



Community and Wellbeing Scrutiny Committee Supplementary

Monday 16 March 2020 at 6.00 pm

Boardrooms 3-5 - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)

Colwill (Vice-Chair)

Afzal

Ethapemi

Hector

Knight

Shahzad

Stephens

Thakkar

Substitute Members

Councillors:

Aden, S Butt, S Choudhary, Gbajumo, Gill, Johnson,
Kabir, Kelcher, Mashari and Nerva

Councillors:

Kansagra and Maurice

Co-opted Members

Helen Askwith, Church of England Schools

Dinah Walker, Parent Governor Representative

Simon Goulden, Jewish Faith Schools

Sayed Jaffar Milani, Muslim Faith Schools

Alloysius Frederick, Roman Catholic Diocese Schools

Observers

Brent Youth Parliament

John Roche, Jenny Cooper and Azra Haque

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The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences**- Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).

- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest

Supplementary Agenda

Introductions, if appropriate.

Item	Page
4 Minutes of the previous meeting	1 - 12
To approve the minutes of the meeting held on Tuesday 4 February 2020 as a correct record.	
7 Overview and Scrutiny Task Group Report: Childhood Obesity	13 - 40
This report presents the final outcomes and recommendations from the Scrutiny Task Group set up to review childhood obesity.	
10 Community and Wellbeing Scrutiny Committee - Recommendation Tracker	41 - 60
This report enables Members to track the progress of recommendations made by the Committee.	

Date of the next meeting: Wednesday 22 April 2020



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- The meeting room is accessible by lift and seats will be provided for members of the public.

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Tuesday 4 February 2020 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair) and Councillors Afzal, Knight, Shahzad, Stephens, Thakkar and co-opted member Mr Simon Goulden

Also Present: Councillors McLennan and Hylton

1. Apologies for absence and clarification of alternate members

Apologies were received from Councillors Colwill, Ethapemi and Hector, and Co-opted member Reverend Helen Askwith.

2. Declarations of interests

The following personal interests were declared with respect to item 7 to be discussed at the meeting:

- Councillor Shahzad – managed a property in Brent

3. Deputations (if any)

The members of the Community and Wellbeing Scrutiny Committee agreed to hear a deputation from a representative of Harlesden Area Action in relation to item 6 – Council Housing Management Services.

The representative of Harlesden Area Action explained that she was the Chair of Harlesden Area Action, which was a resident association in the Harlesden and Kensal Green ward. Photographs were presented as examples of what the representative felt were evidence of Brent freeholds in a state of disrepair. The representative highlighted that one of the properties had been in a state of disrepair for 4 months, and another property which had been reported for accumulation of waste including rats in August had still not been resolved. She reminded the Committee of Brent's responsibilities noted under paragraph 12 of the Housing report to 'keep in repair and proper working order the structure and exterior of residential properties it owns' and 'to ensure premises are not in a state to be prejudicial to health or nuisance'.

The Chair thanked the representative and invited her to return to her seat.

4. Minutes of the previous meeting

RESOLVED:-

That the minutes of the previous meetings held on 11 June 2019 and 26 November 2019 be approved as an accurate record of the meetings.

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

There were no matters arising.

6. **Council housing management services**

Councillor Southwood (Lead Member for Housing and Welfare Reform) introduced the Council Housing Management Services Report, providing an overview of Brent Housing Management's operational performance. The report provided data for the period since the service came in-house in October 2017 for comparison.

In outlining the report, Councillor Southwood highlighted the following key points:

- Housing repairs were a difficult area for residents. She hoped the committee could see the concerted effort to improve, such as tackling the misdiagnosis of emergency repairs, which were now being completed on time 100% of the time. The contractor, Wates, handled all repairs.
- The Housing Management Service dealt with considerable scale, and expected to see further improvements. There were issues of estate management for residents, and the cleaning service currently under review had been brought back in-house, with residents part of that review to specify what they would like to see from the service.
- The tenancy sustainment panel had been introduced by the Council to address those residents receiving Universal Credit and who were vulnerable to rent arrears.
- In acknowledging the deputation, Councillor Southwood felt that it was an example where work had not been as joined up as it should have been. Properties in disrepair for some time came to the services attention from councillors flagging them, resident complaints and proactive work where Officers sampled the state of properties. It was expressed that it was important to hear about concerns and issues, and that she expected teams to work jointly to resolve issues, including with Veolia, the waste management provider.

The Chair thanked Councillor Southwood for her introduction, and invited Hakeem Osinaike (Operational Director for Housing, Brent Council) to make any additions to the presentation, with the following highlighted:

- Hakeem Osinaike issued a correction to the report, which stated that housing management came in-house in 2016, highlighting that it came in-house in 2017.
- In response to the deputation, Hakeem Osinaike agreed that the service did not always get everything right, and it was always good to receive feedback from residents. He felt that as feedback was received, they could build a programme to ensure needs were met.

- He highlighted that Brent Housing Management were always investing in properties, and this financial year had committed to spending £6.5m refurbishing all low-rise properties including windows, roofs and heating systems. In total, the Housing Management Team were spending £17m investing in properties.

The Chair thanked both Councillor Southwood and Hakeem Osinaike, and expressed appreciation for the work of the Housing Management Service. He proceeded to invite questions and comments from Committee members, with the following issues raised:

In response to whether the team felt disappointed that some areas had remained unimproved within the new Housing Management Service, Councillor Southwood expressed that it was a wide ranging and complex service. She expressed that lessons had been learnt from the previous service, particularly in relation to outstanding repair issues. It was noted that it was hard to compare the new in-house service to the previous service, as the new service had a much larger remit. Councillor Southwood added that there was ever increasing transparency where things needed improvement. For example, the trial in July 2018 for 'patchless' working was identified by residents as an issue, therefore the service would revert back to a patch-based model from April 2020.

The committee noted paragraph 4.1 of the report that highlighted a steady increase in customer satisfaction, and queried whether there was any qualitative data that could offer better reflections of outcomes and accountability. In response, Councillor Southwood informed the committee of the introduction of a follow-up to repairs where Officers spoke to residents immediately after the repair, asking whether it met their expectations and why. It was more of a quantitative measure of satisfaction. She felt that there was not a correlation between the huge investment in repairs and customer satisfaction, so qualitative data was necessary to underpin why.

Sean Gallagher (Head of Housing Property, Brent Council) added that where dissatisfaction had been reported, the resident was contacted and a report taken. These reports were then taken to a weekly meeting with contractors, the customer experience team and property surveyors to draw out mistakes made and trends. There was also the Customer Experience Panel made up of Brent Council tenants, which was exploring customer satisfaction.

Continuing to discuss customer feedback, Sean Gallagher responded to a question that there were not currently measures for the broad experience of tenants where they had not needed or received a service. The model would be changed in the new financial year with broader questions currently in development with regard to repairs. He was also proposing that the Customer Experience Panel joined the Housing Management Team on the journey of a repair as it happened in real time. Hakeem Osinaike noted the annual housing survey (STAR) as a broad test of how tenants and leaseholders felt about the Council as a landlord. Regarding the use of data from that survey, Hakeem Osinaike explained that the customer insight team gathered all of the information from those surveys and analysed them to inform services of improvements that could be made. Councillor Southwood added that where trends were coming out from the data she was able to act on them as a Cabinet Member.

It was agreed that for future scrutiny meetings Housing Management report could include the voice of the tenants.

The Committee noted the increase in customer satisfaction to 83%. In response to where the service hoped to be next year, Councillor Southwood expressed that she would like to see 90% customer satisfaction. Hakeem Osinaike added that Brent Housing Management were performing at the top quarter in London.

The committee queried what core work would be done to assist the rise in customer satisfaction hoped for. Councillor Southwood responded that they were striving to work with a more joined up approach, as it impacted resident experience if they had to call several times and be passed around to different services. She highlighted voids as an area for improvement and estate management services. They were working with residents to redefine the cleaning service.

Hakeem Osinaike hoped to see an improvement in customer satisfaction as a result of addressing areas identified as needing improvement. For example, to address shortfalls in complex repairs the service would work with Wates through new weekly meetings looking at the way Wates operated. The renewed relationship with Wates allowed constructive working, and Wates had been informed how the housing service would measure them and the frequency issues would be raised. Phil Porter noted that 30% of Wates score on planned works would be tenant and leaseholder satisfaction going forward. Other work included the introduction of an online application to 700 tenants and leaseholders that enabled them to report a repair or book an appointment. If the pilot worked well, they would introduce the application to all tenants to allow them to book repairs 24/7.

Members of the Committee also asked for details on the tangible changes that had been made to make the improvements seen in the report. Councillor Southwood felt that bringing the service in-house had given the Council more agency over what happened and more control on standards. They were working on the attitude and culture of the service. The new record management system would also allow for more joined up working with other services. Hakeem Osinaike noted that the in-house service allowed other services within Community Wellbeing to work together and provide a whole service, as often the teams were providing services for the same residents, for example the single homeless prevention service.

Regarding section 8.9 of the report about keeping residents safe, Committee Members queried why the percentage of properties with a valid gas certificate was at 99.72% and not 100% and how the service planned to reach 100%. Sean Gallagher explained that not every tenant let them in to test and they sometimes would have to use court action. The gas certificates would eventually be obtained, and he was confident that Brent was performing in the top quartile.

