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# Community and Wellbeing Scrutiny Committee

**Wednesday 1 February 2017 at 7.00 pm**
Boardrooms 7&8 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

## Membership:

| Members | Substitute Members |
|---|---|
| Councillors: | Councillors: |
| Ketan Sheth (Chair)<br>Kansagra (Vice-Chair)<br>Conneely<br>Hector<br>Hoda-Benn<br>Jones<br>Nerva<br>Shahzad | Dixon, Duffy, Moher, Pitruzzella and Stopp<br><br>Councillors:<br>Colwill and Davidson |

**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
Ms 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 - 8

**4 Matters arising (if any)**

**5 Signs of Safety Scrutiny Task Group Report** 9 - 42

A report from a task group which had been set up in order for scrutiny to evaluate the introduction of Signs of Safety by children's services. The document summarises the results of the review undertaken by the task group in the period between October 2016 and January 2017.

**6 Scoping paper for Child and Adolescent Mental Health services (CAMHS) Scrutiny Task Group** 43 - 52

The attached report presents the findings of a task group set up in order for scrutiny to review the effectiveness of the Child and Adolescent Mental Health services (CAMHS) in Brent. The document focuses on provision of support to young people in the Borough at present and discusses how the model could be adapted to better meet needs in the future.

**7 Safeguarding Adults Board Annual Report 2015-16** 53 - 74

The purpose of this report is for the Independent Chair to present the Safeguarding Adults Board's Annual Report for 2015-16.

The report provides a summary of safeguarding activity carried out by Brent Safeguarding Adults Board partners across social care, health and criminal justice sectors in Brent. It is divided into four sections covering prevalence of abuse, multi-agency response to safeguarding risks, Brent Safeguarding Adults Board's strategic priorities, and learning from case reviews to improve practice.

**8 Update on scrutiny work programme (If any)** 75 - 88

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 29 March 2017**

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

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

Brent

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

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

Also Present: Councillors Farah and Hirani

1. **Declarations of interests**

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

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

2. **Deputations (if any)**

There were no deputations received.

3. **Minutes of the previous meeting**

RESOLVED:-

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

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

There were no matters arising.

5. **NHS Estate in Brent**

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

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

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

In the ensuing discussion members queried whether the reorganisation of the NHS had posed difficulties for developing the NHS estate in Brent, whether the facilities comprising the estate were in a good condition and how well situated they were to meet the needs of the borough. Confirmation was sought of the overall cost of void space to the Brent health economy, the specific cost of the void space at Willesden Centre for Health and Care and the strategy for addressing this underutilisation. The Committee questioned how the council could support the CCG in minimising void spaces across the Brent NHS estate and it was queried whether the rental cost of these buildings were typical of the market. A further query was raised regarding whether the CCG had any discretion regarding the NHSE policy of charging market rents. Members questioned whether the CCG had a formal policy on working with the voluntary sector and emphasised the mutual benefit of allowing voluntary organisations to occupy void spaces at reduced rents. A member commented that the requirement for the CCG to fund void spaces undermined the principle on which the CCGs were established and questioned the cost of voids annually, estimated to be approximately 2m per annum.

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

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

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

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

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

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

RESOLVED:

i) That Brent Clinical Commissioning Group together with NHS Property Services develop a Social Value Policy detailing how to maximise use of void space in NHS buildings by the Voluntary Sector;

ii) That the Brent Clinical Commissioning Group detail in its commissioning intentions how it will use the Estates Strategy to support and enable the voluntary sector;

iii) That a report be submitted to the Health and Wellbeing Board on how social value could be incorporated into the NHS Estates Strategy;

iv) That future reports from the Brent Clinical Commissioning Group and NHS partners detail in full at the start of the report the engagement activity undertaken or due to be undertaken;

v) That the NHS Estates Strategy include South Kilburn as a growth area.

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

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

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

work had been undertaken on performance data. Further information was sought on the link between the Local Safeguarding Adults Board and the LSCB.

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

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

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

Board. Mike Howard further advised that the Family Justice Board did not welcome individual LSCB engagement but maintained a link through the London Safeguarding Children's Board. In addition, Brent LSCB had a Magistrate member who also sat on the Family Justice Board. Criticism by Ofsted regarding performance data was considered to be fair and work was underway to develop a performance data dashboard.

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

RESOLVED:

i) That a letter be written on behalf of the committee to the Commissioner of the Metropolitan Police and Deputy Mayor for Policing and Crime expressing concern regarding the level of engagement by the Metropolitan Police with the Brent Local Safeguarding Children's Board;

ii) That a letter be written on behalf of the committee to the Members of Parliament for Brent expressing concern regarding the level of engagement by the London Community Rehabilitation Company (CRC);

iii) That as part of the budget making process, the council consider how it can provide additional funding to the Brent Local Safeguarding Children's Board in order to improve value for money;

iv) That the Chair of the Brent Local Safeguarding Children's Board be thanked for his work on behalf of the Board.

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

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

The Committee sought details of the training put in place to improve awareness within the Housing Needs Service of domestic violence policies and the feedback mechanisms employed to provide ongoing assurance that this training was sufficient. Clarification was sought on whether the options identified in the report were open to private tenants and homeowners as well as BHP tenants. Members queried what partnership arrangements were in place to ensure that housing providers were appropriately aware of the various options that might be available to vulnerable tenants. It was further queried how the review process for the West London Domestic Violence Reciprocals Scheme had been amended.

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

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

RESOLVED:

i) That the committee's strong support of plans to undertake mystery shopping as part of the planned service review be noted;

ii) That the committee receive a report on the learning obtained from the mystery shopping exercise and corresponding service improvement;

iii) That the appropriate sub-committee of the Adult Safeguarding Board consider the lessons learnt from the case referred to in the report before the committee from the Strategic Director of Community Wellbeing.

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

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

9. **Any other urgent business**

None.

10. **Date of next meeting**

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

The meeting closed at 9.50 pm

KETAN SHETH
Chair

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| Brent | **Community and Wellbeing Scrutiny Committee**<br>**1 February 2017**<br><br>**Report from the Director of Policy, Performance and Partnerships** |
| For information | Wards affected: ALL |

# Signs of Safety Scrutiny Task Group Report

## 1.0 Summary

1.1 The Community and Wellbeing Committee agreed in its work plan for 2016/17 to set up a number of task groups to review important matters of council policy. Members agreed that during 2016/17 they would set up a task group in order for scrutiny to evaluate the introduction of Signs of Safety by children's services.

1.2 Signs of Safety as a subject for a scrutiny task group was judged by members to have met the IMPACT criteria which scrutiny has developed to evaluate and filter whether or not a subject is appropriate to be included in its annual work programme for 2016/17. The task group scoping document in Appendix A sets out the task group's remit, methodology, research methods and its objectives.

1.3 The task group started its review in October 2016 and completed its work by January 2017. A copy of the full report is attached in Appendix B.

## 2.0 Recommendations

2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the contents of the task group's report as set out in Appendix B.

2.2 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the recommendations of the scrutiny task group.

2.3 Members of the Community and Wellbeing Scrutiny Committee to refer their finalised recommendations to Cabinet.

## 3.0 Background

3.1 Signs of Safety is a practice framework for working with children and families and child protection which was developed in Australia in the 1990s and is used today by a large number of children's services departments in local authorities in the United Kingdom as well as in the United States, Australia and Canada.

3.2 In 2014, Brent Council was awarded funding from the England Innovations Project, which is managed by the Department of Education, to introduce Signs of Safety as a practice model in children's services. Since early 2015 the department has begun implementation of Signs of Safety as its practice model.

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

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

3.5 The task group started its review in October 2016 and completed its work by January 2017. This was done using the methodology as set out in the report.

3.6 The chair of task group was Councillor Aisha Hoda-Benn. The other members of the task group were Councillor Shama Tatler, Councillor Bhawanji Chohan, Councillor Suresh Kansagra, and Councillor Dr Amer Agha.

**4.0 Detail**

4.1 The task group gathered evidence from qualitative face-to-face interviews with practitioners and officers as well as looking at quantitative data.

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

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

- evaluate the commitment of the officer and political leadership to Signs of Safety.

4.3 The recommendations in the report are as follows:

1. An engagement programme with partners such as schools, GPs and other health professionals is developed to help further raise awareness of Signs of Safety.

2. The effectiveness of training in Signs of Safety is monitored by using existing workplace surveys to benchmark effectiveness and highlight any issues which may prevent the proper development of training.

3. The Cabinet Member for Children and Young People updates scrutiny annually about progress in implementing Signs of Safety, including social worker retention and other factors which may affect development of the practice.

4(a): Measurements are developed for assessing how effective Signs of Safety has been in the long-term in improving outcomes for children and young people.

4(b): Brent works with other local authorities who use Signs of Safety to share information about developing measurements for assessing the effectiveness of the model.

## 5.0 Financial Implications

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

## 6.0 Legal Implications

There are no legal implications arising from this report.

## 7.0 Diversity Implications

7.1 There are no diversity implications immediately arising from this report. It is anticipated, however, that the more effective and consistent application of the Signs of Safety framework will enhance the safety and protection of the borough's children who are most at risk of harm, and will ensure a child-centred and needs based approach to assessments.

**Contact Officers**

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PETER GADSDON
Director Performance, Policy and Partnerships

**APPENDIX A**

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

## 1. Subject

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

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

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

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

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

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

[2] Ibid p.3

## 2. Rationale

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

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

For example, Ofsted noted that:

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

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

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

## 3. Outcomes

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[3] Brent Corporate Plan 2015-16, p36

[4] Ofsted, Inspection of services for children in need of help and protection, children looked after and care leavers, 30 November 2015, p28

[5] Ibid pp.11-14

[6] Ibid pp.7-30

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

## 4. Methodology

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

They can include:

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

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

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

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

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

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

## 5. Timescale

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

## 6. Terms of reference

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

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

## 7. Membership

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

## 8. Officer support

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

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# Implementing Signs of Safety in Brent

A Scrutiny Task Group Report

**Community and Wellbeing Scrutiny Committee**

**January 2017**

**Task group membership**

Councillor Aisha Hoda-Benn, task group chair

Councillor Shama Tatler,

Councillor Bhawanji Chohan

Councillor Suresh Kansagra

Councillor Dr Amer Agha

**The task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 20 September 2016.**

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## Chair's foreword

In 2015 the Scrutiny Committee at Brent Council was challenged by Ofsted to give more consideration to children's social care and be questioning in a way that contributes to improving services. This report about Signs of Safety is a response to that challenge. Since the autumn last year the members of the task group have spent a considerable amount of time looking at how Signs of Safety is being introduced and practised in the local authority. We have talked with front-line social workers, practitioners, senior managers and met with the Strategic Director and Cabinet Member for Children and Young People to understand the department's approach to implementing Signs of Safety and what difference it has made to working with children and families in our borough.

The introduction of Signs of Safety is a priority for children's and young people's services in Brent. The model is recognised around the world as one of the leading frameworks for social work which should improve the safety of the borough's children who are most at risk of harm by working with them, their families and social networks in an innovative way.

As members we are aware of how charged the discussion of child protection can be and the complexity and difficulty in working with children and young people who may be at risk, and I would like to say that we were impressed by the commitment and dedication of the social workers we met. We were determined to have a balanced understanding of how well implementation has been done and what the challenges of introducing Signs of Safety have been. To put it in another way, we considered what are we worried about, what's working well, and what needs to happen?

I would like to thank all those who have contributed to the writing of this report, especially the front-line staff members in children's services who gave up their time.

**Councillor Aisha Hoda-Benn**

**Chair, Scrutiny task group**

## Executive Summary

The task group was set up to examine the effectiveness of the implementation of Signs of Safety by the Children and Young People's department in Brent since early 2015. The implementation of the practice framework, which is regarded as one of the world's leading models for child protection and working with families, is a flagship project and commitment for the department, in which considerable resources have been invested. Ultimately, Signs of Safety should improve the outcomes for children and families in the borough, and at its heart it is about making children who may be at risk of harm safer.

In the context of declining resources for local government and children's social care, the accessing of funding to introduce Signs of Safety has been a positive development, which Ofsted had remarked is leading to improvements in practice. It is creating a stable framework for practitioners to work and by using the model, practitioners are helping to make the department more child-centred, putting the children's voices to the fore, and making them involved in decision-making.

The task group found that social workers have been receptive to the practice model, and that they are positive about Signs of Safety. As a way of working with children and families, it is a good one because it is strengths based and seeks partnership in working with families. Signs of Safety is also well-suited to Brent and the borough's demographic profile. However, while the department has made considerable strides in implementation there is not as yet consistently good practice across all teams.

The task group has made four recommendations. These include that scrutiny will have a further role to play in monitoring the implementation of Signs of Safety, and that it's important there is thinking now about what long-term measurements there could be for evaluating Signs of Safety.

## Recommendations:

**Recommendation 1: An engagement programme with partners such as schools, GPs and other health professionals is developed to help further raise awareness of Signs of Safety.**

**Recommendation 2: The effectiveness of training in Signs of Safety is monitored by using existing workplace surveys to benchmark effectiveness and highlight any issues which may prevent the proper development of training.**

**Recommendation 3: The Cabinet Member for Children and Young People updates scrutiny annually about progress in implementing Signs of Safety, including social worker retention and other factors which may affect development of the practice.**

**Recommendation 4(a): Measurements are developed for assessing how effective Signs of Safety has been in the long-term in improving outcomes for children and young people.**

**Recommendation 4(b): Brent works with other local authorities who use Signs of Safety to share information about developing measurements for assessing the effectiveness of the model.**

## Methodology

The task group gathered qualitative and quantitative evidence to complete the report and develop its recommendations. In particular, the task group carried out a series of face-to-face interviews and meetings with those who are implementing Signs of Safety or are affected by this approach.

They included:

- front-line social workers
- social work managers
- Strategic Director Children and Young People
- Cabinet Member for Children and Young People.

In addition, the task group were also introduced to a case which social workers and managers had been working on using the Signs of Safety approach. The details of the case were anonymised so there could be no identification of the child or family by task group members.

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

The task group also requested quantitative information to inform its work and better understand the introduction of Signs of Safety. This included:

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

It also drew on the body of wider research into Signs of Safety to help develop the report and recommendations.

## Chapter 1 Signs of Safety

### History

1. Signs of Safety is an integrated framework for practitioners in children's services and child protection, incorporating principles, disciplines, tools for assessment and safety planning and engaging with children and families, and processes for working. [1] Fundamentally, Signs of Safety is about maximising safety and minimising risk to a child. The end goal is child safety, and the model is a means to achieving that end.

2. The framework was developed as a practice model by two social workers – Dr Andrew Turnell and Steve Edwards – working in Western Australia during the 1990s. Steve Edwards had been a front-line practitioner of child protection for 16 years, often working among Aborigine communities in the state, when he began a collaboration in 1989 with Dr Andrew Turnell from which the core ideas of Signs of Safety emerged. In the late 1990s, Turnell and Edwards worked with 150 social workers in Western Australia to refine their approach to child protection and create the Signs of Safety model. [2]

2. The framework has subsequently been adopted by agencies and organisations in other parts of the world outside Australia, mainly in English-speaking countries such as Canada, the United States of America and United Kingdom, but also in Japan and the Netherlands. In 2014, it was estimated there were 41 local authorities practising Signs of Safety in the UK and the model was being used in 13 countries. The first international gathering of practitioners from around the world was held in England in 2005 and the most recent took place in Norwich in 2016. [3]

3. In 2014, the Department for Education in the United Kingdom awarded £4.8million under phase two of the children's social care Innovation Programme to an initiative involving ten local authorities in England, including the London Borough of Brent. The project is led by consultants Munro, Turnell & Murphy (MTM) and aims to improve the

[1] Munro, Turnell and Murphy, 'Transforming Children's Services with Signs of Safety Practice at the Centre', August 2014, p3
[2] 'The Signs of Safety Child Protection Practice Framework', Government of Australia; Department of Child Protection, 2011, p6
[3] Munro, Turnell and Murphy, 'Transforming Children's Services with Signs of Safety Practice at the Centre', August 2014, p3

quality of work with children and families and achieve better outcomes by aligning practice, policies and procedures in children's services with Signs of Safety. [4]

5. Signs of Safety is a brand owned by the Resolutions Consultancy, which is led by Andrew Turnell and holds the international Signs of Safety trademark. Resolutions ensures that the brand is maintained to a high standard and licences training. [5]

**Principles**

6. Constructive working relationships are key. Signs of Safety adopts a collaborative approach to working with families and children, aiming to nurture the residual strengths within a family to enhance a child's safety as well as address any risks or maltreatment. The model fosters a partnership and shared responsibility between a family unit and practitioners to create a mutually agreed understanding of what may need to change. Signs of Safety rejects the paternalistic approach of practitioners imposing solutions and instead enables the family, including its wider network, to create safety for a child. Constructive working relationships are a key principle not only between professionals and a family, but among professionals and agencies with whom a practitioner works, and should encourage a respectful and honest discussion of concerns or worries. [6]

7. Signs of Safety encourages practitioners to think critically, which means reflecting on what has worked and not worked and acknowledging when something is incorrect. This principle is also expressed by Professor Eileen Munro's maxim: 'The single most important factor in minimizing errors is to admit you may be wrong'. [7] Critical thinking requires balanced thinking about strengths and risks to avoid an overly negative or positive view; remaining open-minded and taking a more questioning approach. [8]

8. A third principle is that it is grounded in everyday practice. For example, when an assessment and safety planning are done they are based on a child's experiences, and practitioners' experiences and practice-led evidence are an engine of learning.

