



Community and Wellbeing Scrutiny Committee

Wednesday 23 November 2016 at 7.00 pm

Boardrooms 7&8 - Brent Civic Centre, Engineers Way,
Wembley HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)

Colwill (Vice-Chair)

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)

Dr Jeff Levison, Jewish Faith schools

Siddika Gulamhusein, 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

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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
1 Declarations of interests	
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.	
2 Deputations (if any)	
3 Minutes of the previous meeting	1 - 14
The minutes of the meetings held on 20 September 2016 and 19 October 2016 are attached for members' consideration.	
4 Matters arising (if any)	
5 NHS Estate in Brent	15 - 24
This paper provides an overview of the NHS community estate in Brent and the strategic estates plans for the future development of the estate. These plans are being developed in partnership with Brent Council and other key stakeholders and are an enabler to the delivery of the Strategic Transformation Plan (STP) and North West London Shaping a Healthier Future programme.	
6 Brent Local Safeguarding Children Board (LSCB) Annual Report 2015-16	25 - 98
The attached annual report details the work of Brent Local Safeguarding Children Board (LSCB) during 2015-16 identifying what went well, what the challenges were, and key actions to progress LSCB business in 2016-17.	
7 Housing Needs: Supporting Vulnerable Households	99 - 108
The Local Government Ombudsman (LGO) issued a joint report against the London Boroughs of Brent and Ealing on 8 August 2016. The report relates to the Housing Needs Service's and Brent Housing Partnership's handling of a BHP tenant's request for urgent rehousing due to domestic	

violence. The LGO report was presented at the Audit Committee in September 2016, and Members requested a follow up report to come to the Community and Wellbeing Scrutiny Committee, which addresses the issues identified in the complaint report. This report details how the Housing Needs Service responds to issues of particular vulnerability such as domestic violence.

8 Update on scrutiny work programme (If any)

109 - 120

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.

9 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.

10 Date of next meeting

Date of the next meeting: Wednesday 1 February 2017



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- 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 Tuesday 20 September 2016 at 7.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Davidson (Vice Chair) and Councillors Conneely, Nerva, Shahzad, Colwill, Co-opted Members, Mr A Frederick, Ms Iram Yaqub, Dr Jeff Levison and appointed observers Mr Dattani and Mr Patel

Also Present: Councillors Agha, Butt, Mashari and Mitchell Murray

Apologies were received from: Councillors Hoda-Benn, Co-opted member Ms Cargill, and appointed observers Shivani Trivedi and Leesha Varsani

1. **Declarations of interests**

Councillor Ketan Sheth declared that he was Lead Governor for the Central and North West London NHS Foundation Trust.

2. **Deputations (if any)**

None

3. **Minutes from the previous meeting**

RESOLVED:

That the minutes of the previous meeting held on 20 July 2016 be approved as an accurate record of the meeting.

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

None.

5. **Healthwatch Brent**

An overview of Healthwatch Brent was provided to the committee by representatives Julie Pal and Mike Rich. Members heard that CommUNITY Barnet was the community provider of Healthwatch Brent and delivered work via eleven community partners and Advisory Boards. Healthwatch Brent gave an independent voice to health and social care users and sought to add value to the local health and social care economy. The organisation undertook community engagement, health promotion work and ran small and large grants programmes. A good and improving relationship had been developed with the London North West Healthcare Trust ensuring a receptive response to feedback provided by Healthwatch Brent. One of the organisation's priorities for the current year was Maternity Care.

Meetings were planned with the Senior Midwifery Team and women who had given birth in the last two years and lived in Brent would be contacted. It was emphasised that Healthwatch Brent aimed to make small, achievable yet significant improvements to services in Brent.

The Chair thanked the representatives of Healthwatch Brent for their presentation. Members sought details of common complaints received, outreach work undertaken with regard to hard to reach communities, the success of feedback mechanisms employed and how the outcome of such work was communicated back to members of the public. Views were also sought regarding the quality of information and advice services available. A further query was raised by Councillor Mitchell Murray (Cabinet Member for Children and Young People) regarding how Healthwatch Brent monitored and processed data.

The committee was informed that common concerns included access to GPs, access to NHS dentists and hospital discharge processes. This data was collected via direct approaches by members of the public as well as by outreach and engagement activities. There was a programme of work regarding engaging with community groups, including liaising with the LNW Healthcare Trust to identify the best way of accessing people using certain services. Regular meetings were also held with the council commissioners and contract officers as well as with the Health and Wellbeing Board to agree work priorities and feedback findings from work undertaken. Healthwatch Brent worked with Healthwatch England to ensure compliance with national standards with regard to the collection and processing of data. It was emphasised that the organisation did not collect large data sets or personal information that could lead to an individual being identified. Rather the research carried out tended to be qualitative in nature. All those who contributed their views and experiences would be notified when the public reports that were subsequently published.

6. Scoping paper for Signs of Safety scrutiny task group

The report from the Director of Policy, Performance and Partnerships set out the proposed terms of reference for the Signs for Safety task group. Signs of Safety was a practice framework for working with children and families and child protection which was developed in Australia in the 1990s and was currently used by many children's services departments in local authorities in the United Kingdom, United States, Australia and Canada. Brent Council had adopted this approach in 2014, having been awarded funding from the England Innovations Project. Participation in the England Innovations Project and introduction of Signs of Safety was a corporate priority for Brent Council. It was 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 2014.

Gail Tolley (Strategic Director Children and Young People) emphasised the timeliness of the proposed task group, noting that in 2015 Ofsted inspectors had been impressed with how the council had implemented the approach but considered that there was inconsistency in its application. Ofsted had also recommended that there had been insufficient focus by Scrutiny on Children's Social Care. Gail Tolley encouraged the task group to speak with front line practitioners, parents and young people and about their experiences. Responding to a question from the Brent Youth Parliament representative, Gail Tolley confirmed

that it would be appropriate to approach the Brent Care in Action group which was comprised of children in care and care leavers to seek their views. With reference to the proposed methodology set out in Appendix A to the report, a member suggested that schools should be included in the list of potential interviewees.

RESOLVED:

That the Signs of Safety Task group be established as detailed in Appendix A to the report from the Director of Policy, Performance and Partnerships.

7. **Sustainability and Transformation Plan**

The committee considered the report from the Chief Executive of Brent Council and Chief Officer of Brent Clinical Commissioning Group on the Sustainability and Transformation Plan (STP). Rob Larkman (Chief Officer, Brent Harrow Hillingdon CCGs) advised that the requirement for the production of the STP was introduced by the NHS England in 2015. The purpose of the STP was to help local organisations plan how to deliver a better health service by addressing three key areas; improving health and wellbeing, improving quality of care and tackling the financial gap. The STP moved away from an organisation by organisation view to establish a broader strategic approach. Brent fell under the STP for North West London. It was acknowledged that work for this was taking place at several levels. At the North West London Level work was underway to draw together the place-based planning taking place in Brent and the seven other North West London Boroughs which were encompassed by the North West London STP. The STP was required to be submitted by the end of October 2016. It was emphasised that the timescales set out for the creation of the STP were extremely challenging. A draft NWL STP had been published and it was now necessary for all the statutory bodies affected by the STP to consider the details in line with their respective governance arrangements.

Addressing concerns regarding transparency and accountability, Carolyn Downs (Chief Executive of Brent Council) explained that the task of creating high quality plans to the level of detail required within the timescales set out had been extremely challenging. However, the NWL STP was recognised as one of the more detailed plans created and was the only one in the country for which joint governance processes had been supported to ensure political input from all affected local authorities. Reflecting this, five of the eight local authorities had jointly commissioned work 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 NWL STP was the only plan in the country to specifically address the social care funding gap. The NWL STP was also one of only two plans to have been published and a series of public engagement events would be held. Councillor Hirani (Cabinet member Community Wellbeing) added that events would be held out in the community in places such as supermarkets, stations and high streets to inform and engage residents.

Sarah Mansuralli (Chief Operating Officer, Brent Clinical Commissioning Group) outlined the work taking place at a local level. Members heard that a STP Brent-level working group had been established bringing together statutory partners including the Acute Trust, the Central and North West London Mental Health Trust and Brent Healthwatch, to break down organisational barriers. The working group

had sought to identify the initiatives that would have the highest impact in Brent for addressing the three key issues at which the STP was targeted. Phil Porter (Strategic Director, Community and Wellbeing) detailed the five areas which had been identified as part of this work noting that this included prevention and self-care, renewing the ambition and focus in Brent's Better Care Fund schemes, using the OnePublic estate model, ensuring mental health and wellbeing had equal focus with physical health and wellbeing and, underpinning all the rest, integrated workforce and organisational development.

At the invitation of the Chair, Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) emphasised that the STP provided a vehicle for collaborative working on the out of hospital agenda and integration and Brent was one of the most advanced in identifying what this meant locally. Julie Pal (Healthwatch Brent) expressed her confidence in the process being followed in Brent, having experience of delivering across a number of STP areas and noted that Brent residents' voices were clearly contributing to the shaping of the transformation agenda.

Members questioned the extent to which Brent had been able to influence the setting of local priorities within the STP. A Member emphasised that housing was integral to the safety and security of those with Mental Health issues but that taking up employment could create a significant barrier for accessing appropriately supported housing. In view of this and with reference to plans to develop a multi-disciplinary team with a remit for mental health, employment and housing it was questioned what would be done to address this issue and ensure necessary support was provided. Further details were sought regarding the planned engagement activity and how this had been advertised. It was suggested that local pharmacists be approached within this engagement work in recognition of the level of contact that they had with people and similarly, that consideration be given to involving other local organisations and bodies including voluntary organisations and the patients forum. Questions were raised regarding extending access to GPs and investment in the Central Middlesex and Willesden sites. Addressing the tight timescales involved, the committee queried whether this posed any risks in terms of gaps in delivery.

Rob Larkman and Sarah Mansuralli confirmed that the borough had absolute discretion in determining the priorities for Brent. Local priorities had been established with reference to the Joint Strategic Needs Assessment and had then been consolidated at the NWL level. Similar processes had been followed by other NWL authorities. Phil Porter acknowledged the significant challenge posed by housing and employment issues for those with mental health needs and noted that a dedicated housing officer was now in place and work was underway to build a network of private sector landlords willing to offer secure tenancies. Carolyn Downs welcomed the insight provided by members into this area. It was suggested that the committee consider at a future meeting the West London Alliance Mental Health and Employment Integration National Trailblazer which aimed to bring together GPs and wider organisations to support people into employment.

Addressing queries regarding the community engagement activity, Councillor Hirani emphasised that public meetings would be held alongside a series of events at public locations. Members of the public would be invited to share their views in a variety of ways. Work was also currently being carried out to allow residents

accessing acute and hospital services to feed their views into the process. Sarah Mansuralli welcomed members suggestions regarding approaching pharmacists and other groups including patients' forums and confirmed that these would be taken forward. A Health Partner Forum was scheduled for 19 October at which the CCG commissioning intentions (based on the STP) would be discussed. Members were further advised that an online engagement tool had been launched for the whole of North West London and had been widely circulated.

Rob Larkman confirmed that extending access to GPs was a crucial element of the STP and now that co-commissioning arrangements were in place between NHSE and CCGs, greater influence could be exerted. Addressing queries about investment in the Central Middlesex Hospital and the Willesden Hospital sites, Sarah Mansuralli explained that the intention was to fully utilise each site for out of hospital provision. The demography of the area around the Central Middlesex Hospital was changing and consideration was being given to how best to organise service provision accordingly. Carolyn Downs emphasised that the work on the STP would remain an alliterative process and the flow of investment, savings made and outcomes achieved would need to be constantly reviewed.

RESOLVED:

- (i) that the officers and colleagues present be thanked for contributing to the detailed and open discussion held;
- (ii) that the committee welcomed the work being undertaken to ensure that issues regarding transparency and accountability were highlighted as part of the process of creating the Sustainability and Transformation Plan;
- (iii) that an update be provided to the committee on the OnePublic Estate, including an update on the Central Middlesex and Willesden Hubs;
- (iv) that efforts be made to engage with Health Scrutiny across North West London with regard to the Sustainability and Transformation Plan;
- (v) that consideration be given to collaborative work with Healthwatch groups to support engagement around the Sustainability and Transformation Plan
- (vi) that a regular progress report on the Sustainability and Transformation Plan be provided to the committee, the first of these to be provided six months from the date of the current meeting.

8. **Update on New Accommodation for Independent Living (NAIL) project**

A report updating the committee on the New Accommodation for Independent Living (NAIL) project was introduced by Helen Woodland (Operational Director Social Care). The NAIL project was the largest and most strategically important efficiency and quality improvement initiative within the Adult Social Care Department. The programme aimed to identify, develop and acquire alternative forms of care to residential care for all vulnerable adult client groups in Brent. It was explained that outcomes for people going into residential care were not as good as for those who remained in their own communities and the NAIL project sought to

address this by supporting people in an independent living setting, allowing them to remain in a home of their own, or in their own communities. It was emphasised that Independent living was not a prescriptive model of service design and could look very different for different people with different levels of care and support needs. The project had been active for two years and the report before the committee outlined areas of learning, detailed mitigating actions taken and progress achieved.

In the subsequent discussion members questioned why those with mental health difficulties were not listed in the customer groups set out in Appendix A to the report. Further details were sought regarding the different models of supported living and how they correlated with different levels of need. A member expressed sadness at the difficulties which had prevented several sites from being developed and noting that one unit had been targeted at young people, queried whether consideration had been given to prioritising schemes for young people. The committee queried what work was being done with Brent Housing Partnership (BHP) to provide appropriate sites.

Helen Woodland explained that the Mental Health client group should have been included in the table, noting that at 233 residents it comprised one of the larger groups. Phil Porter (Strategic Director for Community and Wellbeing) advised that a big challenge for this group was that housing need should be seen as pathway and while successes could be achieved in supported living settings, there remained difficulties in securing long term stable tenancies in the community. This had been reflected in the Mental Health Transformation programme which had gone live in January 2016 and sought to encompass the full spectrum of need and identify support pathways. It was considered particularly absurd that someone in a supported living unit would no longer have priority for social housing. A dedicated housing officer was now in place and it was hoped that some of these challenges could be addressed as a result of this closer working relationship.

Helen Woodland outlined models of supported living explaining that these varied from small units providing a high level of support to larger units where a sense of community was an important factor. The former model was considered more appropriate for those with learning disabilities and the latter for older people. The level of need of the mental health client group varied and therefore a mixture of provision was appropriate. Thus far the council had been more successful at creating provision for younger people. Phil Porter advised that two sites in development belonged to BHP. There was a need to be more proactive in securing and developing the supported living units going forward and discussions around finance were in progress.

RESOLVED:

- (i) that a review of the New Accommodation for Independent Living (NIAL) project be presented to the committee in a year's time detailing lessons learnt and actions required for further progression;
- (ii) that work be undertaken to explore issues of affordability for those moving into the units, including the impact of taking up employment and more broadly, difficulties caused for those who do not receive a suitable supported offer.

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

Pascoe Sawyers (Head of Policy and Partnerships) advised that the report before the committee sought to clarify the role of its co-opted members and had been prepared following queries raised at the previous meeting. Following a discussion it was agreed that further advice would be sought by officers.

RESOLVED:

that further clarification be provided regarding the role of co-opted members at the next ordinary meeting of the committee, scheduled for 23 November 2016.

10. **Update on scrutiny work programme 2016/17**

RESOLVED:

- (i) that the report updating the committee on the work programme for 2016/17, including changes to the schedule of items for each meeting and the progress of the tracker of recommendations to Cabinet, be noted.
- (ii) that the details of members' visits, requests for information and responses, which had been undertaken and completed outside of the committee's 2016/17 work programme, be noted.

11. **Any other urgent business**

None.

12. **Date of next meeting**

The committee noted that the next ordinary meeting was scheduled for 23 November 2016.

The meeting closed at 9.20 pm

KETAN SHETH
Chair

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**MINUTES OF THE SPECIAL MEETING OF THE COMMUNITY AND WELLBEING
SCRUTINY COMMITTEE
Held on Wednesday 19 October 2016 at 7.00 pm**

PRESENT:

Councillors Ketan Sheth (Chair), Colwill (Vice Chair), Conneely, Hector, Hoda-Benn, Jones and Nerva

Also Present: Councillors Farah, Harrison, Miller and Perrin

Apologies were received from: Councillor Shahzad, Co-opted Members Mother Christine Cargill, Dr Jeff Levison, Iram Yaqub, Siddika Gulamhusein and appointed observers from Brent Youth Parliament

1. Declarations of Interests

Councillor Nerva declared an interest prior to the meeting that he was a Brent Housing Partnership (BHP) leaseholder. He outlined that the Chief Legal Officer had advised that this was not deemed to be an issue as the meeting was about general policy direction rather than being location specific.

There were no other declarations of interest.

2. Deputations

There were no deputations.

3. Brent Housing Partnership and Housing Management Arrangements

Before the report was discussed in greater detail, Councillor Farah (Cabinet Member for Housing) addressed the residents who were present in the public gallery. He outlined that the meeting was primarily a formal opportunity for the Committee to scrutinise and comment on the different options before a preferred option would be chosen by Cabinet on 15 November. The meeting had been convened in addition to recent Council Members' briefings which had taken place on the topic. He also stated that he was pleased to see so many residents in attendance at the meeting.

Phil Porter (Strategic Director, Community Wellbeing) introduced the report which set out the progress of the review of housing management options for the Council's housing stock. He explained the context to the review which had arisen in part due to performance concerns related to Brent Housing Partnership (BHP) and in part due to the financial implications of the recent Housing and Planning Act 2016. It aligned with additional work which had taken place including a review of the Housing Revenue Account (HRA) and the five key priority areas identified in the

Council's revised housing strategy. The Committee heard that the review was undertaken with a view to ensuring that each of the three options were considered within an equal evaluation framework, based on five different criteria that Cabinet agreed upon at its meeting in June 2016 (details of which were contained within the report). Mr Porter then highlighted the comprehensive nature of the review and the different additional facets which were considered. He drew particular attention to the high degree of resident engagement which had taken place to make certain that residents were the key drivers of the review process. This had been completed alongside further stakeholder engagement with Brent Councillors, the BHP Board and BHP staff.

Jon Lloyd-Owen (Operational Director, Community Services, Housing and Culture) expanded on this overview and introduced the following three options for delivering housing management services going forward:

- Option A: Continuation with BHP on a reformed basis;
- Option B: Bringing the service in house; or
- Option C: Service provision through partnership with another organisation (joint venture).

Mr Lloyd-Owen gave a summary of some of the key details to consider from each of the different options (details of which were contained in Appendix 3 to the report) and drew out some of the differences between them. The differences particularly related to governance, service integration, resident engagement and leadership recruitment potential. It was emphasised to the Committee that each of the three options were workable but that each faced the same challenges relating to performance and wider national housing concerns. He also stated that each would need a significant period of reform, restructure and capital investment to ensure that the Council could move forward to deliver modern high quality housing management services. Mr Lloyd-Owen also gave an overview of the potential savings which could be generated by each of the options with both the in house and joint venture options noted as being the likeliest to deliver significant savings. The reformed BHP service was outlined as only being likely to deliver modest savings.

The Chair thanked the Cabinet Member and Officers for their introduction before inviting Members to ask questions on the content of the review. Questions relating to the 'joint venture' option considered whether there had been any preliminary interest from potential partners and how the Council would ultimately choose a partner if this option were to be recommended by Cabinet. Jon Lloyd-Owen indicated that there had already been a level of interest, and that the Council had engaged with six Housing Associations and one potential partner from the private sector. It was mentioned that although there had been contact and indications of interest across the board, it remained very early in what would likely be the lengthiest implementation process of the three options. Mr Lloyd-Owen went on to also explain that there was a degree of uncertainty on how the partner might be chosen because of the lack of comparative examples in how this model had been delivered elsewhere. The Committee heard that if this option were to be chosen, it would look to draw upon the additional capacity and scale that partner organisations could offer and build on the Council's own service capabilities. He stated that he was certain that any process of selection would be open and transparent with resident engagement at its heart.

Members asked how the review had been benchmarked and how each of the options had developed as part of the review. Jon Lloyd-Owen stated that benchmarking work remained ongoing as the review was not yet complete and that this would be set out in the full Cabinet report. He noted that BHP routinely benchmarked itself against a peer group of Arm's Length Management Organisations (ALMOs) and Housing Associations. He also stated that the Council had sought to compare its own housing management service delivery with other Local Authorities who had similar arrangements. This work had found that BHP was generally a mid-rank performer on many levels rather than being exemplary. Phil Porter responded on how the options had developed as part of the review by highlighting the different degrees of engagement work which the Council had undertaken. This had involved: discussions with the BHP and staff members for the reformed BHP service option; cross-cutting work to identify areas of integration with in house services such as antisocial behaviour and public realm teams; and initial engagement work with Housing Associations and one private sector organisation as previously mentioned by Mr Lloyd-Owen. Mr Porter also stated that the Council had also worked with an external consultancy to establish examples of best practice in delivering housing management services. He emphasised that the approach was to optimise the potential of each option and reiterated that all of the possibilities were viable.

A Member of the Committee asked Officers to outline how the review addressed the Bostock Marketing Group (BMG) research into BHP which had found several specifically poor service areas (repairs, antisocial behaviour and quality of homes) and low levels of resident satisfaction. Jon Lloyd-Owen stated that the repairs service was unsatisfactory and many of the problems stemmed from issues with the current contractor. This related to additional dissatisfaction on the quality of homes as there had been a severe backlog of repair work. It was noted that this could also be traced back to a lack of Council investment and funding problems in the past, but that work was being taken to address this – including planned repair work on 1400 homes next year. On the issue of antisocial behaviour, Mr Lloyd-Owen stated that, regardless of the option chosen by Cabinet, there needed to be a greater level of integration between the housing services, the antisocial behaviour team, corporate community services and the public realm team in order to deal with these problems. Phil Porter mentioned that it was true that leaseholders had lower satisfaction levels than tenants, which was thought to be caused by leaseholder-specific service charges and bills. He noted that tenant satisfaction levels, although higher, were still unsatisfactorily low from a Council perspective and that both levels of satisfaction needed to be addressed moving forward.

In more wide-reaching questions from Members on which characteristics comprised a successful housing management service, Jon Lloyd-Owen stated that a service which delivered both the Council's contractual obligations to provide high quality services whilst also being tailored to suit different resident priorities and needs would be key to success. Good leadership would also be crucial to a high standard of service performance. There were additional related discussions about the best models of ensuring resident engagement within housing management services. Mr Lloyd-Owen stated that regular engagement should be at the core of service planning and that this should come alongside ensuring that residents were collectively represented on management boards. The Committee heard that there were different models of ensuring resident engagement including: resident scrutiny

panels (a previous model used by the London Borough of Islington was cited as an example) and customer communities or direct lines to management boards in order to raise concerns. Mr Lloyd-Owen outlined that resident engagement remained a priority yet a definitive model of resident engagement in this sense had not yet been agreed upon. This, he said, would be built upon further once a final decision on which option was recommended by Cabinet.

A Member of the Committee raised questions about whether the performance concerns stemmed from operational problems within BHP and that the structure of the ALMO model meant that the Council had not been able to adequately address day-to-day problems. Jon Lloyd-Owen stated that all three of the options required strengthened leadership structures and these would be put in place regardless of the option recommended. Phil Porter mentioned that a potential benefit of the in house option was that the Council would have greater control of operations but that there were pros and cons to consider with each option as set out in the report. He pointed out that when the organisational structures, such as the reformed BHP or joint venture worked well, it often led to operations on both sides complimenting each other in the overall delivery of the service. Yet, these models could equally lead to two structural power bases clashing – to the detriment of the delivery of the service. He noted that these were examples of the type of considerations the Cabinet would need to take into account before making its recommendations.

Members raised questions about the extent of staff engagement and whether the review had consulted any trade unions. Jon Lloyd-Owen stated that engagement with BHP staff had been carried out in two sessions with over 100 staff members, where the Council had explained the rationale for the review and also invited staff members to reflect on the service's current strengths and weaknesses. The Committee heard that this had been a very useful exercise not only in terms of communicating ongoing events to staff, but also the insights gained from the staff's feedback. He added that the review had not consulted with trade unions, as the appropriate conversations would take place with unions regarding the Council's change policies once the decision on the housing management services option had been made. In response to an additional specific query on what the staffing arrangements would be if the in house option was chosen, Jon Lloyd-Owen stated that the general position at this stage was that BHP staff would be transferred to the new in house service should this be the preferred choice. Phil Porter mentioned that the review's purpose was never meant to worry or cause any uncertainty to staff but to comprehensively assess the different options for delivering housing management services in the future.

The discussion moved to the financial sustainability of the options presented in the review. A Member of the Committee questioned how the Council would balance the need to make savings against any planned investment spend to help address the elements of the housing management services which were underperforming. Jon Lloyd-Owen stated that this had been considered and that there was a key difference between capital investment in areas such as upgrading IT infrastructure and day to day revenue savings. Mr Lloyd-Owen said that it was hoped that the benefits from this type of investment would enable a reduction in revenue costs over time.

In addition to this, a Member asked about the financial implications of the different options on both BHP residents and the general Brent population should either the

HRA or general fund be adversely affected in the future. Jon Lloyd Owen stated that in a general sense the financial implications of this would be the same regardless of the option pursued. He mentioned that the HRA had already been negatively affected by the national housing reforms, such as the rent cut for Council tenants and the subsequent loss of income. It was noted that there was a ring-fence on the proportion of income from tenants' rents being spent solely on Housing Management Services, rather than subsidising different parts of the general fund. The Committee heard that this ring-fence was due to stay in place. Phil Porter added that the savings identified for the different options were largely calculated through a removal of duplication within housing management services. It was emphasised to the Committee that the Council would need to find much more significant savings on top of this in the years to come, regardless of the housing management option taken forward.