The committee requested a report back at the end of the 12-week audit ensuring there were Personal Emergency Evacuation Plans (PEEPs) for all residents in high-rise blocks to assure the committee that the work had been completed. It was agreed that this could be reported. To complete the actions required liaison with individual residents. Personal evacuation plans were a sensitive piece of information to obtain, and could worry residents. Regarding the low-rise fire safety work programme, Councillor Southwood expressed there had been an

unacceptable delay due to issues with Wates' supply chain. It was in relation to sourcing correct fire doors, and whilst the service recognised the difficulty sourcing the doors, they did not accept it as a reason for delay. Wates were being closely monitored and Phil Porter had met with Wates that day and been informed that they were on track with their monthly plan.

Specifically regarding the number of calls answered in the table of paragraph 6.1, which was an area for improvement identified in the report, Hakeem Osinaike explained that they were taking on a larger number of calls than the previous service due to the expanded remit of the service and the introduction of new phone and record management systems had impacted the service. Before the introduction of the new phone system and record management system contact centre performance had improved significantly by approximately 10%, so now that the new systems were running smoothly it was hoped that performance could get back to that level by June 2020 and then see a further improvement in the latter part of the year. The introduction of these new technological systems was a part of the wider Council's digital transformation programme.

There was further discussion relating to the central call centre, in which both housing needs and repairs were dealt with. The Committee wanted to know how the service could deal with a vulnerable client over a phone enquiry and whether the workforce were well equipped to deal with those situations. Hakeem Osinaike explained that when dealing with complex matters it was not dealt with in the contact centre, but sent through to a secondary team to take the case forward either by phone or visiting the tenant. The introduction of the record management system meant that contact centre Officers had access to as much case work information as possible to allow them to assist the client more fully. Hakeem Osinaike highlighted the desire to deal with all enquiries in the same contact centre to limit the amount of transference to someone else, and often 80% of calls required straightforward answers. The aim was that when the resident left the call they would know what would happen next. The Committee requested figures in future reports showing how calls were handled and the percentage of people satisfied with call outcomes.

Presenting Officers confirmed that the record management system had robust security, taking into consideration GDPR requirements as it dealt with personal information. The service had staff responsible for ensuring full compliance with data regulations.

The Chair invited Councillor McLennan (Deputy Leader, Brent Council) to take the speaker's seat. Councillor McLennan further explained that the digital strategy for 2019-2023 was tied in with the cyber security strategy, and the Council worked closely with other London Councils to ensure ethical data gathering. Security was an essential part of the strategy. The Chair thanked Councillor McLennan for her contribution.

It was confirmed that while all housing management services were now delivered in-house, there were a number of contractors who they still worked with such as Wates. There was a political desire to bring as much as possible in-house. A target was to build 1,000 new homes, a major contract across the council with Councillor Krupa Sheth leading what the options might be politically.

The Chair invited Councillor Hylton to take the speaker's seat. Councillor Hylton expressed uncertainty with the process of how complex repairs were dealt with, and gave personal experiences of needing complex repairs as an example. Sean Gallagher expressed that complex repairs had never been managed well and the process meant there were often delays. The team were working with Wates to begin addressing these issues.

Councillor Hylton also asked about the members of the Customer Experience Panel and how representative the panel was. Hakeem Osinaike responded that the members of the panel had been recruited through advertisements on the internet and through local newspapers. There was a variety of members and it was expressed that the panel was very representative, with a lot of professionals in their own rights who were able to challenge the Officers. The panel had been in existence for 18 months and the plan was to retain the members rather than have a turnover. Recruitment would happen if positions became vacant. Having concluded her questions, Councillor Hylton was invited to retake her seat.

Regarding tackling Anti-Social Behaviour, Hakeem Osinaike explained that the team were working closely with the Council's Community Safety Team on an agreed process. They also worked with police. It was highlighted that there was a combined effort across the council to deal with Anti-Social Behaviour. It was hoped that the new record management system would help improve communication with residents about Anti-Social Behaviour.

Committee members wanted to hear about financial pressures and mitigation for the service. Councillor Southwood explained that there had been a £0.5m overspend in the Housing Revenue Account (HRA). This was because the Public Works Loan Board borrowing rate was increased by 1% and cost the Housing Revenue Account around £1m a year. Turnover for the service was around £55m. The service was currently out for consultation on increasing rents in Council Housing, due to close shortly. The government rent freeze represented a financial loss to HRA of around £23m, and the service now had the opportunity to consult with residents about an increase to rent equating to around 55p per week for Social Housing Tenants. The draft budget made assumptions that the rent was increased.

The questions being concluded, the Chair invited the Committee to make any formal recommendations, with the following recommendations resolved:

- (i) That 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.
- (ii) That 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.
- (iii) That Cabinet reports back to the Committee with comparative data and benchmarking data in relation to other similar boroughs' council housing management.

7. **Selective and Additional Licensing in Private Rented Sector**

Councillor Southwood (Lead Member for Housing and Welfare Reform, Brent Council) introduced the report, updating the Committee regarding the performance of Additional and Selective Licensing for the Private Rented Sector and the effect of renewing or extending these schemes during 2020. She expressed that the profile around licensing had been high, and in October 2019 Cabinet took the decision to renew the scheme and apply to the Government to add other wards to the scheme. The application was awaiting response. Highlighted in the report was where the Council enforced these licenses. She expressed that the licensing of Houses in Multiple Occupancy (HMOs) was important as they were a key housing option particularly for younger people on lower incomes.

The Chair thanked Councillor Southwood for the update and invited comments from the Committee, with the following raised:

Regarding the proposal to begin ward level analysis of Anti-Social Behaviour in the hope of reducing Anti-Social Behaviour incidences, the Committee asked for further details. Spencer Randolph (Head of Private Housing Services, Brent Council) responded that one of the reasons to grant selective licensing was whether it could be proven that it related to a reduction in Anti-Social Behaviour, which analysis showed a high correlation for. For example, the property team worked closely with the police dealing with responses to Anti-Social Behaviour in properties in the Private Rented Sector, but when selective licensing was introduced in 2015, Anti-Social Behaviour was not able to be linked to the Private Rented Sector. Gathering that evidence enabled the Officers to boost the evidence needed for the government to grant further licensing. Hakeem Osinaike (Operational Director for Housing, Brent Council) highlighted that licensing was not the tool to address Anti-Social Behaviour and there were other tools to do so.

Referring to section 4.63 in the report suggesting that the introduction of licensing would improve housing stock, the Committee asked what evidence Officers had. Hakeem Osinaike explained that when a license was issued to a private landlord they were given a list of requirements for the home such as HMO fire risk assessments and gas checks. If the list was not adhered to then they could be prosecuted for defying the license agreement. Spender Randolph continued, highlighting research carried out the previous year with the London Fire Brigade in which random HMOs were selected and inspected to ascertain the condition of properties. There was information available as to what those properties were like before they were licensed, and upon inspection following a licence there was evidence of improvement in condition. This was attributed to the direct impact of issuing a license.

The Committee questioned whether the introduction of fines for those who broke the license agreement was achieving the desired results. Hakeem Osinaike expressed that the team tried to support landlords and encourage them to do the right things, which the majority of landlords did, and there was a landlord forum who ensured tenants were in good homes and listened to tenants issues, but there were some that broke the agreement. When they were given large fines it had the desired impact of discouragement.

The Committee also noted the local Brent newspaper item regarding a landlord who was given a £90,000 fine for defying the licensing agreement, and queried how much had been fined over the last year. Spencer Randolph advised that around 170 landlords had been prosecuted through the courts. He estimated that there had been around £1m worth of fines imposed on landlords. Prosecutions were now done through the court due to civil penalty notice powers, which had generated revenue of around £400,000. When they looked at imposing a fine, the final amount would be dependent on the number of properties the landlord had and the fine adjusted according to the matrix.

Responding to what alternatives the team had considered, Spencer Randolph explained that they had consulted with and looked at different models across the country for how licensing was carried out. They had learned from Newham, Thanet and Oxford, who had different schemes to Brent but who they were able to build the model around. There was no central guidance from the government on how licensing should be carried out, but the way Brent were approaching licensing was described as a good model with some authorities developing similar models.

The model was constantly under review by the team. The inspection regime had been reviewed the previous year and they had looked at alternatives. Now when they conducted reviews they had the advantage of lots of data and knowing where the landlords were. This meant they were better able to design the service. An example of an improvement that was being looked into was the length of license issued, which currently only lasted for the remainder of the 5 year period regardless of when purchased. They were questioning whether instead the license should be valid for 5 years from when the landlord applied.

The Committee asked how many landlords were on the database in comparison to landlords in Brent, and whether landlords were treated differently depending on the number of properties they let. Spencer Randolph estimated that there may be around 12,000 landlords renting out properties, but there was no register of landlords to get the information. He confirmed landlords went through a different process of application and engagement depending on how many properties they let. For example, they were currently in discussions with Tipi who let a large amount of properties in the Borough over whether they dealt with applications in bulk or individually for each of the properties they let. Regarding whether there was any further support for new landlords or landlords with only one property, Spencer Randolph advised that landlords were invited to the landlord forum, and there were accreditation schemes with training for landlords. The licensing agreement set out the conditions and made clear what was expected of landlords, and landlords were dealt with courteously by Officers. Issues of non-compliance would not go to enforcement straight away but through an informal stage with the landlord first. He highlighted that all landlords were approached in the same way with enforcement.