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[4] www.gov.uk/government/speeches/edward-timpson-outlines-successful-innovation-programme-bids, 31 October 2014; www.springconsortium.com/evidence-learning/how-projects-are-being-evaluated/#t9

[5] resolutionsconsultancy.com/about-the-licensing-program

[6] Amanda Bunn, Signs of Safety in England, (NSPCC, 2013) p7; Munro, Turnell and Murphy, 'Transforming Children's Services with Signs of Safety Practice at the Centre', August 2014, p3

[7] Eileen Munro 'Effective Child Protection', 2008, p125

[8] Munro, Turnell and Murphy, 'Transforming Children's Services', August 2014, p3

## Disciplines

9. Signs of Safety encourages the use of disciplines to improve a practitioner's work. They include a clear understanding of past harm, future danger and complicating factors; being able to distinguish between strengths and protection; writing in clear specific language which is free from jargon and ambiguity; a focus on specific and observable behaviours rather than generalisations, and a skilful use of authority. [9]

## Tools

10. Signs of Safety has its own tools for risk assessment and care planning to map what danger or risk there may be as well as establishing the strengths within a family. They are used by practitioners together with the children and families and the network of people who support them and help to elicit in unambiguous language, the different views of concern or danger as well as the existing strengths and safety in a family. [10] The joint use of the tools by members of the family and a practitioner means that it is not just the professional's perspective which shapes assessment and planning. [11]

11. A favoured assessment tool which complements the disciplines is the Three Columns, which asks 'What are we worried about? (past harm, future danger, complicating factors)', 'What's working well? (existing strengths and safety)' and 'What needs to happen? (objectives for future safety and next steps to secure them). [12] It also asks a scaling question on a 0-10 scale to rate the immediate situation for a child.

12. The Signs of Safety model also has its own tools which allow a child's perspective about the issues and what has been happening to them to be expressed, these include: Three Houses, Wizards and Fairies, Safety House and Words and Pictures.[13]

13. Scaling questions are another technique favoured by Signs of Safety. That means asking a question requiring a fixed response on a scale of '1-10' rather than exacting generalised and ambiguous replies which contain little specific information. Scaling can be used in different settings as well as with partner organisations and agencies.

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[9] www.dcp.wa.gov.au/Resources/Documents/SOS_Disciplines.pdf
[10] www.signsofsafety.net/signs-of-safety-2/
[11] www.signsofsafety.net/signs-of-safety-2
[12] www.westsussex.gov.uk/media/3180/signs_of_safety_overview.pdf
[13] Amanda Bunn, Signs of Safety in England, (NSPCC, 2013) p9

## Research

14. Since the model was first developed in the 1990s research has been done by different organisations to understand the effects on child protection and social work. However, it should be noted that many of these studies were done outside the United Kingdom and in areas which are different in profile to the London Borough of Brent. On the whole, the research highlights a number of improvements in organisations which have adopted Signs of Safety as the practice framework for child protection. The benefits to practitioners have been improved morale and decision-making, and better relationships between them and the key professionals with whom they work while organisations have recorded reduced rates of child removal and the length of cases. [14]

15. Research based on social work in Minnesota in the United States identified long-term success benchmarks such as improved satisfaction among families and workforce retention, and reduced child protection interventions and court involvement. Short-term indicators of success were a marked change in professional philosophy, increased worker confidence in Signs of Safety, support in using the practice model from workers and supervisors, practice-sharing, and educating other partners in Signs of Safety. [15]

16. One of the largest studies in the United Kingdom was by the NSPCC in 2011 who interviewed practitioners in a number of local authorities which had introduced the model at that time. Generally, the practitioners interviewed thought Signs of Safety was particularly effective in child protection because it helps to create partnerships and good working relationships with parents, identifies risk and makes practitioners more specific in identifying issues. In addition, Signs of Safety was much more likely to engender change and action when working with families in comparison with other models. [16]

[14] www.signsofsafety.net/research

[15] Maggie Skrypek, Christa Otteson and Greg Owen, 'Signs of Safety in Minnesota: Early Indicators of Successful Implementation in Child Protection Agencies', Wilder Research December 2010, pp.26-34

[16] Amanda Bunn, Signs of Safety in England, (NSPCC, 2013) p123

## Chapter 2 Brent's Context

### Children and Young People

17. In Brent the population of children and young people aged 18 and under is rising. At present, there are an estimated 78,777 in that age group or 24.3% of the total population. [17]

18. Brent is one of the most ethnically and religiously diverse local authority areas in the UK. In the borough's primary schools 68.7% of children have English as an additional language; the figure in secondary schools is 55.2%. [18] The largest minority ethnic groups of children and young people in the borough are Asian/Asian British and Black African. About 75% of all under 18s in Brent are from minority ethnic groups.

19. The proportion of primary school children eligible for free school meals is 13% and at secondary schools in the borough 12.5% of pupils are entitled to free school meals.

20. The Index of Multiple Deprivation ranks Brent 55 out of 326 local authority areas in England measured by the number of neighbourhoods in the most deprived top 10%.

### Children and Young People's Department

21. The department, which is led by a Strategic Director, is integrated across children's services rather than split into separate units for children's social care and education. The present Cabinet member for Children and Young People started in May 2016 and holds one of eight posts, including the Leader and Deputy Leader, on the council's Cabinet.

22. The department has approximately 700 full-time staff. The majority are based at the civic centre although many operate from locality offices in different parts of Brent.

23. Approximately 167 social workers work in the department of whom about 65% are permanent. The majority of social workers are based in either the front-line locality teams, which cover Harlesden, Wembley, Willesden, Kingsbury and Kilburn, or in care planning. The high proportion of agency-employed social workers in some teams

[17] Children and Young People Department, census mid-year estimate 2016
[18] Brent Council, Children and Young People Department, 3 December 2016

means staff turnover is high although this is little different to other boroughs in London. The department is committed to improving the ratio of agency staff to permanent social workers and started a recruitment campaign to increase permanent staff in 2016. [19]

24. The department works with a considerable number of children and young people. As of 31 March 2016 there were 676 children who had been referred through Early Help. In total, the number of children in need on 31 March 2016 was 1,900. This figure is for children who have been referred to Children's Services and are awaiting assessment, have been assessed and are subject of a Child In Need Plan, and children who are subject of a Child Protection Plan as well as looked after children. [20]

25. The department's spending has been reduced considerably. According to Budgets set by the local authority, in 2016/17 the gross expenditure for Children and Young People's Department was £46million; in 2015/16, it was £47million, in 2014/15 it was £49.8million; and in 2013/14 gross expenditure was £57.5million. These figures exclude the council's separate ring-fenced budget for expenditure on schools. [21] As the local authority's Revenue Support Grant from central government has been reduced other council departments have seen similar or greater spending reductions. However, the Children's and Young People department is facing a rising population of those aged 18 and under living in Brent, but its resources have been decreasing.

26. The council's proposed 2017/18 Budget, which at the time of writing the report was being consulted on with residents, is clear that a rising population of those aged 18 and under will mean additional costs to maintain services for children's social care. The draft Budget estimates that the population of 18s and under in the borough will rise by 1.0 to 1.2% a year in 2017/2018 and 2019/2020 which will mean estimated extra costs of providing children's social care of £0.4million in those financial years. That extra cost is to provide the same level of services to the population of that age category. [22] For young people who have contact with children's social care there is also rising complexity in issues around gangs and child sexual exploitation.

**Brent and Signs of Safety**

[19] 'Market Supplement for Children and Families Social Workers' Brent Council General Purposes Committee 31 March 2016
[20] Brent Council, Children and Young People Department, 3 December 2016
[21] Brent Council 'Brent Council Spending 2016-17' April 2016, pp.6-7; 'Brent Council Spending 2015-16' April 2015, p6; 'Brent Council Spending 2014-15' April 2014, p6
[22] Brent Council Cabinet 24 October 2016, 'Budget Proposals 2017-18 to 2018/19'

27. In 2012, Brent was one of the few London boroughs to introduce Signs of Safety. The department, which was then called Children and Families, implemented the model for the front-line staff working in children's social care, but the initiative was not effectively embedded and petered out. [23]

28. In 2014, Brent Council was invited by Professor Eileen Munro along with nine other local authorities to take part in the Signs of Safety project funded by the Department for Education's Innovation Programme. A commitment to the effective implementation of Signs of Safety was signed by the Chief Executive at the time and the Council Leader. The then Cabinet Member for Children and Young People also gave it her support.

29. From October 2014 to March 2016, Children and Young People worked with the MTM consultancy to introduce Signs of Safety as part of the Innovation Programme. MTM is led by Professor Eileen Munro, Dr Andrew Turnell and Terry Murphy. As part of working with MTM, Dr Turnell was the main contact.

30. The introduction of Signs of Safety is a corporate priority for the council. In June 2015, the council's Corporate Plan 2015/16, which monitors progress of the priorities in the Borough Plan 2015-2019, highlighted that Signs of Safety Implementation Plan will be delivered and monitored monthly to help improve the quality of social work practice.

31. Ofsted's (Single Inspection Framework) SIF inspection in November 2015 highlighted improvements from a limited introduction of Signs of Safety, finding that where social workers were using the model, assessments had fuller information, better analysis and a stronger focus on children's wishes, which led to plans and services that met children's needs. In the good assessments the approach was evident. It was also improving management oversight of child protection. Ofsted noted the model was being used in children's centres, where family support workers receive case support from members of the Early Help Team who use the model, as well as in the Brent Family Front Door, and at case conferences. However, it said Signs of Safety was not being used uniformly nor fully embedded in all practice. [24]

## Chapter 3 Findings

### Implementation

[23] Brent Council Children's Social Care Learning and Development

[24] Ofsted, Inspection of services for children in need of help and protection, children looked after and care leavers, 30 November 2015, pp.10-28

32. Implementation of the project to introduce Signs of Safety under the Innovation Programme started in the Children and Young People's department in early 2015. The scale was ambitious, aiming to train officers who work with children and families from the Family Front Door through to those involved in child protection case conferences. This equates to approximately 280 staff, the majority of whom are social workers and are in the Family Front Door, Early Intervention, Locality teams and Care Planning.

33. The depth of change has been ambitious. The department has set out to shift Signs of Safety from being marginal and used by relatively few members of staff, who may have been trained in 2012 or learned about the model in other local authorities, to making it the central approach to how it works with children, young people and their families.

34. The task group's view is that without being part of the MTM project funded by the Innovation Programme, the local authority would have found it extremely difficult to have funded such a large-scale implementation of Signs of Safety. In October 2016, Brent was invited to be part of the application by MTM for phase three of the Innovation Programme which should enable the department to access more funding for implementing Signs of Safety. [25]

35. To implement Signs of Safety, a project manager was appointed in early 2015. The project manager was a key post, liaising with MTM and facilitating the development of the extensive training programme with staff. The project manager also co-ordinated a Signs of Safety Steering Group, which still functions, attended by the senior leadership team to oversee the implementation. The project manager post was a fixed-term contract which ended in September 2016 because it was paid for from the Innovation Programme.

36. The implementation project has been high-profile. Professor Eileen Munro attended a launch event at Brent Civic Centre in March 2015. In June 2015 there was a staff showcase event at the civic centre, which the Cabinet member for Children and Young People attended and commented favourably on. The internal departmental e-newsletter for staff 'CYP News' has since 2015 carried articles written by staff about their experiences of Signs of Safety, which have been thoughtful and reflective about

[25] Task group meeting notes 2 November 2016

their experiences. The Signs of Safety project in the department also circulated its own newsletter 'Innovation'. [26]

37. The task group found that policies and procedures have been aligned with Signs of Safety during the implementation. For example, the Common Assessment Framework, now called the Early Help Assessment (EHA), was updated to reflect Signs of Safety. Similarly, forms and the electronic casework system have now been updated to incorporate the tools and assessments used in Signs of Safety. However, this took some time and before that social workers were having to do it manually. [27]

38. As part of the implementation the department has done awareness raising with partner organisations about Signs of Safety. This is important because research highlighted in Chapter 2 suggested that working effectively with partner organisations is an important aspect of implementing Signs of Safety successfully. By August 2015, two half-day sessions with voluntary sector and health agencies attended by 42 delegates had been delivered; there was a presentation to the Brent Local Safeguarding Children's Board by two practice leaders to explain Signs of Safety. In addition, schools and other partners have requested if they can have a briefing about Signs of Safety because their staff have seen it being practised. [28]

39. However, to date there hasn't been an engagement programme with the wider community. The task group is not advocating training; however, engagement could be done with GPs, health professionals, schools and others through existing strategic forums such as Partners for Brent, or the Brent Local Safeguarding Children Board. This would be more appropriate later in the cycle of implementation. The task group has made a recommendation on this.

**40. Recommendation 1: An engagement programme with partners such as schools, GPs and other health professionals is developed to help further raise awareness of Signs of Safety.**

**Learning**

41. Signs of Safety is a branded product and the training can only be done by those who are properly accredited. The training structure is an introductory two-day course,

[26] Task group meeting notes 2 November 2016
[27] Task group meeting notes 18 October 2016
[28] Innovation, Issue 2, The August 2015; Task group meeting notes 2 November 2016

and an advanced five-day course. There are no options to change this. The two and five-day sessions are led by a trainer provided by MTM and are the same for all staff.

42. Fundamentally, Signs of Safety was developed as a tool for child protection; however, training is not limited to staff in Localities and has been taken up by those in services such as Education Welfare, Youth Offending Team and the Virtual School. The methodology for Signs of Safety has been adapted across Children and Young People. For example, the Virtual School adapted the practice to Signs of Learning. [29]

43. Quick progress has been made in training staff. By August 2015, the department had delivered two-day introductory training courses to 132 participants. Every new employee, including agency staff, attends the two-day training.

44. Completing the two-day training is just the initial step in becoming a practitioner. Training is intended to be a part of learning; the rest comes from practising Signs of Safety in the field which they are encouraged to do as quickly as possible. After the two-day training there are opportunities to develop at seminars, case supervisions, case mapping in team meetings, staff forums and coaching by practice leaders. [30] There is also an online resource library with training materials, papers by practitioners as well as forms and plans. Marketing materials such as e-flashcards to reinforce what was learned in training have also been produced.

45. Around 115 practice leaders have been trained by completing the five-day training. The five-day sessions were attended by heads of service, senior managers, and the leadership team which is evidence of the commitment to Signs of Safety. Managers who are agency staff also attend. [31] There is a framework to promote continuous learning for practice leaders. [32]

46. Practice leaders are the backbone of the programme in Brent. Their role is to disseminate information, knowledge and to be an exemplar of Signs of Safety in the workplace. The practice leaders also provide consistent leadership, carry out peer reviews and supervisions and strengthen teams' practice and use of tools and techniques. Every team is supposed to have access to a practice leader. [33]

[29] Task group meeting notes 2 November 2016
[30] Innovation, Issue 2 August 2015
[31] Task group meeting notes 2 November 2016
[32] Innovation, Issue 2 August 2015
[33] Innovation, Issue 2 August 2015

47. Brent considered investing in an officer who would then train other staff in-house. This wasn't done because the member of staff would be highly marketable in Signs of Safety and the department would struggle to retain him or her, which has happened at other local authorities who invested in their own in-house trainer. A social worker the task group spoke to felt that the five-day training could be compressed into three days and made more bespoke. [34] However, the task group understands why the in-house training option may not be feasible at present.