Members raised questions about the specifics of the process after Cabinet had recommended its preferred option. One question queried the transitional arrangements between BHP and the Council if the housing management service was to be brought back in house. Mr Lloyd-Owen outlined that there would be a consultation period with all relevant stakeholders after the Cabinet meeting in November 2016. A Member of the Committee later raised a point about the possibility that Cabinet could recommend an option that residents disagreed with. Mr Lloyd-Owen reiterated that although Cabinet would decide on a preferred option, its recommendation was subject to consultation and this would seek to draw out a range of views on the best outcome for residents. He said that after this consultation period, however, the decision ultimately still lies with Cabinet.

At the end of questioning from Members, the Chair welcomed the residents in the public gallery and invited any comments of their own in relation to the review. Specific concerns were raised by former BHP resident's association members about the lack of coordinated engagement between the BHP Board, BHP tenants, BHP leaseholders and the Council. Councillor Farah responded by stating that he wanted all residents to be clear that resident involvement and engagement would be the core issue for taking the housing management service forward. Phil Porter mentioned the importance of resident engagement structures and the aim was this to be effectively be co-designed with residents. An additional comment was raised about the ongoing availability of free pest control services if the services were brought back in house. Jon Lloyd-Owen said that he believed that pest control services were funded by the Housing Revenue Account and from Council rents, and that they would want them to remain available to residents if the in-house option was pursued.

The Chair thanked the residents for attending and for their points made to the Committee.

After a final brief discussion the Committee put forward the following five recommendations to Cabinet in advance of its meeting to be held on 15 November 2016:

RESOLVED that:

- (i) There be a dedicated scrutiny sub-committee established to review and provide oversight to housing services management and wider housing

issues. This sub-committee would contain co-opted members from appropriate resident associations (should the “in-house” option be chosen);

- (ii) If Cabinet was to agree on the joint venture option, there be appropriate checks and balances in place to ensure that this arrangement does not lead to stock transfer;
- (iii) If Cabinet was to agree on the in-house option, that there be complete transparency of the Housing Revenue Account, complete with a business plan to ensure that the Housing Revenue Account is ring-fenced;
- (iv) There be an effective communications strategy drawn up by the Council to ensure resident engagement and to also articulate with clear evidence why Cabinet has chosen its preferred option for housing management going forward; and
- (v) If Cabinet was to agree on the joint venture option, that any future arrangement or contract between the Council and its partner be considered by a Scrutiny Committee meeting before it is implemented.

The meeting was declared closed at 20.48pm.

COUNCILLOR KETAN SHETH
Chair

 Brent	<p>Community and Wellbeing Scrutiny Committee 23 November 2016</p> <p>Report from Brent Clinical Commissioning Group and NHS Property Services</p>
For information	Wards affected: ALL
NHS Estate in Brent	

1.0 Summary

- 1.1 This paper provides an overview of the NHS community estate in Brent and the strategic estates plans for the future development of the estate. These plans are being developed in partnership with Brent Council and other key stakeholders and are an enabler to the delivery of the Strategic Transformation Plan (STP) and North West London Shaping a Healthier Future programme.

2.0 Recommendations

- 2.1 The committee is asked to note the content of the report.

3.0 Background

- 3.1 In April 2013 the former Primary Care Trust estate in Brent transferred to one of three organisations; NHS Property Services, London North West Hospitals Trust or Community Health Partnerships.
- 3.2 Brent Clinical Commissioning Group (CCG) has responsibility for commissioning services from these buildings, along with NHS England which commissions primary care (GP) services.
- 3.3 The rent and running costs for these buildings is recovered from the service providers that use the sites. Premises costs are usually built into the cost of the service and funded by the CCG or NHS England. Where there is void or vacant space in NHS Property Services buildings, under Department of Health guidance, the CCG and NHS England have to pay for the cost of the space until it is reoccupied.

4.0 Overview of the NHS Community Estate in Brent

4.1 The table below summarises the current ownership arrangements for the community estate in Brent and the 2015/16 annual running costs.

Owner	Site	Annual Cost 2015/16
NHS Property Services	Wembley Centre for Health and Care	£1,994,944
	Willesden Centre for Health and Care	£5,617,426
	Hillside Primary Care Centre	£1,003,880
	Chalkhill Primary Care Centre	£1,012,605
	Stag Lane Clinic	£80,821
London North West Hospitals Trust	Kilburn Square Clinic	£190,000
Community Health Partnerships (LIFT)	Monks Park Primary Care Centre	£700,000
	Sudbury Primary Care Centre	£1,230,000

Of the sites above the space that is currently void/vacant is detailed in the table below.

Owner	Site	Percentage of Void Space
NHS Property Services	Wembley Centre for Health and Care	5%
	Willesden Centre for Health and Care	19%
	Hillside Primary Care Centre	0%
	Chalkhill Primary Care Centre	9%
	Stag Lane Clinic	0%
London North West Hospitals Trust	Kilburn Square Clinic	0%
Community Health Partnerships (LIFT)	Monks Park Primary Care Centre	16%
	Sudbury Primary Care Centre	5%

Brent CCG is proactively working with the property companies to reduce the amount of void space within each site. This is being achieved by introducing new services into the buildings to support commissioning developments aligned to strategic priorities.

The two sites presenting the greatest challenge are Willesden Centre for Health and Care and Monks Park Primary Care Centre. The CCG has identified a small number of services to occupy space at the Willesden Centre which will

reduce the void to 12% by the end of financial year 2017/18. The CCG will address the remaining void issue as part of the business case it will be producing to create an out of hospital Hub at the site.

Addressing the void at Monks Park Primary Care Centre is more of a challenge and the CCG is exploring with Community Health Partnerships and Brent Council whether there are any non-CCG service requirements in the area.

4.2 NHS Property Services Approach to Managing the Healthcare Estate

Managing the Healthcare Estate

NHS Property Services brings together a team of experienced estates, buildings and facilities professionals to effectively and efficiently run, manage, and develop property services for the NHS.

Its aim is to deliver outstanding quality across its estate in partnership with NHS organisations, providing a safe and secure estate and generating cost efficiencies that will benefit its tenants, patients and the wider health economy.

It is also striving to maximise utilisation across its properties, enable more efficient use of space; and focus on providing strategic advice and support to occupiers and customers.

Improving customer delivery and focus is a key priority for NHS Property Services. It has identified a set of eight key customer priorities, based upon consultation with both customers and employees:

1. Accuracy - Detailed and accurate billing/data
2. Collaboration - Working together to find solutions, not being driven by inappropriate process
3. Strategic expertise - A new priority for customers
4. Service delivery - Delivering the agreed service on time and to specification
5. Responsiveness - Responding effectively and in a timely way to customers' issues
6. Service clarity - A clear understanding of what is and isn't included in a service and the service portfolio generally
7. Ease of contact - Knowing who to contact in NHS Property Services and that person being accessible
8. Value - The services being commercially competitive in terms of value for money

Based on these priorities, it has developed a customer strategy that will allow it to deliver a proactive, tailored approach to customer service while operating the estate in a strategic efficient way that returns revenue to the NHS for reinvestment in services.

Managing the relationship with the CCG

Delivering a better service to its customers is a key NHS Property Services priority; and developing more effective engagement and relationships with the CCG is at the heart of its customer strategy.

NHS Property Services deliver professional property solutions and services to its customers, based on:

- Strategic advice on estate and infrastructure;
- Managing new developments, refurbishments and improvements;
- Running facilities management services;
- Disposing of surplus properties; and
- Maximising use of space, and ensure efficient and cost-effective use of the portfolio.

To deliver these services NHS Property Services conducts the relationship with its CCG customers across London through both account management and strategic estates planning support.

NHS Property services introduced an account management model in October 2015, for its top 125 customers. All London CCGs, including Brent, have a dedicated account manager to:

- Be the main point of contact and to ensure that operational requirements are being met or escalated as required;
- Represent all business areas to help customers understand where it can add value; and
- Introduce colleagues from relevant business areas to meetings as appropriate depending customer needs

NHS Property Services also provides dedicated Strategy Managers representing all CCGs and STP areas across London who have:

- Supported the production of Local Estates Strategies and Strategic Estates Plans (over 100 across the country);
- Managed a number of customer requirements through strategic planning, options assessment and into delivery phase; and
- Provided estates information and support to the Sustainability and Transformation Plans.

NHS Property Services has embarked on a transformation of the company and knows it need to get better at understanding its customer needs, being more responsive and in speeding up our systems and processes.

4.3 Plans for developing the NHS estate in Brent

The CCG strategic estates plans have been developed in the context of the North West London Shaping a Healthier Future programme (<http://brentccg.nhs.uk/about-us/our-plans/shaping-a-healthier-future>) and support the delivery of the CCGs out of hospital strategy and Strategic Transformation Plan priorities.

In order to deliver this the CCG aims to:

- *Provide more care closer to home so people can get easier and earlier access to care*
- *Delivering a major shift in care from within a hospital setting to an out-of-hospital setting*
- *The need to invest in both services and infrastructure, covering new Hub locations and the GP estate*

Implementation of this strategy is dependent on a number of estate solutions:

Local hospitals need to offer a range of out of hospital services to their locality, including outpatient appointments, associated diagnostics and urgent care

Hubs/health centres will provide a setting for a further range of services across all CCGs, including outpatient appointments, diagnostics, social care and therapies

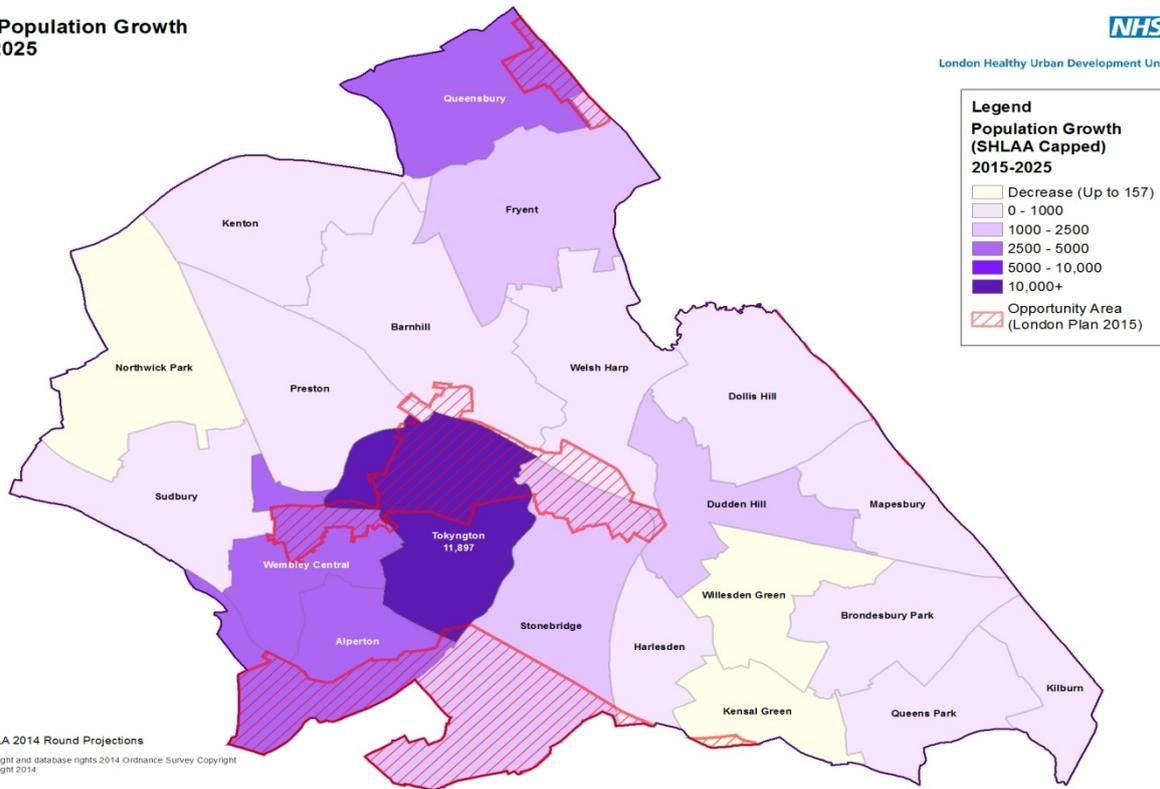
Networks of care, formed of GP practices, will offer opportunities for joint working between GPs and enhance the capacity of primary care to deliver of out hospital services

4.4 Estates Plans and Site Selection

The CCG estates strategy identifies three site locations to be developed to support the local hospital and hub strategy. In order to maximise the use of the existing estate the CCG estates plans focus on creating out of hospital Hubs at Wembley Centre for Health and Care, Willesden Centre for Health and Care and Central Middlesex Hospital.

The three Hub locations were identified following an assessment of the main areas of deprivation and service demand across the borough. The CCG also took into account the forecast population growth.

The map below shows the forecast population growth in Brent to 2025.



This indicates the greatest population growth density to be forecast in the south west of the borough, suggesting the greatest health care demand in the areas are around the intended Hub locations at Wembley Centre for Health and Care and Central Middlesex Hospital

Wembley is the area with the second biggest capacity for new homes within North West London (11,500 new homes).

The Park Royal development on the border with Ealing has the potential for 1,500 new homes and new development proposals in Alperton will impact on south Brent and north Ealing, creating an increased need for primary care provision around Central Middlesex Hospital.

The majority of out of hospital services will be delivered from the Central Middlesex Hospital site which will become a Hub+. The Hub+ will offer specialist services commissioned for the whole borough alongside standard Hub services such as primary care, community services, one stop assessments and treatments and access to more complex diagnostics for the local population.

The Hubs at Wembley Centre for Health and Care and Willesden Centre for Health and Care will offer the standard Hub services for the local population.

The CCG is working with London North West Hospital Trust to develop a business case for the future configuration of Central Middlesex Hospital which will include the provision of a GP practice. The business case is due to be completed in summer 2017 and will then be submitted to NHS England for approval. It is anticipated that the GP practice (subject to commercial arrangements being in place) will be in occupation late 2017.

The business cases for Willesden Centre for Health and Care and Wembley Centre for Health and Care will follow after Central Middlesex Hospital. The aim is to maximise utilisation of both sites to deliver local services to the population in the area.

4.5 One Public Estate

The One Public Estate (OPE) initiative is being delivered in partnership by the Cabinet Office Government Property Unit and the Local Government Association. The initiative provides practical and technical support and funding to Councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners.

Brent Council, in partnership with the CCG, has made an application for funding towards the co-ordination of a data capture exercise and to undertake the public sector and health review. In working together to deliver a common local public sector estates vision, Brent Council officers working with the CCG have developed a project brief to be used for the purposes of commissioning a professional property consultant if the application is successful.

The projects identified are:

1. **Northwick Park Hospital** Brent in partnership with the London North West Hospitals Trust, the University of Westminster and Network Homes, aims to rationalise services and resource and unlock development land to facilitate hospital redevelopment, new homes and improved services for the community.
2. **Church End Growth Area** Brent's bid aims to enable the creation of a community hub that will attract public services and businesses to the local area, the key emphasis is ensuring that the public services and businesses provide positive services that will build capacity and benefit the local community.
3. **Wembley** The reduction in staff numbers and more efficient use of office space in Brent's Civic Centre in Wembley Park, provides an opportunity to look more closely at how local public services may better work together, including a review of the area surround the Wembley Centre for Health and Care.
4. **Vale Farm**, Brent's aim is to deliver a new multi-purpose leisure centre, new homes and possibly and new secondary school in an area that is primarily public open space and metropolitan open land, a feasibility study is proposed to identify opportunities for integration between local public sector services, particularly the Metropolitan Police, Brent CCG and the Council.

A further bid will be brought forward for:

Brondesbury Road (including the Kilburn Square Clinic). These premises comprise 11-15 Brondesbury Road; which provides a home for community mental health teams. The site is Brent owned, but subject to shared usage with Central and North West London NHS Foundation Trust, (CNWL), (although current occupation circa 90% CNWL, 10% Brent). The model for the delivery of such services is under review, and is likely to result in a relocation of staff from the building.

4.6 Engagement

The CCG will build on the plans already in place to increase patient, user and carer engagement, which is essential for success as it makes the changes outlined in this paper. The CCG will do this in conjunction with the Council where this is appropriate.

The table below sets out the specific commitments the CCG is making to patients, users and carers in Brent about how they will be involved.

Our commitment	How we'll deliver
You'll be involved	<ul style="list-style-type: none"> ▪ Ensure patient representation on key committees and decision making bodies, including CCG Board ▪ Work with LINK and other partners to ensure as broad a range of service users as possible are consulted
You'll be informed	<ul style="list-style-type: none"> ▪ Be pro-active in explaining services changes and the reasons for decisions to the public through regular communication ▪ Use clear concise language in all communication to ensure it is meaningful ▪ Work with partners, such as the Council to ensure consistent use of language
Your feedback will shape services	<ul style="list-style-type: none"> ▪ Use nationally and locally collected patient experience data to inform decision making ▪ Commission services which provide evidence of listening to service users' views ▪ Run patient events to get more detailed input on existing services and future plans
We'll respond to your concerns	<ul style="list-style-type: none"> ▪ Explain how patient input has influenced decisions ▪ Commission services to demonstrate that they have reacted to service users' views

5.0 **Financial Implications**

5.1 All future investment in the NHS estate in Brent will be subject to an affordability and value for money assessment as part of a business case process.

The CCG will continue to work with the property owners to reduce the running cost of the estate by maximising utilisation and reducing voids.

6.0 **Legal Implications**

Legal implications will be established as part of the business case development process.

7.0 Diversity Implications

In addition to the engagement already taking place through the CCG's various engagement activities, eg. Health Partners Forums and STP engagement events, the CCG will build on Borough-wide equality, diversity and engagement approaches.

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 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee 23 November 2016</p> <p>Report from the Independent Chair of Brent Local Safeguarding Children's Board</p>
Wards affected: ALL	
Brent Local Safeguarding Board Annual Report 2015-16	

1.0 Summary

1.1. The attached annual report details the work of Brent LSCB during 2015-16 identifying what went well, what the challenges were and key actions to progress the LSCB business in 2016-17.

1.2 There is currently a statutory responsibility for all local authority areas to have a LSCB to provide assurance that multi-agency working ensures children are safeguarded.

1.3 The key achievements in 2015-16 were:

- the review of existing arrangements, and the implementation of a revised structure, to support LSCB in meeting its statutory responsibilities, and providing assurance that children in Brent are effectively safeguarded and their well-being promoted.
- sustaining a wide Board and sub-group membership of statutory and voluntary partners.
- the delivery of a comprehensive training programme that saw over 2000 participants complete online or classroom based courses. Training evaluations were positive and received positive feedback from social workers during Ofsted inspection.
- the sub-groups driving forward work on progressing LSCB priorities particularly around the areas of FGM, CSE and radicalisation.
- arrangements to support the Child Death Overview Panel - resourced by the CCG - continued to robustly manage and review all child deaths.
- that robust systems were in place for the Serious Case Review sub-group ensuring that Brent LSCB is prepared for a SCR if required. The sub-group also

considers serious incidents referring two, in 2015-16, to the National SCR Panel who confirmed the decision that they did not meet SCR criteria.

- the completion of a range of multi-agency audits linked to LSCB priorities.
- a review of Brent Family Front Door referrals identified the 4 priority areas for 2016-17.
- Brent LSCB promoted the Signs of Safety approach within multi-agency practice.

1.4 An Ofsted Inspection report published in November 2015 rated Brent LSCB as 'requiring improvement to be good'.

1.5 The completion of the annual report, and current work during 2016-17, has raised questions about the robustness of current arrangements and commitment of partners.

1.6 Going forward more effective partnership working and engagement is required to ensure that Brent LSCB can be assured children in Brent are effectively safeguarded

2.0 Recommendations

2.1 Scrutiny notes this report and the content.

2.2 Scrutiny acknowledges the need for key strategic boards i.e. Safer Brent Partnership, Adult Safeguarding Board and the Children's Trust to work closely with Brent LSCB.

2.3 Scrutiny supports the importance of partnership working to safeguarding children in Brent and the work of Brent LSCB.

3.0 Detail

3.1 The progress of LSCB business plan is detailed in the report as well as the key challenges and propose actions for 2016-17.

4.0 Financial Implications

4.1 The LSCB budget is funded from financial contributions from the separate agencies. These contributions vary in size and are sometimes only agreed by the partner agencies towards the end of the financial year. The London Borough of Brent provides the largest contribution both in terms of budget and services provided in kind.

4.2 Benchmarking the LSCB budget has revealed it is in the lowest quartile nationally.

4.3 In order to plan a sufficient budget that meets the business needs of the LSCB, all agencies should agree an appropriate contribution in advance of the start of the financial year. For 2017/18 the LSCB can then operate a budget that is transparent and addresses priorities.

5.0 Legal Implications

5.1 Currently all local authority areas have a statutory responsibility to have a LSCB that has a wide partner agency membership and is provided with assurance that children in Brent are safeguarded and their well-being promoted.

5.2 The Wood Review of safeguarding arrangements and the subsequent government response means future arrangements will need to:

- be a joint arrangement between the local authority, police and health.
- ensure there is independent scrutiny of safeguarding activity.

6.0 Equality Implications

6.1 Brent LSCB should be assured that arrangements for all children in Brent are safeguarded and their welfare promoted. This includes i) those children with additional needs or vulnerabilities that may make them more at risk, as well as ii) ensuring that given the population profile in Brent services are culturally competent in identifying, assessing and meeting the individual needs of children and their families.

Background Papers

Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children – March 2015

Inspection of services for children in need of help and protection, children looked after and care leavers AND review of the effectiveness of the Local Safeguarding Children Board – Report Published 30th November 2015.

Review of the role and functions of Local Safeguarding Children Board – The government's response to Alan Wood CBE – Published May 2016

Brent LSCB Business Plan – September 2016

Contact Officers

Mike Howard – Independent Chair – Brent LSCB

Yvonne Byrne – Interim Business Manager – Brent LSCB

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Keeping children safe is everyone's responsibility

Brent LSCB

Annual Report

2015-16

Author: Yvonne Byrne Interim LSCB Business Manager	9th November 2016
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Ratified by LSCB – Chairs Group	10th November 2016
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Presented to Health & Wellbeing Board	Date
Presented to Children's Scrutiny, Brent Council	Date
Presented to Children's Trust Brent Council	Date

CONTENTS

This report contains electronic links/references to key documents and appendices to enable easy access to those readers requiring more detailed information.

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INDEPENDENT CHAIR'S FOREWORD

As the chair of the Local Safeguarding Children Board (LSCB) for Brent, I am pleased to present its annual report covering the period from April 1st 2015 to March 31st 2016

My predecessor left the Board in February 2015 and my appointment started in June 2015. In the intervening period, the business of the Board was overseen by an interim chair.

In the first few weeks of my tenure, I met as many Board members as possible to ask their views about the strengths and weaknesses of the existing arrangements. It was clear from their comments that the Board had too many meetings (it met six times a year with a further six meetings for those members who sat on the Executive Group) and its membership was seen to have too many representatives from the local authority.

These comments, plus my own observations as a former LSCB Chair from outside London, and a review of the Board's existing self-assessment document, led me to make the structural changes detailed in this report. I reviewed the membership and enlisted new members from education and the voluntary sector, changed the style of the meeting to stimulate discussion and debate rather than members listening to a series of reports and presentations.

Whilst these significant changes were in progress, the Board's effectiveness was reviewed by Ofsted in September and October 2015 as part of their inspection of local authority services for children in need of help and protection, children in care and care leavers. The Board was assessed as 'requires improvement to be good' and extracts from their findings are included throughout this report. I am responding to their recommendations through an action plan which is subject to regular review.

The annual report contains demographic data about Brent and its children, a description of the service availability across the Borough, a more detailed explanation of the structural changes mentioned earlier, information about the Board's budget, the work of the sub groups and a review of the business plan for 2015/ 2016.

The executive summary lists the Board's achievements as well as identifying the challenges during the year under review. These have been taken forward into 2016 and are listed in more detail towards the end of the report.

As a Board, we need to be assured that Brent's children, who are most at risk of harm, are safe. We need to have a robust and wide ranging set of performance data which when analysed will expose areas of both good and failing practice. The use of statistics is not enough- through a new style section 11 audit, the Board needs to be assured that member agency staff are correctly identifying these children and then properly applying the right policies and procedures.

Work started in both areas in the spring and should address many of the challenges identified in the report. However, they can only be delivered with the active engagement of partners who sit on the Board.

Whilst there are many challenges going forward, the report gives examples of effective multi-agency work that is now making Brent's children safer. These include the numbers of people attending our training sessions, the cases reviewed and action taken by the Child Death

Overview Panel and the audit of chronic neglect undertaken at the end of 2015. The report also contains case studies and quotes to personalise and show the difference that these interventions made to the lives of children and their parents/ carers.

These are just a few examples of the work of the sub-groups and I would like to thank the members who chair the sub-group meetings; these groups are vital to the work of the Board and I am appreciative that everyone who volunteers for this important role combine it with their 'day jobs'.

This year is possibly best described as 'turbulent' and I would like to record my thanks to the LSCB staff both past and present for their support, advice and commitment throughout all the changes and the demands placed on us all by Ofsted.

However, change is ever present. The Government commissioned a review of LSCBs in December 2015 by Alan Wood. Mr Wood presented his report in May 2016 and the Government has agreed with one of his principal recommendations to remove the statutory requirement for each local authority area to have a LSCB. It is thought that the necessary legislation will be enacted in the summer of 2017.

This will have far reaching effects on existing safeguarding arrangements across the country and place an increased emphasis and responsibility on the collaboration between the council, police and health to ensure the safety and well-being of society's most vulnerable children. For the remainder of this year and into 2017, the Board has a vital role to play in this transformation of safeguarding arrangements by ensuring that the interests of Brent's children are central to any new structures.

Mike Howard

Independent Chair – Brent LSCB

October 2016

INTRODUCTION

This annual report aims to fulfil the requirements detailed in “Working Together to Safeguard Children (2015)” and other relevant legislation and guidance.

This report describes and analyses the ongoing work of Brent LSCB for the year ending 31st March 2016, setting the scene for the way forward in 2016-17. It hopes to address some of the shortcomings identified in the Ofsted inspection report regarding the 2014-15 Brent LSCB Annual Report.

