MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Wednesday 17 September 2025 at 6.00 pm
Held as a hybrid meeting in the Conference Hall – Brent Civic Centre

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Aden, Clinton, Mahmood and Mistry, and co-opted member Ms Rachelle Goldberg

In attendance: Councillor Mili Patel, Councillor Neil Neva

1. Apologies for absence and clarification of alternate members

- Councillor Afzal
- Councillor Ethapemi
- Councillor Rajan-Seelan
- Councillor Tazi Smith
- Archdeacon Catherine Pickford
- Mr Alloysius Frederick
- Councillor Gwen Grahl

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor of Central and North West London NHS Foundation Trust and governor at a number of educational settings.

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting held on 2 July 2025 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Order of Business

The Chair advised that he had agreed to take two urgent items regarding Sickle Cell care in NWL and the Urgent Care Centre at Central Middlesex Hospital from Pippa Nightingale (CEO of London North West University Healthcare NHS Trust). As such, he advised that he would take item 11 – Any Other Urgent Business – first.

7. Any other urgent business

In accordance with Standing Order 60, the Chair agreed to take two urgent items regarding Sickle Cell care and the Urgent Care Centre at Central Middlesex Hospital and welcomed Pippa Nightingale to provide those updates.

Sickle Cell Care

Pippa Nightingale began by thanking the Committee for the opportunity to attend the meeting to keep members informed of the rapid changes happening within the NHS and within NWL.

In providing an update on Sickle Cell care, Pippa Nightingale advised that one of the largest Sickle Cell populations in NWL was in Brent, so it was important to get their healthcare needs right, which she felt the NHS had not always done in the past. She emphasised the need for the NHS to hold itself to account on that and recognise that it had not designed services that met the needs of the Sickle Cell population. As such, a large piece of work had been undertaken over the last year between LNWT and Imperial College London, who provided the majority of healthcare for Sickle Cell patients in London, to re-design the pathway in partnership with patients and service users. She highlighted that there was a very active Sickle Cell community in NWL who were very open to telling the NHS their health needs, and so the new pathway had been co-designed with that community. The changes included a new Sickle Cell Acute Hub, located at Hammersmith Hospital, which allowed patients direct access to a Haematology Sickle Cell Specialist instead of needing to go through an A&E department. NHSE funding had been received to set up a 24/7 triage service for that hub and the patient could be seen straight away, which was what Sickle Cell patients had been asking for over the years.

The second part of the workstream on improving the Sickle Cell care pathway was to expand the outpatient service at Central Middlesex Hospital. Patients had been clearly expressing the want for that service to be expanded to be open 7 days a week for longer hours, so the hours of that service had been extended and the NHS was now looking to expand the service to be open 7 days a week. In concluding the update, she thanked clinicians across LNWT and Imperial College London for coming together to make the changes happen.

The Chair thanked Pippa Nightingale for the information and asked how the changes would be communicated to patients and service users. Pippa Nightingale advised that there was a very active Sickle Cell Patient Engagement Group who had co-designed the pathway and helped communicate the changes. They had also attended two very large Sickle Cell engagement events at Hammersmith Hospital to communicate the changes which had been well attended. The changes had been communicated through the Haematologist Specialist Teams who had close access to patients and all Sickle Cell patients had been written to about the changes.

The Committee asked whether there was capacity to manage all patients at the same time at the new hub if they were to become ill at the same time. They heard that the majority of Sickle Cell patients should not need crisis care, and it was only those who were very unwell who would go to the acute hub where they might need intensive care or high pain relief. The hub provided complex care, and the majority of Sickle Cell patients managed their health well in partnership with their providers and could be managed in an outpatient setting. There was capacity at the hub for all Sickle Cell patients, and there were still inpatient beds at Northwick Park Hospital which would be maintained as there may be patients admitted for other reasons who also had Sickle Cell.

Urgent Care Centre at Central Middlesex Hospital

Pippa Nightingale then provided an update on changes to the Urgent Care Centre at Central Middlesex Hospital. She reminded members that LNWT ran three Urgent Care Centres, of which Central Middlesex Hospital was one, which performed well with good feedback and saw approx. 130-140 patients per day. The site was not supported by an A&E onsite and was an urgent GP and nurse-led service. Currently, the Urgent Care Centre opened between 8am – 11pm, but saw the majority of patients between 8am – 3pm. LNWT wanted to align the opening times with radiology services, available until 8pm, as the majority of patients attending the Urgent Care Centre at Central Middlesex needed an x-ray and this would stop patients needing to return the following day for an x-ray if they were attending past 8pm. LNWT proposed to bring the closing time forward to 9pm to align that with radiology and put resources in at peak times. There had been work done with the local population and two further online engagement events would take place soon to discuss how to disseminate communications regarding the change.