The Committee acknowledged the need for good landlords to stay in the business to contribute to alleviating housing needs, and wanted to ensure Officers were encouraging good landlords to stay in the business. Councillor Southwood acknowledged the role landlords played with regard to housing need, and highlighted that an important balance was needed as if properties were removed from the Private Rented Sector it changed the market.

The Committee asked for the figures on how many properties in selective licensing wards had a license. Spencer Randolph advised that there was good coverage in those wards, and they had done predictive modelling 3 times. In the first 3 wards selective licensing was brought in, there was 136% coverage, and in newer wards there was 96-97% coverage.

Regarding whether the introduction of selective licensing to additional wards would have any impact on resources and whether there was a sufficient Officer core to manage the additional wards, Spencer Randolph reassured the Committee that there would be sufficient resource. He explained the scheme had not cost the Council from the general fund, and was run from the licensing fee, with no profit was made from it. He acknowledged that depending on what the government approve they would know how they need to build the team and recruit more staff to deal with predicted demand.

As no further issues were raised, the Chair thanked the Officers for their time and invited the committee to make recommendations. The following was resolved:

- i. Action Point: For the Housing Team to provide the Committee with information at a later date about the total number of enforcement fines in 2019/20. This information has been sent to James Diamond
- ii. The Committee RESOLVED to note the report.

8. Single Homeless Prevention Service

Councillor Southwood (Lead Member for Housing and Welfare Reform, Brent Council) introduced the report, updating the Committee about performance and outcomes of the Single Homeless Prevention Service (SHPS) since it came into effect operationally in September 2017. She advised the Committee that when the Homelessness Reduction Act 2017 was introduced the Council had already started a lot of this work as there was a number of people falling through the cracks who did not meet the Priority Need threshold but still had vulnerabilities. One of the main groups who came to the Council experiencing homelessness were single people, therefore she felt the SHPS was very important. They had focused on investment and applying for any grant they could to provide a service to single homeless people no matter if they met the priority criteria, so that they could receive support to prevent homelessness in the first instance, or support to find accommodation if already homeless. Councillor Southwood identified the particular challenge of demand, with a 52% rise in homeless applications when the Homelessness Reduction Act 2017 was introduced and an 11% increase in this year.

The Chair thanked Councillor Southwood for the introduction and invited Committee members to ask questions, with the following issues raised:

The Committee asked for assurance that Cabinet had met the objectives set in 2017. Councillor Southwood expressed confidence that the service was meeting the need, but that it was a challenge responding to the increased demand. A homelessness and rough sleeping strategy had been developed as it was felt there was a need to increase the sophistication of understanding of services provided and the needs of individuals who came to the Council.

Whether there was anything Councillor Southwood wished they had been able to do and hoped to do going forward, Councillor Southwood highlighted affordable housing. She expressed that the Council met the needs of people coming to them through the Private Rented Sector and were building their own social housing and felt that the more houses available to the Council through projects like 'Capital Letters' to access more affordable accommodation, the fewer people needed to live in temporary accommodation. Councillor Southwood added that there were ambitious aims to reduce temporary accommodation.

Laurence Coaker (Head of Housing Needs, Brent Council) highlighted that the statistics around homelessness were becoming more robust as information was collected from single homeless people. The government had introduced a new recording system called 'H-CLIC', which the Council was obliged to use, and it provided information on the demographics of homeless people. It showed the demand in each Local Authority. SHPS was working on tracking individuals, and the council is working to track the outcomes for rough sleepers, as there were questions around what had happened to the people who were picked up by the service. He expressed that the drivers for homelessness were affordability and Private Rented Sector contracting introducing benefits caps particularly in areas of high demand like Brent.

Regarding how ideas were shared across homelessness services that did not cover single homelessness, Laurence Coaker explained that single homeless people experience and present different issues such as substance misuse, so there were 2 teams; 1 team to deal with single homelessness and couples without children, and 1 team to deal with families. It was acknowledged that there was common ground, particularly affordability. The Community and Wellbeing department could make links between other services such as mental health services to support single homelessness issues.

It was explained that the homelessness reduction act 2017 introduced 2 new duties; prevention and relief. Each duty allowed a time frame of 56 days to process a case. The SHPS did not close a homelessness case on the 57th day but would work with the homeless person as long as was reasonable. It was highlighted that there was high expectations from individuals such as access to social housing, and when it became apparent to the person that it was not possible they sometimes disengaged from the service.

The Committee highlighted that one of the difficulties for single people who were vulnerable to homelessness was the process of applying for benefits, and asked what the service could do to help them access benefits and housing and make the process easier. Laurence Coaker advised that the SHPS did not have control over the benefits application as it was a central government application. He hoped that Brent's homelessness application process was as simple as possible. He recognised that the fact it was online could be a barrier for some, and there was a Council wide policy to help vulnerable people to access services. The SHPS supported vulnerable people where the Council was the landlord with Universal Credit applications to ensure their benefit was up and running and their tenancy could be sustained. It was expressed that a lot was out of the services' control but they did their best to support people getting access to benefits and housing, and had seen a reduction in the number of rough sleepers in the most recent count the previous week.

Regarding complications of Mental Health issues and how they were managed with the SHPS, Laurence Coaker advised that the figures on mental health were self-reported during the homelessness application stage. The Council was their first point of contact so they would take medical advice to issue a decision on that person. Those with high needs would not be referred to SHPS as that service was designed to tackle those that historically would not have been able to access the service. Laurence Coaker highlighted that sometimes they got it wrong and those cases would be referred back.

The Committee highlighted the possibility of the service getting those on the frontline such as community hubs and the Job Centre to play a role in helping homeless people access the service, which the Officers acknowledged. The Committee heard that Officers had a physical presence at the Job Centre, as there was common ground there with many threatened with homelessness which allowed Officers to access them before they became homeless. The Officers there had now been trained to make direct referrals. Laurence Coaker could see the benefit of hubs with their friendly and warm atmosphere. He would look into training Officers in hubs to make referrals.

Noting the 49% successful intervention rate, Committee members queried what happened with the other half of cases. Laurence Coaker confirmed that one of the main reasons for interventions not being successful was the want for a specific number of bedrooms when the service could often only offer studios or HMOs. He advised that social housing addressed the higher needs group so there was a need to forge a relationship with the Private Rented Sector, such as Capital Letters, for lower vulnerability individuals. There was a desire to obtain better data on where those people went after disengagement.

The Committee noted that the report stated funding was coming to an end in September 2020, and queried what would happen as the service moved forward. Laurence Coaker advised that they were able to use a national pot of money known as the Life Chances Fund when the current funding came to an end which would pay for 30% of the outcomes. The provision was for the next 4 years.

As no further questions were raised the Chair thanked Officers for their contributions and invited the committee to make recommendations, with the following resolved:

- i) That the minutes state that the Community and Wellbeing Scrutiny Committee is assured that the Single Homeless Prevention Service is performing satisfactorily and that all of the intended outcomes of the service are being delivered.

9. **Community and Wellbeing Scrutiny Committee Work Programme 2019/20 Update**

RESOLVED that the contents of the Update on the Committee's Work Programme 2017-18 report, b**RESOLVED**: that the contents of the Update on the Committee's Work Programme 2019-20 report, be noted.


RESOLVED: that the Community and Wellbeing Scrutiny Committee would have an additional meeting to discuss end of life care in Brent once CCG proposals for palliative care were published mid-February.
e noted.

10. **Any other urgent business**

None.

The meeting closed at 8:40pm

COUNCILLOR KETAN SHETH
Chair

	<p align="center">Community and Wellbeing Scrutiny Committee 16 March 2020</p>
	<p align="center">Report from the Assistant Chief Executive</p>
<p align="center">Childhood Obesity: Members' Scrutiny Task Group Report</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	1 - Childhood Obesity in Brent Task Group Report
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	James Diamond, Scrutiny Officer, Strategy and Partnerships, james.diamond@brent.gov.uk 020 8937 1068

1.0 Purpose of the Report

- 1.1 To update members of the Community and Wellbeing Scrutiny Committee with the report of a scrutiny task group set up to review childhood obesity.

2.0 Recommendation

- 2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss the contents of the report, including the recommendations, and agree they are satisfied to send the final report and recommendations to the Cabinet as well as the Governing Body of Brent Clinical Commissioning Group for a response.

3.0 Detail

- 3.1 The Community and Wellbeing Scrutiny Committee discussed a report presented by the Director of Public Health and Cabinet Member for Public Health, Culture, and Leisure and on childhood obesity on 28 February 2018. The report and discussion made clear the scale of the problem in Brent with average levels as measured by National Child Measurement Programme higher than the national average for England and most London boroughs. As part of the work planning for 2019/2020 the committee agreed a task group should be set up to examine the issue in detail and the membership, scope and terms of reference were agreed by the scrutiny committee on 9 July 2019.

