

MINUTES OF THE HEALTH AND WELLBEING BOARD

Held as a hybrid on Thursday 20 November 2025 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Rammya Mathew (Vice Chair), Councillor Knight (Brent Council), Councillor Grahl (Brent Council), Jackie Allain (Director of Operations, CLCH), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) Patricia Zebiri (HealthWatch), Sarah Law (Residential and Nursing Sector), Ruth du Plessis (Interim Director of Public Health and Leisure, Brent Council – non-voting), Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council), Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council – non-voting), Simon Crawford (online) (Deputy Chief Executive, LNWT)

In attendance: Hannah O'Brien (Senior Governance Officer, Brent Council), Tom Shakespeare (Managing Director, Brent Integrated Care Partnership), Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS), Jasvinder Perihar (Programme Manager – Intermediate Care, Brent), Serita Kwofie (Head of Early Help, Brent Council), and three Family Wellbeing Centre participants

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Wendy Marchese (Strategic Partnerships Manager, Brent Council)
- Claudia Brown (Director of Adult Social Care, Brent Council)
- Councillor Donnelly-Jackson
- Councillor Kansagra

2. Declarations of Interest

Personal interests were declared as follows:

- Councillor Nerva – Councillor Member of the North West London Integrated Care Board (NWL ICB)

3. Minutes of the previous meeting

RESOLVED: That the minutes of the previous meeting, held on 24 July 2025, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Brent Pharmaceutical Needs Assessment (PNA)

Ruth du Plessis (Director of Public Health and Leisure, Brent Council) introduced the report which updated the Board on progress with the Brent Pharmaceutical Needs Assessment

(PNA). In updating the Board, she delivered a presentation highlighting the following key points:

- She began by thanking members of the Health and Wellbeing Board who had contributed to the PNA through the stakeholder group and encouraged members to refer to the PNA and use it in their work as it held a lot of useful data.
- There had been a comprehensive process followed for developing the PNA, working within the NHS England (NHSE) guidelines.
- She highlighted the breadth of provision pharmacies now provided, from the dispensing of medicines, advice and support, to additional enhanced services such as vaccination, blood pressure checks and support for palliative care medicines.
- The PNA included a wealth of information relating to population demographics, showing the increase in population, which would have resource implications for Brent going forward, as well as data on crime, abuse, drugs, alcohol and housing.
- A map displayed pharmacy provision in the borough and she highlighted that, both nationally and locally, the number of pharmacies had reduced slightly. A change to the pharmacy contract allowing flexibility of hours had also resulted in less 100-hour pharmacies that were now open. Despite this, Brent still had a higher provision of pharmacies compared to nationally, and the report provided further information around travel distances.
- In developing the PNA, a public consultation had been undertaken with resident input as well as pharmacists and other stakeholders, which garnered around 400 responses and helped to shape the data and process.
- The findings from the public consultation showed that people benefited from their pharmacy provision and quality of service was important to users, with people travelling to get to the pharmacy they felt provided a quality service. Accessibility was another important factor for residents and the consultation found that most people walked to their pharmacy which highlighted the importance of having pharmacies within walking distance of residents. The results also showed that many people used their pharmacies on a Saturday morning.
- In concluding the presentation, Ruth du Plessis advised that the analysis indicated that Brent had enough pharmacies in the borough and that they were broadly in the right places. The PNA covered the next three years, but, given the fact that Brent was building more houses, provision may need to be increased in a few years.

The Chair thanked the Ruth du Plessis for her presentation and invited contributions from those present. The following points were made:

- The Board commended the PNA steering group on the development of the PNA and felt the process had garnered good insights into the borough.
- The Board asked what the local authority's role would be in bringing about an increase in provision if it had been found that there was a significant shortage of pharmacies. Ruth du Plessis confirmed that there was a route the Council could take if a gap in provision was identified by presenting the case to NHSE and undertaking a formal process.
- The Board asked whether there was sufficiency of staff working in the pharmacy sector, to which Ruth du Plessis agreed to follow up on.
- In relation to the composition of the steering group, the Board asked who had sat on that group. Ruth du Plessis advised that the PNA document detailed who the members

were and they had included NHS, Council and voluntary and community sector colleagues with a focus on diversity.