48. Generally, the social workers interviewed felt the two-day training was a good grounding, but the five-day training was the most effective in enabling them to work with families in a radically different way. One said: "After the two-day training I came away feeling very positive, feeling it will have a positive impact, but it was not until I had done the five day that I could understand how it is an approach rather than a set of tools.[35]

49. Training is not offered to partner organisations. However, a social worker must work with professionals from different organisations, which in complex cases can be a large number. It was felt by the department's leadership that the professionals in other organisations need to be aware of Signs of Safety, but not trained as they would not be practising it. [36]

50. The task group's view is that the training in Signs of Safety is creating a consistent framework for staff, and a consistency in practice and a language that all understand. However, it's important that the department is able to monitor the effectiveness of training. The task group has made a recommendation in this area.

**51. Recommendation 2: The effectiveness of training in Signs of Safety is monitored by using existing workplace surveys to benchmark effectiveness and highlight any issues which may prevent the proper development of training.**

**Practice**

[34] Task group meeting notes 2 November 2016
[35] Task group meeting notes 18 October 2016
[36] Task group meeting notes 2 November 2016

52. As noted, the training is only the first step to becoming a competent practitioner in, and a complete learning journey can take from three to five years. [37] Practitioners have found it a complex tool, and applying the knowledge in the field can be challenging. [38]

53. Practitioners were positive about the tools. One said: "I use scaling questions all the time now. I'll say to a child 'I need you to give me a number. It's the most helpful way of finding out with a family where they are." They also found scaling questions useful with partner organisations. One said: "It makes people think clearly. A nurse might say she's worried. But worried about what? The scaling question pinpoints what is specific to the situation." However, some agencies can find it difficult to scale concerns about subjects which are not related to them.

54. The task group's view is that training in Signs of Safety isn't leading to it being applied too rigidly. For example, one practice leader said: "I've found cases where we are not using it. At times the language can be unhelpful. It doesn't work for every single case. I wouldn't like to say 'autism' is a worry, it wouldn't be appropriate to do that."[39]

55. The task group was impressed with the knowledge and understanding of the social workers it met. However, there appears to be an unevenness in how well Signs of Safety is being practised. In January 2016, the Brent Local Safeguarding Children's Board (LSCB) did a case audit of 29 cases using the Signs of Safety approach and found that in 20 cases there was an inconsistent approach, suggesting a use of pre-existing approaches while using Signs of Safety language. [40]

56. A social worker felt it was being used inconsistently by teams and there were pockets of good practice, which in part was to do with staff turnover and confidence. The Strategic Director said that: "There are examples of good practice but it is fair to say we are not consistently good across the department as yet." [41] It should be remembered that Brent only started the recent implementation for Signs of Safety in early 2015, and that becoming a complete practitioner takes time.

57. Following a management restructure in April 2016, the department in September 2016 recruited a Principal Social Worker, previously the role was held by a head of

[37] Amanda Bunn, Signs of Safety in England, (NSPCC, 2013) p116
[38] Task group meeting notes 18 October 2016
[39] Task group meeting notes 18 October 2016
[40] Brent LSCB 2015/16 Annual Report p20
[41] Task group meeting notes 18 October 2016; Task group meeting notes 2 November 2016

service as an additional responsibility. This is the first time the department has had that dedicated role and it will be key in the development of Signs of Safety. In the other local authorities who are part of the 10, they have had a social worker dedicated to developing practice in Signs of Safety. [42]

58. Brent is now part of a national and international network of practitioners. Signs of Safety is an evolving practice and is informed by wider thinking and experience. It's therefore important that the department can share and exchange best practice and experience. A team visited Suffolk County Council and Wokingham Council children's services on a knowledge exchange visit. In July 2016, a group of practitioners from Brent took part in the International Signs of Safety Conference held in Norwich.

59. There are external factors which may affect practising of Signs of Safety. The Strategic Director was open that there are high levels of agency staff although they have been reduced. However, there is also the environment in which social workers must practise Signs of Safety. The Strategic Director expressed a view, which is supported by Professor Eileen Munro, that hot-desking offices can hinder effective working relationships between social workers, which are at the heart of Signs of Safety. Also, there have been problems with the physical environment of one office outside the civic centre. The task group notes these concerns. [43]

60. The task group's view is that a commitment by the department's leadership is important for the implementation and development of the Signs of Safety as a practice. However, it's also important that members play their part. Therefore, the task group recommends that scrutiny has a role to play in the future to monitor the situation for social workers in Brent and the implementation of Signs of Safety.

**61. Recommendation 3: The Cabinet Member for Children and Young People updates scrutiny annually about progress in implementing Signs of Safety, including social worker retention and other factors which may affect development of the practice.**

**Children and Families**

[42] Task Group meeting notes 2 November 2016

[43] www.communitycare.co.uk/2016/04/29/munro-hotdesking-harming-social-work/

62. To understand how Signs of Safety works in practice with children and families members of the task group were introduced to a live case of Child D and Child E by social workers and managers. All the information about the children and adults was anonymised so they could not be identified by any of the members.

63. Task group members were shown how the case mapping works in practice. Officers discussed how they devised a genogram – a graphic representation of a family tree – to plot the relationships between the different members of the family, including the two children and the mother and father, and the wider family members to better understand the family around the children and their wider social network.

64. Officers also demonstrated appreciative inquiry using a technique with the acronym EARS: elicit, amplify, reflect, start over, which enables them to engage sympathetically with a family. This demonstrated to the members how they would engage with a family in a particular case.

65. Officers showed how they would approach the case, by using the Three Columns. They also discussed different danger statements and safety goals for the children which had been written at a case conference by the social workers together with the mother. For example, one danger statement was about the behaviour of Child D at home and in their nursery and the safety goals discussed a plan to help overcome this problem. [44]

66. Task group members noted that the danger statements had been written in plain English and were easy to understand. They were also specific with no ambiguity. The strength of them was that they had been written and agreed together with the mother so they had a strong sense that it wasn't social workers saying to the mother what she needed to do, but that there was an understanding between them and the mother of Child D and Child E. Task group members could see the strength of working in partnership with them, and that a family would find case conference less daunting using this approach because it is collaborative and the working is done together with them.

67. From looking at this case, task group members felt Signs of Safety clearly provides a clear framework for social workers to navigate complex cases and is the right

[44] Task Group meeting notes 26 October 2016

approach for Brent. The task group also felt that the strengths-based approach of Signs of Safety was an effective way to work with families and as a model for child protection. As noted, Brent has a high proportion of residents who have English as a second language. Social workers reported that the model helps working with those who have English as a second language because of the discipline of using specific and simple language in writing safety goals or danger statements together with the family. [45]

68. Social workers who the task group spoke to were positive about the approach in working with families because of the partnership approach. They reported that families appreciate having an input into keeping a child safe and it gives them a sense of ownership. Previously, the families sometimes felt they were coming in to be criticised, but now when they work on strengths, they feel much more supported and understood. [46]

69. The Signs of Safety tools such as Three Houses are mainly aimed at younger children. However the social workers found that 13 and 14 year olds find scaling questions useful. One adapted Signs of Safety for older children using the example of a football team and asking 'who do you want playing in your team and in what position?'

70. Task group members felt that the Signs of Safety tools would also make it easier for a child's perspective to be understood and heard as part of the assessment process.

71. Social workers reported a difference in how receptive families are to the Signs of Safety approach. Some have really bought into it while others will go along with it more because the social worker has asked them to. However, it still makes that relationship in working with the more reluctant families easier. They were also clear that Signs of Safety doesn't take away risk if safety is not there in a family.

**Evaluation**

[45] Task group interviews 18 October 2016
[46] Task group interviews 18 October 2016

72. A key question for the task group was to understand how the department knows or can measure if Signs of Safety is working i.e what are the 'meaningful metrics'? Social workers reported that it improves job satisfaction and they were clearly positive about using it. As noted, Brent already has a high percentage of agency staff. In the long-term it may be possible to see that Signs of Safety is one of the factors which is helping to increase the number of permanent social workers.

73. The Strategic Director said that Signs of Safety should enable greater maintenance of children in their families and life chances are improved for most children if they can stay within a family and prevented from coming into care. However, it needs to be recognised that for those at most serious risk of harm care is a life chance.

74. The Strategic Director's view was that as a result of Signs of Safety we should see fewer children in care. If the borough had a stable population of under 18s we would be able to establish if there was a correlation between having fewer children in care and Signs of Safety. However, we have an increasing population in that age group as noted in Chapter 2. Furthermore, there is also a rising number of unaccompanied asylum-seeking children, which is now one of the largest in London.

75. As the department has only recently started to implement Signs of Safety it may be too early at present to evaluate Signs of Safety. However, it's not too early to start thinking about measuring its effectiveness in the long-term and developing 'meaningful metrics' which could include social worker retention, numbers assessed for Early Help, and numbers of children in care. As Brent is part of a national network this is also something it can work on with other local authorities. The task group has made two recommendations in this area.

**76. Recommendation 4(a): Measurements are developed for assessing how effective Signs of Safety has been in the long-term in improving outcomes for children and young people.**

**77. Recommendation 4(b): Brent works with other local authorities who use Signs of Safety to share information about developing measurements for assessing the effectiveness of the model.**

## APPENDICES

### 1. Participants

The task group would like to thank the following members of staff who contributed to the report, took part in the themed discussion or advised it on policy:

Nigel Chapman, Operational Director, Integration and Improved Outcomes

Brian Grady, Operational Director, Safeguarding, Performance and Strategy

Gail Tolley, Strategic Director, Children and Young People

Councillor Wilhelmina Mitchell Murray, Cabinet Member, Children and Young People

And other members of staff in Brent Council's Children and Young People's department.

### 2. Terms of reference

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

1. Review and comment on specific challenges to the effective implementation of Signs of Safety.

2. Compare implementation in Brent with implementation in the nine other local authorities which are part of the England Innovations Project.

3. Reflect on the experiences of front-line social workers, families and children in working with Signs of Safety.

4. Highlight areas of good practice and any issues of concern.

5. Examine the budgetary implications for successful implementation of Signs of Safety.

6. Evaluate realistically the depth as well as the scale of implementing Signs of Safety.

7. Assess the extent to which the model is being implemented in terms alignment of policies and procedures, quality assurance, workforce training, and research.

8. Evaluate the commitment of the officer and political leadership to Signs of Safety.

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| Brent | **Community and Wellbeing Scrutiny Committee<br>1 February 2017<br><br>Report from the Director of Policy, Performance and Partnerships** |
| For information | Wards affected: ALL |

# Scoping paper for Child and Adolescent Mental Health services (CAMHS) Scrutiny Task Group

## 1.0 Summary

1.1 The Community and Wellbeing Committee agreed in its work plan for 2016/17 to set up a number of task groups to review important matters of council policy. Members agreed that during 2016/17 they would set up a task group in order for scrutiny to evaluate Child and Adolescent Mental Health services (CAMHS).

1.2 CAMHS as a subject for a scrutiny task group was judged by members to have met the IMPACT criteria which scrutiny has developed to evaluate and filter whether or not a subject is appropriate to be included in its annual work programme for 2016/17. The task group scoping document in Appendix A sets out the task group's remit, methodology, research methods and its objectives.

## 2.0 Recommendations

2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the contents of the report and scoping paper in Appendix A.

2.2 The committee to agree to set up a task group to review Child and Adolescent Mental Health Services which will report with recommendations to committee on 9 May 2017.

## 3.0 Background

3.1 In March 2015, the government published Future in Mind – a strategy for promoting and improving young people's mental health – which also offered additional funding for Child and Adolescent Mental Health Services (CAMHS). In response, a Local Transformation Plan for CAMHS was developed across north-west London with a dedicated plan and objectives for Brent.

3.2 The transformation plan, which was developed with young people's involvement, will implement improvements across CAMHS services. The plan was approved by NHS England in December 2015. An update on progress with the plan was given to Brent's Health and Wellbeing Board on 22 March 2016.

3.3 Brent has a disproportionately large number of young people in social groups who for environmental reasons may be at higher risk of developing poor mental health. Based on national projections, it's thought that one in ten school-age children in Brent has a diagnosable mental health condition which equates to an estimated 4,575 children and young people.

## 4.0 Detail

4.1 The focus of the task group in gathering evidence will be on qualitative evidence from face-to-face interviews as well as looking at quantitative data, and to develop five recommendations which can be implemented. Interviews could include NHS and health providers, Brent CCG, parents and young people, school and further education representatives.

4.2 The scope of the enquiry by the scrutiny task group is limited to its terms of reference as set out in the scoping paper. In essence, the purpose of the scrutiny task group will be to review the effectiveness of the CAMHS model in providing support to young people in Brent at present, and how the model could be adapted to better meet needs in the future.

4.3 The chair of task group is Councillor Ahmad Shahzad OBE, the other members are Councillor Ruth Moher and Dr Jeff Levison, a co-opted committee member.

## 5.0 Financial Implications

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

## 6.0 Legal Implications

There are no legal implications arising from this report.

## 7.0 Diversity Implications

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

**Contact Officers**

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

PETER GADSDON
Director Performance, Policy and Partnerships

**Scrutiny Task Group Scoping Paper**

**Community and Wellbeing Scrutiny Committee**

**Child and Adolescent Mental Health Services**

## Young people and mental health

1. Improving the mental health of Brent's young people is a considerable challenge. According to data based on national projections, it's thought that one in ten school-age children in Brent have a diagnosable mental health condition which equates to an estimated 4,575 children and young people. However, while early intervention can prevent crisis and the development of long-term mental health conditions in later life, national research suggests that only one in three of those with diagnosable conditions will access any form of mental health support. Furthermore, mental health problems in children and young people can result in lower educational attainment while early support avoids young people falling into crisis and the need for long-term interventions into adulthood. [1]

2. Brent has a disproportionately large number of young people in social groups who for environmental reasons may be at higher risk of developing poor mental health. Vulnerable groups include those in contact for the first time with the criminal justice system, children and young people from BME communities, children with a learning disability and children and young people who go missing. Furthermore, there is a correlation between a risk of poor mental health and poverty, and Brent has the highest number of children who are living in poverty of any borough in north-west London. [2]

3. As well as the emotional pain and cost to children, young people and their families there is also an economic cost resulting from poor mental health. For example, Brent has the fourth highest crime cost in London as a result of conduct disorder. A study in 2016 identified that it was a priority to ensure that mental health projects which promote the importance of good emotional health are available to all schoolchildren. These programmes could save Brent an estimated £23million over five years. [3]

## Brent's child and adolescent mental health services

[1] 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, p1; 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p8

[2] Ibid p9

[3] 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p11

4. In March 2015, the government published Future in Mind – a strategy for promoting and improving young people's mental health – which also offered additional funding for Child and Adolescent Mental Health Services (CAMHS). In response, a Local Transformation Plan for CAMHS was developed across north-west London with a dedicated plan and objectives for Brent. This was developed in partnership by the NHS and the local authority, and agreed by the Chair of the CCG and the Council Leader. In Brent the implementation of the plan is led by a subgroup of the Children's Trust, chaired by the CCG's Assistant Director. The transformation plan, which was developed with young people's involvement, will implement improvements across CAMHS services. The plan was approved by NHS England in December 2015. An update on progress with the plan was given to Brent's Health and Wellbeing Board on 22 March 2016. [4]

6. At present, CAMHS in Brent spans universal services from tier 1 for every child and family to tier 4 specialist services for smaller numbers of children and young people. Children and young people experiencing difficulties that could be related to their mental health are usually first identified as needing tier 1 services, for example by a teacher, GP or health visitor. Tier 1 can include online self-help or self-instruction, peer mentoring, children's nurture groups, and parents' training. Tier 2 are single professional specialist services and community-based services delivered by mental health professionals such as psychotherapists and psychologists working in GP practices, schools and youth services. They identify severe or complex needs, requiring more specialist intervention or treatment at a higher tier. [5] Tier 3 and tier 4 offer more specialist support for mental health problems. At tier 2 an estimated 4,575 children and young people will require support, 1,370 children at tier 3, and 60 at tier 4. [6]

7. For specialist community CAMHS, the largest group receiving support in absolute numbers is White British although this group only makes up around one quarter of Brent's under 18 population. The peak age for females to receive support is 10 and for males it is 15. [7]

8. In 2015/16, spending on CAMHS in Brent was £2,471,000 by Brent CCG and £403,629 by NHS England. Brent Council's Public Health gave a one-off grant of £30,000 towards funding training for school staff. There is also the funding of £370,751 towards the Targeted Mental Health in Schools (TaMHS). [8] However, Brent's spending on CAMHS is slightly below the median average for London

[4] 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, pp.1-2; 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan', Brent Health and Wellbeing Board 22 March 2016

[5] www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx

[6] Ibid pp.8-9

[7] 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, pp.5-6

[8] Brent CCG, report to Scrutiny Committee 9 February 2016, p3

boroughs. [9] Future in Mind noted that nationally few children with diagnosable mental health conditions access NHS-funded community mental health services and there is a specific requirement to increase access for those children to services.

