



## Community and Wellbeing Scrutiny Committee

**Tuesday 20 September 2016 at 7.00 pm**

Boardrooms 3/4 - Brent Civic Centre, Engineers Way,  
Wembley HA9 0FJ

### Membership:

#### Members

Councillors:

Ketan Sheth (Chair)  
Colwill  
Conneely  
Hector  
Hoda-Benn  
Jones  
Nerva  
Shahzad

#### Substitute Members

Councillors:

Dixon, Moher, Pitruzzella, Stopp and Tatler

Councillors:

Kansagra and Maurice

#### Co-opted Members

Christine Cargill, Church of England Diocese schools  
Alloysius Frederick, Roman Catholic Diocese schools  
Iram Yaqub, Parent Governor Representative (Primary)  
Vacancy, Parent Governor Representative (Secondary)  
Dr Jeff Levison, Jewish Faith schools  
Vacancy, Muslim Faith schools

#### Observers

Harry Brown, Brent Teachers' Association  
Lesley Gouldbourne, Brent Teachers' Association  
Sotira Michael, Brent Teachers' Association  
Jean Roberts, Brent Teachers' Association  
Dilan Dattani, Brent Youth Parliament  
Jai Patel, Brent Youth Parliament  
Shivani Trivedi, Brent Youth Parliament  
Leesha Varsani, Brent Youth Parliament

**For further information contact:** Bryony Gibbs, Governance Officer  
020 8937 1355 [bryony.gibbs@brent.gov.uk](mailto:bryony.gibbs@brent.gov.uk)

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**The press and public are welcome to attend this meeting**

# Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item	Page
<b>1 Declarations of interests</b>	
Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda.	
<b>2 Deputations (if any)</b>	
<b>3 Minutes from the previous meeting</b>	1 - 6
<b>4 Matters arising (if any)</b>	
<b>5 Healthwatch Brent</b>	
A representative from Healthwatch Brent to make a short presentation to the committee and update members about their activity and priorities for 2016/17	
<b>6 Scoping paper for Signs of Safety scrutiny task group</b>	7 - 14
Members agreed to establish a task group to evaluate the introduction of Signs of Safety by children's services. This report sets out the proposed remit, methodology, research methods and objectives of the task group for the committees consideration. .	
<b>7 Sustainability and Transformation Plan</b>	15 - 32
NHS England has published the Five Year Forward View, setting out a vision for the future of the NHS. Planning guidance released in December 2015 set out the requirement for local areas to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service and meet this vision. This report sets out the North West London STP priorities, how they align with the Brent STP priorities, the approach to delivering these and the financial implications associated with the proposals.	

**8 Update on New Accommodation for Independent Living (NAIL) project 33 - 44**

The New Accommodation for Independent Living (NAIL) project is the largest and most strategically important efficiency and quality improvement initiative within the Adult Social Care Department. The programme aims to identify, develop and acquire alternative forms of care to residential care for all vulnerable adult client groups in Brent. This report updates members of the committee on the NAIL project.

**9 Co-opted members on Community and Wellbeing Scrutiny Committee 45 - 50**

This report clarifies the role of co-opted members on the Community and Wellbeing Scrutiny Committee.

**10 Update on scrutiny work programme 2016/17 51 - 68**

This report updates members on the committee's work programme for 2016/17 and captures scrutiny activity which has taken place outside of its meetings.

**11 Any other urgent business**

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64.

**12 Date of next meeting**

The next scheduled meeting of the Committee is on

**Date of the next meeting: Wednesday 23 November 2016**



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.



## **MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE** **Wednesday 20 July 2016 at 7.00 pm**

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice Chair) and Councillors Conneely, Hector, Hoda-Benn, Jones, Nerva and Colwill, together with Mr Alloysius Frederick (representing the Roman Catholic faith), Dr J Levison (representing the Jewish faith) and Ms Christine Cargill (representing the Church of England) and Mr Jai Patel (representing the Brent Youth Parliament)

Also Present: Councillors Butt, Chohan, Kelcher, Long and Hirani

Apologies were received from: Councillors Shahzad, co-opted member Iram Yaqub and appointed observer Jean Roberts

### **1. Declarations of interests**

None declared.

### **2. Deputations**

None.

### **3. Community and Wellbeing Scrutiny Committee's Annual Work Programme 2016-17**

The committee received the report which set out the scope of the work programme for 2016/17. It included a range of items and policy areas across housing, health, children's services, adult social care and public health. The chair added that the programme would remain flexible to changes that might be required during the course of the year.

At the request of the chair, Pascoe Sawyers introduced himself as the Council's newly appointed Head of Strategy and Partnerships and the Council's designated scrutiny officer. The chair also asked the Chief Executive and Leader of the Council to outline their views on the role of scrutiny within the Council.

Christine Cargill asked for clarification on the role of the co-opted members. Pascoe Sawyers replied that this had been identified as an area that needed to be developed and apologised that this had not already been made clear.

**RESOLVED:**

that the report be noted and the work programme attached as Appendix 1 to the report be agreed.

#### 4. **2015-16 Annual Scrutiny Report**

The committee received the annual scrutiny report for 2015-16 which summarised the work conducted by the scrutiny function throughout the year. Councillor Kelcher who chaired the committee during 2015-16 introduced the report.

The Chair thanked Councillor Kelcher for his attendance.

RESOLVED:

that the contents of the scrutiny annual report for 2015-16 be noted.

#### 5. **Additional and Selective Licensing in the Private Rented Sector**

Jon Lloyd-Owen (Operational Director, Housing and Employment) introduced the report which provided an overview of progress since implementation of borough-wide Additional Licensing and Selective Licensing in the wards of Harlesden, Wembley Central and Willesden Green in January 2015. He stated that in the London context Brent's Licensing Scheme was one of the more successful schemes introduced but that getting across a clear message on the requirements of Additional Licensing had been a challenge. Work was currently being done on how Selective Licensing might be extended to other parts of the borough. However, if this was to be pursued, a wider scheme would require the approval of the Secretary of State. Councillor Farah (Lead Member for Housing) added that another area of the scheme that needed further work undertaken was how the Council dealt with the tenants affected.

Anthony Jemmott (Private Sector Housing Licensing Manager) was present at the meeting to answer questions from members. He explained that upon identifying an unlicensed property a warning letter was sent and if a subsequent application was not submitted the landlord would be prosecuted. However, the best outcome was to get the property licensed because then action could be taken to improve conditions within the property to bring it up to an acceptable standard. A copy of the license was displayed within the property so that tenants could know what standards were expected and make a complaint if these were not being met.

Questions were asked concerning the tenants affected by raids on unlicensed properties and the likelihood of catching the landlord responsible. Anthony Jemmott explained that the Council worked with the police when mounting raids and that there was an improving relationship developing that supported those people affected. He admitted that none of the 90 raids on unlicensed properties involved a resident landlord but that it was necessary to visit the property either early in the morning or later at night when it could be expected that all of the tenants would be at home so that evidence could be gathered of the conditions they were living in. In a few cases the media had been used as a means of further publicising the scheme and as a warning to landlords who owned unlicensed properties. It was the view of committee members that there were significant diversity implications despite the report stating that there were none immediately arising from the report. Phil Porter (Strategic Director, Community Wellbeing) acknowledged that there was more work needed on providing support to the tenants affected but stressed that the explicit

message arising from the publicity was on dealing with exploitation by rogue landlords. It was requested that all councillors be supplied with a briefing on the project so that they could pass the messages on to those they came into contact with.

It was still too early to fully assess the impact of licensing and the priority was to get as many properties licensed as possible. It made it easier for the Council to deal with the many complaints received each year about housing if the landlord could be contacted. In response to further questioning, Anthony Jemmott explained that if a landlord was prosecuted and jailed their license was revoked and it was hoped a better landlord would take it on. It was also explained that the licensing scheme was self-financing. The committee was informed that prosecutions of landlords were undertaken upon taking advice from the Council's legal services.

Councillor Farah stated that he would like to see Selective Licensing introduced borough-wide. Further discussion on this was needed before any proposals were put to the Cabinet. He undertook to include consideration of all the Committee's recommendations in any future report.

The Chair thanked Councillor Farah and the officers for attending the committee and answering the questions put to them.

RESOLVED:

- (i) that the submitted report be noted;
- (ii) that the following views of the Community and Wellbeing Scrutiny Committee be incorporated in a future report to Cabinet on Additional and Selective Licensing:
  - (a) that there be a policy/protocol in place for raids, televised raids and prosecutions to ensure there is a balanced approach to such matters throughout Brent; additionally, civil penalties, as introduced by the Housing and Planning Act 2016, be incorporated into this policy/protocol;
  - (b) that the Council continues with a zero tolerance approach with landlords (and/or managing agents and/or lead tenants) where raids have revealed the properties to be overcrowded;
  - (c) that there be mechanism in place to collect data in relation to types of landlords (ie. multi-property/single-property landlord), ethnicity of landlords and a link made between licensing and homelessness to assess the impact of the licensing and to better target resources;
  - (d) that there be a communication/information pack for tenants in plain English, and accessible to those who have English as an additional language, as to their obligations;
  - (e) that clear licensing information be included in the Council Tax Bills (as opposed to the information set out in the accompanying booklets) and in replies to Local Land Searches;

- (f) that there be a strategy in place for collaborative working with estate agents/letting agents to ensure they are fully aware of their obligations under Brent's licensing schemes and that they promote the same to their landlord and tenant clients;
- (g) that there be a policy/protocol in place to formulate a database of rogue landlords and estate agents/letting agents;
- (h) that there be a Borough-wide implementation of selective licensing to provide an absolute assurance of Brent's commitment to raising standards and that the Officers seek the necessary permission from the Secretary of State.

## 6. **Ethical Lettings Agency**

Jon Lloyd-Owen (Operational Director, Housing and Leisure) introduced the report which updated the committee on the proposed Ethical Lettings Agency which, in 2013, the Council had asked Brent Housing Partnership (BHP) to lead on establishing. The report explained that the proposal had not been viewed as viable by BHP but that a number of other projects had been brought forward. It was now intended to wait for details of a London-wide letting agency being developed by the Mayor of London.

Concern was expressed by members of the committee that the proposal had not been implemented. Members were informed that BHP had undertaken research of similar proposals implemented in other boroughs and there was found to be a mixed picture in terms of success. Councillor Farah (Lead Member for Housing) explained that BHP was working to a recovery plan and that Cabinet would be reviewing this later in the year. In the meantime this proposal had been stopped but the other initiatives outlined in the report were continuing.

Members expressed support for a pan London approach on this issue but were concerned to ensure that it would operate on a free not for profit basis and felt that the Council should be well positioned to take the initiative in developing a scheme with the GLA.

Phil Porter (Strategic Director, Community Wellbeing) pointed out that one of the Council's Outcome Based Reviews was on dealing with housing for vulnerable people and this work extended into how the Council could assist those people with additional needs to their housing needs.

RESOLVED:

- (i) that there be a proper assessment of other local authority schemes and their respective outcomes to ascertain viability of the scheme in Brent;
- (ii) that Officers liaise with the Mayor of London's deputy mayor for housing to access feasibility of Brent working with the GLA on a pan-London scheme;



- (iii) that there be a strategy in place for collaborative working with estate agents to develop/promote tenancies in supportive living and Brent's vision for ethical lettings of properties;
- (iv) that Officers explore possibilities of a pan-London or sub-regional ethical lettings agency within the public sector on a not for profit basis.

## 7. **Scrutiny Task Group report on Brent's Housing Associations**

The Chair welcomed Councillor Miller to the meeting and invited him to introduce the report from the task group he had chaired on Brent's Housing Associations. Councillor Miller went through the report and the recommendations arising. Phil Porter (Strategic Director, Community Wellbeing) broadly supported the recommendations but wanted to change the approach to engaging with registered providers by establishing a more strategic single forum approach rather than specific working groups.

Questions were asked about the capacity of the smaller associations to fully participate, how quality, especially the resident experience, could be improved and the creation of a more diverse market across the whole borough. Councillor Miller replied that his task group had interviewed a range of providers, residents' groups and housing experts and considered a quantity of data. He acknowledged the issue of quality and the lack of resident involvement and suggested that a scheme might be developed for providers to be given recognition when they had developed a model of resident involvement to a sufficient standard. He pointed out that recommendation 12 of the task group touched upon expanding the market and that the Council might want to consider this further as part of its housing strategy.

The Chair thanked Councillor Miller for attending. In turn, Councillor Miller thanked his fellow task group members and the officers for the support they had given to the work of the task group.

### RESOLVED:

- (i) that the recommendations from the task group on housing associations be approved subject to:
  - (a) reference to a working party being substituted for a strategic forum in recommendation 7, and
  - (b) the words 'with an emphasis on quality' being added to the end of recommendation 19;
- (ii) that an action plan be developed to enable the Cabinet to take forward the recommendations and a progress report on implementing the actions be submitted to a meeting of the committee during the remainder of 2016/17.

## 8. **Any other urgent business**


None.