- The Board recalled a previous discussion considering whether Brent was maximising the use of pharmacies, and, considering the implementation of Pharmacy First and the direction to push more to pharmacies, they asked again whether pharmacy services were being maximised and whether there was more that could be done to support pharmacies in that regard. Ruth du Plessis highlighted that there were areas that could be improved, for example around emergency contraception where there had been legislative changes. Each pharmacy was asked to conduct 6 different public health campaigns each year, which she felt was something the Health and Wellbeing Board could influence more. In terms of Pharmacy First, she advised that a balance was needed because pharmacies had already expressed that capacity was stretched.
- The Board felt that Brent had a good record of co-locating pharmacies with other services as part of regeneration projects, such as the new surgery and pharmacy in South Kilburn and the recently agreed Integrated Health and Wellbeing Hub in Dollis Hill which would include an on-site pharmacy. Members asked what effort was made, locally and nationally, to ensure that co-located primary care services were part of the conversation when new infrastructure was built. Ruth du Plessis advised that this was done through planning, ensuring that when the Council was considering housing developments it also considered the provision needed early on in terms of schools, primary care and pharmacies. She agreed that there was utility in having primary care and pharmacies together, but acknowledged that some of this was easier to influence than others due to the complexities of the commissioning arrangements of pharmacies and some things might not be in the gift of the Council and partners.
- Noting the complexities of the commissioning arrangements, the Board asked if there was anything partners could do to work with pharmacies to enable them to have extended hours. Ruth du Plessis advised that this had become more difficult since the contractual arrangements changed. Pharmacies had more flexibility in their opening hours now and the borough had seen a reduction in opening hours as a result of that. Some pharmacies attributed this to being able to operate and manage workload across those hours. There were some levers the Council could use to influence this, for example, if local people reported they were struggling to access a particular pharmacy this could be flagged as a concern through letters from the Health and Wellbeing Board to NHSE.

In concluding the discussion, the Board thanked officers and noted the production of the PNA before the deadline, which had been overseen by the PNA steering group and consulted on, and the work of the NWL Integrated Care Board and local authority in maintaining the PNA. They resolved to delegate future decisions about the revision of the PNA to the Director of Public Health and Leisure. In closing the item, the Chair asked members to recognise the need to maximise Pharmacy First opportunities and co-locate pharmacies with primary care where new regeneration was being built.

6. **Healthwatch Progress Update**

Patricia Zebiri (Healthwatch Manager, Brent) introduced the report, which provided an update on the projects being progressed within the Healthwatch Brent Work Programme between April 2025 – October 2025. In introducing the update, she highlighted the following key points:

- Along with the changes to ICBs across the country, the government had also announced the abolition of Healthwatch England and local Healthwatch teams. Alongside other colleagues in health and social care, plans were still evolving and there was not much information available on the changes, except that the local Healthwatch functions were expected to be integrated into ICBs. Healthwatch Brent was currently working to a potential timescale of 26 October 2026 with the team as it currently existed.
- Some positive news that Healthwatch Brent's Communications and Engagement Officer, who had previously been a volunteer with Healthwatch, had been promoted meant that the establishment had been reduced to 1.6 FTE for the beginning of the year. Recruitment was underway for Fixed Term contracts and Healthwatch expected to be back to its full capacity by the end of the month, but the delivery of the work programme for 2025-26 had been significantly impacted.
- Work had focused on continued engagement exercises, signposting, raising awareness, Adult Social Care (ASC) work, and health and social care provision. Healthwatch had also formed part of the PNA Steering Group which she advised had been very informative.
- Discussions were underway with A&E services to see whether Healthwatch could talk to users there to see if pharmacy services might have been an alternative for them.
- Work had commenced on GP enter and view visits which she advised were very time consuming. Some local Healthwatch teams had decided not to continue enter and view visits as they were concerned they would not have time to wind up services and finish the work before the changes to Healthwatch came into effect, but Brent Healthwatch decided to continue its enter and view programme. Some of the feedback received had been very good with good practice identified.
- Healthwatch continued to attend as many decision-making meetings as possible, with 27 attended in the first half of the year.
- Volunteers were helping to deliver the work with 109 hours collectively delivered in quarter 2, and those volunteers helped represent some of the least heard groups in the borough, providing helpful resource for getting messages back down the chain as well. She hoped that benefit would be retained with the new mechanisms for resident feedback.
- Healthwatch was looking to do a piece of work on Pharmacy First, asking what the community knew about the service and determining whether there were inequalities in terms of knowledge and utilization of Pharmacy First.

