



Brent

**MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE  
Tuesday 19 September 2017 at 7.00 pm**

**PRESENT:** Councillor Ketan Sheth (Chair), Councillors Colacicco, Conneely, Ezeajughi, Hoda-Benn, Jones and Nerva.

Co-opted Members Mr Frederick, Ms Askwith and Mr Goulden and appointed observer Mr Patel

**Also Present:** Councillors Hirani, M Patel and Perrin

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

Apologies for absence were received from Councillors Hector (Councillor Colacicco substituting), Shahzad (Councillor Ezeajughi substituting), Warren and appointed observers Ms Gouldbourne, Ms Robers and Ms Monteleone.

**2. Declarations of interests**

There were no declarations of interests.

**3. Deputations (if any)**

There were no deputations received.

**4. Minutes of the previous meeting**

**RESOLVED** that the minutes of the previous meeting, held on 19 July 2017, be approved as an accurate record of the meeting.

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

There were no matters arising.

**6. Order of Business**

**RESOLVED** that the order of business be amended as set out below.

**7. Local Safeguarding Children's Board Annual Report**

Mike Howard (the Chair of Brent's Local Safeguarding Children's Board (LSCB)) presented the report which outlined the activities of Brent LSCB's in the period from 1 April 2016 to 31 March 2017.

The Committee heard that the Ofsted Review of the effectiveness of Brent LSCB, which had been conducted in autumn 2015, and the subsequent action plan required the Board to address fundamental areas such as audit and performance

management. Mr Howard spoke about two areas of work which the Board had been pursuing – the quantity and the quality of safeguarding. In relation to the first, Mr Howard paid attention to performance data received from various partners all of which contributed to safeguarding in Brent and he said that he was pleased that it had been possible to employ a Data Analyst until the end of the next financial year. As far as the quality of safeguarding was concerned, Mr Howard highlighted that the way the Section 11 Audit was carried out had changed – employees of organisations which sat on the Board were required to complete a questionnaire which measured their level of knowledge of safeguarding and allowed their managers to identify areas of concern where action had to be taken. Approximately 4,000 responses had been received, more than half of which came from the educational sector.

Mr Howard stressed the importance of reminding partner organisations that safeguarding children was everyone's responsibility. He said that Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) review of the Metropolitan Police force had been critical of the way the Police dealt with safeguarding but praised police in Brent for their approach to keeping children safe and their collaboration with Brent LSCB. In relation to health providers, Mr Howard said that he had written a letter to the Chief Executive of the London North West Healthcare National Health Service Trust in December 2016 and, as a result, a dedicated Head of Safeguarding Children had been appointed. However, there had been issues related to community rehabilitation as the National Probation Service had refused to attend Board meetings and Community Rehabilitation Companies had received negative inspection reports.

As far the Government's review of LSCBs was concerned, Mr Howard informed the Committee that the Children and Social Work Bill had gone through parliament in April 2017 and guidance was expected to be received soon. He suggested that joined-up safeguarding boards might be considered as some of the key partners sat on more than one board, but this would depend on the recommendations issued. For instance, Brent LSCB and Harrow LSCB shared partners who represented the Northwick Park Hospital, the Police and probation services and there were common interests such as training and potential combining of resources for Child Death Overview Panels (CDOPs). However, Mr Howard emphasised that not all boroughs were the same so defining the level of integration would be a strategic decision. In relation to working with the local community, Mr Howard said that the recruitment of lay members to sit on the Board had commenced and seven applicants would be interviewed during the week commencing 25 September 2017. Moreover, the LSCB worked together with The Lullaby Trust to promote safer sleeping and provide training to nurses, General Practitioners and practice managers. An upcoming project supported by the Board was a workshop involving young people to mark White Ribbon Day and would raise awareness of domestic abuse.

