



Community and Wellbeing Scrutiny Committee

Wednesday 22 November 2017 at 7.00 pm
Boardrooms 3-5 - Brent Civic Centre

Membership:

Members

Councillors:

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

Substitute Members

Councillors:

Aden, Colacicco, Crane, Ezeajughi, Kelcher, Mashari
and Stopp

Councillors:

Davidson and Ms Shaw

Co-opted Members

Alloysius Frederick, Roman Catholic Diocese Schools
Helen Askwith, Church of England Schools
Iram Yaqub, Parent Governor Representative (Primary)
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Jai Patel, Brent Youth Parliament
Siofra Healy, Brent Youth Parliament
Priya Bharadia, Brent Youth Parliament
Samira Monteleone, Brent Youth Parliament
Aleena Majeed, Brent Youth Parliament
Najib Rahman, Brent Youth Parliament

For further information contact: Nikolay Manov, Governance Officer
Tel: 020 8937 1348; Email: nikolay.manov@brent.gov.uk

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The press and public are welcome to attend this meeting.

Notes for Members - Declarations of Interest:

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

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

If the Personal Interest is also a Prejudicial Interest (i.e. it affects a financial position or relates to determining of any approval, consent, licence, permission, or registration) then (unless an exception at 14(2) of the Members Code applies), after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party of trade union).
- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral ward affected by the decision, the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who employs or has appointed any of these or in whom they have a beneficial interest in a class of securities exceeding the nominal value of £25,000, or any firm in which they are a partner, or any company of which they are a director
- any body of a type described in (a) above

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 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.	
3 Deputations (if any) To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting To approve the minutes of the previous meeting as a correct record.	1 - 10
5 Matters arising (if any)	
6 Local Area Inspection of SEND The Committee is asked to consider the Written Statement of Action, Written Statement of Action Monitoring Dashboard and progress following the local area SEND inspection in May 2017.	11 - 24
Ward Affected: All Wards	Contact Officer: Brian Grady Operational Director, Safeguarding, Partnerships and Strategy Tel: 020 8937 4173 Email: brian.grady@brent.gov.uk
7 Local Offer for Care Leavers The purpose of this report is to provide information to the Scrutiny Committee about the effectiveness of current services for care leavers and the implications of recent legislative changes introduced by the Children and Social Work Act.	25 - 36
Ward Affected: All Wards	Contact Officer: Nigel Chapman Operational Director, Integration and Improved Outcomes Tel: 020 8937 4387 Email: nigel.chapman@brent.gov.uk

8 Update on scrutiny work programme (If any)

37 - 46

To update Members on the Committee's Work Programme for 2017/18 and captures scrutiny activity which has taken place outside of its meetings.

Ward Affected:
All Wards

Contact Officer: Peter Gadsdon, Director
Performance, Policy and Partnerships
Tel: 020 8937 1400
Email: peter.gadsdon@brent.gov.uk

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 60.

Date of the next meeting: Wednesday 6 December 2017



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

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Tuesday 19 September 2017 at 7.00 pm**

PRESENT: Councillor Ketan Sheth (Chair), Councillors Colacicco, Conneely, Ezeajughi, Hoda-Benn, Jones and Nerva.

Co-opted Members Mr Frederick, Ms Askwith and Mr Goulden and appointed observer Mr Patel

Also Present: Councillors Hirani, M Patel and Perrin

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from Councillors Hector (Councillor Colacicco substituting), Shahzad (Councillor Ezeajughi substituting), Warren and appointed observers Ms Gouldbourne, Ms Robers and Ms Monteleone.

2. Declarations of interests

There were no declarations of interests.

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

RESOLVED that the minutes of the previous meeting, held on 19 July 2017, be approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Order of Business

RESOLVED that the order of business be amended as set out below.

7. Local Safeguarding Children's Board Annual Report

Mike Howard (the Chair of Brent's Local Safeguarding Children's Board (LSCB)) presented the report which outlined the activities of Brent LSCB's in the period from 1 April 2016 to 31 March 2017.

The Committee heard that the Ofsted Review of the effectiveness of Brent LSCB, which had been conducted in autumn 2015, and the subsequent action plan required the Board to address fundamental areas such as audit and performance

management. Mr Howard spoke about two areas of work which the Board had been pursuing – the quantity and the quality of safeguarding. In relation to the first, Mr Howard paid attention to performance data received from various partners all of which contributed to safeguarding in Brent and he said that he was pleased that it had been possible to employ a Data Analyst until the end of the next financial year. As far as the quality of safeguarding was concerned, Mr Howard highlighted that the way the Section 11 Audit was carried out had changed – employees of organisations which sat on the Board were required to complete a questionnaire which measured their level of knowledge of safeguarding and allowed their managers to identify areas of concern where action had to be taken. Approximately 4,000 responses had been received, more than half of which came from the educational sector.

Mr Howard stressed the importance of reminding partner organisations that safeguarding children was everyone's responsibility. He said that Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) review of the Metropolitan Police force had been critical of the way the Police dealt with safeguarding but praised police in Brent for their approach to keeping children safe and their collaboration with Brent LSCB. In relation to health providers, Mr Howard said that he had written a letter to the Chief Executive of the London North West Healthcare National Health Service Trust in December 2016 and, as a result, a dedicated Head of Safeguarding Children had been appointed. However, there had been issues related to community rehabilitation as the National Probation Service had refused to attend Board meetings and Community Rehabilitation Companies had received negative inspection reports.

As far the Government's review of LSCBs was concerned, Mr Howard informed the Committee that the Children and Social Work Bill had gone through parliament in April 2017 and guidance was expected to be received soon. He suggested that joined-up safeguarding boards might be considered as some of the key partners sat on more than one board, but this would depend on the recommendations issued. For instance, Brent LSCB and Harrow LSCB shared partners who represented the Northwick Park Hospital, the Police and probation services and there were common interests such as training and potential combining of resources for Child Death Overview Panels (CDOPs). However, Mr Howard emphasised that not all boroughs were the same so defining the level of integration would be a strategic decision. In relation to working with the local community, Mr Howard said that the recruitment of lay members to sit on the Board had commenced and seven applicants would be interviewed during the week commencing 25 September 2017. Moreover, the LSCB worked together with The Lullaby Trust to promote safer sleeping and provide training to nurses, General Practitioners and practice managers. An upcoming project supported by the Board was a workshop involving young people to mark White Ribbon Day and would raise awareness of domestic abuse.

The Chair thanked Mr Howard for his presentation and noted that the report was very easy to read. A Member of the Committee enquired about the level of confidence that children at risk were protected. Mr Howard said that he was confident about safeguarding based on the work carried out by the Brent Family Front Door (BFFD) which processed all referrals and had good relationships with key partners such as the Police, Housing and health providers. The BFFD consisted of staff from the Children and Young People Department and Adult Social Care as well as police officers who met every morning to discuss cases and devise

strategies for action. This ensured that a genuine multi agency approach could be taken as safeguarding was too broad to be a responsibility of a single body. For example, there might be more than one person at risk as children were often a part of a family so other members could have been affected (children could be secondary victims of domestic abuse) and they attended school so an issue at home could have an impact on their classmates. Furthermore, the LSCB had a number of panels which dealt with issues such as serious case reviews (SCR), child sexual exploitation (CSE) and child deaths. The success of these panels depended on partner organisations attending and sharing information with each other. In relation to a question about actions taken to strengthen partnerships, Mr Howard said that he had frequent meetings with representatives of partner organisations, the Chief Executive of Brent Council, the Strategic Director for Children and Young People, the Leader of the Council, headteachers, Brent Clinical Commissioning Group, etc. The Committee heard that Mr Howard was a member of the Children's Trust and the Safer Brent Partnership. As far as engagement was concerned, significant progress had been made with primary schools and a special meeting dedicated to safeguarding had taken place at Stonebridge Primary School.

Members questioned the results of the Section 11 Audit and enquired how the problems that had been identified would be addressed. Mr Howard acknowledged that audit results had been disappointing and said that he would use a mixture of persuasion, revealing the names of those organisations which had not met the required standards and trying to convince key partners that it was in their interest to take safeguarding seriously.

The Committee discussed CSE and the way it was addressed by the Board. Mr Howard explained that there was a CSE Sub-Group which was chaired by Brian Grady (the Council's Operational Director for Safeguarding, Partnerships and Strategy) and consisted of members representing various partners. The Sub-Group examined trends in CSE and discussed action that could be taken to address these in the long term. Mr Howard highlighted that children who were excluded from mainstream education or attended a Pupil Referral Unit were at greater risk of CSE and certain locations where children congregated had been identified as high-risk areas so the Sub-Group had looked into actions taken to mitigate this risk. In addition, a Vulnerable Adolescents Panel chaired by Nigel Chapman (the Council's Operational Director for Integration and Improved Outcomes) had been established to look at missing children who could be at risk of CSE.

Commenting on the Board's resources, Mr Howard said that budget had remained the same, but there had been improvements in terms of new partnership arrangements. Nevertheless, the chairs of LSCBs in London had approached the Mayor and the Deputy Mayor on funding available to Boards across the capital. He noted that the LSCB had been able to make significant achievements given the resources it had.

In light of the recent terrorist attack at Parsons' Green Station, Members asked whether the LSCB had been made aware of any cases of radicalisation. Mr Howard said that the Board had not received such referrals. However, Gail Tolley (the Council's Strategic Director for Children and Young People) said that a review of Brent's training programme for foster carers would be carried out, placing particular emphasis on foster carers supporting unaccompanied asylum seeking children

(UASC). She added that UASC at semi-independent settings were at particular risk and it would be confirmed what training was provided in those placements. Ms Tolley noted that challenges for UASC had been met well in Brent, but issues such as immigration procedures and the length of time it took to confirm a child's status remained a concern so Directors of Children's Services in London would make a representation to the Home Office that would focus on streamlining the process. In addition, she said that West London Alliance (WLA) contracting procedures had been used to ensure that appropriate training was available to staff working in semi-independent settings.

In the context of austerity, a Member of the Committee asked Mr Howard how he would remain confident that children were kept safe. He responded that there was a clear commitment of LSCB members to safeguarding. He gave an example with the Police who despite the difficult choices they faced, had decided to invest additional resources in safeguarding. Mr Howard noted that other organisations had also recognised that investment in safeguarding was necessary despite budget constraints.

The Chair enquired if the Committee could provide assistance in the form of recommendations. Mr Howard said that there were two areas where the LSCB could benefit from support –a consistent approach towards finance; and in addressing the lack of engagement of Community Rehabilitation Companies. Nevertheless, Mr Howard assured Members that LSCB's progress had been good.

RESOLVED that:

- (i) The contents of the Local Safeguarding Children's Board Annual Report, be noted;
- (ii) The approach towards financing LSCBs be reconsidered by all partners to reflect the local context; and
- (iii) The Committee support efforts being made to encourage the Community Rehabilitation Company to engage in the work of Brent LSCB.

8. Safeguarding Adults Board Annual Report 2016-17

Michael Preston-Shoot (the Chair of Brent's Safeguarding Adults Board (SAB)) introduced the report which provided a summary of safeguarding activity carried out by Brent SAB partners across social care, health and criminal justice. He said that the 2016-2017 report had been designed to increase accessibility by explaining acronyms, providing text box explanations, and including visual aids to improve understanding. The Committee heard that in 2016-2017 the Safeguarding Adults Team (SAT) had received 1,712 concerns compared to 1,678 referrals made in 2015-2016. 628 concerns had been investigated and completed as 542 enquiries.

Professor Preston-Shoot noted that until recently he had shared Mike Howard's (the Chair of the Brent Local Safeguarding Children's Board (LSCB) concern about the Police as their engagement with adult safeguarding had been intermittent, but remained positive that with Detective Inspector Andy Grant joining the Brent Borough Command, this would improve. In relation to working with partner

organisations, Professor Preston-Shoot commented that engagement had been good and this included the London North West Healthcare National Health Service (NHS) Trust which engaged better with the SAB than with the LSCB. Furthermore, he said that since the end of the 2016-2017 financial year, the SAB had commissioned one further safeguarding review. Speaking of home education, Professor Preston-Shoot mentioned that the Home Education (Duty of Local Authorities) Bill 2017-19 (a Private Members Bill) had been tabled by Baroness Morris of Yardley (on behalf of Lord Soley).

The Committee heard that there had been a protocol to work effectively with adults who self-neglected themselves. In addition, the Board would turn its attention to standards in care homes because more safeguarding adult reviews had been commissioned at national level in relation to abuse in the latter, although no specific problems had been identified in Brent. Specific areas that would be scrutinised included standards of commissioning and contract management as well as training and support given to care staff.