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

- In terms of the relationship between Healthwatch and Adult Social Care, Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council) advised that this was the second year the teams had been working together and it felt very positive, with the department very appreciative of the open feedback Healthwatch was providing. Important messages were passed to ASC, and it was good to see that people were finding information easier following improvements to the website, but she recognised the findings around communications, timeliness of response and consistency. She raised concerns around being able to hear that independent voice when Healthwatch ceased to exist, and felt the work Healthwatch did provided

rich information from residents that was different to what the Council did in that feedback space, with Healthwatch an honest broker of information thanks to their relationship with residents.

- The Board asked for more detail about how the feedback Healthwatch provided to ASC was used. Rachel Crossley explained that every time Healthwatch did a piece of work around ASC the service received a report which they had the opportunity read and provide a written response to the recommendations. ASC then acted on those recommendations and Healthwatch published ASC's response with their report. Some of the feedback had also been used at staff quarterly events to show what residents were saying both positively and where ASC could improve. Communications was a big theme for improvement coming through, which had also been seen in the CQC inspection and in survey results the Council undertook which showed that people did not feel they were kept up to date on where they were in the ASC process. Similarly, consistency had been raised as an issue, so ASC was working on revising the practice operating model and increasing staff supervision. Those themes were also used when ASC undertook audits.
- Patricia Zebiri added that she recognised that it was not always easy to hear difficult feedback and acknowledged that resources were limited as to how much could be done in ASC. She highlighted that one of the successes from that work was achieving a 91% response rate to the random calls. She did think there was an opportunity to do more to gather more feedback.
- The Board was grateful that the GP enter and view visits would continue, highlighting that the government had outlined GP access as a key focus for them, so it was positive there had been good feedback there.
- The Board felt that understanding what residents experienced from the Pharmacy First service would be very important as a relatively new initiative. Patricia Zebiri added that the PNA steering group had proved a good platform to get that work off the ground.
- In relation to community engagement, the Board asked why there had been a slight disparity in reach when quarter 1 was compared to quarter 2. Patricia Zebiri advised that it this was very dependent on the events Healthwatch attended and the service users who turned up. Healthwatch did not run its own events anymore but went to engagement events held by other partners such as health, social care and community organisations, to talk to service users. It also depended on how many Healthwatch staff and volunteers were able to attend the events as to how many people they could speak to.
- The Board placed on record their thanks to Healthwatch for working through this period of significant uncertainty and for providing valuable information for partners about their services. They hoped to find a way forward to ensure patient and user feedback continued to be gathered so that services improved.

As no further issues were raised, the Board noted the report and looked forward to an update on future opportunities and options for resident feedback in the context of health and social care.

7. Brent Children's Trust Progress Update and Family Wellbeing Centres Annual Report

7.1 Brent Childrens Trust Progress Update

Councillor Gwen Grahil (as Cabinet Member for Children, Young People and Schools) introduced the report, which provided a 6-monthly update on the activity of the Brent Children's Trust (BCT) from April 2025 to October 2025. In presenting the update, she highlighted the following key points:

- Following a positive SEND inspection, Brent was one of 18 local areas inspected in 2025 to date to have the highest possible outcome.
- The Trust had overseen the inspection implementation plan following the CQC inspection result to ensure progress, including for annual Education, Health and Care Plan (EHCP) reviews, the phased rollout of the Families First Programme, continued work to tackle health inequalities, and the development of an early intervention mental health model to reduce reliance on CAMHS.
- The Trust was looking at strengthening links between hubs and Family Wellbeing Centres.
- She felt there was good work to celebrate in the report and thanked all partners for their continued commitment to improving outcomes for children and families.

