MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid Meeting on Wednesday 2 April 2025 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Rammya Mathew (Vice Chair), Councillor Mili Patel (Brent Council), Councillor Butt (Brent Council), Councillor Donnelly-Jackson (Brent Council), Jackie Allain (Director of Operations, CLCH), Patricia Zebiri (HealthWatch), Sarah Law (Residential and Nursing Sector), Dr Melanie Smith (Director of Public Health, Brent Council – non-voting), Nigel Chapman (Corporate Director Children and Young People, Brent Council – non-voting), Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care, Brent Council – non-voting)

In attendance: Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Tom Shakespeare (Director of Brent Integrated Care Partnership), Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS), Gina Aston (Healthwatch), Eleanor Maxwell (Senior Programme Officer – Better Care Fund Lead for Brent Borough), Sarah Nyandoro (SRO - Mental Health and Wellbeing Exec Group Brent Based Partnership (Brent ICP)), Matt Henshaw (Borough Director for Mental Health & Learning Disability Services - Brent & CNWL Lead for Neurodiversity), Will Holt (Change and Improvement Programme Lead, Brent Council), Josefa Baylon (Head of Integration, Integrated Neighbourhood Team Development)

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

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Councillor Grahl, substituted by Councillor Butt

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 (28 October 2024)**

RESOLVED: That the minutes of the previous meeting, held on 28 October 2024, be approved as an accurate record of the meeting.

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

The Chair advised the Board that a letter to the ICB had been sent, signed by himself as Chair and Dr Rammya Mathew as Vice Chair of the Health and Wellbeing Board, in relation to the NWL Forward Plan. They awaited feedback from that letter and looked forward to further engagement.

5. **Better Care Fund Planning Process 2025-26**

Steve Vo introduced the report, which provided an update regarding the Better Care Fund planning process for 2025-26. In providing an update, he highlighted the following key points:

- The national deadline for the plan to have been completed, agreed and submitted to NHSE was 31 March 2025, but, due to factors outside of the borough teams' control, including waiting for NWL ICB to review the finance and proposals, there was no agreement to submit.
- Brent had received an extension to submit their plan by 4 April 2025 which officers were aiming for.
- Members attention was drawn to the challenge of the ICB asking for a 50% reduction in additional ICB funding allocated to the Brent local authority, resulting in a decrease of £864k. The Board were advised that this would have an impact on winter planning and the Brent Borough Based Partnership were undertaking detailed analysis to assess the risk posed by the reduction and identify potential measures to achieve a balanced budget.
- As a result of the reduction in funding, decisions had been made to remove the Discharge to Assess physio service, which had been a pilot programme providing fast-tracked physio access to residents. This service was in addition to the existing Community Physio service and work was ongoing with CLCH to support those changes and reduce any risks as a result.
- Rachel Crossley added that she had delegated authority from the Board to sign the BCF off so that it was submitted on time. Unless there were major changes from the ICB then she would use that delegated power on 4 April 2025 to sign off and submit the plan.

The Chair thanked the presenters and invited contributions from those present. The following points were made:

- The Board acknowledged that the 50% reduction in additional funding would have an impact and asked how officers would make decisions about what schemes to take forward. Steve Vo advised there had been 3 additional schemes under review which all had a direct impact on hospital discharges, and one would impact step-down beds. The review had found that changes to the reablement service would have the least impact as it was a pilot scheme that had no established funds. Tom Shakespeare added that the Integrated Care Partnership (ICP) was looking to undertake a comprehensive review of the rehab and reablement service over the next few months to understand productivity and where the most impact could be made with the remaining resource regarding managing hospital flow and achieving good outcomes. He advised that, whilst the ICP were having to make rapid decisions driven by the ICB's financial position, there were plans to do an extensive piece of work to mitigate the impact of that reduction throughout the year.
- The Board asked how they could be assured that the planning process laid out met the needs of the community. Steve Vo advised that the majority of the plan was a rollover of activity of the previous year which was assessed and evaluated every year. Any new schemes that were put in place were monitored and had outcomes measured, and where they did not achieve what was expected they would be taken off the plan.
- The Board asked whether the reduction in funding affected existing contracts in place. Eleanor Maxwell explained that the majority of the funding was non-recurrent, so the ICP did not enter permanent contracts as it was unclear what the funding position would be in following years. However, the health system was very conscious about relationships with providers and patients, and so sensitive conversations had taken place between CLCH and the ICP about the impact of cutting the reablement service.
- The Board asked whether the impact of changes across NWL would help achieve waiting list targets and reduce numbers in A&E across all 8 NWL boroughs. Tom Shakespeare did not see that as the direction of travel, but saw it as an opportunity to review how the system looked at its collective resource to drive productivity. He felt that a direction of travel that took away resources from community settings and prevention would not help to achieve broader system goals, but recognised the financial challenges ICBs were under