In considering the update, the Committee asked when the changes would take place. Pippa Nightingale advised that LNWT had two more engagement sessions to hold over the next two weeks before the changes were made, and it was envisioned that the new opening hours would be put in place at the end of October.

The Committee asked whether there would be an increase in staff due to the reduced opening hours. Pippa Nightingale confirmed that staff resource and clinician time would be reinvested on the busiest parts of the pathway to be used across all sites. Northwick Park Hospital had a much bigger Urgent Care Centre and LNWT wanted to be able to improve performance on that site as well.

The Committee asked whether there would be changes to any other Urgent Care Centres, and heard that other Urgent Care Centres would remain the same. Pippa Nightingale added that Northwick Park Hospital was the biggest site seeing approximately 500-600 patients per day just through the Urgent Care Centre, and patients typically attended Urgent Care Centres where there was an A&E on site, meaning sicker patients were seen through those other urgent pathways. The majority of cases at Central Middlesex Urgent Care Centre were minor injuries.

As no further issues were raised, the Chair thanked Pippa Nightingale for attending the meeting to provide an update to the Committee and closed the item.

Retirement of Director

The Committee heard that this would be Dr Melanie Smith's final meeting, who would be retiring from her role as the Director of Public Health, Parks and Leisure. The paid tribute and thanked her for all the work she had done for Brent residents.

8. Children's Oral Health

Councillor Neil Nerva (as Cabinet Member for Adult Social Care, Public Health and Leisure) introduced the report, which provided an overview of children's oral health in Brent, including both national and local contexts and available data. The report considered what the local authority and local NHS could do in partnership to improve oral health in Brent, and he thanked the Committee for prioritising this area.

Somebi Anwunah (Principal Public Health Strategist, Brent Council) provided additional information on the report, which he advised covered data, trends and levels of dental decay in the borough as well as the interventions Brent Public Health had put in place which included; an oral health needs assessment; the oral health bus, which had been running since 2021 and had completed over 3,000 dental assessments for children in primary

schools; the supervised toothbrushing programme which had been running in Brent since 2017; and the Big Brent Brushathon which was an oral health promotion programme run annually for the past two years. The report also covered the negative factors perpetuating poor oral health outcomes in Brent, such as gaps in knowledge regarding toothbrushing techniques, inadequate access to fluoridisation and poor behaviours around diet. Finally, the report detailed future planning, including a consultation on the programmes currently being delivered and the national expansion of the supervised toothbrushing programme for which Brent had received funding for. Brent Council was also looking at surveying schools to further understand children's health and oral health needs.

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

The Committee recognised the importance of oral health for children, and highlighted concerns in the figures showing that 43% of children in Brent had experienced some form of dental decay by the age of 5. They noted that Brent had the highest number of people suffering from dental decay compared to other boroughs and asked why there had been no earlier interventions. Somebi Anwunah responded that, whilst the level of dental decay in Brent was high, it was trending downwards. Up until 2022, dental decay levels had been trending upwards, where the figure showed 46% of children in Brent had experienced dental decay by the age of 5, compared to 43% now. This was in comparison to the London trend, where dental decay levels appeared to be currently trending upwards. As such, whilst Brent had historically high levels of dental decay, he felt that the trend over the last two years showed it was going in the right direction, particularly compared to the rest of London. Dr Melanie Smith (Director of Public Health and Leisure, Brent Council) added that there were deep-seated, entrenched beliefs amongst Brent's communities in relation to oral health, and Public Health found that parents who had experienced poor oral health in their own childhoods had negative attitudes towards oral health and accessing dentists as they associated it with pain and discomfort. Public Health was proactively addressing this and trying to change that mindset so that parents saw dentistry as a positive experience where they could take their children when their teeth were fine. Challenging that mindset was difficult, but she highlighted that this had been a priority area of work that Public Health had been addressing for ten years and not something only being addressed now. One of the challenges Public Health faced was intervening early enough so parents were comfortable taking their children to dentists as soon as their milk teeth appeared. She acknowledged that oral health was not where Public Health would want it to be, but confirmed it was moving in the right direction, which she felt was a direct result of the intervention programmes that had been put in place.

