



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Held on Wednesday 31 January 2018 at 7.00 pm**

PRESENT: Councillors Ketan Sheth (Chair), Hector, Jones, Nerva and Shahzad

Co-opted Member Ms Askwith

Appointed observers Ms Roberts, Mr Patel and Ms Monteleone

Also Present: Councillors Hirani, McLennan and M Patel

Absent: Co-opted Members Ms Yaqub and Mr Milani, and Appointed observer Ms Michael

The Chair asked everyone to introduce themselves. Ms Jenny Cooper (Brent NEU) was present at the meeting as Ms Gouldborne had sent her apologies.

1. Apologies for absence and clarification of alternate members

The following apologies for absence were received:

- Councillor Hoda Benn
- Alloysius Frederick (Co-opted Member)
- Simon Goulden (Co-opted Member)
- Lesley Gouldbourne (Observer).

2. Declarations of interests

Councillor Ketan Sheth declared that he was a former governor at Woodfield School.

Councillor Colwill declared that he was a governor at St Gregory's Catholic Science College and that his wife was a governor at Brent River College.

Ms Cooper declared that she worked at The Village School.

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

RESOLVED:

- (i) The minutes of the previous meeting, held on 22 November 2017, be approved as an accurate record; and
- (ii) The minutes of the special meeting, held on 6 December 2017, be approved as an accurate record.

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

None.

6. **Order of Business**

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

7. **Any other urgent business**

Councillor Nerva explained that he had asked the Committee to consider the impact of academisation on the Special Education Needs and Disabilities (SEND) provision in the Borough. He referred to the potential conversion of The Village School into an academy and said that it was important to ensure that academisation did not have a negative impact on the delivery of SEND education plans. Jenny Cooper (Brent NEU) clarified that the consultation on the proposed academisation of The Village School would end on 9 February 2018 and governors would vote on the proposal on 28 February 2018. She said that part of the consultation provided information that if the proposal was to be approved, resources such as therapy teams would be joined with Woodfield School as part of a Multi-Academy Trust (MAT). Ms Cooper expressed concern that this would have a negative impact on provision. Furthermore, she said that schools which had converted to academies experienced recruitment and retention problems and noted that The Village School had a good mix of staff with various level of experience. A Member of the Committee commented that The Village School had a support network that had been set up with United Colleges Group (formerly The College of North West London) and said that it could be jeopardised if the school was converted to an academy.

Councillor Mili Patel (Lead Member for Children and Young People) thanked Councillor Nerva for bringing the issue of SEND provision to the attention of the Committee and invited Gail Tolley (the Council's Strategic Director of Children and Young People) to comment on the issues raised. Ms Tolley said that there were four special schools in Brent, two of which were academies and two of which were maintained by the local authority. She spoke about Manor School which had become an academy on 1 April 2017 following a consultation which had taken place in the autumn of 2016. Ms Tolley stressed that there had not been a negative impact on SEND provision as a result of this decision and noted that the SEND offer would be developed further as a new special school (The Avenue) opened later in the year led by the Manor School. Addressing Ms Cooper's point about recruitment and retention, Ms Tolley highlighted that Woodfield School had maintained the terms and conditions and the pay of staff after it had converted to an academy.

Ms Tolley summarised that there had not been any experience to demonstrate that academisation had had a negative impact on the local SEND provision. However, as Members commented that there were concerns which may require further investigation, the Chair recommended that these could be discussed at a separate meeting with Ms Tolley and Councillor Mili Patel.

RESOLVED that:

- (i) The comments made in relation to the impact of academisation on the local SEND provision, be noted;
- (ii) Councillor Nerva and other interested Members of the Committee be encouraged to meet with Councillor Mili Patel and Gail Tolley to identify specific issues that may require further investigation.