Signs of Safety (as you read further on in the report) is an approach that has been successful in building on good practice within Brent Children’s Social Care and identified by Ofsted as a key approach in going forward. Brent LSCB supports this approach and wants to ensure the wider partnership both understands and utilises this method as appropriate in wider practice.

This report has been written in a style which reflects the signs of safety philosophy by identifying what we have done, as well as describing our challenges. Most importantly it describes how we need to move forward to ensure that the Board is assured that Brent’s children are as safe as possible.

Ofsted Finding – Ofsted Report on Review of Effectiveness of Brent LSCB November 2015

The annual report 2014-15 is too descriptive and does not present a rigorous and transparent analysis of safeguarding across the borough.

Moving forward Brent LSCB should ensure it is clear about its strengths and weaknesses and has identified a clear way forward in order to more robustly judge its effectiveness in safeguarding children and promoting their welfare. This should include:

- a multi-agency performance framework and data set that includes qualitative and quantitative data, and analysis, to understand what the data is telling us and what it means in respect of safeguarding children in Brent.
- a section 11 process that engages all partners in assuring LSCB that all children in Brent are safeguarded.
- all partners understand their responsibilities and play a key role in supporting the developing effectiveness of Brent LSCB.

LEGAL CONTEXT FOR LSCBS

The Children Act 2004 (S:13) lays out the statutory requirements for Local Safeguarding Children’s Boards (LSCBs) requiring all Local Authorities to establish an LSCB.

The Local Safeguarding Regulations 2006 – Regulation 5 sets out the functions of LSCBs in order to fulfil its statutory responsibilities. Working Together to Safeguard Children 2015 sets out the requirements for Local Safeguarding Children Boards.

This legislation and regulations dictate how organisations will cooperate to safeguard and promote the welfare of children and young people in the area. In line with these regulations the core objectives of Brent LSCB are to:

Coordinate what is done by each person, or body, represented on the Board to safeguard and promote the welfare of children in Brent



Ensure the effectiveness of what is done by each such person or body as required under Children Act 1989 S14(1)

Raise awareness across partners and the community of the need to promote and safeguard the welfare of children and young people and how best to do this because....

'Safeguarding is everyone's business'

Have a key role in planning services for children and young people in Brent

Monitor and evaluate the effectiveness of the local authority and LSCB partners – individually and collectively – to safeguard and promote the welfare of children and young people in Brent. Includes advice on how to improve outcomes for children and young people. An LSCB Learning and Improvement Framework may support this work.

Children Act 2004 requires LSCBs to ensure key organisations have safeguarding arrangements in place and discharge their functions with regard to safeguarding and promoting the welfare of children. These key agencies are Local Authority, CCG, NHS Trusts, Probation, Police, and Youth Offending Team. The arrangements to confirm this are detailed under section 11.

Thresholds for Children's Social Care intervention are clear and understood by all partners.

The LSCB should produce an annual report that should:

- Assess effectiveness of child safeguarding and promotion of well-being in Brent
- Be a rigorous and transparent assessment of performance and effectiveness of local safeguarding arrangements.
- Identify areas and causes of weakness and action taken/planned to address them.
- List partner contributions to budget and expenditure including Child Death Overview Panels, Serious Case Reviews and other specific spending i.e. training.

EXECUTIVE SUMMARY

Key points for 2015-16

For Brent LSCB, 2015-16 was a challenging time. There was gap between the previous Chair leaving and a new Chair being appointed. The new Chair started in June 2015 and began a review of LSCB arrangements to ensure they were robust and fit for purpose. Alongside this the Local Authority proposed changes to the LSCB team's staffing arrangements – that did not take place- and changes across the partnership.

The changes to Brent LSCB were implemented in the late summer/early autumn 2015. Changes to some sub-groups took longer than others to set up. By the start of 2016 all new arrangements were in place. However, there was not sufficient time before April 2016 to embed the changes and therefore not see the intended results. As these arrangements continue into 2016-17 it is envisaged that there will be a resulting positive impact on the level of challenge by Brent LSCB and overall impact on outcomes for children living here.

Brent LSCB undertook a timely self-assessment in August 2015 providing some challenge as it critically reviewed the work of LSCB. This was supported by the Ofsted inspection that started late September. Ofsted found Brent LSCB to be 'requiring improvement to be good'.

The resulting action plan, to address issues raised by Ofsted, alongside the new LSCB arrangements, aimed to put Brent LSCB in a good position to move forward in 2016-17.

At the end of the year the long-standing LSCB Business Manager retired.

Achievements in 2015-16

Brent LSCB, and partners, achieved the following in 2015-16:

- the review of existing arrangements, and the implementation of a revised structure, to support LSCB in meeting its statutory responsibilities, and providing assurance that children in Brent are effectively safeguarded and their well-being promoted.
- delivery of a comprehensive training programme that saw over 2000 participants complete online or classroom based courses. Training evaluations were positive and received positive feedback from social workers during Ofsted inspection.
- the sub-groups drove forward work on progressing LSCB priorities particularly around the areas of FGM, CSE and radicalisation.
- the arrangements supporting the Child Death Overview Panel - resourced by CCG - continue to robustly manage and review all child deaths.
- there are robust systems in place for the Serious Case Review sub-group ensuring that Brent LSCB is prepared for a SCR if required. The sub-group also considers serious

incidents referring two, in 2015-16, to the National SCR Panel who confirmed the decision that they did not meet SCR criteria.

- there is strong programme of multi-agency audits undertaken annually linked to LSCB priorities.
- the review of Brent Family Front Door referrals identified the 4 priority areas for 2016-17.
- Brent LSCB promoted the Signs of Safety approach within multi-agency practice.

Challenges in 2015-16

- The Ofsted Inspection 2015 rated Brent LSCB as 'requiring improvement' reinforcing the self-assessment undertaken in 2015.
- Brent LSCB has not secured a sufficient, confirmed budget to support and sustain the development of the Board, and arrangements to deliver on its business plan and priorities. Discussions on this have continued into 2016-17.
- The learning from SCRs, CDOP, audits etc. is not routinely monitored effectively to ensure identified actions are completed and key findings shared across the partnership.
- The arrangements to embed the voice of the child into LSCB business and the work of the sub-groups needs to be more robust and ensure that their voice makes a meaningful difference.
- The engagement amongst Board members varies in terms of support in delivering on business plan and priorities.
- Whilst there are links with key strategic boards there is a need for further development to ensure clarity regarding key responsibilities, identifying areas of joint work and linking agendas and work.
- Despite running a comprehensive training programme the LSCB offer:
 - was based on a basic training needs analysis (TNA) with no detailed TNA having been undertaken for a number of years.
 - saw a number of courses undersubscribed.
 - had no training on some LSCB priorities i.e. forced marriage, trafficking.
 - was supported by a small pool of trainers from partner agencies.
 - was not routinely quality assured.
- The lack of robust management systems and processes saw limited reporting on key safeguarding areas to the Board or Chairs Group, meaning Brent LSCB could not be assured safeguarding arrangements overall were effective.

Moving into 2016-17

Given the findings of the Ofsted inspection, the Brent LSCB self-assessment and the end of year review of progress, there are key areas to be addressed moving into 2016-17.

-
- Brent LSCB needs to ensure its arrangements provide assurance that safeguarding arrangements are effective. This includes:
 - monitoring and reviewing new arrangements to ensure they are fit for purpose.
 - reviewing LSCB budgetary needs, monitoring systems and agency contributions against LSCB requirements.
 - reviewing and establishing robust systems to manage and monitor LSCB business i.e. business plan, progress against priorities and meeting of LSCB statutory responsibilities.
 - reviewing protocols with strategic boards to clarify responsibilities and strengthen joint working.
 - establishment of performance data set and dashboard to develop a partnership understanding of the story behind the data to provide LSCB with assurance about safeguarding arrangements.

 - Review of Brent LSCB's learning and development offer to include:
 - establishing effective quality assurance systems regarding the design, planning, delivery and evaluation of all courses.
 - developing multi-agency training pool membership.
 - exploring range of options for future training delivery.
 - extending offer to include a range of learning and development opportunities.

BRENT AND ITS PEOPLE

About the People in Brent

- Brent's population increased by almost 18,000 in last 5 years



- Brent has an almost equal gender ratio split with 50.3 males to 49.7 females.
- Brent has an ethnically diverse population. 66.4% of population is Black, Asian or other minority ethnicity (BAME), and 33% of white ethnic group. Largest proportion of BAME is the Indian ethnic group (19% of population) followed by Other Asian (12%).
- 23% population are aged under 18. 75% children and young people are from ethnic minority groups.
- Brent has largest proportion of residents born from abroad compared to England.
- 149 languages are spoken in Brent. 1 in 5 households have no-one with English as their first language. 63% of households speak English as their main language.
- Brent is 39th out of 326 (2015) of most deprived areas in country. However, this masks severe deprivation in parts of the borough.
- Despite 5% decrease Brent is still one of highest areas nationally for households living in temporary accommodation (3,100 households).
- 12% families live in fuel poverty compared to 10.4% nationally.

The Joint Strategic Needs Analysis (JSNA) in 2015-16 highlighted the key health issues for people living in Brent as:

Physical activity and diet

Social Isolation

Asylum Seekers

Sexual Health

Substance Misuse

Forced Marriage and FGM

Brent LSCB Training Programme offered a course on Working with Sexually Active Young People for a number of years. This is facilitated by Public Health. 39 people completed this training in 2015-16.

- Substance Misuse**

Brent LSCB Training Programme has offered two courses i) substance misuse and young people and ii) Khat, Paan and Shisha. These are facilitated by Public Health. 58 people completed the Substance Misuse course and 17 completed the Khat, Paan and Shisha course in 2015-16.

- **Female Genital Mutilation (FGM)**-an LSCB priority from 2014-16.

Brent LSCB has worked alongside Public Health to ensure delivery of training on FGM has been offered across the partnership to professionals and volunteers. Public Health has supported the delivery of this training which continues during 2016-17.

142 people completed this training in 2015-16.

In addition to this the JSNA tells us the following about Brent's children and young people: -

- Fewer Brent young people are admitted to hospital in Brent for alcohol related issues than England average
- Teenage pregnancy rates have been substantially lower in Brent than in England and across London averages since 2006.
- Brent's infant mortality rates have been higher than the England and London average for over a decade. The Child Death Overview Panel reviews the deaths of children who die in Brent. One consistent theme regarding child deaths in Brent is Sudden Infant Death Syndrome (cot death).



In addition to this we know that

- 24.8% of children (under 16) in Brent live in poverty (compared 19.2% in England, 23.7% in London)

Brent's Vulnerable Children

Brent partnership arrangements, for effective safeguarding of children and young people and promotion of their well-being, need to assure LSCB that arrangements for all children are effective. LSCB also needs assurance that that arrangements are effective for those children who – due to their circumstances and individual needs – are more vulnerable or at risk.

This section considers how these children fare in Brent to help assure LSCB Brent's safeguarding arrangements are effective and that children, and their families, receive the right support they need at the right time.

Looked After Children and Young People

This area is scrutinised by the Council's Corporate Parenting Committee. Brent's Corporate Parenting Committee has responsibility for ensuring services and arrangements for children looked after have a positive impact on outcomes for these children.

The Independent Reviewing Officers Annual Report 2015-16 provides details about the quality assurance and impact of services provided to children looked after.

Brent LSCB should be assured these children and young people are effectively safeguarded.

What has gone well?

- 93% participated in their care planning by attending their reviews and feedback to their IRO. Audits have evidenced most looked after children had the right plan for them.
- 96% of LAC Reviews took place within the appropriate statutory timescales and all looked after children have had an allocated qualified social worker during 2015-16.
- 80% of children with adoption plans had timely decisions made and time taken to place them for adoption being reduced. OFSTED rated Brent's adoption arrangements as good.
- Most children in 2014-15 achieved permanency by returning home to their family. The second highest cohort were settled in a permanent foster care arrangement.
- Improvement in placement stability for looked after children.

What were the challenges?

- An increase of unaccompanied asylum-seeking children, mainly aged 15 years plus with no family ties in UK, contributes to the increase in Brent's looked after children.
- There needs to be assurance that all available permanency options for looked after children aged 13+, through to adulthood, have been considered early enough during their time in care.

Children Missing From Home / Care

What went well?

- A re-design of the Missing Panel ensured partnership arrangements are more sophisticated in understanding and responding to this group of children and young people.

What were the challenges?

- Not all children who go missing have a return interview by independent person and information from these interviews is not routinely used to ensure children receive the support they need and reduce likelihood of future missing episodes.
- Children who go missing from home may be at an increased risk of CSE or be a victim of CSE. The development of the problem profile for CSE in Brent needs to include data regarding those missing from care/ home in its data and analysis.

Children Missing From Education (CME)

Children Missing Education Audit (December 2015-January 2016)

Scope

CME as defined in CME Procedures revised in May 2014 following previous audit.
To review impact of resulting actions from previous audit and compliance with CME policy.

Cases

Sampled 16 cases of CME or at risk of being CME.

Cases were reviewed individually and then 9 had more detailed multi-agency review.

What went well?

Good multi-agency engagement in audit process including schools, social care, health – including GPs, police and education welfare.

High level of compliance with practice following procedures.

Evidence of good multi-agency practice within CME.

What were challenges

Suggestions were made to update LSCB audit tool

Other findings

Some parents reluctant/ 'suspicious' in sharing information with statutory agencies

Different case identifiers used by agencies and services – there is a need to clarify.

Community Health representative to continue membership of CME panel

Need to consider standardised system for advising agencies of CME or those at risk of CME.

So... What!

All the above actions were incorporated into an action plan monitored by the Monitoring and Evaluation sub-group.

Brent LSCB is assured that arrangements for CME, and those at risk of CME, effectively safeguard children in Brent and learning points in this area are addressed.

Young Offenders

What went well?

- Number of young people engaged in the Triage Programme increased to 169 in 2015-16, whilst numbers of young people becoming first time entrants into Criminal Justice System and annual rates for re-offending decreased in that period.
- Joint working, between YOS worker and external partners contributed to the achievement of three of the more positive outcomes for these young people: -
 - Declining numbers of first time entrants to the youth justice system (132),
 - Reduction in youth reoffending rate (42.6%) below the London average,
 - Decrease in young people remanded to custody or local authority care (48).
- Partnership work with external services played an equally significant role in reducing reoffending and protecting the public from harm.

Case Study

AB is a 15-year-old male sentenced to a nine-month Referral Order in 2015 after pleading guilty to three counts of burglary. Within three months of this conviction he was issued with a Youth Conditional Caution for possessing a pointed article at school. He was initially assessed as posing a medium risk of re-offending, and a medium level of vulnerability due to substance misuse and his susceptibility to negative peer influences. Previous good progress at school had declined in the months prior to convictions, and his offending behaviour had created tensions in the family.

Intervention

ABs YOS Case Manager established the rapport and trust needed for AB to explore the impact his behaviour and decisions had on his family, and victims. Risks that might compromise his ability to desist from offending were identified, and strategies for removing himself from potentially harmful situations and influences were put in place. AB was introduced to a range of positive leisure activities and regularly participated in organised sport. He completed victim awareness work, set goals, identified barriers to attending school, engaged constructively with the YOS Substance Misuse Team, and received support from a Brent Centre for Young People psychotherapist.

Outcome

ABs positive engagement resulted in his risk of further offending and level of vulnerability being reassessed as low. His school performance and attendance improved considerably. AB engages in constructive leisure, and his relationship with his family is good. All elements of his Referral Order were completed successfully and his order was revoked six weeks early in recognition of his good progress. AB is now in his final year at school and there have been no further offending instances.

What were the challenges?

Improvement in re-offending rates needs to continue to reduce. 43% of Brent's young offenders (July 2013 to July 2014) re-offended although lower than London average it was above England average of 37.7%.

Young people and gangs

A few things about young people and gangs in Brent...

This key area of concern for partnerships in Brent due to level of gang activity. The Safer Brent Partnership (SBP) has strategic lead for gang activity in Brent.

What went well?

- LSCB chair is a member of the SBP's Violence against Women and Girls Group (VAWG) which includes issues about gangs.
- SBP continued to develop its intelligence about gangs within Brent to help support appropriate interventions.

Private Fostering

Private Fostering is a personal arrangement where a child is looked after by a person who is not a direct relative. Arrangements exist for a range of reasons including respite for parents or support for families in crisis. Where a private fostering arrangement has been in place for 28 days or more there is a legal requirement for Children's Services to be notified.

A few things about Private Fostering...

- At 1st April 2015 there were 8 open private fostering arrangements being monitored. During the year 7 of these cases were closed.
- There were 7 new private fostering notifications in Brent, 3 being confirmed as ongoing private fostering arrangements.

Ofsted Recommendation – Inspection Report November 2015 – (Services for children in need of help and protection, children looked after and care leavers)

Improve the monitoring of private fostering activity across the borough to ensure that partner organisations report private fostering arrangements appropriately.

What went well?

- Children's social care has identified a lead for Private Fostering with cases monitored well.
- Links have been made with an organisation who arrange private billeting of international students whilst they study in UK.
- Brent GPs revised procedural guidance – approved by Policy and Procedures Sub-Group – for reporting private fostering.

- Brent LSCB and children's social care identified actions to progress this agenda as part of their individual response to Ofsted inspection.

What were the challenges?

- Private Fostering Steering Group disbanded as predominantly social care attendance.
- Referral rates indicate private fostering arrangements are thought to be significantly under reported given the diversity of our population.
- Need for increased awareness and more robust reporting arrangements for reporting private fostering across the partnership. Brent LSCB has a role to play in ensuring that partnership arrangements support Children's Social Care in identifying those children living in private fostering arrangements to ensure they are safeguarded.

Vulnerable children moving into 2016-17

To be assured that safeguarding arrangements in Brent are effectively safeguarding vulnerable children and young people, Brent LSCB needs to be assured:

- The new LSCB data set should support the development of a partnership understanding of whether all children, and those with vulnerabilities or at risk, are effectively identified, supported and safeguarded and their well-being promoted.
- By receiving appropriate reports on services with a key role in safeguarding particularly vulnerable children and young people.
- Appropriate links are continued and developed with key strategic boards in addressing safeguarding issues i.e. gangs, domestic abuse and CSE with Safer Brent Partnership.
- Support children's social care in promoting private fostering requirements across partnership i.e. include in training, promote on website and section 11 audit process.

Services for Children and Families in Brent

Thresholds - Right Services, Right Time

Brent LSCB is assured that the relevant thresholds are understood by professionals working in Brent. This supports children and families accessing the right services at the right time as appropriate to their needs and helps to ensure children and young people are safeguarded.

A few things about our thresholds in Brent...

- All agencies working with, or supporting, children and their families in Brent aim to ensure families get the **right support at the right time**. This means families get help and support early on so the problems/issues they are facing do not escalate. This helps ensure children are safeguarded.

- **The Levels of Need and Thresholds Protocol** (agreed February 2015) ensures the right thresholds are in place so families get the services they need when they need them. This is key to ensure prompt access to the right services.
- The protocol:
 - Considered the implementation of Brent Family Front Door, undertaken in 2015-16, to promote a consistent multi-agency approach to new referrals. It has enabled better information sharing across agencies and more robust risk assessments.
 - Reinforces the key principles underpinning Brent's safeguarding arrangements:

Safeguarding is everyone's responsibility

Child's needs are paramount

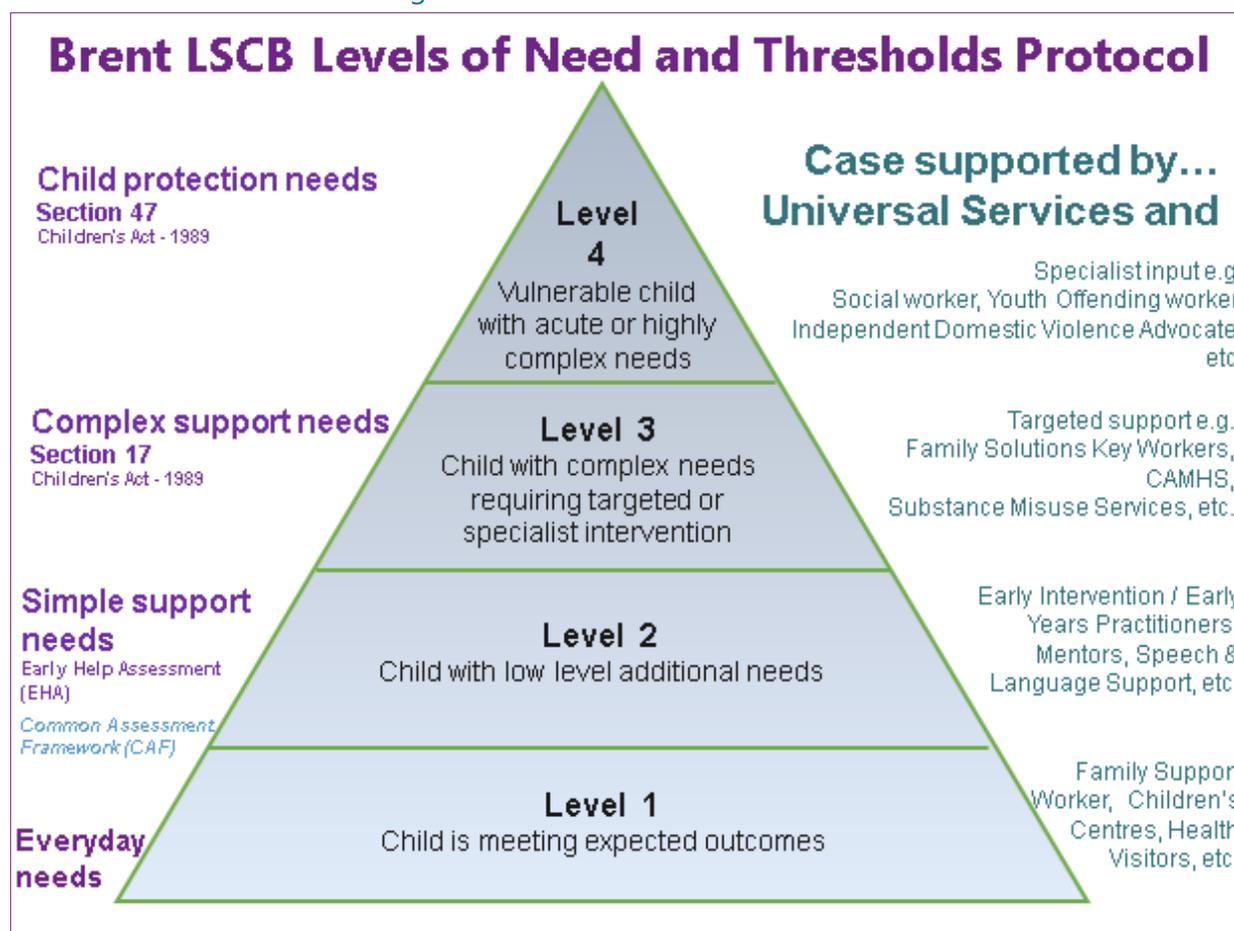
A child-centred approach

- Details the continuum of support provided across all four levels of need setting out arrangements for interventions in respect of safeguarding and promoting

Recommendation - Ofsted Report November 2015

There is a need for work with schools and partners to ensure children and their families do not experience delays in receiving early help.

children's well-being.



Common Assessment Framework (CAF) / Early Help Assessment (EHA)

A few things about CAF in Brent...

- The CAF is part of Brent's multi-agency referral process. Application of the thresholds protocol aims to access the right help for children/families at all levels of need from Early Help through to child protection.
- Brent LSCB (2012) agreed all referrals to Children's Social Care should be made, using CAF, to ensure a good information base and encourage the team around family (TAF) approach. The referral system changed to an electronic format (e-CAF) in early 2015.
- The CAF process will be replaced by the Early Help Assessment in 2016-17.

Brent Family Front Door (BFFD)

A few things about BFFD...

- First contact point for concerns about child and family, providing a multi-agency approach. Responds to concerns with the degree of urgency appropriate to level of need aiming to give access to ***the right services at the right time***.
- Incorporates the MASH (**Multi-Agency Safeguarding Hub**) function (from July 2013). This includes police officer (CAIT) based within team.
- Aims to reduce referrals/contacts with children and families by agencies getting involved earlier to prevent needs and risk escalating. The Child Sexual Exploitation (CSE) screening tool informs assessments where there is an actual, or potential, risk of CSE identified.

MASH Audit

Remit

- Audit took place between March and September 2015 (excluded August).
- Looked at 27 cases over this six month period
- To audit quality of multi-agency working in MASH.
- Police, children's social care with MASH and CCG health professionals participated in audit.

Audit Findings

- Agreed thresholds in 89% of cases
- Feedback was given to referrer and information providers in 52% of cases
- Progression within agreed MASH timescales in 59% of cases
- MASH discussion added value in 89% of cases
- Quality of other agencies contributions was good in 70% of cases.
- Child was safeguarded in 93% of cases.

So what... what difference did it make?

Multi-agency working and oversight of cases provides: -

- A multi-agency perspective that improves understanding of how to make a referral and insight into thresholds and how decisions are made.
- Opportunity for managers to reflect on decision making
- Insight into MASH processes and views of risk
- Opportunity to share specialist knowledge and skills
- Recognition of the importance of seeking the views of child at start of interventions

Early Help

A few things about Brent's Early Help...

- It is accessed by a referral to BFFD. Referrals are then promptly signposted onto universal, targeted or specialist services. Gives families support early on, avoiding delay, or the need to access higher tier services.

Brent LSCB's Self-assessment in September 2015

- The Early Help report did not ensure that services were targeted to the greatest level of need and tailored to LSCB priorities, gaps and addressed. It was anticipated that the revised LSCB dataset and the work of the new Performance sub-group would identify emerging themes to enable future priorities and gaps to be identified promptly
 - The Early Help service has a comprehensive quality assurance framework and reports quarterly to internal senior management group.
 - The Early Help Service was represented on the Quality, Audit and Outcomes Sub-group and retained when the Monitoring and evaluation Sub-group was established.
- The Early Help Service is supported by a key worker approach within both the Family Solutions Team and Troubled Families programme.