Nigel Chapman (Corporate Director for Children, Young People and Community Development, Brent Council), added the following points:

- The Trust had good buy-in as a partnership from the Council, third sector and health colleagues, which he felt had resulted in the positive SEND inspection during the year.
- There were a range of subject areas the Trust covered from early intervention through to Family Wellbeing Centres and health inequalities.
- The Trust was planning a refresh of priorities for the following two years in January 2026 at an in person meeting.
- He was encouraged by the additional resources towards mental health and wellbeing and the Trust was beginning to see progress there.

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Vice Chair of BCT, concluded the introduction by raising the following points:

- She emphasised the importance of the Trust using the weight of all partners to raise the profile to the ICB of the need to have more resources in Brent around inequalities and children's health, particularly around earlier intervention for mental health. She felt that there had been some movement there with a plan for the coming year and the Managing Director of Brent Integrated Care Partnership continually lobbying for investment. She was confident that Brent would receive resources for continuing that earlier intervention work so that not all children and young people identified as having mental health issues needed to go straight to CAMHS but could be supported much earlier, working with families and partners to co-produce direct outcomes.
- Robyn Doran confirmed that there was a strong commitment in the Trust enabling a consistent voice with the same aims and ambitions for Brent which she felt made a difference.

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

- The Board was encouraged to hear that the work of the BCT had led to additional resources for children's mental health and early intervention, and asked what the timeline would be for children and families seeing the impact of those changes. Robyn Doran felt that changes would be seen within the next 6 months, as there were committed funds from a local pot towards this work. The Health and Wellbeing Board would be kept up to date on progress.
- Noting that the ICB had agreed funding for Brent to become the second NWL borough to have a Safe Place for young people, the Board asked what the significance of that was. Robyn Doran explained that Ealing was the first borough who had a Safe Place for young people, and they had set their service up as an early intervention café, open 3pm-10pm. In Brent, the BCT hoped to co-produce the Safe Place with young people and families, taking the lessons from Ealing to inform the approach. The third sector organisation who would run the Safe Place had confirmed they were very open to working with children and families to co-design what would work best for Brent. In terms of the significance of it, the service would be part of the early intervention approach to children's mental health, enabling support for children and young people before they reached A&E in crisis.

As no further issues were raised, the Chair drew the discussion to a close and asked the Board to note the update and plans for the future.

7.2 **Family Wellbeing Centres Annual Report**

Councillor Gwen Grahil (as Cabinet Member for Children, Young People and Schools) introduced the report, which provided an update on the progress of Family Wellbeing Centres (FWCs). In introducing the report, she highlighted the following key points:

- She felt that FWCs were a crucial part of everything the Council did for children and young people and were a gold standard model now being replicated in many local authorities across the country.
- FWCs provided a whole family approach and range of services under one roof and were an important part of many outcomes such as supporting children with SEND, speech and language development, parenting programmes, youth activities, antenatal care with NHS partners, and the decreasing numbers of children looked after.
- In the reporting period, FWCs had delivered over 130 different activities and services, supported more than 18,000 families, and the integrated model meant that families were getting the right help at the right time.
- She extended thanks to the dedicated staff and partners who made FWCs work, highlighting that the feedback received about FWCs often revolved around outstanding staff members who had gone above and beyond to help families.
- In concluding her remarks, she welcomed the families who had attended the meeting that evening to talk about their experiences using FWCs.

Serita Kwofie (Head of Early Help, Brent Council) added that, although there had been a plateau in terms of new registrations to FWCs, there had been an increase in regular attendance at FWC activities, which she felt was a testament to the range of services offered at FWCs. She added that the report also detailed forward planning in light of the Best Start for Life work and the aims and ambitions of the Council to further develop FWCs. In concluding, she welcomed the families who had attended the meeting, highlighting the importance of hearing from families and service users on the successes outlined in the report as well as any areas for improvement they had identified.