## 9. **Date of next meeting**

Noted: 20 September 2016 at 7pm

The meeting closed at 9.05 pm

KETAN SHETH  
Chair

 <p><b>Brent</b></p>	<p><b>Community and Wellbeing Scrutiny Committee</b> 20 September 2016</p> <p><b>Report from the Director of Policy, Performance and Partnerships</b></p>
<p>For information <span style="float: right;">Wards affected: ALL</span></p>	
<p><b>Scoping paper for Signs of Safety scrutiny task group</b></p>	

## 1.0 Summary

- 1.1 The Community and Wellbeing Committee agreed in its work plan for 2016/17 to set up three task groups to review important matters of council policy. Members agreed that during 2016/17 they would set up a task group in order for scrutiny to evaluate the introduction of Signs of Safety by children's services.
- 1.2 Signs of Safety as a subject for a scrutiny task group was judged by members to have met the IMPACT criteria which scrutiny has developed to evaluate and filter whether or not a subject is appropriate to be included in its annual work programme for 2016/17. The task group scoping document in Appendix A sets out the task group's remit, methodology, research methods and its objectives.

## 2.0 Recommendations

- 2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the contents of the report and scoping paper in Appendix A.
- 2.2 The committee to agree to set up a task group to review Signs of Safety which will make a report with recommendations to committee on 23 November 2016.

## 3.0 Background

- 3.1 Signs of Safety is a practice framework for working with children and families and child protection which was developed in Australia in the 1990s and is used today by a large number of children's services departments in local authorities in the United Kingdom as well as in the United States, Australia and Canada.
- 3.2 In 2014, Brent Council was awarded funding from the England Innovations Project, which is managed by the Department of Education, to introduce Signs of Safety as a practice model in children's services. Since early 2015 the

department has begun implementation of Signs of Safety as its practice model.

3.3 Participation in the England Innovations Project and introduction of Signs of Safety is a corporate priority for Brent Council. It is identified in the Corporate Plan 2015 as a key priority, and a commitment to the effective implementation of Signs of Safety was signed by the Chief Executive and Council Leader in 2015.

3.4 Ofsted in 2015 made its own recommendations for scrutiny at Brent Council. The inspectors' view was that the work programme in 2015/16 had not sufficiently addressed children's social care and scrutiny had made little impact.

#### **4.0 Detail**

4.1 The focus of the task group in gathering evidence be on qualitative face-to-face interviews with practitioners and officers as well as looking at quantitative data.

4.2 The scope of the enquiry by the scrutiny task group are limited to its terms of reference. These are:

- review and comment on specific challenges to the effective implementation of Signs of Safety
- compare implementation in Brent with implementation in the nine other local authorities which are part of the England Innovations Project
- reflect on the experiences of front-line social workers, families and children in working with Signs of Safety
- highlight areas of good practice and any issues of concern
- examine the budgetary implications for successful implementation of Signs of Safety
- evaluate realistically the depth as well as the scale of implementing Signs of Safety
- assess the extent to which the model is being implemented in terms alignment of policies and procedures, quality assurance, workforce training, and research
- evaluate the commitment of the officer and political leadership to Signs of Safety.

4.3 The chair of task group is Councillor Aisha Hoda-Benn. The other members of the task group are Councillor Shama Tatler, Councillor Bhawanji Chohan, Councillor Suresh Kansagra, and Councillor Dr Amer Aghha.

#### **5.0 Financial Implications**

5.1 There are no immediate financial implications arising from this report.

#### **6.0 Legal Implications**

There are no legal implications arising from this report.

## **7.0 Diversity Implications**

7.1 There are no diversity implications immediately arising from this report.

### **Contact Officers**

Pascoe Sawyers  
Head of Policy and Partnerships  
Chief Executive's Department



## **Community and Wellbeing Scrutiny Committee Signs of Safety in Brent, Scope for Scrutiny Task Group**

### **1. Subject**

Signs of Safety was first developed in Australia in the 1990s for social workers as a practice framework for working with children and families and child protection. Since the 1990s it has been adopted by at least 30 local authorities in the United Kingdom as well as children's social care departments in the United States and Canada. <sup>1</sup> The approach of Signs of Safety puts the family at the centre and aims to develop its own strengths and resources to enhance safety for children who have suffered or are at risk. It has its own tools, principles and processes for working with children and families effectively. <sup>2</sup>

Brent Council's children's services first introduced Signs of Safety in 2012; however, it was not widely adopted as social work practice in the department. In October 2014, Brent and nine other local authorities were awarded funding from the England Innovations Project, supported by the Department for Education, to introduce Signs of Safety as their practice framework, which Brent started in early 2015.

As part of the England Innovations Project, Brent Council is working with the child protection consultants Professor Eileen Munro, Andrew Turnell and Terry Murphy, who are leading practitioners and authors of the model.

To introduce Signs of Safety, Brent has co-ordinated its policy and procedures for working with children and families within this new framework, and has set out to train staff who work with families from the service 'front door' through to those involved in child protection case conferences. It has also trained staff from all sections of the department, including those in the leadership team, and has given more extensive training to 115 practice leaders from different teams so that the introduction of Signs of Safety can be more sustained by the department in the long-term. In addition, new staff to the department are trained in the model.

The central objective has been to redesign fundamentally the existing system so that a high-quality practice in Signs of Safety is introduced.

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<sup>1</sup> Munro, Turnell and Murphy, 'Transforming Children's Services with Signs of Safety Practice at the Centre', August 2014, p.15

<sup>2</sup> Ibid p.3

## 2. Rationale

The implementation of Signs of Safety as a framework for working with children and families is an important priority for the children's services department at Brent Council. Participation in the England Innovations Project was identified as a key activity in the 2015 Corporate Plan to improve the quality of social work practice, and a commitment to the effective implementation of the framework was signed by the Council Leader and the local authority's chief executive.<sup>3</sup> Since early 2015 the department has invested resources through the project in training and changing its procedures and policies so they are aligned with Signs of Safety. As this implementation started more than a year ago it is timely to have a review by scrutiny members.

Ofsted observed consistently in an inspection last year that when Signs of Safety was used, it had made a significant difference to how well social workers work with children.

For example, Ofsted noted that:

**"Where social workers and other professionals use this approach, assessments of children's needs contain fuller information, better analysis and a stronger focus on children's wishes and feelings. This leads to plans and the services that meet children's needs."**<sup>4</sup>

Ofsted's inspectors saw that Signs of Safety was being used in children's centres where family support workers receive case supervision from the Early Help team using the model as well as in the Brent Family Front Door, core groups and case conferences. However, in 2015 it was neither being used uniformly by staff across the department nor fully embedded in all practice when interacting with children and families who they work with.<sup>5</sup>

Ofsted also recommended that scrutiny at Brent Council should focus more on children's social care and be challenging in a way that contributes to the improvement of services. The inspectors' view was that scrutiny's work programme for 2015/16 had covered education, health and early years, but gave too little consideration to children's welfare and safeguarding, and it was not possible to see what impact scrutiny had made.<sup>6</sup> By incorporating a review of the implementation of Signs of Safety the new Community and Wellbeing Scrutiny Committee will be addressing this gap and ensure oversight by scrutiny is maintained.

## 3. Outcomes

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<sup>3</sup> Brent Corporate Plan 2015-16, p36

<sup>4</sup> Ofsted, Inspection of services for children in need of help and protection, children looked after and care leavers, 30 November 2015, p28

<sup>5</sup> Ibid pp.11-14

<sup>6</sup> Ibid pp.7-30

The task group's objective is to develop up to ten recommendations which are clear and directive and based on a rigorous challenge and supported by detailed evidence. Rather than carry out a policy review, which may result in very little change, the task group will make recommendations which can then be implemented by the Cabinet. The scrutiny task group will provide its own perspective on the introduction of Signs of Safety which may be different to that of social work practitioners, senior officers and Brent's Cabinet, and will be questioning about the implementation of the practice model to date.

#### **4. Methodology**

The task group will gather qualitative and quantitative evidence to develop its recommendations. In particular, the task group will do a series of face-to-face interviews with those who are implementing Signs of Safety or are affected by this approach.

They can include:

- front-line social workers
- family and children who social workers work with
- heads of service
- Strategic Director of Children's Services
- Cabinet Member for Children and Young People
- academics and policy experts on Signs of Safety.

It can also talk to representatives of partner organisations who children's services work with such as Barnado's, NHS, or Brent Police.

The task group will also be able to review internal audit documentation regarding the impact of the Signs of Safety approach undertaken within the department.

The task group will also request quantitative information to inform its work and better understand the introduction of Signs of Safety. This could include:

- the number of families and children supported by Early Help
- the number of families and children supported by Child Protection plans or Child in Need plans
- social worker numbers and staff turnover
- the ratio of agency or interim to permanent staff.

It will also draw on wider research into Signs of Safety such as that carried out by King's College and the LSE as well as recent national developments.

#### **5. Timescale**



The task group will report back to the Community and Wellbeing Scrutiny Committee on 20 September 2016. The detail of the meetings will be in the task group's project plan.

## **6. Terms of reference**

The terms of reference for the task group will be to:

1. Review and comment on specific challenges to the effective implementation of Signs of Safety.
2. Compare implementation in Brent with implementation in the nine other local authorities which are part of the England Innovations Project.
3. Reflect on the experiences of front-line social workers, families and children in working with Signs of Safety.
4. Highlight areas of good practice and any issues of concern.
5. Examine the budgetary implications for successful implementation of Signs of Safety.
6. Evaluate realistically the depth as well as the scale of implementing Signs of Safety.
7. Assess the extent to which the model is being implemented in terms alignment of policies and procedures, quality assurance, workforce training, and research.
8. Evaluate the commitment of the officer and political leadership to Signs of Safety.


## **7. Membership**

Councillor Aisha Hoda-Benn, task group chair  
Councillor Shama Tatler,  
Councillor Bhawanji Chohan  
Councillor Suresh Kansagra  
Councillor Dr Amer Agha

## **8. Officer support**

Scrutiny Officer James Diamond from Strategy and Partnerships in the Chief Executive's Department will support the task group.

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 <p><b>Brent</b></p>	<p><b>Community and Wellbeing Scrutiny Committee</b> 20 September 2016</p> <p><b>Report from the Chief Executive of Brent Council and Chief Officer of Brent Clinical Commissioning Group</b></p>
<p>For information <span style="float: right;">Wards affected: ALL</span></p>	
<p><b>Sustainability and Transformation Plan</b></p>	

## 1.0 Summary

- 1.1 NHS England has published the Five Year Forward View, setting out a vision for the future of the NHS. Planning guidance released in December 2015 set out the requirement for local areas to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service that will address the Five Year Forward View's 'Triple Aims' of improving people's health and wellbeing, address the quality of care which people receive and to address the financial gap. This is a new approach across health and social care to ensure that health and care services are planned over the next 5 years and focus on the needs of the place where people live, rather than individual organisations.
- 1.2 There are tangible benefits for areas with good STPs through the newly established Sustainability and Transformation Fund (STF). Planning guidance suggests that ambitious STPs will be attract an early STF allocation.
- 1.3 At the North West London level, the Strategic Planning Group has been responsible for developing the joint proposals and planning at the system level. This has included bringing together local plans into the Sustainability and Transformation Plan for North West London. The STP describes plans at different levels of 'place' – across the whole system in North West London, from the local to the sub-regional, as appropriate.
- 1.4 In parallel to the NW London SPG, a local Brent STP Planning Group was established, comprising the Council, Brent CCG, acute, community and mental health provider, Health watch and Brent CVS representatives to develop a local STP. Brent continues to evolve and contribute to the completion of the full NW London STP whilst working to implement Brent specific priorities aligned to the NW London STP.

- 1.5 The local version of the STP focusses on how Brent will achieve the triple aim locally. The Brent STP therefore represents Brent's overarching 5-year strategy and implementation plans to improve health and well-being, the quality of services provided, and achieves financial sustainability. It is a triangulation of existing plans, plus new initiatives where gaps in existing plans have been identified, and where we believe a different approach to joint working can make a real difference to people in Brent.
- 1.6 It is proposed that the Brent STP will be the overarching strategic plan for Brent. The STP has to reflect and respond to three gaps: Health and Wellbeing, Care and Quality and Finance and Efficiency. Therefore, it makes sense that these sections reflect updated health and wellbeing priorities and Better Care Fund (primarily focused on Care and Quality) priorities. However, it is important to note that this is an evolving process. The NW London and Brent STP priorities are designed to accelerate the pace of integration through strengthening collaboration between commissioners, providers and partners to address the triple aims of the Five Year Forward View.
- 1.7 The partnership nature of STP requires that the responsibility for overseeing the development and implementation of the STP priorities and deliverables is through the Brent Health and Well Being Board locally. To this end, the Health and Wellbeing Board has recently reviewed and extended its membership to include key partners such as London North West Hospitals Trust and Central and North West London Foundation Trust to ensure effective governance arrangements underpinning the STP.
- 1.8 This report sets out the North West London STP priorities, how they align with the Brent STP priorities, the approach to delivering these and the financial implications associated with the proposals.

## **2.0 Recommendations**

- 2.1 The Overview and Scrutiny Committee is requested to note the progress in developing the NW London and Brent STP.
- 2.2 The Committee is requested to comment on and provide into the North West London and Brent STP priorities.
- 2.3 The Committee is requested to endorse the proposed 'big ticket' items which are designed to accelerate integration and closer collaboration between partners, providers and commissioners for the benefit of local residents.
- 2.4 The Committee should ensure its views are reported to Cabinet on 23<sup>rd</sup> October 2017.