Considering that the trend of high dental decay levels started in 2015 and there had only been a 3% decrease since then, the Committee asked how effective the interventions had been. Dr Melanie Smith replied that, whilst the figures were not where Public Health would like them to be, they were showing a difference in Brent compared to the rest of London, which had been acknowledged by OHID and the GLA. She explained that it would likely take a generation to get to where Public Health would want to be on oral health, which was to have the same levels of oral health outcomes as the least deprived areas in the country.

The Committee asked how Public Health was reaching children to disseminate messaging and provide interventions. Dr Melanie Smith explained that the oral health bus programme undertook specifically targeted work, recognising the strong correlation between dental decay and levels of deprivation, therefore had been attending primary schools, nurseries and early years settings in those areas. The data was showing that those targeted interventions had been successful. She felt that the new supervised toothbrushing programme also represented a step change, as that offer would be universal. There would be a need to do

outreach for particularly difficult partners to engage such as smaller nurseries and childminders.

Noting the comments regarding encouraging parents to get their children's teeth checked as soon as their milk teeth appeared, the Committee asked what strategies were in place to set that good example from early years. Dr Melanie Smith advised that supervised toothbrushing started in nurseries until reception with the aim to establish very sound oral health practices early on. Most headteachers were well aware of the problems surrounding oral health as it impacted school attendance, with the most common reason for a child to have an unplanned admission to hospital being to have their teeth taken out. It was found that there was misinformation regarding oral health, for example, it was not widely known that professionals advised people not to use mouthwash after brushing as this washed the fluoride away, so there was also an emphasis on oral health education. This was done on the oral health bus, which also targeted health promotion at older children and their parents. Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council) added that there was a close relationship between schools and Public Health on this issue and headteachers would speak to parents on an individual basis where a need was identified, in addition to the learning from the bus going into schools regularly. Schools also had a focus around healthy eating, ensuring there were very few sugary snack and drink options in schools, but it was highlighted that this could not be controlled in the home environment, so there was a need to support parents to do the right thing.

The Committee asked whether Brent was learning from other boroughs who were performing better on oral health. Somebi Anwunah confirmed that Brent participated in a community of practice in London around oral health. Many of the boroughs with poor oral health outcomes were from NWL, and there was a NWL Oral Health Network that Brent was part of to learn from there, and there was also learning from other parts of London with better outcomes to see what they were doing so that may be replicated in Brent.

The Committee felt that some of the issues that had been attributed to causing poor oral health in Brent, such as diet, systemic NHS issues and fluoridisation, were national issues, and therefore asked why it was worse in Brent. Dr Melanie Smith agreed that some of the issues were national, but there were some particularly acute issues in Brent needing to be addressed, including access to child-friendly dentistry and provision of preventative dentistry. The most significant intervention she felt would make a difference was addressing the intergenerational beliefs of communities and parents whose expectation was that their child would have poor oral health because they had it. To get the message across that poor oral health was preventable required sustained behaviour change and challenging those entrenched beliefs and behaviours, including around breastfeeding and weening.

The Committee recognised that Brent had areas of high deprivation such as Harlesden and Stonebridge, which was being linked with poor oral health, but asked what could have been done more efficiently over the last 7 years to bring oral health performance in line with similar boroughs such as Lewisham, who had very similar demographics to Brent but better oral health performance. Dr Melanie Smith explained that, historically, dentistry, and specifically child-friendly dentistry, had not been easy to access within Brent. Public Health was working with the NHS to influence the provision of dentistry to improve access in Brent. She added that, whilst the rates of dental decay were high, they were reducing, and Brent Council had been taking action for a number of years around this. The targeted interventions had been impacted by the pandemic, as it was not possible to conduct supervised toothbrushing virtually, which she felt was why the figures had begun to improve over the last 3-4 years post-pandemic. Whilst the figures in Brent were high compared to other similarly deprived boroughs, she highlighted that the rest of London was trending upwards, so she would not be surprised if those other boroughs had higher levels at the next survey. There were also differences with dietary culture practices, parental experience and access to services that

needed to be factored in. Somebi Anwunah reassured members that Public Health's strategy had been to address oral health behaviours as early as possible, but, due to the combination of factors perpetuating poor oral health, this could not be solely addressed by the local authority and needed a multi-agency approach.