and the need to play a part in supporting that. He emphasised that, locally and nationally, the system should be moving towards prevention and community services.

- Rachel Crossley echoed the importance of prevention and community services long term, and highlighted wider issues around NHS planning and local government planning not being aligned with long-term financial settlement. The ICP strongly advocated for the Better Care Fund and local government funding as a whole to be longer term to enable planning and recruitment of permanent staff, particularly as resource was being put into negotiations every year instead of being used to plan strategically in a preventative space. She thought there was merit in planning together at a national level and ICB level on the same timeline, early, and for a minimum 3-year period.
- In terms of mitigations and transitions as a result of the changes, Tom Shakespeare confirmed those conversations were happening and the ICP had been clear with partners about the need to mitigate risks and work together. He added that there would be opportunities to consider where to shift investment to have the biggest impact.

In concluding the discussion and noting the update, the Board thanked officers for the honest discussion and noted the events over the previous weeks leading to the 2025-26 Better Care Fund settlement for Brent. The Board advocated for and looked forward to a shared planning approach over a longer period of time in future years.

6. **Going Local – Integrated Neighbourhood Team and Radical Place Leadership**

Will Holt introduced the report, which provided an update on progress and next steps to develop Integrated Neighbourhood Teams (INTs) as well as ongoing work to develop a Radical Place Leadership (RPL) approach in Brent. He began his introduction by explaining that RPL focused on shifting power away from organisations towards communities and encouraged consideration of how services could be redesigned with residents as the clear focus so that services were being built around residents' multiple interconnected needs. The RPL approach aimed to empower partner organisations, neighbourhood groups and communities to take greater ownership of decision making and saw residents as collaborative partners in the process. To take the work forward, the Council had established an RPL Steering Group which brought together a range of colleagues across the local authority, health, education, police and VCS. The steering group had now agreed a model for RPL and agreed to initially start testing the approach in Harlesden, which was chosen due to the health outcomes, employment outcomes and deprivation levels there as well as the strong VCS presence in the area and willingness and energy of partner organisations. The steering group had identified 3 key pillars which were seen as fundamental to the vision which were; Health INTs; establishment of INT pilots in Harlesden on the wider determinants of health; and community power to empower communities to take ownership of local placemaking.

Josefa Baylon then provided information on the neighbourhood health aspect of INTs, reminding the Board of the extensive resident engagement that had been done with residents from 2022 and presented to the Board regularly. She emphasised that the priority areas identified had been done in collaboration with communities through face-to-face neighbourhood forums, online 'have your say' surveys and virtual forums. She added that, due to the nature of the localised approach, there would be differences in terms of specific neighbourhood hyperlocal priorities. Of the 5 neighbourhood areas, the programme was very active within Harlesden and Willesden, where Harlesden aligned closely with the RPL vision focusing on the wider determinants of health such as homelessness, financial hardship and housing. She explained that the aim was for all 3 elements to eventually come together as one, i.e. the health INT and wider determinants of health INT through an RPL approach.

In relation to the INT for the wider social determinants of health, some initial key priorities specific to Harlesden had been established around financial hardship, homelessness risk and

increasing school readiness. The INT would bring together colleagues from a range of Council services and partner organisations in a co-located collaborative space in Harlesden to work with residents in need and prevent escalations to crises. The team would operate on a case worker model with one member of an INT being the primary point of contact for a specific resident, and the INT may involve children's and adult's social workers, representatives from the VCS including Crisis and Sufra, debt advisors, employment support workers, colleagues from CNWL and social prescribers. The team should be strongly informed and supported by robust data and insight about the locality.