- 3.2 Childhood obesity is complex area and the task group reviewed the subject with three evidence sessions looking at the themes of NHS, local government and public services; external environment; the home environment, and parental engagement. In addition, the task group organised an open scrutiny session. The details of these sessions are set out in the report's appendix.
- 3.3 A key part of the task group's work was to produce a written report with recommendations which the Community and Wellbeing Scrutiny Committee can refer to Cabinet or local NHS as part of the committee's remit. As stated in the report, the task group agreed three recommendations to the Cabinet and Governing Body of Brent Clinical Commissioning Group. However, if agreed these will be referred separately to each to agree its own response.
- 3.4 For clarity, the three recommendations agreed in the task group report to the council's Cabinet and Brent Clinical Commissioning Group are the following:
1. Renew Brent's care pathway for childhood obesity and ensure children who are overweight or obese are able to access joined up specialist support services which are evidence-based, cost-effective and work holistically with parents.
 2. Develop a new place-based strategy for working at locality in Brent to integrate and maximise preventative activities such as walking to school which increase children's physical activity, and minimise factors which contribute to an obesogenic environment for children.
 3. Develop a healthier communities strategy to help mobilise communities and people to tackle childhood obesity by sharing their assets and offering culturally appropriate peer-to-peer support for parents.

4.0 Financial Implications

- 4.1 There are no direct financial implications arising from this report because the recommendations in the task group's reports are strategic and not operational. However, if Cabinet were to agree a strategic recommendation there could be cost implications in implementing it operationally, which would need to be considered by Cabinet. For example, if Cabinet introduced changes to the care pathway there could be cost implications for commissioning arrangements.

5.0 Legal Implications

- 5.1 There are no direct legal implications from the report. However, under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 a scrutiny committee can ask an NHS organisation to answer questions as necessary and respond to scrutiny reports and recommendations.
- 5.2 In addition, as set out in the council's constitution the scrutiny committee can review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the executive, and make recommendations and reports to the council's Cabinet.

6.0 Equality Implications

6.1 Pursuant to s149 of the Equalities Act 2010, there are no direct equalities implications from the report. However, the task group report discusses health inequalities and the differing rates of childhood obesity among children from Black Minority and Ethnic (BAME) communities. It also makes a recommendation to the Cabinet to introduce a healthier communities strategy. If Cabinet were to implement that recommendation then it may need to consider an equalities impact assessment before the decision.

7.0 Consultation with Ward Members and Stakeholders

7.1 Non-executive members were involved in this task group, which involved a number of stakeholders in the community as listed in the report's appendices.

Report sign off:

SHAZIA HUSSAIN
Assistant Chief Executive

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Childhood Obesity in Brent

An Overview and Scrutiny Task Group Report

Chair, Councillor Ketan Sheth

Community and Wellbeing Scrutiny Committee

Task group membership

Councillor Ketan Sheth, task group chair

Councillor Anita Thakkar

Councillor Faduma Hassan

Councillor Orleen Hylton

Councillor Promise Knight

The members' task group was set up by the Community and Wellbeing Scrutiny Committee on **9 July 2019** and reported back to the committee on **16 March 2020**.

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Executive Summary

Childhood obesity is too large in scale and multi-faceted in cause to be tackled by a single organization and a strong partnership is required to overcome the problem. In short, NHS providers and commissioners, Public Health and the other departments of the local authority, need to collaborate to solve the problem; work to a common goal, and cohere their individual initiatives into an integrated approach with a shared strategy.

A priority for Brent should be to rebuild the borough's healthy weight care pathway. Inevitably, after a prolonged period of expenditure reduction and reorganization in the NHS and local government with changes to joint commissioning arrangements there are gaps in particular for specialist weight-management support. A renewed healthy weight care pathway will help professionals working across the NHS and local government to co-ordinate prevention services and manage support for those children and their families who are overweight or obese.

The rise of the obesogenic environment is one of the main causes of childhood obesity. However, it can be tackled by a strategy working at place, such as a neighbourhood or high street, to create healthier environments for children. Place functions such as the public realm and transport, which are the remit of local government, could as they affect childhood obesity be addressed in the joint health and wellbeing strategies agreed by the local authority and Brent Clinical Commissioning Group. A new place-based strategy could provide greater co-ordination, and help to provide a focus on initiatives to improve children's physical activities, such as walking to school, which could have a greater effect in particular localities.

The local authority and the local NHS should develop a healthier communities strategy to help address childhood obesity among the borough's diverse communities. The borough has a high proportion of children who because of poverty or their cultural community are more likely to develop weight problems or obesity. By developing this work with communities, the leadership in local government and the NHS can provide culturally appropriate support and maximize many of the assets and strengths which exist among parents, childcare groups and community organisations in Brent.



Chair's Foreword

I hope this members' task group report will help to reinvigorate efforts to deal with the challenge of childhood obesity in the London Borough of Brent. The scale of the problem is overwhelming. In London, Great Britain and around the world, childhood obesity has been on the rise and it is now a significant Public Health challenge; perhaps equal to what previous generations faced from conditions such as TB.

However, there is nothing inevitable about some children developing obesity, and we should not accept it as such. In a few places the upward trend over decades has been checked and even reversed, and what I've learnt from this task group is that with a stronger sense of urgency among the agencies and highly motivated parents and communities we too could achieve that. Recently, we've seen that for the sake of future generations, towns and cities around the world, including this borough, have declared a climate change emergency. Is it not time that we thought and acted in a similar way to meet the challenge of what is a children's health emergency?

I would like to say a special thank you to everyone who took the time to attend one of our task group evidence sessions or the scrutiny open session which we held over the summer; I was truly impressed by the concern and passion shared with the members. Finally, while this was a member-led task group rather than a study by academics, I would like to say a thank you to Lander Bosch, from the University of Cambridge, who very kindly shared with us the key insights from his doctoral research on childhood obesity in Brent and other boroughs.

Councillor Ketan Sheth

Chair, Overview and Scrutiny Task Group

Recommendations:

The Overview and Scrutiny Task Group makes the following recommendations to Brent Council's Cabinet and Brent Clinical Commissioning Group.

Recommendation 1: Renew Brent's care pathway for childhood obesity and ensure children who are overweight or obese are able to access joined up specialist support services which are evidence-based, cost-effective and work holistically with parents.

Recommendation 2: Develop a new place-based strategy for working at locality in Brent to integrate and maximise preventative activities such as walking to school which increase children's physical activity and minimise barriers in the environment which exist to increasing children's physical activity, and minimise factors which contribute to an obesogenic environment for children.

Recommendation 3: Develop a healthier communities strategy to help mobilise communities and people to tackle childhood obesity by sharing their assets and offering culturally appropriate peer-to-peer support for parents.

Brent's Health Emergency

1. Childhood obesity is a health emergency in Brent. The condition is widespread, affecting children of every social class, faith, and cultural community and while it is a national and international problem, Brent's rates are among London's worst and far higher than the average for England. Figures from the National Child Measurement Programme (NCMP) show that prevalence has increased over the long-term and now nearly a third of schoolchildren in Reception classes, and two out of five children in Year 6, are overweight or obese. If this trend continues, around two-thirds of adults in Brent will be overweight or obese by 2034. ¹ Obesity can have a serious effect on a child. It can lead to physical complications such as cardiovascular conditions, and harm a child's mental and emotional wellbeing. In the long-term it is a time-bomb for the NHS and social care because it can lead to chronic conditions such as diabetes and heart disease.

2. The condition has multidimensional, complex causes, which are difficult to control, and are based on interwoven factors such as environment, diet, and family background. The increasing rates among children have proved extremely difficult to reverse, and Brent is similar to many areas of London in experiencing a rise. To date, Leeds City Council is one of the few places in the United Kingdom and Amsterdam is one of the few cities in Western Europe to have reversed a rise. ²

3. Tackling childhood obesity is now a national and regional priority. In response to the NHS Long Term Plan, the North West London Health and Care Partnership has advocated closer working between local government and the NHS, and is aiming at a 10% reduction in the proportion of children in Reception who are overweight by 2023/24, and in Year 6. ³ The Mayor of London's strategy Health Inequalities Strategy has prioritised the need to help more children achieve a healthy weight, particularly in deprived communities. Furthermore, the pan-London collaboration of the Greater London Authority, NHS, London Councils and Public Health England has identified childhood obesity as a priority in its new strategy. ⁴

¹ Brent childhood obesity statistics from 2015/16 to 2017/18 presented at Evidence Session 1, 16 July 2019

² British Medical Journal, www.bmj.com/content/365/bmj.l2045.full

³ North West Health and Care Partnership, *Strategic Delivery for the NHS Long Term Plan*, (draft, 27 September 2019) p14, pp.77-78

⁴ *The London Health Inequalities Strategy*, p11 *Our Vision for London*, (Greater London Authority, 2018), p14

Renewal of Brent's Healthy Weight Care Pathway for Children

4. An effective healthy weight care pathway is essential for addressing childhood obesity. A pathway can co-ordinate the different interventions commissioned and provided across the NHS and local government. It should co-ordinate preventative interventions to stop children becoming overweight and ensure overweight children do not become obese, as well as support for those who develop the condition.

Brent's existing health care pathway across health, and Public Health is based on a tier 1 provided by health professionals such as GPs, practice nurses, health visitors and school nurses; tier 2 is commissioned by Public Health and tier 3 specialist services are the responsibility of Brent Clinical Commissioning Group. NHS England nationally commissions the most complex tier 4 surgical interventions.

