MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Thursday 8 July 2021 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Afzal, Daly, Ethapemi, and co-opted member Rev. Helen Askwith.

Also Present (in remote capacity): Councillor Long (substitute for Councillor Sangani), Councillor Lloyd, Councillor Shahzad, Councillor Thakkar

In attendance: Councillor Butt, Councillor McLennan (remotely), Councillor M Patel (remotely), Councillor Nerva (remotely), Councillor Farah (remotely)

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

Apologies for absence were received as follows:

- Councillor Sangani, substituted by Councillor Long remotely
- Councillor Colwill
- Co-opted member Mr Alloysius Frederick

2. **Declarations of interests**

Personal interests were declared as follows:

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

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting, held on 29 April 2021, be approved as an accurate record of the meeting.

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

There were no matters arising.

6. **Brent Health and Wellbeing Strategy 2022-25**

The Chair invited Councillor Nerva (Lead Member for Public Health, Culture and Leisure, Brent Council) to introduce the item for discussion. In introducing the report, Councillor Nerva advised that the report presented the Brent Health and Wellbeing Strategy and provided an update on the key changes to the NHS locally and nationally, with the Government White Paper published the week of the meeting. In relation to the report, he advised that Covid-19 had shone a light on health inequalities but many who lived and worked in Brent would know those issues had existed for many years. What was new was that the response to the pandemic had brought unity to the NHS, local authority, and community and voluntary organisations in a way that had not been seen before. He hoped the learning from Covid-19 could be carried forward into the presentation, strategy and delivery of the Brent Health and Wellbeing Strategy. The Committee were advised that that the crucial question was what could Brent do differently to achieve a healthy and well Borough. Councillor Nerva added that the Council had already made some major changes, such as the introduction of school streets and Low Traffic Neighbourhoods (LTNs) to enable people to exercise more, reduce traffic and improve the quality of air in Brent. Addressing people with long term conditions was also key.

Melanie Smith (Director for Public Health, Brent Council) provided a presentation to the Committee. Through the presentation the Committee heard that the current Health and Wellbeing Strategy that was being reviewed was very focused on health and care services, but Covid-19 had shone a light on the social determinants of health and the structural inequalities within those determinants, which the Health and Wellbeing Board had agreed the new strategy should address. The understanding of those inequalities had deepened due to Covid-19. A slide was presented which showed the disproportionate impact of Covid-19 according to deprivation, the variation of death rate by deprivation, the increased risk of dying for those of Black and South Asian heritage, and the marked increase for those with learning disabilities. She advised that as well as the strategy the more forward looking work clearly needed to take immediate and urgent action to address the disproportion of Covid-19 and the 2 things that underpinned the response were; the broad and inclusive grouping committed to working in partnership with the NHS, voluntary sector, communities and individuals to co-produce solutions; and proportionate universalism, an example of which could be shown through the vaccination programme. She reminded the Committee that the programme was a significant universal offer but did not work for all Brent communities where some needed more tailored solutions such as an offer in places they were familiar with and messages from people they trusted, therefore, alongside the mass vaccination centre, the Council, alongside the NHS, had also run NHS vaccination clinics with faith organisations and third sector organisations in community venues and held the vaccination bus.

In continuing the presentation on the Strategy, Angela D'urso (Strategic Partnership Manager, Brent Council) agreed that tackling inequality was at the heart of what Brent Council did, with many corporate strategies tackling those inequalities and covering the wider determinants referenced earlier. For example, the Borough Plan provided the framework for the strategies and set out the overall vision of the work the Council did. The Poverty Commission tackled financial inclusion, housing, good employment and fair wages and the Equality Strategy tackled victimisation, hate and harassment. The Black Community Action Plan addressed inequalities experienced particularly by Black communities, and the Climate Sustainability

Strategy addressed the environment, transport and active travel. She advised that the emerging Joint Health and Wellbeing Strategy was the last piece of that jigsaw joining it all together.

In terms of work on the Strategy to date, the Committee were advised that the starting point had been talking to communities, working with Healthwatch partners to target those most affected by health inequalities. There had been 6 roadshows and a digital and physical survey which asked people "what are the inequalities you experience?", "what do you think drives these inequalities?" "what could we do about it?". The Committee were advised that consultees spoke about wellbeing, considering the role of the Health and Wellbeing Board to be one of supporting people to make self-care easy. A number of ideas for achieving that included improving access to reasonably priced fruit and vegetables not from the supermarket, decreasing the availability of unhealthy foods, and improving access to high quality green spaces where people could feel safe, with a desire for community gardens, more allotments and being able to walk and cycle. All consultees spoke about children and young people, particularly the impact the pandemic may have had in the medium and long term. There was also a sense there were lots of volunteers in the community and active community groups but there was a need to connect those groups to the people that might need them the most. Consultees also gave a clear steer about the way the Council used language, particularly with younger and older people to ensure as a sector the language used demonstrated the shared aims. The Stage 1 consultation had asked about barriers to health and wellbeing which were around time, finance, responsibilities, digital exclusion and language.

