



Brent

**MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE**  
**Wednesday 23 November 2016 at 7.00 pm**

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Conneely, Hector, Jones, Nerva and Shahzad and Co-opted Members Ms Cargill, Mr A Frederick and appointed observers, Ms J Roberts, Ms Trivedi and Ms Varsani

Also Present: Councillors Farah and Hirani

**1. Declarations of interests**

Councillor Sheth declared an interest with regard to the item 'NHS Estate' in view of his role as CNWL Lead Governor.

Councillor Jones declared an interest with regard to the item 'NHS Estate' as the Willesden Centre for Health and Care was located in the ward that she represented, Willesden Green.

**2. Deputations (if any)**

There were no deputations received.

**3. Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meetings held on 20 September 2016 and 19 October 2016 be approved as an accurate record of the meeting.

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

There were no matters arising.

**5. NHS Estate in Brent**

At the invitation of the Chair, Councillor Nerva, briefly explained the committee's reasons for requesting the report and noted that NHS Estates Strategy would be a significant driver of changes to local health services. Of particular interest to the committee was the cost implications of the underutilisation of NHS buildings.

Sue Hardy (Head of Strategic Estate Development Brent, Harrow, Hillingdon and Ealing CCGs) introduced the report before the committee which provided clarification on the costs of the NHS estate in Brent, detailed current levels of occupation and outlined plans to address areas of underutilisation, known as voids. It was explained that ownership of the Brent NHS Estate was divided amongst three organisations; NHS Property Services, London North West Hospitals Trust and

Community Health Partnerships. The rent and running costs of these buildings was recovered from the service providers who used the sites and the burden of void space was therefore principally borne by the Brent Clinical Commissioning Group (CCG) who held responsibility for commissioning services, along with NHS England. The Brent CCG was proactively working with the property companies to reduce void space across the Brent NHS estate. A site presenting a particular challenge in this respect was the Willesden Centre for Health and Care, though plans were in place to further reduce the percentage of void space at this site. The committee also heard from Jake Roe (NHS Property Services) who briefly outlined the responsibilities and supporting role played by NHS Property Services.

In the ensuing discussion members queried whether the reorganisation of the NHS had posed difficulties for developing the NHS estate in Brent, whether the facilities comprising the estate were in a good condition and how well situated they were to meet the needs of the borough. Confirmation was sought of the overall cost of void space to the Brent health economy, the specific cost of the void space at Willesden Centre for Health and Care and the strategy for addressing this underutilisation. The Committee questioned how the council could support the CCG in minimising void spaces across the Brent NHS estate and it was queried whether the rental cost of these buildings were typical of the market. A further query was raised regarding whether the CCG had any discretion regarding the NHSE policy of charging market rents. Members questioned whether the CCG had a formal policy on working with the voluntary sector and emphasised the mutual benefit of allowing voluntary organisations to occupy void spaces at reduced rents. A member commented that the requirement for the CCG to fund void spaces undermined the principle on which the CCGs were established and questioned the cost of bureaucracy to the Brent health economy.

Members subsequently queried how Brent CCG worked with the council to appropriately project and respond to the health needs of Brent's residents. Noting that GP services were independent business, it was queried how the CCG would meet commitments to provide health facilities in new private developments. Members highlighted that South Kilburn had not been included as a population growth area and questioned the accuracy of the population projections which stated that the populations of Willesden and Kensal Green were reducing. It was further noted that the report included no reference to facilities on the periphery of the borough which though not in Brent, still served Brent residents. A query was raised regarding how Brent CCG planned for the needs of an aging population. Additional details were sought regarding the rationale for the locations of the planned out-of-hospital hubs and members questioned how Brent residents were involved and consulted in the development of the Brent NHS Estates Strategy.

Sarah Mansuralli (Chief Operating Officer, Brent CCG) advised that the efficacy of the relationship between the CCG and NHS Property Services had improved as the new structure had bedded-down. Paul Cross (NHS Property Services) confirmed that Brent's NHS estate was in a fit state, though there were a few areas that required investment to ensure that they remained fit for future use. Sarah Mansuralli noted that as part of the One Public Estate project, a practical approach was being taken to review whether the effectiveness of the existing estate was being maximised and how better synergy might be achieved with the council.