Ms Jenny Cooper left the meeting at 7:18 pm

8. Complaints Annual Report 2016-2017

Councillor Margaret McLennan (Deputy Leader of the Council) introduced the report which provided information about complains performance in the Community and Wellbeing Department, the Adult Social Care Directorate, the Culture Service and the Children and Young People Department. She said that the number of stage 1 complaints had been decreasing and the time it had taken to respond to complains had improved vastly over the last three years. However, more cases had been escalated to stage 2 of the process, but fewer of them had been upheld. Service delay / failure had been the most common cause for complains in 2016-17 (same as in previous years). The Council's Management Team (CMT) and Cabinet received reports on a quarterly basis and complaints were part of the regular discussions between Cabinet Members and lead officers. Irene Bremang (the Council's Head of Performance and Improvement) added that although a high number of cases had been escalated to the Ombudsman, almost half of the complaints had been returned back without further consideration – for example, in 2016-2017, only 25 out of 170 cases had been upheld. Councillor McLennan said that responding to complaints had been a key priority for all departments and responses were strictly monitored to ensure the number of cases escalated to stage 2 and the Ombudsman was reduced. She noted that the number of complaints in the areas that fell under the remit of the Community and Wellbeing Scrutiny Committee had gone down.

Members of the Committee asked questions that related to the organisation's attitude towards complains and the key lessons learned. Ms Bremang explained that there could be number of reasons for a complaint to be escalated to stage 2. She said that although a fair decision could have been made, residents had the right to request a review at the second stage and often decisions made at the first stage had been confirmed. Furthermore, some stage 2 complains were related to specific services, such as housing management, and action had been taken to address unsatisfactory performance, e.g. the service had been brought back in house. Ms Bremang added that lessons learned had been identified and included in the Complaints Action Plan, which had been agreed by Cabinet. Monitoring reports presented to CMT contained information about root causes and types of complaints as these could be related to processes, policies or service delivery. This allowed to identify issues to be addressed and enabled services to identify patters. Furthermore, Helen Woodland (the Council's Operational Director, Social Care) referred to the services Brent had commissioned and said that sometimes complaints were related to providers, and, therefore, information from these was used to improve the commissioning process.

Ms Bremang explained that sometimes complaints could be a result of a decision that had been made and the way it had been communicated. In response to a request to provide a specific example, Gail Tolley (the Council's Strategic Director of Children and Young People) said that a potential source of complaints against the Children and Young People Department was the fact that Children Social Services had to act in the interest of children which sometimes led to disagreements with parents. She spoke of a case when a child and family assessment had been sent to the parent who had been living with the child, which resulted in the other parent filing a complaint as they had not been notified. As a result, procedures had been changed to ensure that assessments were sent to all interested parties. In addition, as social workers made interventions in the best interest of the child, parents often described their dissatisfaction with the decision as bad staff attitude. Ms Woodland supported this view by saying that in cases related to the Adult Social Care Directorate, complainants often disagreed with a decision that had been made on a care package, i.e. people often thought that they should have received more than what they had been given under the statutory levels of provision. In contrast, there would be different underlying reasons for complaints against members of staff working in frontline services – for example, staff working at the Library Service often had to deal with challenging behaviours.

A Member of the Committee enquired how members of staff were allowed to suggest improvements to services and what extra training had been put in place. Helen Woodland (the Council's Operational Director, Social Care) explained that managers took complaints very seriously and used some of them as case studies to be discussed at team meetings, with staff being encouraged to propose measures that would improve services and prevent problems. Ms Bremang pointed out that improvements would depend on the nature of the complaint and directed Members' attention to Appendix A to the report which contained examples of specific complaints and measures that had been taken to prevent similar cases in the future. Councillor McLennan added that CMT had put an emphasis on improving the culture of the organisation and this had been reflected in corporate induction and the Forward Together sessions.

A Co-opted Member of the Committee commended Ms Bremang's team on the report and asked if data on changes on annual basis could be provided as part of the root cause analysis so it could be demonstrated that problems had been addressed. They also commented on the small number of complaints, including the ones related to staff attitude, and noted that training must have been embedded well across the organisation. However, it was noted that it would be helpful the next annual report to include more information on what constituted service delivery and failure to deliver a service.