5. The borough has a universal offer at tier 1 and tier 2 to support children and families in a preventative way. The 0-19 children's Public Health service incorporates the Maternal Early Childhood Sustained-Visiting (MECSH) model, which provides additional support for vulnerable families from pregnancy to age two, and staff have been trained up to address obesity in children as part of the wider programme in Brent. Alongside this universal preventative offer as part of the Public Health service for children there is a lifestyle weight management, known as Brent Health 4 Life, for children and their families who are overweight or obese.⁵

6. As well as the National Child Measurement Programme in primary schools, which is commissioned by Public Health, doctors and primary care are also involved in identification of weight issues in children and referral or signposting to extra support. GPs are a key part of tier 1 services. The doctor and the local GP practice plays a pivotal role in ensuring good health outcomes for children and from the scrutiny evidence sessions, and it is clear that they are trusted by Brent's communities. However, the task group believes it is important that GPs maximise the central role they play in providing parents with advice about a child's weight management and helping children to access services which help children achieve a healthy weight. This could be taken forward by the borough's newly established Primary Care Networks, especially in localities with a higher rate of overweight or obese children.

⁵ Evidence Session 2, 23 July 2019

7. Supporting mothers to breastfeed, which helps to prevent obesity and other diseases in children, is a preventative tier 1 service in which the local authority and the provider Central London Community Healthcare NHS Trust have had success. Rates of breastfeeding in Brent are high although not even across all groups. The 0-19 service support for breastfeeding is through an infant feeding co-ordinator and breastfeeding peer support workers. Midwifery services help mothers to initiate breastfeeding, and support is continued by health visitors – the health visiting service is accredited at Level 3 Unicef Baby Friendly Initiative, which has also been achieved by London North West Healthcare NHS Trust, and Brent’s children centres have achieved Level 2. There has also been attempts to encourage workplaces and public spaces in Brent to be welcoming to breastfeeding as well. However, during an evidence session, the issue of maternal obesity was highlighted in terms of working with women not just during pregnancy, but after giving birth and in preparation for a future birth because every successive pregnancy, can see women put weight on.⁶ The task group also recognises the importance given to parental education from a pre-conception stage to introduce parents to breastfeeding and weaning children.⁷

8. There are perhaps the most gaps in Brent’s care pathway in terms of specialist support at tier 3 for children who are overweight and obese. In part this is to do with changes to joint commissioning arrangements. Until March 2011 Brent Council and NHS Brent, jointly commissioned a treatment programme for children aged 7 to 13 called MEND (Mind, Exercise, Nutrition Do it!) to help children make positive changes to their diet and fitness levels. There was also the Health Little Eaters programme in children’s centres, offering obesity prevention and treatment initiatives for children aged under five. This ceased in 2011.⁸ Public Health has previously commissioned Dietetics Brent at London North West Healthcare Trust to run the Fit4Health programme designed to offer support to children who were overweight or obese. This worked with the whole family and ran from September 2015 to March 2016, supporting around 250 families.

9. From reviewing the local offer, the task group is of the view that there is universal integrated support at tier 1 and tier 2 in terms of the services provided by Public

⁶ Evidence Session 1, 16 July 2019

⁷ Evidence Session 2, 23 July 2019

⁸ Brent Obesity Strategy 2010-2014, Health Partnerships Overview and Scrutiny Committee, 17 March 2011

Health and NHS health partners for pre-school children, including in their first 1,000 days, and school-age children. This is important in prevention and reducing the need for more complex, and costly, support later on. However, it is less clear to what extent that those with weight issues are able to access evidence-based specialist support. This means that the care pathway is not as complete as it should be and it needs to be renewed to address fragmentation and ensure services are joined up. The task group has made the following recommendation to the Cabinet and Brent CCG, which should be aligned with the single North West London Clinical Commissioning Group when it comes into effect in 2021, together with the new borough-level arrangements.

Recommendation 1: Renew Brent’s care pathway for childhood obesity and ensure children who are overweight or obese are able to access specialist support services which are evidence-based and cost-effective and work holistically with families.

Working at Place to Tackle Brent's Obesogenic Environment

10. While an effective care pathway is important in managing childhood obesity it is dependent on their being prevention activity working with the whole local population. From the evidence sessions, it is clear to the task group that the London Borough of Brent has seen a rise of the 'obesogenic' environment; in other words changes to high streets, and other public places, which can contribute to weight issues.

Therefore, it is more important than ever to have sufficient preventative activities, known as 'tier 0' interventions, in localities and work at place to counter 'obesogenic' trends, including initiatives to support physical exercise and wellbeing or to improve diet.

11. Brent has various initiatives aimed at improving children's diet and activity levels. Healthy Schools London, which aims to improve nutrition and hydration through the school day and promote physical activity through the Daily Mile, is now operating in around 32 Brent schools. A number of schools are developing travel plans and promoting cycling to school, and others have successfully applied for funding to help increase physical activity. Similarly, the Healthy Early Years award is now active in around 80 pre-school settings in the borough. The award aims to ensure that nurseries, toddler groups and childminders are preventing children's excess weight gain and improving diet during the day.

12. The local authority directly provides services which counter obesogenic trends. Brent Council's Play Streets project allows residents to apply for a temporary road closure for three hours as often as once a month so children who are living on the street can play safely and take part in physical activity in their road without traffic.⁹ In Brent's parks there has been the Junior Park Run and Kids Run Free, and investment in outdoor gyms, and the Council has agreed to change park byelaws to allow cycling in the parks. Most importantly, the council's leisure centres at Vale Farm in Wembley, Bridge Park in Stonebridge and Willesden Sports Centre have an offer for children and families. For example, children under five can swim for free at Willesden and under 16s can swim for free during school holidays. However, the task group is aware that austerity and reductions in local government expenditure have also had an effect on the council's ability to provide these preventative services

⁹ Evidence Session 2, 23 July 2019

for the local population, and in the case of Charteris Sports Centre in Kilburn this meant closure of the local authority service in 2011 although it is now open as a community sports centre at certain times.

13. The maintenance of the public realm removes barriers to physical activity. However, the research by Lander Bosch presented in an evidence session identified public realm problems such as cracked pavements as making it feel unsafe for children to cycle while traffic congestion can make streets seem unsafe for play. Furthermore, while crime may be more localised in particular hotspots there is a wider perception of crime which leads parents to think that crime is a problem in their areas and they feel uncomfortable with leaving children outside.¹⁰ The task group also heard at the scrutiny open session that perceptions of places such as parks or particular roads being unsafe is common among many residents; however, the perception can at times outweigh the real issue or safety concern.¹¹ A perception that parks are unsafe places may also be why parents in some areas are reluctant to allow their children to play in them, especially during the late evenings as well.¹²

14. Similarly, encouraging walking as a physical activity can face other barriers. According to the research by Lander Bosch, walking to school is often seen as too time-consuming, and many parents are in the habit of organising a child's day around the 'school run', particularly when they have children of different ages at different schools. However, for many parents it is thought that walking to school is a marginal loss of time, perhaps 10 minutes or so, compared with driving to school.¹³

15. The task group is of the view that children's walking to school is a physical activity which ought to be encouraged as much as possible in the borough despite our weather patterns and could become a flagship preventative activity. As Lander Bosch pointed out, it is at weekends when children can be at their most sedentary and inactive and going to school and being at school is an opportunity for activity. The walk to school and reducing the 'school run' also dovetails with the council's commitments on climate change; and can promote community cohesion by bringing

¹⁰ Evidence Session 2, 23 July 2019

¹¹ Scrutiny Open Session, 10 September 2019

¹² Evidence Session 3, 3 September

¹³ Evidence Session 2, 23 July 2019

people into greater face-to-face contact compared to private journeys by car.¹⁴ A walk to school is empowering for parents because it is a low intensity, easy activity, which is participatory and universal across all social and cultural groups, and can be done at zero-cost. While perception of time is often the main barrier; other physical activities also have time barriers. For example, bikes break down and parents say they have no longer have time to fix them.¹⁵ The task group is of the view that the borough can set itself the goals of developing a universal walk to school for all primary school-age children in the borough. This may help to combat the doubling of children's obesity rates by the end of Year 6 as well as having wider societal and environmental benefits. By encouraging a widespread, participatory activity it could also be a social movement for health in which parents can feel more empowered as well.¹⁶

16. Planning also plays a role in shaping the environment. Brent Council has a landmark planning policy restricting new fast-food premises within 400m of secondary schools, and the Local Plan, against which all planning applications must be considered, has an Integrated Impact Assessment. However, it is clear from the task group evidence sessions that the borough is limited by national planning legislation and Brent's local policy cannot stop all new fast-food outlets opening.¹⁷ Recently, Sir Simon Stevens, Chief Executive of the NHS, called for tighter controls on planning directives so that the number of new takeaways are limited as well, and the task group also supports the view that there needs to be more done in this area. As Brent Council participates in the joint committees of London Councils, which is the regional body of the Local Government Association and represents the interests of the capital's local authorities to national Government and Parliament, this is an issue which the Cabinet could take forward for discussion at a London-wide level with London leaders.

17. In terms of improving the diet of the wider population, the local authority has sought to improve the local food offer through encouraging food-growing initiatives. During the evidence sessions, the task group met with members of Northwick Park

¹⁴ Evidence Session 2, 23 July 2019

¹⁵ Evidence Session 2, 23 July 2019; Scrutiny Open Session, 10 September 2019

¹⁶ *Health As A Social Movement: Theory Into Practice* (Royal Society of Arts, New Economics Foundation, 2019), p7; www.england.nhs.uk/new-care-models/about/empowering/social-movement/

¹⁷ Evidence Session 2, 23 July 2019; Scrutiny Open Session, 10 September 2019

Community Garden and Harlesden Town Garden who have set up community food growing projects in their areas, and members were impressed with the work these projects are doing. If more food-growing project can be encouraged, they could have an even greater impact.