The Board had spent time trying to create a performance management framework that was fit for purpose. It had been agreed what performance data would be collected from partners from the first quarter of 2017-2018 and the process of collating information had started.. Members were informed that regular meetings between the Chair of the SAB, Mr Howard, Carolyn Downs (the Council's Chief Executive), Karina Wane (the Council's Head of Community Protection), Meenara Islam (the Council's Strategic Partnerships Manager) and business support officers took place to coordinate the actions of various partnerships and boards involved in children and adult safeguarding as there were clear overlapping issues between the two areas. For example, a coordinated approach had been taken towards the White Ribbon Day, Scams Week, Child Sexual Exploitation Week and other similar events. The overall aim had been to promote the 'think child, think family' approach where the whole family was looked at in the event of a safeguarding concern.

Measures had been taken to increase the engagement of user groups and they had been allowed to address the Board. However, progress had been slower than expected and there had not been representation from a service user group. In addition, workload had increased so it had become increasingly challenging to maintain safe services and the effects of austerity had been referenced in a number of Safeguarding Adult Reviews (SARs). A concern raised by Professor Preston-Shoot was that a number of SARs and Serious Case Reviews (SCRs) had an inward focus but there was also a need to take into account that Brent existed in a national context in terms of legislation and policy guidance.

Professor Preston-Shoot emphasised that resourcing the SAB had to be examined in detail and engagement of various partners had to be monitored going forward. Moreover, in his view the fitness of the Care Quality Commission was a topic that had been a subject of regional and national scrutiny.

A Member of the Committee asked if there was anything that the SAB expected the Local Authority to do to strengthen partnerships. In response, Professor Preston-Shoot said that overall engagement with partners had been good (including with Brent LSCB) and stakeholders recognised the fact that safeguarding was a key responsibility. He said that engagement had to be extended to faith groups and service user forums which could be achieved with the support of Elected Members.

In response to a question on the audit of safeguarding policy and practice, Professor Preston-Shoot highlighted that safeguarding had to be made personal by placing the adult at risk at the centre of various partners' involvement. He said that some partners had a good record of doing this, but others required improvement which led to variation in the quality of safeguarding provided to residents. A potential way to address this was to provide training which conveyed the importance of making safeguarding personal. He gave an example of the NHS which had undertaken an initiative to improve its performance and tackle historic concerns, the results of which had been reflected in a recent audit.

As far as reporting abuse, self-neglect and modern slavery were concerned, Professor Preston-Shoot said that cases were not as prevalent as people thought they were – nine cases related to self-neglect had been reported to the Board and none related to modern slavery. Nevertheless, he referred to a case in Lincolnshire where 11 people had been sentenced for slavery and pointed out the importance of the organisations' ability to recognise the issue which could be increased by providing additional training on the topic as well as guidance about how people had to act when they had concerns. The Committee heard that there had been more cases of self-neglect than officially recorded which meant that additional work had to be done to raise awareness among housing providers, District Nurses, General Practitioners and other practitioners.

Members discussed hoarding and the reason why it was one of the key concerns for the Brent SAB. It was pointed out that hoarding was a major health and fire risk and it often affected people living around the individual. Cases where the hoarder had capacity (as per the Mental Capacity Act 2005 definition) were particularly complicated as possible options for interventions were narrower than in cases where the adult had been deemed not to have capacity. Professor Preston-Shoot emphasised the need for all agencies to try to understand what drove this behaviour, consider potential options and identify actions that could reduce the risk and help the individual. In addition, Ms Wane said that the Community Multi-Agency Risk Assessment Conference (CMARAC) that looked at referrals of vulnerable adults frequently received referrals related to hoarding and individual action plans were built to reflect the needs of the resident concerned. In relation to outcomes achieved, Professor Preston-Shoot informed Members that the Safeguarding Adults Team routinely asked adults whether the outcomes they had been seeking were achieved. However, he emphasised that the key issue to be examined was whether risks had been reduced and whether there was a robust database to support this, containing information on outcomes supplied by practitioners.

A Member of the Committee asked a question that related to the resources available to the Board. Professor Preston-Shoot said that the Board had been under-resourced and noted that there was not a standard resourcing framework for adult boards. For example, the NHS did not contribute to the Brent SAB, while the Clinical Commissioning Group (CCG) did. The Board had a deficit which put it in an unsustainable financial position. Professor Preston-Shoot said that he was in the process of generating income from partners who did not contribute at present or contributed insufficient resources.

Members raised the issue of zero-hour contracts and Councillor Hirani (the Council's Cabinet Member for Community and Wellbeing) responded that a commissioning restructure had been undertaken in adult social care resulting in

commissioners managing relationships in specific sectors which was in line with the care programme transformation at national level. Moreover, Phil Porter (the Council's Strategic Director for Community and Wellbeing) said that enough money had been allocated to providers to run sustainable services and it was their decision how they would employ people and if they would use zero-hour contracts.

Professor Preston-Shoot advised that he would keep members informed on the concerns that had been raised in relation to financial contributions (resources) and partnership working.

RESOLVED that:

- (i) The contents of the Safeguarding Adults Board Annual Report 2016-17, be noted;
- (ii) The Committee supported the need for partners to be encouraged to contribute financially to the Safeguarding Adults Board to ensure it remained sustainable; and
- (iii) The Committee supported the action being taken to extend the engagement with faith groups and service user forums.

*The meeting was adjourned between 8:29 pm and 8:31 pm for a comfort break.
Councillor Hirani left the meeting at 8:29 pm.*

9. Identification of Female Genital Mutilation (FGM) in Brent

Doctor Sarah Basham (Vice Chair and Co-Clinical Director at Brent Strategic Commissioning Group (CCG)) introduced the report which outlined Brent CCG's work on identifying cases of Female Genital Mutilation (FGM) in the Borough. Doctor Basham said that some of the data included in the report had been extracted from national reporting of FGM and stressed that FGM had been recognised as a problem in Brent. Doctor Arlene Boroda (Designated Doctor at Brent CCG) explained that work around FGM had been ongoing for a long period of time. She said that in addition to mandatory reporting, Brent CCG was trying to eradicate the practice by working with partners across the health economy, the Police, and the voluntary sector. Doctor Boroda noted that there had been a large number of reports of FGM in Brent and emphasised that women who had undergone the procedure experienced life-long complications. A key message that the Committee heard was that since 2015 it had been mandatory for hospitals, mental health trusts and General Practitioners to report cases of FGM and one of the main tasks of the CCG was to engage local communities and the voluntary sector and to support professionals to share information ('Tell us once'). In relation to the latter, Doctor Boroda said that training had been provided to professionals for a number of years and refresher courses were available to ensure everyone understood their role in safeguarding women.

A Member of the committee enquired about the Department of Health's prevention programme and the Committee heard that the Department's data provided information about the prevalence of FGM as it extracted data from the locations where FGM had been reported, which allowed the identification of hotspots. Dr Basham said that Brent was an area where there were both high prevalence and

high risk of FGM. Doctor Boroda confirmed that partners worked effectively in Brent to address the issue and gave an example of a roundtable discussion in which representatives of the CCG, the Designated Nurse, children's social care representatives and the Police participated. In relation to a question about the collaboration with the Police and immigration officers to monitor when children were taken out of the country, she said that safeguarding was everyone's responsibility so if a parent requested to take a child out of school, this raised concern as the child could have been at risk. Dr Basham added that there had been a case in her practice where a concern had been raised and passports had been retained.

The Committee focused its attention on raising awareness of FGM in schools and a Member asked a question that related to the expectations from teachers. Gail Tolley (the Council's Strategic Director for Children and Young People) explained that the report presented to the Committee had been prepared by Brent CCG and it was the responsibility of the school Governing Boards and Ofsted to assess the safeguarding mechanisms adopted by schools and the awareness of key members of staff about FGM. As far as risks associated with the summer holiday were concerned, Ms Tolley said when children returned to school they would start disclosing what might have happened over the holiday so any concerns related to FGM were likely to come to attention of the Brent Family Front Door.

In relation to support for women who had undergone FGM, Doctor Boroda noted that a range of practitioners provided services to victims and a number of local hospitals had specialised clinics which had good reputation. When a referral was made, all concerns were taken into account and mental and physical assessments were carried out so clinicians could determine the individual's health needs. Furthermore, a part of the risk assessment looked at victims' daughters and granddaughters with an aim of reducing cases where the procedure was carried out on several generations.

The Committee examined whether the legal duty to report FGM had made a difference. Doctor Boroda said that she was not able to comment on the reasons why there had not been any applications for protection orders in Brent as this was a matter for the Police. The work of the CCG had been focused on safeguarding children and meeting the health needs of people who had undergone the procedure. Moreover, Doctor Basham noted that professionals had developed a culture of openness and dialogue about the issue which had increased information sharing on the topic, but there had been gaps in engagement with community and voluntary groups that had to be addressed – for instance, Brent CCG were to meet with Forward UK as part their engagement with the voluntary sector.

In terms of learning from other local authorities, Doctor Basham said that Brent had a high number of individuals at risk which was reflected in the number of cases of FGM. Doctor Basham stressed that it remained important to provide training to enhance the understanding of the issue and raise awareness about the importance of recording concerns promptly and accurately.

The Chair drew Members' attention to the recommendations of the report outlined on page 53 to the Agenda pack and a Member asked for clarify on the operational leads for these. Doctor Boroda responded that Brent CCG would collate the information it received from providers and each provider would have a lead (most

likely their executive lead for safeguarding) and it was the CCG's responsibility to request updates and look into any issues that may come up.

RESOLVED that:

- (i) The contents of Identification of Female Genital Mutilation (FGM) in Brent, report, be noted;
- (ii) the need for the commissioners of services to ensure an effective pathway for the transfer of relevant info from maternity services to health visiting services and GPs be endorsed;
- (iii) Further engagement with the local community be carried out to raise awareness of the impact of FGM;
- (iv) The committee support the continued provision of training by the Brent LSCB in order to support agencies with identifying and responding to FGM, including improvements with data collection;
- (v) Service user feedback to service delivery and design continue to be monitored by relevant commissioners; and
- (vi) Assurance be sought by the Brent LSCB from across the partnership that relevant agencies had offered the required level of training and awareness on FGM as per training guidance and key performance indicators.

Councillor Mili Patel left the meeting at 8:29 pm.

10. **Scoping paper for Home Care Scrutiny Task Group**

The Chair introduced the report and reminded Members that home care was a subject that had been judged by Members to have met the IMPACT criteria which scrutiny had developed in order to evaluate and filter whether a subject was appropriate to be included in its work programme. He drew the Committee's attention to Appendix A which contained the task group scoping document. Councillor Hirani (the Council's Cabinet Member for Community and Wellbeing) added that the context of the Task Group was to inform the Council's commissioning work so a clear direction was established prior to the recommissioning of home care contracts.

James Diamond (Scrutiny Officer at Brent Council) said that Doctor Laura Cole, a researcher, and Professor Jill Manthorpe at the Social Care Workforce Research Unit at King's College London would act in an advisory capacity to the Task Group.

RESOLVED that:

- (i) The contents of the Scoping paper for Home Care Scrutiny Task Group report, be noted;
- (ii) A task group to review home care be set up; and

(iii) A report with recommendations to the Committee be produced by the Task Group.

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


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

12. **Any other urgent business**

None.

The meeting closed at 9.07 pm

COUNCILLOR KETAN SHETH
Chair

	Community and Wellbeing Scrutiny Committee 22 November 2017
	Report from the Strategic Director, Children and Young People Brent Council and the Chief Operating Officer, Brent CCG
LOCAL AREA INSPECTION OF SEND	

Wards Affected:	All
Key or Non-Key Decision:	Not applicable
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Two: <ul style="list-style-type: none"> Appendix A: Brent Children's Trust Written Statement of Action Following SEND local area inspection 2017. Appendix B: Written Statement of Action Monitoring Dashboard October 2017.
Background Papers:	<ul style="list-style-type: none"> Special Educational Needs and Disability code of practice. Statutory guidance for organisations which work with and support children and young people who have SEND. January 2015. Inspection report from Ofsted and the Care Quality Commission 13 July 2017.
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Brian Grady Operational Director, Safeguarding, Partnerships and Strategy Children and Young People Brent Council Email: brian.grady@brent.gov.uk Duncan Ambrose Assistant Director NHS Brent Clinical Commissioning Group Email: Duncan.Ambrose@nhs.net

1.0 Purpose of the Report

1.1 Between 15 May 2017 and 19 May 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of Brent to judge the effectiveness of the area in implementing the SEND reforms. The inspection identified areas of strength, but also the following areas of concern:

- strategic leadership of the CCG in implementing the SEND reforms;
- the fragmented approach to joint commissioning causing gaps in services;
- the lack of opportunity for therapists to respond to draft EHC plans before they are finalised;
- poor access to services for some vulnerable groups; in particular, to audiology, OT and speech and language therapy;
- limited opportunities for parental involvement when designing and commissioning services.