Members discussed benchmarking with neighbouring local authorities. Ms Bremang said that this would be one of the issues that would be addressed by her team. She highlighted that it had been difficult to obtain comparable data, but she said that she expected benchmarking to be included in future reports. Furthermore, the Committee heard that it was not compulsory to collect ethnicity and equalities data. However, for certain types of complaints customers were willing to provide such information and a breakdown of data was available in Appendix A to the report (page 37 to the Agenda pack), but it had not been possible to identify any patterns from it.

Members raised issues related to the IT system and the long waiting times experienced by residents who had tried to contact the Council by telephone. Councillor McLennan said that the local authority was aware of the problem and Cabinet had approved £5 million to be spent on upgrading the IT facilities, including the telephony services, of the Council. Dr Melanie Smith (the Council's Director of Public Health) said that as a short term measure, the IT provision in libraries would be transferred to another server which was expected to improve access. However, it was pointed out that contacting the Council was part of the Customer Access Strategy which was managed by Brent Customer Services and it might be appropriate to examine it as part of a cross-committee task and finish group.

As part of the Complaints Action Plan, compensation arrangements had been reviewed to ensure that the Council's corrective actions and compensations were in line with Ombudsman's guidance. It was expected that this step would minimise the number of cases escalated to the Ombudsman.

Councillor Krupesh Hirani (Lead Member for Community Wellbeing) commented that the Council had to encourage feedback on services as often residents had not been given the opportunity to compliment the service they had received. However, it had to be acknowledged that by concentrating on receiving feedback, the number of compliments could increase.

RESOLVED that:

- (i) The contents of the Complaints Annual Report 2016-2017 report, be noted;
- (ii) The eight specific recommendations agreed by Cabinet on 23 October 2017 and set out as an Action Plan in Appendix D to the report, be noted;
- (iii) The fact that Brent Housing Partnership (BHP) data was reported as a separate organisation to Cabinet in the annual report for 2016/17, be noted;
- (iv) Future annual reports to reflect the change in BHP being brought back into Brent Council in October 2017 as the Housing Management Service within the CWB Department;
- (v) The Community and Wellbeing Department, the Adult Social Care Directorate, the Culture Services, and the Children and Young People Department performance in managing and resolving complaints be noted;
- (vi) Data on benchmarking of complaints against other local authorities be included in future annual complaints reports; and
- (vii) Establishing a task and finish group with other overview and scrutiny committees to examine the Customer Access Strategy be considered.

Councillor Hirani entered the meeting at 7:23 pm during consideration of the above item.

Appointed Observer Ms Monteleone entered the meeting 7:55 pm during consideration of the above item.

Councillors Colwill, Hirani and Mili Patel left the meeting at 7:57 pm.

The meeting was adjourned between 7:57 pm and 7:59 pm for a comfort break.

9. Patient Led Assessments of the Care Environment (PLACE) Scores 2015-2017

Yvonne Smith (Head of Facilities at London North West Healthcare National Health Service (NHS) Trust) introduced herself and provided background information about the Patient Led Assessments of the Care Environment (PLACE) (page 79 to the Agenda pack).

Ms Smith said that assessments were carried on an annual basis between February and June. They were unannounced with the Trust, apart from the assessment team members, and were overseen by NHS Digital. It was important to note that each assessment concentrated on the care environment and did not look at staff behaviours or clinical care provision, with decisions being based entirely on the observations made at the actual time of the assessment. The Committee heard that the 2018 process was due to start on 1 February and recruitment of patient assessors was ongoing.