18. The task group evidence sessions learned about local initiatives to deal with the role of high-sugar foods in leading to obesity. Since 2016 Public Health has run its Slash Sugar campaign which has done a lot of awareness-raising preventative activities about the sugar content of food and drink. At a national government level the introduction of the Sugar Tax is thought to have had an impact as well. As part of Brent's local campaign there has been work in schools, and promotion of the new Sugar Smart app that has been launched by Change4life, allowing people to see how much sugar content there is in their food and drink measured in cubes and grams.¹⁸

19. To counter the obesogenic environment in the borough's high streets fast-food and takeaway outlets are encouraged to adopt the Healthier Catering Commitment (HCC). This is a London-wide initiative to encourage fast-food outlets to offer healthier alternatives such and to prepare food healthily. During the evidence sessions, the task group heard that in some town centres, particularly in Harlesden, a large number of outlets have signed up. A local vegan food company also told us about their positive experiences in adopting the HCC. However, while it is a free scheme it is also a voluntary one and there is no compulsion to take part. The task group has considered how the Healthy Catering Commitment could be adopted by more local takeaways and be transformative. This perhaps could be done by incentivising more takeaways and fast-food outlets to take part in the Healthy Catering Commitment. As part of a strategy for working at place, the Cabinet may want to explore reviewing policy around National Non-Domestic Rates (NNDR), also known as business rates, to see if an incentive could be developed for these high-street takeaway businesses, many of which may operate at small profit margins. A council has the discretion to apply a discount for business rates and the Cabinet has

¹⁸ Evidence Session 3, 3 September 2019

previously taken the decision to offer a one-off discount for companies accredited with the Living Wage Foundation, and meeting certain criteria.¹⁹

20. Overall, the task group would like to see preventative activities on a large-scale to help re-shape 'places' such as neighbourhoods, high streets and town centres so that the risks to children from a rising obesogenic environment are minimised and protective factors maximised. These activities can prevent children from becoming overweight, and overweight children from becoming obese. The task group feels that a new strategic approach could help to co-ordinate a very wide variety of activities at place – whether that be borough-wide or in particular localities – and focus on those such as a daily walk to school which may be well-suited to Brent. The Health and Wellbeing Board, working with the Children's Trust, as an 'anchor of place' could take this forward through its joint health and wellbeing strategy. Having considered these place issues and the obesogenic environment, the task group has made this recommendation to the Cabinet and Brent Clinical Commissioning Group.

Recommendation 2: Develop a new place-based strategy for working at locality in Brent to integrate and maximise preventative activities such as walking to school which increase children's physical activity and minimise barriers in the environment which exist to increasing children's physical activity, and minimise factors which contribute to an obesogenic environment for children.

¹⁹ Brent Council Cabinet, 26 January 2015, Report 'National Non-Domestic Rates Discretionary Discount Scheme for Businesses Accredited to Living Wage Foundation'; www.brent.gov.uk/business/business-rates/how-to-reduce-your-business-rates/

Encouraging Diverse Communities to Overcome Childhood Obesity

21. Not every child in the borough is at the same level of risk of developing obesity, and childhood obesity is a major health inequality in the borough. Children in Stonebridge, Brent's poorest ward, have among the highest levels of being overweight or obese while children in Kenton, the most affluent ward, have the lowest rates. During the evidence sessions, the task group heard that the most affected children by deprivation and poverty are often those living in multi-occupancy households, often in the private-rented sector, or in temporary accommodation. It was described how parents often struggled to prepare meals because of a limited space to cook or store food. In addition, there are parents in Brent who have to rely on food banks as a source of meals for their children. The task group also heard that while there are initiatives in children's centres to encourage healthier cooking, the take up can be modest. In addition, for some of the borough's most marginalised parents, who face difficulties with housing, irregular working hours and precarious employment, there can be a perception that healthy eating and cooking on a budget are difficult to reconcile.²⁰

22. However, while there is a relationship between poverty and childhood obesity, the evidence sessions heard that in Brent it is not as important as cultural factors. Children of Black or African heritage are at the highest risk of developing the condition. In addition, particular cultural communities may have higher risk factors despite relative economic affluence. During the evidence sessions it was explained to the task group that some of the more affluent south Asian communities are at higher risk than many other groups. The task group also heard that clinicians and GPs have worked with newly emerging communities to make sure they understand the risks of diet or engaged with them about cultural conceptions, which can mean a larger weight of a child is perceived as a sign of health.²¹ Furthermore, at the scrutiny open session there was considerable discussion about diverse communities in the borough. Brent has a high proportion of residents born in another country for whom English is a second language. GPs find that there are issues of translating

²⁰ Evidence Session 3, 3 September 2019

²¹ Evidence Session 3, 3 September 2019

information and a need to ensure terms such as Body Mass Index are explained in a way which is sufficiently jargon free.²²

23. Brent is a borough of minorities with a very high Black and Minority Ethnic (BAME) 0-5 and school-age population and therefore it has more children who may be at higher risk of developing weight issues or obesity. The task group's view is that we need to ensure parents of Black, Asian and other minority ethnic children are aware of the risks their children could face. This could involve using local networks to disseminate information on the increased risks faced by these groups, engaging with parent representatives or as with diabetes, organising local Community Champions of parents to spread a preventative message in a culturally appropriate way.²³

24. Communities should not feel that they are being stigmatised. However, the task group thinks a new approach could be developed. This could draw on ideas of a social movement for health, or as been demonstrated in education, the principles of community organising to improve parents' self-efficacy. This approach helps to build capacity in the community and allows individuals to take more control of their health and wellbeing. There are limits to what a health care pathway and improving places can achieve, and the borough needs to help communities to mobilise and lead the way with the support of the local authority and health partners. During the evidence sessions it was apparent to the task group that the borough has many assets, for example a parent who wrote her own cookbook based on world foods and promoting portion control, which could be better brought together to help tackle childhood obesity.²⁴ The task group would welcome efforts to support people to work in partnership with our local NHS and Public Health to address childhood obesity by improving health in their own communities.

25. During the evidence sessions the task group learned that one of the reasons for the success of Amsterdam in reducing childhood obesity was the civic sense of urgency and political commitment which brought together different communities from across the city. The task group thinks that we need to develop a greater collective, shared purpose across communities to tackle childhood obesity. At the scrutiny open

²² Scrutiny Open Session, 10 September 2019

²³ Evidence Session 3, Scrutiny Open Session, 10 September 2019

²⁴ *Health As A Social Movement: Theory Into Practice* (Royal Society of Arts, New Economics Foundation, 2019), p7; www.england.nhs.uk/new-care-models/about/empowering/social-movement/

session and evidence sessions the task group heard from a number of private, voluntary and independent (PVI) early years providers about the wealth of experience there is in these groups but this is not always joined up with the 'anchor institutions' of the local authority and local NHS.²⁵ The Cabinet and Brent CCG should consider how it could facilitate more joined up work between Public Health, and private, voluntary and independent (PVI) early years providers and wider communities to work as a borough with a shared sense of purpose to tackle childhood obesity and mobilise more people to take part. On the basis of the above findings from the evidence sessions, the task group has made this final recommendation to the Cabinet and Brent Clinical Commissioning Group.

Recommendation 3: Develop a healthier communities strategy to help mobilise communities and people to tackle childhood obesity by sharing their assets and offering culturally appropriate peer-to-peer support for parents.

²⁵ Scrutiny Open Session, 10 September 2019

Appendix A

The task group would like to thank the following participants at its evidence sessions, which took place on 16 July, 23 July, and 3 September 2019.

Duncan Ambrose, Assistant Director, Brent Clinical Commissioning Group

Wioletta Bura, Little Smile Nursery

Joan Byas, Happy Stars Nursery

Joy Donaldson, Central London Community Healthcare NHS Trust

Sylvia Gauthereau, Brent Cycling Campaign

Jo Gordon, Director, Daniel's Den

Dionne Greenaway, Senior Commissioning Manager, Brent Clinical Commissioning Group

Dr Ketana Halai, Clinical Director Willesden Locality, Brent Clinical Commissioning Group

Farhat Hamid, Head of Nutrition and Dietetics Brent, London North West Healthcare Trust

Sarah Hawken, Active Lifestyles Manager, Brent Council

Cllr Krupesh Hirani, Brent Council Cabinet Member for Public Health, Culture and Leisure

Debbie Huckle, Team Leader Safety and Travel Planning, Brent Council

Ruth Joseph, Barnardo's Children's Centres

Paul Lewin, Planning Policy and Projects Manager, Brent Council

Janet Lewis, Director of Operations, Central London Community Healthcare NHS Trust

Geraldine Madanga, 0-19 Locality Lead, Central London Community Healthcare NHS Trust