**Scrutiny's role**

9. Child and Adolescent Mental Health Services (CAMHS) was last reviewed by the Scrutiny Committee in February 2016 when members were updated about the Local Transformation Plan and discussed related issues such as the rates for referrals. [10]

10. In June 2016, the new members of the Community and Wellbeing Scrutiny Committee, which superseded the former Scrutiny Committee, identified CAMHS as an area which required more attention by them and put it on their work programme for 2016/17. It is timely for scrutiny to carry out a task group review CAMHS because of the transformation plan which is being implemented at present.

11. The purpose of this scrutiny task group will be to review the effectiveness of the CAMHS model in providing support to young people in Brent at present, and how the model could be adapted to better meet needs in the future.

12. However, to be workable in such a broad area the scope of the task group's enquiry needs to be tightly focused. Therefore, it's suggested that the task group is limited to certain areas of CAMHS in Brent. The focus will be:

- children and young people in Brent aged 12 to 18
- existing referral and discharge pathways
- examples of good practice
- existing identification at tiers 1 to 3
- awareness in schools and other settings for children and young people.
- how well existing or proposed services would meet requirements of National Institute of Clinical Excellence (NICE) guidance and the THRIVE model. [11]

13. A task group will need to be aware of the existing 'escalator' model for CAMHS, which is organised in tiers but is moving towards universal, targeted and specialist support, and the appropriateness of other frameworks such as THRIVE. It can also look at the desirability of any proposed changes such as the introduction of a lead provider model, what the 'front door' should be for referrals, and if there should be a centralised way to direct children's cases as well as the proposals for mental health co-ordinators and the role of extra support.

[9] 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p11
[10] Brent Council Scrutiny Committee minutes, 9 February 2016
[11] THRIVE is the Anna Freud Centre and Tavistock model for CAMHS. See www.annafreud.org/media/2552/thrive-booklet_march-15

14. In terms of identification, it can look at issues of stigma deterring children and young people from seeking help, how different communities in Brent may understand mental illness and how schools and other settings for young people understand their role in supporting emotional wellbeing.

15. It can also look at the existing challenges such as increasing number of young people accessing the service, waiting times for referrals and support and the effectiveness of present provision, including how far early intervention could prevent cases reaching a higher clinical threshold of support at tier 3.

16. A task group can examine the challenges faced in redeveloping CAMHS from the perspectives of professionals, parents, children and young people in the borough.

17. As members, a scrutiny task group can bring a fresh perspective to the challenges of CAMHS and triangulate the different sources of information and data, and review the relationships and co-ordination between the NHS, Brent Council's Children's Services, Children's Trust, Health and Wellbeing Board, schools and the voluntary sector.

18. The task group's objective is to develop up to **five recommendations** which are clear and directive and based on a rigorous challenge and supported by detailed evidence. Rather than carry out a policy review, which may result in very little change, the task group will make recommendations which can then be implemented by the Cabinet, or requested for implementation by the NHS, health partners or any other organisation.

19. The methodology will be to gather qualitative and quantitative evidence to develop its recommendations. In particular, the task group will do a series of face-to-face interviews with those involved.

These could include:

- NHS and health providers
- Brent CCG
- Parents and young people
- Voluntary sector representatives
- School and further education representatives
- Strategic Director of Children's Services and Cabinet Member for Children and Young People.

20. The task group will report back to the Community and Wellbeing Scrutiny Committee by 9 May 2017. The detail of the meetings will be in the task group's project plan.

21. The task group will be required to adhere closely to its terms of reference as set out in Appendix A.

22. The membership of the committee will be up to four members and if appropriate one co-opted member from the committee. This number include a chair of the task group. The list of task group members is set out in Appendix B.

23. Scrutiny Officer James Diamond from Strategy and Partnerships in the Chief Executive's Department will support the task group, and liaise with the other organisations involved in the task group's work.

**APPENDIX A**

## Terms of reference

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

a) Understand the existing CAMHS model and its effectiveness in delivering services.

b) Evaluate the effectiveness of early intervention in preventing the need for advanced support.

c) Review waiting times for referrals to services.

d) Highlight issues of concern in services or areas of good practice.

e) Reflect on co-ordination, planning and co-operation between different agencies and organisations.

f) Evaluate transformation proposals such as a single provider model or the development of mental health co-ordinators.

g) Reflect on under-representation of some groups of young people from support.

h) Evaluate the existing referral system for parents, the local authority, schools, voluntary organisations and other appropriate organisations, and proposed changes.

**APPENDIX B**

Task group membership

Cllr Ahmad Shahzad OBE, task group chair

Cllr Ruth Moher

Dr Jeff Levison, co-opted committee member

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| Brent | **Community and Wellbeing Scrutiny Committee**<br>1 February 2017<br><br>**Report from the Independent Chair of Brent Safeguarding Adults Board** |
| | Wards affected:<br>ALL |
| **Safeguarding Adults Board Annual Report 2015-16** | |

## 1.0 Summary

1.1 The purpose of this report is for the Independent Chair to present the Safeguarding Adults Board's Annual Report for 2015-16

## 2.0 Recommendations

2.1 That the Scrutiny Committee reviews and notes the contents of the Brent SAB Annual Report.

## 3.0 Detail

3.1 2015/16 saw the implementation of the Care Act 2014. This placed Safeguarding Adults Boards on a statutory footing, specified the circumstances where Safeguarding Adult Reviews must and may be commissioned, required Boards to produce annual reports and business plans, and itemised the roles in particular of three statutory partners, namely the local authority, the police and the clinical commissioning group. The types of abuse and neglect with which Safeguarding Adults Boards must have policies and procedures, have been extended to cover, for example, self-neglect and modern slavery, alongside physical and institutional abuse, discriminatory abuse and domestic violence. The Care Act 2014 requires all agencies with roles in the protection of adults from abuse and neglect to co-operate both in strategic planning and in the operational delivery of services. It also emphasises that services should be acutely tuned into the needs and aspirations of people needing care and services, with a particular focus on the outcomes they desire through an approach known as making safeguarding personal.

3.2 The report provides a summary of safeguarding activity carried out by Brent SAB partners across social care, health and criminal justice sectors in Brent and is divided into 4 sections:-

- Prevalence of Abuse
- Multi-agency response to safeguarding risks
- BSAB's strategic priorities, and
- Learning from case reviews to improve practice

It also sets the profile of abuse faced by those in need of care and support and how well agencies, including the Council's Safeguarding Adults team, are meeting the needs of those who are at risk or experiencing abuse and neglect. It also benchmarks data against national comparators.

3.3 In 2015-16 the Safeguarding Adults Team (SAT) received 1,678 concerns relating to 1,468 separate individuals, compared with 1,720 concerns in 2014-15. Of the 1,678 concerns raised, 540 were not taken forward as safeguarding issues, a further 151 were concluded within 24 hours and a further 191 concluded within 7 days. The SAT reported that in many of these cases individuals were not at risk of harm or were not in need of care and support. Most would have been offered advice and information. Where there was a welfare concern they were referred to another more appropriate service, for example requesting an assessment of social or health care needs or a review of current care and support packages.

3.4 The source of referral and whether the individual was already known to social care services are no longer reported nationally; however, the Board continues to request this information as it is an important measure of how well one of our key messages, namely that 'safeguarding is everyone's responsibility', is understood. It is notable that there is a relatively high level of public awareness regarding safeguarding; 10% of concerns are raised by the public.

3.5 The report details the findings of the 616 concluded section 42 safeguarding enquiries in 2016, compared with 2014/15. In 2016, neglect/acts of omission accounted for 31%, physical abuse 27%, financial/material abuse 21% (of which 62% is perpetrated by a known associate in the person's home), sexual abuse 7%, domestic abuse 7%.

3.6 Of note is the sharp rise in investigations of sexual abuse, from 7 in 2014-15 to 65 this year. In part this may reflect the rise in reporting of historical sexual abuse claims noted nationally, but improvements in communication between partner agencies have been made following a thematic review by BSAB (reported in the final section of the report) to ensure that allegations of sexual harm by staff are reported to the SAT and that safeguarding enquiries and police investigations are undertaken speedily with appropriate supports to enable adults at risk to be involved.

3.7 There is also a corresponding drop in reports of abuse/ neglect occurring within care homes in Brent, down from 28% in Brent in 2014-15 and 36% nationally to 20%. This shows a positive trend in downward referrals from such settings,

suggesting the improvements made to monitoring arrangements by commissioners and regulators is having a positive impact.

3.8 A key priority for the Board was to ensure that 'making safeguarding personal' ['MSP'] principles were embedded into service provision and the focus of multi-agency safeguarding enquires to improve outcomes for adults at risk. The data reported demonstrates significant strides have been made to embed these principles within enquiries undertaken in line with the section 42 safeguarding duties. Case studies have been used to illustrate this, and other good practice in key safeguarding activity including mental capacity and the carer experience.

3.9 The report provides evidence of the multi-agency response to safeguarding and details activity undertaken by the BSAB with respect to training, data collection, surveys, audits and learning and challenge events, to provide assurance of an effective multi-agency approach to safeguarding across the partnership.

3.10 Pages 17-20 sets out the BSAB Strategic Priorities for 2015/16. The Board has recently held a development day to review its priorities and to consolidate its business plan for 2016/17.

3.11 The report details the learning from case reviews to improve practice which were commissioned and completed in 2015/16. Subsequently one further Safeguarding Adult Review has been completed and another has been commissioned. Learning and service development events will be held to ensure that lessons are embedded in future policy and practice.

**4.0 Financial Implications**

4.1 There are no specific financial implications to note

**5.0 Legal Implications**

5.1 The Care Act 2014 requires Brent Council to establish a SAB and provides for accountability of the Independent Chair to the Chief Executive of the Local Authority. The Act also requires that the Board publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action. Annual Report must be circulated to Healthwatch, the Borough Police Commander, chair of the health and wellbeing board and the CCG. This has been done.

**6.0 Diversity Implications**

6.1 Brent Safeguarding Adults Board works closely with the Brent Adult Social Care Safeguarding Team to deliver its statutory functions, in compliance with the Equality Act 2010 and in conjunction with Brent Equality Strategy 2015-19.

Data on gender, age and ethnicity is regularly collected and monitored, as is the primary support need of anyone who is the subject of a safeguarding enquiry. As with previous years, the data demonstrates that the diversity profile of individuals subject of safeguarding enquiries broadly reflects the demographic makeup of Brent. The nature of primary support needs identified in Brent in 2015-16 were broadly comparable to the national profile.

The Board recognises that there are still gaps that need to be addressed in terms of its engagement with service users, carers, faith groups and LGBT communities, for example, and is currently developing its plans to narrow these gaps.

## 7.0 Equality Implications

7.1 As above

**Background Papers**

*Amended list from Brent SAB Constitution below e.g. National Probation Service not Trust, Healthwatch Brent. Carer's Forum added.*

Membership of the SAB will consist of representatives from the following:-

- Brent Council
  - Director of Adults Social Care
  - Director of Children and Families
  - Director of Housing Services
  - Director of Regulatory Services
- Metropolitan Police: Brent
- National Probation Service
- Community Rehabilitation Company
- Brent Clinical Commissioning Group
- NHS England (London)
- London North West Healthcare NHS Trust
- Central and North West London NHS Foundation Trust
- London Ambulance Service
- Healthwatch Brent
- London Fire Brigade
- Care Quality Commission
- Brent Community Voluntary Services
- Brent Carers Forum
- Department for Work and Pensions
- Crown Prosecution Service

Other membership of the SAB who will act in an advisory/observer role and will include:-

- The Lead Cabinet Member for Health and Adult Social Care
- The Director of Public Health
- Designated Health Professionals
- Principal Social Worker
- Brent Mencap
- Legal Advisor to the Board

**Contact Officers**

Catherine Crawford
Interim LSAB Business Manager
Brent Safeguarding Adults Board

**Michael Preston-Shoot**
**Independent Chair**
**Brent Safeguarding Adult Board**

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# BRENT SAFEGUARDING ADULTS BOARD ANNUAL REPORT **2015-16**

# CONTENTS







# FOREWORD



It is my pleasure as the incoming Independent Chair of Brent Safeguarding Adults Board to introduce this annual report of the Board's 2015/2016 activities and performance. With the support of Board members, the report has been compiled by the outgoing Independent Chair, Fiona Bateman, to whom thanks are owed for her leadership in interesting times.

The year that is reported on, namely 2015/2016, saw the implementation of the Care Act 2014. This placed Safeguarding Adults Boards on a statutory footing, specified the circumstances where Safeguarding Adult Reviews must and may be commissioned, required Boards to produce annual reports and business plans, and itemised the roles in particular of three statutory partners, namely the local authority, the police and the clinical commissioning group. The types of abuse and neglect with which Safeguarding Adults Boards must have policies and procedures, have been extended to cover, for example, self-neglect and modern slavery, alongside physical and institutional abuse, discriminatory abuse and domestic violence. The Care Act 2014 requires all agencies with roles in the protection of adults from abuse and neglect to co-operate both in strategic planning and in the operational delivery of services. It also emphasises that services should be acutely tuned into the needs and aspirations of people needing care and services, with a particular focus on the outcomes they desire through an approach known as 'making safeguarding personal'.

Thus, in the year reported on in this annual report, the focus has inevitably been on ensuring that the Safeguarding Adults Board, with the partner agencies represented on it, are Care Act compliant. In addition, however, the Board has also engaged in the on-going business of ensuring that adults at risk of abuse and neglect are effectively protected. This has included the completion and implementation of recommendations from a safeguarding adult review, investigation of concerns about the quality of care delivered by care providers, and the monitoring of practice when people may have to be deprived of their liberty. It has also meant raising awareness of the new legal rules relating to adult safeguarding, introduced by the Care Act 2014, amongst practitioners, managers and the general public.

Reading and reviewing this annual report, several points of significance emerge where I believe it is important to set down a direction of future travel. Firstly, within the data that are reported, there are a number of unknowns. These figures, where they appear, need to be reduced as they demonstrate, albeit as a rough measure, how making safeguarding principles are being implemented and how effective Board partners are at ensuring that the person is at the centre of the safeguarding processes. If, after screening or even at conclusion of any enquiry or intervention, staff are not able to confirm the person's ethnicity, primary support reason or mental capacity, then it demonstrates poor practice in recording and/or person centred investigations. The figures are not dissimilar when compared to national data, but the 'unknown' figures are higher than reported in Brent last year. BSAB has improved practice by setting targets in the past so this will be something to consider going forward.

Secondly, in order to demonstrate the commitment of partner agencies to the work of the Board and its sub-groups, it would be prudent and transparent to consider publishing attendance.

Thirdly, more needs to be done to establish a local process for disseminating learning from local and national safeguarding adult reviews. Rich learning is available from such reviews, for instance regarding effective practice with cases of self-neglect (Braye, Orr and Preston-Shoot, 2015) but a learning and development strategy is needed so that this learning is effectively cascaded throughout agencies and informs policies, procedures and practice.

Fourthly, raising awareness is a crucial part of adult safeguarding, alongside ensuring that systems are operated effectively to keep people safe. A communications strategy will help to ensure that all communities in Brent are aware of the work of the Board and how to engage with it. The annual report can play an important role here, for example by including more case studies on the work of the Board and its partner agencies. The work of the Board also needs to be informed by feedback from all of Brent's communities, not least in relation to issues such as hate crime, modern slavery, discriminatory and institutional abuse, neglect and self-neglect. Such feedback to the Board will help it to challenge what agencies are commissioning and providing, for example in relation to the provision of advocacy.

I look forward to working with the Board and the agencies represented therein and to engaging with Brent's communities to ensure that people at risk of abuse and harm are protected, and that people requiring care and support receive effective and person-centred services.

**Michael Preston-Shoot**
***Independent Chair***





# INTRODUCTION

The Brent Safeguarding Adults Board ['BSAB' or 'Board'] is a multi-agency partnership of statutory and voluntary agencies working together to review and improve local safeguarding arrangements.

