

Appendix 1

Community and Wellbeing Scrutiny Committee Recommendation Tracker 2019-2020

(A key and explanatory note for this tracker table is provided at the end of this report)

9 July 2019

Subject	Scrutiny Recommendation	Decision Maker and Response	Department, Cabinet Member, and lead officer	Review Date, Status
<p>1. Palliative and End of Life Care</p>	<p>1. To undertake engagement with Brent residents, stakeholders and existing providers regarding the proposal to decommission services at Pembridge hospice and reinvest in the remaining providers, assessing whether there was sufficient capacity to meet local need and projected service demand.</p>	<p>Brent Clinical Commissioning Group</p> <p>Engagement on local palliative care to start in autumn 2019.</p>	<p>Dr MC Patel, Chair, Brent CCG Sheik Auladin, Managing Director, Brent CCG</p>	<p><i>Engagement ends March 2020</i></p> 
<p>2. Urgent Care Centre, Central Middlesex Hospital</p>	<p>1. The provision of overnight patient transport service based on-site between 12 midnight and 8am for a set period of time after the change of hours.</p> <p>2. Installation of a free-phone outside the UCC which goes straight through to 111 between 12 midnight and 8am.</p>	<p>Brent Clinical Commissioning Group</p> <p>1. This transport service was not implemented subsequently.</p> <p>2. The free-phone outside the UCC was accepted at the meeting, and later implemented for patients to call NHS 111.</p>	<p>Dr MC Patel, Chair, Brent CCG Sheik Auladin, Managing Director, Brent CCG</p>	<p><i>UCC alteration of hours from 1 November 2019</i></p> 

4 September 2019

Subject	Scrutiny Recommendation	Decision Maker and Response	Department, Cabinet Member and lead officer	Review Date, Status
<p>1. Home Care Recommissioning</p>	<p>The committee approved the recommendations as set out in the report. These were as follows:</p> <p>1. Scrutiny are asked to approve the proposed model and confirm that implementation of the model as set out will deliver the outstanding recommendations from the CWB Homecare Task Group report of 2018.</p> <p>2. Scrutiny are further asked to confirm that the proposed model will deliver the objective of making the council fully compliant with the Unison Care Charter.</p>	<p>Cabinet</p> <p>Response to committee recommendations from 2018 task group set out in section 4.1 of report to the committee on 4 September.</p> <p>Recommendation 1. London Living Wage is introduced incrementally and paid fully by 2021.</p> <p>Response: To be achieved through re-procurement.</p> <p>Recommendation 2. A minimum standard of training is incorporated into the new commissioning model which gives staff in Brent sufficient development opportunities to encourage homecare as a career within the social care sector.</p> <p>Response: To be achieved through re-procurement.</p> <p>Recommendation 3. A homecare partnership forum should be set up as part of the new commissioning model to discuss issues of strategic importance to stakeholders involved in Brent domiciliary services.</p> <p>Response: This has already been delivered and has been running successfully in Brent for over a year.</p>	<p>Community and Wellbeing Department</p> <p>Cllr Harbi Farah, Lead Member for Adult Social Care</p> <p>Phil Porter, Strategic Director Community Wellbeing</p>	<p><i>Cabinet decision 11 November 2019</i></p> 