The Chair invited Adela, CK and Uday to the meeting who had attended to speak about their experience of using FWCs. In providing an opportunity for them to speak, the Board noted the following feedback from the service users:

Adela advised that she had found out about FWCs when she was pregnant and attended her prenatal visit. The nurse had explained how Brent supported parents and families at FWCs, and from that time until now she had attended her FWC every week. She went 3-4 times a week and took part in different activities with her son, and she advised that she was very grateful for the service. Her favourite activities were Stay Play and Learn, Let's Talk, Messy Play, Connection with Children and potty training. She had also taken part in other activities including visiting London Zoo, Kew Gardens, and summer and end of year parties. She did not have any suggestions for improvement but highlighted that families may not know about the FWCs if they had not been told at their prenatal visit.

CK informed the Board that her health visitor had told her about FWCs, and she had been attending activities for children under 5 and workshops for carers. She was grateful that the service provided opportunities for her child to take part in play-based sessions and for her to connect with other parents and learn skills. She highlighted that, unfortunately, the nurseries in her area were full, so she was bringing her child with her everywhere she went, meaning that having the FWCs to attend activities helped her and made her feel less isolated. She added that staff in her FWC were very supportive and helped and advised her a lot.

Uday had learned about the FWCs because his school had sent an email to his parents regarding a session called Teen Space which he had attended in 2023 and had been regularly attending since. He advised that this had helped him socialise with new people, learn new things and try new activities with different people. He had attended events such as Go Ape and park visits, and the activities had helped him gain more confidence around others. He had received advice from FWCs when doing his exams in school and found the staff very supportive and willing to help.

The Chair thanked the users for introducing themselves and invited comments and questions from those present, with the following points raised:

- The Board asked to hear about the selection process for FWC steering groups, recognising that each FWC was very rooted in the community it served with programmes tailored to the community. Serita Kwofie confirmed that steering groups were very localised to support FWCs in their particular communities and were made up of a combination of stakeholders from voluntary and community sector organisations that served those particular areas. For example, Granville's FWC steering group would include someone from the South Kilburn Trust. Health colleagues also sat on the steering groups as well as senior leaders from local schools. Partners chaired the steering groups to ensure it was focused on the community it served rather than officer led, which helped to ensure stronger buy-in, consistency and commitment to the aims and ambitions that FWCs wanted to drive forward.
- The Committee asked whether service users had used any of the advice services available through the FWCs. Service users had used Citizen's Advice which they had found very useful, and advice about applying to nursery with support provided to fill out the application form. Nigel Chapman added that Citizens Advice sessions were very popular within FWCs and always booked up, providing helpful advice and directing families towards Brent Hubs and other employment agencies.

- The Citizens Advice offer was due to be expanded to offer extra sessions around cost-of-living which would begin in the new year across all FWCs.
- The Board asked for further information about the flow between FWCs to hubs and other agencies in terms of referrals. Nigel Chapman advised that there was a close link between Hubs and FWCs and people moving between the two, and he would provide more detail around the data regarding flow and referrals.
- The Board noted the comments made by service users in relation to difficulties gaining a nursery placement. They heard that reception staff had been helpful in recognising that a service user's child was of nursery age and recommended they sought a nursery place, but some nurseries had minimum hours requirements so if a parent could not afford that then they were unable to apply for the nursery. Other nurseries offered 15 hours per week but were very competitive and full.
- The Board asked service users how FWCs could be made even better. CK advised that she had attended a workshop where a creche service was offered to support parents doing the workshop, allowing parents to take part without their children present, and hoped more of that could be offered, as well as workshops where children and parents could learn something separately. Uday suggested that 1 to 1 sessions for young people would help build confidence for those who struggled to socialise with others.

As no further issues were raised, the Chair drew the discussion to close, thanking FWC staff for the work they had undertaken and the service users for their presentations. He reassured service users that the Board had heard in a very practical way what had been achieved and where the opportunities for improvement were.

8. **Community Services and Winter Planning 2025**

Jasvinder Perihar (Programme Manager – Intermediate Care, Brent) introduced the report which set out the comprehensive winter plan for Brent. In introducing the report, she highlighted the following key points:

- The plan presented collated information on winter initiatives from system partners across Brent so provided a comprehensive overview of winter planning.
- She highlighted that cold weather increased the potential of people becoming more ill, particularly vulnerable individuals, those with health conditions, over 65s and younger people.
- The increase in those becoming ill impacted and increased demand on health services, the workforce, the delivery of services, and areas such as housing, homelessness and social welfare issues such as cost-of-living.
- Section 1.3 of the report set out the areas covered in winter planning, including flu immunisations, vaccination programmes, winter schemes that supported admission and discharge planning, and areas ensuring continued access to services during the winter period.
- The Board was asked to note the winter initiatives and have confidence that key areas were addressed.

