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Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Thursday 22 September 2022 at 6.00 pm Held as a hybrid meeting

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair), and Councillors Afzal, Begum, Ethapemi, Fraser, Rajan-Seelan, Smith, Matin, Moeen and Mistry, and co-opted member Mr Alloysius Frederick

In attendance: Councillor Gwen Grahl, Councillor Mili Patel

Also in attendance: Mr Simon Goulden (remote), Councillor Neil Nerva (remote)

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

None.

2. **Declarations of interests**

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation Trust and governor of a number of education settings detailed in the [register of interest form](#)
- Councillor Matin – employed by NHS
- Councillor Rajan-Seelan – spouse employed by NHS
- Councillor Collymore – member of palliative care and end of life steering groups
- Councillor Ethapemi – spouse employed by NHS
- Councillor Moeen – employed in a nursery in Brent, SEND governor for Sudbury primary school, safeguarding governor for high schools in Brent
- Smith – employed by NHS
- Simon Goulden – spouse governor of Sinai Primary School
- Alloysius Frederick – Chair of All Saints Trust and governor of a school in Brent

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

The minutes of the previous meeting held on 5 July 2022 were approved as an accurate record of the meeting.

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

There were no matters arising.

6. **Implementation of SEND Review and High Needs Block**

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools) introduced the item, explaining that the report was in response to the recently published

Special Educational Needs and Disabilities (SEND) Green Paper, which was released in March 2022 as a response to the recent increase in the SEND cohort nationally. In terms of the Green Paper, she felt that the paper offered some positive improvements around standardisation and digitisation of Education, Health and Care Plans (EHCPs), as well as acknowledgement that place-led funding of alternative provision had become unworkable and was causing problems for young people with SEND. However, the report also emphasised academisation and did not include information on any additional resources that might be going forward into the specialist provision for SEND, mental health and behaviour. She felt this may introduce challenges for local authorities. The report presented to the Committee responded to those challenges, and highlighted that the department were likely to face an increasing deficit projected to be over £14m by 2026. Despite those challenges, the local authority were likely to be inspected by Ofsted over the coming years and the council's preparedness for that would be essential in demonstrating it had been able to make the changes and continued to provide very good services for children and young people with SEND.

Nigel Chapman (Corporate Director Children and Young People, Brent Council) made the point that the 2015 SEND Code of Practice was broadly a positive statement around the importance of integrating education, health and social care for children. The 2015 Code of Practice had given more of a voice for parents and carers and was very ambitious, promoted integration and preparing for adult life. The unforeseen implications of the Code of Practice, which had been experienced in Brent, across London and nationally, had been a large increase in demand. In Brent, there had been a 50% increase in the number of children with EHCPs compared to 5 years ago. This created a strain to the system. As a result of the national challenge, the government had put forward the Green Paper to better manage the issues. The Green Paper did not necessarily change the direction of policy or position, as the sector agreed that the ambitions of the original 2015 reforms were still meaningful.

In terms of Brent specifically, the Committee were advised that the local authority was last inspected by Ofsted and CQC in 2019, where the services being provided were judged to be operating at an effective standard. In addition, 97% of schools in Brent were judged 'good' or 'outstanding', and therefore the department felt confident in the local system. The department had been particularly proud of the encouraging growth of the Parent Carer Forum where there were over 500 parents involved, who provided both challenge and support. As a result, a lot of co-production work had been done with parents and carers which was integral to the work being done locally. The challenges that were being faced were the demand in the system, and the challenge of early identification of need and meeting that need at an earlier stage for children. Another main factor was the financial strain on the High Needs Block. Nigel Chapman advised that the report set out how the department planned to address those challenges.

The Chair thanked councillors and officers for their introduction and invited the Committee to raise comments and questions, with the following issues raised:

The Committee asked how prepared the department were for the challenges ahead and implementing the reforms in the Green Paper. Nigel Chapman highlighted that the effectiveness of the local school partnership in Brent had been demonstrated, for example through the RISE partnership who were doing peer to peer support in mainstream schools, and Compass, who were doing similar work in community schools. He felt that the biggest challenge would be in the early years sector due to the greater need in that area, and the Council was focused on getting prepared for that.