From April 2015 BSAB acquired statutory functions to oversee and lead safeguarding across the London Borough of Brent. Partners within the Board retain operational responsibility for their core statutory functions, but through this partnership they:

- Participate in strategic decisions;
- Provide guidance on operational best practice;
- Gather intelligence on safeguarding practice in all health and social care provision in the area;
- Scrutinise and challenge reports for assurance that services are addressing risk and preventing harm to adults in need of care and support.

This report provides a summary of safeguarding activity carried out by BSAB and partners across social care, health and criminal justice sectors in Brent.

The report is divided into 4 sections:

- **Prevalence of abuse:** this section will set out what we know about the types and levels of risk faced by adults in need of care and support in the Brent area;
- **Multi-agency response to safeguarding risks:** this section will review the effectiveness of adult protection work to investigate and resolve cases where allegations of abuse and neglect were raised;
- **BSAB's strategic priorities:** this section will report on the work of each partner agency and what the BSAB has done collectively during the year to achieve its main objectives and implement its strategic plan;
- **Learning from case reviews to improve practice:** this section will set out the findings of any Safeguarding Adults Reviews and subsequent action taken to implement the recommendations arising from these, discretionary 'partnership' reviews and multi-agency audits of practice outcomes.

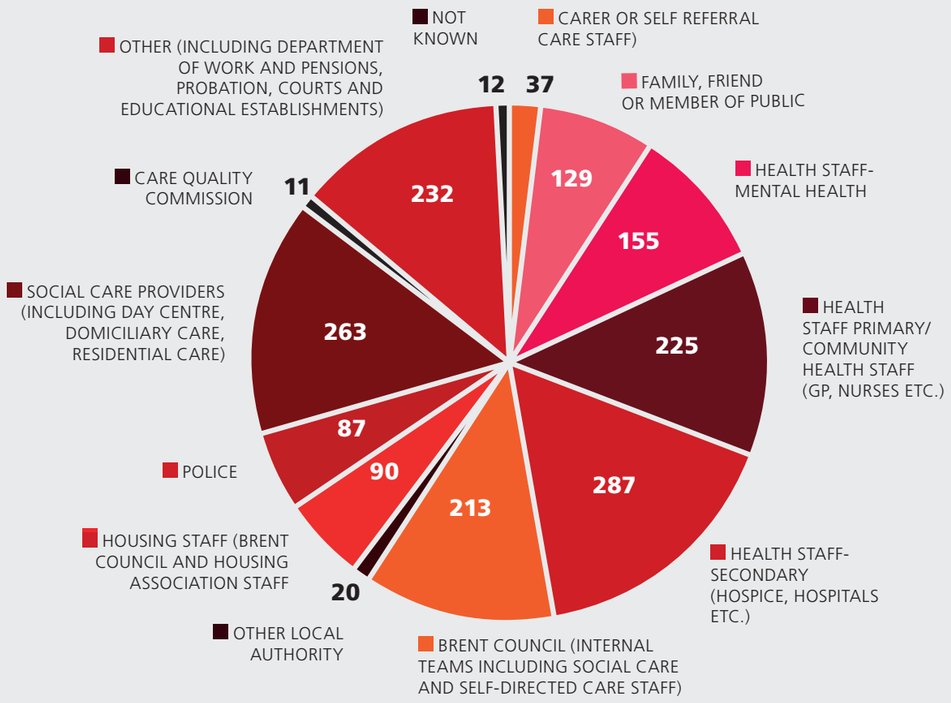
There is also information on the Board's expenditure for the period.

# PREVALENCE OF ABUSE IN BRENT

The Board received reports at each meeting during the course of 2015-16 on key performance data from Brent Council's Safeguarding Adults Team ['SAT']. It was advised that the processes for triaging concerns and undertaking enquiries had been reviewed to ensure compliance with new duties under the Care Act, including ensuring that terminology used by the team was consistent with the statutory guidance issued by the Department of Health which amplifies how the powers and duties, rights and responsibilities in the Care Act 2014 are to be understood and implemented.

In 2015-16 the SAT received 1,678 concerns relating to 1,468 separate individuals. This means that 210 concerns were raised in respect of an individual who had already been subject to a safeguarding enquiry during the year (12.57% of all concerns). It could be that some concerns were raised by more than one source and that these may have identified different risks to the individual concerned. It may also be an indication that adults at risk are specifically targeted and subjected to repeat abuse, as is reported to be the case for those adults who have suffered financial abuse through internet or postal scams. The Board monitors and reports this figure in part to highlight the risk of repeated or persistent abuse. It also demonstrates how effectively those responding to concerns are working with the adult at risk to identify all possible types of abuse or neglect and agree actions. These both protect the adult at the earliest opportunity but also support them and, where applicable, their carer, family and friends to build resilience so they are better able to safeguard themselves from future harm.

## Safeguarding 'concerns' were received from a variety of sources

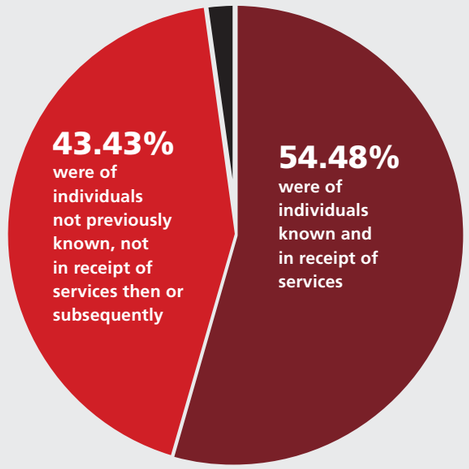



The source of referral and whether the individual was already known to social care services are no longer reported nationally; however, the Board continues to request this information as it is an important measure of how well one of our key messages, namely that 'safeguarding is everyone's responsibility' is understood. It is notable that there is a relatively high level of public awareness regarding safeguarding; 10% of concerns are raised by the public.

The SAT reported that they had reviewed their internal processes so that concerns could be initially triaged within 24 hours. Of the 1,678 concerns raised, 540 were not taken forward as safeguarding issues, a further 151 were concluded within 24 hours and a further 191 concluded within 7 days. The SAT reported that, in many of these cases, individuals were either not at risk of harm or were not in need of care and support. The SAT confirmed that, most would have been offered advice and information. Where there was a welfare concern they were referred to another, more appropriate, service, for example requesting an assessment of social or health care needs or a review of current care and support packages. In 3 cases the SAT referred to another local authority's safeguarding process as the adult at risk lived in another area. The team also reported that in high risk cases, as part of an initial enquiry, they made contact with each individual or a suitable representative. If necessary, for example because the adult lacked capacity and did not have a suitable person to support them, a safeguarding investigator would visit the adult at risk to discuss concerns and agree outcomes of any enquiry. During 2015-16 57 face to face meetings were held with adults, the majority of which were undertaken within 48 hours of receipt of concern but all visits were conducted within 5 working days.

## Total number of safeguarding concerns received...

2.09% **were of individuals not known but who have since received a service.**








# BREAKDOWN OF 'CONCERN' OUTCOMES

| | CASES | INDIVIDUALS |
|---|---|---|
| Concern closed – no significant harm | 540 | 489 |
| Concern closed – risk of harm but the adult is not an "adult at risk" | 151 | 141 |
| Other local authority | 3 | 3 |
| Safeguarding Enquiry | 984 | 835 |
| Total | 1,678 | 1,468 |

During 2015-16 BSAB partner agencies also agreed to report, where available, key performance data so as to allow BSAB to better understand how safeguarding concerns were identified and responded to across the partnership. It is still early days and understandable that many agencies will need to develop mechanisms to gather more accurate data. Indeed, a business plan objective for the next reporting year, 2016/2017, is to ensure that there is an effective common data set so that the Board has a coherent picture of safeguarding performance across the partnership. Nonetheless, the Board is grateful to Brent Clinical Commissioning Group (CCG), Metropolitan Police Brent, London Ambulance Service (LAS) London Fire Brigade, Care Quality Commission (CQC), Central and North West London NHS Foundation Trust (CNWL) and North West London Healthcare Trust (NWLHT) for providing this information and intends to build on this practice in the coming years so that BSAB is better able to carry out its statutory functions and support partners in core operational safeguarding activity. NWLHT report that staff raised 384 safeguarding concerns. Their report shows significant increase in reporting between each quarter, suggesting wider staff awareness of the duty to report and the procedure for doing so. The data also demonstrates NWLHT staff recognise all types of abuse, but by far the most common type of abuse identified by their staff was neglect (68% of all concerns). CNWL reported that staff raised 121 concerns. In all cases the adult was informed of the referral. 74% of concerns raised identified physical abuse (including allegations of domestic abuse and sexual harm) as the principle risk to the adult. A further 15% related to financial abuse. London Ambulance Service reported staff submitted 157 safeguarding concerns (a high proportion of which related to neglect or acts of omission). A further 258 referrals were made by LAS staff to Brent Council regarding the adult's welfare. London Fire Brigade carried out 2,139 home safety visits of vulnerable adults in Brent in 2015-16 and raised safeguarding concerns in 8 cases. They also reported conducting reviews into 3 deaths arising from fires in Brent during the period. Brent police reported that between April and September 2015 75% of the notifications referred by them related to individuals whom they felt had an underlying mental health concern and 69% were due to concerns of self-harm or neglect. Close liaison with Brent police continues. The period from the beginning of April 2016 to the end of September 2016 saw 45 cases referred to adult safeguarding by Brent police and 38 cases referred to Brent police by adult safeguarding. Whilst not all of the reported concerns received by adult safeguarding required a Care Act 2014 section 42 enquiries, this data demonstrates staff are more confident in distinguishing between welfare and safeguarding concerns and have a better understanding of safeguarding processes than in previous years. This is important as it ensures that staffing resources are more effectively used to carry out safeguarding work. It also reduces duplication and delay for adults because referrals are more frequently now submitted through the most appropriate channels.

Of the 1,678 concerns raised during 2015-16, 715 met the threshold[1] for a safeguarding enquiry. 904 enquires were completed during this period; some of these related to concerns raised before the reporting period, but another 62 individuals were supported by the SAT although the concerns raised did not meet the statutory criteria. The data below therefore relates to 616 individuals involved in concluded section 42 enquiries during the year.

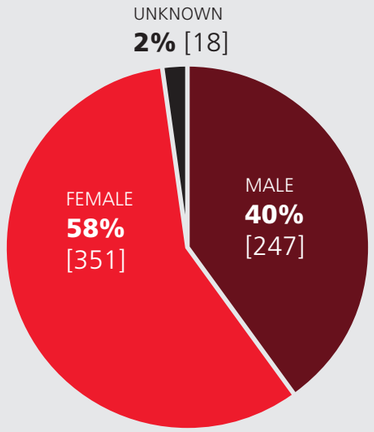
Making Safeguarding Personal principles have shifted the focus of enquiries from a process (driven by targets) to a response (motivated by achieving outcomes that matter to the adult at risk). As part of this change the formal process has become more flexible and there is also no requirement to report nationally on how quickly each process stage was undertaken. The Board did, however, request that the timeliness of enquiries was reported.

[1] The criteria which the team applied is set out in s42 Care Act 2014. Which states that where there is reasonable cause to suspect that: • an adult has needs for care and support (whether or not the LA is meeting any of those needs); • is experiencing, or is at risk of, abuse or neglect and • as a result of those needs and is unable to protect him/herself against the abuse or neglect or the risk of it. The Local Authority is required to make (or cause to be made) whatever enquiries it thinks necessary to decide whether protective action should be taken and, if so, what and by whom.

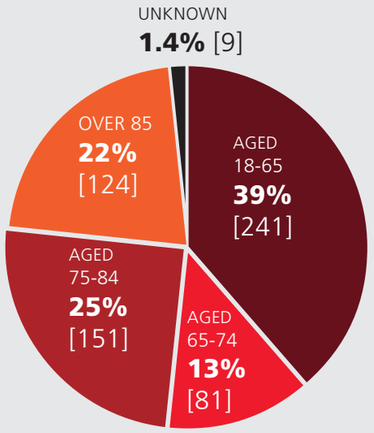
Given the complex nature of enquiries[2] it is reassuring that on average section 42 enquiries were completed within 51 days. The Board remains vigilant and the SAT have reaffirmed their commitment to tackling any drift in individual cases. There are now clear responsibilities within the Care Act 2014 for agencies to work together to protect adults at risk. The BSAB has an established partnership with clear guidelines on information sharing and good working relationships at strategic and operational level. This enables practitioners to work constructively on supporting an adult at risk, confident that any issues can be escalated to senior managers and safeguarding leads if necessary.

## As with previous years the data demonstrates that safeguarding enquiries undertaken reflect closely the demographic make up of Brent

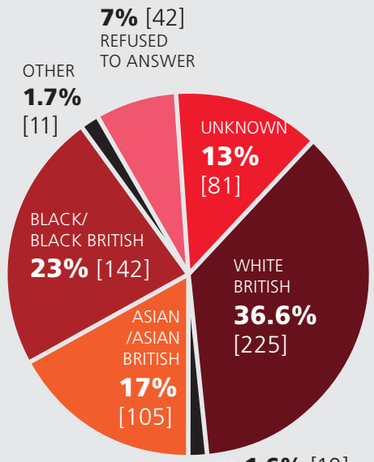
### GENDER




### AGE




### ETHNICITY



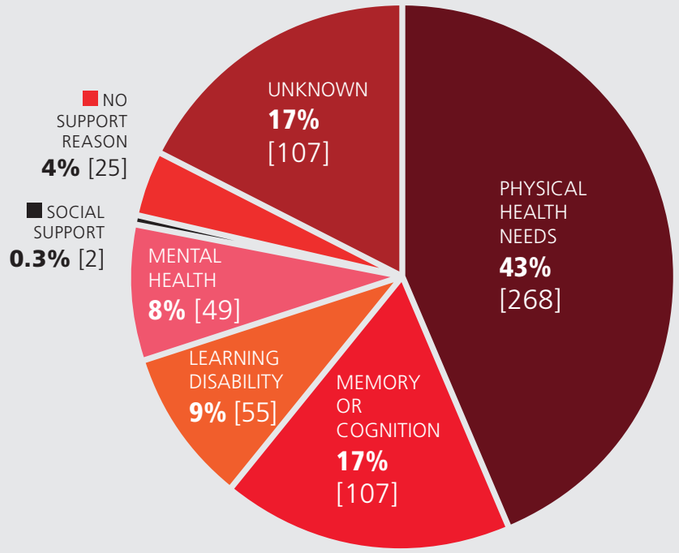

As set out above, safeguarding duties are only owed under the Care Act 2014 to adults who are in 'need of care and support'. It is therefore vital that those raising concerns identify as part of any referral the individual's 'Primary Support Reason' as not only will it ensure that staff receiving the concerns are better able to identify quickly when they have a duty to undertake enquiries, but it will also assist responders to make suitable arrangements to better support the adult and ensure they are fully involved in the enquiry.

[2] enquiries will often require detailed investigations, including gathering evidence from numerous sources, working with the adult (who often has significant care needs which might impact on their ability to communicate or make decisions). Safeguarding enquiries should also involve the adult's wider support network and work with professionals from different disciplines and across partnership agencies in order to identify any risk and agree actions necessary to reduce or remove the risk.