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

- The Board asked whether partners had a sense yet of whether the pressures were better or worse compared to previous years. Simon Crawford (Deputy Chief Executive, LNWT) advised that the pressure and demand was higher this year

compared to the previous year, and on one day that week Northwick Park Hospital had seen the second highest ever conveyances of ambulances, at 148 conveyances in one day. He added that there had not been an obvious summer period this year where the Trust would expect to see demand fall between May to September, and pressures had been fairly consistent throughout the year with Northwick Park routinely seeing over 100 ambulances daily.

- In relation to receiving 148 ambulances in one day, the Board asked whether there had been any audit as to how many were subsequently admitted and whether there were circumstances which could have avoided the need for an ambulance to convey. Simon Crawford confirmed that the Trust did analyse those percentages and could provide that to the Board covering the last 6 weeks. The Trust also tried to analyse the reasons for the conveyance and the condition patients were coming in, and looked at demographic data in terms of age profile, gender and ethnicity. He highlighted a challenge for the hospital in terms of ambulance conveyancing, because, in response to the increased demand the London Ambulance Service (LAS) was seeing, there had been a change in protocol enabling paramedics to leave the patient after 45 minutes, which he suggested should be reviewed to ensure paramedics continued to offer proactive care before dropping patients off.
- Noting that an area of significant pressure was arranging appropriate Adult Social Care discharge for hospital patients, the Board asked how the system was now managing that. Simon Crawford advised that the relationship with social services and discharges was positive. Through the emergency pathway, as quickly as patients were brought in and stabilised, the Hospital was then putting pressure on community services and social care to discharge those patients quickly and appropriately. The working relationship and processes for discharge had evolved over the years and were now well embedded, but he highlighted there were times where there were difficulties placing some individuals and it took longer than the Trust and ASC would like. The pressures meant that Northwick Park Hospital often had patients in A&E corridors on trolleys waiting for assessments. These patients were seen and checked by nursing staff, and additional nursing staff had been appointed to care for those patients. There were also situations where those needing admittance were waiting for a bed and relying on a discharge out of a ward before they could be admitted, a consequence of which was the implementation of temporary escalation spaces where patients were transferred from A&E to a ward on a trolley, not in a bed or bay, and were waiting for a discharge before they could access a bed. He advised this was not a great experience for patients but the reality of what the Trust has been facing given the pressure on the hospital. Despite these challenges, he advised that the length of stay was relatively good in comparison to others.
- Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council) added that, before winter had arrived this year, ASC was seeing an approximately 50% increase in needs assessments and reviews under the care act. The service had agreed to step up its hospital discharges over the weekends again this winter, but continued to struggle to retain staff in the hospital discharge team due to the different type of work this involved which was very quick and fast paced. ASC was also seeing an increase in short-term placements, where someone leaving the hospital was not ready to go home and had an interim residential placement, and those were lasting for longer than the 8 weeks ASC would expect them to be. In response, there was a focus on being clear in the service not to use those

placements inappropriately and to move someone to a long-term placement if that was needed or encouraging a package of care to be agreed so the patient could return home. This was a blocker because there were not many step-down beds, so residential nursing placements were being used instead which were more expensive short-term. More resource had been put into the community discharge team to ensure reviews were being done and people were moving in the right direction long term and not back into hospital.