The Committee asked what plan was in place to ensure the voices of parents and carers were magnified so that they were meaningful and lead to tangible outcomes, including at an Integrated Care System (ICS) and Integrated Care Partnership (ICP) level. Nigel Chapman

advised that there was an intention to set out an action with ICP colleagues regarding the 4 priority areas in the children and young people ICP workstream by the end of October, which would include a plan to include the voice of parents and carers. From a Council perspective, the voice of parents and carers was embedded but work now needed to be done to ensure it was amplified across all of the health economy locally.

In relation to whether support was provided to families and parents of children with SEND, Sharon Buckby confirmed it was. If a child came through to the EHCP procedure they were supported by a dedicated case officer to help them through that and were then signposted to a range of different provisions available in Brent and through the Family Wellbeing Centres.

The Committee highlighted section 4.1 of the report, which stated that 43% of those with an EHCP were autistic. They asked whether there was data available for the number of children in mainstream schools with an EHCP who were autistic. Sharon Buckby (Head of Inclusion and the Virtual School Headteacher, Brent Council) highlighted that there had been significant progress over the last 2 years, with 69% of children recently provided with an EHCP now in mainstream schools compared to 48% two years prior. She attributed this to the close working relationship with parents, carers and schools in Brent, who had worked closely with the Council in relation to the SEND review.

In supporting schools to be better able to deliver, the Council had started a graduated approach framework 2 years previously with the allocation of specific funds through the SEND Intervention Fund from the High Needs Block. This aimed to support and develop the capacity of schools to be able to support, grow and enable children and young people to achieve the best they could in schools. In further supporting children with SEND to be in mainstream schools, each school cluster now had a special school. This year the Council was also working on further peer to peer support work with specialist ASD teachers, who were going into specialist schools for 2-3 weeks to further develop their skills. It was agreed that officers could provide a breakdown of needs across the full categories listed in the Code of Practice to the Committee. As a snapshot, the Committee were advised that children and young people with ASD made up the largest proportion of children with additional needs, followed by speech, language and communication needs, and thirdly children and young people with social, emotional and mental health needs. It was added that within those categories there was a large range of diversity in need.

In relation to training for staff in mainstream schools working with children and young people with SEND, Sharon Buckby advised the Committee that autism awareness training was being rolled out across all schools. There was also a Universal Targeted and Specialist Intervention Training Programme available at a universal level across all schools, and a specialist communication methodology being rolled out across schools. The next stage would include specialist ASD training programmes, using the Autism Education Trust and other specialist providers to deliver that. The department had commissioned that provision to work with all schools, as well as specifically those with children with autism in their schools. This would also be targeted to those that would be delivering the additionally resourced provision. It was agreed that the training programme could be shared with the Committee.

Of those children with SEND placed in mainstream schools, the Committee queried whether that was with the consent and co-operation of the child's parents or carer. Nigel Chapman confirmed that parental preference determined where a child was educated. When a child was placed, if they had an EHCP this put them at the top of the priority level to admittance to a certain school. It was very rare that a child would be placed against a parent's preference, and this was part of the messaging being put out to parents, particularly currently with secondary transfer beginning soon.

The Committee asked how many children with SEND were placed out of borough and whether there were plans to bring those back into Brent. Nigel Chapman advised that the majority of children with SEND were educated within Brent, and the majority of those children were in mainstream schools within Brent. For those children with a higher level of need, there were specialist schools within Brent to support them, but there was a certain group of children where there was no capacity to place them locally who were placed in out of borough special schools, and a very small number of children whose needs were very specialist and required independent specialist schools which were usually outside of the borough. It was highlighted that Cabinet had approved an additional capital spend of £44m in January 2022 to increase the number of special school places within the borough and places within mainstream schools to 430 extra places. With that extra investment, which included the new special school being built in Wembley, the department felt more confident that a greater number of children would not have to travel long distances to school every day. It was always the intention of the Council that, wherever possible, children were educated as close to home as possible, but Nigel Chapman highlighted there would always be children with needs that were so specialist that they could only be met in specialist provision which was not always available in borough. The increase in places would give the Council more choice and reduce the number of children travelling out of borough.

In relation to post-16, that was an area of development for the department and officers would be bringing forward through council processes the intention to develop a post-16 education and training centre for children and young people. In terms of measuring success post-16, the Committee were advised that there was a 0-25 service provision and engagement with young people in education, employment and training was vital as that was measured every month.