1.2 An action plan, formally identified as a Written Statement of Action, has been agreed and is being implemented through Brent Children's Trust, to address these areas of concern.

1.3 This paper reports on this Written Statement of Action, confirms actions which have been completed and improvements made, as well as planned action to secure further improvement.

1.4 The Written Statement of Action was formally approved without amendment by Ofsted (on behalf of the CQC) on 3 November 2017.

2.0 Recommendations

2.1 The Committee is asked to consider the Written Statement of Action, Written Statement of Action Monitoring Dashboard and progress following the local area SEND inspection in May 2017.

2.2 The committee is asked to endorse next steps to continue to address the areas of concern identified through the local area SEND inspection.

3.0 Local area inspection of SEND

3.1 Between 15 May 2017 and 19 May 2017, Ofsted and the CQC conducted a joint inspection of Brent to judge the effectiveness of the area in implementing the SEND reforms as set out in the Children and Families Act 2014.

3.2 The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including a children's services inspector from the Care Quality Commission (CQC).

3.3 In their report, the inspectors identified many strengths in the local area's provision for children with SEND. These included the strong commitment from senior leaders across Brent Council in improving outcomes and services, how GPs offer annual health assessments to young people with a learning disability which strengthens the relationship between a young person and their GP

practice, how children and young people achieved well academically because of the good partnership between schools and the Council, as well as the high quality of teaching they receive. It also noted that the Children's Trust Board ensures that improving education and care outcomes for children and young people remains at the heart of its work.

- 3.4 The report documented that children and young people who have Special Educational Needs and/or Disabilities are positive about the support they receive. Parents describe how their children's social skills and confidence are developed as a result of the local area's provision and that parents agree that professionals in Brent typically identify the needs of children and young people accurately and promptly.
- 3.5 The excellent care provided by the Ade Adepitan Short Breaks Centre, which was recently rated 'Outstanding' by Ofsted, was also commended in the report.
- 3.6 Although some aspects of the inspection were very positive, five areas of concern were identified. These were as follows:
- the strategic leadership of the CCG in implementing the SEND reforms;
 - the fragmented approach to joint commissioning causing gaps in services;
 - the lack of opportunity for therapists to respond to draft EHC plans before they are finalised;
 - poor access to services for some vulnerable groups; in particular, to audiology, OT and speech and language therapy;
 - limited opportunities for parental involvement when designing and commissioning services.
- 3.7 The inspectors required the local area to provide a Written Statement of Action in regard to these concerns.

4.0 Partnership action since the local area inspection

- 4.1 Brent Council and Brent CCG responded to this requirement through the strong partnership of the Children's Trust. The Written Statement of Action is attached to this report as appendix A. It includes details of actions already taken and next steps against the priorities identified in the inspection. It will be published on Brent Council and Brent CCG websites.
- 4.2 The Written Statement of Action is monitored quarterly by the Children's Trust Inclusion Strategic Board on behalf of the Children's Trust and by the Health and Wellbeing Board quarterly through the Written Statement of Action Monitoring Dashboard. This is attached to this report as Appendix B. The monitoring dashboard sets out detail on the actions taken, timescales for action and accountable officers. Reporting to the Health and Wellbeing Board ensures regular political oversight through the membership of that Board of both the Cabinet Member for Children and Young People and the Cabinet Member for Community Wellbeing.
- 4.3 This dashboard confirms that all necessary actions have been started, with a significant number of improvement actions already completed. The Children's

Trust and the Health and Wellbeing Board will monitor the Written Statement of Action Monitoring Dashboard on a quarterly basis.

- 4.4 Parents/carers, schools, and health providers providing services for children with Special Educational Needs and Disabilities have contributed to the Written Statement of Action and are actively involved in monitoring actions and progress through the 4 work streams of the Strategic Inclusion Board.
- 4.5 The draft Written Statement of Action was reviewed and amended by Brent Children's Trust 12 September and the final version endorsed by the Health and Wellbeing Board on 5 October. The Written Statement of Action was submitted to Ofsted on 20 October. Ofsted formally confirmed the Written Statement of Action as fit for purpose in setting out how the local area will tackle the necessary improvements on 3 November.

5.0 Monitoring Improvement

- 5.1 In addition to the tracking of actions through the Written Statement of Action monitoring dashboard, the following performance measures are being monitored through the Children's Trust Inclusion Strategic Board to ensure that actions are making the expected difference for Brent children and families. Priority targets have been set and remaining targets will be confirmed at the December Strategic Inclusion Board.
- 5.2 October monitoring data is provided in the table below and identifies that access to Occupational Therapy and Access to Autistic Spectrum Disorder service need significant management action, which is in place and a summary of which is included in the table below.

Outcome and RAG status	Evidence at end of Oct'17	Monitoring frequency	Further action
Access to speech and Language Therapy Target 6 week diagnostic assessment, 18 weeks for treatment. Green	All CYP seen within targets	Monthly	Review pathway to sustain performance
Access to audiology Target 6 week diagnostic assessment, 18 weeks for treatment. Amber	Tier 2 (Community) – CYP longest wait to be confirmed Tier 2/3 (Hospital) all CYP receiving assessment within six weeks	Monthly	Current Tier 2 community wait data to be confirmed. Confirm use of audiologists from other boroughs
Access to Occupational Therapy Target 6 week diagnostic assessment, 18 weeks for treatment. RED	25 CYP waiting longer than 18 weeks for diagnostic assessment. 40 CYP have waited over 18 weeks for treatment.	Monthly	Provider to confirm internal business case to tackle backlog with additional temporary staff
Access to Autistic Spectrum Disorder service Target 3 months to start assessment, 6 months to complete assessment. RED	17 CYP awaiting allocation to a consultant paediatrician 55 CYP are waiting longer than 6 months to complete assessment	Monthly	Additional clinics in place. Work plan of new consultant paediatrician reviewed to take on unallocated cases.

<p>Education Health and Care Plans are holistic in setting out all the needs of the Child/young person, and are completed within required timescales</p> <p>National averages 62.3% (excluding exception cases*) & 57.5 (including exception cases).</p> <p>Amber</p> <p>(performance above the national average but has slightly deteriorated in 2017. There has been a 17% increase in requests for new EHCPs between October 2016 and October 2017. This represents an additional 4 requests per month and has had some impact on performance).</p>	<p>For the period Jan 2017 to Oct 2017 (inclusive) 81.9% EHCPs were issued on time Excluding exception cases). 77.2% of EHCPs were issued on time including exception cases. In both cases this is a reduction in performance from the previous year but this is based on 10 months data so far.</p> <p>The EHCP work stream of the SEND strategic board is considering quality assurance. A joint audit is planned to ensure that EHCPs are holistic.</p>	Monthly	<p>Performance monitoring is considered at the Inclusion Strategic Board. Head of Service (Inclusion) is to consider realignment of resources in early 2018 to meet ongoing commitments to EHCP completion targets. A multi-agency EHCP training programme for all services commences from November 2017</p>
<p>All parents/carers are actively engaged in the co-production of EHC Plans and agreeing outcomes for their child/young person.</p> <p>Green</p>	<p>100% of parents/carers are invited to a co-production meeting for the Education Health and Care Plan.</p>	Monthly	<p>Take up and attendance at meetings is being monitored. Where it is not possible to meet, SEN case officers are in regular dialogue with the parents/carers</p>
<p>More young people with SEND have access to employment and community activities to support them to lead independent lives.</p> <p>Target to be confirmed</p> <p>Green</p>	<p>In 2015 at Key stage 4, 90% of pupils on SEN support were in education employment or training, above national and London averages. 12 learners from 2016/17 enrolled on the Supported Internship programme at Charing Cross Hospital. 7 (60%) of the interns gained full time paid employment. From September 2017 8 more learners are enrolled on this Internship programme</p>	Quarterly	<p>Working with other local authorities to maximise opportunities in to different job types. A further Supported Internship is being explored with Tottenham Hotspur Football Club.</p>
<p>Children and young people with SEND make appropriate progress and outcomes are improved.</p>	<p>Validated 2017 Key Stage Results Progress Measures will be reviewed against 2016 Results in January 2018.</p>	Annually	<p>Training planned for SENCO forum in summer term on Quality First Teaching for pupils with SEND. SEND strategic board to consider impact of DfE's November 2017 publication of a new 'what works' resource for those working with pupils and students with SEN.</p>
<p>Parents/Carers have access to support and services</p>	<p>The Local Offer website is regularly monitored. The</p>	Quarterly	<p>The work stream for the Local Offer and</p>

through the Local Offer, including a range of short breaks.	<p>data shows the number of page views on the site between January and May 2017 is increasing.</p> <p>Council services have an email strapline about the local offer; professionals are re-distributing the Local Offer leaflets. Every communication from the Council's special educational needs assessment service signposts parents to the Local offer.</p>		<p>Short Breaks is developing a plan to promote the Local Offer to reach as many parents as possible.</p> <p>All professionals working with families and children with SEND will signpost parents/carers to the Local Offer.</p> <p>Making Every Contact Count** training for Children's Trust partner staff sessions have been booked for December 2017.</p>
Parents/Carers report improved satisfaction with services that are better co-ordinated and reduce duplication – 'tell the story once'.	Satisfaction survey results: commencement date from April 2018 to measure impact of service improvement.	Quarterly	The Inclusion Strategic Board is developing indicators to assess against this outcome, being led by parents and carers. Date of satisfaction surveys to be confirmed.

*permitted exceptions include – Child/young person is absent for at least 4 weeks during the assessment process(for example the school summer vacation) ; the educational institution is closed for at least 4 weeks; the child has missed appointments or there are exceptional personal circumstances.

** Making Every Contact Count is multi agency professional training to ensure that every contact with a member of the public addresses all their needs, including parent/carers of children with SEND being signposted to the Local Offer.

6.0 Next steps

- 6.1 The Written Statement of Action contains actions which remain in progress. Actions have clear time frames for completion with named accountable officers and the completion of these actions remains the highest priority.
- 6.2 There are two key challenges in delivering the Written Statement of Action to address in the next six months; delivering joint commissioning of paediatric services and reduction of waiting times for assessment and treatment.
- 6.3 The local challenges to reduce waiting times for both assessment and treatment in Audiology, Occupational Therapy and Autistic Spectrum Disorder services are exacerbated by national shortages in some health staff groups. Brent CCG is working closely with NHS England to improve recruitment of therapists.
- 6.4 The establishment of effective joint commissioning of paediatric therapy services requires significant preparation activity, including the disaggregation of budgets, the agreement of a single model of delivery for therapy services. An appointment has been made to the post of joint commissioner and this capacity, supported by consistent Brent Council and Brent CCG joint leadership, will help meet this challenge.

- 6.5 Brent Children's Trust has developed a shared vision for children with SEND, which has shaped improvement work so far. Building on this vision, a joint SEND strategy is being developed with partners and parents and carers to agree the resources and service changes to secure long term sustained improved service delivery.

7.0 Financial Implications

- 7.1 The actions contained in the Written Statement of Action do not contain any additional financial implications for Brent Council.

8.0 Legal Implications

- 8.1 The Children and Families Act 2014 established duties for Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) to improve the services for children with SEND. Regulations were published in the 2015 'Special educational needs and disability code of practice: 0 to 25 years'.

- 8.2 Local areas' are required to have:
- a clear local offer of SEND support;
 - arrangements for jointly commissioning SEND services;
 - arrangements to introduce Education, Health, and Care Plans (EHCPs) to replace Statements of Special Educational Need, and to replace Learning Difficulty Assessments; and
 - arrangement to support children with complex needs transition from child to adult services.

- 8.3 For the purposes of the regulations, the local area is the geographical area of the local authority.
- Brent local area responsibilities are for children with SEND needs who are resident in Brent, even if they attend educational establishments within a different LA boundary.
 - The responsibilities of the Brent local area are held collectively by Brent Council (including Children and Young People department and Public Health), NHS Brent CCG, NHS England, schools, early years' settings, and other education providers.

9.0 Equality Implications

- 9.1 Children with Special Educational Needs and Disability are a vulnerable group. The work of the Brent Children's Trust will improve the outcomes for these children.

10.0 Consultation with Ward Members and Stakeholders

- 10.1 Parents/carers, schools, and health providers providing services for children with Special Educational Needs and Disabilities have contributed to the Written Statement of Action and ongoing monitoring.