24 October 2019

Subject	Scrutiny Recommendation	Decision Maker and Response	Department, Cabinet Member and lead officer	Review Date, Status
<p>1. North West London Collaboration of CCGs Financial Recovery Plan</p> <p>2. Single CCG Case for Change</p>	<p>1. To ensure that under the financial recovery plan local services are maintained at a sufficient level to continue meeting the needs of Brent residents.</p> <p>2. To request that the CCG undertake an Equality Impact Assessment in relation to all four strands of the overall strategy.</p> <p>3. To request that the CCG review changes proposed to the Urgent Care Centre at Central Middlesex Hospital and the Cricklewood Walk-In Centre with regard to their impact on Primary Care, and be asked to reconsider their plans regarding the future of the Urgent Care Centre and put any proposals for its closure to a full public consultation.</p> <p>4. That the CCG be requested to reverse their decision to close the Urgent Care Centre at Central Middlesex Hospital.</p> <p>5. That the CCG be requested to provide a further update regarding the Financial Recovery Plan in 6 months' time following the winter period.</p> <p>6. To request that the CCG guarantee that the new structure will include local governance arrangements with lay people to be fully involved.</p>	<p>Brent Clinical Commissioning Group</p> <p>A detailed response to the committee's recommendations was set out in a letter to the committee dated 31 October 2019.</p> <p>This letter was circulated to the committee in the update report of 26 November 2019. It is included as an attachment to the tracker report.</p>	<p>Mark Easton, Accountable Officer, North West London Collaboration of Clinical Commissioning Groups</p> <p>Dr MC Patel, Chair, Brent CCG Sheik Auladin, Managing Director, Brent CCG</p>	<p><i>Brent CCG Commissioning Committee decision on walk-in centre 12 February 2020; UCC alteration of hours from 1 November 2019</i></p> 

26 November 2019

Subject	Scrutiny Recommendation	Decision Maker and Response	Department, Cabinet Member, and lead officer	Review Date, Status
<p>1. Brent Local Safeguarding Children Board Closing Report</p>	<p>To ensure that the Multiagency Statutory Partners for Safeguarding prioritise Transitional Safeguarding within the new arrangements, with a particular focus on young people aged between 18-25 years old.</p>	<p>Cabinet</p> <p>To be forwarded to Cabinet for response.</p>	<p>Children and Young People</p> <p>Gail Tolley, Strategic Director Children and Young People Cllr Mili Patel, Lead Member for Children’s Safeguarding, Early Help and Social Care</p>	<p><i>Children’s Trust is currently developing the work on Transitions and Transitional Safeguarding</i></p> 

4 February 2020

Subject	Scrutiny Recommendation	Decision Maker and Response	Department, Cabinet Member, and lead officer	Review Date, Status
<p>1. Brent Council Housing Management Services, Including Housing Repairs</p>	<p>1. Cabinet reports back to the Committee at the earliest opportunity regarding the completion of outstanding actions relating to Personal Emergency Evacuation Plans and with the results of the 12-week safety programme for high-rise blocks.</p> <p>2. Cabinet reports back to the Committee about how they will develop further qualitative measurements of customer satisfaction for council housing management, and with the results of the STAR survey measurement.</p> <p>3. Cabinet reports back to the Committee with comparative data and benchmarking data in relation to other similar boroughs' council housing management.</p>	<p>Cabinet</p> <p>To be forwarded to Cabinet for a response.</p>	<p>Community and Wellbeing Department</p> <p>Phil Porter, Strategic Director Community Wellbeing</p> <p>Clr Eleanor Southwood, Lead Member for Housing and Welfare Reform</p>	<p>NA</p> 
<p>2. Selective and Additional Licensing in the Private Rented Sector in Brent Update</p>	<p>Housing Team to provide the Committee with information at a later date about the total number of enforcement fines in 2019/20</p>	<p>Cabinet</p> <p>This response has been received from officers and will be circulated to members.</p>	<p>Community and Wellbeing Department</p> <p>Phil Porter, Strategic Director Community Wellbeing</p> <p>Clr Eleanor Southwood, Lead Member for Housing and Welfare Reform</p>	<p>Response received</p> 