- Tom Shakespeare (Managing Director, Brent ICP) highlighted that there had been agreement to continue the investment around the children's hospital discharge service which would support managing flow.
- Ruth du Plessis advised that data showed the flu was circulating earlier than usual, creating additional pressure on hospitals, and highlighted the importance of vaccination, particularly in vulnerable groups, and the need to practice good hygiene. Each year there were in excess winter deaths particularly in groups with dementia, over 85s, and people with heart conditions.
- The Board asked about the flu vaccination take up in Brent and what could be done to support increasing that. Ruth du Plessis (Director of Public Health, Brent Council) responded that Brent historically had a lower uptake for flu vaccination. Uptake was not as good as public health would want in nursery and school aged children or younger vulnerable groups. She emphasised that flu could affect anyone if they had vulnerabilities and those in their 40s and 50s with long term conditions were less likely to come forward for vaccination. She felt there was further work for public health to do in reminding people of the importance of vaccination, and extra sessions of the vaccine bus were being held to reach more communities.
- In terms of the low flu vaccination take-up, the Board asked whether this was because people were not aware they were eligible or because they actively did not want to be vaccinated. Ruth du Plessis acknowledged that there was a lot of vaccine scepticism amongst the community, particularly post-pandemic and the way the covid vaccination had been mandated which had created some resistance, and there was also misinformation circulating about the impact of vaccinations. Dr Rammya Mathew added that vaccine hesitancy was particularly prevalent in younger cohorts, and it was often an active decision not to take up the offer. She felt there was a lot of work to do in that area, such as through myth busting, and this was a continued area of focus for primary care.
- The Board asked whether Northwick Park Hospital checked the vaccination status of those attending A&E, which Simon Crawford confirmed did not happen. That information would be available in patient's medical records, so LNWT could do a bespoke piece of work looking at the percentages of vaccinated patients admitted on a particular day.
- Jackie Allain (Director of Operations, CLCH) informed the Board that CLCH would be receiving some investment to develop virtual wards in communities, using the UCL rapid response services to support people to stay at home rather than having an ambulance conveyance to hospital. She would know over the next few weeks how much that investment would be and what CLCH could develop as a service. The investment formed part of the ICBs approach to move money out of acute and into community services.
- Acknowledging that there was a crisis in mental health provision for young people and the announcement that there were 250,000 young people nationally waiting to access CAMHS, the Board advised that a side effect of that was seeing more young

people presenting at A&E in mental distress or as a danger to themselves and others. They asked what preparation had been put in place to deal with that demand. Tom Shakespeare recognised the significant pressure in the system caused by mental health crises from both adults and children. From a positive perspective, he highlighted good work in the NW2 and NW10 area for young Black men appearing in crisis in acute settings who were previously unknown to services. On the children's side, he agreed there was a significant increase in pressures around CAMHS, so the system was looking at investment in early intervention, with non-recurrent additional resources secured to help with pressures on the waiting list and backlog. Investment in early intervention would help to manage pressures, and the ICP was focused on shifting the approach to prevention. A business case around the CAMHS backlog was also expected to go through the ICB. The Board was reassured that the system had identified that people felt there was nowhere to go on an acute basis for mental health support and support was being put in place to address that.

- Highlighting section 3.2.3 of the report, which detailed high demand for Adult Social Care's Urgent Response Service, the Board asked what was causing the bottleneck and what was being done to address the issue. Jasvinder Perihar advised that the Urgent Response Service was a floating support service that went into people's homes to deliver support overnight and reduced the need for care home placements. In response to the increased demand for that service, the number of cars going out at night had been increased. A deep dive into the patients currently receiving that service was also underway as many had been receiving the service for over the time limit, with clear operating procedures being developed from that.
- The Chair highlighted that the Council website could be used as a central point to direct residents to NHS information, particularly around vaccinations, and that the Brent magazine would include further information about winter planning.

As no further issues were raised, the Chair drew the discussion to a close and asked members to note the report. He thanked officers for presenting and showing the partnership work being undertaken to minimise the need for people to attend hospital. The Board acknowledged the close collaboration between the local authority and NHS on this work with good quality information sharing and good work to identify new sources of funding.

9. Health and Wellbeing Board Forward Look - Future Agenda Items

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future, adding that there were two more meetings of the municipal cycle and the current political administration. He asked to see a deep dive on health inequalities in Brent, particularly in the context of the new structures of the health service and how the integrator would have impact there, as well as early learning from the work in Integrated Neighbourhood Teams and the work of Brent Health Matters. The Public Health Annual Report would also be brought to a future Board meeting.

10. Any other urgent business

None.

The meeting was declared closed at 7:40 pm
COUNCILLOR NEIL NERVA, CHAIR