## **3.0 Background**

- 3.1 Planning Guidance released in December 2015 set the requirement to develop a shared five-year plan, a Sustainability and Transformation (STP) Plan. This should describe how areas will locally deliver the requirements of the Five Year Forward View. Boroughs in NW London are required collaborate as 'place based systems' across health and local government to address the ambition set out in the FYFV.

- 3.2 The formal Brent STP will be developed at the level of the NW London footprint, and will describe plans at different levels of ‘place’– across the whole system in North West London, from the local to the sub-regional, as appropriate. Local plans will form the building blocks of the STP. Expectations include:
- Bring system leadership together to tackle the significant challenge to meet the improvement in care standards for people in NW London.
  - Collaborate through strategic partnerships to reduce demand for services through effective early intervention, taking into account the interplay of broader socio-economic factors such as housing, employment, and the built environment (e.g. air quality), on the health outcomes for the people of NW London.
  - Co-produce a consolidated Sustainability and Transformation Plan (STP) for NW London that responds to identified challenges across the health and care economy and which reflects the local operating plans agreed in local communities in line with NHS England planning guidance.
- 3.3 STPs are not an end in themselves, but a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the concrete steps needed to get us there. There will be tangible benefits for areas with good STPs through the newly established Sustainability and Transformation Fund.
- 3.4 The STP will be an umbrella plan and will bring together local place-based plans to address the health and care triple aim or ‘gaps’ described in the Five Year Forward View:
- Health and well-being gap
  - Care and quality gap
  - Finance and efficiency gap
- 3.5 An early checkpoint submission was made to NHS England on 15<sup>th</sup> April 2016 and a further draft on 30<sup>th</sup> June 2016.

## **4.0 Detail**

### *PRINCIPLES AND APPROACH*

- 4.1 In order to support the development of a plan as ambitious as the STP, it is critical to lay out some key principles so that everyone involved works together in the same way. In addition to those adopted by North West London, Brent included:
- Make decisions based on a population or whole NWL system view (rather than an individual organisation or area view)
  - Maintain trust and transparency, and raise any issues that may be encountered
  - Recognise that Brent has both Brent deliverables and as part of the NWL footprint
  - Recognise that work will go on between meetings in order to progress within timescales, and commit to making best efforts to attend all meetings

- Each member is responsible both for representing their respective organisation view and for cascading back outcomes from the Planning Group

4.2 The NW London STP takes a population segmentation approach to understand the changing needs of our population. This approach is at the core of how we intend to collectively design services and implement strategies around these needs.

#### NW LONDON EMERGING PRIORITIES AND DELIVERY AREAS

4.3 The emerging NW London priorities are a consolidation of local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. They seek to address the challenges described by the 'as-is' picture and deliver the vision and 'to-be' ambitions using an evidence-based, population segmentation approach.



4.4 The emerging NW London priorities designed to address the triple aim of the Five Year Forward View. These priorities map to the core themes for addressing the challenges across the NW London system and emerging delivery areas. These priorities have been influenced by Brent priorities, which have been derived from our Health and Wellbeing Strategy and our Joint Strategic Needs Assessment. This local intelligence highlights the changing needs, challenges and issues facing our population. The plan submitted to NHSE is in the process of being updated but is linked here - [Sustainability and Transformation Plan \(STP\) | Brent Council](https://www.brent.gov.uk/services-for-residents/health-and-social-care/sustainability-and-transformation-plan-stp/) or at <https://www.brent.gov.uk/services-for-residents/health-and-social-care/sustainability-and-transformation-plan-stp/>

4.5 Five of the eight councils who are impacted by the plan have commissioned Ernst Young to test the assumptions in the plan specifically related to the cost of additional out of hospital care to social care as a result of any proposed changes to acute services. The Terms of Reference are attached at Appendix 1.

4.6 The plan has five delivery areas these being:

- DA1 – Radically upgrading prevention and wellbeing
- DA2 – Eliminating unwarranted variation and improving LTC management
- DA3 – Achieving better outcomes and experiences for older people
- DA4 - Achieving better outcomes for children and adults with mental health needs
- DA5 – Ensuring we have safe, high quality sustainable acute services

Two Councils (Hammersmith & Fulham and Ealing) oppose the delivery of Area 5 because of the direct impact of the changes in their Boroughs. All Councils, at the time of writing, support all other delivery areas.

4.7 It should be noted that the draft plan includes a commitment to close the social care funding gap (£17m in Brent by 2020) and also to invest £110m in prevention. These two financial commitments are to be strongly welcomed.

4.8 The Brent specific health and well-being gaps have been identified as:

- Common mental health disorders (CMD): large numbers and projected to increase - in 2014, an estimated 33,959 people aged 18 to 64 years were thought to have a CMD
- Severe and enduring mental illness: affects 1.1% of the population
- Mental well-being: the percentage of people with depression, mental health issues or other nervous disorders in employment is 23% also lower than both the England rate (36%)
- Significant and growing challenges to provide housing which potentially further undermine mental wellbeing
- Childhood obesity: Brent is in the worst quartile nationally in terms of the % of children aged 10-11 classified as overweight or obese – 38%
- Diabetes: by 2030 it is predicted 15% of adults in Brent will have diabetes
- Long Term Conditions: 20% of people have a long term condition
- Dementia: prevalence of dementia in people aged 65 years and over is 2,225 (2016) (and 80% of prevalence is diagnosed)
- STIs/HIV: 1,404 STIs per 100,000 population compared to 829 in England
- Health-related behaviour: physical inactivity: worst in West London; nutrition: 47% get 5 a day; tobacco use; alcohol; take up of immunisations

4.9 The Brent specific care and quality gaps have been identified as:

- Caring for an ageing population: 35% of all emergency admissions in Brent are for those aged 65 and over; once admitted this group stays in hospital longer, using 55% of all bed days.
- End of Life Care: Brent has one of the highest percentages of deaths taking place in hospital in the country

- Primary care: wide variation in clinical performance; Brent is in the worst quartile nationally for patient experience of GP services.
- Long Term Condition management: Brent is in the worst quartile nationally in terms of people with a long-term condition feeling supported to manage their condition.
- Cancer: Brent is in the second lowest quartile nationally in terms of GP referral to treatment for cancer and worst quartile in terms of cancer patient experience.
- Serious and long-term mental health needs: people with serious and long term mental health needs have a life expectancy 20 years less than the average.

4.10 Brent's priorities are based on our understanding of changing needs and our vision for care and support in 2020. We will work to achieve this vision and address the triple aims through the following:

#### Health & Wellbeing

- Wellbeing is seen in its widest sense. It is not just about healthcare but wider factors such as employment, housing, and lifestyle. Brent will be a Dementia-Friendly Borough.
- Mental and physical health is given equal importance and will be considered holistically at the point of care.
- A significantly strengthened approach to prevention will improve the health status of Brent on a medium to long-term basis.
- Joining up health promotion, self-care and non-statutory support across the continuum enables people, including those with LTCS, to make decisions, take actions & manage a broad range of factors that contribute to their health & wellbeing on a day-to day basis.

#### Care & Quality

- An integrated workforce plan is in place to develop skills, enable flexible use of staff across settings of care, improve workforce planning, and support local recruitment and retention, including of local Brent residents.
- Primary care providers are better equipped through a new federation and model of care to provide more care in the community.
- An Accountable Care Partnership will be accountable for the end-to-end care and outcomes of a population group, i.e. people aged 18 or over with one or more long term conditions who are at risk, in need or unstable.
- There will be a concentration of acute hospital services to develop centres of excellence. These will achieve higher clinical standards and more efficient care delivery. Central Middlesex will be redesigned as a H&WB Centre, including urgent care.
- Expanded provision of early interventions for people with mental health problems and reduced reliance on inpatient care.
- An integrated approach to commissioning (and providing) services locally, including Nursing Care Homes, improving quality.
- A unified Frailty and Older People's Care model will stitch together existing services and models into a single pathway that ensure older people receive high quality and timely acute care and active support to maintain independence.



- Brent CCG and Council will minimise the impact of changing demographics through the cumulative impact of the initiatives outlined in the Brent STP, and ensuring that best practice is achieved across all service areas in Brent.
- Reduced acute and residential care demand will be achieved through a range of initiatives, including: new EOLC pathways; effective case management of people with complex needs; reduced variation in the management of LTCs (including Right Care); enhanced care in Nursing Homes; implementation of 'discharge to assess' models as part of the WLA integrated discharge initiative; and implementation of a unified Frailty and Older People's Care model.
- Providers will achieve and maintain financial balance by implementing internal financial recovery plans, including the redesign of CMH, reductions in Length of Stay, reduced reliance on agency staff, and Carter Review recommendations.
- A strong delivery focus will be required to ensure the Brent STP is fully implemented on time.

4.11 From the above, the local STP Group has identified five 'big ticket' items, e.g. those that will have the greatest impact on closing the gaps and that can only be delivered fully from working as a collective. These are described below:

- I) Prevention and Self-Care, which reflects the need for a step change in behaviour across the system to manage demand, which will include:
  - Making Every Contact Count (MECC) – i.e. use every opportunity to achieve health and wellbeing, and involve systematic promotion of benefits of healthy living
  - Workplace based Health Promotion programme - i.e. adapted version of London Healthy Workplace Charter for small businesses in Brent; contracts issued with workplace health and wellbeing as a 'social value' requirement
  - Widen the scope of SIBI - SIBI currently delivers a 2nd tier service, but the service can be re-aligned to support 1st (signposting and advice, with links to existing services) and 3rd tier patients (intensive support for short periods (6weeks to 3 months) using multi-agency approach
  - Self-Care as part of Whole Systems Integrated Care
- II) Renew the ambition and focus in Brent's Better Care Fund schemes to ensure we are tackling the care and quality gap, which will include:
  - A renewed focus on Nursing and Care Home Provision, this will build on the current Better Care Fund scheme 3 and link to the NWL market management ambition of jointly commissioning all out of hospital care jointly
  - Lead the way in the implementation of the West London Alliance integrated discharge pilot, which proposes to cut through the complexities of cross borough provision with one Borough discharging all social care placements for west London
  - Develop a Frailty Model in tandem with CMH development, responding to changing needs of local demography, to include the services and pathways that address the needs of this cohort which

- will enable a focus of resources on this cohort of population with the highest demand through
  - Re-confirm the original vision for Whole Systems Integrated Care (WSIC) building on the work done with primary care to full integrate Primary Care Transformation + community based acute prevention and discharge services, social care, housing and voluntary services in to a single pathway.
- III) Recognise the significant impact we could have by working together in a OnePublic estate model, and deliver an exemplar of the approach – Central Middlesex Hospital:
- Redevelop the Central Middlesex Hospital (CMH) site into a Brent Health & Well-Being Centre providing a range of local services (including the Urgent Care Care)
  - Broaden the scope of existing discussions to take in the wider CMH site, to include the new nursing home and extra care facility opposite in order to do two things: 1) focus on the place shaping opportunity to make this a better place to live and work, and 2) make very strong links between the acute and primary services at CMH and the social care facilities to ensure high quality services.
- IV) Ensure that mental health and wellbeing has the same focus as physical health and wellbeing:
- Start from the principle that housing, and for people of working age employment, underpin mental health and wellbeing and therefore, this needs to be fully integrated into the current health and care models
  - We need a different system wide response to improve and sustain discharge from secondary mental health services so people can live independent lives
  - Ensure we work across primary care and employment and housing services to support people with common mental illness
  - Make Brent a Dementia-Friendly Borough.
- V) Integrated Workforce and Organisational Development, which underpins all of the above:
- Shared intelligence and understanding of the workforce, based on joint modelling using the Healthy London Partnership workforce model, which fully integrates assumptions across health and social care and allows integrated workforce planning and career paths
  - Through Making Every Contact Count ensure that there is accountability to the customer, not the service, in everything we do
  - Define the roles, and train the people needed to deliver the new models of integrated
  - Find ways to develop a multi-disciplinary workforce and teams, for example, in mental health, which focus not only health, but also on housing and employment
  - Work together to define and tackle the growing challenge we have to find key workers essential to success – homecare, residential and nursing workers, nurses and doctors.

- 4.12 Following submission of the draft STP on 30<sup>th</sup> June, representatives from NW London met with NHS England on Thursday 14 July where the draft document was well received. We have recently received feedback to support the October submission. Overall NHSE were “very impressed” by our commitment to system-wide working and noted that our proposals have great potential to deliver the Five Year Forward View and provide a route to sustainably improved services for patients. While impressed by our vision, NHSE did identify that delivering our vision at scale and pace will be challenging.
- 4.13 NHSE identified a number of areas for us to focus on to develop the final plan, these areas include:
- Further detail on our plans for primary and wider community services and how these will impact on hospital based activity
  - Further detail on our plans for engagement with local communities, clinicians and staff and a clear narrative which articulates the benefits for proposed changes to the public
  - Further detail on our provide productivity proposals
  - Updated plans for mental health following the publication of the Forward View for Mental Health
  - Year on year financial trajectories
  - Finalise the development of the Business Case for submission to NHSE Investment Committee (IC)
  - Finalise the proposal to implement the new model of care at Ealing Hospital including an affordable capital proposal for approval by the IC
  - A clearer articulation of the impact on quality of care as a result of our plans
  - Making links with neighbouring STPs that could provide opportunities or obstacles to your planning

#### *GOVERNANCE AND MONITORING*

- 4.14 Going forward, in order for us to work together across the system to deliver the transformation set out in the STP, we need to develop an effective governance approach at the NWL level and in Brent.
- 4.15 At the NWL level, the process this far has been overseen by The Strategic Planning Group (SPG) which is a forum for a wide range of system leaders (primarily senior managers and lay partners) from across the system. This is spearheaded by a Leadership Group comprising Dr Mohini Parmar (Chair), Claire Parker, Rob Larkman (both CCG accountable officers), Tracey Batten (CEX Imperial) and Carolyn Downs (CEX, LB Brent). The NW London programme is establishing a Joint Health and Care Transformation Group which will have representation from across local government and health, including commissioners, providers and lay representatives. The purpose of this group will be to oversee the development of the STP and its delivery, and its first meeting is scheduled for 22 September. The purpose and membership of this group has been discussed at the NW London Strategic Planning Group (SPG) in July which agreed that a smaller representative group was required to provide oversight. There will be governance groups established at NW London level to oversee the mobilisation and delivery of the 5 Delivery Areas. There will be four councillors on the joint board and four council officers, these being Cllr Sachlin Shah (Vice Chair), Cllr P Copthorne (Hillingdon), Cllr R Robotham (Westminster), Cllr S Curran (Hounslow), Carolyn Downs (CEX Brent), Michael

Lockwood (CEX Harrow), Charlie Parker (CEX Westminster), Liz Bruce (DASS Tri-Borough).

