4B and FWH performance update	At a future meeting, to receive an engagement and communications plan that helps to improve the outcomes of future Tenant Satisfaction Measure (TSM) surveys.	Neighbourhoods and Regeneration Chair of i4B and FWH Housing Companies	This has been agreed and will be included in future iterations of the i4B/FWH performance report presented to this Committee.	
20 November 2024 – Brent i4B and FWH performance update	For future reports, where it is noted that performance targets are not being met, it should be stated what would be done to mitigate that.	Neighbourhoods and Regeneration Chair of i4B and FWH Housing Companies	Accepted by the Chair of i4B and FWH. Future updates to the committee will include an exceptions report highlighting areas where performance is below target, relevant information on the impact of non-performance and subsequent mitigations.	
20 November 2024 – Brent Housing Management	To provide information on the impact of the housing management services reorganisation at a future Committee meeting.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. Updates will be provided to this Committee and others once the service reorganisation has been implemented.	

Performance Update				
20 November 2024 – Brent Housing Management Performance Update	To include health and safety considerations in future reports, particularly relating to cladding and fire safety, as well as climate change targets.	Partnerships, Housing and Resident Services	Accepted by the department. Future reports on BHM performance will include all relevant information on health and safety and climate change implications.	
05 February 2025 – CQC Adult Social Care Improvement Plan	For the committee to receive 6 monthly updates on the CQC ASC Improvement Plan.	Community Health and Wellbeing	Accepted by the department at the meeting. Progress updates will be provided to the Committee either through a meeting setting or as a separate briefing every 6 months.	
05 February 2025 – CQC Adult Social Care Improvement Plan & Adult Social Care Transformation Programme	In future reports, for the department to increase the visibility of available data. To have more target setting and to further outline mitigating factors where targets are not met. When benchmarking with other boroughs, to compare with boroughs of similar demographics to Brent.	Community Health and Wellbeing	This has been agreed. Larger data sets will be included in future reports and progress updates to the Committee. The department do already benchmark against statistical and neighbouring boroughs that share similar pressures and demographic profiles to Brent and therefore will be also able to provide this type of analysis in future reports.	

Information requests from CWBSC to Council departments/partners

Meeting date and agenda item	Information requests	Council Department/External Partner	Response
18 September 2024 – Overview of SEND Provision in Brent	For the Community and Wellbeing Scrutiny Committee to receive a further breakdown of demand for EHCPs including ward breakdowns, age, gender and communities.	Children and Young People	Accepted by the department at the meeting. Future updates to the committee will include relevant data broken down into wards, age, gender and community groups wherever possible.
20 November 2024 – Brent Housing Management Performance Update	To provide the number of tenants the Council had diversity data on.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. The diversity data requested will be circulated to the Committee once it has been compiled for presentation.
20 November 2024 – Temporary Accommodation and Homeless Prevention Service	To provide the number of single homeless people aged 18-25 to Brent Youth Parliament.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. The single homeless people (aged 18-25) data requested will be circulated to both the Committee and Brent Youth Parliament once compiled.
05 February 2025 – Adult Social Care Transformation Programme	To provide further information and data on the number of people that are currently supported. The data should also include particular information about services users such as: • Age • Ethnicity • Gender	Community Health and Wellbeing	Accepted by the department at the meeting. The data required by the Committee will be requested by the Strategy Lead to the department. Once compiled, the data will be circulated to the Committee.

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Brent	**Community and Wellbeing Scrutiny Committee** 05 March 2025
	Report from the Deputy Director, Democratic Services
Community and Wellbeing Scrutiny Committee Work Programme 2024/25 Update.	

Wards Affected:	All
Key or Non-Key Decision:	Not Applicable
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix A – Community and Wellbeing Scrutiny Committee: 2024/25 Work Programme
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Chatan Popat, Strategy Lead – Scrutiny, Democratic Services, chatan.popat@brent.gov.uk Amira Nassr, Deputy Director, Democratic Services Amira.Nassr@brent.gov.uk

1.0 Executive Summary

1.1 To provide an update on the changes to the Community and Wellbeing Scrutiny Committee's work programme.

2.0 Recommendation(s)

2.1 That committee members note the report and the changes to the work programme within.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 Borough Plan 2023-2027 – all strategic priorities.

3.2 Background

3.2.1 The work programme outlines the items which the Community and Wellbeing Scrutiny Committee will consider during the municipal year.

3.2.2 It is intended to be a flexible, living document that can adapt and change according to the needs of a committee. The following amendment has been made on to the current work programme:

- The item 'Leisure and Physical Activity' scheduled for 05 March 2025 has been deferred to the 2025/26 municipal year by agreement of the Chair and the Community Health and Wellbeing department (please see change in Appendix A).

4.0 Stakeholder and ward member consultation and engagement

4.1 Ward members are regularly informed about the Committee's work programme in the Chair's report to Full Council. There is ongoing consultation with other relevant stakeholders.

5.0 Financial Considerations

5.1 There are no financial considerations arising from this report. However, budget and financial implications are addressed in the 'Financial Considerations' section of any reports to the Committee, requested as part of its work programme.