The Committee asked what was being done to fix the underlying issue in Brent specifically regarding access to child-friendly dentistry. Dr Melanie Smith explained that the national NHS dentistry contract actively disincentivised dentists from providing preventative dentistry. Whilst lobbying the NHS around the contract, Public Health had, with the help of other professional bodies, found dentists who were open to working in a different way and become child-friendly. Those dentists were often newly qualified dentists who Public Health then recommended to parents when the oral health bus identified dental decay, because officers knew they would have a positive experience with those dentists.

The Committee raised concerns that the education piece needed had not reached children and parents, and asked whether there was any focus from Brent Health Matters (BHM) to provide that education. Dr Melanie Smith welcomed a wider recognition on the importance of oral health and felt it was growing but there was further recognition needed, particularly in relation to decay and problems with milk teeth in the early years. As such, educating the whole community that dental decay was preventable if addressed early enough was needed, advising the community on the powerful impact of using fluoride on teeth to prevent dental problems which should be done by a dentist as soon as milk teeth appeared and every 6 months to 1 year after that.

Noting that the Community and Wellbeing Scrutiny Committee had previously reviewed oral health before Covid-19 and made a number of recommendations, the Committee asked how those recommendations had been progressed and asked for a sense of the journey Public Health had been on from then until now. Somebi Anwunah felt that the journey could be described through better collaboration, which he felt had been the highlight of how Brent had got to where it was now. The oral health bus had grown its number of assessments year on year with organisations such as Whittington Health Trust, Library Teams, Early Years and NHSE part of these events, allowing more collaboration, including with schools. Public Health had gone from having a mobile assessment unit travelling to different areas to delivering events inside schools and libraries where information around oral health, diet and nutrition could be provided. Public Health recognised that poor oral health outcomes were multi-factorial, so was trying to address as many of those factors as possible per event and were trying to collaborate with as many parts of the system as possible to improve those outcomes.

The Committee asked how Public Health was engaging other partners to help, such as Brent Health Matters, Libraries and Family Wellbeing Centres (FWCs). They were advised that the oral health bus involved libraries staff, who were trained to make interventions themselves, and oral health education sessions were held within libraries. Dr Melanie Smith assured the Committee that Public Health was using all possible means to get messages out, but asked for suggestions from members if they had ideas.

Recognising that Public Health were trying to address the underlying beliefs surrounding oral health in the community, the Committee asked officers whether they felt they had done enough to change that underlying tone. Somebi Anwunah responded that there was still more to be done, but the Council was eager to do as much as possible. Public Health had done a lot of work with the oral health needs assessment to understand why Brent was in this position relative to other local authorities, and was looking at doing a wider health and wellbeing survey with schools to understand need, and focus promotion on nutrition for oral health and other aspects not necessarily related to dental hygiene. Dr Melanie Smith assured

the Committee that Public Health would continue to prioritise oral health and would want it to be a priority for everyone.

Noting that the gap between Brent and the national picture would not change in the near future, the Committee asked whether there was a timescale in mind to reach closer to other boroughs. Dr Melanie Smith advised that she envisioned the figures being closer to the London average in 5-10 years, but nationally it would not be possible due to the issue of fluoridisation in London.

The Committee highlighted that the NHS had recently undertaken a consultation on the NHS Dentistry Contract and asked whether Brent had input into that. Dr Melanie Smith confirmed that the level at which the contract was administered locally was through NWL Integrated Care System, so Brent had worked as a collective with NWL to respond to the consultation.

The Chair then invited representatives from Brent Youth Parliament (BYP) to ask the final question in relation to this item. BYP asked what the Council was doing to support young people in Brent to become dentists locally, and, furthermore, child-friendly dentists. Dr Melanie Smith replied that Public Health had introduced young dentists in schools and community settings to make dentistry appear more accessible, and whilst the primary aim of that was not to encourage people to become dentists, she considered that when young people saw other people their age as dentists they might consider that as a career. Nigel Chapman added that dentistry was a highly skilled role with strict requirements, and was confident with the A-level performance in Brent, which was higher than the national average, that many children leaving Brent schools were well-equipped to access a dentistry place. He was less clear on the funding for dentistry places nationally, how many vacancies there were and whether there were sufficient training places available. He encouraged the Council and partners to ensure community dentistry was seen as a job of choice for young people.