Will Holt added that community power would underpin the work being done, building on the co-ordinated work across the INTs to bring them closer together and develop a strong community power offer with ways to co-produce services. Officers were starting to look at how the approach would work in practice, offering the opportunity to devolve some decision-making powers to local communities and ensure ownership of what was happening in local areas. He added the importance of ensuring work was not being duplicated.

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

- The Board welcomed what they saw as a compelling vision of the potential for INTs and RPL.
- The Board noted the information in the slide pack circulated with the agenda showing that Diabetes Virtual MDT had saved approximately £252,000 in potential hospital bed days and that personalised asthma action plans for children had increased from 23% to 100% resulting in reductions in A&E visits, and asked for an understanding of what the investment had been to achieve those outcomes. Josefa Baylon explained that there was no upfront investment for the diabetes workstream, so the INTs used investment already allocated through the specifications of NWL ICB. As such, MDT and diabetes services were compelled to work together to deliver what was best for diabetes patients with existing resources, and an impact analysis had shown that reduction in admissions. In relation to asthma, there had been an investment of £135k from the health inequalities fund for a period of 18-24 months to do that work. There was learning in relation to that workstream, for example the clinic had not started from day 1 of the pilot due to recruitment issues and information governance issues, meaning the pilot only ran for 6 months. The intention was to develop a toolkit of learning from that work. The Board recognised that the work had been done within existing contracts but highlighted that resource had needed to be moved around to deliver them, therefore having an evaluation of the impact on current services was crucial.
- Josefa Baylon advised members that a deep dive of the diabetes INT in Harlesden would be done in 6 months and the findings of that could be shared. That would include involvement from CLCH, primary care, ARRS staff and a diabetologist. One learning from early implementation was the importance of mental health on diabetes care as people may lose motivation to continue with their medication, and since that had been flagged there was now a dedicated IAPT Talking Therapy Lead for the neighbourhood who attended MDT to provide expert advice, and was a good case study demonstrating the importance of the non-medical model of intervention.
- The Board asked how officers undertaking this work had engaged housing colleagues within the Council and wider housing sector. Will Holt advised that since January 2025 a steering group had been established with membership across the whole council which included the Director of Housing Need and a Director from Crisis. Officers were conscious of ensuring there was strong housing representation within those decision making groups and had identified a gap in terms of how Housing Associations were represented so the team was exploring how to get them involved.

- Noting that Brent Council's Hubs were based around co-location, co-production and the wider determinants of health and tackled issues around housing advice, debt advice and immigration advice, the Board asked how this work would ensure it was not duplicating services already in place. Will Holt confirmed that the aim was to avoid duplication. Rachel Crossley added that the hub model and Family Wellbeing Centres (FWCs) were good examples of where support services were working, but often feedback received was that once service users reached a certain point there was a tendency to focus on eligibility criteria, so those working in hubs were still needing to navigate Adult Social Care or Children's Social Care. By bringing professionals closer to the community in one footprint, that took away some of the criteria so that professionals could genuinely work in the prevention space to help someone not end up in crisis, and the model being presented aimed to connect that all together as well as understand the assets already available in the community. Once that was understood there would be consideration of whether assets were being utilised to their full abilities, whether there were any that could be invested in, and how they might connect.
- In response to how ward members would be engaged on this work, Will Holt advised that there were plans to do some sessions over the next few weeks including a briefing seminar for all councillors to provide an overview of RPL. There was a need to work with ward councillors in Harlesden who would be good critical friends about how the model was being received on the ground.
- The Board asked about the scalability of the pilots being undertaken and how that might be done across all the Connect areas. Rachel Crossley responded that this depended on how successful the pilots in Harlesden were and whether the outcomes showed that it could be sustainable. If the pilot showed a model that worked then the team would look to scale that up. Officers were also working with the VCS for capacity building and trying to bring in funding through different routes.
- In terms of timescales, the Board heard that the steering group had agreed the model and the resource needed within that team, and officers were now reaching out to services in the Council to identify the individuals needed. It was hoped that some of the new approaches would be piloted from early May with an initial 1 day a week pilot, with a view to scaling that up over the next 2 years based on what worked well. The work being done in Harlesden was an initial 6 month piece of work that would feed into the budget conversations. If at that point it was not actively showing it would help with alleviating budget and demand pressures then a decision would need to be made on continuation of the scheme quickly.
- In relation to moving funding up the system, it was felt that by utilising the 3 key pillars identified this would help shift resource as less would be spent in that complex care area, so funding could come downstream to at-risk groups. As and when the INTs showed an impact, officers would build capacity within the local VCS so that they were better able to support themselves without intervention. Tom Shakespeare supported that shift from complex care to prevention from a health perspective and highlighted a national focus on this. He highlighted that as much as possible would be done within the existing resources available and where the approaches were most successful, they would be built into business as usual. He highlighted the need to await the NHSE and ICB reforms to see where the opportunities were for integration and alignment and joint incentives to drive sustained focus on this longer term.
- Given the significance of the approach for residents and wider public services, the Board asked how the programme would be evaluated. In terms of RPL, Rachel Crossley advised that there was consideration of appointing a learning partner to help. The steering group was considering the availability of data and insight resources and allocating resource there to do some modelling.
- The Board highlighted the risk of partners not buying into the programmes and asked whether the Board's commitment was shared by partners. Will Holt acknowledged the