The Chair thanked Mr Howard for his presentation and noted that the report was very easy to read. A Member of the Committee enquired about the level of confidence that children at risk were protected. Mr Howard said that he was confident about safeguarding based on the work carried out by the Brent Family Front Door (BFFD) which processed all referrals and had good relationships with key partners such as the Police, Housing and health providers. The BFFD consisted of staff from the Children and Young People Department and Adult Social Care as well as police officers who met every morning to discuss cases and devise

strategies for action. This ensured that a genuine multi agency approach could be taken as safeguarding was too broad to be a responsibility of a single body. For example, there might be more than one person at risk as children were often a part of a family so other members could have been affected (children could be secondary victims of domestic abuse) and they attended school so an issue at home could have an impact on their classmates. Furthermore, the LSCB had a number of panels which dealt with issues such as serious case reviews (SCR), child sexual exploitation (CSE) and child deaths. The success of these panels depended on partner organisations attending and sharing information with each other. In relation to a question about actions taken to strengthen partnerships, Mr Howard said that he had frequent meetings with representatives of partner organisations, the Chief Executive of Brent Council, the Strategic Director for Children and Young People, the Leader of the Council, headteachers, Brent Clinical Commissioning Group, etc. The Committee heard that Mr Howard was a member of the Children's Trust and the Safer Brent Partnership. As far as engagement was concerned, significant progress had been made with primary schools and a special meeting dedicated to safeguarding had taken place at Stonebridge Primary School.

Members questioned the results of the Section 11 Audit and enquired how the problems that had been identified would be addressed. Mr Howard acknowledged that audit results had been disappointing and said that he would use a mixture of persuasion, revealing the names of those organisations which had not met the required standards and trying to convince key partners that it was in their interest to take safeguarding seriously.

The Committee discussed CSE and the way it was addressed by the Board. Mr Howard explained that there was a CSE Sub-Group which was chaired by Brian Grady (the Council's Operational Director for Safeguarding, Partnerships and Strategy) and consisted of members representing various partners. The Sub-Group examined trends in CSE and discussed action that could be taken to address these in the long term. Mr Howard highlighted that children who were excluded from mainstream education or attended a Pupil Referral Unit were at greater risk of CSE and certain locations where children congregated had been identified as high-risk areas so the Sub-Group had looked into actions taken to mitigate this risk. In addition, a Vulnerable Adolescents Panel chaired by Nigel Chapman (the Council's Operational Director for Integration and Improved Outcomes) had been established to look at missing children who could be at risk of CSE.

Commenting on the Board's resources, Mr Howard said that budget had remained the same, but there had been improvements in terms of new partnership arrangements. Nevertheless, the chairs of LSCBs in London had approached the Mayor and the Deputy Mayor on funding available to Boards across the capital. He noted that the LSCB had been able to make significant achievements given the resources it had.

In light of the recent terrorist attack at Parsons' Green Station, Members asked whether the LSCB had been made aware of any cases of radicalisation. Mr Howard said that the Board had not received such referrals. However, Gail Tolley (the Council's Strategic Director for Children and Young People) said that a review of Brent's training programme for foster carers would be carried out, placing particular emphasis on foster carers supporting unaccompanied asylum seeking children

(UASC). She added that UASC at semi-independent settings were at particular risk and it would be confirmed what training was provided in those placements. Ms Tolley noted that challenges for UASC had been met well in Brent, but issues such as immigration procedures and the length of time it took to confirm a child's status remained a concern so Directors of Children's Services in London would make a representation to the Home Office that would focus on streamlining the process. In addition, she said that West London Alliance (WLA) contracting procedures had been used to ensure that appropriate training was available to staff working in semi-independent settings.

In the context of austerity, a Member of the Committee asked Mr Howard how he would remain confident that children were kept safe. He responded that there was a clear commitment of LSCB members to safeguarding. He gave an example with the Police who despite the difficult choices they faced, had decided to invest additional resources in safeguarding. Mr Howard noted that other organisations had also recognised that investment in safeguarding was necessary despite budget constraints.

The Chair enquired if the Committee could provide assistance in the form of recommendations. Mr Howard said that there were two areas where the LSCB could benefit from support –a consistent approach towards finance; and in addressing the lack of engagement of Community Rehabilitation Companies. Nevertheless, Mr Howard assured Members that LSCB's progress had been good.

**RESOLVED that:**

- (i) The contents of the Local Safeguarding Children's Board Annual Report, be noted;
- (ii) The approach towards financing LSCBs be reconsidered by all partners to reflect the local context; and
- (iii) The Committee support efforts being made to encourage the Community Rehabilitation Company to engage in the work of Brent LSCB.

**8. Safeguarding Adults Board Annual Report 2016-17**

Michael Preston-Shoot (the Chair of Brent's Safeguarding Adults Board (SAB)) introduced the report which provided a summary of safeguarding activity carried out by Brent SAB partners across social care, health and criminal justice. He said that the 2016-2017 report had been designed to increase accessibility by explaining acronyms, providing text box explanations, and including visual aids to improve understanding. The Committee heard that in 2016-2017 the Safeguarding Adults Team (SAT) had received 1,712 concerns compared to 1,678 referrals made in 2015-2016. 628 concerns had been investigated and completed as S42 enquiries.