Report sign off:

GAIL TOLLEY

Strategic Director of Children and Young People

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Brent Children's Trust

Written Statement of Action following SEND local area inspection 2017

1. Introduction and context

Brent local area was inspected between 15 May 2017 and 19 May 2017 by the Office for Standards in Education (OfSTED) and the Care Quality Commission (CQC) to gauge how effectively the area is delivering the improvements within the Special Educational Needs and Disabilities (SEND) reforms contained within the Children and Families Act 2014.

The inspection team deemed that although there were significant strengths within the local system there were key areas requiring improvement and on this basis that a written statement of action is required from the local area partnership led by Brent Council and NHS Brent Clinical Commissioning Group (CCG).

Brent Council and Brent CCG have responded to this requirement through the strong partnership of the Brent Children's Trust.

This Written Statement of Action has been agreed by the Brent Children's Trust and endorsed by the Health and Wellbeing Board. It has been co-produced with parents, carers and professionals and sets out how services in Brent will work collaboratively with parents/carers and children and young people to take required action to improve outcomes.

Brent Children's Trust is focused on improving outcomes for children. The Written Statement of Action is underpinned by a Written Statement of Action Monitoring Dashboard, measuring progress against identified actions and impact on outcomes.

2. Brent Children's Trust Vision for Children with Special Educational Needs and Disabilities (SEND)

Brent Children's Trust has developed a vision for children with SEND, co-created by parents, carers and professionals across the partnership. It is:

“To ensure that all children and their families have the fullest possible range of support and opportunities available to them in order to improve their life chances and realise their aspirations.”

Alongside our local vision is that set out in the SEND Code of Practice, both of which underpin the cultural change to which we aspire. Trust partners are committed to developing inclusive communities, which are welcoming to all. To deliver this vision, Brent Children's Trust will:

- Put children and young people and their families at the heart of service design and delivery and ensure a person-centred approach;
- Enable children and young people and their families to only have to tell their story once and be able to rely on long-term relationships with professionals who work seamlessly together;
- Break down the cultural and structural divisions between agencies in the interest of improving outcomes for children and young people;
- Work together to jointly identify, plan change and improve; and
- Improve outcomes and life chances for children and young people with SEND.

What will it mean for Brent children and families?

Brent Children's Trust has co-produced with parents and carers the following ambitions for delivery of services:

- Skilled teachers deliver effective interventions, meaning children and families get swift access to support, reducing the need for specialist services;
- A consistent therapist/ therapy team supports children through the time where support is needed, building strong relationships with the family which help children thrive;
- Paediatricians, social workers and other professionals are supported to develop their expertise, acting as case holders and not referrers, ensuring consistency for children and families and building more effective joined up intervention;
- Integrated working means that young people experience seamless pathways to independence; and
- Children and families have places to play and activities where they feel safe and happy.

3. Partnership focus on outcomes and impact

The delivery of the Brent Children's Trust vision will make the following positive impacts for Brent children and young people. These outcomes will be monitored monthly through the improvement plan put in place by the Children's Trust Inclusion Strategic Board to ensure that the actions taken make the expected difference for Brent children and families.

- All children and young people with SEND including vulnerable groups receive timely support and access to services that help them maximise their potential.
- Professionals feel more confident in identifying SEND, have the skills to assess need and develop SMART outcomes for children and young people.
- Parents/carers are meaningfully participating in the design and delivery of services- '*do nothing about us without us*'.
- All parents/carers are actively engaged in the co-production of EHC Plans and agreeing outcomes for their child/young person.
- More young people with SEND have access to employment and community activities to support them to lead independent lives.
- The local authority and the CCG jointly commission services for children and young people with SEND to ensure that the right provision is in place and children and young people have access to the services they need.
- Children and young people with SEND make appropriate progress and outcomes are improved.
- Waiting times for access to services are reduced in line with national guidelines.
- Education Health and Care Plans are holistic in setting out all the needs of the child/young person, and are completed within required timescales.
- Parents/Carers have access to support and services through the Local Offer, including a range of short breaks.
- Parents/Carers report improved satisfaction with services that are better co-ordinated and reduce duplication – '*tell the story once*'.

4. Key areas requiring action

This Written Statement of Action has been written in response to the local area inspection. It sets out a plan to respond to the five priority areas for action identified in the inspection. Actions are summarised below. These are cross referenced to our Written Statement of Action Monitoring Dashboard, a more detailed document that has been developed and driven by the local vision and national expectations for children with SEND.

Response to inspection concerns	Progress since the inspection, and further actions
<p>Strengthen CCG leadership in implementing the SEND reforms</p>	<p>Progress:</p> <p>NHS Brent CCG has ensured that all levels of the strategic leadership team have been made aware of the inspection feedback, and then been involved in defining the action plan. On 14 July 2017, the CCG Chair, Accountable Officer, and Clinical Directors signed off a CCG strategic plan to strengthen leadership in implementing the SEND reforms, and shared this with the Brent Children's Trust. The CCG Accountable Officer, and Chief Operating Officer met with the Brent Council Chief Executive and Director of Children's Services on 07 August 2017 to confirm high level CCG commitment to implementing the SEND reforms. The CCG Accountable Officer wrote to the London North West NHS Healthcare Trust Chief Executive on 09 September 2017 to confirm a joint approach to improving SEND health services.</p> <p>The CCG recruited an interim Designated Clinical Officer (DCO) and the same individual has been confirmed as a substantive DCO appointment, offering good continuity of work. There is a clear strategic plan, with appropriate links to the joint work between the CCG and Brent Council, as partners in the Children's Trust. The DCO also has a detailed work plan for strategic and operational issues. They work alongside a consultant paediatrician to provide quality assurance of health elements in EHC plans. They have been linked to the London-wide DCO network, to ensure Brent benefits from shared learning opportunities.</p> <p>The CCG is committed to strengthening its representation at the Children's Trust, which is chaired by the Brent Council statutory Director of Children's Services. The CCG Chief Operating Officer has formally become a member of the Children's Trust Board. This will strengthen the joint leadership of Brent Children's Trust to ensure mutual support and challenge of statutory duty compliance. The CCG in partnership with Brent Council is committed to embedding joint commissioning arrangements ahead of the new financial year. Joint commissioning of priority services identified in this inspection is underway.</p> <p>CCG leaders attended Brent Parent/Carer forum to ensure strong partnership leadership of parent/carers engagement and co-production from 01 September 2017. The CCG hosted workshops for parents and carers on 21 September 2017, with over 45 attendees.</p> <p>Further Actions (WSOA1 in the attached WSOA Monitoring Dashboard):</p> <ul style="list-style-type: none"> • CCG leaders will work with the Corporate Management Team of Brent Council to establish closer formal working arrangements between CCG and the council in commissioning SEND services, with a formal decision by 2018. • The terms of reference of the Children's Trust will be reviewed, with membership extended to senior representation from health providers, by 01 November 2017. • Joint Brent CCG and Brent Council strategic planning day to co-produce with parents and carers a refreshed joint SEND strategy in October 2017.

Response to inspection concerns	Progress since the inspection, and further actions
<p>Implement joint commissioning arrangements to prevent gaps between services</p>	<p>Progress:</p> <p>Joint contract monitoring has been established from August 2017 to ensure services are accessible for young people with complex SEND 0-25 including the most vulnerable groups, and those in alternative educational settings (including Looked After Children, Pupil Referral Units, Youth Offending Service, and home-educated children).</p> <p>An interim joint commissioning post has been appointed to, starting at the end of September 2017. Interviews for a substantive post were held on 29 September 2017, with arrangements in place for interim cover to continue until the substantive post recruitment is completed.</p> <p>EY (Ernst and Young) were commissioned to support the development of further joint commissioning options. Their initial report has been received. The Council and CCG will begin implementation of joint commissioning in October 2017, with new arrangements in place by the end of December 2017. The implementation will be carefully monitored to maintain and improve the quality of joint commissioning across children's services.</p> <p>The local area has reviewed existing, separately contracted, service specifications for therapies (Occupational Therapy, Speech and Language Therapy, specialist nursing) to identify gaps. Commissioners have taken contractual action jointly to remove those gaps. The CCG has formally notified the existing provider of the need to disaggregate the costs of commissioned services within the contract, as preparation for a potential joint procurement with Brent Council.</p> <p>The CCG will lead the work of the Children's Trust with the Council of Disabled Children to advise on implementing the actions within this Written Statement of Action. A plan been agreed with the Council of Disabled Children to develop stronger joint commissioning and co-production with parents/carers and children in accordance with this statement of action, and to help improve the quality and clarity of information within the EHC plans.</p> <p>Further Actions (WSOA2 in the attached WSOA Monitoring Dashboard):</p> <ul style="list-style-type: none"> • Brent Council and Brent CCG will align existing contracts with revised joint specifications in community paediatric therapies to address known gaps, particularly in speech and language therapy, in commissioned services and deliver a seamless service by 01 December 2017. • Brent Council and CCG will implement a process for joint contract management by 31 December 2017. Brent Council and Brent CCG will also formally establish joint commissioning arrangements for integrated paediatric therapy services (Speech and Language Therapy, Occupational Therapy, Physiotherapy) and specialist nursing services from April 2018. • Brent CCG will confirm the disaggregation of children's therapies' costs from current community paediatric contracts, in accordance with national contracting timeframes. The CCG Governing Body on 10 January 2018 will meet in public to take assurance and confirm the joint contracting arrangements necessary to jointly commission integrated SEND services from 01 September 2018.

Response to inspection concerns	Progress since the inspection, and further actions
<p>Address the lack of opportunity for therapists to respond to draft EHC plans before they are finalised</p>	<p>Progress:</p> <p>The process for therapists to respond to all EHCPs was partially evidenced in the inspection. Since the inspection, Brent Council and NHS Brent CCG have strengthened the process used to obtain London North West NHS Healthcare paediatric therapist input into EHC needs assessments and EHC plans. The Standard Operating Process agreed on 10 August 2017 includes arrangements to share draft versions with contributors, to ensure the process is as effective as possible.</p> <p>Brent Council and CCG have jointly monitored the completion of EHC plans to ensure that therapists have had the opportunity to comment on all plans before they are finalised. The newly appointed CCG DCO is involved in the tripartite process supporting EHC plan development, working alongside a consultant paediatrician to ensure health providers have feedback as part of a quality assurance and improvement process.</p> <p>The CCG will continue to ensure its commissioned providers are mobilised to contribute to EHC needs assessment and EHC plan development.</p> <p>Further Actions (WSOA3 in the attached WSOA Monitoring Dashboard):</p> <ul style="list-style-type: none"> • The CCG will review the assurance process for the delivery of health services to meet the clinical needs identified in section G of the EHC plans by 31 October 2017. • Therapists will be supported by the DCO and Council for Disabled Children to provide information in a format that can be added to the EHC plan without the need for further summary. The CCG will confirm with Health providers the sign off and Quality Assurance process for all draft EHCPs prior to submission by 01 November 2017. • Brent Council and NHS Brent CCG will continue to monitor and ensure all paediatric therapists who contribute EHC needs assessment information are sent copies of draft EHC Plans for comment. The DCO will provide feedback to the Inclusion Strategic Board of the Brent Children's Trust to ensure the Standard Operating Process is reviewed and improved as necessary. • Quarterly partnership case sample audits to evidence improvement from November 2017. • Recommendations to deliver any further improvements to the joint EHC plan process to be implemented by 01 April 2018.

Response to inspection concerns	Progress since the inspection, and further actions
<p>Ensure timely access to services for vulnerable groups of children and young people, particularly paediatric diagnostic and therapy services.</p>	<p>Progress:</p> <p>Brent Council and CCG are working with London North West NHS Healthcare Trust to provide support and challenge around the recruitment of qualified paediatric therapists. Weekly tripartite monitoring of progress on improving timely access has been in place from 01 August 2017, with improvement evidenced.</p> <p>Brent CCG and London North West NHS Healthcare Trust confirmed contract variation timetable in-year. New specifications were agreed. The agreed specification for speech and language therapy ensures all Brent GP registered children have access, irrespective of educational setting.</p> <p>Additional two Occupational Therapists have been recruited, with start dates in October 2017.</p> <p>Audiology recruitment concerns have been escalated to NHS England due to the national shortage of audiologists.</p> <p>Further Actions (WSOA4 in the attached WSOA Monitoring Dashboard):</p> <ul style="list-style-type: none"> • London North West NHS Healthcare Trust will continue to improve access to the service by maintaining a focus on recruiting more audiology and occupational therapy capacity and developing robust contingency plans (including partnerships with other providers) if recruitment is unsuccessful by October 2017. • CCG continuing to engage with Health Education England, North West London and London North West NHS Healthcare Trust to agree a sustainable strategic workforce plan for paediatric therapy services by 31 January 2018. • CCG working with health providers will reduce waiting times to ensure assessments comply with NICE guidance, and begin within 3 months of referral for children with suspected autistic spectrum disorder, with completion within 6 months. Compliance expected by December 2017, evidenced by joint audit and case sampling. • CCG working with health providers will reduce waiting times for audiology services to meet the 6 week diagnostic target, and the 18 week referral to treatment target (RTT). Compliance expected by December 2017, evidenced by joint audit and case sampling. • CCG working with health providers will reduce waiting times for occupational therapy (OT) services to meet the 18 week RTT. Compliance expected by December 2017, evidenced by joint audit and case sampling. • Brent Council and Brent CCG through joint commissioning activities and contract variation will ensure that vulnerable groups will be supported to access services by November 2017. This will include children receiving elective home education in accordance with the proposed duties set out in The Home Education (Duty of Local Authorities) Private Members Bill 2017.