The Committee asked about the outcomes and impact of the work undertaken so far and how that would be measured going forward. Sharon Buckby highlighted that there was much better identification of need now through Early Years and schools. There was support being provided through the graduated approach framework to children and young people with a SEND Support Programme (those identified as not requiring an EHCP), and that support had improved since it was implemented 2 years prior. As a result, there had been fewer numbers of EHCPs requested over the past 12 months and the number of young people remaining in mainstream education was increasing. She felt that the training and development programme on offer was also making a difference for children and young people. She added that it was a constant journey to get better as more was understood about the needs of children and young people and the gaps in provision. Joint working and partnership working would bring increased benefits across all areas of work within the education, health and care environment, including more visible active young people in communities. For example, as a consequence of a piece of work undertaken with parents, carers and young people with the Parks Service, parks had been developed to become more SEND friendly. Another piece of work being done was a public artwork in Dollis Hill which would be SEND friendly. Nigel Chapman added that the School Standards and Achievement Report due in March 2023 would have further outcome data and analysis.

In relation to funding, the Committee highlighted details in the report that Brent were one of the local authorities that continued to lobby central government for funding increases that matched the levels of need, and asked what impact the level of funding had for children with needs. Councillor Grahl confirmed that the projected funding deficit was £14.3m and that if there was no more funding becoming available it could impact on the support children in Brent could receive. Nigel Chapman advised that, in the short term, the Council had spent on a needs led perspective, which was why the department was carrying an overspend that it was currently able to carry forward. Some areas had considerably higher overspend. However, if the Council was moved into a position by central government where it was no longer allowed to carry a deficit forward then this would have an immediate impact in terms of

cuts to services. He added that, regardless of the current financial pressures, there were delays in access to therapies due to recruitment issues in the health services leading to long waiting times, for example to CAMHS.

Officers confirmed that they worked with charities and schools to support early identification of students with SEND. A piece of work the Council had done this year had been with the Council of Disabled Children, which worked with Brent Parent Carer Forum, schools, settings and health colleagues on the development of a new Neurodiversity Pathway Programme. As a consequence of that, the Council would be looking to see how the third sector could be further engaged to support the roll out of that programme.

In response to a query about the CAMHS waiting lists, Nigel Chapman advised the Committee that waiting lists were coming down and were now at around 8-10 weeks for a referral, compared to 18 weeks 6 months previously. There was a preference to focus not just on the most acute level of mental health need, so a thrive model was being used to identify emotional health and wellbeing needs in children at an earlier stage. This emphasised the importance of healthy living, provided young people with recreational opportunities, and encouraged healthy diet and living.

The Committee queried why the number of children identified as requiring an EHCP had increased over time. Nigel Chapman advised this was likely due to a greater awareness and a recognition of parents and carers in terms of how to access support. He felt there was also an element of more children with more severe needs surviving longer into childhood due to medical advances, leading to an increase in children who might need support in the longer term. He highlighted this as a positive but advised the Committee that it led to a greater demand in the system.

In relation to type of need, the Committee queried whether the early identification of ASD had moved focus away from dyslexia and dyspraxia if the same resources were being used. Sharon Buckby advised that the early identification of ASD had not moved the focus away from dyslexia and dyspraxia because the service had moved to a neurodiversity approach rather than looking at specific conditions. This enabled the Council to consider how one characteristic might be displayed and misinterpreted as another characteristic. For example, very often dyspraxia and dyslexia displayed as ADHD characteristics, and it would be wrong to go down that line if the needs of that child could be addressed earlier. The Council was working with colleagues across schools to ensure that understanding was clear, and to ensure resources and mechanisms for assessing needs were in place within schools and available for parents, carers and young people to understand. This was done through the new section of the local offer which focused on neurodiversity.

The Chair invited a representative of Brent Youth Parliament to address the Committee. In addressing the Committee, the representative of Brent Youth Parliament highlighted that a child's development was not always consistent, and the child may develop a Special Educational Need or Disability during their time in education. Brent Youth Parliament queried whether mainstream schools were equipped to deal with new cases, support diagnoses, and how CAMHS and schools worked together to do this. Sharon Buckby agreed that SEND was not linear. She advised that all schools had a referral process and were clear about the procedure for that. There was an expectation that the school should demonstrate what additional support had been put in place by the school for a child during an academic year, in order to give a detailed view on what a child's needs were. This meant that when children came through to secondary school, or a child moved schools or moved from another borough, their needs could be assessed. In response to how children with mental health and wellbeing issues in schools were supported, Shirley Parks (Director of Safeguarding, Performance & Strategy, Brent Council) advised the Committee that schools had access to a number of different pathways for referral. Some schools when they had early identification of need commissioned support services themselves, and some schools had their own specialist

workers within schools. Brent Council had a commissioned contract for vulnerable groups that schools could refer children to for early intervention and prevention, and through CAMHS there was a range of different projects including mental health support teams in specific schools aimed at early identification.