Family Solutions Team - a multi-agency team providing support to empower more vulnerable and complex families, at levels 2 to 3 of need. Interventions are based on family strengths and may '**step up**' families to higher level services or work with families who '**step down**' from Children's Social Care.

Working with Families (Troubled Families) - works with families identified as meeting national 'troubled families' criteria offering a range of services to all family members.

Brent Children and Young People Safeguarding Service

A few things about Brent Children and Young People's Safeguarding Service...

- The Child Protection Advisors (CPA) Team includes a Principal Officer and 3 highly experienced social work professionals with individual specialisms. These 'safeguarding experts' offer consultation on child protection cases and pre-conference consultancy meetings with all social work professionals.
- Monthly meetings are held with the Police CAIT - Child Abuse Investigation Team - and Health professionals to support strong multi-agency relationships leading to more effective communication evidenced. This is evidenced in multi-agency feedback.
- All cases conferences are underpinned by the Signs of Safety (SoS) approach with all CPAs trained as SoS Practice Leads. Conferences are run in line with SoS principles.
- The Principal Officer attends 'Threshold Meetings' between BFFD (including MASH) and locality social work teams ensuring consistency, and accuracy, in application of thresholds across services. This has helped to resolve ambiguity and increased confidence in decision making.
- Feedback on the service is positive.

CAIT rate work with CPA team as 10/10 'excellent'

'My feelings were heard and respected and concerns highlighted strongly at the same time'

Mother at CPC

'Chair made sure mum was aware of what was going on' 10/10

Health Rep at CPP

'Good conference. Mum engaged well' 10/10

School Rep at CPC

Independent Reviewing Officers (IRO's)

The annual report of the IRO Service has been scrutinised by the Corporate Parenting Committee.

The IRO service functions are set out in the *IRO Handbook* and Care Planning Regulations and Guidance (2011) detailing the IRO role in quality assuring the services experienced by a child on their journey through care. Their core functions are to:

- Review plans for looked after children including follow up in between reviews.
- Quality assure local authority's corporate parenting and safeguarding arrangements.

A few things about IRO Service in Brent...

- Specialist provider Aidhour work alongside the local authority's IRO and IRO Manager.
- IROs meet the statutory criteria regarding qualifications, experience etc. Many have worked in Brent for a number of years ensuring continuity for some looked after children.

Signs of Safety (SoS)

The Signs of Safety (SoS) approach underpins Children and Young People's work for children and families. The implementation of SoS, funded through Innovation England in 2014, embedded a culture of SoS within all areas of working aiming to significantly impact on multi-agency safeguarding work.

The SoS approach originates from Western Australia and was created by Turnwell and Edwards. It builds on a family's strengths, resources and networks and is positively received by professionals and families.

Ofsted Inspection Report November 2015

"The local authority's introduction of the signs of safety approach, although not yet embedded in all practice, is a significant development. Where social workers, and other professionals, use this approach, assessments of children's needs contain fuller information, better analysis and a stronger focus on child's wishes and feelings. This leads to plans and services that meet children's needs"

Children and Young People – Signs of Safety Audit

Audit of 29 cases on SoS approach undertaken in January 2016 found: -

What went well?

24% (7) cases were graded 'good', 69% (20) required improvement, 7% (2) not completed.

What were we worried about?

Inconsistent use of SoS approach in 69% requiring improvement. Evidence social workers used their pre-existing Authoritative Social Work approach whilst using SoS language.

What needed to happen?

Further training to embed SoS into day to day practice.

What has happened?

More investment in SoS training. 120 multi-agency professionals trained by September 2016.

New SoS practice leaders tasked with embedding SoS across children and young people's services.

So... What?

Professionals' feedback indicates a higher rate of satisfaction in understanding reasons for concerns and feeling that their input has made a difference to keeping children safe.

How are services for children and families doing in Brent?

What went well?

- A review audit of referrals to BFFD supported identification of LSCB priorities for 2015-16.
- Agencies and services are reporting on their services performance more robustly identifying strengths and areas for future development.
- The IRO service has ensured:
 - Majority of children participated in their care planning by attending reviews/feedback to IRO.
 - IROs escalate issues for prompt resolution by Children's Social Care identifying areas for service improvement.
 - Children's views inform individual care planning and service delivery.
 - SoS is used to improve service performance and outcomes monitoring.
- Signs of Safety:
 - Started to show results and its impact was viewed positively by Ofsted.
 - To support and embed the use of this approach across the wider partnership Brent LSCB :-
 - Received a presentation from SoS practice lead at Board in January 2016
 - Completed an exercise with Board members
 - Actively promoted the approach across agencies by:
 - Including it in the LSCB training programme and work programme.
 - Using approach as framework for annual report.

What were the challenges?

- LSCB does not routinely assure itself that children are effectively safeguarding throughout the spectrum of services delivered across agencies within the borough. With no clear overview LSCB cannot be assured safeguarding arrangements are effective.

- Further progress is required to ensure that agencies and services can routinely demonstrate how they have impacted on outcomes for children and families.
- The IRO service has identified: -
 - Children concerned re: changes of social workers and placement with no choice or consultation.
 - Reports and up-to-date plans are not always available before the review, giving no time for the child, family or IRO to read beforehand.
- Signs of Safety: -
 - Need for more consistent recording, i.e. children's views in reviews, mid-way reviews and IRO activity in the child's case record.
 - Ofsted identified the need to ensure consistent use of the approach.
 - How to effectively measure overall impact on families over time.

Moving into 2016-17 onwards...

Brent LSCB needs to ensure:

- It identifies ways to incorporate signs of safety into its work and business planning to reinforce the benefits of this approach to multi-agency practice in Brent.
- Systems in place provide assurance agencies are working together across the four levels of need effectively to safeguard children in Brent. This should include:-
 - Reporting to LSCB on i) progress, ii) evidence on how they have ensured children are safeguarded, and iii) identified actions to improve key services.
 - Reassurance issues raised in Ofsted Inspection are addressed.
- Thresholds protocol is refreshed.

LSCB STRUCTURE AND GOVERNANCE

A few things about Brent LSCB...

- It has a wide range of partner agency senior officers as Board members. See **Appendix 1** for Board Membership and attendance
- The new Independent LSCB Chair started in June 2015 and immediately undertook a review of LSCB arrangements. This resulted in some changes to the LSCB Board, sub-groups and work of the Board. (see previous page for changes in structure)
- In September 2015:
 - LSCB completed a self-assessment
 - Ofsted inspected services for children in need of help, protection, children looked after and care leavers and reviewed the effectiveness of Brent LSCB. The report on the inspection was published in November 2015 and rated: -
 - Brent's Children's Services as requiring improvement to be good.
 - Brent LSCB as requiring improvement to be good.

Ofsted Inspection Report Brent LSCB - November 2015

- Members of the Board are at an appropriate senior level of within their own organisations, are committed and clearly give a high priority to safeguarding, undertaking joint work to forward the Board's priorities.
 - Currently there is no formal voluntary sector representation, which is a gap, although voluntary and faith sectors are effectively engaged through the active and influential Community Reference Group
 - There are three lay members who sit on Board; they are proactive and their work is a strength.
- Used to hold bi monthly meetings which was reduced to 5 meetings a year following the review by the new independent Chair, in summer 2015.
 - LSCB Board meetings rely on reports and presentations to enable them to understand what is happening at the frontline given the limitations of the data set. During 2015/16 this was not undertaken as robustly as before.

Ofsted Findings November 2015

Frequent presentations i.e. from Early help, have enabled the LSCB Board to keep up to date and, in some cases, information presented them to identify gaps and areas for improvement.

How we started off 2015-16...

Brent Local Safeguarding Children Board

Chair – Independent LSCB Chair

Executive Group

Chair – Independent LSCB Chair

Quality
Audit &
Outcomes

Voice
of the
Child

CSE

Child
Death
Overview
Panel

Serious
Case
Reviews

Developing
a Learning
Culture

Vulnerable
Groups

Policy &
Procedures

After new independent Chair's review of arrangements...

Brent Local Safeguarding Children Board

Chairs Coordination Group

Chair - Independent LSCB Chair

Policy &
Procedures

Learning &
Development

Performance

CSE
Child Sexual
Exploitation

Child
Death
Overview
Panel

Monitorin
g &
Evaluation

Serious
Case
Review

What has gone well?

- The review of Board arrangements aimed to ensure that LSCB arrangements were robust and challenging in enabling LSCB to fulfil its statutory expectations.

What were the challenges?

- The new arrangements for Brent LSCB were not fully embedded by March 2016 so it is difficult to evaluate their impact fully.
- The delays in reviewing and establishing new processes has some impact on the Board's effectively progressing and monitoring its business plan.

Ofsted Findings November 2015

- The lack of rigour in the way LSCB monitors and scrutinises agencies performance, tracks the completion of any recommendations it makes and assesses the difference means LSCB cannot be fully clear about the influence it exerts or the difference this makes for children and young people in Brent. For example - an audit into paediatric child protection assessments resulted in: -
 - Improved working arrangements between health and children's services.
 - More clarity about the referral process.
 - Assessments being undertaken more appropriately
- Data is not collected in a way which allows LSCB to assess the improvement rate in this area.
- The way the Board receives data means they are unaware of its' wider impact/context.
- The Board cannot influence the direction of improvement in a systematic way which relates to priorities and identified gaps. The lack of clarity about the effectiveness of safeguarding services - which has resulted from the lack of the data presented to LSCB – has meant LSCB has limited influence on the planning and commissioning of services. Whilst there has been some influence i.e. commissioning of specialist mental health services for children with disabilities and those looked after – this has been on an ad hoc and reactive basis.

Moving into 2016-17...

Brent LSCB needs to be more robust in relation to its governance and partnership working to embed the progress made to date by:

- Reviewing and strengthening protocols with strategic Boards i.e. Health and Well Being Board, Children's Trust and Safeguarding Adults Board.
- Embedding the new arrangements to ensure the changes identified in chair's review during summer 2015 are addressed, robust and effective.
- Strengthen links and working with strategic partnerships to identify areas for joint working i.e. training.
- Reviewing Board membership to ensure engagement of key representatives including Youth Justice Board and Faith Groups.

partners

THINK FAMILY.

If they **SEE THE CHILD SEE THE PARENT.**

If they **SEE THE PARENT SEE THE CHILD.**

- Ensuring Board members understand and fulfil their responsibilities and expectations to:
 - Feedback/evidence how they act on behalf of LSCB outside of Board meetings.
 - Speak for their organisation with authority and are in a position to make commitments in respect of policy, practice and resources.
 - Hold their organisation to account.
 - Offer challenge and scrutiny across partnership on Board related business.
 - Nominate representatives from their agency to be members of sub-groups or are directly involved in their work for example some LSCB members chair sub-groups.

Are we **confident** and **assured** that our **partnership ensures** our children and young people in Brent are safeguarded and we have promoted their well-being?

How will we know we are making the difference we need to make?

The LSCB Team

A few things about the LSCB Team...

- The team is located at Brent Civic Centre. 2015-16 saw proposals to change LSCB's support arrangements by aligning them to the Safer Brent Partnership. These were not implemented.
- The team consists of: -

The Independent Chair: - reports to Brent Council's Chief Executive Officer and meets regularly with Council Leader and Director of Children's Services (DCS).

The Business Manager: - is line managed by Head of Safeguarding, Brent Council. The Business Manager is the manager to the LSCB Business Support Officer and Training Coordinator

The Business Support Officer - provides administration support to the LSCB Board, sub-groups, Independent Chair and Business Manager.

The Training Coordinator - coordinates and supports the planning, delivery and evaluation of the LSCB's multi-agency training programme.

Lay Members

A few things about LSCB lay members...

- Brent LSCB has three lay members who meet regularly with the LSCB chair. They present an annual report on their work to the Board. They lead on and chair the Community Reference Group.
- The lay members act as a conduit to convey information to the Board and cascade information to the community.

What worked well?

- The work of the Community Reference Group (CRG) has been key to ensuring community engagement in LSCB business. The CRG is attended by all lay members and one chairs the group.

What were the challenges?

- As the lay members now chair the Community Reference Group – an LSCB sub-group - care needs to be taken to ensure the sub-group is able to engage with community groups as successfully as it has to date. By bringing the group into formal structures may deter the engagement of some parts of the local community in Brent.

Chairs Coordination Group

Details on Chairs Group meetings, attendance and membership can be found in Appendix 2.

A bit about the Chairs Group...

- All sub-group chairs are members of the Chairs Coordination Group established in September 2015 replacing the Executive Group
- Regular meetings aimed at actively monitoring sub-group arrangements and offering support and challenge to the chair on LSCB business.
- During 2015-16 the group: -
 - Signed off key guidance documents e.g. Paediatric Assessment Guidance
 - Advised on issues re key agency engagement on safeguarding issues.

GOVERNANCE ARRANGEMENTS

Accountability

The accountability arrangements for Brent LSCB ensure that the Board is offered scrutiny and challenge by its own partnership and other key strategic bodies.

The Independent LSCB chair maintains appropriate links with key strategic boards and is accountable, for Brent LSCB's effectiveness, to the Chief Executive of Brent Council. The process draws on scrutiny and challenge from partners and the Lead Member.

Brent LSCB has governance protocols in place with:

- **Health and Well-Being Board.**
LSCB chair reports via Annual Report.

- **Brent Children's Trust**

The LSCB Chair sits on the Children's Trust to ensure agendas avoid duplication but that linked areas are identified.

- **Safer Brent Partnership**

Supports progress on LSCB priorities by: -

- Taking strategic lead for Child Sexual Exploitation and Domestic Abuse
 - CSE disruption has activity increased substantially. From being 0 in 2014, following an increase in disruption tactics by police. By March 2016 Brent was in line with average London figures.
- Work driven by SBP demonstrates good partnership working in progressing priorities. For example: Since January 2015 the MARAC repeat referral figure increased to become more in line with London average. This shows victims are returning to services for support and reporting ongoing domestic abuse. A low repeat rate would suggest the opposite.

- **Safeguarding Adults Board**

There was limited active working across Boards and identification of priorities during 2015-16. In 2016-17 both LSCB and SAB need to develop stronger strategic links and identify areas of common interest for joint working.

The Brent LSCB Annual Report will be presented to: -

- i) Health and Well Being Board,
- ii) Children's Trust
- iii) Brent Council via Community and Well Being Scrutiny

A few things about Brent LSCB's accountability/governance arrangements...

- The newly constituted Children's Trust leads on arrangements for children and young people in Brent. It is expected that LSCB will have the opportunity to contribute in line with governance protocols
- Brent LSCB maintains links with the Safer Brent Partnership and Children's Trust and the LSCB chair is a member of both Boards.
- Brent LSCB previously received a programme of reports regarding safeguarding arrangements in Brent i.e. MAPPA, MARAC, YOS, Probation etc.; (Self -Assessment Sept 2015). During 2015-16 this ceased. The new LSCB Chair attended MARAC and the LSCB Business Manager attended the VAWG (Violence against Women and Girls Group). There were no direct links between MAPPA and Brent LSCB.
- The review of LSCB arrangements resulted in the following changes since September 2015:
 - Refreshed focus, format, remit and membership of the Board and sub-groups.
 - Establishing systems to enable continuous challenge to members to improve practice.

Quality Assurance, and Learning and Improvement Framework (QAALIF)

The Children's Act 2014 (S: 14), and Working Together (2015), see this as a key mechanism to ensure effective quality assurance. The QAALIF facilitates the learning from quality assurance activity and measuring a range of qualitative and quantitative data at multi-agency and single agency levels under three dimensions: - i) Member Organisations, ii) Multi-Agency Practice i.e. LSCB dashboard, multi-agency audits, and iii) LSCB Members.

The QAALIF supports the LSCB in developing an understanding of its strengths, weaknesses and required actions through a range of learning and developmental opportunities.

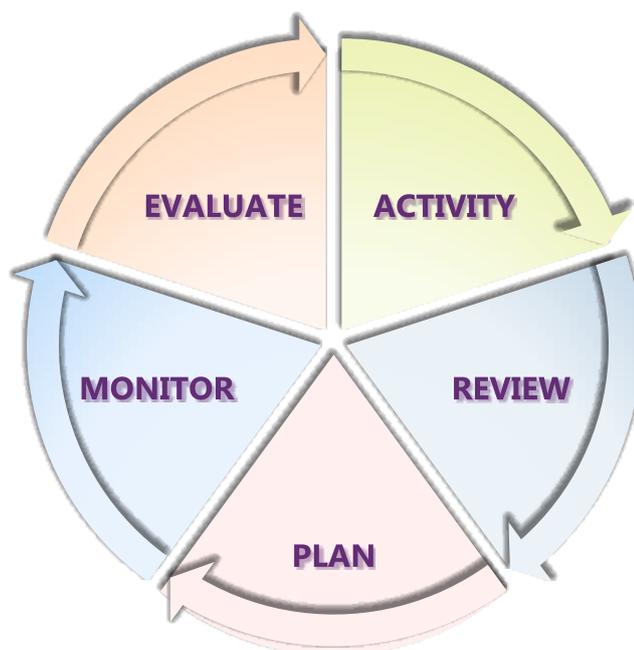


Diagram above: QAALIF Cycle of Activity

LSCB Budget

A few things about Brent LSCB's Budget...

Brent LSCB Self-Assessment, September 2015

- LSCB budget had been the same for the last three years.
 - Budget reports were regularly reviewed at LSCB Executive Group and Board.
- The budget is not in line with average budget for LSCB's limiting the Board's work, and potentially in the longer term impacting on the safeguarding arrangements for children in Brent. The **Association of Independent LSCB Chairs – Review of LSCB Annual Reports July 2016**- undertook a review of a sample of LSCB annual reports and found: -
 - Average Budget for LSCB's was £300,000 (£256,000 plus £44,000 for 1 SCR)
 - No correlation between budget size, analysis of report or OFSTED rating
 - Budgets varied from £84,000 to £538,000: -
 - 9 LA's had budget of £84k to £197k (viewed as low budget)
 - 10 LA's had budget of £198k to £311k (viewed as medium to low budget)
 - 3 LA's had budget of £312k to £425k (viewed as medium to high budget)
 - 2 LA's had budget of £425k to £538k (viewed as high budget)

- The management of the budget arrangements moved within Brent Council's process at the start of 2015-16.

What worked well?

- A range of agencies have consistently contributed to the LSCB budget for a number of years.
- Agencies also contribute in kind for example: -
 - Brent Council provides line management and office accommodation whilst funding the majority of LSCB Team.
 - A range of agencies chair and support the sub-groups work including training.

What were the challenges?

- The LSCB budget needs to be sufficient to deliver on its business and ensure progress is made and sustained across the partnership to effectively safeguard children.
- Budget monitoring arrangements during 2015-16 were not sufficiently robust or detailed as they had been in previous years. LSCB has also not considered grant funding separately to the main LSCB budget.
- Not all agencies confirmed 2015-16, or 2016-17, budget contributions by March 2016.
- The systems to monitor and manage the LSCB budget, since its move into Local Authority arrangements, are not yet well established to ensure effective reporting.

Table of agency contributions for 2015-16

Agency	
Brent Council	£167,397 (£95,608 annual contribution plus additional contribution and services in kind)
Brent CCG *	£45,900.00 * PLUS additional funding of Brent CDOP & CDOP Coordinator (PT)
LNWH NHS Trust	£11,000.00
MOPAC/Met Police	£5,000.00
Community Rehabilitation Company	£1,000.00
National Probation Service	£1,000.00
CAFCASS	£550.00
TOTAL	£231,847.06

Table re LSCB expenditure for 2015-16

Expenditure	
Employment Costs	
LSCB Posts	£167,361.20
Independent Chair	£30,150.00
	£197,511.20
Multi-Agency Training	
Training Learning Hub (Learning Pool) 2015/16	£10,000.00
<i>*Training Learning Hub (Learning Pool) 2014/15</i>	£10,500.00
External Training Facilitator Fees	£1,350.00
Events & Conferences	£0.00
	£21,850.00
LSCB Projects & Audits	
External Commissioned CSE Audit	£2,000.00
External LSCB Review Audit	£7,380.00
	£9,380.00
Serious Case Review	
Serious Case Review/Case Review	£0.00
	£0.00
Business Support	
Staff & Member Development	£20.00
Design & Printing	£1,708.68
Staff ICT Equipment	£321.28
Hospitality & Meeting Costs	£1,055.90
	£3,105.86
Total Expenditure	£231,847.06

Raising LSCB Profile in Brent

A few things about raising the profile of Brent LSCB: -

- As part of the review of LSCB arrangements by new LSCB chair the communications strategy was no longer seen as relevant and the responsibilities for promoting LSCB came under the responsibilities of the Learning and Development Sub-Group.

What went well?

- The dedicated LSCB website was updated in 2015-16 and the newly refreshed site was launched in May 2016. www.brentlscb.org.uk
- The profile of Brent LSCB has been promoted through: -
 - Board meetings are held at various venues across Brent which also ensures the Board gets to know the area.
 - The Community Reference Group has been successful in engaging parts of the community in the LSCB agenda.
 - Brent LSCB's training offer to wider partnership including community groups.
- Membership of the LSCB Board and sub-groups has extended. New members include Banardo's (voluntary sector), and College of North West London (education).

What were challenges?

- LSCB is often seen as an extension of Brent Council and not as independent of it. This impacts on the engagement of groups and individuals in the work of the Board at community level.
- With no communication strategy to drive the promotion of LSCB the Board must ensure that arrangements are in place continue to raise Brent LSCB's profile across the partnership and community.
- LSCB needs to effectively establish and maintain robust communications approach that is integrated at all levels of LSCB partnership. This should promote role of LSCB as well as key messages regarding safeguarding practice across the workforce, community and to children and their families.

Overview of LSCB governance

What went well?

- LSCB sustained wide partnership engagement throughout 2015-16 despite the changes in leadership, to existing arrangements and changes within services.

What were the challenges?

- OFSTED inspection rated LSCB arrangements as requiring improvement to be good.
- The changes made to the LSCB structure and arrangements need to be embedded and reviewed to ensure LSCB continues to meet its' statutory functions appropriately.
- Board members and partners do not robustly and consistently offer scrutiny and challenge to internal and external services and arrangements.
- There needs to be more effective and robust systems in place to ensure here is an adequate budget to support LSCB business planning and delivery.

Ofsted Recommendation November 2015

- Strengthen links with the Health and Well Being Board and Family Justice Board
- Ensure that the voluntary sector is formally represented at LSCB

Moving into 2016-17

- Brent LSCB must review the effectiveness of its' current arrangements regarding: -
 - Strategic bodies and working together protocols
 - Assurance that all key services effectively ensure children are safeguarded.
- Brent LSCB must be assured that arrangements to promote the LSCB and its work are effective and robust.

Brent LSCB and Sub-Groups

The review and subsequent changes in sub-groups and their remit led to some delays in addressing some aspects of developmental work and progress during the year.

The details of the progress made during 2015-16 is detailed in the [Business Plan for 2015-16](#) signed off during 2016-17.

At the start of 2016-17 all sub-groups were identifying how they will contribute to the LSCB's work, including its priorities, during 2016/17. This will be detailed in Brent's LSCB Business Plan 2016/17 and its supporting Action Plan 2016/17.

The membership, meetings for 2015-16 and attendance for all sub-groups can be found in Appendix 2.

1. Performance Sub-Group

LSCB's performance data set was the responsibility of the Performance and Monitoring sub-group at the start of 2015-16. Following the review of LSCB arrangements the work of the sub-group was split up. This was based on evidence presented in the LSCB self-assessment (September 2015) and the Ofsted Inspections Report (2015).

The Performance Monitoring Sub-Group was established to drive forward the development of a robust multi-agency data set for LSCB. The LSCB chair is the sub-group's chair to ensure this group has the momentum to drive this agenda. This group was formed in October 2015.

A few things about the Performance Sub-Group...

- Sub-group solely focused on the LSCB performance data set and dashboard which will collate and interrogate information used to ensure that priorities remain relevant to Brent.

What went well?

Ofsted Findings November 2015

Organisations are beginning to offer a narrative to accompany the data to provide a more qualitative analysis and understanding of the story behind the data. This work is only recent so too early to assess how effectively this will assist LSCB to monitor effectiveness of safeguarding practice.

- Work started on developing a new style data set and dashboard.
- The group commissioned a statistical review of the BFFD to help inform LSCB business priorities for 2016-17. The review took place in January 2016 analysing referrals over a 2 week period. The prevalence of referrals in 4 key areas identified the priorities for 2016-17. The data was also used to inform the work of the SBP's Violence against Women and Girls Group (VAWG).

Brent LSCB Priorities 2016-17

Domestic Abuse

Child and Parental Mental Ill Health

Physical and Emotional Neglect

Child Sexual Abuse (including Child Sexual Exploitation)

What were the challenges?

Ofsted Findings November 2015

The data set has been overly focused on children's social care and has lacked a broad range of data from across agencies that would give a fuller picture of the difference agencies are making for children and better highlight areas in need of improvement

- The development of data set and dashboard has not progressed as quickly as required due to i) social care being main data source and ii) Brent Council staff being main members of the sub-group.
- Lack of capacity within agencies had also contributed to a restricted membership of sub-group and provision of a wider range of data.
- Incorporating the voice of the child into this data set remains a challenge.

Moving into 2016-17

- The development of performance data set and dashboard needs to be completed and populated with key quantitative and qualitative data from across partnership. This should include feedback from children, young people and parents and measure performance against LSCB priorities and key aspects of safeguarding to provide assurance of effective safeguarding arrangements in Brent.
- All partner agencies to commit to provision of appropriate data and support the analysis.
- Sub-groups should identify key actions to add to the 'story behind the data'.

2. Monitoring and Evaluation Sub-Group

The work of this sub-group was previously part of the work of the performance and monitoring sub-group

The group plans an annual programme of audits and reviews relevant single agency audits. Most audits commissioned by LSCB result in action plans. These were previously monitored

by the Quality Assurance and Outcomes sub-group but did not include a measurement by the Board about their impact on practice. This was acknowledged in 2014-15 Annual LSCB report and will be addressed in the work of the Monitoring and Evaluation Sub-Group going forward.