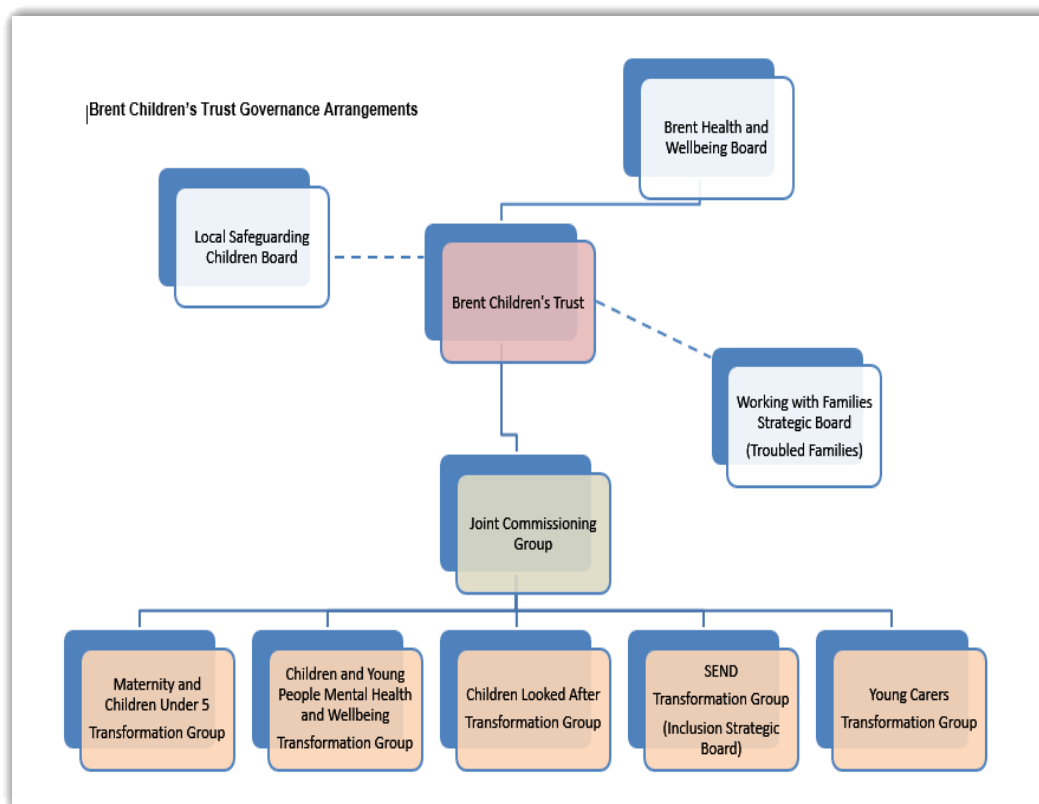
Response to inspection concerns	Progress since the inspection, and further actions
<p>Improve the opportunities for parental involvement when commissioning and designing services</p>	<p>Progress:</p> <p>Brent Council and CCG have responded positively to the challenge and opportunity raised by parents in the inspection to work together with parents to make a difference. Brent Council and CCG have significantly strengthened the engagement of parent/carers through a more robust model for targeted engagement, bringing together the relaunched Parent/Carer forum with Brent CCG'S Equality, Engagement, and Self-care (BEES) sub-committee.</p> <p>Brent Council is supporting the Westminster Society to strengthen the Parent/Carer Forum and establish a system of parent champions. Brent CCG formalised coordination of engagement with HealthWatch in September 2017. These actions enable more effective use of resources to support parental engagement, adding to the coherence and impact of parental engagement in Brent.</p> <p>The Brent Children's Trust Inclusion Strategic Board has established four work streams to take developments in SEND forward. Each has an identified lead and parent representatives. The work streams focus on areas for development informed by the Area SEND inspection: The Local Offer and Short Breaks development; EHC Plans, processes and quality assurance; transition to adulthood; and joint commissioning of services for children and young people with SEND.</p> <p>Brent Council and Brent CCG have strengthened monitoring and can confirm all parents/carers are invited to attend a co-production meeting to draft the EHC Plan, and all parents/carers are sent a feedback form with every EHC Plan issued. The take up of meetings is improving, and schools are supporting this process. Translators are used as necessary.</p> <p>A new standing CCG forum for parents of children with SEND accessing CAMHS was established, with the first meeting on 06 June 2017, attended by parents and young people. Targeted joint engagement events to support coproduction were in place from September 2017. The CCG hosted workshops for SEND parents and carers on 21 September 2017, with over 45 attendees. A Brent-wide Health Partners Forum took place on 18 October 2017 to feedback on SEND and CAMHS engagement to date, showing how the views of young people and parents/carers have informed joint commissioning intentions.</p> <p>Further Actions (WSOA5 in the attached WSOA Monitoring Dashboard):</p> <ul style="list-style-type: none"> • Targeted engagement dates agreed with schools with the first school based co production event 30 September 2017 • Revised commissioning informed by co-production with parents and carers by April 2018

5. Governance of the Written Statement of Action – Brent Children’s Trust

Partnership work led by Brent Children’s Trust, chaired by Brent Council statutory Director of Children’s Services, was identified as an area of strength in the inspection. In particular, the strength of partnership activity with special schools as well as mainstream schools was noted. We are building on this strength to further drive improved outcomes for children and young people with SEND.

Brent Children’s Trust is monitoring the delivery of actions to ensure that agencies accountable for actions stay focused on improvements identified.

Brent Children’s Trust will monitor the delivery of the Written Statement of Action and Local Area Improvement Plan on a bi-monthly basis, reporting on progress to Brent Health and Wellbeing Board every quarter. Brent Council Community Wellbeing Scrutiny Committee receive a report progress on the 22 November 2017, to ensure transparency and challenge through local democratic accountability. Dates for quarterly monitoring of the Written Statement of Action and Local Area Improvement Plan have been agreed with NHS England and the Department for Education.





Written Statement of Action Monitoring Dashboard 20 October 2017




WSoA1 75% done, 25% in progress, 0% not started
 WSoA2 20% done, 80% in progress, 0% not started
 WSoA3 34% done, 67% in progress, 0% not started
 WSoA4 0% done, 100% in progress, 0% not started
 WSoA5 50% done, 50% in progress, 0% not started

Key Actions	Lead	Objective	Target Date	Progress	Progress milestones and evidence
Green text shows completed actions, black text shows incomplete actions					
WSoA1 75% done, 25% in progress, 0% not started Page 29	Strengthen CCG leadership in implementing the SEND reforms	<u>CCG</u> Dionne Greenaway Senior Commissioning Manager Duncan Ambrose Assistant Director Dr Sarah Basham Vice Chair	A) Update SEND strategic plan to ensure CCG Chair and Chief Officer have oversight of actions to deliver SEND reforms	Wednesday 19/07/2017	Done Draft strategic plan shared at Brent Children's Trust, Jul'17. CCG Executive Committee agreed strategic plan Jul'17. Shared with NHS England London Regional Lead for SEND, Aug'17. SEND plan shared with CCG Integrated Governance Committee Aug'17.
		<u>CCG</u> Dionne Greenaway Senior Commissioning Manager	B) Appoint a Designated Clinical Officer (DCO) to support the CCG implement SEND reforms	Friday 29/09/2017	Done DCO substantive post agreed May'17. Role development discussed with NHS England London Regional Lead for SEND 11 Aug '17. Role development discussed with existing NWLCCG DCOs, and agreed NWLCCG peer reviews 13 July '17. Invitation to pan-London DCO/DMO meeting. DCO linked into NHS England London Regional Lead for SEND 14 Sep '17 Brent CCG agreed 0.6 FTE role designed to complement existing paediatrician reviewing 0-18s EHCPs, and CCG-LD clinical lead. Post to be shared with Harrow CCG and Hillingdon CCG. Substantive budget confirmed in review of CCG staffing, Aug'17. May'17 DCO recruitment unsuccessful. Re-advertised Aug'17, interview 06 Sep'17. Interim recruitment confirmed 22 Aug'17, candidates identified and available. Interim in post by 29 Sep'17, to allow 3 months cover during substantive notice period. Interim confirmed as substantive DCO 29 Sep '17
		<u>CCG</u> Duncan Ambrose Assistant Director Sheik Auladin Chief Operating Officer	C) CCG leaders work with the Corporate Management Team of Brent Council to establish closer formal working arrangements between CCG and council in commissioning SEND. Strengthen CCG leadership within Brent Children's Trust to ensure CCG commissioned health aspects are adequately considered and represented, and to give mutual support and challenge of statutory duty compliance. Terms of Reference of the Children's Trust review, to consider extending membership to health providers.	Wednesday 01/11/2017	In progress Senior CCG and LA officers developing WSoA and dashboard. CCG Accountable Officer, and Chief Operating Officer met with the Brent Council Chief Executive and Director of Children's Services on 07 August 2017 to confirm high level CCG commitment to implementing the SEND reforms Joint monitoring at Brent Children's Trust 12 Sep'17. CCG statutory duties summarised clearly as part of the planning process 14 Jul'17. Reporting on WSoA to Health and Wellbeing Board 05 Oct'17. Review of Children's Trust Terms of Reference Nov '17. Health and Wellbeing Board recommended senior representation from North West London Healthcare Trust. Assurance on progress via Community and Wellbeing Scrutiny Committee 22 Nov'17. Case study demonstrating the action and impact through the Children's Trust Dec '17.
		<u>CCG</u> Duncan Ambrose Assistant Director	D) CCG leaders will attend Brent Parent/Carer forum to ensure strong partnership leadership of parent/carers engagement and co-production from 01 September 2017.	Friday 01/10/2017	Done CCG attended Brent Parent/Carer Forum 14 Sep'17 to consult on Written Statement of Action. Vision for future delivery co-produced with attendees and included in WSoA. CCG led co-production events 21 Sep'17 well attended by parents. Joint Brent CCG and Brent Council strategic planning day to co-produce with parents and carers a refreshed joint SEND strategy October '17.