Sue Hardy (Head of Strategic Estate Development Brent, Harrow, Hillingdon and Ealing CCGs) explained that the void space at Willesden Centre for Health and Care had been reduced from 25 per cent for 2014/15 to 19 per cent in 2015/16. As the annual costs for the site amounted to £5.6million, it was acknowledged that costs for the void space at this location equated to approximately £1m for 2015/16. The total cost of void space across the Brent NHS estate was circa £2million per annum. It was emphasised that it was Department for Health policy, endorsed by NHSE, that required CCGs to pay for void spaces in NHS Property Services buildings. Sarah Mansuralli advised that in line with the out-of-hospital strategy and the Sustainability and Transformation Plan (STP), Brent CCG was working to bring more services out in to the community and these would be accommodated within the existing NHS estate; this was an incremental approach to reducing void space and maximising use of the estate.

Sue Hardy confirmed that the rental costs of buildings within the estate were typical of the specialist market for health provision but were higher than the market rent for general office space. Jake Roe (NHS Property Services) advised that the move to charge market rent for NHS buildings was determined by Department for Health and NHSE policy. Sarah Mansuralli advised that the Brent CCG was currently working with the Brent Council for Voluntary Services to identify how to support voluntary groups to increase their ability to meet these rents. In view of the committee's comments, Brent CCG could explore the possibility of releasing void space on a sessional basis for use by the voluntary sector. A written response would be provided regarding the query on cost of bureaucracy to the Brent CCG.

Addressing members' queries on the work between Brent CCG and the Council, Sue Hardy advised that Brent CCG had contributed to the Local Development Framework and planning guidance and would continue to work to align the NHS Estate Strategy with council policy to ensure that this informed planning decisions. Members heard that Brent CCG was strongly guided by the Council's Planning team regarding the type of units that would be delivered by developments when anticipating health infrastructure requirements. In response to members concerns regarding the accuracy of the population projections, Sue Hardy advised that the figures referred to in the report were provided by the GLA and following the meeting, members would be signposted to where these figures could be accessed. It was confirmed that Brent CCG took account of the population profile when planning primary and community care provision and reviewed this annually. Sarah Mansuralli explained that the three out-of-hospital hubs referred to in the report had been identified in 2014, prior to the STP and One Public Estate programme and reflected a practical assessment of where there was scope for extension in the NHS estate. The locations and numbers of the hubs were currently being reviewed as part of the work between Brent CCG and the council. Consultation with the public was being undertaken under the STP; this included stakeholder engagement and the testing out of various scenarios with different groups.

The Chair thanked the representatives of the Brent CCG and NHS Property Services for their contribution to the meeting.

RESOLVED:

- i) That Brent Clinical Commissioning Group together with NHS Property Services develop a Social Value Policy detailing how to maximise use of void space in NHS buildings by the Voluntary Sector;
- ii) That the Brent Clinical Commissioning Group detail in its commissioning intentions how it will use the Estates Strategy to support and enable the voluntary sector;
- iii) That a report be submitted to the Health and Wellbeing Board on how social value could be incorporated into the NHS Estates Strategy;
- iv) That future reports from the Brent Clinical Commissioning Group and NHS partners detail in full at the start of the report the engagement activity undertaken or due to be undertaken;
- v) That the NHS Estates Strategy include South Kilburn as a growth area.

## 6. **Brent Local Safeguarding Children Board (LSCB) Annual Report 2015-16**

The Independent Chair of the Local Safeguarding Children's Board (LSCB), Mike Howard, introduced the LSCB Annual Report 2015-16 to the committee. Members heard that following his appointment in June 2015, Mike Howard had reviewed the existing structure and model of operation of the Board and, having taken advice, had implemented a number of changes. In particular, the membership of the board had been amended to reduce the number of Local Authority Officers and add new members including schools, Barnardos charity and the QPR Community Trust. Ofsted had inspected the Board and published its report in November 2015. The Ofsted report acknowledged that the Board was in a state of change and had made a number of constructive recommendations, in particular regarding Section 11 audits, performance data and increasing the involvement of the voluntary sector. Having reviewed best practice for Section 11 audits, a new approach would be employed going forward which would comprise a straight forward questionnaire to be completed by relevant agencies to assess employee understanding of safeguarding responsibilities and identify how gaps in knowledge would be addressed. In concluding his introduction, Mike Howard highlighted that following a government commissioned review of Local Safeguarding Children Boards, significant legislative changes to LSCBs over the next few years were anticipated.