challenge in getting partner buy-in but felt that the team was at a point now where there was clarity on what was meant by RPL and INTs which was helping to get partners on Board. Officers were being clear about the aims for Harlesden and buy-in had improved.

- The Board noted the report references to required culture changes and asked for further information. Rachel Crossley explained that, in the past, services had been trained in different ways to gatekeep, so there was a need to unlearn some of that behaviour. In terms of culture change for partners, the Council had been building trust with the VCS and spending time in each others' spaces and the next step would be to have clear conversations with VCS partners that whilst the Council may invest and help build capacity, not every project with Council involvement would be a funded opportunity. CNWL were also providing some capacity for this with some innovative leadership programmes, of which the VCS had strongly requested. Dr Melanie Smith added that there were 2 phases to the culture change, as it would be easier in Harlesden where there was a coalition of willing participants, and when the scheme moved to business as usual that may prove more difficult.
- The Board asked to what degree the cohort of people being supported through the model had a disability, and whether that was data that was being captured. They also asked whether other contextual data would be captured, such as housing need. Rachel Crossley advised that it was not yet clear whether the model would capture that information but it was something that would be considered as this would help inform patterns creating longer term conditions. The model should be capturing all protected characteristics in that space.
- The Board highlighted that there had always been barriers in terms of data sharing and collaboration with partners and asked how the scheme would capture the right data to ensure that work targeted the right support to the right people. They asked whether the new Social Progress Index (SPI) would help towards data monitoring. Rachel Crossley advised that the SPI would not achieve the particular aims of the model, but would help to track impact for longitudinal research. There had been a need to move the Council's mosaic systems so it would not be until the end of the year that the Council would be in a good position for data sharing, but in the meantime it could move fast on the sharing agreements.

As no further issues were raised the Board noted the report and approved the next steps. In drawing the discussion to a close, the Chair highlighted the importance of funding streams, timelines, partner buy-in, evaluation, culture change, information sharing and IT in order to ensure success for the model. It was agreed that a further update would be provided in 6 months.

7. Adult Mental Health Workstream Update

Sarah Nyandoro introduced the report, which provided an update on the data of mental health performance in Brent, the delivery of the mental health programme, plans for further work on cultural competence within the mental health and wellbeing priority programme, and a deep dive into data regarding mental health patients from the private rented sector. Matt Henshaw added that the NW2 and NW10 pilots linked with the Integrated Neighbourhood Team (INT) work discussed in the previous item and was a good example of collaboration with other services. The pilots had worked well, with an improved presence at Northwick Park Hospital and the project had enabled a focus on those communities and a place-based approach.