6.0 Legal Considerations

6.1 There are no legal considerations arising from this report. However, legal implications are addressed in the 'Legal Considerations' section of any reports to the Committee, requested as part of its work programme.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 There are no EDI considerations for the purposes of this report. However, EDI implications are addressed in the 'EDI Considerations' section of any reports to the Committee, requested as part of its work programme.

8.0 Climate Change and Environmental Considerations

8.1 There are no climate change and environmental considerations for the purposes of this report. However, climate change and environmental implications are addressed in the 'Climate Change and Environmental Considerations' section of any reports to the Committee, requested as part of its work programme.

9.0 Communication Considerations

9.1 There are no communication considerations for the purposes of this report. However, communication implications are addressed in the 'Communication Considerations' section of any reports to the Committee, requested as part of its work programme.

Report sign off:

Amira Nassr
Deputy Director, Democratic Services

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Appendix A

Community and Wellbeing Scrutiny Committee: 2024/25 Work Programme

Confirmed Meeting Dates:

- **Wednesday 30 July 2024, 6pm**
- **Wednesday 18 September 2024, 6pm**
- **Wednesday 20 November 2024, 6pm**
- **Wednesday 05 February 2025, 6pm (moved from 22 January 2025)**
- **Wednesday 05 March 2025, 6pm**
- **Monday 28 April 2025, 6pm**

Wednesday 30 July 2024

Agenda Item	Cabinet Members / Non-Executive Members	Corporate Directors / Directors	External Organisations / Participants
Brent's Multi-Agency Safeguarding Arrangements for Children Annual Report	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children and Young People Palvinder Kudhail, Director, Early Help and Social Care	Keith Makin, Independent Chair and Scrutineer, Brent Safeguarding Children Forum Metropolitan Police NHS
Brent Safeguarding Adults Board Annual Report	Councillor Neil Nerva, Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Community Health and Wellbeing Claudia Brown, Director, Adult Social Care	Nicola Brownjohn, Independent Chair, Brent Safeguarding Adults Board Metropolitan Police NHS

Wednesday 18 September 2024

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Community and Wellbeing Scrutiny Committee Work Programme 2024/25	Councillor Ketan Sheth, Chair of the Community and Wellbeing Scrutiny Committee	Debra Norman, Corporate Director Law and Governance	-
Overview of SEND provision in the borough	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children and Young People Shirley Parks, Director, Education, Partnerships and Strategy	-
Early years provision and progress towards meeting the expansion of childcare entitlements	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children and Young People Palvinder Kudhail, Director, Early Help and Social Care	Representative from local nursery Brent based childminder

Wednesday 20 November 2024

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
I4B and First Wave Housing - Performance and Tenant Satisfaction	Councillor Muhammed Butt, Leader of the Council and Cabinet Member, Housing Councillor Shama Tatler, Cabinet Member, Regeneration, Planning and Growth	Alice Lester, Corporate Director, Neighbourhoods and Regeneration	Andrew Hudson, Chair, I4B and First Wave Housing
Housing Management: Tenant Satisfaction Measures Brent Housing Management (BHM) performance	Councillor Muhammed Butt, Leader of the Council and Cabinet Member, Housing	Peter Gadsdon, Corporate Director, Partnerships, Housing and Resident Services Spencer Randolph, Director, Housing Services	-
Temporary Accommodation Provision and update on Homeless Service and Prevention - both Families and Single Homeless Prevention Service (SHPS)	Councillor Muhammed Butt, Leader of the Council and Cabinet Member, Housing	Peter Gadsdon, Corporate Director, Partnerships, Housing and Resident Services Laurence Coaker, Director, Housing Needs and Support	-

Wednesday 05 February 2025 (moved from 22 January 2025)

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
CQC Assurance following Local Area Assessment	Councillor Neil Nerva, Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Community Health and Wellbeing Claudia Brown, Director, Adult Social Care	-
Co-production and Transformation for Adult Social Care.	Councillor Neil Nerva, Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Community Health and Wellbeing Claudia Brown, Director, Adult Social Care	-
Community Health and Wellbeing Performance – all services	Councillor Neil Nerva, Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Community Health and Wellbeing Claudia Brown, Director, Adult Social Care Melanie Smith, Director, Public Health	-

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Maternity Provisions – An update from North Central London NHS on the Start Well Programme.	Councillor Neil Nerva, Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Community Health and Wellbeing Melanie Smith, Director, Public Health	Anna Stewart Start Well Programme Director (NCL NHS)
Vaping and Nicotine Cessation	Councillor Neil Nerva, Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Community Health and Wellbeing Melanie Smith, Director, Public Health	-

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Meeting the Adult's and Children's Social Care Workforce challenges	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools Councillor Neil Nerva, Cabinet Member, Adult Social Care, Public Health and Leisure	Nigel Chapman, Corporate Director Children and Young People Rachel Crossley, Corporate Director, Community Health and Wellbeing	TBC
Annual School Standards and Achievement report	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children and Young People Shirley Parks, Director, Education, Partnerships and Strategy	Headteachers from Brent schools

*Placeholder slots have been saved as per the request of Lead Members and Corporate Directors