Marie McLoughlin, Public Health Consultant, Brent Council

Julie Pal, Brent Healthwatch

Rishil Parekh, Northwick Park Community Garden

Gabriel Parfitt, Harlesden Town Garden

Dr Madhukar C Patel, Chair, Brent Clinical Commissioning Group

Paul Richards, Traffic Manager, Brent Council

Dr Mahesh Shah

Nishma Shah and Mashersh Shah, Shambhu's

Dr Melanie Smith, Director of Public Health, Brent Council

Sasi Srinivasan, Early Years Manager, Brent Council Children's Services

Hilary Turner, Curzon Crescent and Fawood Children's Centres Partnership

Douglas Twenefour, Diabetes UK Clinical Adviser

The task group would also like to thank all those who attended the open session on 10 September 2019

Appendix B: Task Group Terms of Reference

- a) Understand the causes of childhood obesity among children in Brent up to Reception and Year 6.
- b) Examine the trends for obesity rates among Reception children and the increase in obesity by Year 6.
- c) Evaluate the impact of NHS, health services and public services in preventing childhood obesity and preventing and responding to excess weight and obesity in childhood.
- d) Review the effects of external environment and home environments on children's health, wellbeing and weight, including the impact of household poverty, parents working hours and other family 'stressors' such as insecure housing or employment.
- e) Evaluate the role of parents and parenting in preventing childhood obesity with particular reference to adult obesity.
- f) Understand how different children may be affected, in particular those with Special Educational Needs and Disabilities, and children who are carers.
- g) Review local authority and NHS strategies and Policy Framework as appropriate.
- h) Make reports or recommendations to NHS bodies, the council's Cabinet or Full Council on the basis of the evidence it has gathered as part of the review.

Appendix C: Evidence Sessions

Evidence Session 1 16 July 2019	Themes and areas discussed
	<p>Breastfeeding, solid foods.</p> <p>How encouragement is given to mothers around breastfeeding, and training for health professionals; how health services work with other agencies and work places to encourage and create an environment to support mothers.</p> <p>Signposting by GPs; midwives, paediatricians and consultants in hospitals.</p> <p>GP training in discussing weight management.</p> <p>Understanding what weighing/measuring takes place 0-4 in Brent</p> <p>Collecting data and information systems: GPs, A&E departments, paediatricians, school nurses, children's centres</p> <p>Training for healthcare professionals in identification Healthy weight 'pathways' for 0-5; 5-10 year olds</p> <p>Healthy Early Years (HEY) Award; National Child Measurement Programme in schools</p>

**Evidence
Session 2
23 July
2019**

Themes and areas discussed

The influence of the external environment, presentation by Lander Bosch

Walking to school, driving to school or pre-school

Opportunities for children's physical exercise

Helping children who live in unsafe areas or who do not have access to safe walking routes or opportunities to be physically active

Brent's parks and playgrounds and encouraging physical activity

Wider opportunities to be physically active in a safe environment

Creating healthier high streets

Play Streets in Brent


The relationship between physical activity and weight

Evidence Session 3 3 September 2019	Themes and areas discussed
<p>Home environment</p> <p>Diet</p> <p>Budgeting</p> <p>Food preferences of family members</p> <p>Family habits and physical activity</p> <p>High sugar food</p> <p>Food growing</p> <p>Fast food and takeaways</p> <p>Culture and diet</p>	

Evidence Session 4: 10 September 2019

The final session was run as a Scrutiny Open Session and was open for residents, parents and community groups to attend. It reviewed the main themes as set out above but was a forum for members of the public to contribute to the scrutiny task group.

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 Brent	Community and Wellbeing Scrutiny Committee 16 March 2020
	Report from the Assistant Chief Executive
Scrutiny Committee Recommendation Tracker 2019/2020	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 - Scrutiny Recommendation Tracker Appendix 2 – Response by Brent CCG to committee recommendations
Background Papers:	None.
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	James Diamond Scrutiny Officer, Strategy and Partnerships Tel: 020 8937 1068 james.diamond@brent.gov.uk

1.0 Purpose of the Report

1.1 The purpose of this report is to present the Scrutiny Recommendation Tracker table, which tracks the progress of recommendations made by the committee.

2.0 Recommendation(s)

2.1 That the progress of the previous recommendations of the committee be noted.

3.0 Detail

3.1 In accordance with Part 4 of the Brent Council Constitution (Standing Orders of Committees) Brent Council scrutiny committees may make recommendations to the Full Council or the Cabinet with respect to any functions which are the responsibility of the executive or of any functions which are not the responsibility of the executive, or on matters which affect

the borough or its inhabitants. The Community and Wellbeing Scrutiny Committee may also make recommendations to the relevant NHS bodies.

- 3.2 Scrutiny committees may not make executive decisions and scrutiny recommendations therefore require consideration and decision by the appropriate decision maker; usually the Cabinet, but also to full Council for policy and budgetary decisions and the NHS where it is the decision maker.
- 3.3 The Scrutiny Recommendation Tracker table attached at Appendix 1 provides a summary of scrutiny recommendations made during the municipal year, so that the scrutiny committee can track the progress of the recommendations made.
- 3.4 Scrutiny recommendations include through Scrutiny Task Groups and scrutiny reports agreed by the committee, as well as other scrutiny recommendations agreed in committee.
- 3.5 The Scrutiny Recommendation Tracker table includes each scrutiny recommendation made and the date it was made, (which will be as is recorded in the committee minutes), identification of the decision maker (e.g. Cabinet), the Executive Response (the actual Cabinet decision), which may be different from the scrutiny recommendation and which will be minuted in the Cabinet minutes, the date the Executive Response/decision was made and an implementation review date.
- 3.6 The Scrutiny Recommendation Tracker enables the scrutiny committee to track whether their recommendations have been agreed, what actually was agreed (if different) and ask about any outcomes arising from the scrutiny recommendations, for example, service improvements, value for money savings and outcomes for residents.
- 3.7 If the relevant respective executive decisions and actions have been implemented, they will not be referred over to the scrutiny recommendation tracker report for the next municipal year, but that any that have not been implemented may be referred to the scrutiny recommendation tracker for the next committee cycle.

4.0 Procedure for Reports and Recommendations from Scrutiny Committees

- 4.1 Where scrutiny committees make reports or recommendations to the Cabinet, as soon as this has been confirmed, these will be referred to the Cabinet requesting an Executive Response and the issue will be published on the Council's Forward Plan. This will instigate the preparation of a report to Cabinet and the necessary consideration of the response, the technical feasibility, financial implications, legal implications and equalities implications etc.
- 4.2 At the next available meeting of Cabinet, Cabinet will receive notification of the committee's report or recommendations under the standing agenda item

Reference of item considered by Scrutiny Committees, to consider any reference reports from any of the Council's scrutiny committees.

- 4.3 Where scrutiny committees make reports or recommendations to full Council (e.g. in the case of policy and budgetary decisions), the same process will be followed, with a report to Cabinet to agree its Executive Response, and thereafter, a report will be prepared for Council for consideration of the scrutiny report and recommendations along with the Cabinet's Response.
- 4.4 Where scrutiny committees have powers under their terms of reference to make reports or recommendations external decision makers (e.g. NHS bodies), where they do this, the relevant external decision maker shall be notified in writing, providing them with a copy of the committee's report and recommendations, and requesting a response. The response to scrutiny committee's recommendations from the special scrutiny meeting in October 2019 are attached for the committee's reference.
- 4.5 Once the Executive Response has been agreed, the scrutiny committee shall receive a report to receive the response and the committee may review implementation of the executive's decisions after such a period as these may reasonably be implemented (review date).

5.0 Financial Implications

- 5.1 There are no financial implications for the purposes of this report.

6.0 Legal Implications

- 6.1 There are no legal implications for the purposes of this report

7.0 Equality Implications

- 7.1 There are no equality implications for the purposes of this report.

8.0 Consultation with Ward Members and Stakeholders

- 8.1 None for the purposes of this report.

Report sign off:

**Shazia Hussain –
Assistant Chief Executive**



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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
1. Palliative and End of Life Care	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.	Brent Clinical Commissioning Group Engagement on local palliative care to start in autumn 2019.	Dr MC Patel, Chair, Brent CCG Sheik Auladin, Managing Director, Brent CCG	<i>Engagement ends March 2020</i> 
2. Urgent Care Centre, Central Middlesex Hospital	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. 2. Installation of a free-phone outside the UCC which goes straight through to 111 between 12 midnight and 8am.	Brent Clinical Commissioning Group 1. This transport service was not implemented subsequently. 2. The free-phone outside the UCC was accepted at the meeting, and later implemented for patients to call NHS 111.	Dr MC Patel, Chair, Brent CCG Sheik Auladin, Managing Director, Brent CCG	<i>UCC alteration of hours from 1 November 2019</i> 


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

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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

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Thursday, 31 October 2019

Dear James,

Re: Scrutiny Committee Recommendations

Thank you for your letter of 25th October 2019 following the Extraordinary Scrutiny Committee held on Thursday 24th October 2019.

The CCG has 28 days to respond to these recommendations under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Today, we called an Extraordinary Executive Committee to discuss the recommendations in detail and to formulate a collective response. We have gone through each of the Committee's recommendations below and have set out our response to them below.

Financial Recovery Plan

1. To ensure that under the financial recovery plan local services are maintain at a sufficient level to continue meeting the needs of Brent residents

Response: It is part of the CCG's statutory duties (whether there is a CCG at Brent level or at North West London level) to commission healthcare to the extent that the CCG considers necessary to meet the reasonable requirements of patients registered within GP practices of the CCG or who usually live within the CCG's defined geographic area. We can confidently say, therefore, that we will continue to meet the healthcare needs of Brent residents.