Reflective audits provide the opportunity for multi-agency reflection on how effectively agencies work together in a 'live' environment. Practitioners, parents and carers have feedback directly to each other what they felt was working, what they were worried about and what they could do to make a positive difference. This is evidenced through the reflective audit template (Self-Assessment in September 2015)

A bit about the Monitoring and Evaluation Sub-Group

- Audits in 2015-16 were completed for CSE, FGM, Pre-Birth arrangements, and children missing in education. Previous audits were reviewed on Paediatric Assessments and DBS to ensure progress sustained.

Ofsted Finding – November 2015

Audits are of variable quality, although the majority appropriately identify areas for improvement and lead to positive influence on practice.

What went well?

- Audit activity throughout 2015-16 was not compromised despite the structural changes and uncertainty within Brent LSCB.
- There is multi-agency support for the audit process.
- Learning from audits:
 - Informed development of action plans monitored by sub-group
 - Were incorporated into LSCB training courses as appropriate.

What were the challenges?

- Effective monitoring of action plans ensuring findings are acted upon promptly
- Ensuring audit process is robust identifying good practice alongside lessons to be learnt.

What the audits told us...

The details of some audits can be found throughout this report as relevant to key areas.

LSCB Multi-Agency Pre-Birth Audit – September to November 2015.

Audit regarding multi-agency service delivery on pre-birth cases. Children Young People randomly selected 12 cases that were referred to them in August 2014. Performance measured against London Child Protection Procedures, Working Together 2015 & Brent LSCB Multi-Agency protocols (July 2014).

Purpose -Audit aimed to identify and understand how health and social care work together, how cases have progressed one year on from referrals and look at strengths and weaknesses in practice.

What was working well?

- 67% (8) cases showed good multi-agency working with Health, especially safeguarding midwife, and partnership working i.e. with Teenage Specialist Pregnancy Midwife.
- 50% of cases demonstrated good multi-agency working with CAIT.
- 10%(1) case showed positive safeguarding interventions from MARAC, another from Housing
- 10% (1) case featured positive safeguarding interventions from Housing.

Progress one year on found...

- 33% of outcomes for the child was rated as good with child still living in Brent.
- 67% of cases featured good outcomes with child now living outside of Brent.

Outcome examples: -

- 1 mother and baby – subject to a Supervision Order – living in Brent.
- 1 father and baby residing in Brent following assessment by specialist provider.
- 3 mother and babies moved to other areas, transferring in Review CPC to 2 neighbouring areas.
- 15-year-old mother subject of CSE resides with baby and Maternal Grandmother in neighbouring area under Child Protection Plan.
- 1 mother moved out of area to reside with extended family due to safeguarding issues around domestic abuse.
- 1 looked after teenage mother unable to parent. Father awarded Child Arrangements Order.
- 1 teenage mother (mental health concerns) unable to parent baby. Baby lives with extended family out of area.
- 1 child was subject to Sudden Infant Death.
- 1 case closed following positive parenting assessment.

Chronic Neglect Audit December 2015 –January 2016

41/60 (68%) case file audit of children subject to Child Protection Plan for Neglect. Involved 45 frontline professionals working in frontline Child Protection Tier 4 Services (Operational Director, Heads of Service, Principal Officers, Team Managers and deputies and Advanced Practitioners).

What's working well?

- 59% (24/41) cases were graded good with the others requiring improvement.
- 39% of cases with historical 'drift and delay' evidenced improvement. For many the improvement was very recent.
- 39% progressed to Public Law Outline, LAC or ICO process.
- 68% (28/41) evidenced the 'voice of the child'.
- 50% of case audits identified an up to date chronology.

Evidence of Signs of Safety in practice

- 42% graded overall good with evidence of SoS. 41% evidenced a partial SoS model delivered with an authoritative social work, or confirmation bias, approach.
- 37% evidenced SoS in supervision.
- 27% evidenced 'voice of the child' through SoS direct work resources or tools.

Multi-Agency Collaboration

- 34% cases evidenced positive multi-agency working with Health, Education & CAMHS.
- 25% cases identify concerns regarding non-involvement specific services i.e. Housing, Drug and Alcohol and domestic abuse services.
- 41% did not evidence multi-agency working.

What are we worried about?

- Evidence of i) drift and delay (34%), ii) disguised compliance or rule of optimism (24%), iii) non-compliance.
- 40% (17) had up to date chronologies, 10 (24%) needed chronologies updating and 46% had no evidence of chronologies.
- Although case file audits mirrored the ethnic diversity within Brent only 10% evidenced cultural and ethnic links or networks in assessments or interventions.

So what?

Audit identified a hesitancy and reluctance for social work professionals to seek legal advice in cases applying 'rule of optimism' regarding parents / carers saying they will change.

Evidence supported further training and development for social work professionals on neglect.

Audit resulted in following actions...

- Introduction of Child Protection Practice Standards within Children and Young People.
- Child Protection Advisors (CPAs): -
 - Met to ensure thresholds were consistently applied for children subject to CP plan and address drift and delay where children on CP plan for over 12 months.
 - Offer individual case advice and reflection before CP Reviews.

Impact of audit has demonstrated an increased awareness of the impact of neglect through:-

- Reduction in number of children have been subject to CP plan for neglect over 12 months.
- Increase in number of children subject to new CP Plans
- Increase in escalation to use legal interventions to remove children for continued neglect despite agency interventions.

Moving on in 2016-17...

- The sub-group need to ensure identified actions from audits are monitored regarding completion.
- The findings from audits need inform the LSCB performance data set helping to establish an understanding of the story behind the data.

3. Learning and Development Sub-Group

The work of this sub-group should be read in conjunction with Learning and Development Section and the Annual LSCB Training Report 2015-16.

The sub-group started off the year as the Developing a Learning Culture Sub-Group changing to the Learning & Development Sub-Group during the summer 2015.

A few things about the Learning and Development Sub-Group...

The sub-group focused on the following work: -

- Delivery of 2015-16 training programmes to address LSCB priorities and planning for 2016-17 programme.
- Oversaw development of Community Reference Group.
- Started to plan the LSCB conference.

What worked well?

- All courses would have the 'Voice of Child' as an objective/learning outcome.
- Work started on refresh and re-design of Brent SCB website
- Updated training pack for GPs on safeguarding.
- Identified key issues to raise at LSCB i.e. raise following issues with LSCB need for:
 - LSCBs multi-agency Training Pool to be developed and sustained.
 - Wider agency representation on the sub-group.

What were the challenges?

- The changes to the sub-group and delay in confirming a new chair impacted on the progress and delivery of the group's work. This resulted in some actions and work not being followed up or fully completed.
- Some key training programmes were not designed or delivered i.e. trafficking, forced marriage, honour based violence that would have supported the LSCB priorities.
- No conference was held during 2015-16 due to staff changes and capacity.

Moving into 2016-17

- To ensure a more robust training programme is in place and monitored effectively.

4. Policy and Procedures Sub-Group

“Working Together to Safeguard Children” (formerly 2013 now 2015 edition) details the requirements for LSCB to have **policies and procedures** for safeguarding and promoting the welfare of children in its area that include:

- Thresholds for intervention.
- Where there are safeguarding or welfare concerns about a child.
- Training for people who work with/support children.
- Recruitment and supervision of people who work with children.
- Investigations of allegations against people who volunteer or work with children.
- Safety and welfare of children in Private Fostering
- Cooperation with neighbouring authorities.

A few things about the Policy and Procedures Sub-Group...

- Brent LSCB follow the Pan London wide safeguarding procedures with the sub-group ensuring that new and revised policy and procedures meet Brent's needs and identify areas for development or gaps.
- Ensures safeguarding policies and procedures are updated and ratified by LSCB.
- Development work is informed by findings from SCR, audits and CDOP as well as emerging government priorities.

What went well?

- The sub-group delivered a wide range of work in 2015-16 despite the changes to LSCB arrangements:
 - Advised on single agency policies i.e. London Fire Brigade Safeguarding Children's Policy.
 - Updated the thresholds protocol in response to key issues within PREVENT agenda.
 - Worked on Managing Allegations Against Professionals protocol with Designated Officer
 - Signed off Child Protection Complaints Policy.
 - Agreed Safer Recruitment Toolkit on LSCB website.

- Reviewed paediatric assessment protocol.
- Agreed standard statement to ensure all new policies, and existing ones when reviewed, incorporated the voice of the child.

What were the challenges?

- Retaining multi-agency focus to work on group and focus on LSCB priorities.
- Ensuring capacity to develop new guidance tools etc. and effectively promoting them across the partnership.

Moving into 2016-17...

- To develop a programme of activity to ensure Pan London policies and procedures remain suited for safeguarding work in Brent.
- To update tools and guidance as appropriate including LSCB priority areas.
- To work with Learning and Development Sub-Group to ensure any changes or new tools etc. are incorporated into training appropriately.

5. Serious Case Review Sub-Group

“Working Together to Safeguard Children” 2015

LSCBs should lead on Serious Case Reviews and advise the local authority and partners of lessons learned.

A few things about the Serious Case Review (SCR) Sub-Group...

- The group considers all serious incidents where a child has been seriously harmed or died, in the care of a parent or carer, and decides whether to instigate some form of review. In most serious incidents the SCR sub-group will decide to commission a SCR. The local decision making regarding serious incidents is subject to review by the National SCR Panel set up by Department of Education.
- Reviews SCRs commissioned by other LSCBs to identify any learning relevant to Brent.
- A confidentiality agreement is in place to enable effective sharing of information.
- As the work of the group is dictated by:
 - The number of serious incidents brought to its attention so cannot respond to an agreed work plan.
 - Working Together Guidance (Chapter 4)

LSCB Self-Assessment September 2015

- LSCB offered opportunities for professionals directly involved in SCR to have feedback from the Overview Writer and Chair of SCR Panel.
- SCR Panel members ensure learning is cascaded across their specific agencies. Usually multi-agency presentations take place by SCR Panel Chair and LSCB Business Manager on lessons learned. Last one for LSCB took place in September 2014.
- Lessons learned are included in Working Together Levels 1 & 2 but is not always clearly referenced in training offer and other development opportunities despite being part of the training strategy alongside lessons learned

from audits.

- Dissemination of findings from SCRs are undertaken on a single and multi-agency perspectives. Board members have assured Board they cascade learning through individual agencies. Those agencies directly involved cascade their individual learning from Individual Management Reviews (IMRs) and SCR overview report.
- Lessons learned events have taken place led by Chair of SCR Panel and LSCB Business Manager with last two taking place September attended by over 60 professionals
- Actions were monitored through the Performance Improvement Plan by Board and the SCR sub-group and reviewed in Annual Report.
- Serious incidents identified by single agencies are a standing item on the SCR sub-group agenda.

What worked well?

- During 2015-16 the group considered 7 cases related to children in Brent and other cases concerning two other LSCBs who requested Brent's involvement in their SCR process.
- No SCRs were instigated during this period but the Chair referred the two most serious incidents to the National SCR Panel who endorsed the decisions made by Chair and sub-group not to commission a SCR.
- Up to September 2015 the Performance Improvement Plan would monitor actions to ensure lessons learned were completed.
- Some local learning events were held to make health practitioners, and police, aware of learning points that sub-group considered relevant in cases it considered.

What were the challenges?

- More robust arrangements are needed to ensure national and local lessons learned from SCR are embedded into all LSCB training and that multi-agency SCR presentations take place regularly. The logistics of organising events result in them taking place sometime after the incident. Staff attendance can also be problematic due to competing pressures and availability.
- During the year no specific multi-agency learning events were held regarding lessons learnt from SCRs from Brent or nationally. These were also not routinely included in all LSCB training.

Moving into 2016-17...

- The sub-group should seek assurance from the Learning and Development sub-group that lessons learned from local and national management/serious case reviews are embedded into all LSCB training and that regular multi-agency presentations specifically on lessons learnt take place.

6. Child Death Overview Panel

A few things about the Child Death Overview Panel...

- The CDOP arrangements in Brent LSCB are detailed in Regulation 6 (SI No 2006/90) of the Children Act 2004 and in Working Together 2015 (Chapter 5). CDOP aims to improve our understanding of how and why children in Brent die and use these findings to take action to prevent preventable deaths

- CDOP arrangements in Brent are funded by the CCG including a Panel Coordinator.
- This multi-disciplinary Panel chair is the Director for Public Health who is also an LSCB Board Member.
- LSCB's responsibilities re CDOP arrangements are to: -
 - Support the dissemination of key messages that can prevent child deaths
 - Ensure that child deaths are notified to the CDOP
 - Continue the multi-agency and input into rapid response meetings
- During 2015-16: -
 - A total of 23 child deaths were reported, 13 expected and 10 unexpected. Eight were neonatal deaths.
 - CDOP reviewed 16 child deaths of which 10 expected and 6 unexpected
- The remit for the panel is set out in Regulation 6 (SI No 2006/90) Children Act 1989 and Working Together to Safeguard Children 2015 – Chapter 5.
- The current processes for managing unexpected child deaths in Brent is detailed on [LSCB Website](#).

Brent LSCB Self-Assessment in September 2015

- The CDOP does not have a business plan agreed by LSCB.
- The CDOP annual report is presented to LSCB annually.
- Issues emerging from CDOP include safe sleeping resulting in i) presentation to LSCB in November 2014 and the continuation of safer sleep sessions on the LSCB training programme both undertaken by the Lullaby Trust.

What went well?

- CCG continued to fund CDOP arrangements ensuring that the rapid response and CDOP panel reporting arrangements were robust and met statutory requirements.
- CDOP processes identified lessons learned which continued around the need to continue to promote the safer sleeping in under 6 months. During 2015-16 LSCB ran multi-agency Safer Sleeping sessions facilitated by The Lullaby Trust.

What were the challenges?

- For LSCB to consider a range of ways to promote the Safer Sleeping message in addition to the Safer Sleeping Briefings across professionals and parents within Brent e.g. links to relevant information on website, incorporating it into other training, and into work of Community Reference Group.

Moving into 2016-17...

Actions identified by CDOP include: -

- Disseminate safer sleeping messages across professionals and parents caring for babies.
- Health providers to implement the recommendations from their incident reviews as part of learning lessons and improving practice.
- Promote the services for parents to access genetic counselling in consanguineous

relationships.

Moving on 2016-17 ... The Sub-Groups

- LSCB needs to feel assured that the current sub-group arrangements are effective in order to drive forward LSCB business. This means considering:
 - Are they the right sub-groups for LSCB business?
 - Where other strategic bodies have lead responsibility i.e. for CSE, to clarify their responsibility for driving work forward with the support of, and in partnership with, LSCB.
 - Do any LSCB Sub-Groups share common agendas with other strategic bodies and their working groups, for example the Safeguarding Adults Board?
 - Are there too many sub-groups? This may mean that more time is spent in meetings, reviewing and monitoring work than actual work needed to progress business. However, too few sub-groups with a larger remit may mean some areas are overlooked or not progressed as well as others.
 - Are sub-groups fulfilling the expectations regarding their remit? And, is there scrutiny and challenge to their work?
- Ensuring appropriate reciprocal and joint working arrangements are in place across the sub-groups.
- To develop closer links with neighbouring LSCB's and other strategic Board and sub-groups i.e. Safeguarding Adults Board to support sub-group work or identify joint areas of future work.

LEARNING AND DEVELOPMENT

LSCBs have a responsibility to ensure training is provided for professionals and volunteers working with children and families in Brent. To achieve this Brent LSCB offers multi-agency training as part of its learning and developmental opportunities

A bit about Brent LSCB's Learning and Development Opportunities: -

- Since 2013 Brent LSCB has had a dedicated Training Coordinator to support the delivery of comprehensive training programme across the partnership.
- An annual 'training needs analysis' (TNA) attempts to obtain a clear picture of training across agencies, identify gaps and to assess and monitor the different levels of training delivered. LSCB has a partial understanding of how many staff should be trained, at what level and whether there is compliance regarding training due to the limitations of current TNA.
- Training is centred on Child Protection and LSCB priorities including Working Together levels 1 and 2 which encompasses Working Together 2015 guidance requiring Boards to maintain a local learning and improvement framework which is shared across local organisations working with children and families.

What went well?

- Training includes face to face training and e learning. Classroom courses have materials and resources accessible following completion of course on learning pool delivered by a range of professionals who make up the LSCB Training Pool.
- Training delivered is evaluated highly by participants
- During the year 1046 participants completed the 105 face to face courses offered and 999 completed online courses.

What were the challenges?

- Measuring the impact of individual training on professional practice and the difference it makes remains a challenge. Most LSCBs are struggling to address effectively.
- There has been no detailed Training Needs Analysis (TNA) undertaken for a number of years. A more robust framework to undertake a detailed TNA should be identified to ensure Brent LSCB is delivering the right training and it is impacted positively on practice.
- By the end of March 2016 it was evident there are no clear and consistent administration or quality assurance processes in place to ensure all training was up to date, included key elements and was regularly reviewed.
- Training programmes were not developed to address all LSCB priorities in 2015-16 i.e. honour violence, forced marriage, trafficking and belief in witchcraft.
- The training programme for 2016-17 was not planned for in advance to ensure prompt delivery of training on new priority areas.
- Quality assurance processes for training, including delivery, require further development.
- The training pool of facilitators requires a broader membership to ensure sustainability.

Moving into 2016-17

- All future training needs to encompass the importance of listening to the voice of the child, the key messages from children and meet the requirements of local and national priorities.
- The Learning and Development Sub-Group need to ensure:
 - A comprehensive TNA is completed
 - The LSCB training programme meets the training needs of the partnership and delivers high quality courses and other learning and developmental opportunities.
 - Training is quality assured
- To review the current training offer and arrangements to ensure it will meet future needs of partnership and be sustainable.

Community Reference Group (CRG)

The Community Reference Group aims to act as the key link between the LSCB and the community. It aims to ensure that: -i) the community is aware of the LSCB and safeguarding issues and, ii) the LSCB is aware of the key messages and issues for the community regarding effective safeguarding arrangements for children in Brent.

A bit about the Community Reference Group...

- Some of the previous work of the LSCB lay members within the community was formalised in new arrangements in establishing a key role within the Community Reference Group.
- The key remit for the CRG includes:
 - Raising awareness of the importance of safeguarding children and young people
 - Ensuring that the voice of the community is heard and information, support and advice is accessed.

Ofsted Finding – November 2015

- The CRG is chaired by the lay members and acts as a conduit to reporting to the Board the views of the community and informing the community about the activities of the Board while raising awareness of safeguarding.
- The sub-group's work in promoting safeguarding has had a clear impact on community engagement – for example in identification of a potential hot spot for child sexual exploitation.

What went well?

- Meetings take place within the community i.e. during 2015-16 meetings took place in community and faith locations across the borough.
- The Community Reference Group has been active in ensuring that the voice of the child, and community, is represented at Board meetings with young people actively involved.
- Key work of the CRG during the year with voluntary, community and faith groups included:
 - Positive engagement with Heads at 4 Brent schools who offered their schools as venues for CRG work.
 - Attending local trampoline club where young people volunteer during school holidays to provide information, support and training for the young people and volunteers.
 - Reviewed a Brent Housing Association's safeguarding policy.
 - Holding a training and information session on safeguarding children and young people for a local church in March 2016. This was attended by 46 people including their national safeguarding lead. Session reinforced importance of churches taking responsibility to safeguard. Evaluation highlighted participants had benefitted from the information, developed a better understanding of safeguarding.
- The sub-group has facilitated a higher profile for the Board within the community and enabling the community to share concerns and challenge the Board take action to

address concerns. For example, a play by young people for young people explored sexual exploitation.

- A young man spent time with CRG on weekly basis for three months as part of this Duke of Edinburgh Award. The focus on this was to support the young person to give his perspective on what safeguarding meant to him as a young person in Brent.

Community Reference Group – June 2015 & March 2016

Context

Following attendance at a previous CRG a local organisation PLIAS (supports rehabilitation of ex-offenders).

Remit

Informed CEO and staff of:

- i) Work of CRG and Brent LSCB
- ii) Clarification on role as employers and members of community regarding safeguarding

A session was held with staff on the principles of safeguarding children giving the opportunity to look at how they can be more effective in their roles regarding safeguarding.

Outcome

The evaluation of the session indicated vast majority of staff had increased their skills, knowledge, and awareness of safeguarding and felt more confident in knowing how and when to make a referral.

What were the challenges?

- Whilst the CRG has managed to raise its' profile significantly within organisations in Brent CRG meetings have not successfully attracted a high number of community groups and members.

We feel the model used to attract the community has been inherited and needs to be re-designed to have a greater impact. In other words, too corporate or perceived as the Council

- The sub-group worked throughout 2015-16 without any identified budget to support the community engagement they undertook increasing reliance on community groups to support this work. This restricted the options available to them.
- The name of the group, and attempts to hold some events within statutory organisation venues, has led to a 'corporate' perception of the group hindering progress of the sub-groups work across some sectors of the community. This has limited work of the group.
- The sub-group operates without a budget and as such relies on the goodwill of the lay members and the community groups it is wanting to engage to facilitate the progress of work within the community.
- The role of the lay members and the Community Reference Group has become blurred rather than being seen to have two separate functions that complement each other.
- There were only 3 CRG 'formal' meetings in 2015-16 with just under 20 community members attending in total. The last meeting led to concerns about the format of meetings, its remit and confidentiality.

Moving into 2016-17

- LSCB needs to continue to support the work of the sub-group by providing support including a budget.
- The messages from community groups should be more embedded into other LSCB work i.e. informing policy, data set etc.

THE VOICE OF THE CHILD

A few things about Brent LSCB's approach to the Voice of the Child

- During 2014-15 the established Voice of the Child LSCB Sub-Group led on ensuring the voice of children and young people was integral to LSCB business. Following the review of LSCB arrangements this sub-group was disbanded to ensure the voice of the child was central to all LSCB Business and integrated into its business planning and priorities, the work of the sub-groups and learning and developmental opportunities/training.
- The Children's Trust also reviewed its strategic approach for the engagement and participation of children and young people in respect of i) their individual care planning, ii) service delivery, and iii) planning and strategic planning. It was agreed towards the end of 2015-16 intended as a partnership wide approach. This includes: -
 - A new engagement and participation strategy
 - The development of a new group of young people supported to undertake more detailed participation project. The LSCB can link into the work of this group.

What worked well?

- All LSCB sub-groups have given a commitment to ensure the voice of the child is embedded into their work
- There is a range of work across the partnership undertaken to obtain children's views. Different agencies have different levels of consultation dependent on nature of agency. The Children and Young People Department through social care, early years, family and youth support services are all very active in this area.
- Children's Trust developments in 2015-16 should provide the infrastructure to move forward on this agenda in 2016-17. The development of a young advisors group will start embedding developments across the partners, including LSCB, regarding the voice of children and young people. LSCB needs to ensure it links into this in 2016-17.

What were the challenges?

- Despite sub-groups agreeing actions to embed the voice of child into their work programmes, few have proactively ensured the voice of the child is integrated into all of their work.
- There is a lot of good work across the partnership within individual services regarding the voice of the child but the lack of coordination at a partnership strategic level to share and coordinate the findings and messages from children and young people's engagement to avoid duplication and over consulting with the same children and young people.

- LSCB should maximise the opportunities for participation and engagement much more and be more proactive.

Moving into 2016-17

- Brent LSCB to i) strengthen links with Children's Trust participation approach, and ii) develop links with key children and young people's groups e.g. Youth Parliament and Children in Care Council to feed into LSCB business as appropriate.
- To involve young people and the community in planning the annual LSCB conference.
- To ensure feedback and messages from children, young people and their parents/carers are routinely incorporated into all LSCB training and the work plans of all sub-groups.
- Ensure there is feedback to children and young people about what we done about what they have told us and if we have not acted why not.

What our children and young people said in 2015-16...

It is key that we **LISTEN and ACT** upon what the individual and collective voices of children and young people tell us. Below are key messages from Brent's children and young people during the year.

What Brent young people told us...

National 'Make Ur Mark' vote – November 2015- saw over 8,500 of Brent's young people aged 11-18 years vote to identify the priorities for Parliament and the UKYP's to focus on in 2016.

	Brent	Wider London	National
1	Living Wage for young people 16 years plus	Living Wage for young people 16 years plus	Living Wage for young people 16 years plus
2	Tackling racism	Curriculum to prepare us for life	Curriculum to prepare us for life
3	Curriculum to prepare us for life	Tackling racism	Transport
4	Transport	Transport	Mental Health
5	Mental Health	Mental Health	Tackling racism

What Brent's Youth Parliament told us...

The Youth Parliament consists of representatives from schools across Brent involving young people in advising officers on services and key issues. During 2015-16 they advised on:

- Physical Health Strategy
- Proposed Child Houses (for North West London NHS)
- Healthy Living

What young people told us about Child Houses

The Youth Parliament gave the following messages about establishing 'Child Houses' across London. The houses will support children, young people and families through whole pathway of support from disclosure to ongoing post abuse therapy regarding sexual abuse.

Child Houses should...

Feel safe and secure

Be confidential and welcoming

Location...

- o Accessible by tube/bus stop
- o Differing views i.e. quiet neighbourhood, a populated area, near areas with high CSA

How they operate...

- o Not be like a hospital or somewhere you go for treatment

They should be promoted to children and young people by...

- o Professionals know about it and doctors/teachers recommend
- o Notice boards, leaflets & posters at schools, GP's, libraries, youth and sports clubs.
- o Via schools – information sessions and assemblies
- o Promotional video 24/7, TV or radio, local newspapers.
- o Online forum, social media

Staff should...