## The primary support needs of individuals in 2016 involved in safeguarding enquires was broadly similar to the profile nationally

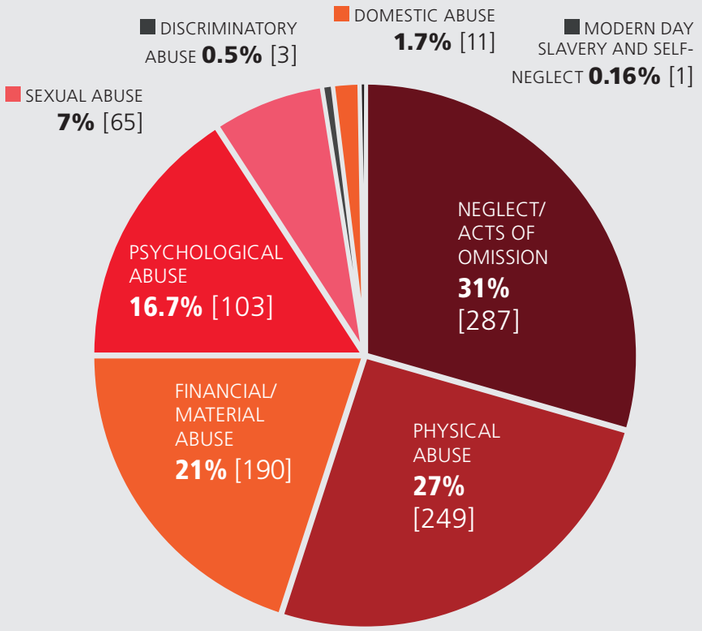



## 2016 compared to 2014 /15

| | 2016 | 2014/15 |
|---|---|---|
| Physical Health Need | **43%** [268] of all section 42 enquiries | **36%** [183] and 40% nationally |
| Memory or Cognition Support | **17%** [107] | **6.5%** [9] |
| Learning Disability | **9%** [55] | **15%** [57] |
| Mental Health | **8%** [49] | **17%** [20] |
| Social Support | **0.3%** [2] | **7%** [26] |
| No Support Reason | **4%** [25] | **19%** [69] |
| Not Known | **17%** [107] | Unknowns were unreported |

It is also very important that those reporting concerns notify the SAT of any difficulties the adult may have in communicating or deciding how best to protect themselves. An adult's ability to protect themselves may be restricted because they are under duress, a victim of coercive control or they may lack mental capacity because of memory problems or cognitive impairments associated with disability. In 2015/2016 248 individuals were assessed as lacking mental capacity and in a further 225 individual cases their capacity was 'not known'. Under section 68 of the Care Act 2014 the local authority must appoint an advocate for anyone who will have substantial difficulty in being involved in a safeguarding process but who doesn't have a suitable person (such as a friend, family member or community support) to represent them. Only 102 people were reported to have such support in place and the availability and effectiveness of advocacy will be a focus in the BSAB 2016/2017 business plan.

## The graphs below reports the findings of the 616 concluded section 42 safeguarding enquiries




## 2016 compared to 2014 /15

| | 2016 | 2014/15 |
|---|---|---|
| Neglect/Acts of Omission | **31%** [287] | **27.5%** [70] of all concluded enquiries |
| Physical Abuse | **27%** [249] of which 46% is perpetrated by someone known to the adult in their own home | **33%** [84] |
| Financial/Material Abuse | **21%** [190] of which 62% is perpetrated by a known associate in the persons home | **14%** [52] |
| Psychological Abuse | **16.7%** [103] | **10%** [36] |
| Sexual Abuse | **7%** [65] Enquiries alleging sexual abuse have risen significantly | **2.7%** [7] |
| Discriminatory Abuse | **0.5%** [3] | **1.4%** [5] this was split between discriminatory and Institutional abuse |
| Domestic Abuse | **1.7%** [11] | Not Reported |
| Modern Day Slavery and Self-Neglect | **0.16%** [1] | Not Reported |

As set out above many partner agencies recognised and reported concerns relating to neglect or acts of omission. These may not have all gone on to require full safeguarding enquires under section 42 of the Care Act 2014, but it remains the most common form of harm to adult at risk. Almost 30% of cases investigated alleged that the source of risk was social care staff, 13% were alleged to be neglected by others apparently unknown to the individual, meaning that in around 57% of cases individuals were alleged to have been put at risk by those known to them. This could be anyone within the person's wider support network who, either voluntarily or through accepting paid work, had a duty of care to the individual adult, and was alleged to have failed to meet their duties, putting the adult at risk of harm. Not all of these cases will have been substantiated, but the high level of concerns in this area demonstrates how important it is that those supporting adults understand their responsibilities and the processes for notifying professionals if they are unable, for whatever reason, to meet those duties.





# CASE STUDY – CARER

## BACKGROUND

This case concerned an 89 year old female of English heritage. A safeguarding concern regarding neglect by health care workers was raised by her daughter (carer) on the basis that:

1) Appointments were missed on a regular basis
2) There was poor communication between health care workers, the service user and her representatives
3) A pressure ulcer was identified

The carer completed treatment for mental health issues during the enquiry which added to the complexity of these issues.

## INTERVENTIONS

Following a strategy meeting which was attended by all agencies involved in the case, the following action plan was put in place:

a) A carers assessment was organised
b) The communication strategy between stakeholders was reviewed
c) The case conference that followed the strategy meeting was held at the daughter's home to maximise her ability to participate

## SUMMARY

This was an extremely complex case where an allegation of neglect by health care workers was substantiated.
The way that the enquiry was conducted meant that the relationship between the professionals and the family did not breakdown and there was a positive outcome for all stakeholders.

The Care and Support Statutory Guidance, issued by Department of Health, recognised that agencies needed to respond to those adults who were at risk of harm through self-neglect. Brent Council confirmed in April 2015 that a dedicated social worker would continue to process referrals where the risk arose from self-neglect. Where these cases meet safeguarding thresholds they will be recorded in future in the national safeguarding return reported above as a result of self-neglect's inclusion in the statutory guidance. BSAB were notified throughout the year that this continued to pose a significant problem for a small cohort of individuals in Brent. BSAB also recognised that the wider impact on communities where individuals were at risk of self-neglect or hoarding behaviours and as such thoroughly endorsed the approach taken by Brent Council. This approach permitted longer-term work with those at risk of self-neglect than might otherwise have been possible through the section 42 safeguarding process and is in line with best practice emerging from national research findings (Braye, Orr and Preston-Shoot, 2014). It also ensures that specialist knowledge can be accessed easily by colleagues with social care assessment and care management responsibilities. The number of concerns where self-neglect was a factor was reported and continues to be an area of significant activity. Indeed, the Hoarding and Self-Neglect worker worked with 39 people in 2015/16. The focus given by the Department of Heath statutory guidance (DH, 2016) on this issue has, as expected, increased awareness among professionals and this in part explains the rise in referrals. There are still significant challenges for agencies supporting those most at risk; not least because there are no new powers under the Care Act 2014 to support practitioners to intervene and the existing legal framework for statutory intervention is complex. During discussions at Board level during the year health partners also recognised that further work is needed to engage with and secure sufficient local treatment opportunities for individuals experiencing harm as a result of behaviours associated with self-neglect and hoarding disorders.

There has also been a significant rise in the number of individuals alleged to have suffered physical abuse (249 enquiries in 2015-16, compared to 84 in 2014-15). In addition, there were a further 11 reported cases of adults in need of care and support being the victim of domestic abuse. It goes without saying that adults, whatever their frailties, are entitled to live free from abuse and should benefit from protections provided by the criminal law. Safeguarding enquiries often run alongside criminal investigations. Figures for 2015/2016 are not available but in the first six months of 2016/17 there have been 31 people charged with or cautioned for offences involving "vulnerable adults", mainly

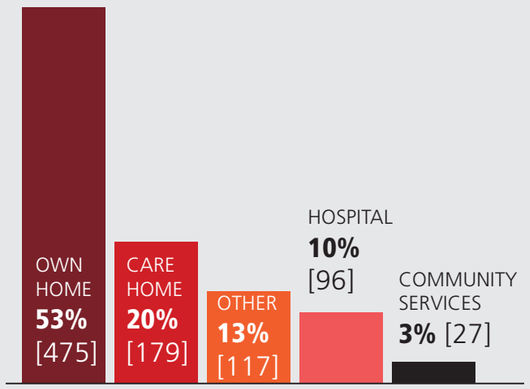
for theft and different types of assault. Criminal cases apply a different standard of proof. Findings in safeguarding enquiries are based on the 'balance of probability' rather than the 'beyond all reasonable doubt' that applies in criminal justice; they focus on slightly different outcomes too (namely, actions required to protect the adult rather than prosecute any perpetrator). However, the success of either type of enquiry rests on notification that abuse is occurring. In 2015-16, 46% of physical abuse allegations are reported to have occurred in the adult's own home by someone known to the adult. This highlights just how important it is for the wider public to be vigilant, aware of adult protection duties and local processes for reporting concerns, and to be confident that their concerns will be responded to appropriately.

There has also been a sharp rise in investigations of sexual abuse, from 7 in 2014-15 to 65 this year. In part this may reflect the rise in reporting of historical sexual abuse claims noted nationally, but improvements in communication between partner agencies have been made following a thematic review by BSAB (reported in the final section) to ensure that allegations of sexual harm by staff are reported to the SAT and that safeguarding enquiries and police investigations are undertaken speedily with appropriate supports to enable adults at risk to be involved.

The location of abuse is slightly different to figures reported last year, both locally within Brent and nationally. Whilst figures in Brent follow similar patterns of abuse reported nationally, there are some noticeable variations. For example, abuse or neglect is reported to occur most frequently in the person's own home. In Brent last year in 53% of all concluded enquiries the abuse was reported to have taken place in the person's own home, a significant rise from the previous year where this was reported to be 40% in  Brent and 43% nationally. There is also a corresponding drop in reports of abuse/ neglect



## Location of Abuse



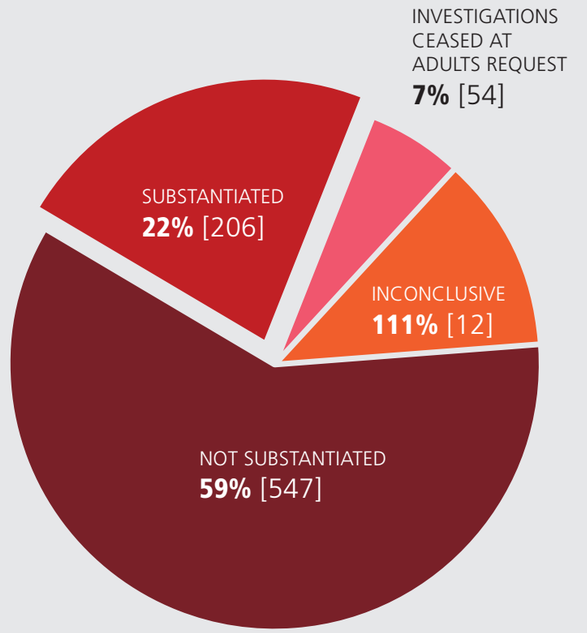

occurring within care homes in Brent, down from 28% in Brent in 2014-15 and 36% nationally to only 20%. This shows a positive trend in downward referrals from such settings, suggesting the improvements made to monitoring arrangements by commissioners and regulators is having a positive impact. It is not always possible to be certain about the location of abuse or neglect. For example, in pressure ulcer cases, when subsequent to hospital admission pressure ulcers are found, disputes can arise between the hospital and care providers as to their origin.

In 2015/2016 the Care Act statutory guidance (DH, 2016) reinforced the need for practitioners to be mindful of risks such as 'honour' based violence, Female Genital Mutilation (FGM), domestic abuse and modern day slavery (including human trafficking). BSAB recognised that nationally reporting is low on these types of crimes, but received reports from Metropolitan Police and community safety colleagues on initiatives designed to identify and respond where human trafficking, modern day slavery and abuse linked to gang activity was suspected. The data suggests that much more needs to be done to raise wider public awareness of these issues and ensure multi-agency investigatory activity is focused on the adult at risk and positive outcomes for victims. Multi-agency response to safeguarding risks.

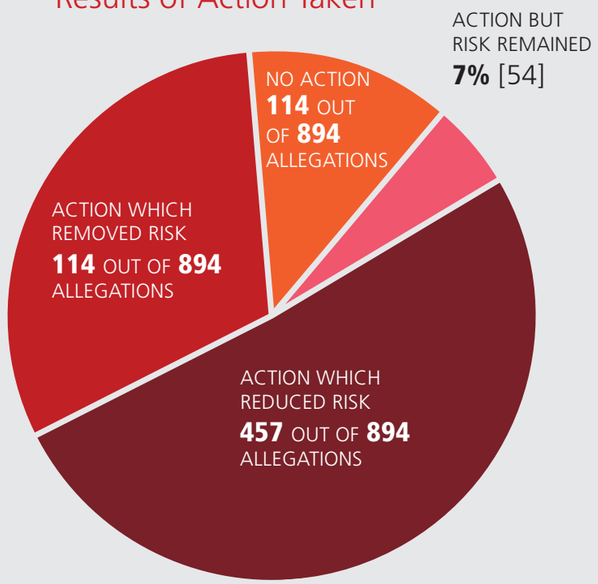
Data on the findings of safeguarding enquiries is no longer collected nationally. However, BSAB has continued to receive reports as many people involved in a safeguarding enquiry reported that they felt it was important to have a clear decision regarding the outcome of the investigation. BSAB had set practitioners an aspirational target to reduce inconclusive findings to 10% in order to effect a culture change across all agencies responding to concerns and ensure that staff were confident in their investigative skills and decision making. In order to support practitioners and assure decision making was robust the Board determined that the monitoring and evaluation sub-group would conduct multi-agency audits of case files. For example, an audit of mate crime cases was completed in 2015/16. The team and partners involved in enquires are to be commended as, for the second year running, they have been able to substantially reduce the percentage of cases with inconclusive findings. In 2015/2016 only 12% of all enquiries were inconclusive (reduced from 16.5% in 2014/2015 and 25% the previous year). In 2015/2016 the majority of cases (59%) concluded that the allegations could not be substantiated, only 22% of cases therefore substantiated the allegations.

Findings in respect of allegations is, however, only a part measure of the success of outcomes from section 42 enquiries. Most adults at risk and their carers, family and friends want to ensure that any intervention protects the adult. In 2015/2016 13% of concluded cases resulted in no action[3]. Therefore, in 87% of cases, irrespective of whether the initial allegation was substantiated, action was taken to protect the adult. In 5% of concluded cases practitioners believed that, despite action, some risk remained to the adult. In 51% of the cases action taken reduced the risk (40% nationally) and 31% removed the risk (23% nationally).

## Findings of Concluded Cases




## Results of Action Taken




[3] Nationally in 2014-15 30% of cases resulted in no action, in Brent it was only 9%.



# CASE STUDY – MENTAL CAPACITY

## BACKGROUND

The woman in this case had a diagnosis of dementia; from a country within the European Union, she had a good command of English. Following a hospital admission she was given respite care in a residential home due to concerns about the quality of care that she received from her family. The concerns about quality were escalated to a safeguarding concern about neglect and her respite at the placement was extended while the enquiry was on-going.

The family was unhappy about the placement although they did not object. She was also reluctant to accept support. A Deprivation of Liberty Safeguards (DoLs) authorisation was also requested.

## INTERVENTIONS

The key issue in this case was the use of an interpreter for the safeguarding concern and the DoLs assessment. Conducting the assessment in her native language indicated that her communication skills had been underestimated and she was able to contribute to the Best Interest Assessment and the safeguarding enquiry. Abuse was not substantiated in this case but the following protection plan was in place

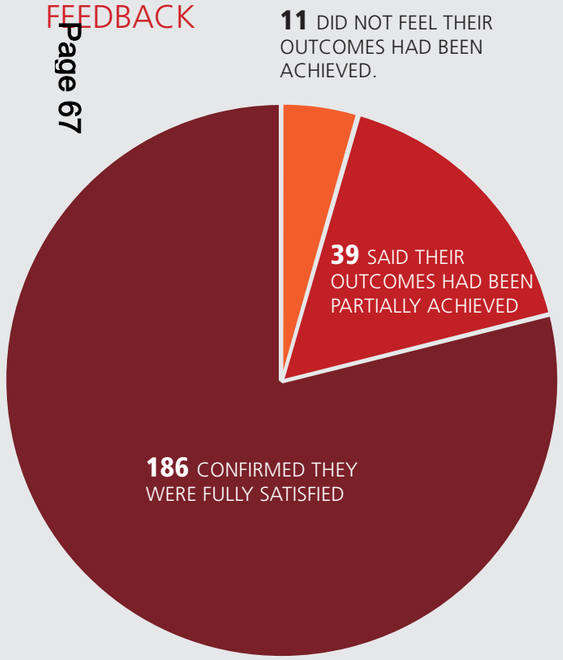
d) An Independent Mental Capacity Advocate was appointed to support her
e) Respite care was agreed

## SUMMARY

This case study illustrates good practice with regards to four of the five statutory principles in the Mental Capacity Act 2005. These principles are supported decision making, the right to make unwise decisions, the least restrictive principle (intervention) and best interests.

Feedback directly from those involved in safeguarding enquiries, collected for the second half of 2015/2016, demonstrates positive steps towards embedding the 'making safeguarding personal' principles within safeguarding decision making. 406 individuals were asked at the start of the enquiry what outcomes they would like any intervention to achieve; of those 347 individuals agreed the outcomes with practitioners. Following completion of enquires, individuals were asked to comment on whether their outcomes were achieved. Whilst 11 individuals did not feel their outcomes had been achieved, 39 said their outcomes had been partially achieved and a further 186 confirmed they were fully satisfied.