Angela D'urso explained that following Stage 1 officers undertook an analysis of the data obtained and synthesised what they had found into 5 interim emerging priorities which were; healthy living and making the healthy choice the easy choice, healthy places for the community that were safe and clean, staying healthy including self-care opportunities and access to services, healthy workforce and healthy ways of working. Those priorities would be tested as part of Stage 2 consultation, speaking to partners and community groups to further understand. Consultation would take place across June and July, asking if they were the right areas of focus, whether they were described in a way that made sense, and how communities could contribute to priorities.

The Chair thanked colleagues for their introductions and invited the Committee to raise comments and questions, with the following issues raised:

The Committee queried how the strategy would improve the lives of residents in Brent and what 3 big headlines the strategy would bring about for people. Dr Melanie Smith advised that those details would be developed during the next phase of consultation, but they had heard very clearly people were looking to the Council and health partners to create the environment and opportunities for them to live more healthy lives, with a focus on mental wellbeing as well as physical. People wanted a step change in the response to people with disabilities and expected a focus on young people and mitigating the impact of the pandemic on young people. She advised there was also a call for all statutory services to be much clearer in their attention to ethnicity and emphasised the importance of services holding themselves to account on the services provided to different communities. Councillor Nerva added that the strategy was designed to keep people well and avoid having

to use health services, and allowed the Council to show leadership and take people on a journey.

Members of the Committee felt the strategy was very aspirational but wanted to know how all of the Council would be drawn into it and how the Council's priorities would be set to ensure resource was available to keep communities healthy, including through primary prevention. Access to and quality of public amenities such as parks and playgrounds were also discussed, with Committee members highlighting that many parks and playgrounds were not often used by residents. They wanted assurance that all Council departments including housing and environmental services would be involved from an early stage in the development of the strategy and wanted budgets across departments to be utilised. Phil Porter (Strategic Director Community and Wellbeing, Brent Council) advised that one of the commitments set out in the report by the Council as well as the Integrated Care Partnership (ICS) was a change away from the very heavily health and care focused previous strategy to focus on the social determinants of health, and the case was being made to shift that focus across the Council, from housing to leisure services. They were at a particular stage in the strategy's process and welcomed comments on what should be prioritised. He added that Dr Melanie Smith was leading from a public health perspective and Angela D'urso was leading from a corporate policy and partnership perspective, and, as the roadmap set out, the fundamentals including The Climate Strategy, Poverty Commission and Black Community Action Plan all needed to come together with the full council behind them. He highlighted that there was a need to recognise the Council's limits in this regard, for example with the private rented sector and the licensing around that, but felt there was still more the Council could do. One priority agreed under the mental health and wellbeing objective, and prioritised by the ICP executive, was focusing on the importance of stable housing for long term mental wellbeing. Councillor Nerva felt it was about how the Council moved aspiration to actuality and agreed that the transfer of resources, not just within the Council but within the local health and care system, was a really important issue deserving of wider scrutiny.

Robyn Doran (Integrated Care Partnership Director for Brent and Chief Operating Officer at Central and North West London University Healthcare Trust) reinforced the comments Phil Porter raised. She advised that her role as the ICP director for Brent was to pull together the lead directors from all agencies. She felt the vaccination programme had focused everyone's minds on working together in a way that had never been seen before and there was a sense of the need to work differently with communities to really listen to them, as had been done during Covid-19, and adjust the way the ICP worked. The desire to look much more at a preventative model and not just an ill health model of health, and the wider determinants of health were realised, and there was a commitment to work together on all the issues including housing and education.

Access to toilets within public places was also highlighted. One Committee member noted that by installing and maintaining toilets, thereby increasing use of public spaces for exercise, the Council bared the costs of that while the NHS had the benefit through people becoming healthier and therefore not using NHS services. Councillor Nerva felt that the point around shared funding between the NHS and the local authority for activities that would bring about health improvements and a reduction in cost to the local NHS was worthy of further investigation. Dr MC Patel (NWL CCG) highlighted that everyone benefited if people were healthier, and in an

ideal world there would be one shared budget for Brent from which services could be paid for but they were not there yet. He added that while there was importance in focusing on the determinants of health, the population in Brent had a lot of individuals in need of clinical care that also needed to be addressed. It was hoped that with the implementation of the strategy Brent would get to a point where they could start thinking in terms of the whole Brent economy.