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

To recommend the following key areas for improvement:

- i) That an event takes place at Brent Civic Centre showcasing the work the Council had done on SEND.
- ii) That the SEND Green Paper is circulated to all relevant stakeholders, including all school staff.
- iii) That there is a framework developed for more joined up working with the Integrated Care Partnership (ICP) on SEND.

Several information requests were made during the course of the discussion, recorded as follows:

- i) For the Community and Wellbeing Scrutiny Committee to receive the training programme for staff who work with children with autism in mainstream schools and additional needs settings.
- ii) For the Community and Wellbeing Scrutiny Committee to receive data on the diversity of level of need for children with an EHCP.
- iii) For the Community and Wellbeing Scrutiny Committee to receive the number of young people and children receiving CAMHS in Brent.
- iv) For the Community and Wellbeing Scrutiny Committee to receive information on how the recommendations of the transitional safeguarding task group will feed in to the SEND Strategy.

7. Early Help and Family Wellbeing Centres

Councillor Gwen Grahl (Cabinet Member for Children, Young People & Schools) introduced the report, which looked at the impact of Brent's 8 Family Wellbeing Centres (FWCs) and detailed some of the results they had on the lives of young people across Brent. She highlighted that the scheme had been pioneered to protect some of the services offered by Children's Centres, and the transition to FWCs took place between 2019-2021. In terms of their impact, she highlighted that they had been an essential component in delivering early help, and had been involved in the provision of the holiday and activities programme. The FWCs had played a crucial role in children's health and wellbeing as well as school improvements.

Nigel Chapman (Corporate Director Children & Young People, Brent Council) added that the creation of 8 FWCs out of 17 Children's Centres had been an imperative of a saving requirement for the Council, but rather than cut services the Council had decided to create something new and created FWCs. This had meant the Council was now ahead of the national debate on the issue as it was the direction of travel coming out of central government for the creation of 'Family Hubs'. The FWCs were only one year into operation, so some outcome measures were in development rather than fully formed, and FWCs were still gaining new registrations. He concluded by highlighting that the Best Start for Life Programme was coming onstream and the Council was hopeful that by using that model it

would be better able to integrate work with health, using FWCs as a place based locality model.

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

The Committee asked whether there was a difference between the Family Hubs model and FWCs, and were advised that they were the same type of service. The name 'Family Wellbeing Centres' had arisen following discussions with parents, carers and members of the community who felt that the name meant more to families.

The Committee asked what steps were being taken to identify and ensure those most at need for the service were able to access it. Teni Awoyemi (Head of Early Help, Brent Council) advised the Committee that Community Outreach Workers were in place within FWCs who would go into communities to meet families, into schools, and into different settings to promote FWCs. Officers also worked closely with other partners including schools, health and public health. Within FWCs it was not only Council workers based there but other partners such as the 0-19 service, midwifery, and Speech and Language Therapy. She felt they were well placed for families within communities to know about the services FWCs provided, and the centres were supported by local steering groups made up of parents, community leaders and other professionals.

The Committee asked what outreach work had been done to reach difficult to reach communities. They were advised that each centre had a triage worker who engaged with the local community. One worker had been visiting local Wembley hotels to help families who had been placed there by the Home Office, as those families would not necessarily know about services in the local area. By proactively reaching out, health needs and educational needs for those families had been picked up. There were also over 40 volunteers working in the FWCs and they were out in the community constantly.

In relation to the locations of FWCs, the Committee asked whether they were in the right places and could be accessed by families. Nigel Chapman highlighted that, when the work was done to establish the centres, there had been a requirement to do a full evaluation of where the greatest need in the borough was, and also where the largest sites were. Primarily the aim was geographical spread, size of building, and where the areas of need were highest. It was also important to ensure people in those areas were close to a site, and the site was close to transport links. The sites had been approved by Cabinet three years ago and there were no resources to have more than 8 centres, meaning decisions had needed to be based on those factors. Responding to why the Willows had been chosen specifically for the SEND FWC provision, Nigel Chapman advised that it had already been operating as a Specialist Nursery so had specialist support for very young children with a disability. It was felt to be a good opportunity to expand so that FWCs could support children across the borough in early years and those older children with disabilities, building on an existing area of work. In addition, the centre was centrally based in the borough and it was felt that, for something with a whole borough wide reach, being situated in the middle of the borough would be helpful.