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

- In relation to children and young people accessing specialist mental health support in the way they wanted to, the Board asked whether Kooth online was being used as one

of the options. Sarah Nyandoro confirmed that the Kooth online service was used across all 8 NWL boroughs, with the highest numbers accessing the service being children and young people from Brent. The highest outcomes in terms of children and young people's needs being met was also from Brent. The ICP was looking at a more preventative approach and one way of doing that was through increasing mental health support teams in schools and the number of schools being supported. The ICP Exec was also looking at the services they would like to develop as part of the transformation programme.

- The Board highlighted concerns that the data was lacking in relation to mental health and the Private Rented Sector, as a large proportion of Brent residents were private renters, and asked what would be done to obtain that data. Rachel Crossley advised that obtaining that data depended on what people recorded and what people disclosed, and with the private sector so broad and unregulated getting that data sharing in place was a challenge. There were other routes to that information, such as through GPs, but she was doubtful that person level data providing the full picture would ever be obtained. The ICP was working with services about what was collected and how to use that data to get a better understanding of residents.
- The Board asked whether there were any updates on whether funding for children and young people neurodiversity assessments would continue. Sarah Nyandoro advised that the funding had only been in place until September 2024 and current discussions were underway with NWL ICB regarding continued funding because demand continue to increase. There was no firm response on that, but the ICP had been told they were likely to receive the same non-recurrent funding. Nigel Chapman added that young people with acute mental health need continued to wait longer in Brent for services compared to other areas of NWL, and an area for priority and action arising from the recent local area SEND inspection was around reducing waiting times for specialist mental health services. As such, a commitment had been provided from the NWL ICB and CNWL to actively tackle that and have an action plan signed off in April 2025 which he hoped would give greater commitment and clarity of funding that was equitable across the NWL footprint.
- The Board commended the work the ICP Exec was doing around employment and highlighted the need to consider the impact of welfare benefit changes. They asked whether CNWL was in a position to know the number of people needing employment support. Matt Henshaw advised that CNWL was in a position to do that, and routinely captured people's employment status across all services. There was provision to provide specific support within community mental health teams around employment with employment specialists employed. Further information could be reported back to the Board.

As no further issues were raised, the Chair drew the discussion to a close and asked the Board to note the update. The Vice Chair requested that the mental health transformation plan for children and young people was presented to a future meeting.

8. Brent Children's Trust Progress Report

Nigel Chapman introduced the report, which detailed the activity of the Brent Children's Trust (BCT) over the reporting period. He highlighted that the areas of priority for BCT were listed, some of which clearly linked to existing subgroups in the ICP such as health inequalities, immunisations and mental health and wellbeing. Key Performance Indicator reporting went directly to the ICP Exec as referenced in the attached Governance Appendix. He highlighted that there was a need for BCT to obtain more holistic data across the whole partnership which had been asked for ahead of the next meeting. The local area SEND inspection outcome was published on Thursday 27 March 2025 which gave a good overview of the strengths of the local area partnership and showed there was good, effective, on the ground work and good

partnership activity with parents and carers, but still areas to improve, particularly related to waiting times. Overall, the outcomes showed that professionals were working hard to mitigate a system which was seen as not working particularly well for children with SEND nationally. Despite waiting times, inspectors found that children were not disadvantaged as mitigations were put in place whilst children were waiting.

The Chair thanked Nigel Chapman for his introduction and invited input from those present, with the following issues raised:

- The Board asked whether the new Autism Strategy and Autism Working Group would be co-produced with people with autism. Nigel Chapman confirmed that every strategy and piece of work implemented was co-produced alongside the Parent and Carer Forum.
- The Board asked how the development of the Welsh Harp Skills Resource Hub was going. Nigel Chapman replied that the Council was aiming to build the post-16 skills centre for young people with SEND there and were partnering with Woodhill School which was beside Welsh Harp. The capital required had been identified and the building was in its design stages. The intention was for that building to be operational by 2027 and progress on the hub would be presented to Cabinet.
- A new Travel Policy and Travel Training Policy had been agreed, co-produced with parents and carers, to enable those who were capable to undertake independent travel. It was highlighted that it would not be mandatory but offered to those able to travel independently to give them that opportunity. The policy was in its early stages, but the implementation was being monitored and going well.