- 4.16 In Brent, the development and implementation of the Brent work stream priorities to address the gaps will be overseen by the Health and Well Being Board. The Brent Health and Well Being Board has recently reviewed and extended its membership to include key partners such as London North West Hospitals Trust and Central and North West London Foundation Trust to ensure effective governance arrangements underpinning the STP. A task and finish local Brent STP Planning Group was established in April, comprising Council, CCG, acute, community and mental health provider, Health watch and Brent CVS representatives to develop the local STP. A proposal will go to the Health and Wellbeing Board in October, which seeks to streamline existing adults governance (and align with the children's structures that reports to the Health and Wellbeing Board) bringing together the existing boards such as the Better Care Fund Board with the task and finish STP group to create a clear focus and accountability going forward.
- 4.17 The STP challenge is significant, and the NWL and Brent response relatively new, and so there remains a commitment to review and improve structures as the full NW London STP is finalised, whilst ensuring we keep and clear focus on implementing Brent specific priorities aligned to the NW London STP. The degree to which these structures can continue to deliver a shared perspective on the challenges, co-production of the solutions, clear accountability and effective monitoring of progress and impact will be a crucial test as STP develops.

#### *ENGAGEMENT*

- 4.18 Beyond the involvement of lay partners in the core groups, the programme has also undertaken a number of patient and public engagement activities, including hosting 22 face to face engagement events across all eight boroughs to help co-design the local plans. These events have included workshops, seminars and public meetings and have been very popular with providers, patients, clinicians, Healthwatch, lay partners, carers and their families.
- 4.19 At a NW London level we have identified the key audiences that we will be engaging with over the next four months. A core narrative covering our health and social care challenges and opportunities, STP purpose, development, goals, strategic approach and priorities has also been developed and distributed across the organisations within the STP footprint. Over the next four months, the programme will be engaging with stakeholders in four main ways:
- a. With partners – we have held, and will continue to hold, market stall events to showcase the range of work which is happening across NW London. In addition to these events, we have also designed a programme of more deliberative-style events which look to bring together different groups of individuals from across the sector to think creatively about the challenges and opportunities in the STP, and thus more directly shape the development and implementation of our plan.
  - b. With staff – We regularly send internal communications across organisations and update progress through newsletters, bulletins and regular updates from

Chief Executives and Chief Operating Officers. More detailed engagement plans are being developed across all organisations and locations. These plans will include workshops with clinicians and local government officers.

- c. With patients and residents – We have developed a programme of traditional town hall style meetings and other face to face events across the eight boroughs. In addition to these local meetings, we will also be holding a pan NW London event, with at least one being held in the inner boroughs and one in the outer boroughs.
- d. Online – We have developed an online engagement tool allowing us to target specific audiences with tailored messages. The development of our online engagement approach is essential in order to reach residents who won't attend face to face events.

4.20 In Brent, discussion of the STP has been integrated into core engagement events through this process wherever possible, for example, the Health Partners event in April was focused on STP and had the usual good attendance. A focused STP event is planned for 26<sup>th</sup> September at the Civic Centre, which aims not only to consult on the current content of the STP, but also how we continue to improve engagement through as the STP develops. A crucial part of this will be building engagement plans for each of Brent's big ticket items, which will need to reflect the specific nature of the proposals to ensure that we deliver a customer focused, design led approach to developing the detail of these individual projects through meaningful engagement with the public and other stakeholders.

## **5.0 Financial Implications**

5.1 Approximately £12m of net savings are required each year to close the CCG financial gap over the next five years. The Council will have a £17m gap by 2020 without applying the Council tax precept and £9m if Brent applied the precept year on year up to 2020. LNWHT provides services to three key commissioners, and therefore only a proportion of its 'gap' is directly associated with Brent; similarly with CNWL. This signals a significant finance and efficiency gap which needs to be addressed through quality, innovation, productivity and prevention initiatives across the system rather than within individual organisations.

5.2 The transformation required to close the Health & Well-Being and Care & Quality gap in Brent will enable closing the Finance & Efficiency gap. The STP provides the opportunity to think and work fundamentally differently across local government, the NHS and the wider public and voluntary and community sector. The aim being to respond to the significant financial challenges by working collectively to develop new integrated models of prevention and care which can transform the way services are delivered, reduce duplication, and minimise infrastructure costs. In summary, Brent will close the finance and efficiency gap over the next five years by:

- Brent CCG and Council will minimise the impact of changing demographics through the cumulative impact of the initiatives outlined in the Brent STP, and ensuring that best practice is achieved across all service areas in Brent.

- Reduced acute and residential care demand will be achieved through a range of initiatives, including: new End of Life Care pathways; effective case management of people with complex needs; reduced variation in the management of Long Term Conditions (including Right Care); enhanced care in Nursing Homes; implementation of 'discharge to assess' models as part of the WLA integrated discharge initiative; and implementation of a unified Frailty and Older People's Care model.
- Providers will achieve and maintain financial balance by implementing internal financial recovery plans, including the redesign of CMH, reductions in Length of Stay, reduced reliance on agency staff, and Carter Review recommendations.
- A strong delivery focus to ensure the Brent STP is fully implemented on time.

5.3 The STP and associated funding to support local, regional and sub-regional transformation is critical to the health and care economy. Without collective agreement and a plan to address the finance and efficiency gap both health and quality of care will continue to deteriorate. There remain residual gaps for both CCG and Council, and therefore (a) existing opportunities must be maximised, and (b) further opportunities will be required in order to ensure that the CCG and Council continue to provide high quality services to a growing Brent population.

5.4 New care models will be enabled by a new provider model. In 2014 Brent developed an ambition for a health and care system where delivery and performance is led and managed by a partnership of providers who form an Accountable Care Partnership (ACP). Providers work together to plan and manage care, ensuring funding flows to where it is needed most by working within a defined budget to achieve a shared set of priorities and outcomes. This was known as an Accountable Care Partnership (ACP), reflecting the need to break down barriers between health and care and reshape provision around patient, service user and carer needs.

5.5 The Five Year Forward View (FYFV) and new contracting frameworks provide real opportunity to progress. Brent plans for an ACP align well to the Multi-speciality Community Provider (MCP) model from the FYFV and this is the model we will pursue. We have already made good progress and are facilitating partnerships between Primary Care, Community, Mental Health, Social Care, Acute, the voluntary sector and others.

5.6 Brent GP Networks have recently developed a joint venture meaning they can mobilise to provide services at scale and in common and work together to continuously improve quality and make decisions on resource allocation and performance as a partnership. This provides the foundation on which partnerships with other at scale providers can be built. As an MCP the providers would be commissioned to deliver end to end care with functions and governance focused on outcomes and on clinical and financial accountability.

## 6.0 Next steps

- 6.1 NW London is required by NHS England to submit our final plan on 21st October (although this date is still provisional). Feedback from NHS England, local governance boards and from the public and staff engagement described above is being incorporated to help develop and shape the final plan.
- 6.2 Our intention is to receive and incorporate feedback in September to enable sign-off of the final plan by organisations in early October ahead of the final submission. Between now and the October submission we will there will be a number of engagements with NHSE London as plans are finalised.
- 6.3 NW London has already committed to delivering a series of outputs for 2016/17 through the draft STP. The programme teams have been proactive in identifying opportunities to accelerate delivery to ensure that we meet the ambitions set out in the draft plan, and the STP programme team will continue to measure and support this.
- 6.4 In addition, the programme is finalising 17/18 deliverables and benefits, and aligning these deliverables to the 17/18-18/19 planning round and two year contracts.

#### *BRENT STP GROUP*

- 6.5 Brent will continue to build and strengthen local relationships, throughout the STP development process, supported by a shared understanding of strengths and challenges faced as well as a clear ambition for 2020, and a set of concrete steps to get there.
- 6.6 Progress has commenced on the establishment of local working groups to progress key STP work streams. The governance underpinning delivery will be formalised at the Health and Well Being Board in October.
- 6.7 Detailed review and analysis of the suggested financial opportunities in the Brent context are being used to inform project initiation documents to be agreed across partners
- 6.8 There will need to be ongoing collaboration and input to the NW London SPG and Delivery Boards to ensure alignment and opportunities are maximised.
- 6.9 Finally, we will continue the journey of 'Horizontal integration' of Primary Care as the foundation on which alignment between primary care and other providers can be built from 16/17 onwards. We will commence specific and detailed conversations with providers about the next steps to achieve this looking at the entire pathway from home to hospital and back again.

#### **6.0 Legal Implications**

- 6.1 N/A

#### **7.0 Diversity Implications**

- 7.1 N/A

#### **Contact Officers**

1. Carolyn Downs, Chief Executive – Brent Council
2. Rob Larkman, Chief Officer – Brent, Harrow and Hillingdon CCGs

## **Appendix**

1. The Brief - Independent review of assumptions underpinning hospital and out of hospital changes in Northwest London (NWL)



## **Appendix 1 – The Brief**

### **Independent review of assumptions underpinning hospital and out of hospital changes in Northwest London (NWL)**

#### **1. Summary**

West London boroughs are seeking to commission an independent review of the assumptions and data, including in out of hospital care, that should be used to inform how and when significant changes to acute services and investment in out of hospital services should take place in Northwest London. This analysis will primarily test the existing assumptions, establish a current baseline position and trajectory, and develop the criteria and assumptions that should be used to inform a review of delivery in 2018, before any substantive changes to acute services are made.

#### **2. Background**

The STP plan stated that:

*“All STP partners will review the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical quality and safety concerns and expected demand pressures”*

*“There will be no substantial changes to A&E in Ealing or Hammersmith & Fulham, until such time as any reduced acute capacity has been adequately replaced by out of hospital provision to enable patient demand to be met. NHS partners will review with local authority STP partners the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and will work jointly with local communities and councils to agree a model of acute provision that addresses clinical safety concerns and expected demand pressures.”*

Appendix A also committed partners to work jointly to:

- develop an agreed approach to the delivery of the commitments , following the 30 June checkpoint
- develop an acceptable set of review criteria for any changes
- strengthen the supporting data and evidence base, and understand the financial risks and benefits and overall business case across health and care by October 2016
- agree a ‘review point’ in 2018 to review the agreed criteria
- co-produce the final plan with leaders, clinicians and the public from June through to October 2016

In addition, partners in Northwest London are agreed that:

- There needs to be a substantial investment in GP and out-of hospital services to meet the additional demands of more vulnerable patients, and a recruitment drive for additional GPs and primary care staff.

- There needs to be a sub-regional out-of-hospital strategy produced, with clear metrics and targets setting out at what level such services will be considered sufficiently successful to allow for further reconfiguration, and
- Levels of spending on social care in North West London and elsewhere have been hit by both central government policies and demand pressures, requiring social care budgets to be increased and protected to maintain patient flows from hospital to domiciliary and residential care.

The proposed work is intended to support the delivery of the commitments in the STP and the areas listed above.