Key Actions		Lead	Objective	Target Date	Progress	Progress milestones and evidence
WSoA2 20% done, 80% in progress, 0% not started	Implement joint commissioning arrangements to prevent gaps between services	CCG Dionne Greenaway Senior Commissioning Manager LA Sandra Bingham Head of Inclusion	A) Establish new joint commissioning post to support SEND and CAMHS improvements	Friday 15/09/2017	Done	Joint funding confirmed and job description agreed, 25 Jul'17. CCG leading substantive recruitment, 08 Aug'17. LA leading interim recruitment, out to advert, 18 Aug'17. Interim appointment made 15 Sep'17. Interviews for permanent post 29 Sep '17. Quality check of children's services joint commisisoning arrangements through EY option appraisal 29 Dec '17
		CCG Dionne Greenaway Senior Commissioning Manager Duncan Ambrose Assistant Director Dr Sarah Basham Vice Chair LA Sandra Bingham Head of Inclusion Brian Grady Operational Director	B) Joint Brent CCG and Brent Council strategic planning day to co-produce with parents and carers a refreshed joint SEND strategy in October 2017.	Tuesday 31/10/2017	In progress	Parent/Carer engagement events in September have provided a list of priorities for co-production day in October. Brent Council SEND strategy 2014-2017 and Brent CCG strategic review document 2017 being used to prepare refresh proposals for event in October.
		CCG Sheik Auladin Chief Operating Officer LA Gail Tolley Strategic Director (DCS)	C) Establish closer formal working arrangements between CCG and LA in commissioning SEND	Wednesday 22/11/2017	In progress	ITT developed for scope of joint CCG-LA commissioning teams for SEND 07 Aug'17. Joint Contract Monitoring established Aug' 17 CCG Chief Officer and Chief Operating Officer discussed with LA CEO and DCS 07 Aug'17. Strong appetite from both council and CCG to integrate commissioning of SEND services. Potential for integrated commissioning arrangements to be broadened to cover other service areas in the future. EY completed baseline commissioning structure options appraisal 14 Aug'17. Next stage procurement to agree development of joint commissioning structures launched Aug '17 with evaluation Sep '17 Options appraisal Oct '17 to compare incremental approach (service by service) to whole-scale integration. CCG Executive Committee to confirm preferred option 22 Nov'17. CCG Governing Body 10 Jan'18 to take assurance and confirm the joint contracting arrangements necessary to jointly commission integrated SEND services.
		CCG Dionne Greenaway Senior Commissioning Manager Duncan Ambrose Assistant Director LA Sandra Bingham Head of Inclusion	D) Implement revised specifications in community paediatric therapies to address known gaps in CCG commissioned services	Friday 01/12/17	In progress	Specifications developed to cover all CCG registered children, 31 Mar'17. Timetable for implementation agreed with LNW, 17 May'17. Agreed process to finalise specifications, 13 Jul'17. Scope jointly reviewed to identify any remaining in LA commissioned services, 22 Aug'17. Confirm alignment of special school services, 12 Oct'17. Confirm LWN readiness to deliver revised specification, 05 Oct'17. Formal contract variation 02 Nov'17.
		CCG Dionne Greenaway Senior Commissioning Manager LA Sandra Bingham Head of Inclusion	E) Jointly commission integrated paediatric therapy services (SLT, OT, PT) and specialist nursing services. Ensure services accessible for young people with complex SEND 0-25 including the most vulnerable groups, and those in alternative educational settings (e.g. LAC/ PRU/ YOS/ Home educated), in particular speech and language therapy .	Monday 02/04/2018	In progress	CCG and LNW agree timetable for contract variation for paediatric therapies, addressing known gaps in SLT provision, 15 May'17. Map existing SEND pathways in CCG and LA contracts, 15 Sep'17. CCG and LNW confirm revised service specifications to cover all CCG GP registered children for SLT irrespective of education setting, 20 Sep'17. CCG write to LNW with strategic commissioning intentions, 29 Sep'17. Plan Council for Disabled Children facilitated workshop for commissioners and providers to review pathways, statutory duties, and develop options, 29 Sep'17. Targeted engagement with service users, schools, and HealthWatch to explore different options, then report findings at Health Partners Forum 18 Oct'17. Clarify existing resource, and estimate future resource requirements. CCG and LNW contract variation to introduce new aligned specifications in-year, Nov'17. Options appraisal on preferred option, 22 Nov'17. Aligned Brent Council and CCG contracts Dec '17 Contract award, with mobilisation and contract monitoring from 02 Apr'18. Review of Health Questionnaire to assess and confirm needs and requirements.

Key Actions	Lead	Objective	Target Date	Progress	Progress milestones and evidence
WSoA3 34% done, 67% in progress, 0% not started Page 31	Address the lack of opportunity for therapists to respond to draft EHC plans before they are finalised	CCG Dionne Greenaway Senior Commissioning Manager LA Sandra Bingham Head of Inclusion	A) Strengthened EHCP process to obtain more consistent health professional input to EHCPs and for drafts to be shared	Friday 15/09/2017 In progress	Changes agreed Aug '17 Monitoring of input and sharing of drafts picked up through contract monitoring Sep '17 CCG confirm with health providers sign off and Quality Assurance process for draft EHCPs 01 Nov '17 Recommendations to deliver any further improvements to the joint EHC plan process to be implemented by 01 Apr '18 Quarterly partnership case sample audits to evidence improvement from Nov '17
		CCG Dionne Greenaway Senior Commissioning Manager LA Sandra Bingham Head of Inclusion	B) CCG and LA review assurance process for the delivery of paediatric therapy services	Tuesday 31/10/2017 In progress	DCO work plan to include quality assurance feedback to health providers, 27 Sep'17. Process review underway working with all health providers, 31 Oct'17
		CCG Dionne Greenaway Senior Commissioning Manager LA Sandra Bingham Head of Inclusion	C) Ensure all paediatric therapists who contribute EHC needs assessment information are sent copies of draft EHC Plans for comment	Friday 01/09/2017 Done	Standard Operating Procedure with LNW to contribute to EHCP, 02 Aug'17. Distribution process has been agreed with health and a training programme has been implemented for all professionals 01 Sep'17 Sharing of drafts being confirmed through weekly contract monitoring
WSoA4 0% done, 100% in progress, 0% not started	Ensure timely access to paediatric diagnostic and therapy services.	CCG Dionne Greenaway Senior Commissioning Manager Diane Jones Director of Quality and Safety LNW Dr John Hutchins Clinical Director Maria Luscombe Head of Paediatric Therapies	A) London North West NHS Healthcare Trust to improve access to the service by maintaining a focus on recruitment for audiology and occupational therapy capacity and developing robust contingency plans (including partnerships with other providers) if recruitment is unsuccessful by October 2017.	Friday 20/10/17 In progress	Use interim cover to address vacancies. Two FTE OTs in post from September 2017 Recruitment process for occupational therapists Recruit process for community audiologist Weekly monitoring by commissioners of recruitment progress, 08 Aug'17. Develop contingency plans if recruitment unsuccessful CCG Director of Quality to liaise with HENWL about future needs, 27 Oct'17. Deploy additional OT capacity Deploy additional audiology capacity
		CCG Dionne Greenaway Senior Commissioning Manager Duncan Ambrose Assistant Director Dr Sarah Basham Vice Chair LNW Dr John Hutchins Clinical Director Maria Luscombe Head of Paediatric Therapies CNWL Jackie Shaw Service Director for CAMHS	B) Reduce waiting times to ensure assessments comply with NICE guidance, and begin within 3 months of referral for children with suspected autistic spectrum disorder , with completion within 6 months	Friday 29/12/17 In progress	LA confirmed ASD diagnosis not required for EHC plan, only to access BOAT service. CCG, LA, and LNW confirmed functional benefit for ASD cases is available from SLT service. Average 7 month wait for completion of ASD assessment (56 cases > 6 months). Only 0.9% of ASD cases had previously unknown medical issue. CCG supported LNW proposal for GPs and psychiatrists to screen rather than refer all cases to paediatricians. NWL-wide clinical pathway discussion about role of GPs and psychiatrists, 25 Aug'17. CCG, LNW, and CNWL to revise clinical pathway and potential joint clinics, 13 Sep'17. LNW re-prioritisation of clinical work to ensure the 56 cases are completed by 29 Dec'17. Brent CCG lead of Healthy London Partnership ASD support mapping - reporting on services and priority gaps 29 Dec '17. Monitor any revised NICE guidance emerging from the current review.

Key Actions		Lead	Objective	Target Date	Progress	Progress milestones and evidence
Page 32		<u>CCG</u> Dionne Greenaway Senior Commissioning Manager Duncan Ambrose Assistant Director Dr Sarah Basham Vice Chair <u>LA</u> Melanie Smith Director of Public Health <u>LNW</u> Dr John Hutchins Clinical Director Maria Luscombe Head of Paediatric Therapies	C) Reduce waiting times for audiology services to meet the 6 week diagnostic target, and the 18 week referral to treatment target (RTT)	Friday 08/12/17	In progress	Difficulty recruiting audiologists. 3 cases waiting more than 6 weeks for diagnostics; 96% achievement of RTT. LNW locum audiovestibular physician recruited, 23 Jun'17. Weekly teleconference to monitor waits, vacancies, and action plans, 08 Aug'17. CCG formally wrote to LNW CEO to accelerate actions, 14 Aug'17 Exploring capacity in other teams and providers, 22 Aug'17. Escalated concerns to NHS England London Regional Lead for SEND, 22 Aug'17. Public Health confirm 2-year-old hearing check meeting targets, 25 Aug'17 LNW decision on 12 additional clinics to achieve 6 week target, 15 Sep'17. LNW community audiologist starts 15 Sep'17. LNW decision on potential increase in audiovestibular physician hours, 12 Oct'17. Reconfigure admin to free up more clinical time, 12 Oct'17. Meet 6 week target 08 Dec'17. Joint Audit planned from Dec '17
		<u>CCG</u> Dionne Greenaway Senior Commissioning Manager <u>LA</u> Sandra Bingham Head of Inclusion	D) Brent Council and Brent CCG will ensure joint commissioning activities provide assurance from providers that vulnerable groups will be supported to access services from October 2017	Tuesday 31/10/2017	In progress	Agree 'stage zero' process to scope services for potential joint commissioning of paediatric therapies Sep'17, including contract variations to ensure that vulnerable groups can access services. Undertake Equality Impact and Needs Assessment for re commissioning Oct '17 Review options and confirm scope
		<u>CCG</u> Dionne Greenaway Senior Commissioning Manager <u>LA</u> Sandra Bingham Head of Inclusion <u>LNW</u> Dr John Hutchins Clinical Director Maria Luscombe Head of Paediatric Therapies	E) Reduce waiting times for occupational therapy (OT) services to meet the 18 week referral to treatment target (RTT)	Friday 29/12/17	In progress	4 children waiting longer than 18 weeks (22 weeks longest) for treatment. Weekly teleconference to monitor waits, vacancies, and action plans, 08 Aug'17. CCG contract maternity leave and sickness. Agency staff interviews 16 Aug'17, appointments 30 Aug'17. CCG and LNW clarified costs for additional agency staff, 22 Aug'17. LA and LNW reviewed all children's EHCPs to determine staff capacity needed, 25 Aug'17. LNW confirmed trajectory for recovery of RTT compliance, 01 Sep'17. LA commissioned staff for new school term, 04 Sep'17. OT recruitment difficulty escalated to NHS England London Region SEND lead for advice, 26 Sep'17. Achieve RTT compliance, 29 Dec'17. Joint audit planned from Dec '17.
Page 32	Improve the opportunities for parental involvement when commissioning and designing services	<u>CCG</u> Michelle Johnson Head of Engagement <u>LA</u> Sandra Bingham Head of Inclusion <u>Brent Parent/Carer Forum</u> Carol Foyle	A) Strengthen Parent/Carer Forum involvement in commissioning	Wednesday 14/09/17	Done	Parent-Carer Forum re-launched. Community and Wellbeing Scrutiny Committee recommended schools and community CAMHS engagement, 19 Jul'17. Coordinated with relaunched Parent/Carer Forum Aug '17. Parent/Carer Forum contributed to WSoA 14 Sep'17. Targeted joint engagement event dates sent for families using SEND services, working with Parent/Carer Forum 08 Sep'17. CCG engagement workshops for SEND parents 21 Sep'17. Parent/Carer Forum co-production event for Refreshed strategy Oct '17. Parent/Carer Forum regular updates on progress of WSoA commencing Nov '17
		<u>CCG</u> Dionne Greenaway Senior Commissioning Manager Michelle Johnson Head of Engagement <u>LA</u> Nigel Chapman Operational Director (Chair Inclusion Strategic Board) <u>HealthWatch</u> Ian Niven Head of HealthWatch Brent	B) Fully engage parents and carers in the workstream of the inclusion strategic board to develop and plan services through co-production	Friday 10/11/2017	In progress	Standing forum for CAMHS established, Sep'17. CCG and HealthWatch agreed to coordinate engagement, including the Parent/Carer forum, 22 Sep'17. Strategic inclusion work streams identify parent and young people representatives, 29 Sep'17. Targeted engagement dates agreed with schools, 29 Sep'17. Feedback 'You said, we did' at Health Partners Forum, 18 Oct'17. Parent/Carer involvement in service reviews commences through work streams Nov '17 Parent/Carer involvement in revision and implementation of refreshed service specifications Nov '17 Parent/Carer involvement in procurement processes from Jan '18

	Community and Wellbeing Scrutiny Committee 22 November 2017
	Report from the Strategic Director of Children and Young People
EFFECTIVENESS OF EXISTING SUPPORT ARRANGEMENTS FOR CARE LEAVERS AND IMPLICATIONS OF RECENT LEGISLATIVE CHANGES	

Wards Affected:	All
Key or Non-Key Decision:	Not applicable
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	One: • Brent Care Leavers' Charter – September 2014
Background Papers:	
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Onder Beter Head of Service, Looked After Children and Permanency Children and Young People Brent Council Email: onder.beter@brent.gov.uk Nigel Chapman Operational Director, Integration and Improved Outcomes Children and Young People Brent Council Email: nigel.chapman@brent.gov.uk

1.0 Purpose of the Report:

- 1.1 This report will enable the Community and Wellbeing Scrutiny Committee to be advised of the role of the Council's Corporate Parenting Committee in ensuring services provided by the Council and partner agencies are leading to improved outcomes for young people who are care leavers.
- 1.2 The purpose of this report is to provide information to the Scrutiny Committee about the effectiveness of current services for care leavers and the implications of recent legislative changes introduced by the Children and Social Work Act¹, April 2017.
- 1.3 The aim of the Children and Social Work Act 2017 is to improve support for looked after children especially for those leaving care. This report will outline the main legislative changes in the Children and Social Work Act 2017 and how Brent aims to implement those changes locally to ensure that our care leavers have the best opportunities to thrive in adult life.