Professor Preston-Shoot noted that until recently he had shared Mike Howard's (the Chair of the Brent Local Safeguarding Children's Board (LSCB) concern about the Police as their engagement with adult safeguarding had been intermittent, but remained positive that with Detective Inspector Andy Grant joining the Brent Borough Command, this would improve. In relation to working with partner

organisations, Professor Preston-Shoot commented that engagement had been good and this included the London North West Healthcare National Health Service (NHS) Trust which engaged better with the SAB than with the LSCB. Furthermore, he said that since the end of the 2016-2017 financial year, the SAB had commissioned one further safeguarding review. Speaking of home education, Professor Preston-Shoot mentioned that the Home Education (Duty of Local Authorities) Bill 2017-19 (a Private Members Bill) had been tabled by Baroness Morris of Yardley (on behalf of Lord Soley).

The Committee heard that there had been a protocol to work effectively with adults who self-neglected themselves. In addition, the Board would turn its attention to standards in care homes because more safeguarding adult reviews had been commissioned at national level in relation to abuse in the latter, although no specific problems had been identified in Brent. Specific areas that would be scrutinised included standards of commissioning and contract management as well as training and support given to care staff.

The Board had spent time trying to create a performance management framework that was fit for purpose. It had been agreed what performance data would be collected from partners from the first quarter of 2017-2018 and the process of collating information had started.. Members were informed that regular meetings between the Chair of the SAB, Mr Howard, Carolyn Downs (the Council's Chief Executive), Karina Wane (the Council's Head of Community Protection), Meenara Islam (the Council's Strategic Partnerships Manager) and business support officers took place to coordinate the actions of various partnerships and boards involved in children and adult safeguarding as there were clear overlapping issues between the two areas. For example, a coordinated approach had been taken towards the White Ribbon Day, Scams Week, Child Sexual Exploitation Week and other similar events. The overall aim had been to promote the 'think child, think family' approach where the whole family was looked at in the event of a safeguarding concern.

Measures had been taken to increase the engagement of user groups and they had been allowed to address the Board. However, progress had been slower than expected and there had not been representation from a service user group. In addition, workload had increased so it had become increasingly challenging to maintain safe services and the effects of austerity had been referenced in a number of Safeguarding Adult Reviews (SARs). A concern raised by Professor Preston-Shoot was that a number of SARs and Serious Case Reviews (SCRs) had an inward focus but there was also a need to take into account that Brent existed in a national context in terms of legislation and policy guidance.

Professor Preston-Shoot emphasised that resourcing the SAB had to be examined in detail and engagement of various partners had to be monitored going forward. Moreover, in his view the fitness of the Care Quality Commission was a topic that had been a subject of regional and national scrutiny.

A Member of the Committee asked if there was anything that the SAB expected the Local Authority to do to strengthen partnerships. In response, Professor Preston-Shoot said that overall engagement with partners had been good (including with Brent LSCB) and stakeholders recognised the fact that safeguarding was a key responsibility. He said that engagement had to be extended to faith groups and service user forums which could be achieved with the support of Elected Members.

In response to a question on the audit of safeguarding policy and practice, Professor Preston-Shoot highlighted that safeguarding had to be made personal by placing the adult at risk at the centre of various partners' involvement. He said that some partners had a good record of doing this, but others required improvement which led to variation in the quality of safeguarding provided to residents. A potential way to address this was to provide training which conveyed the importance of making safeguarding personal. He gave an example of the NHS which had undertaken an initiative to improve its performance and tackle historic concerns, the results of which had been reflected in a recent audit.

As far as reporting abuse, self-neglect and modern slavery were concerned, Professor Preston-Shoot said that cases were not as prevalent as people thought they were – nine cases related to self-neglect had been reported to the Board and none related to modern slavery. Nevertheless, he referred to a case in Lincolnshire where 11 people had been sentenced for slavery and pointed out the importance of the organisations' ability to recognise the issue which could be increased by providing additional training on the topic as well as guidance about how people had to act when they had concerns. The Committee heard that there had been more cases of self-neglect than officially recorded which meant that additional work had to be done to raise awareness among housing providers, District Nurses, General Practitioners and other practitioners.