### **3. Conditions for the independent analysis**

It is clear that in order for the work to achieve joint agreement, there are a number of shared principles that must underpin the work:

- a) The review must be set within the context of the commitments and plans within the STP, and the impact on the whole health and care system. The outcome of the review must not be pre-determined by existing positions or previous or current work, although it can and should be informed by it.
- b) Both NHS and LG partners commit to taking an open book approach to data, and all parties will work to provide this access in a timely and supportive manner
- c) The work must be genuinely whole system, focussing on what is in the best interest of patients and service users with the limited resources available across the system. This should include considerations of safety and quality, and also the extent to which additional out of hospital capacity is reducing demand
- d) That it does not undermine efforts to secure additional capital funding through the IMBC, recognising that any changes to acute services and out of hospital services will be underpinned by the joint commitments within the STP, including the outcome of the analysis
- e) That the analysis is independent, and endorsement of the conclusions is not assumed by any party engaged or involved in the work

### **4. Scope of work**

The proposed scope of the work will therefore be to:

- a) Based on consultation with all partners, outline the top priority areas of focus in relation to proposed changes to acute services and out of hospital care
- b) Based on consultation with partners, provide advice about which metrics and assumptions should be used to inform the baseline position, trajectory and review point before changes to such services should proceed. This should include:
  - the population (both total and high risk/need cohorts, and current and projected)
  - activity levels across the system, including A&E and out of hospital care
  - capacity in the system, actual and required
  - criteria for assessing safety and quality
  - indicative resources allocated to the respective parts of the system

- capital and investment assumptions and high level summary of requirements
  - finance and activity modelling for social care to show what demand looks like in a 'do nothing' scenario, and then assuming the out of hospital shifts have taken place based on current plans and evidence
- c) Using these agreed metrics, determine an appropriate baseline and trajectory upon which such measures and assumptions should be used for the review point in 2018 before changes are made
  - d) The work should also provide a high level analysis of Estates issues including the potential opportunities for better use of assets, retention of receipts locally and access to capital across Local Government and Health, to ensure that the out of hospital infrastructure is adequate to meet the needs of the population, given the constraints around additional capital investment through the STP.
  - e) Produce a report with full independent advice on the assumptions and data on the current baseline and trajectory
  - f) Develop draft criteria to be used for the future review checkpoint in 2018

## **5. Timescales**

The indicative milestones for the project, to align with key STP milestones are:

- 8<sup>th</sup> August: invitation to tender issued
- 17<sup>th</sup> August: work commences
- 2<sup>nd</sup> September: consultation and data collection complete
- 9<sup>th</sup> September: first draft of report for consultation with partners
- 16<sup>th</sup> September: amended draft of report for approval/final amendments
- 23<sup>rd</sup> September: final draft of report
- 7<sup>th</sup> October: conclusion of additional ad hoc support /engagement and alignment

The final STP will be submitted at the end of October, and will need to reflect the outcomes of this work as appropriate. Work is expected to start immediately upon award of the contract

## **6. Governance**

- The work will be managed by WLA with oversight from individual borough chief executives.
- A full list of people will be drawn up from across the NHS and boroughs as part of the consultation to ensure the full spectrum of evidence is reflected

## **7. Conflicts of interest**

Bidders are asked to declare any potential conflicts of interest

## **8. Evaluation Criteria**

- 8.1 The mini competition process will be conducted to ensure that proposals are evaluated fairly to ascertain the most economically advantageous tender. The evaluation will be based on the contents of the written document submitted (Attachment 2) in accordance with the scoring

guidelines attached. Tenderers may be contacted to clarify the content and meaning of details within their response.

8.2 Responses to the Authority's requirements will be evaluated under the following:

- Track record and experience (20%)
- Understanding of the tasks and objectives (20%)
- Robustness of delivery profile (20%)
- Capacity to undertake the work (10%)
- Finance (30%)

8.3 After the initial scoring process, the Authority may produce a short list of the highest-scoring tenders and may invite a presentation from each short-listed organisation, or take up references.

## **9.0 Instruction to Tenderers on their Response**

9.1 Tenderers should respond to this opportunity by completing:


9.1.1 Attachment 3 – The Proposal

9.1.2 Attachment 4 – Form of Tender

9.2 The closing date for the submissions is **Tuesday 16<sup>th</sup> August at 12:00 hrs.** Tenders must be submitted electronically using the London Borough of Ealing's e tendering system from where this tender was obtained. Please allow yourself sufficient time to upload documents to the tender portal as no submissions after this date/time will be accepted.

## **10.0 Relevant Appendices and Links**

STP Draft Submission

 <p><b>Brent</b></p>	<p><b>Community and Wellbeing Scrutiny Committee</b></p> <p>20 September 2016</p> <p><b>Report from the Director of Community Wellbeing</b></p>
<p>For information</p>	<p>Wards affected: ALL</p>
<p><b>Update on New Accommodation for Independent Living (NAIL) project</b></p>	

## 1.0 Summary

- 1.1 This report updates members of the committee with an update on the New Accommodation for Independent Living (NAIL) project.

## 2.0 Recommendations

- 2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and note the contents of this report.

## 3.0 Background

- 3.1 The New Accommodation for Independent Living (NAIL) project is the largest and most strategically important efficiency and quality improvement initiative within the Adult Social Care Department. The programme aims to identify, develop and acquire alternative forms of care to residential care for all vulnerable adult client groups in Brent. This is because the outcomes for people going into residential care are not as good as for those people who remain in their own communities.
- 3.2 It is also significantly more expensive for the council to provide residential or nursing care than it is to provide Extra Care sheltered housing or Supported Living. Therefore, the largest strategic priority for Adult Social Care is to support more people to remain in a home of their own, or in their own communities and to have their own front door. Both Extra Care sheltered housing and Supported Living enable this.
- 3.3 The NAIL programme has been active for the last two years, it has three elements to the programme. These are:

- Development and securing of properties to meet its needs, this is both identification of existing properties that can be repurposed, and building new accommodation.
- The identification of demand, both now and for the future and commissioning of care and support to meet these requirements.
- The de-registration of care homes to become Supported Living schemes. A number of residential homes for people with a learning disability in the borough are based in domestic properties and 'lend' themselves to small communal living arrangements.

In November last year Brent Council developed a dynamic purchasing system to support the procurement of properties and services for the NAIL project.

## **4.0 Independent Living**

4.1 Alternative forms of care where people have a much greater level of choice and control and where care is delivered in a setting which is an alternative to institutional care are called independent living. The key to whether a scheme is an independent living scheme or not is how much choice and control the person has over their home and life rather than what the service looks like. This means that there are many different forms of independent living.

4.2 The main principle is that people have their own self-contained accommodation and have control over the support they get, who they live with (if anyone) and how they live their lives. Independent living assumes that all people, regardless of the level or type of disability, are able to make choices about how to live their lives even if they do not make choices in conventional ways. Care and support can be more tailored to individual needs and wishes and with the use of assistive technologies risk can be managed effectively and safely.

4.3 There are different models for Supported Living that Brent Council commissions. These include

- Living alone in self-contained accommodation (usually a rented property) with a tenancy and getting an individual care and support package.
- Sharing with others in a rented property (some self-contained with communal facilities and some with shared facilities) each person has an individual tenancy and is getting an individual support package with no on-site staff presence. However, in some provision night time support (sleeping or waking) might be commissioned.
- Sharing with others in a rented property (some self-contained with communal facilities and some with shared facilities) and each person has an individual tenancy with a 24/7 level of care and support provided by a constant staff presence to meet individual's needs.
- Extra Care or sheltered housing (usually catering for older people).
- Lodging in someone else's home and getting an individual support package. This is offered in a scheme called Shared Lives.

- 4.4 Independent living is not a prescriptive model of service design and can look very different for different people with different levels of care and support needs. For one person it may be a few hours of support a week to live in self-contained accommodation or in shared accommodation, for another it may be 24/7 around-the-clock support to live in self-contained accommodation or in shared accommodation and for someone else it may be somewhere in between.

## **5.0 Case studies**

### **5.1 Case study 1**

ZA is a 71-year-old woman suffering from Parkinson's, hypertension, type 2 diabetes and reduced mobility due to a recent stroke. After her husband's death last year, she declined functionally, and became depressed which exacerbated her health conditions. Although she has a very close relationship with her son and a relative that has been staying with her recently, ZA did not want to be a burden to her family and has at times been suicidal.

She was placed in a care home by her family, but has continued to be unhappy about her life, and did not like surrendering her personal independence to the care staff. So a move was organised to Extra Care as she wanted her own space and to be able to do small tasks for herself. Within weeks of moving to extra care ZA improved in mood and functionality, made friends with her neighbours and in the words of her son, found a new lease on life. Both ZA and her son praised the quality of accommodation, the flexibility of the care provided and that the accommodation enabled the family to continue to visit and support ZA where they could.

### **5.2 Case study 2**

AL is a 93 year old man, who uses a walking frame to mobilise, he has deteriorated generally over the last year mainly due to his age rather than a particular health issue. He needs support with domestic tasks, moving up and down the stairs within his home, meal preparation and planning and personal care each day.

He was placed temporarily in a nursing home, following a hospital admission, as it was considered that his home was unsuitable for his needs due to the stairs and the size of the bathroom/toilet which he was unable to use independently. Extra Care was considered a suitable option as it is designed for people with mobility problems and therefore remove problems with stairs and accessing the bathroom/ toilet without assistance. His son lives outside of London and cannot visit regularly and was resistant to moving his father from the nursing home, where he felt he would get better care and monitoring. However, on viewing the Extra Care accommodation and meeting the care provider, AL and his son decided to accept the offer of the step down flat in extra care so he could see how it would work for him. He was then moved into a permanent flat once it was clear that he could manage well in the extra care scheme. AL and his family said that the experience of having his own flat, where

the care could be delivered flexibly, was a great improvement on the nursing home. He was able to furnish the flat to his own taste and maintain a greater level of independence and control than he anticipated. The package of care AL needed in extra care was much smaller than would have been provided in the nursing home, which would make him more dependent and cost the Council more for the placement than is required to safely meet his needs.

## **6.0 Providers**

In Brent the following registered providers, also known as housing associations, and other organisations provide accommodation as part of the NAIL project. There is more information about how many units they provide in Appendix A.

- ASRA Housing
- Brent Housing Partnership (BHP)
- Brent Council Property Unit
- Dimensions
- Genesis Housing
- Metropolitan Housing Trust
- Network Homes.

## **7.0 Learning from the first year of the NAIL project**

7.1 NAIL is a new and innovative initiative, and inevitably there has been much learning over the first two years of the programme. A key aspect of making the NAIL programme successful is cross council working and knowledge sharing. Whilst Adult Social Care officers have a strong understanding of the requirements of people who need accommodation and support, housing colleagues have a stronger understanding of the regulations, processes and potential issues around building or converting accommodation, and planning colleagues bring their expertise and input around planning processes and restrictions. There was an initial period of knowledge sharing and relationship-building which meant some of our original projections around timescales and identification of possible sites for development were over ambitious.

7.2 We have now developed a strong cross-council, multi-disciplinary NAIL team and board, and therefore have a much more accurate picture of viable development sites or conversion schemes and timescales. An additional benefit from the cross-council team is the identification of other possible opportunities that can support the delivery of Brent 2020. For example, discussions are now taking place about the potential to develop more mixed use schemes which incorporate both Extra Care sheltered housing alongside other types of affordable housing.



## 8.0 Challenges and progress

- 8.1 The initial phase of the NAIL Programme – the development of Willow House by Network Homes, and the deregistration of a group of registered care homes, was achieved on time and planned savings were realised. The major variance from our savings targets relate to the delay in commissioning accommodation within our original timescales, in particular, where new accommodation is being built which Adult Social Care is not responsible for, and therefore is not always able to influence both the planning and construction processes.
- 8.2 For example, the most significant delay in the programme is due to issues with the large 99 flat Extra Care scheme at Park Royal (Visram House). Developed by ASRA, it was due to be delivered by November 2015 and the building itself was completed with a delay of 4 to 5 months. However, there has been an ongoing delay since May 2016 due to problems in connecting electricity to the scheme and negotiations about routing cables through land belonging to adjoining properties. The revised target date for Visram House to be handed over is December 2016 or January 2017.
- 8.3 Strategies for achieving savings earlier despite the delay are currently being explored with ASRA and our health partners. This may include using the new capacity the building gives us to provide temporary accommodation to manage winter pressures from the acute sector, which will reduce the loss of savings due to this continued delay and enable the council to manage hospital discharges and winter pressures.
- 8.4 One large 70 unit extra care scheme in Sudbury failed when, after several months of discussions and negotiation, we could not secure the site which was owned by three different landlords. We were unable to develop another smaller 29 unit scheme for younger adults due to challenges with planning and getting the finances to work with lower numbers. The Project Initiation Document (PID) set out a number of accommodation options which had been researched by consultants, and assisted the council to set out the potential savings targets. However, many of these options failed to materialise as further detailed discussions and development work was undertaken. While there has been enthusiasm for the project with private and voluntary sector providers, they have not been able to deliver schemes which meet the council's needs or required standards. We have a need for larger schemes (40 plus units) to support older people in the community, and schemes for younger people (12 plus units) which give them an appropriate level of privacy (ensuite), space requirements (more than just a bedroom with shared facilities) and facilities that support their independence such as communal spaces, kitchens and areas to engage with their neighbours so they develop friendships and mutual support.
- 8.5 There are a number of key challenges the programme has encountered and have been working to mitigate against. These include:
- The majority of the list identified in the early stages of the programme have not materialised and a clear development strategy has been drawn up to focus on our key accommodation providers to increase certainty.

- Issues with the pre-construction phase around planning and managing the exit from current use of the building and organising the finances have delayed a number of schemes.
- The programme is in competition with the growing private market in Brent and increasing land values. Therefore, the focus on our own assets helps mitigate this.
- A number of providers wish to offered us accommodation at a premium which are either too small for long-term occupation or are located in areas which we would prefer not to use due to the challenges it presents (i.e. poor transport links etc.).
- A lack of suitable and affordable land and sites has slowed the development of further schemes, and will continue to be one of the main bottlenecks for the NAIL Programme. Strategies including accessing NHS land are currently being explored.
- Issues associated with the construction of new buildings, for example, technical problems, contractor performance etc.
- Delays in achieving planning consent for planned scheme.
- Uncertainty around future Housing Benefit regulations for specified o exempt accommodation and the possible imposition of a cap on rents, in addition to cuts imposed on registered providers' rents has made planning difficult and reduced the willingness of partners to develop independent living accommodation.
- Several registered providers have sought land from the council or grant aid to ensure the scheme is financially achievable, which means we have a number of council priorities competing for finite resources. As well as making the awarding of support contracts to their subsidiaries a condition of undertaking development which is a problem for procurement.
- Care providers have requested longer contractual terms than we previously gave, i.e. 5 years or more so they have comfort about the return on investment.
- Financial uncertainties related to the EU referendum appear to have contributed to minor delays in finalising the funding for a planned large Extra Care scheme.