As no further issues were raised the Chair thanked officers for their time and responses and invited members to make recommendations, with the following RESOLVED:

i) To get a strong message out to Brent parents, carers and communities via tools such as the Brent Magazine, Brent Health Matters, Libraries, Hubs, Family Wellbeing Centres and schools, focusing on areas with poorer oral health outcomes, about the use of fluoride on teeth.

An information request was also made during the discussion, recorded as follows:

i) For the Committee to be provided with the response made to the NHS Dentistry Contract consultation, and any follow-up responses made as a result of the findings of the consultation.

9. Period Dignity in Brent

The Chair began by thanking Brent Youth Parliament (BYP) for putting this item forward on the Community and Wellbeing Scrutiny Committee Work Programme and shining a spotlight on the issue, before asking Councillor Mili Patel (Deputy Leader and Cabinet Member for Finance and Resources) to introduce the item.

In introducing the report, which provided an overview of the Council's action to tackle period poverty through the Period Dignity Brent Project, Councillor Mili Patel reminded members that the work around access to menstrual products had begun in 2020, following the work of the Poverty Commission which had emphasised the barriers that women and girls in particular faced regarding inequalities. The Commission had recognised that period poverty and lack of access to essential products was a barrier for people who menstruate to be able to continue in education and employment. She highlighted that, following that

work, the Council had relooked at period poverty as a policy, and rebranded the language from ‘poverty’ to ‘dignity’. The policy and project aimed to provide education and awareness of period dignity to break down barriers whilst remaining sensitive to the demographics and cultures in Brent. Through a collaboration with ‘Hey Girls’, free period products were now being provided in Council-owned buildings such as the Family Wellbeing Centres, Hubs, Libraries, New Horizons, Sufra and Brent Food Banks. She added that the report detailed the success of the project and identified the learning made, with the aim to continue to evolve the work.

In continuing the introduction, Tom Pickup (Policy and Performance Manager, Brent Council) highlighted that, whilst the Committee had asked to understand the scale of the issue within Brent, with the information available it was not easy to measure in local areas. The report instead tried to capture the scale of poverty in Brent and supplement that with the level of uptake of the Period Dignity Project. The updated offer aimed to ensure the project provided free period products across Brent sites, tackled stigma and provided education around period dignity and trained staff on the frontline distributing period products so that they understood the issues around period dignity. The new offer had been live since November 2024, and, based on the level of uptake there was a clear need. The next steps would be to continue running the project and embed it as business as usual across the services and sites that were distributing the products.

Nigel Chapman (Corporate Director for Children, Young People and Community Development, Brent Council) concluded the introduction by reiterating thanks to BYP for focusing attention on this topic. He added that the Council had surveyed secondary schools on whether they provided free period products and all of the schools who had responded, which was the majority of Brent secondary schools, had confirmed they were taking part in the programme.

The Chair thanked the presenters for their introductions and invited the Committee to ask questions of the officers, with the following points raised:

The Chair invited BYP to begin the questioning, who asked what was being done in this area for young people who were not in education, including in relation to the awareness raising and educational aspect of the project. Tom Pickup explained that the project was focused on education across all Brent sites, so when someone attended a site where products were available, there were educational materials available to make clear why the products were there and other information that helped to tackle stigma. There was currently nothing targeted specifically at those groups because it was a general universal offer. Any young people accessing those sites, such as Family Wellbeing Centres, would be exposed to the products and materials in those settings. Serita Kwofie (Head of Early Help, Brent Council) added that data showing the number of requests for restocks in the Family Wellbeing Centres demonstrated a clear need for the offer, and there was good take-up of the various products available due to the strong foot-flow of young people attending Family Wellbeing Centres. Nigel Chapman thanked BYP for the challenge in relation to children not in education, as there were a number of school-aged children who were electively home educated. He agreed to take an action to ensure the School Attendance Service followed this up with parents to see if they were aware of the offer when doing their annual checks.

BYP also asked whether free products were provided to young people in care and care leavers. Nigel Chapman advised that there was an expectation that foster carers and semi-independent providers used the allowance they were provided to purchase products the young person would need, and Looked After Child Reviews and Social Worker Visits ensured checks were made into whether the young person was getting what they required.

From a cultural perspective, the Committee highlighted that stigma around periods could play a part in period dignity, and asked how the project addressed that, including with emerging communities and from a language point of view. Tom Pickup explained that there had been broad communications around the offer across various Brent channels to increase the outreach of what was available. When people attended locations where products were available, there were educational flyers available for anyone to take, and practitioners working on those sites may identify a need and provide education more discreetly.