2. To request that the CCG undertake an Equality Impact Assessment in relation to all four strands of the overall strategy

Chair: Dr M C Patel
Chief Officer: Mark Easton
Managing Director: Sheik Auladin

HS North West London Collaborative of Clinical Commissioning Groups are a collaboration of NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith & Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG, and NHS West London CCG.

Response: We do not believe that it is possible to conduct an Equality Impact Assessment on all four strands of the overall strategy. The first strand (same service at lower cost) clearly does not have any impact on equalities because the service is not changing. It is not possible to conduct an EQIA on a commercial pricing strategy. The second strand (changes to referral behaviour) is not a change to existing referral protocols and guidance (such as NICE guidance). It is simply a matter of sharing and embedding best practice so that the existing guidance is adhered to and that unnecessary referrals are not made if they do not meet that guidance. This entails a process of clinical dialogue between our clinical directors at the CCG and clinicians in GP practices to audit whether referrals are meeting these criteria and adjusting clinical processes accordingly. No change to policy is being made and therefore it would not be appropriate to carry out an EqIA because there is no change to assess against. We already know that adhering to best practice guidance is a good thing because it has been assured at a national level. The third strand refers to enforcement of existing policies, for example the Consultant-to-Consultant referral policy. Again, there is no change of policy to assess against, which would mean that carrying out an EqIA would be redundant. Only the fourth strand, which refers to updating eligibility criteria for the PPwT process and patient transport would require an EqIA because these would entail a change of policy that we would need to assess against impact for protected groups. Proposals in these areas are still under development but will be subject to an EqIA and appropriate patient engagement.

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.

Response: The implications of the changes at CMH have already been taken into account in developing the business case for the proposed change. Primary care services have extended hours at both practice level and at Access Hub level. We have commissioned 30 minutes additional extended hours provision at practice level (per patient per annum) and similar amount at Access Hub level, this equates to 64,688 appointment at the GP Access Hubs which replaces the need for the walk in centres and supports the national policy of shifting to planned appointments. Additionally, a number of appointments in the hubs are set aside each day to be made available to Urgent Care Centres, so that patients arriving at UCCs can be booked directly into GP appointment slots when presenting with illnesses that can be dealt with in general practice.

With regard to CMH, we know that an average of 1 patient per hour attends the UCC currently at the hours we are proposing to close. The majority of these patients have a primary care need, which can easily be met through commissioned capacity at GP Out-of-Hours, 111 and the other acute hospital sites such as Northwick Park Hospital and Ealing Hospital, amongst others.

As well as additional face to face appointments, all GP practices in Brent are working towards on-line access through e-consultation (43 out of 55 practices are actively utilising this service)– this enables patients to submit an on-line consultation to their GP practice 24

hours a day/ 7 days week. Their practice will review and respond within one working day. The 4 Harness PCNs have access to an e-hub where clinical e-consult are arranged by clinicians. Patients are contacted by telephone, text messaged or booked into an Access Hub appointment.

It is proposed that in future all patients requiring an extended hours appointment will be reviewed by the e-hub clinicians to enable only those patients that require face to face appointments to be seen in Access Hubs. This will increase capacity and reduce unnecessary travel by patients.

We are also making additional investments in primary care through additional funding for staff. This is part of a fund made available from NHSE (around £1.9 million for 19/20 in Brent) that is specifically earmarked for increasing capacity in general practice, freeing up lead GPs to take a strategic role within the Primary Care Network (PCN)

The year-on-year investment planned for Brent is shown below:

Year	Professional	Funding
Year 1	Clinical pharmacists and & Social prescribing link workers	£92K
Year 2	Physician associates & first contact Physiotherapists	£213K
Year 3	Paramedics	£342K
Year 4	From 2022, all of the above workforce will be increased, by 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), 3 social prescribers, 3 first contact physiotherapists, 2 physicians associates and 1 community paramedic.	£726K

The aim of the additional roles will be to provide additional and increased capacity in general practice with patients being seen by the right clinician in the right setting. For Brent this means an additional 10 Clinical Pharmacists and social prescribers treating and supporting patients, in the current financial year. For 2020 a further 10 pharmacists, physician’s associates and physiotherapists will be funded by the CCG. This increase capacity in workforce will increase access to primary care.

With regard to the change in hours at CMH UCC, the CCG has already engaged with local stakeholders and made the decision to change the opening times so they are more in line with the time patients most use the service. The key forums for stakeholder engagement have included:

11th April 2019: Brent Equalities, Engagement and Self-Care Sub-committee (BEES) with stakeholders from Healthwatch, CVS Brent, Public Health (LA) and Strategy and Partnerships (LA).

15th May: the CCG’s Head of Engagement and Head of Urgent Care met with a Healthwatch representative to update

13th June, 2019: The CCG held a workshop with patients, community partners including Healthwatch

26th of June 2019: NHS Brent CCG had conversation with the Cllr Sheth, Chair, Overview and Scrutiny Committee

Friday 28th June: CMH UTC site visit was also arranged for councillors for from 2pm-4pm

2nd July 2019: Brent Connect Meeting, Wembley

9th July 2019: Brent CCG attended Community Wellbeing Scrutiny Committee with case for change

26th September 2019: CMH UTC drop in Session

15th October 2019: CMH UTC drop in Session

Leaflets were also handed out at community events and sent by email partners for cascading across the borough.

The response we had from patients and the public is summarised below. We heard the following:

- The case for change is strong
- It makes sense to reduce the times
- In its communications, the CCG should be open and transparent about the cost savings of the proposed change, the re-distribution of resources in the wider system and the need to use resources more efficiently.
- It would be helpful for the CCG to be open about the recovery plan going forward in light of the deficit for 2019/20.
- Partners will assist with raising awareness
- The CCG should ensure its communications are tailored to reach protected characteristic groups
- Alternative services offer a range of access methods which cater to the different needs of protected groups
- At the Brent Connect meeting, the chair and a member of the public both expressed some disquiet in response to the change in opening times referring back to closure of the A&E at CMH.

The CCG has already presented the issues to the Scrutiny Committee on 9th July 2019, setting out the CCG's approach to engagement. This included providing copies of the EQIA and QIA for the proposal. The minutes of the meeting state "The Chair thanked everyone for their contribution to the meeting and confirmed that as reflected in the discussion held, the committee agreed that sufficient public involvement had taken place in relation to the proposal to reduce opening hours at the Urgent Care Centre at Central Middlesex Hospital". The latest recommendation of the Scrutiny Committee therefore appears to contradict its

earlier decision in July regarding the approach to engagement, which did not consider a full public consultation to be required. The CCG agreed with the Committee's recommendation and acted on this decision in good faith to the timescales we had set out.

Since no material facts have changed since the original paper was presented on 9th July 2019, the CCG maintains that it should continue with the approach originally endorsed and that there is no need to now launch a formal public consultation exercise. This means that the changes will come into effect on Friday, 1st November as previously advised.

It should be noted that for Cricklewood Walk-In Centre, this is commissioned by Barnet CCG and although Brent CCG has been co-ordinating with Barnet CCG to facilitate the provision of information and to engage with the local public in Brent about the proposed changes, Brent CCG is not the decision-maker in the matter.

4. That the CCG be requested to reverse their decision to close the Urgent Care Centre at Central Middlesex Hospital

Response: The CCG is not closing the Urgent Care Centre at CMH. We are reducing the hours and closing between midnight and 8am. Please see point 3, above for more detail regarding CMH.

5. That the CCG be requested to provide a further update regarding the Financial Recovery Plan in 6 months' time following the winter period

Response: The CCG is happy to provide a future update. Please confirm if you would like this to focus more on any particular areas.

NWL Commissioning Reform

1. To request that the CCG guarantee that the new structure will include local governance arrangements with lay people to be fully involved

Response: The CCG can confirm that any future structure under a single North West London CCG will include local governance arrangements with lay people to be fully involved. The CCG is currently working with the council to agree areas of joint commissioning and, where appropriate, joint roles that help draw synergies between the different portfolios. We will be able to progress these more once we understand the financial envelope for management costs available to us.

2. To request that should the proposals for a single CCG proceed this is seen as an opportunity to further develop and integrate health and social care provision within the new structure

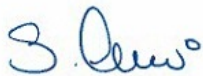
Response: We confirm that this is indeed the case and that the proposals for the single CCG are seen as an opportunity to further develop and integrate health and social care provision within the new structure. We are working closely with the Strategic Director of Community Wellbeing, the Director of Adult Social Care and the Joint Director of Integration (Council/CCG) to ensure that we further develop joint commissioning in the areas that we have the most synergies.

3. That the CCG be requested to report back to the scrutiny committee before any final decision is made regarding the new structure in relation to both the financial position and lessons learnt as a result of the shadow arrangements currently in place

Response: We are happy to report back to the Scrutiny Committee on progress before the financial decision is made.

I trust that this provides a sufficiently detailed response to the recommendations of the Committee. I am sure that we will have the opportunity for further feedback at future Scrutiny Committee meetings and we are happy to update on progress.

Yours sincerely,



Sheik Auladin
Managing Director, Brent CCG



Dr M C Patel
Clinical Chair, Brent CCG