The Committee agreed that the strategy needed to be developed with communities. They felt that the pandemic had highlighted the issues in society in relation to inequality, which had led to a number of community groups and organisations taking action. The Committee wanted assurance that those groups, such as businesses, schools, food shops and mutual aid groups, would be engaged as soon as possible for consultation on the strategy. They felt these groups could also help with the implementation of the strategy. Angela D'urso agreed that officers working on the strategy wanted to go as wide as possible and reach out through as many mechanisms as possible, and if there were any groups that the Committee thought would be valuable to attend they should let officers know and they would facilitate that.

GP access, including digital access and geographical access was raised as an issue, and the Committee queried whether the local NHS would review GP locations as GP's retired over the next 10-15 years. Jonathan Turner (Borough Director for Brent, NWL ICP) advised that the location of GP's had built up over a long period of time based on historical patterns and there was a process whereby if a new GP surgery was being looked into a needs assessment would be done. He advised that, in general, GP surgeries were individual contractors and most changes over time were a result of changes those practices had decided to make themselves, as signed off by primary care committees, and there was only a small level of influence the ICP could have over GP changes. He added however that across the Council and Social Care they had worked on a number of new primary care sites, and signed off an agreement to put more primary care sites into the Wembley Development and in South Kilburn. It was easier to influence those new areas where a population was developing, and also to support some of the voluntary sector organisations as part of that space.

The Committee highlighted the increase in social isolation due to the pandemic and the extra burden on informal carers within the family. They hoped that officers would look at some innovative ways of ensuring certain age groups were well looked after. Phil Porter agreed carers had been under a lot of stress. As a department the Adult Social Care team had tried to respond where it could, putting additional services in where, for example, respite was not possible or people could not go to day centres, but he acknowledged it had been more difficult. They were working hard to open up care services people could access. He advised that the funding of adult social care, and the application of eligibility criteria and financial needs assessments, meant it was a very targeted service for those people with the very greatest need, and agreed a stronger preventative offer was important but difficult to support. Through public health, Brent had done a number of things to look at social isolation but could do more. He agreed that there were people suffering mental stress including older people who could benefit in the system through a preventative offer which may mean they accessed GPs less, and if it worked as a system there were potential options. One thing coming through the engagement of the strategy might be the need to prioritise that where possible.

In relation to children and young people, Councillor Mili Patel (Lead Member for Children's Safeguarding, Early Help and Social Care) advised that mental health and wellbeing was really focused and highlighted for children and young people in the report. Overall the strategy would embed children, young people and families going forward.

The Committee highlighted the reference in the report quoted as the need for "more consistent use of data to ensure we meet the use of all service users" and wanted to know what was meant by that. Councillor Nerva advised that sometimes the data which authorities had available to them to develop work on public health were more limited than the public and councillors may imagine. Dr Melanie Smith advised that the 'beyond the data' report by Professor Kevin Fenton indicated how difficult it was for organisations to hold themselves to account addressing the ethnic diversity of communities given how poor ethnicity recording was in some parts of the system, such as the NHS, and there were very clear and immediate actions local partners needed to take together.

Section 3.10 of the report was highlighted by the Committee, which referred to decreasing fast food outlets from high streets, as there had recently been a change in the use classes order. The Committee wanted to be assured that the policy and development plans were being looked at with the planning department to ensure they were up to date as a result of the change in the use class order. Councillor Nerva agreed that the comment would be taken away and looked at further.

The Committee also highlighted the need for the strategy to focus on air pollution and how debilitating it could be for people, and lowering car ownership in the Borough.

Judith Davey (CEO, Brent Healthwatch) shared feedback Healthwatch had received from communities they were consulting with. She advised that although the pandemic had shone a spotlight on health inequalities, communities highlighted they had been known about for a long time well before the pandemic so queried what would be done differently this time and what change would happen moving forward. People felt they had heard the promises of early intervention and only having to share their story once before, and although addressing things at an early stage before something became critical was really important there were many issues around GP access that individuals were finding difficult. The Chair thanked Judith Davey for providing the feedback.

The Chair drew the item to a close and invited the Committee to make recommendations, with the following RESOLVED:

i) That there be greater emphasis on primary prevention and preventative measures in the development of the strategy.

ii) That all Council departments be involved as soon as possible in the development and delivery of the strategy.

iii) To request officers to formalise engagement with a wider variety of community groups to work as partners in the development of the strategy as outlined by the committee, and to do further engagement with BAME communities.

iv) To further link up the work of the strategy with proposals in the Poverty Commission, Climate Strategy, and Black Community Action Plan.

7. **Community and Wellbeing Scrutiny Committee Work Programme 2021/22Update**

RESOLVED that the contents of the Update on the Committee's Work Programme be noted.

8. **Any other urgent business**

None.

The meeting closed at 7:00 pm
COUNCILLOR KETAN SHETH, CHAIR

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