Members discussed hoarding and the reason why it was one of the key concerns for the Brent SAB. It was pointed out that hoarding was a major health and fire risk and it often affected people living around the individual. Cases where the hoarder had capacity (as per the Mental Capacity Act 2005 definition) were particularly complicated as possible options for interventions were narrower than in cases where the adult had been deemed not to have capacity. Professor Preston-Shoot emphasised the need for all agencies to try to understand what drove this behaviour, consider potential options and identify actions that could reduce the risk and help the individual. In addition, Ms Wane said that the Community Multi-Agency Risk Assessment Conference (CMARAC) that looked at referrals of vulnerable adults frequently received referrals related to hoarding and individual action plans were built to reflect the needs of the resident concerned. In relation to outcomes achieved, Professor Preston-Shoot informed Members that the Safeguarding Adults Team routinely asked adults whether the outcomes they had been seeking were achieved. However, he emphasised that the key issue to be examined was whether risks had been reduced and whether there was a robust database to support this, containing information on outcomes supplied by practitioners.

A Member of the Committee asked a question that related to the resources available to the Board. Professor Preston-Shoot said that the Board had been under-resourced and noted that there was not a standard resourcing framework for adult boards. For example, the NHS did not contribute to the Brent SAB, while the Clinical Commissioning Group (CCG) did. The Board had a deficit which put it in an unsustainable financial position. Professor Preston-Shoot said that he was in the process of generating income from partners who did not contribute at present or contributed insufficient resources.

Members raised the issue of zero-hour contracts and Councillor Hirani (the Council's Cabinet Member for Community and Wellbeing) responded that a commissioning restructure had been undertaken in adult social care resulting in

commissioners managing relationships in specific sectors which was in line with the care programme transformation at national level. Moreover, Phil Porter (the Council's Strategic Director for Community and Wellbeing) said that enough money had been allocated to providers to run sustainable services and it was their decision how they would employ people and if they would use zero-hour contracts.

Professor Preston-Shoot advised that he would keep members informed on the concerns that had been raised in relation to financial contributions (resources) and partnership working.

**RESOLVED that:**

- (i) The contents of the Safeguarding Adults Board Annual Report 2016-17, be noted;
- (ii) The Committee supported the need for partners to be encouraged to contribute financially to the Safeguarding Adults Board to ensure it remained sustainable; and
- (iii) The Committee supported the action being taken to extend the engagement with faith groups and service user forums.

*The meeting was adjourned between 8:29 pm and 8:31 pm for a comfort break.  
Councillor Hirani left the meeting at 8:29 pm.*

**9. Identification of Female Genital Mutilation (FGM) in Brent**

Doctor Sarah Basham (Vice Chair and Co-Clinical Director at Brent Strategic Commissioning Group (CCG)) introduced the report which outlined Brent CCG's work on identifying cases of Female Genital Mutilation (FGM) in the Borough. Doctor Basham said that some of the data included in the report had been extracted from national reporting of FGM and stressed that FGM had been recognised as a problem in Brent. Doctor Arlene Boroda (Designated Doctor at Brent CCG) explained that work around FGM had been ongoing for a long period of time. She said that in addition to mandatory reporting, Brent CCG was trying to eradicate the practice by working with partners across the health economy, the Police, and the voluntary sector. Doctor Boroda noted that there had been a large number of reports of FGM in Brent and emphasised that women who had undergone the procedure experienced life-long complications. A key message that the Committee heard was that since 2015 it had been mandatory for hospitals, mental health trusts and General Practitioners to report cases of FGM and one of the main tasks of the CCG was to engage local communities and the voluntary sector and to support professionals to share information ('Tell us once'). In relation to the latter, Doctor Boroda said that training had been provided to professionals for a number of years and refresher courses were available to ensure everyone understood their role in safeguarding women.

A Member of the committee enquired about the Department of Health's prevention programme and the Committee heard that the Department's data provided information about the prevalence of FGM as it extracted data from the locations where FGM had been reported, which allowed the identification of hotspots. Dr Basham said that Brent was an area where there were both high prevalence and

high risk of FGM. Doctor Boroda confirmed that partners worked effectively in Brent to address the issue and gave an example of a roundtable discussion in which representatives of the CCG, the Designated Nurse, children's social care representatives and the Police participated. In relation to a question about the collaboration with the Police and immigration officers to monitor when children were taken out of the country, she said that safeguarding was everyone's responsibility so if a parent requested to take a child out of school, this raised concern as the child could have been at risk. Dr Basham added that there had been a case in her practice where a concern had been raised and passports had been retained.