## FEEDBACK




Many adults at risk may not wish for section 42 enquires and may refuse support offered to protect them. In 2015/2016 in Brent 54 enquiries were stopped at the request of the adult at risk. Where individuals have capacity to make this choice the safeguarding practitioner has very limited powers to pursue activity, though they should all be fully aware of their duty to report any possible criminal activity. Practitioners must work with other partner agencies to support or offer advice and information to the adult at risk, and continue to assess needs in line with section 11(2) Care Act 2014.





# CASE STUDY – MENTAL CAPACITY

## BACKGROUND

Safeguarding concerns were raised by hospital staff who noticed friction tears on the lower back of an elderly lady on her admission. The hospital staff spoke with her daughter who explained this happened when she had moved her from her bed at home to give her a shower and wash her hair. She accepted this was against the advice she had been given regarding safe manual handling techniques. At the time the concern was referred for a safeguarding enquiry the lady was medically fit for discharge, but hospital staff were worried that discharging the patient back into the care of her daughter may lead to further injuries.

## INTERVENTIONS

The SAT conducted a thorough investigation, gathering information from a variety of sources including family members, medical staff and care staff. The Safeguarding Adults Manager recognised that hospital staff had legitimate concerns that she could be at risk of further injury if her carer continued to use unsafe practices, but equally recognised the importance for the adult that she return home and that her daughter continue to care for her.

## SUMMARY

A joint strategy discussion was held within 7 days of the referral, where a joint risk assessment confirmed that risks of further harm could be managed at home with monitoring through the district nurses with oversight from the adult safeguarding manager for a period of 4 weeks. This allowed discharge from hospital and for her to return home.

# THE BOARD'S STRATEGIC PRIORITIES IN 2015/2016

Prior to the introduction, in April 2015, of specific statutory functions BSAB had operated as a partnership sharing good practice and encouraging improvements in safeguarding practice. This crucial role is recognised in the Care Act 2014 statutory guidance by the Department of Health (2016), with Safeguarding Adults Boards required to seek assurance from partners that they undertake their responsibilities in a way that prevents abuse and neglect before any concerns arise or respond to actual or perceived safeguarding risk so that harm is averted.

In order to fulfil this duty BSAB received regular reports from those responsible for commissioning health and social care services, providers of such services and regulatory bodies. For example, Brent CCG confirmed they had developed a specific Outcome and Standards Framework for adult safeguarding for use in all provider contracts and safeguarding which is now routinely monitored at provider assurance meetings. In addition, the CCG and Council provided reports into the care coordination for individuals with complex learning disabilities who lived out of the area, confirming how this programme of work would feed into a joint overarching learning disability strategy and wider mental health learning disability care-pathway development under the Mental Health Programme Board. The Board was also reassured that work was progressing to support those with learning disabilities to access appropriate health care and that the take up in Brent of annual health checks and health passports was reported to be one of the highest in England. Brent CCG provided reports into the positive impact that the new Tissue Viability nursing service has had, working with care homes within Brent to ensure patients and staff have rapid access to specialist advice and expertise. They also reported arrangements for reviewing serious incidents regarding pressure care in Brent. This important work will continue to be monitored by BSAB's establishment concerns sub group.

Cross partnership activity remained a core part of BSAB's work in 2015-16. The Independent Chair attended meetings of the Council's Overview and Scrutiny Committee and Health and Wellbeing Board to report on activities of the Board. She also accepted an invitation to sit on the Safer Brent Partnership, becoming actively involved in strategies to improve community safety for vulnerable adults. This and the regular attendance by the Council's Head of Community Safety at BSAB meetings, enabled the Board to remain sighted on the effectiveness of multi-agency response to the challenges posed by radicalisation and extremism under the 'PreVent' programme. For example, a report by the Head of Community Safety into a noticeable increase during the year in referrals for young adults who had been groomed by extremist groups encouraged discussion of joint working opportunities to improve access to longer-term psychological care/ support to improve mental wellbeing and resilience for those at risk of such exploitation.

Confident that all partner agencies were committed to meeting the new statutory requirements, members agreed to a very ambitious work programme set out within the 2015/2016 Strategic Plan. As specified within the plan, establishing an effective sub group structure was itself a key priority for 2015/2016 so as to enable progress outside of the main Board meetings of key activities. The work programme was contingent on full support from all partner agencies to establish, chair and attend sub group meetings throughout the year. BSAB representatives who acted as chair or vice chairs within the sub groups undertook considerable additional duties on behalf of the partnership. Their commitment is to be commended; this enabled important work (as detailed below) at a time of continued organisational change and a high turnover of key personnel. Involvement also of partners' operational senior managers at sub group level allowed BSAB's sub groups to scrutinise qualitative and quantitative information in far more detail than had been possible previously at the main Board meetings. Their involvement helped to strengthen the link between the work of the Board and frontline practitioners. This is particularly true of the Case Review, Establishment concerns and Learning and Development sub groups.

The financial support by statutory partners supported the Board to complete key tasks allocated to the Monitoring and Evaluation group. Difficulties in securing a Chair or regular attendance meant increased reliance on the Independent Chair and other Independent Reviewers to complete audit work, but agencies played an active part in those reviews and in the organisational safeguarding audit which was completed by the Police, Local Authority and Health partner agencies. Key representatives from CNWL and Brent CCG also played a crucial role in the 'challenge and support event' held to review the self evaluation and assist relevant agencies to identify priorities for their own agency to take forward. Furthermore, the re-establishment of an active Community Engagement and Awareness sub group has enabled work to begin as a priority on a programme of community wide events. More importantly, it has assembled a network of experts from across the partnership that will enhance the Board's ability to campaign, raise awareness and champion key safeguarding messages in a variety of innovative ways. The Board should be in a stronger

position in 2016/2017 to support and develop the sub groups once it has secured business management and administrative support. This is essential in order to effectively manage meetings so that attendees have all necessary information (often required from across partner agencies and other relevant bodies) in a timely manner and so that much of what was identified within the 2015/2016 Strategic Plan can be firmly embedded into the usual business of the Board.

Another key priority for the Board was to ensure that 'making safeguarding personal' ['MSP'] principles were embedded into service provision and the focus of multi-agency safeguarding enquires to improve outcomes for adults at risk. The data reported above demonstrates significant strides have been made to embed these principles within enquiries undertaken in line with the section 42 safeguarding duties. In addition, Brent CCG and CNWL have worked with staff at Park Royal Hospital to ensure patients are involved in the safeguarding process and that outcomes identified are meaningful to the patient. Findings from safeguarding organisational audits recognised that further work was needed so agencies from across the partnership could capture and report key performance measures. This will then better demonstrate that staff are adhering to these principles of good practice, whether they are recognising and reporting concerns, conducting enquiries or responding to specific adult protection issues.

In addition, a review was undertaken by BSAB to test the understanding of new expectations to identify, report and respond to safeguarding adult concerns by all partners in preparation of the adoption of the Pan- London Safeguarding Procedures. This identified opportunities for reducing duplication and simplifying reporting so that information is not lost where there are concerns regarding an adult's welfare or community safety, but where the risk is not imminent or of a safeguarding nature. This was reported also to the Safer Brent Partnership so that work could continue into 2016/2017, in conjunction with that partnership, to





# CASE STUDY – MAKING SAFEGUARDING PERSONAL

## BACKGROUND

The case involved a 57 year old male with serious physical health issues which restricted his mobility. His family raised a safeguarding concern regarding financial abuse when they became aware that his partner had gained access to his bank account.

## INTERVENTIONS

The most important aspect of the enquiry was the initial contact with him. This contact enabled the team to identify the following desired outcomes:

1) Repayment of any misappropriated funds (restorative justice)
2) To change the nature of the relationship with the person alleged to be causing harm but not to end this relationship

The situation was complicated by the fact that family members, who had been involved in the enquiry, did not agree with this course of action. They wanted the intervention to focus on proving the existence of abuse with a view to pursuing the person causing the harm.

How the man presented during contact, along with the fact that he did not have a mental disorder, did not provide any evidence to contradict the presumption of capacity. As a result the team decided to support him with achieving the outcomes identified above in spite of the family's objections.

The enquiry established that unauthorised withdrawals had taken place on several occasions. In response, the team contacted the person alleged to have caused harm and organised and monitored a repayment schedule. Additionally, he was given support in changing the nature of his relationship with his partner.
The police were made aware of the situation but they did not believe that they had a role in the case.

## SUMMARY

In this case the team followed applied the principles of Making Safeguarding Personal and restorative care to ensure that his desired outcomes were achieved in spite of pressure to the contrary from family members.

support those adults often most difficult to engage with formal services, but who are often at high risk of exploitation, abuse or neglect.

Briefing sessions to BSAB partners' staff, housing providers and Brent Council Members highlighted the importance of these principles. The Learning and Development subgroup also worked hard to ensure MSP was reflected in all levels of learning and development work in the borough. The Group agreed that to achieve this they would need to ascertain if safeguarding training delivered by BSAB partner agencies and their commissioned services had been reviewed since the Care Act 2014 and evaluate if training included new expectations (including MSP) set out under the Act. The sub group also agreed they would then review the Board's training competency framework for safeguarding adults and develop a toolkit for core safeguarding training to provide assurance of the quality of training delivered in the borough. The group devised an online survey which was completed by 50 organisations in Brent, including frontline housing support and social care providers, most of whom (98%) reported that they offered frontline staff training to raise awareness of safeguarding duties. 94% had reviewed their provision since the Care Act 2014 came into force, though only 68% had changed the content to include the making safeguarding personal principle. The findings of the survey demonstrated the impact that a competency framework would have and work is underway by the group to complete the quality assurance mechanism so that providers can be confident when they design or commission training programmes for staff and volunteers that these will meet the expected basic standards.

BSAB has, for many years, had a focus on evidenced based decision making and as such has placed a high value on accurate data reports. The Board's Quality Assurance framework was designed to build on this by incorporating multi-agency safeguarding data and partner agencies' self evaluation of safeguarding practice so as to broaden the Board's evidence base, rather than to continue to rely on a single agency perspective. That framework is designed to allow partners to identify key issues so that multi-agency training opportunities or awareness campaigns can target key areas for improvement, for example supporting professionals to make effective referrals when they have a safeguarding concern and the effective use of advocates.

In recognition of their new statutory functions the Board identified that it would be a key priority for 2015/2016 to make best use of data. As set out above a number of key partners were able to provide information to compliment the Safeguarding Adults Collection data. There is still work needed to fully implement and secure regular multi-agency data reporting, but it is reassuring that partners recognise the value that collating and analysing multi-agency safeguarding information has for each agency's core operational effectiveness and for the work of the Board. CQC has, for example, confirmed that in 2015 their safeguarding key performance indicators were revised and that these would be made available from September 2016, allowing more consistent reporting of how well the regulatory body responds to safeguarding concerns. Adherence to and regular reporting according to the BSAB quality assurance framework will now form part of the Board's core business. This will ensure that measures of success identified within the strategic plan continue to be closely monitored.

BSAB were also keen that work undertaken during 2015/2016 would build on findings from case audits and organisational evaluations from the previous year. As such the strategic plan detailed a number of key actions designed to improve the identification of risks



or types of abuse or against categories of adults at risk where, it is believed, harm is underreported. BSAB received reports confirming that threshold criteria had been revised in light of the new statutory duties under section 42 of the Care Act 2014 and the positive impact of this has already been reported above. In addition, partners reported internal audits undertaken to quality assure safeguarding work. For instances, NWLHT reported that they undertook reviews into 12 cases where safeguarding adults was a factor. The Safeguarding Adults (SGA) Team review all incidents that are logged on the NWLHT incident recording system in order to identify any incidents that are a safeguarding concern. In 2016/17 all serious incidents that are reported will be highlighted to the SGA team in order to ensure that safeguarding concerns are immediately identified.

Many partner agencies also actively engaged in the Pan London review and responded positively to those recommendations. BSAB and the Safer Brent Partnership have, as a result of that review, agreed an action plan to improve referral pathways to early intervention and appropriate support for individuals who are at increased risk of abuse, neglect or exploitation as a result of poor mental health. Both Partnerships agreed that they would wish to see, as a measure of success, improved identification and multi-agency risk management to reduce incidents of vulnerable adults coming to the attention of police as a first response.

The strategic plan proposed a programme of themed audits to include sexual abuse, disability hate crime and mate crime. In September 2015 the Board received a report of the 'Mate' crime case audit. This looked at 4 cases where the person alleged to have caused harm had befriended a vulnerable adult or exploited an existing relationship of trust. The findings provided reassurance that agencies work effectively together to keep adults at risk safe and to remove impediments to effective care provision. It recognised that more could be done to enable adults at risk to secure access to the courts and to ensure that criminal or civil proceedings were completed in a timely manner. In addition, the Board recognised that a greater understanding of and awareness of hate and mate crime risk indicators among frontline police and those in care management roles could have prevented the safeguarding incident. This work should go on to inform strategic developments in this area and training programmes for practitioners.

# LEARNING FROM CASE REVIEWS TO IMPROVE PRACTICE

From April 2015 the Board must review cases meeting the criteria set out in section 44 Care Act 2014[4]. Prior to this duty coming into effect BSAB had already commissioned a review following the tragic death in May 2014 by suicide of a young adult who was residing in supported living accommodation and had, shortly before her death, been supported by mental health services.

The purpose of any Safeguarding Adult Review is not to ascertain the cause of death or to attribute blame. Rather it is to understand how systems may have failed to protect the adult at risk, report on any best practice and identify effective learning and improvement action to prevent future deaths or serious harm occurring again.

The findings of this review were presented to the Board in September 2015 by the report's Independent Author. Within his report, the author recognised that the adult had lived in circumstances that she had found stressful. She had, for example, experienced an abusive relationship. She was also reported to have alcohol and substance misuse issues. She had also lived in her accommodation for 6 years and, whilst she had expressed frustration at not moving on, she had refused offers of alternative accommodation. At the time of her death she was facing possession proceedings for rent arrears. The report found this was likely to have placed increased stress on her, but also meant she disengaged from on-site support at a time that was crucial to her. Her GP had been treating her for depression since 2010 and had referred her for counselling which she had briefly attended. However, she had not attended the GP practice throughout 2014. She had been described by multiple services as refusing offers of support, but had also reported to have been receptive in the past to social support and practical assistance. The Independent Author of the review reported that there appeared to be a consistent pattern that when she felt rejected by a service she would not be willing to be seen by that

[4] Section 44 Care Act requires that a Safeguarding Adults Board must arrange for a review of a case involving an adult in its area with needs for care and support (whether or not the local authority was meeting those needs) if there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult and either the adult has either: a) died and the SAB knows or suspects that the death resulted from abuse or neglect or b) the adult is still alive and the SAB knows or suspects the adult has experienced serious abuse or neglect. 'Serious abuse or neglect' is defined as where the adult would have died but for an intervention, has suffered permanent harm or reduced capacity or quality of life as a result of the abuse or neglect. [14.163 of the DH guidance]

service, meaning that services were then able to use her disengagement as reasons for withdrawing their support. The report found that despite a history of self-harm and suicide attempts dating back to 2011, no agencies (including the supported living provider, police, London Ambulance service or mental health services) believed the risk of harm from future suicide attempts was high. As a consequence, her suicide had not been thought of as predictable or preventable by any of the agencies that worked with her. Her family had, however, raised concerns and sought to obtain help for her shortly before her death, concerned that she was at risk.

The Independent Author made nine recommendations, including improvements to risk assessments for those who face possession proceedings or are at risk of self harm or suicidal thoughts. They also advised improvements to practice regarding supporting those who had experienced domestic violence, were at risk of dis-engagement from support services or were being discharged from services where self-neglect or self harm remained a concern.

In December 2015, Brent Housing Services confirmed that they have reviewed all those who had 'overstayed' the recommended length of stay in supported living. They confirmed that there was a small cohort of tenants that had been assessed as low risk, but relevant support services were in place should the landlord wish to seek possession proceedings. In addition, in line with the recommendations, Housing services confirmed that they had written to all providers to remind them that they are required to provide all staff with mandatory Domestic Violence (MARAC) and CAADA-DASH Risk Assessment training and have in place Information Sharing Service Level Agreements with the local Safer Neighbourhood Team in order to share relevant information regarding safeguarding vulnerable service users. Contract monitoring arrangements now require that providers report all serious incidents (such as a resident's hospitalisation from self-harm or a suicide attempt) and have in place mechanisms for assessing risk to, and the mental capacity of, a service user as part of a discharge plan to Brent Council's Contract and Relationships Team. The Contacts and Relationship team monitors discharges from services each quarter to ensure that providers have carried out all necessary assessments.