The planned savings will likely be over-achieved, but will need to be realised over longer a timescale, as new build schemes take time to come online.

## **9.0 Managing risk**

- 9.1 We are mitigating against these problems going forward by developing a number of schemes with Brent Housing Partnership and our internal Property

Service Department, which gives more control over their development, quality and timescales and reduces the risk of schemes failing.

9.2 Delays or refusal of planning permission is one of the main risks to the development of NAIL schemes in the longer term. This has been managed by supporting partner organisations undertaking development, for example BHP during planning consultation for Clock Cottage and liaising with neighbours and addressing their concerns about future use of the new scheme. Staff involved with NAIL also met with the Interim Head of Planning, to understand the planning process better, and to provide information about NAIL. We also have a senior member of staff from the Regeneration Department on the NAIL Board.

9.3 Other mitigating actions include:

- A lack of development partners is being managed through building relationships with Registered Housing Providers (RPs) via forums, scheme visits and individual meetings and this is a work in progress which should support the project in the longer term.
- Negotiating the inclusion of NAIL units in large mixed Council developments such as London Road, Knowles House and Stonebridge. Lack of suitable land has been addressed by initiating discussions with Property Services around the possibility of accessing NHS sites.
- Construction-related issues whilst largely outside control of NAIL staff have been closely monitored through regular participation in project meetings and regular liaison with development partners.
- The risk of voids at newly commissioned schemes and delays in opening have been managed by dedicating a member of the team to identifying suitable customers for schemes and creating an up to date waiting list.
- Logistical issues that might delay the start of tenancies such as arranging viewings, issues relating to mental capacity or Court of Protection applications, Deprivation of Liberty Safeguards have been included in the planning process with a member of staff concentrating on this work.

## **10.0 Financial Implications**

10.1 There are no immediate financial implications arising from this report.

## **11.0 Legal Implications**

11.1 There are no legal implications arising from this report.

## **12.0 Diversity Implications**

12.1 There are no diversity implications immediately arising from this report.

## **Contact Officers**

**APPENDIX A**

**Figure 1: NAIL accommodation details**

<b>Scheme Name</b>	<b>Address</b>	<b>Provider</b>	<b>Care Provider type</b>	<b>Site ownership</b>	<b>No. of units</b>	<b>Customer type</b>
Chartley	Chartley Avenue, NW2 7QY	District Homes	Private	Private	6	MH
Willow House	Victoria Court, Wembley, HA9 0NU	Network Homes	Private	RP	40	Extra care
Rugby Avenue	Rugby Avenue, Wembley, HA0 3DJ	CMG	Private	RP	5	LD
3 Kingswood Road	3 Kingswood Road, Wembley, HA9 8JR	Optima Care	Private	TBC	12	PD
Visram House	250 Acton Lane, Park Royal, NW10	Asra	RP	RP	99	Extra care
Viola House	57/59 Castleton Avenue, Wembley HA9 7QE	Sunrise Care	Private	Private	12	LD
Kinch Grove	Kinch Grove, Wembley HA9 9TF	Brent Council	Private	Brent Council	4	0
Forty Lane	11 Forty Lane, Wembley HA9 9EA	Brightway Care	TBC	Private	11	LD/MH mix
Chevening Road	120 Chevening Road, NW6 6TP	Metropolita n	RP	RP	5	LD high/ med end
Chamberlayne Road	152 Chamberlayne Road, Harlesden, NW10 3JS	Metropolita n	RP	RP	5	LD high end
Calcott Road	26 & 28 Calcott Road, NW6 7EA	Metropolita n	RP	RP	10	LD low need
Chatsworth Road	41 Chatsworth Road, NW2 4BL	Metropolita n	RP	RP	5	LD med need
Chichester Court	49 Chichester Court Stanmore HA7 1DX	Dimensions	RP	RP	4* + 16 de regist ered units	LD
Salmon Street	3 Salmon Street, NW9 8PN	BHP	TBC	Brent Council	6	LD high end
78 Park Ave North	78 Park Avenue North, NW10 1JY	Lotus Care	Private	Private	10	LD
51 Prout Grove	Prout Grove, London NW10 1PU	Lotus Care	Private	Private	7	LD

**Figure 2: Units delivered by NAIL / projections**

<b>Financial</b>	<b>NAIL</b>	<b>Units</b>	<b>NAIL units delivered</b>
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<b>year</b>	<b>projected</b>	
2014/15	6	6
2015/16	40	40
2016/17	152	154 by January 2017 With another 28 set as Amber/ Red due to lease issues
2017/18	145	-
2018/19	128	-
2019/20	28	-


**Figure 3: Customers in NAIL accommodation by client group/ethnicity**

<b>Customer Group</b>	<b>Total No. of units</b>	<b>Ethnicity</b>	<b>No.</b>	<b>%</b>
Learning Disabilities	31	Asian or Asian British	9	29.03%
		Black or Black British	10	32.26%
		Not Stated / Undeclared	0	0
		White	12	38.71%
		Other	0	0
Older Persons	163	Asian or Asian British	22	13.5%
		Black or Black British	45	27.61%
		Not Stated / Undeclared	16	9.28%
		White	78	47.85%
		Other	2	1.23%



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 <p><b>Brent</b></p>	<p><b>Community and Wellbeing Scrutiny Committee</b> 20 September 2016</p> <p><b>Report from the Director of Policy, Performance and Partnerships</b></p>
<p>For information</p>	<p>Wards affected: ALL</p>
<p><b>Co-opted members on the Community and Wellbeing Scrutiny Committee</b></p>	

## 1.0 Summary

- 1.1 This report clarifies the role of co-opted members on the Community and Wellbeing Scrutiny Committee.

## 2.0 Recommendations

- 2.1 Members of the committee are asked to discuss and agree the contents of this report.

## 3.0 Background

- 3.1 Brent Council established a new Community and Wellbeing Scrutiny Committee in February 2016 along with a Resources and Public Realm Scrutiny Committee. This dual structure replaced the single Scrutiny Committee on 18 May 2016, which was introduced in May 2014. The co-opted members who had been appointed to the former Scrutiny Committee were transferred to the new Community and Wellbeing Scrutiny Committee, which oversees scrutiny of education, children's and young people's services as well as health, housing, public health, adult social care, and the safeguarding arrangements of adults, and the safeguarding of children and young people.
- 3.2 Appointment of the new members was confirmed by the Annual Meeting of Full Council on 18 May 2016. The names of the co-opted members who are statutory and non-statutory, and the observer organisations are in Appendix A. The appointment of new members if there is a vacancy is confirmed by Full Council.
- 3.3 Co-opted members bring their knowledge and expertise of a particular environment – and also an outside perspective – to enhance the role of scrutiny. Their presence on committee also makes the process more open and transparent, and they have knowledge, skills and experience which can greatly inform scrutiny's activities and enhance the role of the committee's members.

- 3.4 The single Scrutiny Committee had statutory co-opted members whose role was transferred to the Community and Wellbeing Scrutiny committee. The Community and Wellbeing Scrutiny Committee has four statutory voting co-opted members. By law, there is a requirement to involve specific statutory co-opted members from the Church of England diocese and the Roman Catholic diocese as well as parent governor representatives. Brent's Community and Wellbeing Committee has one member representing the Church of England diocese, one for the Roman Catholic diocese; one parent governor member representing primary schools and one parent governor representing secondary schools (the post is currently vacant).
- 3.5 These statutory co-opted members have voting rights on school education issues. It should be noted that formal votes taken by the committee are extremely rare.
- 3.6 The expectation is that these co-opted members will contribute to the discussion on school education issues or take part in the discussion on items involving partnership work with schools. However, they can take part in any item discussed at the committee if they choose to do so.
- 3.7 While co-opted statutory members are welcome to attend any of the meetings, items which involve discussion of school education matters will be highlighted on the annual work programme. Additionally, items which may involve discussion of partnership work with schools will be highlighted on the annual work programme. The statutory co-opted members may choose to only attend those meetings as they judge appropriate.
- 3.8 Brent Council's single Scrutiny Committee had two non-statutory co-opted members whose role was transferred to the Community and Wellbeing Scrutiny committee. These were one member to represent Jewish faith schools in Brent and one member to represent Muslim faith schools in Brent. They represent only faith schools which are maintained schools in Brent. The post to represent Muslim faith schools became vacant on 1 September 2016.
- 3.9 These non-statutory co-opted members do not have voting rights on school education issues. It should be noted again that formal votes taken by the committee are extremely rare.
- 3.10 The expectation is that the non-statutory co-opted members will contribute to the discussion on school education issues or take part in the discussion on items involving partnership work with schools. However, they can take part in any item discussed at committee if they choose to do so.
- 3.11 While non-statutory co-opted members are welcome to attend any of the meetings, items which involve discussion of school education matters will be highlighted on the annual work programme. Additionally, items at meetings which may involve discussion of partnership work with schools will be highlighted on the annual work programme. The non-statutory co-opted members may choose to only attend those meetings as they judge appropriate.
- 3.12 As members of a scrutiny committee, all the co-opted members are to follow the principles and practices of scrutiny in Brent which are set out in the 2016/17

Scrutiny Handbook. In short, scrutiny's function is to play a constructive role in holding Cabinet and its decision-making to account as well as the decision-making of external partner organisations for which a scrutiny committee has a remit.

## **4.0 Detail**

4.1 The statutory and non-statutory co-opted members will be involved in the work of the committee, including:

- receiving electronic notification of the publication of committee agendas and minutes
- invitations to pre-meetings
- being able to suggest topics for potential inclusion on the annual scrutiny work programme.

They will also be offered support as provided to members such as training or support from the Scrutiny Officer for that committee.

4.2 Parent governor representatives are appointed from among parent governors in the borough. If a vacancy exists then it is advertised.

4.3 The procedure for appointing statutory members representing the Church of England is that their representative is nominated by the Diocesan Board of Education which covers the London borough of Brent. A representative for the Roman Catholic Diocese is nominated by the bishop of the diocese who covers the London borough of Brent and they are appointed by Full Council.

4.4 The procedure for non-statutory members representing Jewish faith schools and Muslim faith schools is that the appropriate body representing those faiths makes the nomination and then full council makes the appointment.

4.5 A statutory voting co-opted member must sign an undertaking agreeing to be bound by the Members' Code of Conduct and has register any interests which by the code they are required to. This is a legal requirement and failure to comply with the code's requirements can constitute a criminal offence.

4.6 Non-voting, non-statutory co-opted members also have to sign up to the code and comply with its requirements, but there is no risk of criminal sanctions.

4.7 The role profile of a co-opted member of the Community and Wellbeing Scrutiny Committee is set out in Appendix B.

## **5.0 Observers**

5.1 The Community and Wellbeing Scrutiny committee also has observers put forward by two organisations: Brent Youth Parliament and Brent Teachers' Association, which is made up of the recognised teaching trade unions.

- 5.2 Brent Youth Parliament and Brent Teachers' Association have four named members each, who can attend meetings of the Community and Wellbeing Scrutiny Committee as observers. They have no voting rights and may take part in the discussion only at the discretion of the committee chair. The names of the observers for 2016/17 are in Appendix A.

## **6.0 Financial Implications**

- 6.1 There are no immediate financial implications arising from this report.

## **7.0 Legal Implications**

- 7.1 There are no legal implications arising from this report. The relevant legislation is the Parent Governor Representatives (England) Regulations 2001; Local Government Act 2000; and the Localism Act 2011.

## **8.0 Diversity Implications**

- 8.1 There are no diversity implications immediately arising from this report.

### **Contact Officers**

Pascoe Sawyers  
Head of Policy and Partnerships

## APPENDIX A

### Co-opted Members

Representing	Name of member	Statutory	Voting on education matters
Church of England Diocese schools	Mother Christine Cargill	✓	✓
Roman Catholic Diocese schools	Alloysius Frederick	✓	✓
Secondary school parent governors	VACANT	✓	✓
Primary school parent governors	Iram Yaqub	✓	✓
Jewish faith schools	Dr Jeff Levison	X	X
Muslim faith schools	VACANT	X	X

### Observers

Harry Brown, Brent Teachers' Association  
Lesley Gouldbourne, Brent Teachers' Association  
Sotira Michael, Brent Teachers' Association  
Jean Roberts, Brent Teachers' Association

Dilan Dattani, Brent Youth Parliament  
Jai Patel, Brent Youth Parliament  
Shivani Trivedi, Brent Youth Parliament  
Leesha Varsani, Brent Youth Parliament

## APPENDIX B

## **Role Profile of a Scrutiny Co-opted Member**

The role of a scrutiny co-opted member is to:

1. Prepare for, attend and actively contribute to the work of scrutiny committee. This will include:

- helping to develop an annual programme of work
- gathering information and evidence
- analysing and challenging information
- drawing conclusions and making recommendations based on evidence
- monitoring the progress of recommendations.