The Committee focused its attention on raising awareness of FGM in schools and a Member asked a question that related to the expectations from teachers. Gail Tolley (the Council's Strategic Director for Children and Young People) explained that the report presented to the Committee had been prepared by Brent CCG and it was the responsibility of the school Governing Boards and Ofsted to assess the safeguarding mechanisms adopted by schools and the awareness of key members of staff about FGM. As far as risks associated with the summer holiday were concerned, Ms Tolley said when children returned to school they would start disclosing what might have happened over the holiday so any concerns related to FGM were likely to come to attention of the Brent Family Front Door.

In relation to support for women who had undergone FGM, Doctor Boroda noted that a range of practitioners provided services to victims and a number of local hospitals had specialised clinics which had good reputation. When a referral was made, all concerns were taken into account and mental and physical assessments were carried out so clinicians could determine the individual's health needs. Furthermore, a part of the risk assessment looked at victims' daughters and granddaughters with an aim of reducing cases where the procedure was carried out on several generations.

The Committee examined whether the legal duty to report FGM had made a difference. Doctor Boroda said that she was not able to comment on the reasons why there had not been any applications for protection orders in Brent as this was a matter for the Police. The work of the CCG had been focused on safeguarding children and meeting the health needs of people who had undergone the procedure. Moreover, Doctor Basham noted that professionals had developed a culture of openness and dialogue about the issue which had increased information sharing on the topic, but there had been gaps in engagement with community and voluntary groups that had to be addressed – for instance, Brent CCG were to meet with Forward UK as part their engagement with the voluntary sector.

In terms of learning from other local authorities, Doctor Basham said that Brent had a high number of individuals at risk which was reflected in the number of cases of FGM. Doctor Basham stressed that it remained important to provide training to enhance the understanding of the issue and raise awareness about the importance of recording concerns promptly and accurately.

The Chair drew Members' attention to the recommendations of the report outlined on page 53 to the Agenda pack and a Member asked for clarify on the operational leads for these. Doctor Boroda responded that Brent CCG would collate the information it received from providers and each provider would have a lead (most



likely their executive lead for safeguarding) and it was the CCG's responsibility to request updates and look into any issues that may come up.

**RESOLVED that:**

- (i) The contents of Identification of Female Genital Mutilation (FGM) in Brent, report, be noted;
- (ii) the need for the commissioners of services to ensure an effective pathway for the transfer of relevant info from maternity services to health visiting services and GPs be endorsed;
- (iii) Further engagement with the local community be carried out to raise awareness of the impact of FGM;
- (iv) The committee support the continued provision of training by the Brent LSCB in order to support agencies with identifying and responding to FGM, including improvements with data collection;
- (v) Service user feedback to service delivery and design continue to be monitored by relevant commissioners; and
- (vi) Assurance be sought by the Brent LSCB from across the partnership that relevant agencies had offered the required level of training and awareness on FGM as per training guidance and key performance indicators.

*Councillor Mili Patel left the meeting at 8:29 pm.*

10. **Scoping paper for Home Care Scrutiny Task Group**

The Chair introduced the report and reminded Members that home care was a subject that had been judged by Members to have met the IMPACT criteria which scrutiny had developed in order to evaluate and filter whether a subject was appropriate to be included in its work programme. He drew the Committee's attention to Appendix A which contained the task group scoping document. Councillor Hirani (the Council's Cabinet Member for Community and Wellbeing) added that the context of the Task Group was to inform the Council's commissioning work so a clear direction was established prior to the recommissioning of home care contracts.

James Diamond (Scrutiny Officer at Brent Council) said that Doctor Laura Cole, a researcher, and Professor Jill Manthorpe at the Social Care Workforce Research Unit at King's College London would act in an advisory capacity to the Task Group.

**RESOLVED that:**

- (i) The contents of the Scoping paper for Home Care Scrutiny Task Group report, be noted;
- (ii) A task group to review home care be set up; and

(iii) A report with recommendations to the Committee be produced by the Task Group.

11. **Update on scrutiny work programme (If any)**

**RESOLVED** that the contents of the Update on the Committee's Work Programme 2017-18 report, be noted.

12. **Any other urgent business**

None.

The meeting closed at 9.07 pm

COUNCILLOR KETAN SHETH  
Chair