2.0 Recommendation

- 2.1 That the committee consider the current effectiveness of Council and partner agencies' service delivery to care leavers, making recommendations to the Corporate Parenting Committee as to how it may ensure outcomes are improved. It is recommended that a particular focus should be on how the Council will meet its new obligations under the 2017 Children and Social Work Act with specific reference to the revised principles of corporate parenting.
- 2.2 To consider the plans for the creation of the new Local Offer for care leavers and to suggest additional services or areas of work that could be included within them.

3.0 Detail

Looked After Children and Care Leavers

- 3.1 Care leavers need a wide range of support in order to have a successful transition into adulthood. Local authorities have a statutory responsibility to the children they look after and those leaving care. Local authorities are referred to as being the 'corporate parent' of these children and young people and are advised to consider this question when considering the implications of the Children and Social Work Act 2017:

'would this be good enough for my child?'

Elected members and senior leaders in all local authorities are asked to 'take a walk in care leavers' shoes'.

¹ <https://www.legislation.gov.uk/ukpga/2017/16/contents>

- 3.2. The new legislation highlights the need for local authority areas to develop a clear vision and responsibility towards looked after children and care leavers and future work is being planned to meet these additional challenges.
- 3.2 The term 'looked after' refers to any child or young person for whom the local authority has, or shares, parental responsibility, or for whom we provide care and accommodation on behalf of their parent. The term "child" refers to any child or young person until they reach the age of 18. Until April 2017 local authorities also had a duty to formerly looked after children until they reached the age of 21, or 25 if they were in further or higher education. One of the key changes in the CSW Act 2017 is that the duty and responsibility to all care leavers is extended to the age of 25, regardless of their education or employment status.
- 3.3 Brent Council is currently responsible for providing a leaving care duty under the Children (Leaving Care) Act 2000 to 308 young people (aged between 18-21) including 63 young people who were formerly unaccompanied asylum-seeking children (UASC) and 25 young people (aged between 21-25) in further or higher education).
- 3.4 Brent endorsed the Leaving Care Charter² for Care Leavers, introduced by the Department for Education in 2012. The Charter sets out how care leavers will be treated, and the support they should expect to receive from their local authority. Brent's own current Care Leavers' Charter, developed with young people, is attached at appendix one and was most recently updated in September 2014.
- 3.5 Each care leaver is allocated to a Personal Advisor (PA) who provides support and guidance to care leavers on various issues such as transition into adulthood; obtaining suitable accommodation; engaging with education, employment and training; promoting their physical, emotional and mental well-being and participation within society. A PA is not generally a qualified social worker but will have experience of working with young people in a variety of settings such as in schools, voluntary organisations or youth groups.

4.0 Effectiveness of Support for Care Leavers in Brent

- 4.1. Brent Children and Young People's Service most recent Ofsted inspection that considered the effectiveness of the experience and progress of care leavers took place in September 2015. The overall quality of support for care leavers was judged to require improvement to be considered good. Communication and contact between PAs and young people, the numbers of young people in higher education and the working relationships between leaving care and youth offending services were considered strengths. However inspectors found too much variability in the quality of young people's pathway plans (this is the document that supports a young person's transition to adulthood), that young

² Care Leavers Charter includes principles and promises to care leavers made by local authorities. This was introduced by the DfE in 2012.

people were not sufficiently aware of their rights as care leavers and that progression into apprenticeships was low.

- 4.2 Since the inspection a number of changes to the service in order to improve the quality of support for care leavers have been introduced. This has included the creation of a specialist Leaving Care team to work with care leavers, increasing the number of PAs and recruiting experienced managers to support the PAs in their activity. Operational and strategic priorities have been refreshed to focus activity, such as to increase the proportion of care leavers in employment, education and training.
- 4.3 Brent has a higher number of care leavers in higher education compared to the national average. The total number of care leavers in higher education is 45 (14.6% of the total number of care leavers) against a national average of 7%. Care leavers attending universities are offered a financial package including a 'higher education grant' (£2000) which is paid in instalments during the duration of their degree and financial support towards their rent and subsistence during Christmas, Easter and summer holidays. University fees are paid through the Student Finance Company.
- 4.4. As described above, the proportion of care leavers attending apprenticeships or vocational training opportunities was seen as an area for development. In response to this, a monthly 'Education & Employment Panel' was established to monitor and develop plans for young people at risk of becoming NEET (Not in Education, Employment or Training). The panel consists of partner agencies, Brent Virtual School, Youth Services with the lead partner Prospects who currently deliver the main Connexions contract on behalf of the Council. The panel has two strands, one with a focus on young people aged 16-18 and the other focuses on young people aged 18-25.
- 4.5. Specialist 'life & career coaching' is provided through a project called the Future Path, funded by the Department for Work and Pensions and Employment, Skills and Enterprise Team in Brent. The life coaches work jointly with Connexions workers and Personal Advisors, identifying care leavers who are NEET and providing a 'whole person' approach providing career advice, support, one to one coaching and, when a young person secures education, employment or training the support continues. To date, the project has successfully supported nine Care Leavers into paid employment.
- 4.6 The proportion of care leavers in education, employment or training was 51% in Brent as at 31 March 2017. This is above the national average of 49% but below our statistical neighbours (56%). A current priority is to enable more care leavers to engage in employment, education and training and to achieve this through working jointly with partners to improve life chances for our care leavers.

- 4.7. In terms of apprenticeships, Brent currently has three care leavers in apprenticeships. There are also 12 care leavers waiting to go through the process. These arrangements should result in approximately 5% of care leavers being in apprenticeships and will place Brent in line with the national average.
- 4.8. Many care leavers may have issues regarding low self-esteem and could have had a poor secondary school experience. This can affect confidence, making the transition into paid employment more challenging. Some young people may have had a number of placement changes in their care history that may have included a move outside of the borough, resulting in disruption to mainstream schooling and reduced academic attainment. To mitigate this, services are being developed for care leavers to enable them to acquire relevant skills before they apply for apprenticeships such as preparation for interviews.
- 4.9. Preparation for independent living and transition into adulthood are two main areas of support offered for care leavers. An assessment of their life skills starts at the age of 15 ½ and a plan for their transition into adulthood, called the pathway plan, is then developed. Personal Advisors work with young people to ensure they acquire independent living skills. Care leavers are provided with a £2,000 setting up home allowance when they are ready to live independently.
- 4.10. Care leavers are referred for permanent housing only when they are ready to manage and maintain their own tenancy. In order to ensure that all care leavers are ready to live independently and manage a tenancy when they turn 18, social workers and Personal Advisors have to evidence that the young person being nominated has acquired the appropriate life skills. This includes a readiness assessment for a broad range of issues including appropriate practical skills, emotional resilience and well-being and the type of education, employment and training conditions that would support a successful transition to young adulthood.

5.0 The background to recent legislative changes

- 5.1 A statutory framework was introduced to support care leavers by the introduction of the Leaving Care Act 2000³. Local authorities were required to assess the needs of young people once they left care, allocate them a Personal Advisor and develop a pathway plan detailing how young people would be supported.
- 5.2 The Children and Young Persons Act 2008⁴ extended the support provided by Personal Advisors to care leavers to the age of 25 if they were in higher education.

³ <http://www.legislation.gov.uk/ukpga/2000/35/section/2>

⁴ <http://www.legislation.gov.uk/ukpga/2008/23/contents>

- 5.3 In 2013, a cross-government care leaver strategy⁵ was published. The strategy introduced a number of changes to policies and practices so that care leavers were better supported. This included additional help offered by the Department for Work and Pensions via Job Centre Plus to care leavers around employment and training.
- 5.4 'Staying Put' arrangements were introduced in the Children & Families Act 2014 that placed a duty on local authorities to support young people to remain with their foster carers up to the age of 21⁶. In the same year Ofsted introduced a new inspection framework that created a specific judgement regarding the quality of leaving care support.
- 5.5 In July 2016, the Government published the 'Keep on Caring 2016'⁷ agenda that highlighted the need for care leavers to have a more successful transition into adulthood. This was welcomed nationally as a positive step for care leavers since the statistics showed that care leavers were less likely to achieve good outcomes after their transition into adulthood. For example, nationally approximately 41% of care leavers aged 19 were NEET, 49% of men under 21 who came into contact with the criminal justice system had a care experience, whilst 25% of people experiencing homelessness had spent time in care and 22% of care leavers had become teenage parents (NAO, 2015⁸).
- 5.6 In order to improve the life chances of care leavers and to help them achieve better outcomes, the Children and Social Work Act 2017 introduced new and extended duties for local authorities. This includes the provision of leaving care services for all care leavers up to the age of 25, strengthened the focus on the role of the corporate parent and required the development of a local offer for care leavers in each local authority area.

6.0 Implications for Brent of the Children and Social Work Act 2017

- 6.1 The Council's Corporate Parenting Committee, chaired by the Lead Member for Children and Young People, is the responsible body that holds the Council and partner agencies' services to account for the quality and effectiveness of provision for Looked After Children and care leavers.
- 6.2 The key elements of the Children and Social Work Act 2017 as they relate to Looked After Children & Care Leavers are:
- To expand corporate parenting principles to which local authorities must have regard;
 - To extend local authority support to Care Leavers to age 25, including provision of Personal Advisors, assessment of the needs of former relevant children and preparation of a Pathway Plan;

⁵ <https://www.gov.uk/government/publications/care-leaver-strategy>

⁶ <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

⁷ <https://www.gov.uk/government/publications/keep-on-caring-supporting-young-people-from-care-to-independence>

⁸ <https://www.nao.org.uk/report/care-leavers-transitions-to-adulthood/>

- For local authorities to publish a Local Offer for care leavers, providing information about services that the local authority offers that may assist care leavers in, or preparing for, adulthood and independent living.
- 6.3 Section 1 of the Children and Social Work Act 2017 reminds local authorities of the principles of ‘corporate parenting’ and that these must apply across all local authority and partner services. Seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people have been produced. These are:
- to act in the best interests, and promote the physical and mental health and well-being of those children and young people;
 - to encourage those children and young people to express their views, wishes and feelings;
 - to take into account the views, wishes and feelings of those children and young people;
 - to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
 - to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
 - for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and
 - to prepare those children and young people for adulthood and independent living.
- 6.4 A significant implication will be one of budgetary pressure as there is currently no additional resource from central government to meet the additional duties to provide advice and support, a personal advisor and a pathway plan to all care leavers up to the age of 25. The legislation also affects young people who are present in the UK, but have no recourse to public funds i.e. former Unaccompanied Asylum Seeking Children (UASC). Whilst it is envisaged some of these young people may qualify for support from the Home Office, it does not include the significant number of young people who may have restrictions on their access to public funds, but have valid claims for leave to remain and who therefore are not eligible for Home Office support.
- 6.5 The new duty does not require local authorities to provide the same level of support to care leavers aged 21 to 25 as it does for those aged 18-20. The new duty does, however, require local authorities to respond positively to requests for support from care leavers aged 21-25 who are not in further or higher education and who may be struggling with the transition to independence. This approach recognises care leavers’ growing stability and maturity between age 21 and 25, during which time some care leavers are able to lead successful lives without PA support and may not want continuing contact with their local authority.
- 6.6 The table below shows the projected number of care leavers (aged between

18 and 25 years old) who could potentially require a service as per the legislative changes. As noted above, as of the 31 March 2017, only 25 young people aged 21-25 were being supported. The projection is based on the assumption that the looked after children population stays relatively stable over a 5-year period.