2. Bring an external perspective to the work of scrutiny, making a link between scrutiny and local communities.

3. Contribute specialist knowledge, expertise and experience to the work of scrutiny.

4. Express the views of the constituency they are representing, if any, and not just his or her personal view or experience.

5. Undertake work in scrutiny on behalf of the whole borough and not just one particular sector or viewpoint.


6. Act independently of party politics and lobbying interests.

7. Ensure that the organisation they are representing, if any, is kept up-to-date on the work of scrutiny.

8. Show courtesy and respect to other scrutiny members and officers

9. Respect the sensitivity and confidentiality of information that they may hear as a scrutiny member and act with discretion.

10. Abide by the requirements of the Council's Constitution, and Members' Code of Conduct.

 <p><b>Brent</b></p>	<p><b>Community and Wellbeing Scrutiny Committee</b> 20 September 2016</p> <p><b>Report from the Director of Policy, Performance and Partnerships</b></p>
<p>For information <span style="float: right;">Wards affected: ALL</span></p>	
<p><b>Update on scrutiny's work programme 2016-17</b></p>	

## 1.0 Summary

- 1.1 This report updates members on the committee's work programme for 2016/17 and captures scrutiny activity which has taken place outside of its meetings.

## 2.0 Recommendations

- 2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and note the contents of the report, including changes to the schedule of items for each meeting, and the progress of the tracker of recommendations to Cabinet.
- 2.2 To note the details of members' visits, requests for information and responses, which have been done outside of the committee's 2016/17 work programme.

## 3.0 Background

- 3.1 Members of the Community and Wellbeing Scrutiny Committee agreed their work programme 2016/17 earlier this year. The programme sets out what items will be heard at committee and which items will be looked at as task groups. However, the assumption was that it would evolve according to the needs of the committee, and spare capacity would be left to look at issues as they arise.
- 3.2 For operational reasons it may be necessary to move items to be heard at a particular committee. In addition, members and co-opted members can at any time suggest an item to be looked at during a committee meeting, which provided it is agreed by the chair, would mean the work programme changes.
- 3.3 As a result of committee meetings and task groups, recommendations are made to Cabinet and it's important the committee can see if these recommendations have been accepted, rejected or modified by the Cabinet.

- 3.4 Members may request information during a committee meeting or outside of a committee meeting as part of the scrutiny process. They also may make visits to do first-hand observation in order to better understand an issue for scrutiny.

#### **4.0 Detail**

- 4.1 When the committee agreed its work programme the report on Brent Housing Partnership was to go to Cabinet in October. This is now expected to go to Cabinet in November. It has not been possible to have the report for scrutiny ready for 20 September and an alternative date is being found for this report.
- 4.2 The annual report of the Brent Local Safeguarding Board will now be heard at November's meeting and the annual report of the Brent Safeguarding Adults Board will be heard at the meeting in February 2017 of the scrutiny committee. The adjusted work programme for 2016/17 with these changes is in Appendix A.
- 4.3 At the committee meeting on 20 July, members requested further data about prosecutions as part of the implementation of landlord licensing and the ethnicity of those agents, landlords and tenants. The data provided by the council's Private Sector Housing Licensing Team is set out in Appendix B.
- 4.4 Members of the committee are scheduled to make a number of visits. These include to housing and services provided by Brent Housing Partnership, and to accommodation in Wembley ahead of the report on New Accommodation for Independent Living (NAIL) to committee on 20 September. In addition, the committee chair Cllr Ketan Sheth took part in a visit with officers from the Private Sector Licensing Housing Team. A note of this visit is set out in Appendix C.
- 4.5 The committee chair has made two requests for information. Firstly, a request was made to Brent Clinical Commissioning Group (CCG) about future provision if the pilot project run by the Sickie Cell Society was decommissioned. Secondly, a request was made to London North West Healthcare NHS Trust in relation to its Quality Accounts 2015/16. The responses did not arrive in time for the publication of committee papers and they will be published at a later date.
- 4.6 At the last committee meeting on 20 July, the committee agreed a number of recommendations on landlord licensing, ethical lettings agency and the task group on Brent's housing associations. The recommendations are set out in Appendix D and their progress to the Cabinet will be updated accordingly.

#### **5.0 Financial Implications**

- 5.1 There are no immediate financial implications arising from this report.

#### **6.0 Legal Implications**

There are no legal implications arising from this report.

#### **7.0 Diversity Implications**



7.1 There are no diversity implications immediately arising from this report.

**Contact Officers**

Pascoe Sawyers  
Head of Policy and Partnerships  
Chief Executive's Department

## APPENDIX A

### Community and Wellbeing Scrutiny Committee Work Programme 2016-17 20 July 2016

Agenda	Item	Objectives for scrutiny	Cabinet Member/Member	Brent Council/Partner organisations
1.	Impact of the selective and additional landlord licensing schemes	Post-decision scrutiny on implementation of the landlord licensing schemes and impact on improving standards in private rented sector.	Cllr Harbi Farah, Cabinet Member for Housing	Phil Porter, Strategic Director Community Wellbeing.  Jon Lloyd-Owen, Operational Director Housing and Culture  Spencer Randolph, Head of Private Housing Services.
2.	Task Group report on Brent's housing associations	To discuss and agree report from Cllr Tom Miller's task group about housing associations in Brent.	Cllr Tom Miller  Cllr Harbi Farah, Lead Member for Housing	Phil Porter, Strategic Director Community Wellbeing.  Jon Lloyd-Owen, Operational Director Housing and Culture
3.	Update report on the implementation of an Ethical Lettings Agency	Post-decision scrutiny on implementing Ethical Lettings Agency agreed by Cabinet in July 2015.	Cllr Harbi Farah, Lead Member for Housing	Phil Porter, Strategic Director Community Wellbeing.  Jon Lloyd-Owen, Operational Director Housing and Culture
4.	Scrutiny 2015-16 annual report	To agree Scrutiny's annual report.	Cllr Matt Kelcher Chair Scrutiny Committee	Peter Gadsdon, Director Performance Policy and Partnerships
5.	Scrutiny 2016-17 work programme	To agree Scrutiny committee's work programme for 2016-17.	Cllr Ketan Sheth Chair Scrutiny Committee	Peter Gadsdon, Director Performance Policy and Partnerships

\*Items involving school education. \*\* Items which may involve partnership work with schools.

## 20 September 2016

Agenda	Item	Objectives for scrutiny	Cabinet Member/Member	Brent Council/Partner organisations
1.	New Accommodation for Independent Living (NAIL) project	Scrutiny review of progress of NAIL scheme to date against its 2016/17 targets.  *Members' visit to Victoria Court, Wembley on 12 September.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Community Wellbeing.
**2.	Task Group Signs of Safety	Agree task group scoping paper and TOR.	Cllr Wilhelmina Mitchell-Murray, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People
3.	Sustainability and Transformation Plan	Scrutiny review of progress of STP.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Carolyn Downs, Chief Executive Phil Porter, Strategic Director Community Wellbeing Sarah Mansuralli, Chief Operating Officer, Brent CCG Rob Larkman, Chief Officer, BHH
4.	Co-opted members on Scrutiny	To set out the role of co-opted members on Community and Wellbeing scrutiny committee.	Cllr Ketan Sheth, Chair of Community and Wellbeing Scrutiny	Pascoe Sawyers, Head of Strategy and Partnerships.
5.	Work programme 2016/17 update	To note changes to the work programme and wider scrutiny activity	Cllr Ketan Sheth, Chair of Community and Wellbeing Scrutiny	Pascoe Sawyers, Head of Strategy and Partnerships

\*Items involving school education. \*\* Items which may involve partnership work with schools.

**23 November 2016**

<b>Agenda</b>	<b>Item</b>	<b>Objectives for scrutiny</b>	<b>Cabinet Member/Member</b>	<b>Brent Council/Partner organisations</b>
<b>1.</b>	NHS estate in Brent	Evaluate impact of changes by NHS Property Services	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Jake Roe, NHS Property Services Sue Hardy, Head of Strategic Estate Development Brent, Harrow, Hillingdon and Ealing CCGs
<b>**2.</b>	Brent Local Safeguarding Children's Board	Receive 2015-16 annual report.  Additional paper on safeguarding children.	Cllr Wilhelmina Mitchell- Murray, Cabinet Member Children and Young People	Mike Howard, Independent Chair Brent LSCB
<b>**3.</b>	Task Group report Signs of Safety	Receive task group report on Signs of Safety	Cllr Wilhelmina Mitchell- Murray, Cabinet Member Children and Young People  Task group chair	Gail Tolley, Strategic Director Children and Young People
<b>**4.</b>	Task Group scoping paper CAMHS	To agree the scoping paper for CAMHS task group and TOR.	Task group chair	Gail Tolley, Strategic Director Children and Young People  Brent CCG

\*Items involving school education. \*\* Items which may involve partnership work with schools.

1 February 2017

<b>Agenda</b>	<b>Item</b>	<b>Objectives for scrutiny</b>	<b>Cabinet Member/Member</b>	<b>Brent Council/Partner organisations</b>
<b>1.</b>	Community Pharmacies	Assess impact on community pharmacies of recent changes by central government.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	NHS England Local Pharmaceutical Committee
<b>2.</b>	Brent Safeguarding Adults Board	Receive 2015-16 annual report  Additional paper on safeguarding adults	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Michael Preston-Shoot, Chair Brent ASB
<b>3.</b>	Air quality and public health	Evaluation of air quality and public health.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Community Wellbeing  Dr Melanie Smith, Director of Public Health  Brent CCG
<b>**4.</b>	Task Group report CAMHS	Receive report from task group and discuss recommendations for Cabinet.	Cllr Wilhelmina Mitchell-Murray  Task group chair	Gail Tolley, Strategic Director Children and Young People
<b>**5.</b>	Task group scoping paper children's oral health	Agree scoping paper for task group and TOR	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing  Task group chair	Phil Porter, Strategic Director Community Wellbeing

\*Items involving school education. \*\* Items which may involve partnership work with schools.

29 March 2017

<b>Agenda</b>	<b>Item</b>	<b>Objectives for scrutiny</b>	<b>Cabinet Member/Member</b>	<b>Brent Council/Partner organisations</b>
<b>*1.</b>	School Annual Standards and Achievement report	Receive report.  Examine reasons for underachievement in Brent's schools among particular groups.	Cllr Wilhelmina Mitchell-Murray, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People
<b>*2.</b>	Special educational needs (SEN)	Update and evaluation of SEN provision.	Cllr Wilhelmina Mitchell-Murray, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People
<b>3.</b>	Task Group report on extended GP services	Update on implementation of recommendations from September 2015.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Brent CCG  Phil Porter, Strategic Director Community Wellbeing

\*Items involving school education. \*\* Items which may involve partnership work with schools.

9 May 2017

<b>Agenda Rank</b>	<b>Item</b>	<b>Objectives for scrutiny</b>	<b>Cabinet Member/Member</b>	<b>Brent Council/Partner organisations</b>
<b>1.</b>	Brent's community libraries	Community libraries and draft cultural strategy.	Cllr Michael Pavey, Cabinet Member for Stronger Communities	Phil Porter, Strategic Director Community Wellbeing.  Jon Lloyd-Owen, Operational Director Housing and Culture
<b>2.</b>	Primary Care Transformation	Review implications of primary care transformation for Brent	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Brent CCG
<b>**3.</b>	Task group report children's oral health	Receive report from task group and discuss recommendations for Cabinet.	Task group chair  Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Community Wellbeing  Dr Melanie Smith Director of Public Health

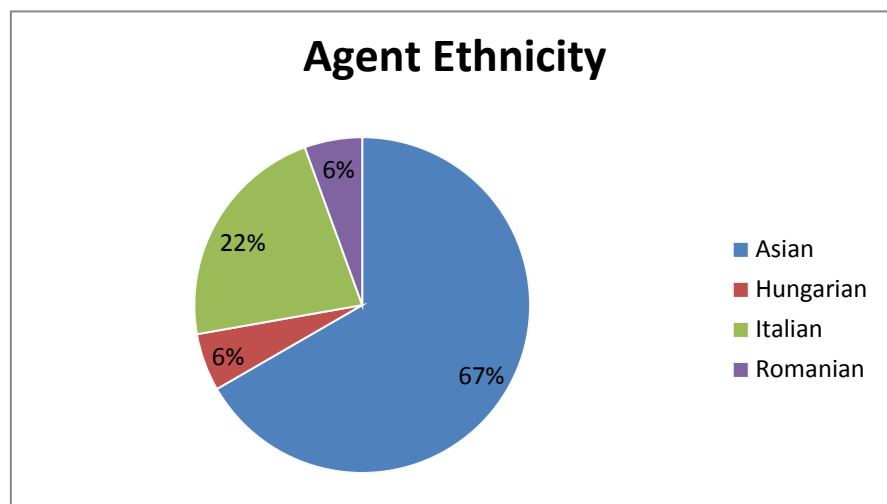
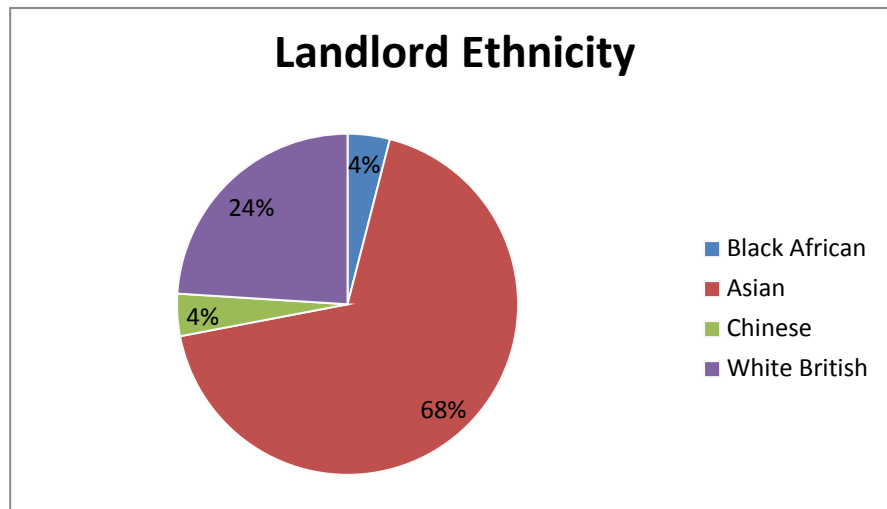
\*Items involving school education. \*\* Items which may involve partnership work with schools.