The Committee asked how they could be assured that the offer was being monitored in a meaningful way to ensure there were no gaps in the offer. Tom Pickup advised that the monitoring was done at a high-level, based on uptake rather than at a granular level, because to get that more detailed information there would be a need to ask what could be considered a personal question.

In relation to transitional phases in terms of age, the Committee asked if there were any gaps in the offer. Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council) highlighted that there were no barriers because the awareness raising and access was universal and not targeted at particular people, age groups or protected groups.

The Committee commended the project and the work happening in Council venues and schools, but wanted to see the work go further. They highlighted that there were communities with young adults who may not be at school, who may be from overseas, or who may be going into low paid jobs, and asked whether the project brought awareness of the offer to those communities. Tom Pickup responded that the report reflected the first stage of the refreshed approach and affirmed that the aim was to expand the offer, including the awareness and educational element, working with other partners such as Brent Health Matters and the voluntary sector to share the offer.

The Committee asked whether these products and materials were distributed in gyms. Rachel Crossley advised that a lot of the gyms in Brent were private sector organisations and the Council would encourage them to do similar programmes themselves and have a social responsibility around that rather than fund them. This could be encouraged during procurement and commissioning stages. She would look into whether the offer was being extended to Brent-owned Leisure Centres, and asked members and BYP to let officers know of any venues that might be missing the products.

Noting paragraph 3.2.7 of the report, which stated that only 50% of the possible organisations had been engaged, the Committee asked whether that figure included primary schools. Officers confirmed that primary schools were included in that figure because people could start menstruating at primary school age. The Committee also queried how much engagement the project had with faith schools. Councillor Mili Patel advised that the pilot was conducted in Council-buildings only, but schools had their own project providing free products. Schools had been surveyed so if there were any faith schools on that list that information could be provided.

In relation to paragraph 3.2.12, which stated that it was difficult to understand the levels of uptake due to issues with data collection, the Committee asked how officers planned to resolve that so that the offer could be monitored and delivered correctly. Officers explained that the initial pilot had ceased collecting data during the trial, so there had been an improvement since then now that uptake of products was measured. The level of uptake of the services distributing the products was now being used to understand the scale of need.

BYP emphasised that period dignity was a major area of concern for Brent Youth Parliament, who's current national campaign was on period dignity and means testing. Noting paragraph 3.2.24, which stated that there was uncertainty from staff about whether

these products were being accessed exclusively by people in need, BYP raised concerns about the comment which they felt reinforced period stigma by questioning who was using the products when they should be universally available. Tom Pickup explained that, in this particular instance, there was a library where staff felt unsure whether the people they saw taking the products were in need. Irrespective of that, he acknowledged that it was a subjective judgement and the offer was universal, allowing anyone to take the products. In response to why that comment had been included in a public report, it was explained that this spoke to the education piece that was needed for staff around perpetuating stigma.

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

i) To develop a plan to incentivise private sector organisations to offer similar products and information.
ii) In developing projects and policies, to ask young people for their opinion, not just through BYP but other youth groups in the area.
iii) For any future report on pilots, to ensure a more structured way of evaluating the pilot, what the learning was, and what would be done for the future.

During the course of the discussion an information request was made, recorded as follows:

i) To provide the list of schools that had confirmed they were providing free period products.

10. The Impact of Youth Justice Service Delivery in Brent

Nigel Chapman (Corporate Director for Children, Young People and Community Development, Brent Council) introduced the report, which provided an overview of the impact of Youth Justice Service (YJS) delivery and its partners in 2024-25. In outlining the report, he highlighted that it felt like a successful story in the challenging environment in Brent. He reminded the Committee that the report did not just cover local authority work, but the local area partnership as a whole, because youth justice, under legislation, was delivered by partners with a multi-agency partnership approach to youth justice in Brent. He introduced Tony Bellis, Superintendent for Safer Neighbourhoods in the North West Borough Command Unit (NW BCU), Met Police, who had attended online as one of the partner agencies supporting youth justice in Brent. Tony Bellis agreed that the report showed a success story, and he was proud of the work of his teams in the Youth Justice Service and the relationship officers had with the local authority and stakeholders.

Nigel Chapman informed the Committee that there was a new His Majesties Inspectorate of Probation Inspection cycle and Brent was expecting an inspection under this new framework imminently. There had only been 6 published inspections under the new framework, two of which were in London. Brent's previous inspection had been in 2019 when youth justice had been judged as 'good', and the Youth Justice Service was currently assessing itself as providing at least a 'good' service through quality assurance work.