- o Treat you like a normal person rather than as if you are ill
- o Have experience with children
- o Be happy and enthusiastic

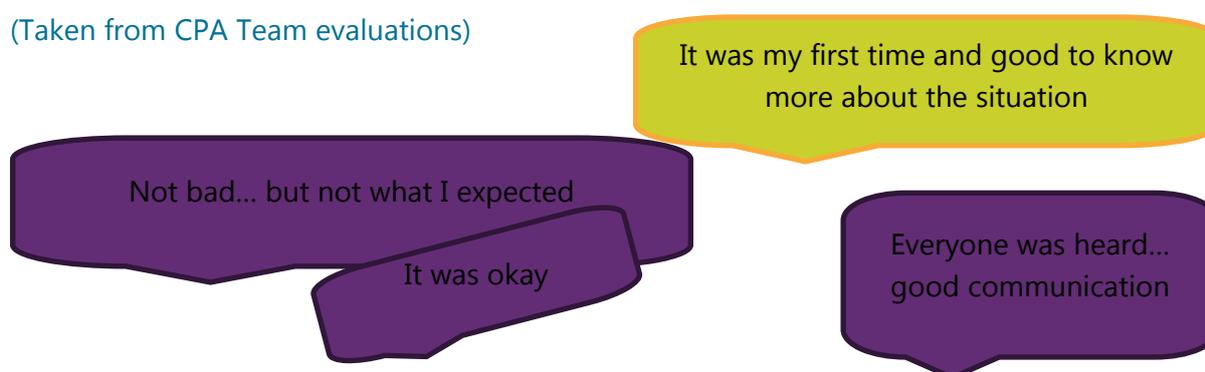
What Brent's Children looked after told us...

Through the IRO Service...

My IRO helped me to move to my Nan. I would like to see my family everyday
My IRO listens, helped me to remain in my placement
My IRO is the most consistent person!
I miss my previous IRO who knew me from a young age and miss him, can I have him back?
I cannot wait to go back home and my IRO is helping me.
My IRO sorted my bursary and laptop

What children and young people tell us about Child Protection Conferences...

(Taken from CPA Team evaluations)



BUSINESS PLANNING & PRIORITIES

LSCB BUSINESS PLAN 2015-16

The Board historically identifies and agrees its priorities annually through a business planning day. Brent LSCB's Business Plan details its priorities which are linked to sub-group and partnership actions to progress priorities throughout the year.

The priorities aligned with priorities of other strategic boards in Brent i.e. the Safer Brent Partnership to ensure a holistic approach to safeguarding across Brent.

The detailed Business Plan is partially based on an analysis of needs. The impact of changes within Brent LSCB and the wider partnership in 2015-16 led to the Business Plan from 2014-15 continued into 2015-16 with a few minor additions i.e. trafficking within agreed priorities.

Previous priorities had been based on national priority areas including CSE, FGM and Prevent all of which are key issues in Brent.

Brent LSCB's overarching principles - Discover, Listen, Learn, Improve can be seen in diagram on page 52 and provide the framework for our business planning. The work of partners, the sub-groups support this approach and progress work on the priorities. This is managed through the Chairs Group with regular scrutiny at LSCB Board.

The Business Plan for 2015-16 and performance against it was signed off in summer 2016 and is available on request.

What went well?

- LSCB maintained a focus on business planning and priorities from previous years ensuring changes were more embedded.
- The Business Plan alongside the changes to LSCB arrangements were ambitious-seeking to ensure the Board was fit for purpose moving forward.

What were the challenges?

- LSCB Board does not routinely monitor the implementation of the plan. (Self-Assessment 2015). Limitations of previous sub-group arrangements in implementing business plan and monitoring the outcomes led to the review of how the Board function. As the new arrangements are not fully embedded monitoring and review is required to ensure they support effectiveness of LSCB business.

Moving into 2016-17...

- Brent LSCB needs to i) monitor implementation of the Business Plan, and ii) progress priority areas more robustly (Self-Assessment 2015).
- LSCB to monitor and review effectiveness of the new arrangements to be assured they are effective and support delivery of LSCB business and progress regarding LSCB priorities.
- Identifying future priorities that are evidence based with a focus on improving multi-agency arrangements to ensure children are safeguarding.
- The LSCB Business Plan must retain oversight of wider safeguarding arrangements and general safeguarding issues i.e. management of allegations against staff working with children, private fostering etc., to be assured safeguarding arrangements are effective.

Meeting our priorities

The LSCB Self-Assessment September 2015

- LSCB only partially ensured all priorities had at least one measure which detailed the direct impact on children and young people.
- Further work was required to ensure clear measures detailed a direct impact on children and young people. Following the review of sub-group arrangements. The newly established Performance Sub-Group led on this as part of its' wider performance framework under development.
- Need to be stronger focus on communication and awareness raising on LSCB priorities across wider partnership rather than reliance on Board members to cascade details of priorities.
- The LSCB Conference in November 2014 presented priorities to 200 plus attendees who pledged to circulate this information within their organisations, departments and teams.

PRIORITY 1: Working Together

Board partners work effectively together to safeguard and promote the welfare of children and young people.

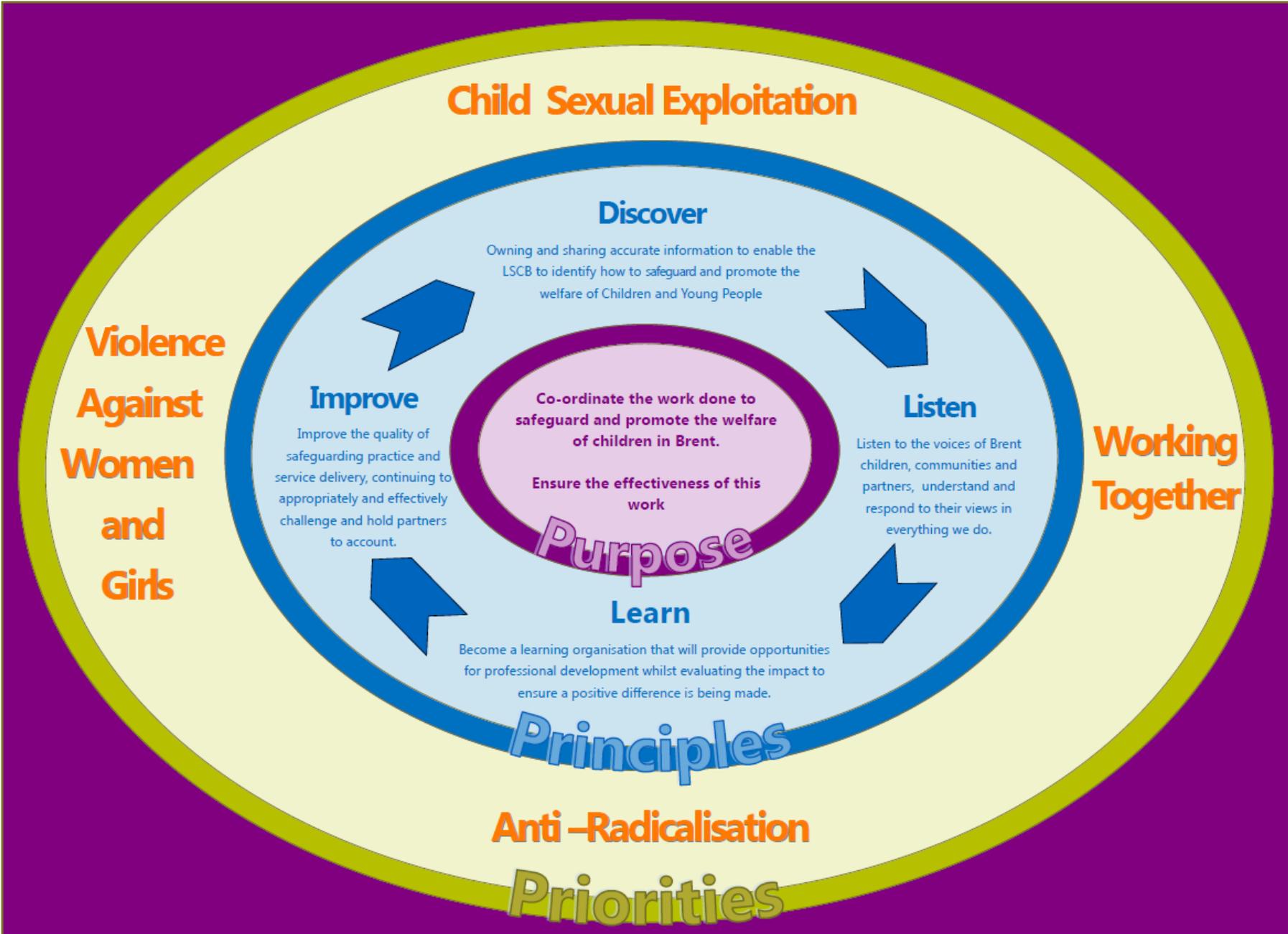
Working Together to Safeguard Children 2015 covers the legislative requirements and expectations on individual services to safeguard children. It gives a clear framework for LSCB's to monitor the effectiveness of local services. During 2015-16 the previous year's work continued to ensure compliance with statutory guidance, activities to evidence this were in place and it demonstrated the impact of this.

Self-Assessment

During September 2015 Brent LSCB completed its annual self -assessment. The key points from the assessment are embedded throughout this report. It provided a clear and transparent assessment that supported the OFSTED findings in the inspection September 2015.

Section 11 audit process is in place in order to assure LSCB that individual agency safeguarding arrangements are effective in safeguarding children in Brent. The audit process has 10 key areas of challenge key to agencies in respect of their responsibilities to assure LSCB: -

- Senior management show a commitment to the importance of this agenda.
 - Agency has a statement of its commitment to this agenda available to all staff.
 - Safer Recruitment
 - Training for all staff working, or in contact with, children and families.
 - Service development takes account of safeguarding and promotion of welfare **and** is informed - as appropriate – by the views of children and families.
 - Effective multi-agency working
 - Work with individual children
 - Information sharing
 - Clear accountability lies exist in organisation for this work
 - Monitoring and review arrangements are in place.
- Section audits offer a self-assessment element which is further challenged through the support and challenge process whereby LSCB undertakes these audits.
 - Section 11 evidence indicated an area for development for Board members responsibility in raising awareness of LSCB and cascading information on the LSCB priorities down to staff across their agencies (LSCB Self-Assessment September 2015)



- Usually Brent LSCB undertakes section 11 audits every 2 years. The audits take place through a challenge and support process involving an independent peer from the board. Actions for Section 11 audits were monitored through the Performance Improvement Plan (this ceased in September 2015 following the review of LSCB structures by new Independent Chair and became the responsibility of the Monitoring and Evaluation Sub-Group).
- In 2015 the usual programme for section 11 audits did not take place. However:
 - Two audits were undertaken with Harrow LSCB with Health providers. These were in respect of Central and North West Health (mental health services) and Brent Community Services (part of LNWH Trust)
 - Two agencies completed and submitted paper section 11 audits which were London North West Healthcare Trust (Acute Services) and GP Harness Walk-in Services.
- The section 11 audit process started in 2014-15 with Brent's schools and continued into 2015-16 with the support of the DCS. It was agreed to build this into future LSCB section 11 challenge and support function.
- Moving into 2016-17 Brent LSCB intends to undertake a new approach to section 11 audits to be assured that the professional and volunteer workforce in Brent is clear about their roles and responsibilities in respect of safeguarding children and young people. Partner engagement in this process is crucial to provide LSCB with assurance safeguarding arrangements are effective.

Performance and Quality Assurance

- Brent LSCB's QAALIF supports the LSCB's annual self- assessment.
- The Quality Audit and Outcomes sub-group functions was responsible for audits and performance data. Following the review of LSCB structure, the remit of the sub-group was split between the Performance, and Monitoring and Evaluation sub-groups aiming to give a stronger smarter focus on LSCB audits and data set.
- The LSCB agreed a revised data set in June 2014 which was primarily presented from social care, rather than multi-agency perspective.
- Single agency inspections reports are feedback into the Board with regard to service effectiveness. (LSCB Self-Assessment 2015).

What went well?

- Brent's Children's Social Care audit process is comprehensive and collaborative audits were fed into the Quality Assurance and Outcomes Sub-group. This has continued with the emergence of the Monitoring and Evaluation Sub-Group taking on this function which also considers single relevant single agency audits.

What were the challenges?

- The data set agreed in June 2014 was not fully interrogated by the Board leading to the new Chair prioritising this work during 2015-16. By March 2016 there was no performance framework in place to assure LSCB safeguarding arrangements were good. This has resulting in LSCB not having an agreed performance framework and data set to be assured that safeguarding arrangements in Brent are good.

- The LSCB does not have full details of all partners' quality assurance mechanism and data. Partner engagement in this process is crucial to understand the effectiveness of our safeguarding arrangements in Brent and to know that these are resulting in positive outcomes for children in Brent.
- Ofsted rated Brent LSCB as requiring improvement to be good. Brent LSCB Board members need to feel confident that arrangements are robust and transparent to ensure that LSCB is meeting its' statutory responsibilities.
- Section 11 audit process which did not take place as routinely as in previous years was not able to provide Brent LSCB with evidence that children in Brent were safeguarded. Partner engagement in this process is key.
- Staff changes across the partnership impacted on the delivery of some LSCB business.

Allegations Against Adults Working with Children (LADO)

The majority of adults who work with children (paid or unpaid) act professionally providing a safe and supportive environment for children. However, some adults abuse this position of trust and harm children.

LSCB must be assured that staff, and volunteers, working with children have clear and safe boundaries, and processes are in place to safeguard children that they come in contact with.

In compliance with Working Together to Safeguard Children (2015) Brent has a Designated Officer (formally known as LADO) who has a duty to ensure that all allegations of abuse of children are taken seriously and dealt with in accordance to national guidelines.

Safeguarding arrangement in organisations, working with children, must be in place. This includes policies on managing allegations against people who work with, or support, children. Policies should distinguish between an allegation, a concern about quality of care/practice and a complaint.

A few things about the LADO (Designated Officer) arrangements in Brent...

- Brent LSCB policies on safe recruitment practices and managing allegations against staff, information on the allegations protocol, processes and LADO contact details are all accessible on the Brent LSCB website: www.brentlscb.org.uk
- The Designated Officer (LADO) function was incorporated into the Child Protection Advisor's role. Since October 2015 a permanent officer has been in post within Children's Safeguarding and Quality Assurance Service. This includes Child Protection Advisors. This ensures cover if needed. The Designated Officer has support for organising AAP meetings. A multi-disciplinary approach is taken to Allegations against Professional (APP) meetings.
- The Designated Officer works closely across agencies including the Police (CAIT - Child Abuse Investigation Team) where there are concerns a crime has been committed.
- All agencies in Brent working with / supporting children and families should follow procedures when allegations against staff or volunteers are made.

- Contact records on complaints, advice and information were recorded from October when full time Designated Officer came into post.
- April 2015 LSCB agreed safer recruitment risk assessment document to be developed and offered to schools to support their practice in this area. This resulted in a safer recruitment tool and guide that was agreed in September 2015.

During 2015-16 ...

- 206 contacts were made to LADO, 86 were addressed through agency's internal process, 73 provided with advice and information and 47 progressed to Allegations Against Professionals (AAP) meetings.
- Most referrals related to school employees and Foster Carers, with an increase in referrals from non-regulatory bodies. The Corporate Parenting Committee monitors Brent's Fostering Service.
- Most AAP meetings related to physical abuse, in schools, foster care, Mosque, school transport and semi-independence settings.
- The outcomes of AAP meetings were mixed with 10 being unfounded, 16 substantiated, 19 unsubstantiated and 1 false. There were 5 referrals to DBS.
- AAP meetings resulting actions were primarily regarding training needs. Other actions included i) letter of warning/expectation, ii) dismissal, iii) to complete Ofsted inspection, iv) return to work, and v) care standards.
- Individual agency's internal investigations that were reported to LADO mainly focused around physical abuse allegations (44), 14 were for emotional abuse, 6 for neglect and sexual abuse categories and 16 for other. The key learning outcomes for schools have been explicitly stated.
- The common themes for improvement identified during 2015-16 included: -
 - Staff training in areas such as physical intervention/restraint
 - Clear understanding of roles and responsibilities in meeting required timescales.
 - Ensuring all staff are: - i) updated on safeguarding policies and procedures and ii) provided with safeguarding and allegations management training.
 - Enabling professionals/volunteers to differentiate between allegations that fall below the defined Care Standards for a service and child protection concerns

What worked well?

- Having a dedicated Designated Officer enabled a clearer focus on processes and analysis to support future practice developments and provide a consistent prompt response to referrals and AAP process.
- The Designated Officer included a slot on allegations on LSCB Working Together Level 2 Training Course.
- LSCB supports the work of the Designated Officer by: -
 - Promoting the expectations on agencies regarding management of allegations against staff / volunteers.

- Promoting and embedding use of Brent LSCB's Safer Recruitment Tool.

What were the challenges?

- No process in place to evaluate the quality or effectiveness of the service.
- Input on LSCB Level 2 training does not effectively replace the previous 1 day course.
- The LSCB should be assured robust systems are in place for safe recruitment and managing allegations against professionals and volunteers across the partnership.
- LSCB supports the work of the LADO by: -
 - Promoting the expectations on agencies regarding management of allegations against staff/volunteers i.e. LSCB Training Programme to include specific training.
 - Promoting and embedding the use of Brent LSCB's Safer Recruitment Tool.

Moving into 2016-17...

Although this is not an identified priority for LSCB in 2016-17 the statutory responsibilities of Brent LSCB means: -

- LSCB should ensure that it is clear about its strengths and weaknesses and has identified a clear way forward in order to more robustly judge its' effectiveness in safeguarding children. This should include: -
 - A multi-agency performance framework and data set that includes qualitative and quantitative data and analysis to understand what the data is telling us and means in respect of safeguarding children in Brent. This should include details on allegations against professionals and key learning points. This will help identify learning needs of the partnership and individual agencies and be addressed within relevant LSCB multi-agency training.
 - A section 11 process that engages all partners in assuring LSCB children are safeguarded.
 - All partners understand and play a key role in supporting the developing effectiveness of Brent LSCB.
- Supporting the development of a practice guide for managers and the public.

PRIORITY 2 : Child Sexual Exploitation

Board members are assured arrangements to identify and safeguard children at risk of child sexual exploitation are effective and that initiatives are in place to promote prevention of potential victims, protection of victims, prosecution of perpetrators and support for recovery of victims of child sexual exploitation.

Supplementary guidance '*Safeguarding Children and Young People from Sexual Exploitation*' states children who are sexually exploited are the victims of sexual abuse and should be safeguarded from further harm.

The term child sexual exploitation is used to describe a genre of offending which includes traditional notions of grooming. In this context child sexual exploitation

includes the much broader threat from communication, between adult and child, for the purpose of sexual exploitation whether the intention is to meet the child or not.

A few things about Child Sexual Exploitation (CSE) in Brent...

- Safer Brent Partnership is the strategic lead for CSE within Brent (agreed September 2015). A CSE sub-group was established as part of the new LSCB.
- Brent LSCB's CSE sub-group progressed the [Child Sexual Exploitation \(CSE\) strategy](#), working collaboratively with other LSCB sub groups drawing on the [Pan London CSE Operating Protocol](#).
- OFSTED thematic review of CSE gave a further steer in taking forward actions.

Table: gender and age of victim's reports 2013 to March 2016

	2013		2014		2015		2016 to March	
	M	F	M	F	M	F	M	F
Gender	0	5	5	19	2	35	1	8
Victims aged 11	-	-	-	-	-	-	-	1
Victims aged 12	-	-	-	-	-	1	-	-
Victims aged 13	-	-	-	4	-	3	-	-
Victims aged 14	-	3	2	6	2	4	-	1
Victims aged 15	-	-	3	4	-	10	-	3
Victims aged 16	-	1	-	4	-	5	1	2
Victims aged 17	-	1	-	1	-	12	-	1
TOTAL	-	5	5	19	2	35	1	8
Overall total	5		24		37		9	

Table: Victim Ethnicity and Gender

	Male	Female
Not Known	3	6
White European	3	17
Dark European	1	3
Afro-Caribbean	1	22
Asian	0	13
Oriental	0	0
Arabic	0	5
Total	8	76

What went well?

- Courses on CSE were included in the Brent LSCB multi-agency training programme 2015-16 and were facilitated by Public Health. 186 people completed this training.
- Data collection and analysis across agencies has developed since 2013 enabling a developing understanding of the age, gender and ethnicity of victims, key locations and profile of perpetrators.
- The appointment by Children's Social Care of a data analyst and MASE coordinator has developed a problem profile regarding CSE in Brent. It has created an understanding of CSE within our area and ensure some interventions are targeted in response to concerns raised or intelligence gathered to help explain the

developing trends in Brent regarding CSE and inform planning of appropriate interventions etc.

- Within Brent Council the Corporate Management Team review CSE performance on a six monthly basis.

CSE IN BRENT - PROBLEM PROFILE

Context

The CSE Data Analyst developed a problem profile using data gathered by Police (May 2013 to March 2016), and the local authority (January 2015 to March 2016). The three data sets used for analysis were: -

- CSE non-crime reports. Best course for numbers of victims. 75 recorded victims at March 2016,
- All crimes with a CSE flag attached. Includes suspects and other crimes CSE related. 188 records of victims had CSE flag attached.
- MASE Panel information. Includes victims, offenders and locations. 35 children were seen at least once within timeframe at MASE, many having been heard several times until the risk was reduced.
- It is anticipated in the future available health data will be added to this.

Background

CSE is national priority area. To effectively prevent the sexual exploitation of children in the future a local understanding of the issue is key.

What does this tell us?

- There has been a yearly increase in individuals being recorded as at risk of CSE
- We understand our victim and perpetrator profile more supporting development of effective interventions.
- Females are significantly more likely to be at risk of CSE than males however it could be male victims are less likely to report offence. (Banardo's- believe that peer on peer crimes in relation to ales is on increase i.e. gang intervention. Gangs culture is a key issue for Brent).
- Male and female victims aged 15 are the most likely to be at risk, slightly older than across London.
- White European males and Afro-Caribbean females are more at risk of CSE.
- There are currently 188 reported offenders of CSE in Brent. 62% (116) are male and 6% (12) are female with large number – 32% with gender unknown. Female offenders are growing in number with those females offending having been victims of CSE as well.
- So far we know that male offenders are aged between 11 and 53 years with majority aged between 18 and 25 years. So far we know female offenders are aged 13 to 64 years with no clear main age
- Majority of male and female offenders are of Afro-Caribbean or Asian ethnicity.
- Main locations where CSE concerns have been raised are residential addresses.
- There are 5 main areas where majority of CSE victims have been identified as living.

Brent LSCB CSE Audit

Multi-agency audit to assure safeguarding standards to protect young people from CSE are implemented at frontline.

Scope

To quality assure arrangements re MASE panel were compliant with Statutory Guidance 2009 and local procedures.

Cases

10 case files were audited of young people who had been to MASE Panel.

Findings

What was working well?

- 9/10 cases were compliant.
- Communication across MASE were in line with decisions.
- Schools dealt with concerns quickly and effectively
- Referrals were evidenced to therapeutic and substance misuse services
- Majority had active safeguarding, Child in Need or Pathway plan evident on case record.
- Voice of child was evident in 9 cases.
- Level of casework undertaken was appropriate to level of risk.

What were the challenges?

- Social Care team managers/social workers and schools were often excluded from MASE
- Poor, or no, communication between local authority who had placed young people in Brent.
- Delays in i) uploading decisions and minutes from MASE onto electronic records and ii) allocated worker responses.

- Strategy meetings were not routine prior to MASE referrals. Templates and CSE risk assessment tool were not routinely used.

What next?

- Multi and single agency training to be regularly available
- MASE decisions and minutes to be uploaded promptly
- Engagement of key partners, i.e. social work teams, in MASE process.
- Embed effective use of MASE across partners.

What were the challenges?

- Embedding knowledge and use of CSE and appropriate pathways and tools for professionals across agencies.
- Identifying resource for the detailed analysis work and support for MASE meetings to be undertaken.
- Developing an understanding of how CSE links to other key areas such as those young people missing from home/care, involved in gangs etc.

Moving into 2016-17

- Brent LSCB will continue to embed current work in this area across the partnership and develop partnership working as CSE continues to be an LSCB priority for 2016-17.
- The appointment of the CSE analyst has enabled data analysis and problem profile to be developed. This is key to providing intelligence to progress this area of work to improve outcomes for these young people. This post is only funded on temporary basis by Children and Young People's services. The LSCB will require assurance that this work will be able to continue effectively in 2016-17.

PRIORITY 3: Violence against Women and Girls

Board members are assured that there are effective partnership arrangements in place to safeguard women and girls from violence, including domestic abuse, Female Genital Mutilation (FGM), Honour Based Violence, Trafficking and Forced Marriage.

Domestic Abuse has been a longstanding multi-agency priority in Brent. LSCB needs to be assured that an appropriate range of services are provided and accessed.

In March 2014 the Overview and Scrutiny Task group reported to Brent's strategic Boards on concerns regarding specific harmful practices and their impact in particular on women and girls in Brent. The group recommended an action plan was produced to tackle the issues of 'harmful practices'. This coincided with an LSCB Task and Finish group on FGM.

Brent LSCB pledged to support this work outlined in the plan. This became an LSCB priority for 2014-15 and in 2015-16 continued as a priority with the area of trafficking being added.

Since October 2015 there has been a requirement- under Serious Crime Act - for mandatory reporting by registered professionals for girls aged under the age of 18 years who have been subjected to FGM.

Whilst this specific priority focuses on women, and girls, Brent LSCB acknowledges that domestic abuse, honour based violence and trafficking affects both men and boys hence the work undertaken on this priority does not exclude these groups.

A few things about violence against women and girls in Brent ...

- The Safer Brent Partnership has strategic lead on domestic violence and gang related work.
- 59% of FGM referrals at St Mary's hospital (one of hospitals accessed by Brent community) are from Brent.

What went well?

- The LSCB training programme has included courses on FGM for a few years facilitated by a knowledgeable public health trainer. 142 people completed this course in 2015-16.
- The arrangements within health provision to identify women who have experienced FGM and their children who have also experienced FGM, or are at risk, early on are robust and in line with current requirements. These resulted in appropriate referrals to Children's Social care.
- Work related to gangs in Brent and impact on violence against women and girls. Intelligence gathered by SBP helps identify gangs, their location, members and associated risks.

FGM Audit Social Care February 2016

Scope

10 adult mothers, subject to FGM, and referred to Children's Social Care (pre or post birth of their child) during 2015. This audited 10 of the 17 cases reported in this period.