The Committee asked what training and support was provided for staff in FWCs. Teni Awoyemi responded that many of the staff within FWCs had already been working in Early Help, within the old children's centres, or were Family Support Workers, so already had a level of training, but there was also an established training and development programme specifically for FWC staff, as well as a central programme for all staff across the Children and Young People's department.

The Committee asked how much more money the department would ideally need in order to do what they would like to with FWCs. Nigel Chapman highlighted that, historically,

Brent's General Fund per head of population was low in terms of London as a whole. If Brent were funded at the London average level, they would be gaining around £200 more per child per annum, which would be around £16m additional for the whole of Children's Services. Despite the level of funding, Nigel Chapman felt Brent had managed to pull together as effective an offer as possible, as a result of working closely with school partners, health colleagues and the voluntary sector. One of the things officers would like to introduce in FWCs was longer opening hours to expand them to evenings and weekends, but this would require additional staffing. The centres only had a very small core staffing group, and ultimately if there were more members of staff that meant they could be doing more casework out in communities. Councillor Grahl added that one of the things that made projects like FWCs so vulnerable was because a lot of the other services provided by the department were statutory and were not allowed to be cut as it would put children at risk, such as child protection services. As such, additional provision like FWCs ended up being the type of project vulnerable to cuts that may need to be made. This was unfortunate, as Early Help was specifically set up to prevent children going into care by giving them early interventions before a situation became dangerous for young people and children.

Continuing to discuss funding, Nigel Chapman highlighted that the Council had been successful in a number of bids for funding, outlined in the report. FWCs were heavily reliant on grant funding, but the department had also bid for funding, and were shortly due to submit the bid for the 'Best Start for Life Programme', requesting £4m across 3 years. In response to whether the steering groups for FWCs could apply for NCIL funding, Councillor Grahl advised the Committee that NCIL would only be a temporary solution because the funding would need to continue year after year and NCIL could not be reapplied to. She reassured the Committee that the department were doing their best to find alternative sources of funding and were constantly applying for grants as soon as they became available.

The Committee asked for more information on what the 'Best Start for Life' programme was based on. They were advised that the programme was based on the first 1,001 days of life and was evidence based, focusing on a child's health and development needs. This included ensuring children received their immunisations, were a healthy weight, were being read to by their parents at home and that they were ready for school, amongst other areas. Parents would receive targeted mental health support to support their child's development. The programme would be delivered by health providers in FWCs with the Council's support.

The Committee acknowledged the difficulties with staffing capacity, and asked whether officers had reached out to volunteers to support FWCs. They were advised that there were over 40 volunteers working to support FWCs, and that programme was very successful. In terms of how the number of volunteers was protected so that the support remained consistent, the Committee were advised that there was a contract in place with Barnardo's who provided volunteer co-ordination and managed those volunteers. Barnardo's already had an established system of recruiting and retaining volunteers.

The Committee highlighted section 3.30 of the report which detailed the objectives of FWCs, and asked for assurance they were being met as set out. Nigel Chapman advised that there were internal indicators which demonstrated progress against those impact measures and outcomes, and there would be a requirement to report back to central government on the 'Supporting Families Programme' on those indicators. An area that was felt to have made a significant impact locally was managing support to families to prevent children entering into the care system, and Brent's number of children in care proportionally compared very well to London and the national average.

The Committee asked for assurance about the work being undertaken around childcare provisions and early intervention and prevention. They were advised that the Early Years Team, which was part of Early Help, worked on ensuring take up for free entitlements for 2, 3 and 4 year olds, and the data suggested that this was going well and improving, particularly since Covid-19. Childcare sufficiency planning was also doing very well.

In response to how parents and carers and various other stakeholders were involved to ensure genuine and tangible co-production, the Committee were advised that there were local steering groups working with each FWC, as well as the Parent Carer Forum which was made up of parents directly receiving services from the centres. Parenting programmes were a big part of the work in FWCs, focussing on an evidence-based approach. Officers also measured impact through having the voice of children in assessments and interventions with families. Work was being done with older children to attract them into the centres, and they had heard from older children what type of activities they would like in the centres which the Council was now working to provide.