Serita Kwofie (Head of Early Help, Brent Council) provided further information about the self-assessment judgement of 'good', which she explained came from evidence of strengths. The YJS had seen a reduction in reoffending custody rates and first-time entry rates, which were lower than the London average and statistical neighbours. She was proud of Brent's out of court disposal processes, and Brent had achieved 100% in its decision-making which was strong and in line with guidance. There were some areas to focus on improving, including reducing disproportionality and increasing the voice of victims in youth justice work, which the new inspection framework would review. She felt that the YJS was well placed to achieve that considering what was already offered through the

Restorative Justice Programme, and the focus on strengthening that to hear the voice of victims.

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

The Committee were of the view that the narrative of the report did not match the figures being presented. Members highlighted that the report stated that custody rates had been falling for the last 10 years, but table 4 in paragraph 6.4 showed that across the last few years the figures had fluctuated and been inconsistent. Similarly, table 3 at paragraph 6.2 showed an upward trend for reoffending since 2022, despite the narrative of the report stating that reoffending had been on a downward trend for a 10-year period. Nigel Chapman advised that the covid period did distort the figures in terms of first-time entrants and reoffending rates as there was less crime during that period, meaning there was a dip in rates generally which had been factored in. He highlighted that the long-term trend still showed a gradual reduction in offending rates, and that fluctuated because the cohort size was very small so any changes would be significant in the figures. Officers explained that table 3 provided data up to March 2023, whereas the report focused on 2024-25 activity which might be why there were anomalies, but the Committee was assured that there was data on the ground, obtained through audits, showing that offending rates were declining. Serita Kwofie added that, whilst there were fluctuations, the YJS continued to address that through measures to support low reoffending rates, particularly through working with MOPAC funded programmes and organisations such as My Endz 2.0. in relation to first time entrants, there was fluctuation which the YJS was addressing, as detailed in the report, particularly around disproportionality as it was found that a disproportionate number of Black African Caribbean males were represented in the figures. The Council worked closely with the police around first-time entrants who ultimately made the decision whether to arrest or charge a young person, and there was close working to divert young people from being charged with an offense.

The Committee was pleased that the long-term trend was a downward trend in youth offending figures, but noted the demographic information of those known to the YJS and raised concerns that when those narratives occurred so early in a person's life it hindered their progression into adulthood. Nigel Chapman agreed that any young person who was arrested, charged and convicted of an offense was one too many, but there was also an element around public confidence in the justice system, where some offenses were so serious that there was no alternative but to charge and convict.

Noting the figures around disproportionality, particularly for males of Black Caribbean heritage, the Committee linked that to disproportionality in educational attainment for boys of Black Caribbean heritage, and sought assurance that there was preventative work taking place before an offense was made. Serita Kwofie informed members of the development of the Targeted Prevention Hub as part of the Families First Partnership Programme that had been launched by the Department for Education (DfE). That Hub was a way to bring together services focusing on contextual safeguarding, so that where there was a risk to a young person, such as repeatedly going missing or indicators that the young person was at risk of coming to police attention, services got to them early. Tony Bellis added that the Met Police had recently rolled out adultification and disproportionality training for all frontline officers and there was more awareness of safeguarding approaches to children and young people now. He felt that the early use of strategy discussions and professional meetings had made a big difference, not only for victims of crime but also perpetrators, and missing persons. He highlighted that previously the Met would not have held strategy discussions with partners around young people involved in crime, but now this formed part of the Met's investigative strategy. The Met had also recently implemented its Child First Strategy, a holistic approach to children and young people. For example, previously, officers might have worked in silos, but there was now a holistic approach around a young person,

recognising that while they could be a perpetrator of a crime, they could also be a victim in their own right. Since the implementation of these new strategies, the Met had seen a significant decline in the use of tactics such as more thorough intimate part searches on young people, and the outcome rate of stop and searches resulting in arrest or community resolution had increased to 1/3 of people stop and searched. He highlighted that the figures did not always tell the full story, so whilst there were fluctuations, the outcomes could be different, for example a young person may not be being charged but offered a community resolution instead, with the focus now on not criminalising children and working with partners. It was added that half of the 200 young people supported by the YJS over the course of the year had been supported outside of the formal Criminal Justice System, showing that 50% of YJS work was preventative.