3 March 2020

Subject	Scrutiny Recommendation	Decision Maker and Response	Department, Cabinet Member, and lead officer	Review Date, Status
<p>1. Review of Local Palliative Care Services</p>	<p>1. That in the development of potential options which involve closure of the Pembridge unit there should be detailed consideration of Brent's care and population needs in the future.</p> <p>2. Development of potential options to consider benchmarking with other London boroughs and best practice for palliative care as well as financial modelling for hospital, hospice and home care; including Brent's most deprived communities.</p> <p>3. To demonstrate that a detailed and rigorous engagement has been carried out before developing the potential options for palliative care in Brent. And that no changes are made before the results are known.</p> <p>4. Full consultation before a final decision is made on the final proposals.</p> <p>5. Whole system considers that appropriate specialist registrar leadership and training is provided in the development of a new model.</p>	<p>Brent Clinical Commissioning Group</p> <p>Brent CCG have been formally asked to respond.</p>	<p>Dr MC Patel, Chair, Brent CCG</p> <p>Sheik Auladin, Managing Director, Brent CCG</p>	<p>NA</p> 

Notes

This is a table to track the progress of scrutiny recommendations made by one of the formal scrutiny committees at Brent Council. It is a standing item on the Committee's agendas, so that the Committee can keep track of the recommendations it has made, the decisions made, implementation status and provoke consideration of outcomes that have for residents, the Council and its statutory partners.

The tracker lists the recommendations made by the committee throughout a municipal year and any recommendations still not fully implemented from previous years since June 2019.

The tracker documents the scrutiny recommendations made, the dates when they were made, the decision maker who can make each decision in respect of the recommendations, the date the decision was made and the actual decision taken. The executive decision taken may be the same as the scrutiny recommendation (e.g. the recommendation was "agreed") or it may be a different decision, which should be clarified here. The tracker also asks if the respective executive decisions have been implemented and this should be updated accordingly throughout the year.

Scrutiny Task Group report recommendations should be included here but referenced collectively (e.g. the name of the scrutiny inquiry and date of the agreement of the scrutiny report and recommendations by the scrutiny committee, along with the respective dates when the decision maker(s) considered and responded to the report and recommendations. The Committee should generally review the implementation of scrutiny task group report recommendations separately with stand-alone agenda items at relevant junctures – e.g. the Executive Response to a scrutiny report and after six months or a year, or upon expected implementation of the agreed recommendation of report. The "Expected Implementation Date" should provide an indication of a suitable time for review.

Key:

date of scrutiny committee meeting - For each table, the date of scrutiny committee meeting when the recommendation was made is provided in the subtitle header.

Subject – this is the item title on the committee's agenda; the subject being considered.

Scrutiny Recommendation – This is the text of the scrutiny recommendation as it appears on the minutes – **in bold**.

Decision Maker – the decision maker for the recommendation, (**in bold**), eg the Cabinet (for Council executive decisions), full Council (for Council policy and budgetary decisions), or an NHS executive body for recommendations to the NHS. In brackets, (date), the date on which the Executive Response was made.

Executive Response – The response of the decision maker (eg Cabinet decision) for the recommendation. This should be the executive decision as recorded in the minutes. The Executive Response should provide details of what, if anything, the executive will do in response to the scrutiny recommendation. Ideally, the Executive Response will include a decision to either agree/reject/amend the scrutiny recommendation and where the scrutiny recommendation is rejected, provide an explanation of why. In brackets, provide the date of Cabinet/executive meeting that considered the scrutiny recommendation and made the decision.

Cabinet Member and lead officer – the Council directorate (and/or external agencies) that are responsible for implementation of the agreed executive decision/response. Also provided, for reference only, the relevant Cabinet Member and strategic director.

Review Date - This is the expected date when the agreed Executive Response should be fully implemented and when the scrutiny committee may usefully review the implementation and any evidenced outcomes (eg service improvements).

Status – This is a determination of whether the Executive Response/decisions for the recommendations are implemented or not. This is answered by a “yes” or “no”. A “traffic light” indicator, red, amber and green, is provided to assess implementation progress. (Note: this is the implementation of the agreed Executive Response, which may not be the same as the scrutiny recommendation).



not implemented



partly implemented



implementation complete