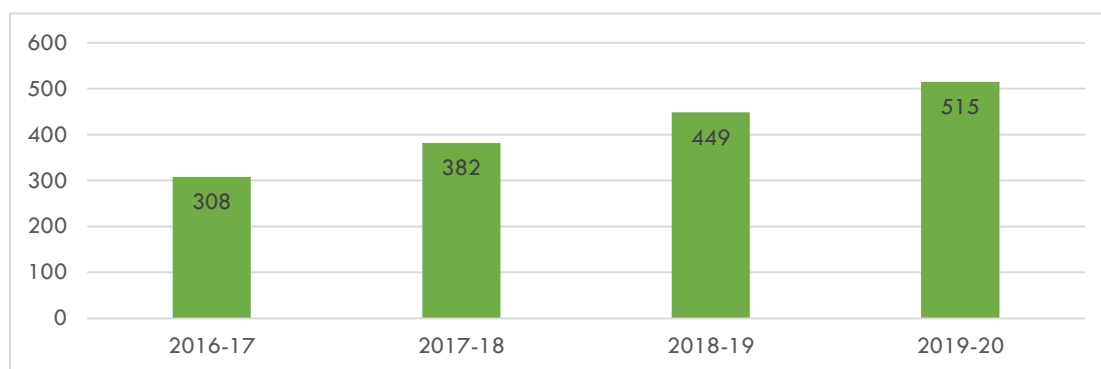


Table 1: Care Leavers Current & Projected Growth

- 6.7. The projected growth in the number of care leavers requires further work on behalf of the department to ensure the increased statutory duties can be met as it is not currently possible for this additional burden to be carried out within the allocated resource.
- 6.8. Section 2 of the Children and Social Work Act 2017 requires Brent to publish information about:
- services that Brent offers to care leavers;
 - any other service Brent offers that may assist care leavers in preparing for adulthood and independent living such as consideration to exempt care leavers from paying council tax.

7.0 Brent's Response & Preparation

- 7.1 The principles as outlined in the Children and Social Work Act 2017 are broadly contained within Brent's current Care Leavers' Charter, approved in September 2014 by the Lead Member for Children and Young People and endorsed by the Corporate Parenting Committee. The Corporate Parenting Committee will be considering Brent's new Local Offer for care leavers at the next committee meeting. More broadly, following the 2018 local elections all Councillors will be expected to attend a briefing session on the principles of corporate parenting and their responsibilities as elected members.
- 7.2 The local offer for care leavers is a combination of statutory entitlements, i.e. services required to be provided by law, as well as what Brent and partner agencies can additionally provide. The Children and Social Work Act 2017 asks local authorities to consult on and publish details of their local offer to care leavers, setting out areas such as education, health, employment, accommodation, emotional wellbeing and participation within society. This must be in place by April 2018.

7.3 Led by the Strategic Director for Children and Young People with support across the Council, Brent is in the process of developing an updated local offer for care leavers. The following progress has been made:

- Ongoing and regular consultation with the Care in Action⁹ group;
- The roll out of a 'Local Offer' questionnaire to all care leavers to ask for their views on what is important to them and what should be included in the Brent 'Local Offer';
- The Strategic Director along with her CYP senior leadership team led a Brent senior managers' workshop in June 2017. Senior Managers across all Brent departments pledged to work together to develop a local offer for care leavers. Departments committed to revise, amend or add to their services to demonstrate this is a Council-wide priority. This is being taken forward by an officer group to detail the proposals for the offer from council departments and partner agencies.
- Services within the Looked After Children and Permanency service are being realigned to respond to the new requirements under the Children and Social Work Act to improve outcomes for care leavers. An additional number of personal advisors is being recruited and two teams are being created to respond to growing demand.
- The Corporate Parenting Committee will be asked to endorse the final draft Local Offer at the next meeting in February 2018. This local offer will be taken to Cabinet in February 2018 that will include a proposal to exempt care leavers from the requirement to pay council tax.

8.0 Financial Implications

8.1 There will be additional pressures on the local authority as a result of the Children and Social Work Act 2017 and as yet there is no indication from central government that there will be additional funds to meet these increased responsibilities. Services will therefore need to be managed within the Council's resources.

9.0 Legal Implications

9.1 These are as set out in the paragraphs above regarding the 2017 Children and Social Work Act.

⁹ Care in Action is our Children in Care Council which consists of a number of looked after children and care leavers supported by participation officers.

10.0 Equality Implications

- 10.1 The establishment of a new Local Offer for care leavers will embed further the existing obligations of the Council and partner agencies to ensure equality of access and opportunity for young people who have left care.

11.0 Consultation with Ward Members and Stakeholders

- 11.1 This is taking place as detailed above with elected Members and partners. There are no specific ward implications.

12.0 Human Resources/Property Implications

- 12.1 There are no specific implications in this respect other than those detailed earlier in the report regarding the realignment of services within the Looked After Children and Permanency service. This is being managed in line with Council procedure.

Report sign off:

GAIL TOLLEY

Strategic Director of Children and Young People

Brent Care Leavers' Charter

April 2016

We will ensure that all children and young people in and leaving our care have the right support to keep them safe and to help them grow into happy, healthy and fulfilled young adults who are optimistic about their future.

We promise

To respect and honour your identity

- ✓ We will respect your **personal** beliefs and values and accept your culture and heritage.
- ✓ We will support you to become the person you want to be.

To believe in you

- ✓ We will value your strengths, gifts and talents and encourage your aspirations.

To listen to you

- ✓ We will listen to your feelings and you can tell us what help you need to be a young adult.
- ✓ We will promote and encourage access to independent advocacy whenever you need it.
- ✓ We will provide easy access to complaint and appeals processes.

To inform you

- ✓ We will give you information that you need at every point in your journey, from care to adulthood, including information on legal entitlements and the service you can expect to receive from us. The information will be presented in a way that you want.
- ✓ We will make clear to you what information about yourself and your time in care you are entitled to see. We will support you to access this when you want it, to manage any feelings that you might have about the information and to put on record any disagreement with the content.

To provide you with information on how to stay healthy

- ✓ We will encourage you to make healthy and positive choices for your life.
- ✓ We will provide you with information and advice about healthy eating, exercise, smoking, drugs and sexual health.



Brent

To support you

- ✓ We will help you manage changing relationships or come to terms with loss, trauma or other significant life events.
- ✓ We will provide guidance on your next steps in life – in terms of education, financial, leaving care and more.
- ✓ As well as information, advice, practical and financial help, we will provide emotional support.
- ✓ We will make it our responsibility to understand your needs. If we can't meet those needs we will try and help you find a service that can.


To find you a home

- ✓ We will work alongside you to prepare you for your move into independent living only when you are ready. We will help you think about the choices available and to find accommodation that is right for you.
- ✓ We will do everything we can to ensure you are happy and feel safe when you move to independent living.

To be a lifelong champion

- ✓ We will provide you with support and guidance to equip you for independent living.
- ✓ We will do our best to support you until you are settled in your independent life.
- ✓ We will work proactively with other agencies to help you sustain your home.
- ✓ We will do our best to help you break down barriers you face when dealing with other agencies.
- ✓ We will work together with the services you need to help you establish yourself as an independent individual. These services can include housing, benefits, health services, training providers, colleges and universities.



 Brent	Community Wellbeing Scrutiny Committee 22 November 2017
	Report from the Director of Performance, Policy and Partnerships
COMMUNITY AND WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME 2017-18 UPDATE	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer:	Mark Cairns Policy and Scrutiny Manager Strategy and Partnerships Chief Executive's Department Email: mark.cairns@brent.gov.uk

1.0 Purpose of the Report

- 1.1 This report updates Members on the Committee's Work Programme for 2017/18 and captures scrutiny activity which has taken place outside of its meetings.

2.0 Recommendation(s)

- 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 and requests for information, which have taken place outside of the committee's 2017/18 work programme.

3.0 Detail

- 3.1 Members of the Community and Wellbeing Scrutiny Committee agreed their work programme 2017/18 earlier this year, which is published as Appendix A. 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 The Chair of the committee, Councillor Ketan Sheth, met with the Deputy Chief Operating Officer of Brent Clinical Commissioning Group (CCG) on 5 October to discuss access to GP services in the borough. The CCG is engaging with stakeholders around proposals to change access offered at the five GP Access Hubs in Brent. After discussion with the CCG about the proposals, Councillor Ketan Sheth agreed to move the item which had been scheduled for committee in January 2018 and to arrange a special scrutiny committee meeting to take place on December 6.
- 3.4 On 1 November Councillor Ketan Sheth attended a seminar organised by the Health and Wellbeing Board about child obesity in the Borough. New data presented at the meeting demonstrates that childhood obesity continues to be a significant problem in Brent. For this reason, an item on the action plan to tackle obesity has been added to the work programme and will be discussed at the February meeting.
- 3.5 On 5 October Councillor Shahzad presented his task group report on Child and Adolescent Mental Health Services (CAMHS) to the Health and Wellbeing Board. The report and its recommendations were noted by Board members.
- 3.6 Cabinet has agreed the 2016/17 Complaints Report. The Community Wellbeing Scrutiny Committee will be reviewing complaints concerning the Children and Young People and Community Wellbeing departments on 31 January 2018.

4.0 Financial Implications

- 4.1 There are no financial implications arising from this report.

5.0 Legal Implications

- 5.1 There are no legal implications arising from this report.

6.0 Equality Implications

- 6.1 There are no equality implications arising from this report.

Peter Gadsdon

Director Performance, Policy and Partnerships

APPENDIX A: Community and Wellbeing Scrutiny Committee Work Programme 2017-18

Wednesday 19 July 2017

Agenda Rank	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Sustainability and Transformation Plan - Update	Cabinet member to update scrutiny on recommendations made on 20 September 2016	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Cabinet member to update
2.	Task Group report Child and Adolescent Mental Health Services	To discuss and agree task recommendations made by the task group	Cllr Ahmad Shahzad Cllr Mili Patel, Cabinet Member for Children and Young People	Gail Tolley, Strategic Director, Children and Young People Duncan Ambrose, Assistant Director, CCG
3.	Primary Care Transformation	Review implications of primary care transformation for Brent	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Sheik Auladin, Interim Chief Operating Officer, Brent CCG Sarah McDonnell, Assistant Director for Primary Care, Brent CCG
**4.	Children's oral health	Review of work being done to improve children's oral health in Brent.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Dr Melanie Smith Director of Public Health Jeremy Wallman/Kelly Nizzer, NHS England. Claire Robertson, Public Health England

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

Tuesday 19 September 2017

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Brent Safeguarding Adults Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Michael Preston-Shoot, Chair BASB
**2.	Brent Local Safeguarding Children's Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Mili Patel, Cabinet Member, Children and Young People	Mike Howard, Independent Chair, BLSCB
3.	FGM in Brent	Review the identification of FGM in the borough and the implications for health policy-makers, the local authority and other agencies and organisations in Brent.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Brent CCG
4.	Home Care: Commissioning and the Market in Brent	Agree task group scoping paper	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care

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

Wednesday 22 November 2017

Agenda	Item	Details	Cabinet Member/Member	Attendees
1.*	Brent Local Area SEND Inspection	Assess the action plan in place as a result of CQC-Ofsted local area inspection and how improvements will be implemented by the local authority and Brent CCG.	Cllr Mili Patel, Cabinet Member, Children and Young People	Gail Tolley, Strategic Director, Children and Young People Sheik Auladin, Interim Chief Operating Officer, Brent CCG
2.**	Local Offer for Care Leavers	Review the effectiveness of existing Local Offer for care leavers and any changes resulting from new policy or legislation.	Cllr Mili Patel, 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.

Wednesday 6 December 2017 Special Scrutiny Meeting

Agenda	Item	Details	Cabinet Member/Member	Attendees
1.	GP access	To review the CCG's proposals for changes to GP access.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Sarah McDonnell, Deputy Chief Operating Officer, Brent CCG Sheik Auladin, Interim Chief Operating Officer, Brent CCG

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

Wednesday 31 January 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	2016/17 Complaints Report	Review complaints for adult social care, children's services, cultural services.	Cllr Margaret McLennan, Deputy Leader	Peter Gadsdon, Director Performance Policy and Partnerships Irene Bremang, Head of Performance and Improvement
2.	PLACE scores	Evaluate why certain PLACE scores for hospitals in the Trust have been below average, what action plan has been put in place and what improvements were made.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	North West London NHS Healthcare Trust

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

Wednesday 28 February 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Learning Disabilities	Evaluate effectiveness and efficiency of learning disability service joint commissioning and market development. Assess to what extent changes will support independence and independent living.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care
2.	Childhood obesity	Evaluate Brent's effectiveness in reducing rates of childhood obesity	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Dr Melanie Smith, Director of Public Health Sheik Auladin, Interim Chief Operating Officer, Brent CCG
3.	TB: Prevalence in Brent	Evaluate how effectively different agencies are working together to address TB. Understand what the challenges are around diagnosis and treatment of new TB cases.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Dr Melanie Smith, Director of Public Health Sheik Auladin, Interim Chief Operating Officer, Brent CCG
4.	Home Care: Commissioning and the Market in Brent	Agree task group report and recommendations	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care

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

Wednesday 28 March 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
*1.	School Annual Standards and Achievement report	Receive report and review progress with school standards. Evaluate committee's recommendations on school standards made in March 2017.	Cllr Mili Patel, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People
*2.	Signs of Safety	Review progress with implementation and reporting back on task group's recommendations agreed February 2017.	Cllr Mili Patel, 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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