The Committee asked whether there were common trends that the YJS were observing in terms of who was offending. Nigel Chapman advised that the report listed a small number of young people in care, some of whom may be in care as a result of their offending if they had been remanded into custody, and there was a link between deprivation and youth offending. Additionally, young people who came to the attention of the service often had a challenged education history or may be attending a pupil referral unit.

The Committee asked how the YJS supported young people form a mental health perspective. Serita Kwofie advised that the YJS was fortunate to have a close partnership with CAMHS as part of the team, providing early access to mental health support for young people, particularly where they may have an undiagnosed need. It was found that, often, young people who came to the attention of YJS had gone through education with an undiagnosed need and may have missed education for a number of factors. There were other services available to support young people coming to the attention of the service, including substance misuse colleagues, and the YJS worked to provide tangible support, including education and employment opportunities as a tangible diversionary outcome.

Noting the levels of staffing reported in paragraph 1.5 of the report, the Committee asked if that was sufficient for the need being dealt with in the YJS. Serita Kwofie advised that the service could always benefit from more staff which provided greater capacity to deliver the service, but felt the team did a good job with the resources available, working in partnership with other organisations and programmes to support the offer.

Highlighting the work of Brent Health Matters (BHM) who were doing good work in Park Royal Commercial Hub finding opportunities such as apprenticeships, the Committee asked how the YJS joined that work up, using other partners to ensure there were various avenues to give young people the best possible preventative offer. Nigel Chapman advised that the education offer within the YJS was from the voluntary sector organisation Shaw Trust, who had good knowledge of the opportunities available for young people and delivered a good performance. He felt that the Council's employment and skills offer as a whole, and its approach to joint working with private and public sector businesses, could be better co-ordinated. He now had employment and skills within his remit and had recently undertaken a review of that, so would be taking the recommendations of that forward to improve the offer. Within the YJS specifically, there was a very targeted support offer as it was a very small cohort of young people who each had an individual advisor to help them find opportunities. The YJS also worked closely with Young Brent Foundation who developed opportunities for young people, including apprenticeships, and that organisation sat on the Youth Justice Board providing that joined up partnership working. They were also heavily involved in the action plan underpinning the Youth Strategy.

The Committee asked how youth justice work was being aligned with other Council strategies such as the Youth Strategy and Black Community Action Plan (BCAP). Serita Kwofie advised that the work aligned well with the Youth Strategy, which had looked at where young people had said they did not feel safe, where they needed more access to

youth services, education, employment and training opportunities and how the Council provided diversionary activities for young people who came to the attention of youth justice. Young people involved in the YJS were also helping to develop the action plan sitting under the Youth Strategy so the Council was hearing those voices and bringing them into strategies. Nigel Chapman added that the next version of the SEND Inclusion Strategy was in development, which would include strategies for young people with additional needs who were involved in the YJS, and its Early Years Strategy, ensuring that children were on the right path at an early stage because it was known that if children were behind by the age of 5 their indicators for life were poorer, including the potential risk of offending. As such, long term outcomes needed to be met through intervention in the first 5 years of life.

The Committee advised officers of several initiatives set up as diversionary outcomes in other areas, such as in Manchester where an ex-offender had set up a boxing programme for young people in South London which had good success. They suggested the Council could do similar projects, building on the experience of other local authorities.

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

i) For the service to strengthen and expand partnerships with boxing clubs, music groups, and similar community-based initiatives that promote rehabilitation, foster pro-social identity, reduce the risk of reoffending, and help individuals remain engaged and focused on their future.
ii) For the Youth Justice Service to consider engaging with Wembley Stadium to explore potential employment pathways in the security and hospitality sectors, aimed at supporting young people transitioning out of the service and reintegrating into the community.
iii) For the Youth Justice Service to strengthen collaboration with Brent's partners and community and voluntary sector.
iv) As the current report did not focus on this area in detail, the Committee requested a future update outlining any progress made in developing these partnerships.

During the course of the discussion an information request was made, recorded as follows:

i) As agreed by the Corporate Director for Children, Young People and Community Development, the Committee requested an explanatory note detailing the methodology used to produce the 2024-25 data presented in the report.

11. Community and Wellbeing Scrutiny Committee Work Programme 2025-26

The Committee noted the Work Programme.

12. Community and Wellbeing Scrutiny Committee Recommendations Tracker

The Committee noted the recommendations tracker.

The meeting closed at 8:15pm

COUNCILLOR KETAN SHETH
Chair

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