Members queried the effectiveness of the relationships between different agencies across Brent, how this compared with other London boroughs and the powers of the Board to challenge organisations. Questions were raised regarding the involvement of local communities, plans for wider engagement, including with young people and perceived gaps in voluntary sector representation. The committee sought Mike Howard's view on the safety of children in Brent who were at risk from harm, the efficacy of Brent professionals at recognising children at risk and the safeguarding performance of Brent's schools. The committee questioned how the Board ensured that organisations had appropriate safeguarding policies and procedures. Further queries were raised regarding the quality of frontline activity and the mechanisms for assessing this. Noting that the Brent LSCB budget had been static for the past three years, a member queried whether this limited the work undertaken by the Board. Details of the board's comparative performance against other London boroughs were sought. With reference to the

recommendations made by Ofsted, a Member queried how the Board had pursued improved links with Family Justice and the Health and Wellbeing Board and what work had been undertaken on performance data. Further information was sought on the link between the Local Safeguarding Adults Board and the LSCB.

In response, Mike Howard advised that strategic level cooperation between agencies was variable; for example engagement with the Central and North West London NHS Foundation Trust was good. However, the London Community Rehabilitation Company had notified the Chairs of the various London Borough LSCBs in August 2016 that due to staff reductions it would no longer attend meetings of the LSCBs. The Board had no powers to compel or punish organisations for lack of engagement and could only lobby responsible parties. Mike Howard emphasised that he met regularly with the Council's Chief Executive, Strategic Director for Children and Young People, the Leader of the Council and Lead Member for Children and Young People. Turning to queries regarding the involvement of community members, Mike Howard explained that the board had a 'Community Reference Group' which included three members of the local community and had held meetings at various locations around the borough. Attendance at these meetings by the public had been poor and the board was working with organisations such as Catalyst Housing and Brent Youth Parliament to improve this. Mike Howard further advised that in his capacity as Independent LSCB Chair he attended a number of other groups to maintain necessary links and would welcome suggestions regarding other organisations.

Mike Howard explained that he had confidence in the professionals who worked on the Brent Family Frontdoor Service (Multi Agency Safeguarding Hub (MASH)), which received and assessed approximately 350 referrals per week and felt that agencies worked together well when a child was identified as being at risk of harm. The commitment and effectiveness of Brent CCG was highlighted and particularly that of Doctor Arlene Baroda (Designated Doctor for Safeguarding Children, Brent CCG). Mike Howard further emphasised the importance of working with organisations such as the QPR Community Trust, who regularly interacted with children, to help to ensure that those organisations were able to identify those at risk of harm. It was hoped that fuller assurances regarding the efficacy of Brent's agencies in meeting their safeguarding responsibilities could be given after Section 11 audits were completed by all agencies. With regard to Brent's schools, the committee was informed that 96 per cent of Brent's schools had good or outstanding Ofsted ratings, which could not have been achieved if there were any safeguarding concerns. The remaining three schools all had good safeguarding policies in place.

The committee was advised that as Chair of the LSCB, Mike Howard was able to gain insight into operational frontline activity by conducting visits, meeting regularly with senior members of the agencies and undertaking policy and case audits. It was acknowledged that Brent's LSCB budget was one of the lowest in London and nationally and this meant that the Board was very dependent on the support and facilities of the council. It was felt that the work of the Board would benefit from having a dedicated data analyst, policy officer and training co-ordinator; this latter post could open up possibilities for income generation. The comparative performance of the board was felt to be middling, with the Ofsted rating of 'requires improvement' held by several London Borough LSCBs. Addressing members' questions regarding the Ofsted recommendations, Gail Tolley (Strategic Director for

Children and Young People) noted that the Independent LSCB Chair was a member of the Children's Trust which was a sub-group of the Health and Wellbeing Board. Mike Howard further advised that the Family Justice Board did not welcome individual LSCB engagement but maintained a link through the London Safeguarding Children's Board. In addition, Brent LSCB had a Magistrate member who also sat on the Family Justice Board. Criticism by Ofsted regarding performance data was considered to be fair and work was underway to develop a performance data dashboard.