In response to what partnership programmes had been set in place with FWCs, Nigel Chapman advised that there were good connections with community healthcare. Maternity health visiting services and Speech, Language and Communication Therapy were being provided in FWCs. There was also a greater connection with schools close to FWCs, including making use of school facilities for some activities in the evenings.

The Chair thanked those present for their contributions and brought the discussion to an end. The Committee RESOLVED:

- i) To recommend that a representative from the Brent Parent Carer Forum or FWC Steering Group attends a relevant scrutiny committee meeting.
- ii) To recommend that the Council continues to work in partnership with community and voluntary sector organisations on Early Help.

8. Social Prescribing Scrutiny Task Group Scoping Paper

Councillor Ketan Sheth introduced the report, which proposed that the Community and Wellbeing Scrutiny Committee established a Task and Finish Group to review social prescribing in Brent. He highlighted that the pandemic had highlighted health inequalities, which many in Brent had known about for a long time. Social prescribing had also been developing for a while amongst the NHS, sometimes referred to as 'community referral'. The scheme enabled health and care professionals to refer people to a range of local, non-clinical services and recognised that health was determined primarily by a range of social, economic and environmental factors. As such, he highlighted that social prescribing sought to address needs in a holistic way, and aimed to support individuals to take greater control of their own health. This could involve a variety of activities, typically provided by voluntary and community sector organisations such as volunteering, arts and crafts, group learning, gardening, befriending, cookery, healthy eating advice and sports. With the emergence of the Integrated Care System (ICS), social services, public health, the NHS and the voluntary sector were coming together and working together, and therefore it was felt to be a good time to look at social prescribing to see what benefits could be had from working closer together and harnessing those relationships for better outcomes for residents.

Following his introduction, Councillor Ketan Sheth invited Councillor Neil Nerva, as Cabinet Member of Public Health and Adult Social Care, to address the Committee in relation to the task group. Councillor Nerva felt that the task group represented a good opportunity for the whole of Brent, including the local authority, NHS and voluntary sector. He highlighted that, to have effective social prescribing, there needed to be a thriving third sector as a provider

of activities to improve the wellbeing of residents, and therefore it was important to consider the capacity in the voluntary sector for social prescribing. He added that it was important to recognise there were different behaviours in GP practices across the borough and it would be important to understand the awareness GPs had of social prescribing. At the end of the task group, he hoped for a consistent approach from all Brent GPs to social prescribing and for the recommendations to be taken to the Health and Wellbeing Board for endorsement.

Dr Melanie Smith (Director of Public Health, Brent Council) also welcomed the task group and felt it had potential to address health inequalities. She noted that, traditionally, social prescribing had been seen as falling within the remit of GPs and other health professionals, but she was aware there was an appetite from colleagues in Social Care for Social Workers to be able to do social prescribing, and asked the task group to consider looking at that. She concluded by highlighting the value of involving elected members would be in their ability to scrutinise whether the offer for social prescribing across the borough was equitable, acceptable, and accessible to all Brent communities.

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

The Committee queried what the early indication of the take up from GPs was. Dr Melanie Smith responded that it was variable. Some GPs were very passionate about social prescribing but that was not universal. There was a good offer available, but she felt it might not be comprehensive. Councillor Sheth added that, as Brent moved out of the pandemic, there was a growing appetite for this work and he felt that the work of the task group could be a catalyst to ensure that the health inequalities agenda was at the heart of social prescribing.

In response to whether there was an intention to involve faith groups and other community led groups, Councillor Sheth confirmed it was the intention to work that way as well as with various Council departments, Cabinet Leads, and stakeholders in and out of the Council.

The Committee asked whether there would be any danger of duplication of work. Councillor Sheth highlighted the intention to work in partnership and bring everyone around the table to share good practice and ensure no-one was working in silos but collectively. An interim report would be brought to the Committee to give comfort that this was being done in synergy with all stakeholders.

The importance of local residents having an understanding of the opportunities of social prescribing was highlighted.

Having considered the report, the Committee RESOLVED:

- i) To note the content of the report and scoping paper attached in appendix 1 of the report.
- ii) To agree to establish a scrutiny task and finish group with the terms of reference and membership outlined in appendix 1.

9. Any other urgent business

None.

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