Background

The prevention of FGM is a government priority and one of Brent LSCB's priorities in response to this. New legislation requires registered professionals to report FGM in children under the age of 18.

What is working well?

- All cases had a completed CFA (Child and Family Assessment) on file
- All social workers followed correct assessment and intervention procedures.
- 60% (6) cases were referred through midwifery/health visitors, 30% (3) through GP and 1 by father of a 15-year-old following her return to UK from trip overseas.
- Key factors identified included the ethnicity of mothers and FGM classification

What were we worried about?

- Audit identified need for further training for professionals to increase awareness and understanding.
- Although CFA were completed in all cases many did not evidence an understanding of the impact of FGM or related problems specific to the type of FGM experienced.

What needed to happen?

- Evidence that social work and health professionals have not always been fully informed or skilled to undertake assessments and interventions regarding FGM.

What have we done?

- Further guidance in London Child Protection Procedures support FGM delivery.
- LSCB has provided further FGM training which will continue in 2016-17.
- Linked in with local sexual health clinic in tri-borough.
- FGM awareness publicity was widely circulated within Children's Services by LSCB.
- Understanding of FGM has been added to the new audit tool.

So what?

Further audits will be needed to chart progress in whether actions have impacted on a wider understanding of FGM by professionals and developed their practice.

- LSCB did not progress work in all areas of this priority as envisaged. For example little work focused on honour based violence, forced marriage, gangs and trafficking. These areas were not addressed in Brent's multi-agency training programme in 2015-16 due to capacity and resources.

Moving into 2016-17...

- Brent LSCB needs to ensure that: -
 - Business Planning includes how LSCB will progress all of its identified priorities including identified tasks and actions from Board members, partner agencies and LSCB sub-groups.
 - Multi-agency training on its' key priorities is delivered promptly as part of its' multi-agency training programme.

PRIORITY 4: Radicalisation

Board members are assured that effective measures are in place to prevent children and young people from being radicalised and to identify and support those young people who have been radicalised to change.

The sensitive nature of this priority prevents the publishing of Prevent statistics.

A few things about the Prevent agenda in Brent...

- Brent was identified as one of 30 Prevent priority boroughs nationally. The Prevent Strategy was established to prevent individuals *becoming "involved in terrorism, or supporting terrorist related activity"*, the process is more widely referred to as "radicalisation".
- The Prevent Strategy seeks to support and divert radicalised individuals putting themselves, or the wider community at risk. In addition, in March 2015 the Prevent Strategy became a legal duty which all Local Authorities must deliver.
- Being a priority Brent LSCB aimed to support and consolidate partnership work on promoting safeguarding in this area.
- Delivery of the Prevent programme is overseen by the Safer Brent Partnership with the Prevent Delivery Group overseeing the mainstreaming of the Prevent duty across the relevant service areas. This includes multi-agency work and driving progress forward.

What has worked well?

- The Prevent Delivery Group has a delivery plan which monitors implementation of the duty and holds partnership to account.
- Collaborative initiatives have taken place to raise awareness of the Prevent programme through Workshop to Raise Awareness of Prevent (WRAP) training and awareness raising programmes with schools. In 2015 -16 there were a total of 11 accredited trainers accredited to deliver WRAP training in Brent. Breakdown as follows: 2 trainers from the Prevent Team, 4 trainers from the Metropolitan Police, 2 trainers from Children's & Young People, 2 trainers from Brent – LSCB

- Brent also has NHS WRAP trainers as well as higher, and further, education WRAP trainers, however, data in this regard is managed separately.
- Brent Council delivered WRAP to external partners including, relevant internal departments, schools, youth clubs, community settings/groups and children's homes.
- The LSCB Business Manager attended the Prevent Delivery Group.
- The LSCB Training Coordinator and a Public Health professional were trained, during 2015-16. As a result of this: -
 - WRAP training was delivered as a multi-agency course open to the wider partnership as part of the LSCB Training Programme.
 - LSCB WRAP trainers and LSCB Chair attended: -
 - An event for designated safeguarding leads in schools.
 - Two outreach seminars for supplementary schools. Brent has a number of supplementary schools many faith related which has led to additional funding to support this.
- 15 WRAP courses were delivered by Brent LSCB during the year with 161 individuals completing the course.
- The work of the Community Reference Group led to delivery of WRAP to professionals within Children's Homes in Brent.
- An audit of referrals regarding radicalisation concerns found that the Brent Family Front Door were experienced to identify appropriate referrals and escalate appropriately.
- Leaflets on Prevent were designed for organisations in Brent including a specific one for schools.

What were the challenges?

- Local recording, submission and collation of WRAP data is inconsistent.
- Parts of the local community are concerned about the short and longer term implications of the Prevent Duty on individuals.
- There is a need to ensure referrals regarding radicalisation concerns about a child are appropriate and not based on intolerant views or misconceptions.

Moving into 2016-17

Brent LSCB needs to continue to support delivery of the Prevent Duty given its' key safeguarding implications for children and young people by: -

- Chair continues as member of Safer Brent Partnership.
- LSCB Business Manager continues as Member of Prevent Delivery Group.
- The LSCB Training Programme continues to deliver multi-agency WRAP training.
- Ensuring robust arrangements are in place for delivery, evaluation and reporting on WRAP Training.
- Supporting an audit of all referrals, where concerns related to radicalisation, to Brent Family Front Door for 2015-16 including referral source, what level the referral was escalated to and the effectiveness of any flagging system is in place.

SUPPORT FROM PARTNERS

This section looks at contributions from partner agencies to multi-agency safeguarding work for children and families in Brent.

Brent Council

- Largest contributor to LSCB Budget
- Accommodates and oversees management of LSCB Team
Managers or operational staff are members of all the LSCB sub-groups
- Funds and supports the designated officer function regarding allegations against staff/volunteers and CSE data analyst.
- **Public Health** (now part of Brent Council)
 - Supported the development and delivery of a range of key LSCB training courses
 - Chair the Child Death Overview Panel

Brent Clinical Commissioning Group

- Funds staffing for the CDOP
- Safeguarding Designated Children's Doctor: -
 - Chairs the Monitoring and Evaluation Sub-Group
 - Contributes to the LSCB audit process and training

Police -CAIT – (Child Abuse Investigation Team)

- The Child Abuse Investigation Team covering Brent and Harrow increased staffing in response to increased demand.

Despite reduction in Police Conference Liaison Officers (PCLO) the team managed to attend 98% of Initial Case Conferences.

- CAIT are monitored during bi monthly performance meetings where senior officers are challenged on perceived good and bad performance.
- Thinking ahead - CAIT will: -
 - Support the new LSCB priorities in 2016-17
 - Continue to liaise with all children where S47 allegations are made. This involves effective multi-agency working with a wide range of partners.

Schools

Three school Heads are Board Members representing schools across Brent and cascading information across the schools network.

The Safeguarding Lead for the college of North West London chairs the Learning and Development Sub-Group.

Key Challenges in 2015-16

Whilst the detail of the key challenges are detailed throughout this report they can be summarised as: -

- Current arrangements do not provide LSCB with sufficient assurance that children in Brent are effectively safeguarded and their well-being promoted. This is supported by:
 - need for strategic links with key boards to be more effective.
 - the level of engagement and involvement of partners across the Board and sub-groups in delivering on LSCB's business and priorities varies. This is compounded by the reducing resources and capacity across the partnership.
 - the effective engagement with the community and children being a key area for more progress.
 - the varying level of scrutiny and challenge by Board members, sub-groups and partners and the need for this to be more robust.
 - partners do not provide sufficient performance data to support the development of a clear understanding of what this tells us about safeguarding in Brent.

- The challenge is to re-think **what we need to do, how we need to do it and what we need to deliver on this** effectively.

LSCB 2016-17 AND BEYOND

There are key actions and areas of work identified and detailed throughout this report for the LSCB, sub-groups and partners to focus on to ensure that Brent LSCB can be assured safeguarding arrangements for children in Brent are effective and their well-being is promoted.

This report proposes that the LSCB Board, its' members - in respect of their individual agencies- and sub-groups identify key actions to be undertaken. The LSCB Business Plan actions alongside sub-group action plans will need to be updated with clear actions. Brent LSCB needs to ensure that these are monitored and reviewed to ensure progress is made during 2016-17 and beyond.

A summary of the detailed actions throughout this report can be found in Appendix 3. In summary these should include: -

- LSCB agreeing appropriate actions to be assured its' Board and Sub-Group arrangements are effective and provide assurance regarding safeguarding effectiveness.
- Establishing effective quality assurance and performance monitoring systems to be provided with assurance children are effectively safeguarding by i) piloting more creative approach to section 11 audit process and ii) development of performance dashboard and data set to enable development of the story behind the data regarding safeguarding in Brent.
- To review relationships with key strategic Boards to clarify responsibilities and identify areas for collaboration and more efficient working.
- To consider more creative approach to Section 11 audit process
- To develop and embed community engagement and voice of child work within LSCB business.

- All LSCB members and partners to confirm their personal and agency commitment to the work of LSCB
- To ensure LSCB resource i.e. team, budget and agency in kind contributions, are adequate to deliver LSCB core business and developmental work.
- To review current LSCB multi-agency training offer to respond appropriately to identified learning and development needs.

And...

Keep doing what we are doing well i.e. All the good and effective multi and single agency work that is effectively safeguarding children in Brent.

SAY WHAT YOU MEAN

This section gives readers details of the acronyms and abbreviations used in this report.

AAP	Allegations Against Professional	DBS	Disclosure and Barring Scheme
BFFD	Brent Family Front Door	DCS	Director of Children's Services
BSAB	Brent Safeguarding Adults Board	FGM	Female Genital Mutilation
CAF	Common Assessment Framework	LSCB	Local Safeguarding Children Board
CAIT	Child Abuse Investigation Team	MASH	Multi-Agency Safeguarding Hub
CDOP	Child Death Overview Panel	QAALIF	Quality Assurance and Learning and Improvement Framework
CFA	Child and Family Assessment	SBP	Safer Brent Partnership
CME	Children missing education	SCR	Serious Case Review
CMH	Children missing from home	SoS	Signs of Safety
CPA	Child Protection Advisor	TNA	Training Needs Analysis
CPC	Child Protection Conference	WRAP	Workshop to Raise Awareness of Prevent
CPP	Child Protection Plan		
CRG	Community Reference Group		
CSE	Child Sexual Exploitation		

APPENDIX 1 LSCB Board Meetings, Membership and Attendance

Agency	Role
Barnardos	Area Manager
Brent CCG	Co-Clinical Director for Kingsbury and Willesden
Brent CCG	Borough Director / Executive Lead for Safeguarding
Brent CCG	Assistant Director
Brent CCG	Designated Doctor for Safeguarding Children
Brent CCG	Designated Nurse for Safeguarding Children
Brent Council	Lead Member for Children & Young People
Brent Council - Children & Young People	Strategic Director
Brent Council - Children & Young People	Early Help & Education - Head of Early Help
Brent Council - Children & Young People	Early Help & Education - Head of Youth Support Services
Brent Council - Children & Young People	Integration & Improved Outcomes - Operational Director Social Care
Brent Council - Children & Young People	Integration & Improved Outcomes - Locality Service
Brent Council - Children & Young People	Safeguarding Performance & Strategy - Head of Safeguarding & Quality Assurance
Brent Council - Community Safety & Public Protection	Head of Community Safety & Public Protection
Brent Council - Community Wellbeing	Head of Support, Planning & Review
Brent Council - Housing Needs Service	Head of Housing Solutions
Brent Council - Legal	Chief Legal Officer
Brent Council - Public Health	Director of Public Health
Brent Council - Public Health	Health Improvement Specialist (Training) Public Health
Brent LSCB	Business Manager
Brent LSCB	Business Support Officer
Brent LSCB	Independent Chair
Brent LSCB	Lay Member 1
Brent LSCB	Lay Member 2
Brent LSCB	Lay Member 3
Brent LSCB	Training Coordinator
CAFCASS	Senior Service Manager for Greater London
CareUK	Service Manager Brent UCC
CNWL - Central North West London Mental Health Trust	Associate Director Quality, Safety and Safeguarding (Deputy Chair)
College of North West London	Safeguarding Lead
CRC - Community Rehabilitation Company	Assistant Chief Officer
Family Magistrate Court	Magistrate
LNWH - London North West Healthcare Trust	Deputy Director of Nursing
Metropolitan Police	Child Abuse Investigation Command
NPS - National Probation Service	Assistant Chief Officer
Primary School Representation	Head Teacher Malorees Infant School
Primary School Representation	Head Teacher Stonebridge Primary School
Secondary School Representation	Principle Ark Elvin Academy
Special School Representation	Head Teacher The Village School

LSCB Meeting Dates					
Apr-15	Jun-15	Sep-15	Nov-15	Dec-15	Jan-16
					N
Y	N	N			
N	N	N		R	
					Y
Y	Y	Y	Y	Y	Y
Y	N	Y	Y	R	Y
Y	Y	Y	Y	Y	Y
Y	Y	N	Y	Y	Y
Y	Y	N			
Y	N	Y	Y	Y	
N	Y	Y	Y	Y	Y
Y	N	Y			
Y	N	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y
Y	Y	N	Y	Y	Y
N	Y	N	Y	N	N
N	Y	Y	Y	Y	Y
Y	Y	Y			
Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y
N	Y	Y	Y	Y	Y
Y	Y	Y	N	N	Y
Y	N	N	N	N	N
Y	N	N	Y	Y	Y
N	N	Y	N	N	N
N					
Y	Y	Y	Y	R	Y
N	Y	Y	Y	Y	Y
N	Y	Y	Y	N	N
			Y	Y	N
Y	Y	N	Y	N	Y
Y	Y	N	R	Y	Y
Y	Y	R	N	N	R
					Y
Y	Y	N	Y	Y	Y
					Y
Y	N	Y	Y	Y	Y

LSCB Learning & Development and Policies & Procedures Sub Groups Meeting Attendance

Agency	Role
Brent CCG	Named Nurse for Safeguarding Children
Brent CCG	Assistant Director
Brent CCG	Designated Doctor for Safeguarding Children
Brent CCG	Designated Nurse for Safeguarding Children
Brent Council - Children & Young People	Early Help & Education - Early Help - Inclusion
Brent Council - Children & Young People	Brent Council - Early Years Workforce Development and PVI Link Officer
Brent Council - Children & Young People	Integration & Improved Outcomes - Locality Service
Brent Council - Children & Young People	Integration & Improved Outcomes - Fostering Development Coordinator
Brent Council - Children & Young People	Safeguarding Performance & Strategy - Head of Safeguarding & Quality Assurance
Brent Council - Children & Young People	Safeguarding Performance & Strategy - Learning & Development Manager
Brent Council - Community Safety & Public Protection	Community Safety Violence against Women and Girls Lead
Brent Council - Public Health	Health Improvement Specialist (Training) Public Health
Brent LSCB	Business Manager
Brent LSCB	Business Support Officer
Brent LSCB	Lay Member 1
Brent LSCB	Training Coordinator
CareUK	Service Manager Brent UCC
CNWL - Central North West London Mental Health Trust	Safeguarding Children Advisor
CNWL - Central North West London Mental Health Trust	Associate Director Quality, Safety and Safeguarding (Deputy Chair)
College of North West London	Safeguarding Lead
LNWH - London North West Healthcare Trust	Deputy Director of Nursing
LNWH - London North West Healthcare Trust	LNWH Trust – Public Health Development Midwife
LNWH - London North West Healthcare Trust	LNWH Trust – Named Doctor
Metropolitan Police	Brent Borough Command
Metropolitan Police	Child Abuse Investigation Command

Developing a Learning Culture Sub Group				L & D Sub Group	
Apr-15	Jun-15	Sep-15	Nov-15	Jan-16	Mar-16
Y	Y	C	C	Y	Y
Y	N	C	C	Y	Y
Y	Y	C	C	Y	Y
N	N	C	C	Y	Y
Y	Y	C	C	N	Y
Y	Y	C	C	N	N
Y	Y	C	C	Y	Y
Y	N	C	C	N	Y
Y	Y	C	C	Y	Y
				Y	Y
Y	Y	C	C	Y	Y
				Y	Y
Y	Y	C	C	N	N
				N	Y
N	N	C	C	N	N

Policies & Procedures Sub Group				
Jun-15	Jul-15	Nov-15	Jan-16	Mar-16
Y	Y	Y	C	Y
		Y	C	N
N	Y	N	C	Y
Y	Y	N	C	N
	N	N	C	Y
N	N	Y	C	N
Y	Y	Y	C	Y
Y	Y	Y	C	N
Y	N			
		Y	C	Y
Y	Y			
N	Y	N	C	Y
N	Y			

LSCB CSE Sub Group & CDOP Meeting Attendance

Agency	Role	CSE Sub Group					Child Death Overview Panel			
		Apr-15	Jun-15	Sep-15	Nov-15	Jan-16	20th May 2015	9th Sept 2015	16th Dec 2015	10th Feb 2016
Brent CCG	Brent CCG – Designated Nurse Looked After Children	N	N	N	Y	N				
Brent CCG	Designated Doctor for Safeguarding Children	Y	Y	Y	N	Y	Y	Y	C	Y
Brent CCG	Designated Nurse for Safeguarding Children	N	N	R	Y	Y				
Brent Council - Children & Young People	Strategic Director	Y	Y	Y	Y	Y				
Brent Council - Children & Young People	Early Help & Education - Early Help - Inclusion	Y	Y	Y	R	Y				
Brent Council - Children & Young People	Early Help & Education - YOS - Principal Officer	Y	Y	Y	Y	Y				
Brent Council - Children & Young People	Integration & Improved Outcomes - Locality Service	Y	Y	R	Y	R				
Brent Council - Children & Young People	Safeguarding Performance & Strategy - Head of Safeguarding & Quality Assurance						Y	Y	C	Y
Safer London Foundation	CSE Manager/Worker	Y	Y	Y	Y	Y				
West London Rape Crisis Centre	Clinical Lead	Y	Y	Y	N	N				
Brent Council - Community Safety & Public Protection	Head of Community Safety & Public Protection	Y	N	Y	N	Y				
Brent Council - Community Safety & Public Protection	Community Safety Analyst	Y	Y	N	Y	N				
Brent Council - Community Wellbeing	Brent Council - Adults Social Care - Transitions Team Manager	R	R	N	R	Y				
Brent Council - Public Health	Director of Public Health						Y	Y	C	Y
Brent Council - Public Health	Health Improvement Specialist (Training) Public Health	Y	Y	Y	Y	Y				
Brent LSCB	Business Manager	N	N	Y	Y	Y				
Brent LSCB	Business Support Officer	Y	Y	Y	Y	Y				
Brent LSCB	Training Coordinator					Y				
CNWL - Central North West London Mental Health Trust	Sexual Health and Contraception Service – Safeguarding Lead	Y	Y	N	N					
CRC - Community Rehabilitation Company	Assistant Chief Officer	N	N	N	Y	N				
Family Magistrate Court	Magistrate									
LNWH - London North West Healthcare Trust	Deputy Director of Nursing	N	N	N	N	N				
LNWH - London North West Healthcare Trust	LNWH Trust – Named Doctor									
Metropolitan Police	Brent Borough Command	Y	Y	Y	Y	Y				
Metropolitan Police	Child Abuse Investigation Command						Y	Y	C	Y
Brent CCG	Brent CCG CDOP Coordinator						Y	Y	C	Y
LNWH - London North West Healthcare Trust	Bereavement Midwife						Y	Y	C	Y
Lullaby Trust	Lay Member						Y	Y	C	Y

Appendix 3 – Summary of Actions

The following actions are a detailed summary of actions detailed in the report to be incorporated into the LSCB Business Plan implementation plan or relevant sub-group action plans.

1. Brent LSCB to ensure: -
 - It reviews the effectiveness of its' current arrangements including links to strategic Boards and assurance that all key services effectively ensure children are safeguarded.
 - Its arrangements provide assurance that safeguarding arrangements are effective.
 - Current sub-group arrangements are effective and that reciprocal arrangements are in place across sub-groups where needed.
 - It identified ways to incorporate SoS into its work and business planning and reinforces the benefits of this approach in multi-agency practice
 - Systems are in place to provide assurance that agencies are working together across all 4 levels of need.
 - Threshold protocol is refreshed.
 - A performance dashboard and data set is agreed and populated with key quantitative and qualitative data from across the partnership. The work within sub-groups and partner agencies help develop an understanding of what the data set tells us about our story in Brent.
 - A robust audit programme regarding multi-agency working on LSCB priorities is in place and identified action points are monitored.
 - A programme of activity to ensure LSCB safeguarding policy and procedures, screening tools and guidance are fit for purpose.
 - The LSCB work and key messages are promoted across the partnership through new website and other communication methods.
 - It develops closer links with neighbouring LSCB's identifying future opportunities for joint working.
 - It effectively embeds the voice of the child, and community, across its business planning and priorities.
 - Completes a self-assessment.
 - Undertakes and effective section 11 audit across partnership
 - Focuses on delivery of actions against the new priorities identifying what difference this has made.
 - It continues to support delivery of Prevent agenda
2. Review the Brent LSCB Learning and Development offer to ensure: -
 - A robust training programme is in place and monitored effectively.
 - Learning and development opportunities include lessons learnt from audits and SCRs, reference to appropriate guidance and tools.
 - There is a range of learning and developmental opportunities in place and this is quality assured.
 - A comprehensive Training Needs Analysis is completed.
3. Brent LSCB is more robust in relation to its governance and partnership working to embed progress made to date. This includes: -
 - Reviewing and strengthening protocols with other strategic boards.
 - Embedding new board arrangements to ensure changes are robust and effective.
 - Strengthen links and working with strategic partnerships i.e. identify areas for joint working.
 - Reviewing Board membership to ensure engagement of key representatives including Youth Justice Board and Faith Group.
 - Ensure Board members understand and fulfil their responsibilities.
4. Brent LSCB has a confirmed budget that enables it to deliver on its core business, supports the work within the sub-groups and delivery of a comprehensive multi-agency learning and development programme.

Keeping in touch with Brent LSCB

Independent Chair

Mike Howard

c/o LSCB.Chair@brent.gov.uk

Interim LSCB Business Manager

Yvonne Byrne

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Email Yvonne.Byrne@brent.gov.uk

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For up to date information on Brent LSCB go to our Website

www.brentlscb.org.uk

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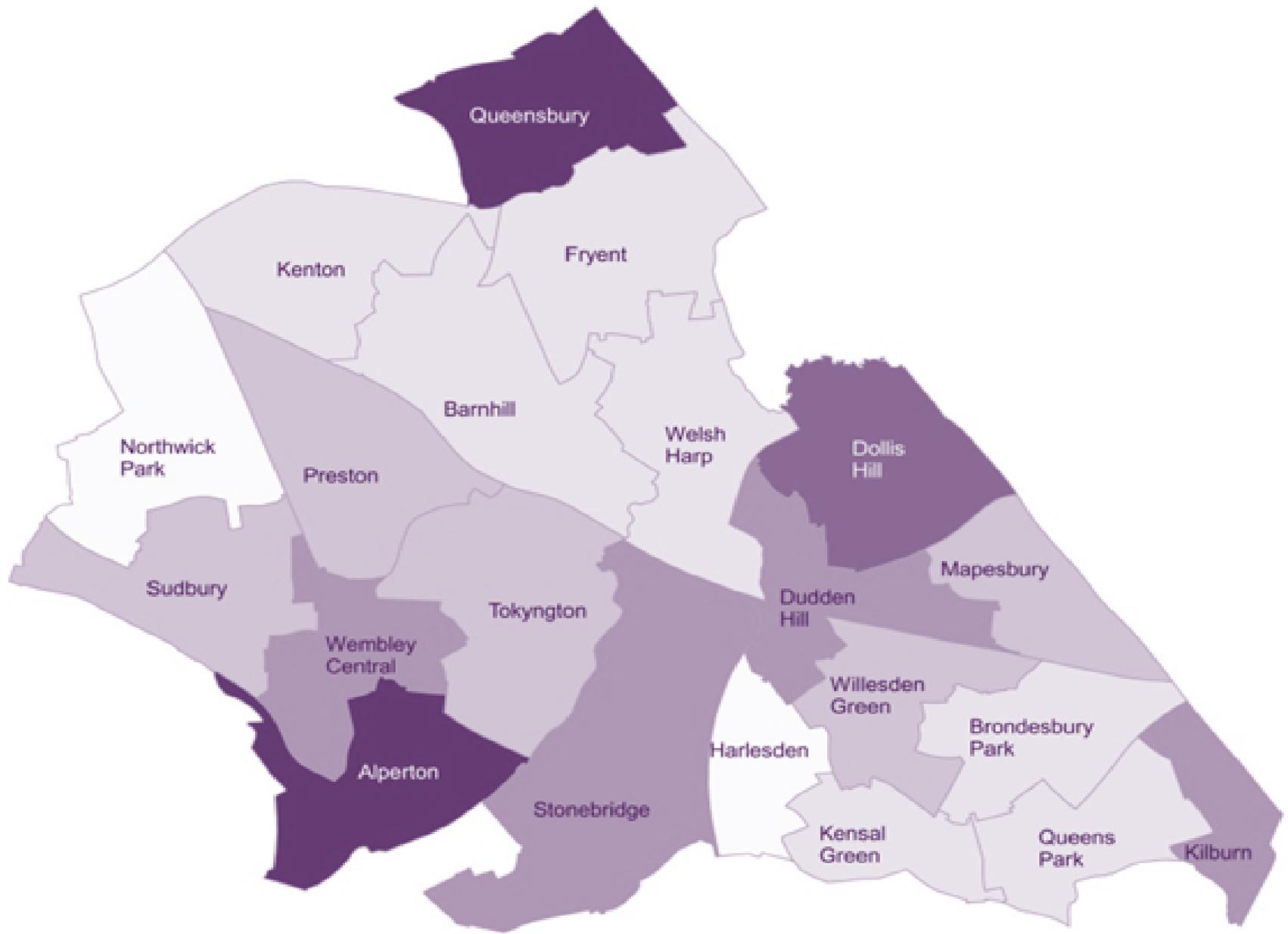


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<http://brentlscb.learningpool.com>

BACK COVER



 Brent	<p>Community and Wellbeing Scrutiny Committee 23 November 2016</p> <p>Report from the Strategic Director Community Wellbeing</p>
<p>Wards affected: ALL</p>	
<p>Housing Needs: Supporting Vulnerable Households</p>	

1.0 Summary

- 1.1 The Local Government Ombudsman (LGO) issued a joint report against the London Boroughs of Brent and Ealing on 8 August 2016. The report relates to the Housing Needs Service's and Brent Housing Partnership's handling of a BHP tenant's request for urgent rehousing due to domestic violence. Ealing further delayed in processing the case when it was referred to them.
- 1.2 Although the LGO acknowledged that there was no evidence of a systemic failure to provide housing advice and services to victims of domestic violence, the LGO justified the issuing of the report because the case highlights the importance of effective partnership working between councils when they are dealing with a vulnerable person.
- 1.3 The LGO report was presented at the Audit Committee in September 2016, and Members requested a follow up report to come to the Community and Wellbeing Scrutiny Committee, which addresses the issues identified in the complaint report. This report details how the Housing Needs Service responds to issues of particular vulnerability such as domestic violence.