## APPENDIX B

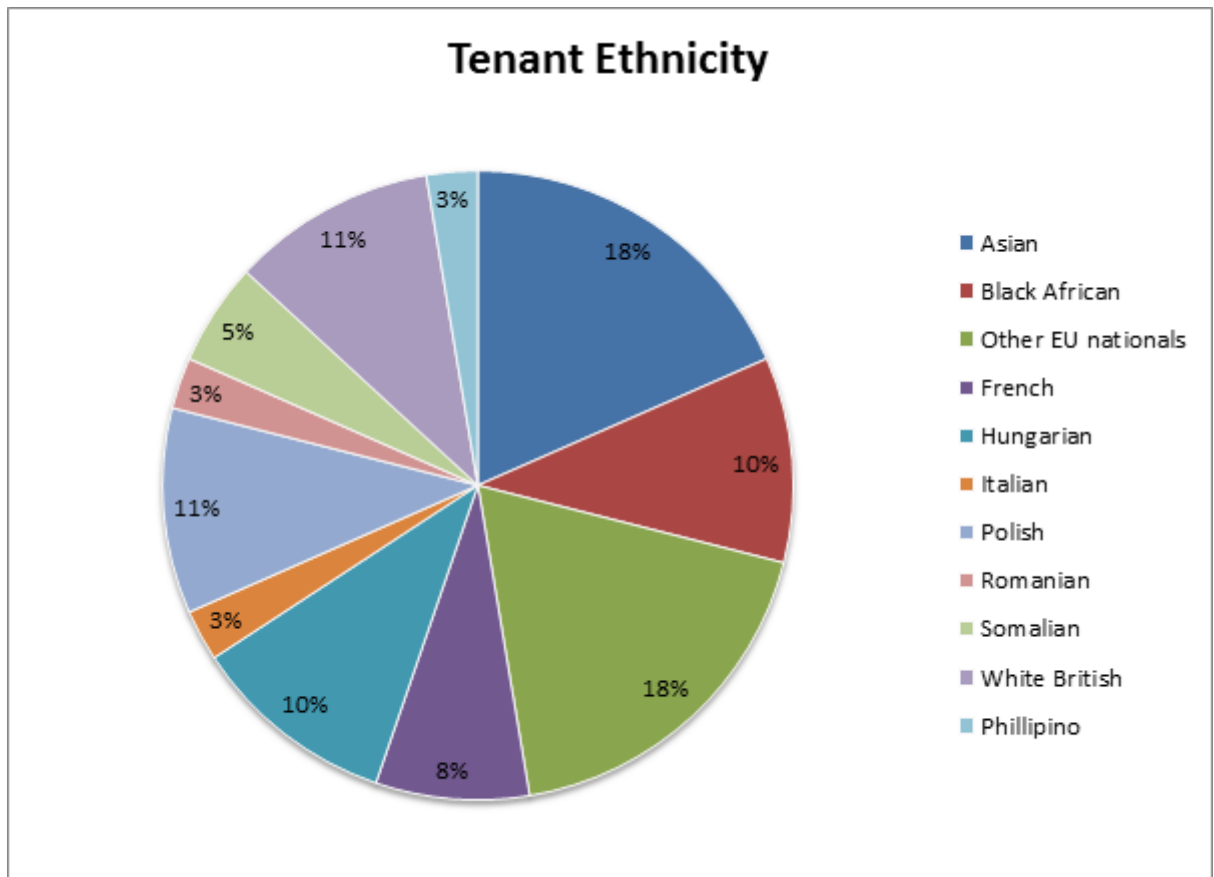
### Statistics on Private Rented Sector Licensing and Enforcement

On 20 July 2016, the committee requested a breakdown of the ethnicity of the landlords, agents and tenants in prosecutions taken by Brent Council.

The following three charts show the ethnicity broken-down by landlord, agent and the ethnicity of tenants. The data was extracted from the 34 prosecutions by Brent Council in 2016, involving 19 properties and 174 tenants.







Source: Brent Council Private Sector Housing Licensing Team, September 2016

## **APPENDIX C**

### **Committee chair's visit on raids of unlicensed properties**

#### **Background**

Following the scrutiny committee's review of the additional and selective licensing in the private rented sector on the 20 July 2016, I was keen to see how the current system of licensing was working and in particular, how the enforcement of breaches of or failures to obtain a licence was being addressed by the council.

At the committee, we were presented with various statistics about the successes of the current three schemes in place and the work undertaken in relation to unlicensed properties. In this respect, the committee were told about the recent successful prosecutions against the unlicensed landlords, which have also been widely reported in the local and national media. However, prior to such prosecutions taking place, the committee heard from the officers that they undertook various investigative work to identify unlicensed properties, which included carrying out raids.

Although the report to the Committee was comprehensive and the Committee received helpful evidence from the officers of their work, I, as the Chair of the Committee, wanted to better understand the mechanism of these raids. Accordingly, on 11 August 16 I joined, as an observer, the officers, as they carried out raids on a selection of properties in Kingsbury, which they had identified as being potentially in breach of the Council's licensing regulations.

#### **Raid in Action - Gaining an Entry to the Property**

I observed four separate raids. The team had a lead officer, who would be the officer that would engage with the person answering the knock on the door, whilst the other members of the team would remain in background until an entry was allowed into the property.

The team showed diplomatic persistence by continuing to knock and talk through the letterbox as to the purpose of visit, which proved successful as the doors were eventually answered in all cases.

The lead officer would identify himself or herself and the reason for the visit, again the initial reaction being negative, but with further persistence and explanations by the officers, the entries in all cases were provided.

Once inside the properties, the team would separate out to individual rooms and to occupants to interview them as to the nature of their tenancy, other occupants and rent etc.

#### **Condition of properties**

All the four properties that I visited, had multi-occupants. One property, had occupants living in a garage in a rear garden, whilst another property had about 10 to 12 individuals living in a three-bedroom house.

### **Officer engagement**

I found all the officers exceptionally professional and courteous. They sought the permission to enter, gave clear explanation as to purpose of the visit in simple plain English in manner that was friendly and caring. They completed the questionnaire with the individual occupants in relatively short time as to minimise the disturbance.

### **Reaction of occupants**

I found the occupants to be surprised and shocked, but on appreciating the nature of the visit, fully assisted the officers. Additionally, the team consisted of a translator, who assisted with the communication between the officers and the occupants.

### **Recommendation**

My overall experience was positive and although there are no recommendations to make following from my visit, I would welcome a follow up review visit in an year's time to ensure that the raids continues to remain free of any adverse impact on the occupants.

**Councillor Ketan Sheth**

**Chair Community and Wellbeing Scrutiny Committee**

## **APPENDIX D**

### **Tracker of Community and Wellbeing Scrutiny Committee recommendations 2016/17**

Community and Wellbeing Scrutiny Committee  
Tracker of scrutiny recommendations 2016/17

Committee date	Report Title	Rec #	Scrutiny committee's recommendation	Forward Plan	Cabinet	Status	Implementation target date
20-Jul-16	Landlord licensing						
		1	Implement a borough-wide selective landlord licensing scheme to provide an absolute assurance of Brent's commitment to raising standards and officers to seek the necessary permission from the Secretary of State.	No	TBC	Pending	
		2	The council puts in place a protocol in place for raids, televised raids and prosecutions to ensure a balanced approach and that civil penalties introduced by the Housing and Planning Act 2016 are incorporated.			Pending	
		3	The council continues with a zero tolerance approach with landlords and managing agents where raids have revealed overcrowded properties			Pending	
		4	A mechanism is in place to collect data on types of landlords, ethnicity and homelessness to better assess the impact of landlord licensing.			Pending	
		5	Produce an information pack for tenants in plain English, accessible to those with English as an additional language. In addition, information about landlord licensing should be included with council tax bills.			Pending	
		6	A strategy is introduced for collaborative working with estate agents and letting agents to ensure they are fully aware of their obligations under the licensing schemes and they are promoted to landlords and tenants.			Pending	
		7	That there be a protocol in place to formulate a database of rogue landlords, estate agents and letting agents			Pending	
20-Jul-16	Ethical lettings agency						
		1	A proper assessment is done of other local authority schemes and their respective outcomes to establish the viability of Brent's scheme.	No	TBC	Pending	
		2	Officers liaise with the Mayor of London's Deputy Mayor for Housing and Residential Development to assess the feasibility of Brent working with the Greater London Authority for a pan-London ethical lettings agency.			Pending	
		3	A strategy is put in place for collaborative working with estate agents to promote Brent's vision for ethical lettings of properties			Pending	
		4	Officers explore the possibility of a pan-London or subregional ethical lettings agency within the public sector on a not-for-profit basis			Pending	

20-Jul-16	Task Group Brent's housing associations						
		1	Strategic Director Community Wellbeing uses strategic forums with registered providers to monitor the impact of Right to Buy in Brent and helps to mitigate any potential problems which are caused.	No	TBC	Pending	
		2	Cabinet Member for Housing sets out a common position to all registered providers operating in Brent that the local authority would like homes of four bedrooms or more, specially adapted housing, and older people's housing exempted from Right to Buy.			Pending	
		3	Strategic Director Community Wellbeing and Cabinet Member for Housing develop agreements with housing associations and the Greater London Authority which maximise the number homes replaced in Brent, including four-bedroom properties, as well as homes for social rent			Pending	
		4	Strategic Director Community Wellbeing invites housing associations operating in Brent to fund jointly an anti-fraud investigator for a time-limited period to help housing associations' investigations into Right to Buy fraud and offer free training for staff on fraud and speculative buying practices.			Pending	
		5	Director of Policy, Performance and Partnership to consider integrating Right to Buy into Brent's financial inclusion strategy so that tenants are better informed about interest rates, mortgages, cost of major works, responsibility for repairs, and the operation of companies who encourage purchasing of homes under Right to Buy.			Pending	
		6	Cabinet Member for Housing requests that housing associations advise tenants of their financial options, and inform them of the wider responsibilities of becoming a leaseholder as part of the purchasing process for Right to Buy.			Pending	
		7	Cabinet Member for Housing ensures strategic forums with registered providers share information and expertise about properties going into the private rented sector as a result of the Right to Buy extension.			Pending	
		8	The Strategic Director Community Wellbeing and Lead Member for Housing to initiate further discussions with other London local authorities about collaborative arrangement for provision of social housing in the future.			Pending	
		9	Brent's Cabinet Member for Housing to use strategic forums to enable smaller housing associations to be able to gain expertise and knowledge in business planning and other areas from the larger registered providers operating in Brent.			Pending	
		10	Cabinet Member for Housing and Strategic Director Community Wellbeing put in place mechanisms to signpost residents to information about the Community Land Trust Network and Federation Confederation of Cooperative Housing and self and custom-build networks and organises a one-off event to stimulate interest in developing other social housing models.			Pending	
		11	The Strategic Director for Community Wellbeing commissions a feasibility study about developing affordable Self-Build on marginal areas of council owned-land which is not suitable for its own house building programme.			Pending	

		12	Brent Council to update its Housing Strategy 2014-19 to weight available council-owned land not intended for the council's own house-building programme towards housing association or partnership developments with them which house social tenants and vulnerable people in line with the council's political commitments			Pending	
		13	Brent Council to continue to work closely with social landlords in the borough to evaluate the effects of welfare reform, in particular the overall benefit cap, and to develop appropriate processes and procedures that facilitate the achievement of this			Pending	
		14	Cabinet Member for Housing to request that housing associations operating in Brent report regularly to the council outlining any progress they are considering in implementing Pay to Stay			Pending	
		15	Cabinet Member for Housing organises more frequent forums around specific issues such as rents, welfare reform and employment as well as linking with London-wide housing groups so there can be a useful exchange of information and expertise			Pending	
		16	The Strategic Director of Community Wellbeing organises a housing summit each year to bring together all the registered providers in the borough in addition to the regular quarterly forum meetings			Pending	
		17	In collaboration with housing associations, Brent Council develops mechanisms that will enable housing association tenants to share their concerns and service priorities			Pending	
		18	Cabinet Member for Housing to write to housing associations to encourage tenants' representation at the board level of housing associations by bottom-up elections			Pending	
		19	Cabinet Member for Housing to develop a partnership model which is more weighted towards those providing in-demand tenures and housing and with an emphasis on quality			Pending	

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