CNWL Foundation Trust also confirmed that their Clinical Risk Assessment & Management Policy and the Care Programme Approach Policy have both been developed since this tragic death. These both reinforce the importance of capacity assessments and person-centred care planning, requiring that any






assessment should be developed jointly and agreed with the service user and put in writing. All service user care plans and risk assessments are now being audited regularly. They reported that an audit in November 2015 had demonstrated compliance with good practice expectations. Discharge procedures have been tightened so that the discharge plan is agreed with the service user and put in writing to them and their GP within 24 hours. If it has not been possible to agree discharge with the service user, this is escalated to the Team Manager/Nominated Deputy and Responsible Consultant for agreement of the discharge at the daily multi-disclinpinary meeting. GPs are able to challenge decisions to discharge from the service if they feel the service user still requires specialist input; procedures for effectively managing such challenges were to be written into the Trust's operational policy. The Trust also reported they were reviewing the protocol for service users who are non-compliant with treatment and/or difficult to engage and that a learning briefing had been issued to all staff in the team to implement the above practice standards.

The Trust had also reviewed caseloads with the relevant team, reporting that these had decreased significantly since the incident and that workload pressure was closely monitored by the Team Manager. Other operational changes, including higher visibility of a newly appointed Substance Misuse Consultant and a 'Team approach' to casework means that work is distributed equitably according to capacity in real time. The Trust also redesigned referral pathways so there is now a 'Single Point of Access' (SPA) primarily for GPs to refer service users at any time (24/7) to secondary mental health services. SPA will triage the referral and arrange a rapid response (face-to-face) using the following response criteria: Emergency (within 4 hours) and Urgent (within 24 hours). This should improve access to help for anyone concerned they (or a family member or friend) is at risk of harm or requiring urgent support, including outside of normal working hours.

So as to disseminate the learning from this case, BSAB's Independent Chair presented the findings to the Brent Supported Housing providers' forum.

In December 2014, BSAB agreed to undertake a thematic review to ascertain how partners could improve the multi-agency response to allegations of sexual assaults, particularly when these arise in acute mental health settings. A panel, made up of representatives from BSAB, the Local Authority, Brent CCG, Metropolitan Police and CNWL, agreed the terms of reference for the review and the appointment of an independent reviewer. An internal review by the Trust, carried out by the same independent reviewer, had





identified concerns in respect of physical environment, safe staffing levels, risk assessment management and responses to incidents of sexual safety. She commented that there had been substantial evidence that the Trust had made improvements and made recommendations for further improvements. As this was an internal report, the Trust remain responsible for ensuring that changes are implemented, but their commitment to improvement and willingness to be open and transparent in sharing learning is to be commended.

The wider multi-agency thematic review commissioned by BSAB focused on two more recent cases identified by the multi-agency panel as representative of concerns relating to sexual safety of service users which required a multi-agency response. The author reported that she found examples of agencies acting with sensitivity to service users' needs, effective multi-agency collaboration and good work with service users on the initial protection plan. She also commented that there were areas for improvement. In particular she advised that:

- mental capacity was not explicitly considered and reference was needed to safeguarding decisions; in one case the service user was not offered support of an advocate;
- a more robust multi-agency strategy would have ensured MSP was delivered from the outset and achieved agreement on the level of disclosure to the clinical team supporting the service user;
- in both cases there was insufficient focus on the service user's restorative care needs which resulted in drift and a lack of ownership in this regard.

In addition, the report does identify a delay in referring allegations to SAT in one case, though it is noted that the police were advised immediately and investigated the allegation.

The Trust have initiated further improvements, particularly in relation to tracking of on-going safeguarding enquiries and Trust staff now meet monthly with the SAT manager to prevent any drift in cases. They also hold regular assurance meetings with Brent CCG's safeguarding lead. The CCG reports, in response to this report, that their own internal reporting and governance structures were strengthened so there is now a clear process for reporting safeguarding concerns within the CCG. In addition, learning has been shared with safeguarding leads in practice forums. The Trust intends to ensure improving focus by practitioners on restorative justice and to create more positive working relationships with the police. This should enable robust criminal investigations and timely decisions regarding prosecutions including through the provision of joint training between police and health staff.

The Trust reported that some of the changes made in light of the earlier internal review had an immediate impact with allegations dropping significantly in 2015/2016. Frontline staff from both the hospital and SAT reported communication has been much better. The Trust have also engaged with Healthwatch to agree how best to improve communication for patients about keeping themselves safe on wards and reporting any concerns.

In December 2015 the Board also received an update on the implementation of recommendations from a Domestic Homicide Review into the murder of an adult at risk in October 2013. At the time of her death, BSAB and Brent LSCB gave an assurance to fully support this review and many of our partners were directly involved in the case and provided information to support the learning. The review concluded that prior to the murder agencies were aware of a number of allegations against the perpetrator; however, because concerns were not shared a full picture of the potential risk posed by the perpetrator was not known by any one agency and his behaviour was not recognised as a potential pattern, but instead dealt with as individual incidents. The report suggested improvements in key areas may have reduced the risk, for example safer recruitment, shared risk identification and referral responses so that these adhere to a 'whole family approach'. It also highlighted that failures to adhere to policy, including safeguarding adults' policy, contributed to poor responses to referrals. It criticised a number of agencies for failing to adhere to Mental Capacity Act 2005 duties and best practice principles, for example the use of a family member as an interpreter resulted in a lost opportunity to hear the victim's voice.

In response to the recommendations from this review Brent CCG delivered a comprehensive training programme for GP's and Primary Care colleagues for Adult Safeguarding and the Mental Capacity Act. The training was well attended and feedback evaluation positive. Brent Council's Adult Social Care department also confirmed they had completed the actions arising from the recommendations.

The Board has subsequently incorporated all outstanding actions which are pertinent to adult safeguarding duties from these reviews into a BSAB multi-agency action plan. This is a working document, meaning that any outstanding actions and actions arising from newly commissioned reviews will be monitored regularly, initially by the Case Review group. This group will be able to request confirmation from partner agencies that they have taken action, and challenge any drift or poor performance. In turn partners will be able to demonstrate the impact that changes to practice have made in ensuring adults are protected from abuse and neglect. The group intends to monitor the implementation of actions on a quarterly basis and will feedback to the main Board and, through the Board Chair, to SBP as required.

# BSAB BUDGET REPORT

In recognition that the BSAB would, from April 2015, fulfil statutory functions as set out in the Care Act 2014, partners agreed that it would be necessary to contribute towards the costs involved in meeting these obligations. In line with DH statutory guidance (2016) the Board's statutory partners, namely Brent Council, Metropolitan Police: Brent, and Brent Clinical commissioning group agreed to contribute towards these costs.

It should be noted that the most valuable contribution came from partners in the form of staff dedicating time and their expertise, particularly in respect of preparation and attendance at board meetings, but also most crucially active engagement in the work of the sub groups where much of the business of BSAB was conducted. Partners recognised that coordinating those meetings and progressing the work needed would require substantial additional input; they also agreed it was important to secure an Independent Chair to provide the leadership and, where necessary, challenge to progress this important work.

As this was the first year that the Board would operate separately in this manner and was also the first year of the legal duty to undertake safeguarding adults reviews a provisional budget was set at £80,514. Set out below is the 2015-16 account.

| ITEM | PROJECTED COST | ACTUAL SPEND | COMMENT |
|---|---|---|---|
| Independent Chair costs | 16,500 | 28,325 | Includes costs for undertaking administrative work |
| Board administrator costs | 35, 014 | 0 | Not appointed during period due to internal restructure in Council |
| Conference and awareness campaigns | 10,000 | 0 | This money has been carried over to fund a conference in July 2016 and ongoing awareness campaigns throughout 2016-17 |
| Safeguarding adults reviews and discretionary 'partnership' reviews | 15,000 | 29,811.18 | BSAB completed one SAR in 2015/2016 and undertook two further reviews, reported above |
| TOTAL | 80,514 | 58,136.18 | |



# GLOSSARY

**CAADA-DASH** Risk Identification Checklist, Domestic Violence and Abuse
**CNWL** Central and North West London NHS Foundation Trust
**CQC** Care Quality Commission
**LSCB** Local Safeguarding Children Board
**MARAC** Multi-Agency Risk Assessment Conference
**MSP** Making Safeguarding Personal
**NWLHT** North West London Healthcare Trust
**SBP** Safer Brent Partnership

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|---|---|
| Brent | **Community and Wellbeing Scrutiny Committee**<br>1 February 2017<br><br>**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 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. Scrutiny is developing the use of workshops to explore issues. A workshop on the council's Air Quality Action Plan took place on 23 January, and a members' workshop on community pharmacies is planned for this year.

4.2 Scrutiny's recommendations on the Sustainability and Transformation Plan and New Accommodation for Independent Living (NAIL) project, which committee discussed in September last year, were referred to the Cabinet meeting on 16 January 2017 for discussion and implementation.

4.3 At the meeting in November the members made a request for information about the budgets for other LSCBs. The Scrutiny Officer has found out the information from the 2015/16 annual reports of some of the other LSCBs in north-west London and more can be provided as requested. The information is set out in Appendix B. The chair of the committee is writing to MPs. The recommendation about funding for the Brent LSCB will be referred to the Cabinet meeting on 13 March 2017.

4.4 Brent CCG has responded to the chair of the committee about the recommendations made on 23 November 2016. In addition, the recommendation about the Health and Wellbeing Board has been referred to the Board. A full log of recommendations and requests are in Appendix C.

4.5 The next meeting of the North West London Joint Health and Overview Scrutiny Committee will take place on 20 February 2017 and it will include reviewing further aspects of the Shaping a Healthier Future programme.

## 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**
Pascoe Sawyers
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.<br><br>Jon Lloyd-Owen, Operational Director Housing and Culture<br><br>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<br><br>Cllr Harbi Farah, Lead Member for Housing | Phil Porter, Strategic Director Community Wellbeing.<br><br>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.<br><br>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.<br><br>*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<br>Phil Porter, Strategic Director Community Wellbeing<br>Sarah Mansuralli, Chief Operating Officer, Brent CCG<br>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.<br><br>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<br><br>Sue Hardy, Head of Strategic Estate Development<br>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<br><br>Jon Lloyd-Owen, Operational Director Housing and Culture<br><br>Laurence Coaker, Head of Housing Needs |

*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.** | Brent Safeguarding Adults Board | Receive 2015-16 annual report | Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing | Michael Preston-Shoot, Chair Brent ASB |
| ****2.** | Task Group Scoping paper CAMHS | Receive report from task group and discuss recommendations for Cabinet. | Cllr Wilhelmina Mitchell-Murray<br><br>Task group chair | Gail Tolley, Strategic Director Children and Young People |
| ****3.** | Task group report Signs of Safety | Receive task group report on Signs of Safety | Cllr Wilhelmina Mitchell-Murray, Cabinet Member Children and Young People<br>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.

*** Scrutiny evidence day planned for community pharmacies.

****** Scrutiny workshop on air quality and public health to take place on 23 January 2017**

**29 March 2017**

| Agenda | Item | Objectives for scrutiny | Cabinet Member/Member | Brent Council/Partner organisations |
|---|---|---|---|---|
| ***1.** | School Annual Standards and Achievement report | Receive report.<br><br>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.

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**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.<br><br>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<br><br>Dr Melanie Smith Director of Public Health |

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

**APPENDIX B**

**Budgets: North West London Local Safeguarding Children Boards**

**Barnet Local Safeguarding Children Board**

| Barnet LSCB Budget 2015-16 | £ |
|---|---|
| Carry forward | 10,000 |
| Barnet Council | 98,000 |
| Police | 5,000 |
| Barnet CCG | 12,500 |
| CLCH | 12,500 |
| BEHMH Trust | 12,500 |
| Royal Free NHS Trust | 11,000 |
| Harrow Clinical Commissioning Group | 12,500 |
| National Probation Service | 1,000 |
| London Community Rehabilitation Company | 1,000 |
| NELFT | 550 |
| Cafcass | 550 |
| LFB | 500 |
| **Total** | **166,600** |

Source: Barnet Safeguarding Children Board 2015/16 Annual Report, p64

**Harrow Local Safeguarding Children Board**

| Harrow LSCB Budget 2015-16 | £ |
|---|---|
| Harrow Council | 149,173 |
| Police | 5,000 |
| National Probation Service | 1,000 |
| Community Rehabilitation Company | 1,000 |
| Cafcass | 550 |
| Central and North West London NHS Foundation Trust | 11,000 |
| Harrow Clinical Commissioning Group | 11,000 |
| London North West Healthcare NHS Trust: Acute Services and Community Services | 22,000 |
| Training Income | 14,985 |
| Sale of USBs | 220 |
| **Total** | **215,928** |

Source: Harrow LSCB 2015/16 Annual Report, p59

## Hillingdon Local Safeguarding Children Board

| Barnet LSCB Budget 2015-16 | £ |
|---|---|
| Hillingdon Council | 198,500 |
| NHS | 62,800 |
| External partners | 29,550 |
| Total | 290,850 |

Hillingdon LSCB annual report 2015/16 appendix 2 p53

## Hounslow Local Safeguarding Children Board

| Hounslow LSCB Budget 2015-16 | £ |
|---|---|
| Council children's services | 160,974 |
| Police | 5,000 |
| Barnet CCG | 20,000 |
| London Community Rehabilitation Company/Probation | 1,000 |
| housing | 1,000 |
| CAFCASS | 550 |
| Early Years | 4,000 |
| London Fire Brigade | 500 |
| Misc income for training | 350 |
| **Total** | **192,874** |

Source: Hounslow Safeguarding Children Board 2015/16 Annual Report, Appendix C, p10

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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 data request | Responsible/ decision maker |
|---|---|---|---|---|---|
| **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 mainted | | 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 associationsreport 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 provideer 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 | An update be provided to the committee on the One Public Estate project | | Cabinet Member Community Wellbeing. Cabinet 16 January 2017 |
| | | 2 | Efforts be made to engage with health scrutiny across north-west London about the STP. | | Cabinet Member Community Wellbeing. Cabinet 16 January 2017 |
| | | 3 | Consideration be given to collaborating with Healthwatch groups about engagement. | | Cabinet Member Community Wellbeing. Cabinet 16 January 2017 |
| | | 4 | Regular progress reports to be provided about the STP. The first in six months. | | Cabinet Member Community Wellbeing. Cabinet 16 January 2017 |
| **20-Sep-16** | **New Accommodation for Independent Living (NAIL) project** | | | | |
| | | 1 | A review of NAIL be presented to committee in a year's time | | Cabinet Member Community Wellbeing. Cabinet 16 January 2017 |
| | | 2 | Work to be undertaken to explore issues of affordability for those moving into the units. | | Cabinet Member Community Wellbeing. Cabinet 16 January 2017 |
| **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 |
| **23-Nov-16** | **NHS estates in Brent** | | | | |
| | | 1 | Brent CCG and Property Services develop a social value policy detailing how to maximise use of void space. | | Brent CCG/NHS Property Services |
| | | 2 | CCG details in commissioning intentions how it will use Estates Strategy to support voluntary sector | | Brent CCG/NHS Property Services |
| | | 3 | A report is submitted to the Health and Wellbeing Board on incorporating social value into the Estates Strategy. | | Brent CCG |
| | | 4 | Future reports detail at start how engagement activity will be undertaken. | | Brent CCG |
| | | 5 | The NHS Estates Strategy includes South Kilburn as a growth area | | Brent CCG |
| **23-Nov-16** | **Brent LSCB Annual Report** | | | | |
| | | 1 | Letter to Commissioner of Metropolitan Police and Deputy Mayor for Policing expressing concern about engagement | | Scrutiny Committee chair |
| | | 2 | Letter to MPs about engagement by the London Community Rehabilitation Company | | Scrutiny committee chair |
| | | 3 | As part of the Budget setting process, the council consider how it can provide additional funding to the Brent LSCB | | Cabinet Member Children and Young People |
| | | 4 | | Data request for comparative information about budgets of other LSCBs in London | Scrutiny Officer |
| **23-Nov-16** | **Supporting Vulnerable Households** | | | | |
| | | 1 | The committee receive a report on the learning obtained from the mystery shopping exercise and corresponding service improvement. | | Cabinet Member Housing and Welfare Reform |
| | | 2 | The appropriate sub-committee of the Adult Safeguarding Board consider the lessons learned from the case from the Director of Community Wellbeing | | Strategic Director Community Wellbeing |

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