2.0 Recommendations

- 2.1 That the committee note the analysis of how the Housing Needs Service, working in partnership with other agencies, support households with particular vulnerability such as domestic violence, and have implemented the recommendations of the LGO report.

3.0 Background

3.1 The Housing Needs Service consists of three operational teams

- Housing Options Team
- Care and Support Team
- Accommodations Services Team

3.2 The primary function of the Housing Options Team is to prevent households from becoming homeless, either by helping the household to retain their current accommodation (when this is appropriate) or by assisting the household to secure alternative suitable accommodation in the private rented sector.

3.3 Where it is not possible to prevent homelessness, the Housing Options Team will assess what duties the Council may have, under the Housing Act 1996, Part 7, (the Act) to secure suitable accommodation for the homeless household.

3.4 The Act contains 5 legal “tests” that the household must satisfy before a legal duty to provide accommodation is triggered. These tests are:

- The household is eligible for assistance – as defined by the Act
- The household is homeless – as defined by the Act
- The household has a priority need– as defined by the Act
- The household is not intentionally homeless
- The household has a local connection with Brent

3.5 If the household meet these five tests – the main rehousing duty is triggered, and the Council has a statutory duty to secure suitable accommodation for the household.

3.6 The statutory definition of a person who would meet the Priority Need Test is set out within the Act. For example, a homeless person with children will automatically be in priority need. A single, homeless person aged 16 or 17 (or under 21 and have been looked after at any time when between the ages of 16 and 18) will automatically be in priority need. A single person may also be in priority need, if they are 'vulnerable', in the words of s189 the Act, as a result of:

- Old age
- Mental illness
- Mental handicap
- Physical disability
- Having been in care (and now 21 or over)
- Having been in the armed forces
- Having been in custody
- Having fled actual or threatened violence or
- Other special reason

3.7 The words "other special reason" ...show that vulnerability arising from other causes (e.g. being a refugee) must be considered by the Local Authority Homeless Service

4.0 Defining Vulnerability

4.1 'Vulnerable' in the Act means being "significantly more vulnerable than the ordinarily vulnerable as a result of being rendered homeless. All people are at risk of harm from homelessness but the Act did not intend all homeless persons to qualify as vulnerable.

4.2 For example the person who is old ...(etc.)... must as a result be more at risk of harm from being without accommodation than an ordinary person would be. The applicant must have something significant that makes him vulnerable when compared to ordinary people generally.

5.0 Particular Vulnerability

5.1 Some single homeless households have a particular vulnerability, which prevents them from being able to live in general needs housing without support. These households are referred to the Care and Support, START Plus team, to assess whether the household requires Floating Support services to support them in their home, or for households with a higher level of vulnerability, refer them to accommodation-based support services that aim to develop or sustain an individual's capacity to live independently in accommodation.

5.2 The table below lists the six main cohorts of single homeless households who are currently receiving Floating or Accommodation Based Support services.

Vulnerability	Number of households receiving Support Services
Mental Health	247
Drug and Alcohol	111
Ex-Offenders	140
Older Person	97
Young People	81
Physical disability	62

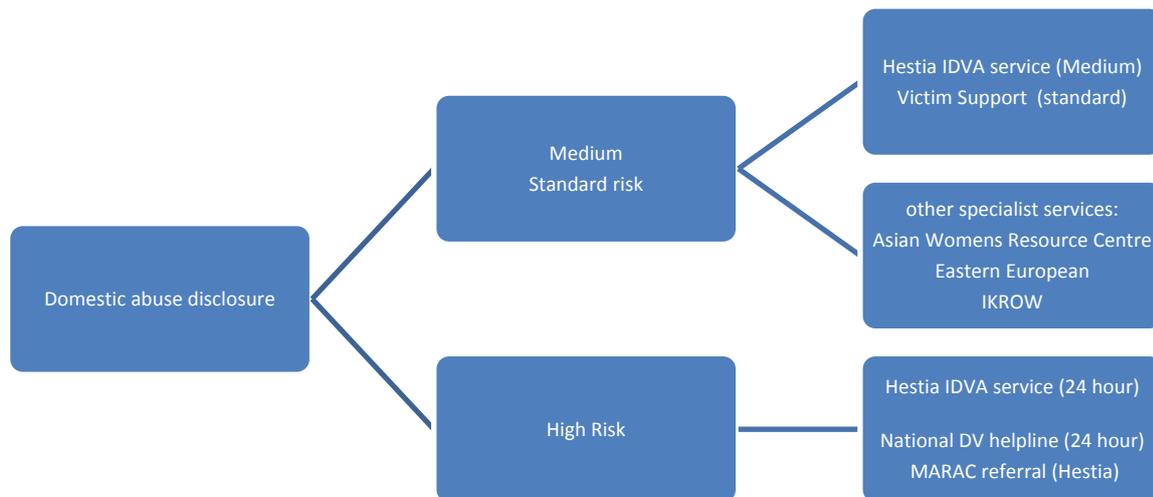
5.3 In the last 12 months the START Plus team have received 29 referrals for victims of domestic abuse.

6.0 Domestic Abuse

6.1 When a household presents as homeless to the Housing Options Team, due to domestic abuse, a risk identification checklist is completed to help front-line practitioners identify the level of risk:

- **Standard Risk:** - While risk indicators may be present, it is deemed neither imminent, nor serious. Information on support services is provided, and households advised that the police can and should be contacted in an emergency.
- **Medium Risk:** There are identifiable features of risk or serious harm. This level of risk should be referred to the Hestia Support (see 6.2 below), however the household’s consent is required before a referral can be made.
- **High Risk:** There is imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact could be serious. There may be need for immediate intervention. Where any agency assesses risk as ‘High’ an immediate referral to Multi-Agency Risk Assessment Conference (MARAC) (see 6.2 below) is normally required, with or without consent.

Domestic Abuse Risk Management Pathways



6.2 Brent currently commissions the agency Hestia to provide advocacy support services by means of three Independent Domestic Violence Advocates (IDVAs), and a manager based in Wembley Police Station and two IDVAs co-located in Brent’s Children and Young People’s Department working in children’s Social Care (safeguarding locality team) and Brent’s Family Solutions Team. Hestia also provides two family support workers based in the Family Solutions Team and Social Care, and subcontracts the Multi-Agency Risk Assessment Conference (MARAC) coordination to another agency, Standing Together.

- 6.3 The main purpose of an IDVA is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans. There has been a total number 3,307 victims supported through our IDVA service over last 12 months.
- 6.4 They are proactive in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and Services available through partner organisations. IDVAs support and work over the short to medium term to put Service Users on the path to long term safety. The IDVA's role in all multi-agency settings is to keep the services user's perspective and safety at the centre of all proceedings.
- 6.5 The MARAC coordination role is also undertaken and led by Hestia as part of its services under the contract. Hestia manage and support the development and delivery of Brent's Multi-Agency Risk Assessment Conference (MARAC) in line with the ten guidance principles for an effective MARAC, as defined by SafeLives. The MARAC provides a coordinated multi-agency framework for supporting the needs of high-risk victims. In a single monthly meeting, the MARAC combines up-to-date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator. The total number of high-risk victims supported through MARAC over last 12 months is 454
- 6.6 We know that nationally more than 2 women are killed per week by abusive partners, with national annual average figures showing more than 112 women are killed per year. In recent years in Brent, there has been 1 domestic homicide each year. The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims - adults and any children. At Brent's MARAC, local agencies meet to discuss the highest risk victims of domestic abuse in the area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies.

The current MARAC membership consists of the following providers:

- Metropolitan Police Service
- Lookahead Housing
- Brent Mental Health
- Probation
- IDVA Provider (currently Hestia)
- Eastern European Refuge
- Victim Support

- Children’s Safeguarding
- Brent Housing Needs
- Maternity Services
- Drug and Alcohol Treatment Providers
- Adult Safeguarding

7.0 Partnership Working

- 7.1 Once the Housing Options Team have identified the level of risk, they will work with relevant organisations to identify the most appropriate solution, to meet the housing needs of the household. In some cases, where the perpetrator does not live in the accommodation, victims wish to remain in their own home, and so it may be possible to install a “Sanctuary” (see 7.2 below). However, where this is not appropriate, the only solution may be to secure alternative accommodation, in the private rented sector, temporary accommodation, or where the victim is already a social tenant, it may be possible to secure a transfer to alternative social housing in another borough (see 7.4 below)

The Sanctuary Scheme

- 7.2 The Sanctuary Scheme is a victim-centred initiative. It is designed to enable victims of domestic violence to remain in their own accommodation, by installing enhanced security features. The Sanctuary Scheme is offered as an option to prevent homelessness and is only used where it is agreed by the victim and where the perpetrator does not live in the accommodation. The aim is to support the victim not to be compelled to move from their current accommodation whereby reducing the disruption to family and other support networks, education and employment.
- 7.3 It is a free service regardless of the type of tenure the victim holds. The test to determine referral is that the referring agency must be satisfied that without securing the property the victim would be likely to become homeless. Anyone who may be in danger of losing their accommodation as a result of being a victim of domestic violence or hate crime is eligible to be referred to the scheme.

West London Domestic Violence Reciprocals Scheme

- 7.4 The aim of the West London Domestic Violence Reciprocals Scheme, is to prevent secure and assured Council or Housing Association tenants from losing tenancy security and becoming homeless due to domestic violence. It applies to all social housing tenants in west London (excluding the Royal Borough of Kensington and Chelsea who have opted out of the scheme) who are homeless due to domestic violence.
- 7.5 The host borough will assess the risk to their tenant, as if they were making a homeless application. Once having completed their enquiries, they are satisfied that the tenant is homeless and a move outside the borough is required, they will identify which boroughs in the sub-region are safe, and complete a referral

form and pass this and any supporting or background evidence to the borough's contact officer.

7.0 The LGO Report

7.1 Ms X was a Brent Housing Partnership (BHP), social housing tenant, who approached the Housing Options Team due to fear of violence from her abusive former partner. Following an investigation the LGO concluded that a vulnerable woman, who approached the Council for help, was badly let down by both Brent and Ealing councils.

7.2 The following deficiencies in the way that her case was dealt with were identified:

- The Brent Housing Options Officer did not follow the domestic violence procedure. He did not explain all the housing options to Ms X or discuss the West London Domestic Violence reciprocal scheme. He did not ask Ms X to complete a fear of violence form. The notes he took were brief and no action plan was agreed. He did not contact her again before he left the Council
- Once it was identified that Ms X was a BHP tenant and could therefore access the West London Reciprocal Scheme, BHP and Housing Options did not work together effectively.
- Once Brent decided to make a referral to Ealing using the reciprocal scheme, Ealing was at fault because it took far too long to make a decision.

7.3 To prevent similar mistakes being made in future, the following actions have been implemented.

- Refresher training provided for front-line staff in the Housing Options service about the domestic violence procedure and joint working with BHP when the victim is a Council tenant.
- The liaison and joint-working arrangements between BHP and Housing Options has been reviewed to address the shortcomings identified in the report.
- A review of the West London Reciprocal Scheme to take place and training to be delivered to all front line officers on the revised protocol for the reciprocal scheme

8.0 Financial Implications

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

8.2 The Sanctuary Scheme is funded from the Housing Budget and costs £20,000 annually.

9.0 Legal Implications

- 9.1 There are no immediate legal implications arising from this report.
- 9.2 The Housing Act 1996 Part 7 places an obligation on local housing authorities to secure that suitable accommodation is made available to a person who is homeless, in priority need of accommodation; who did not become homeless intentionally. This duty is subject to the local connection provisions set out at s193(2) and s199(1) of the Act.
- 9.3 S199 of the Act states that a person has a local connection with an area if the person is or was as a matter of choice normally resident in it; or the person is employed in the area; or the person has family associations in the area; or, there are other special circumstances which result in a location connection with the area.
- 9.4 Certain persons are ineligible for housing assistance on immigration grounds as set out at s185 of the Act, and detailed in the Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006.
- 9.5 A person is homeless for the purposes of s175(1) of the Act if s/he has no accommodation in the UK or elsewhere in the world which is available for his/her occupation and which s/he is: entitled to occupy by virtue of an interest in it; or entitled to occupy by virtue of a court order; or entitled to occupy by virtue of an express or implied licence; or actually occupying as a residence, by virtue of any enactment or rule of law giving him the right to remain in occupation or restricting the right of any other person to recover possession of it. For the purposes of s175(3) of the Act, accommodation is disregarded if it is not accommodation which would be reasonable to continue to occupy.
- 9.6 S176 of the Act provides that accommodation is only available for a person's occupation if it is available for them, together with any other person who normally resides with them as a member of their family, and any other person who might reasonably be expected to reside with them.
- 9.7 S177 of the Act (as amended by the Homelessness Act 2002) states that, it is not reasonable to continue to occupy accommodation if, even though there may be a legal entitlement to do so, it is 'probable' that occupation of it will lead to domestic or other violence or to threats of such violence which are likely to be carried out: against the applicant; or, against any person who usually resides with the applicant, or against a person who might reasonably be expected to reside with the applicant. 'Violence' means violence from another person, or threats of violence from another person which are likely to be carried out. Violence is 'domestic violence' if it is from a person who is 'associated' with the victim.
- 9.8 S178 of the Act, as amended by the Civil Partnership Act 2004, states that people are associated if:
- They are or have been married to each other;
 - they are or have been civil partners of each other;

- they are cohabitants or former cohabitants;
- they live or have lived in the same household;
- they are relatives, meaning:
 - parent, step-parent, child, stepchild, grandparent, or grandchild of a person or of that person's spouse, civil partner, former spouse or civil partner; or,
 - sibling, aunt or uncle, niece or nephew of a person or that person's spouse, civil partner, former spouse or civil partner, whether of full or half-blood, or by marriage or civil partnership;
- they have or had formerly agreed to marry;
- they have entered into a civil partnership agreement between them (whether or not that agreement has been terminated);
- in relation to a child, each of the person is a parent of the child, or has or has had parental responsibility (within the meaning of the Children Act 1989) for the child; and,
- in relation to a child who has been adopted (or subsequently freed from adoption) if one person is a natural parent or parent of a natural parent, and the other is the child, or is person who has become a parent by adoption, or who has applied for an adoption order, or with whom the child was at any time placed for adoption

9.9 S189 of the Act sets states that the following persons have priority need for accommodation if the authority is satisfied that: the person has dependent children who are residing with, or who might reasonably be expected to reside with them; the person is homeless or threatened with homelessness as a result of any emergency such as flood, fire or any other disaster; the person or any person who resides or who might reasonable be expected to reside with them, is vulnerable because of old age, mental illness, handicap or physical disability or other special reason; or, she is pregnant, or is a person who resides or might reasonably be expected to reside with a pregnant woman. Additional categories of persons having priority need for accommodation have been specified by the Homelessness (Priority Need for Accommodation) (England) Order 2002.

9.10 S191 of the Act states that a person becomes intentionally homeless if they deliberately do or fail to do anything in consequence of which they cease to occupy accommodation which is available for occupation, and which it would have been reasonable to continue to occupy.

9.11 The legal tests for dealing with Homelessness applications due to Domestic Violence are set out above.

10.0 Diversity Implications

10.1 Although the majority of the victim of domestic violence are women and girls, there is a requirement to address the needs of men and boys who may be affected by domestic violence crimes as we know there is an annual male victim rate of 700,000 nationally. It is important to ensure appropriate service responses are in place to support male victims, as gender may be an additional

barrier to seeking help. A further barrier for accessing support can also be inherent for those people in a same sex relationship. Support responses therefore need to accommodate such victim needs. The local authority commissioned support service now accommodates such needs outlined above as the local authority identified a gap in male support services. Services therefore supports all victims of domestic abuse, including men.

- 10.2 Brent is the second most ethnically diverse borough in London, with around 130 languages spoken amongst a population of over 311,000. Brent therefore has a large proportion of residents who may experience additional barriers to seeking help including those from black, Asian, minority, ethnic and refugee (BAMER) communities, disabled victims, elderly victims, the lesbian, gay, bisexual and transgender (LGBT) community, those with no recourse to public funds, those with complex needs and/or substance users and young people. The Housing Needs Service take its responsibilities to provide services which are appropriate to all Brent's diverse communities extremely seriously and seeks to due regard to the need to promote equality of opportunity, eliminate discrimination and foster good relations when developing and reviewing policies, strategies and services. We will seek to ensure that services are able to meet individuals' needs in a sensitive and consistent manner. This will be carried out in line with relevant legislation.

Background Papers

None

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PHIL PORTER
Strategic Director Community Wellbeing



**Community and Wellbeing Scrutiny
Committee**
23 November 2016

**Report from the Director of Policy,
Performance and Partnerships**

For information

Wards affected: ALL

Update on committee's work programme 2016-17

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 committee to discuss and note the contents of the report, including changes to the agenda items for each meeting.
- 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 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 There have been some changes to the 2016/17 work programme. The scrutiny task group on Signs of Safety, which is ongoing, will report back to committee on 1 February 2017 rather than 23 November 2016. In addition, the task group on children's oral health will now be discussed at a later committee meeting. The updated work programme 2016/17 is set out in Appendix A.
- 4.2 Members of the committee have made more visits since the last committee. On 16 September they visited housing provided by Brent Housing Partnership which was organised ahead of the special scrutiny committee meeting on 19 October. Also there was a visit on 12 September to accommodation in Wembley ahead of the report on New Accommodation for Independent Living (NAIL), discussed at September's meeting. In addition, a visit to the A&E department at Northwick Park hospital is being planned.
- 4.3 Scrutiny's recommendations to Cabinet on landlord licensing and the ethical lettings agency, which it made in July, were discussed at a meeting of the Cabinet on 24 October. Its recommendations from the special scrutiny meeting on 19 October to discuss options for housing management have been incorporated into a report which will be discussed by Cabinet on 15 November. The tracker of recommendations and actions is set out in Appendix B.

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 Equalities Implications

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

Contact Officers

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Head of Strategy and Partnerships
Chief Executive's Department

PETER GADSDON
Director Performance Policy and Partnerships

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 committee	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.	Scrutiny work programme update	Review the work programme for 2016/17 and note any changes.	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.

Special Scrutiny Meeting

19 October 2016

Agenda	Item	Objectives for scrutiny	Cabinet Member/Member	Brent Council/Partner organisations
1.	Review of housing management options	Pre-Cabinet scrutiny of report on the future of management for council housing stock.	Cllr Harbi Farah, Cabinet Member for Housing	Phil Porter, Strategic Director Community Wellbeing. Jon Lloyd-Owen, Operational Director Housing and Culture

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

23 November 2016

Agenda	Item	Objectives for scrutiny	Cabinet Member/Member	Brent Council/Partner organisations
1.	NHS estate in Brent	Evaluate impact of changes to the NHS estate in Brent	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
*2.	Brent Local Safeguarding Children's Board	Receive 2015-16 annual report.	Cllr Wilhelmina Mitchell- Murray, Cabinet Member Children and Young People	Mike Howard, Independent Chair Brent LSCB
3.	Housing Needs services and vulnerable clients	To review progress in implementing recommendations for improvements.	Cllr Harbi Farah, Cabinet Member Housing and Welfare	Phil Porter, Strategic Director Community Wellbeing Laurence Coaker, Head of Housing Needs
4.	Scrutiny work programme update	Review the work programme for 2016/17 and note any changes.	Cllr Ketan Sheth, Chair of committee	Pascoe Sawyers, Head of Strategy and Partnerships.

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

1 February 2017

Agenda	Item	Objectives for scrutiny	Cabinet Member/Member	Brent Council/Partner organisations
1.	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
2.	Brent Safeguarding Adults Board	Receive 2015-16 annual report	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Michael Preston-Shoot, Chair Brent ASB
3.	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
**4.	Task Group Scoping paper 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
**5.	Task group report Signs of Safety	Receive task group report on Signs of Safety	Cllr Wilhelmina Mitchell-Murray, Cabinet Member Children and Young People Cllr Aisha Hoda-Benn Task group chair	Gail Tolley, Strategic Director Children and Young People

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

29 March 2017

Agenda	Item	Objectives for scrutiny	Cabinet Member/Member	Brent Council/Partner organisations
*1.	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
*2.	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

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

9 May 2017

Agenda Rank	Item	Objectives for scrutiny	Cabinet Member/Member	Brent Council/Partner organisations
1.	Brent's community libraries	Community libraries and draft cultural strategy.	Cllr Tom Miller, Cabinet Member for Stronger Communities	Phil Porter, Strategic Director Community Wellbeing. Jon Lloyd-Owen, Operational Director Housing and Culture
2.	Primary Care Transformation	Review implications of primary care transformation for Brent	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Brent CCG
**3.	Children's oral health	Review of working being done to improve children's oral health in Brent.	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.

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

Committee date	Report Title	No #	Summary of recommendation	Summary of request	Report to	Implementation
20-Jul-16	Landlord licensing					
		1	Protocol in place for raids and televised raids		Cabinet 24/10/2016	
		2	Zero tolerance approach with landlords who overcrowd properties is maintained		Cabinet 24/10/2017	
		3	Mechanism put in place to collect data in relation to types of landlords		Cabinet 24/10/2018	
		4	Information pack for tenants in plain English is produced		Cabinet 24/10/2019	
		5	Licensing information be included with Council Tax bills		Cabinet 24/10/2020	
		6	Introduce borough-wide selective licensing		Cabinet 24/10/2021	
		7	Strategy put in place to work more closely with estate agents/letting agents		Cabinet 24/10/2022	
		8	Set up a database of rogue landlords/estate agents		Cabinet 24/10/2023	
20-Jul-16	Ethical lettings agency					
		1	Assess other local authority agencies to judge viability of Brent's scheme		Cabinet 24/10/2016	
		2	Liaise with the deputy mayor of London over a pan-London scheme lettings scheme		Cabinet 24/10/2017	
		3	Collaborate with estate agents to promote Brent's vision for ethical lettings of properties		Cabinet 24/10/2018	
		4	Officers explore possibilities of a sub-regional ethical lettings agency within the public sector on a not for profit basis		Cabinet 24/10/2019	
20-Jul-16	Task Group Brent's housing associations					
		1	Strategic forums with registered providers to examine Right to Buy		Cabinet 15/11/2016	
		2	Set out common position to registered providers on exemptions		Cabinet 15/11/2017	
		3	Develop agreements with housing associations and GLA to maximise replacements in Brent.		Cabinet 15/11/2018	
		4	Jointly an anti-fraud investigator for a time-limited period		Cabinet 15/11/2019	
		5	Integrate Right to Buy into Brent's financial inclusion strategy		Cabinet 15/11/2020	
		6	Requests that housing associations advise tenants of their financial options		Cabinet 15/11/2021	
		7	Strategic forums to share information and expertise about properties going into the private rented sector		Cabinet 15/11/2022	
		8	Collaborate with other local authorities about provision of social housing in the future		Cabinet 15/11/2023	
		9	Forum for smaller housing associations set up		Cabinet 15/11/2024	
		10	Signpost residents to information about the Community Land Trust Network, custom-build and co-operatives		Cabinet 15/11/2025	
		11	Feasibility study for self-build on council-owned land		Cabinet 15/11/2026	
		12	Weight available council-owned land towards housing association or partnership developments		Cabinet 15/11/2027	
		13	Work closely with social landlords in the borough to evaluate the effects of welfare reform		Cabinet 15/11/2028	
		14	Request that housing associations report regularly if they are considering implementing Pay to Stay		Cabinet 15/11/2029	
		15	Organises more frequent forums around specific issues		Cabinet 15/11/2030	
		16	Hold an annual housing summit		Cabinet 15/11/2031	
		17	Develops mechanisms that will enable housing association tenants to share their concerns and service priorities		Cabinet 15/11/2032	
		18	Contact registered provider to encourage tenants' representation at the board level		Cabinet 15/11/2033	
		19	Develop a partnership model which is more weighted towards those providing in-demand tenures and housing		Cabinet 15/11/2034	
20-Sep-16	Sustainability and Transformation Plan					
		1		Engagement is done with health scrutiny across North West London about the STP.	Cabinet member	
		2		consideration be given to collaborate with Healthwatch to support STP engagement	Cabinet member	
19-Oct-16	Housing management options					
		1	A scrutiny sub-committee established for housing if "in-house" option is chosen.		Cabinet 15/11/2016	
		2	If Cabinet was to agree on the joint venture option, there be appropriate checks and balances in place to ensure that this arrangement does not lead to stock transfer		Cabinet 15/11/2017	
		3	If in-house option agreed, there is complete transparency of the Housing Revenue Account, complete with a business plan		Cabinet 15/11/2018	
		4	Communications strategy is drawn up by the Council to ensure resident engagement.		Cabinet 15/11/2019	
		5	If Cabinet was to agree on the joint venture option, that any future arrangement or contract between the Council and its partner be considered by a Scrutiny committee		Cabinet 15/11/2020	

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