The committee thanked Mike Howard for his attendance and contribution to the meeting.

RESOLVED:

- i) That a letter be written on behalf of the committee to the Commissioner of the Metropolitan Police and Deputy Mayor for Policing and Crime expressing concern regarding the level of engagement by the Metropolitan Police with the Brent Local Safeguarding Children's Board;
- ii) That a letter be written on behalf of the committee to the Members of Parliament for Brent expressing concern regarding the level of engagement by the London Community Rehabilitation Company (CRC);
- iii) That as part of the budget making process, the council consider how it can provide additional funding to the Brent Local Safeguarding Children's Board in order to improve value for money;
- iv) That the Chair of the Brent Local Safeguarding Children's Board be thanked for his work on behalf of the Board.

## **7. Housing Needs: Supporting Vulnerable Households**

Councillor Farah (Cabinet Member for Housing and Welfare Reform) advised that the report before the committee provided an update to members regarding an issue identified via a Local Government Ombudsman (LGO) complaint. The LGO had issued a joint report against the London Boroughs of Brent and Ealing on 8 August 2016. The report related to the Housing Needs Service's and Brent Housing Partnership's (BHP) handling of a BHP tenant's request for urgent rehousing due to domestic violence in 2014. Considerable improvement had since been made. Laurence Coaker (Head of Housing Needs) briefly outlined the report to the committee advising that it set out the statutory framework within which the Housing Needs Service operated, identified the domestic abuse risk management pathways and the potential options which could be offered in such circumstances.

The Committee sought details of the training put in place to improve awareness within the Housing Needs Service of domestic violence policies and the feedback mechanisms employed to provide ongoing assurance that this training was sufficient. Clarification was sought on whether the options identified in the report were open to private tenants and homeowners as well as BHP tenants. Members queried what partnership arrangements were in place to ensure that housing providers were appropriately aware of the various options that might be available to

vulnerable tenants. It was further queried how the review process for the West London Domestic Violence Reciprocals Scheme had been amended.

Laurence Coaker advised that all frontline Housing Needs officers received training to ensure that they were aware of all of the options open to households fleeing domestic violence. There had been a one-off training session provided in response to the LGO case; however, the Housing Needs Service had a mandatory cyclical annual training programme for officers. Consideration was also being given to initiating secret shopper testing for the whole of the Multi Agency Risk Assessment Conference (MARAC) service, led by Hestia, which dealt with domestic violence cases assessed as high risk and into which the Housing Needs Service fed. Members were further advised that the aim of the Housing Needs Service was the prevention of homelessness and therefore support would be offered regardless of a person's tenancy arrangements; however, some options would not be applicable to particular circumstances. The protocol for the West London Domestic Violence Reciprocals Scheme was currently being reviewed by representatives of member boroughs; once this was signed off at Head of Service level, it would be fed back into the training programme for Housing Needs officers.

A Member highlighted the importance of the services provided by Hestia and the committee agreed that a committee visit be arranged.

RESOLVED:

- i) That the committee's strong support of plans to undertake mystery shopping as part of the planned service review be noted;
- ii) That the committee receive a report on the learning obtained from the mystery shopping exercise and corresponding service improvement;
- iii) That the appropriate sub-committee of the Adult Safeguarding Board consider the lessons learnt from the case referred to in the report before the committee from the Strategic Director of Community Wellbeing.

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

The report from the Director of Policy, Performance and Partnerships was noted.

**9. Any other urgent business**

None.

**10. Date of next meeting**

The committee noted that the next meeting was scheduled for 1 February 2017.

The meeting closed at 9.50 pm

KETAN SHETH  
Chair