As no further issues were raised, the Chair drew the discussion to a close and asked members to note the report.

9. **Healthwatch 2025-26 Work Programme**

Patricia Zebiri (Healthwatch Manager) introduced the report, which presented the draft plan of priorities for Healthwatch during 2025-26 and requested feedback and strategic input from the Health and Wellbeing Board to ensure alignment with health and care priorities. In introducing the report, she highlighted the following key points:

- Healthwatch Brent was delivered on 2.2 whole time equivalents, so the need to be careful and precise in where capacity and energy was spent was highlighted in order to demonstrate improvement and impact.
- One of Healthwatch's main objectives was to work with the community to drive the Healthwatch agenda with what mattered to residents, helping residents to have their voices heard so that changes and improvements could be made from a bottom up perspective.
- Healthwatch had an Advisory Board made up of local residents and people living, working or running businesses in Brent, where these priorities would be shared and monitored.
- Healthwatch continued to work with Adult Social Care and had looked at dementia care, autism and learning disabilities and carried out mystery shopping. Now Healthwatch were doing some independent customer service, ringing random customers who accessed Adult Social Care to understand their experience. Healthwatch had also gone back into the community to close the loop on their feedback, informing residents where their feedback had made a difference in order to encourage people to stay engaged.
- Healthwatch assisted with the engagement for Brent's Pharmaceutical Needs (PNA) assessment., helping to increase the level of engagement. Following that, work would

be done to raise awareness of pharmacy services in Brent to improve access to the right places.

- Healthwatch continued to look at GPs and GP access. It was recognised that services were stretched and finances were challenging, making it difficult to deliver services, but GP access continued to be the biggest issue raised to Healthwatch. Healthwatch continued to build on that work focusing on GP complaints and raising issues with GPs.
- Part of the Healthwatch service was signposting and supporting other community units, and currently the service was working with the Brent safeguarding team and the breast screening team to see how they could raise awareness of those particular issues from a health inequalities lens.

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

- In terms of community engagement, the Board asked whether Healthwatch worked with Brent Health Matters (BHM) and whether there were any opportunities to collaborate to avoid duplication. Patricia Zebiri responded that Healthwatch worked closely with BHM and attended their events, but highlighted the importance of Healthwatch as an independent organisation that needed to remain impartial. She acknowledged that BHM was very good at sending information which Healthwatch ensured its grassroots partners were aware of so they could inform their residents.
- Dr Melanie Smith thanked Healthwatch on behalf of the Pharmaceutical Needs Assessment (PNA) Steering Group, as there had been a much improved response to the consultation as a result of their support.
- Noting the report stated that Adult Social Care had been responsive to the findings of Healthwatch, the Board asked if that was the case across the board. Patricia Zebiri acknowledged that when difficult information was brought to someone's attention it did take time to reflect and absorb, so Healthwatch might experience some push back initially, but she felt that generally the organisations they worked with understood the role of Healthwatch and the need to inform services what they were hearing.
- Noting that Healthwatch was looking to complete a piece of work on GP complaints and procedures, Board members asked whether they would be asking questions about protected characteristics within that. They heard that, once the workplan was signed off by the Advisory Board, project plans were developed with milestones, outcomes and expectations, which would all consider where the data was coming from. The aim was to use as much available data as possible.
- The Board asked whether there was anything Brent partners could do to help improve the capacity of Healthwatch. They heard that Healthwatch would benefit from some free or low-rent accommodation as they did not currently have an office base. If Healthwatch did not need to pay rent then it would be able to increase staff to full time capacity, which would make a difference in what it could deliver.

As no further issues were raised, the Board resolved to note the workplan.

10. **Health and Wellbeing Board Forward Look**

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future. Future items included the Children and Young People's Mental Health Transformation Programme, an update on Integrated Neighbourhood Teams, a review of the impacts of welfare benefits reforms and a care home sector update.

8. **Any other urgent business**

None.

The meeting was declared closed at 8:00 pm
COUNCILLOR NEIL NERVA, CHAIR