Members referred to section 2 of the report (page 81 to the Agenda pack), which provided an overview of scores in 2015, 2016 and 2017, and asked questions related to the Trust's attitude towards cleanliness, standards and patient food at hospitals as well as actions taken by its leadership to address issues. Simon Crawford (Director of Strategy at London North West Healthcare NHS Trust) said that the Trust took patient experience very seriously and leadership had been disappointed with the food scoring at Northwick Park Hospital. Mr Crawford said that the low score could be due to the fact that not all patients liked the food choices available on wards and there were issues around meal times which had been addressed by the introduction of a Patient Protected Mealtimes and Beverages Policy, 'weight-day weekends' and the standardisation of the nutritional screening tool and food charts. In addition, a Trust Nutrition and Hydration Study Day would be held annually, following a successful pilot in September 2017 and external reviews related to nutrition and hydration had been undertaken by Healthwatch Brent. Ms Smith reassured the Committee that patient concerns had been addressed – in addition to the Patient Protected Mealtimes and Beverages Policy, a letter had gone out to consultant teams to encourage them to organise visits and diagnostic tests outside the protected times and patients who may need additional support would be identified.

The Committee noted that the hospital cleaning service had been outsourced to Compass Group and enquired if the Trust communicated with other hospitals using the same provider. Ms Smith responded that the service provided by Compass Group would be specific to London North West Healthcare NHS Trust as outlined in the contract between the two parties. However, monthly performance meetings took place and these were attended by representatives from Infection Control and Corporate Nursing. In addition, a Director at Compass Group attended a meeting every quarter and the Managing Director for healthcare attended a meeting annually. Ms Smith considered the contract to deliver good value for money and acknowledged that Compass Group had inherited a number of challenges which it had managed to overcome via regular training and support provided to staff. Mr Crawford added that an essential part of achieving a good value for money was

holding the provider to account. For instance, a system which allowed issues at ward levels to be escalated to Ms Smith's team and the monthly meetings with Compass Group had been put in place.

The Chair invited Julie Pal (Healthwatch Brent) to comment on the report. Ms Pal said that despite the fact that Healthwatch Brent had been pleased to be involved with the Trust, there were a number of issues that required attention. She noted that the report was high level and did not provide segmented data to enable readers to understand the experience of Brent patients and learn more about the way they use various facilities. Ms Pal highlighted that Healthwatch Brent was disappointed by the low score for food provision. She informed the Committee that Healthwatch Brent had conducted a visit and had produced a report which had been presented to the Brent Clinical Commissioning Group in March 2017. Some of the key recommendations of that report included:

- Identifying patients who needed assistance at meal times;
- The provision of red trays for vulnerable patients;
- Making the 6 am tea and the meals through the day accessible to everyone;
- The temperature of the food;
- Asking staff to monitor patients' food and drink intake as there had been concerns about nutrition and hydration.

Ms Smith confirmed that these recommendations had been taken into account when a new facilities management contract had been commissioned. Its key features were:

- Investment in the patient food service, including the provision of a full range menu at both lunch and supper times;
- 24/7 helpdesk to report any problems with the estates;
- An improved assessment tool, with inspections carried out every four months by another Head of Facilities which allowed good practice to be shared;
- The Perfect Ward application which enabled matrons to report any issues related to the environment in the ward, its cleanliness and the food delivered to patients;
- The setting up of a Patient Experience Task and Finish Group to monitor service provision.

The Committee heard that the scores for privacy, dignity and wellbeing had been significantly lower than the national average and asked for an explanation of the main reasons for the low scores. Ms Smith said that there were a number of measures that had been implemented to improve performance. For example, staff and patients were briefed on how to fit the new modesty gowns correctly, curtains had been checked to ensure that they had been hung properly, staff had been reminded that sensitive conversations should not take place in public areas and nurses had been asked to ensure that patients could open the new type of sanitising wipes. Moreover, Mr Crawford said that as part of the estate refurbishment programme, wards had been designed and colour-coded in such a way that they were dementia-friendly.

Co-opted Observers asked questions that related to the frequency of assessments and capturing the experience of young people on wards. Members heard that peer

mock inspections were conducted in areas of weak performance, examples of good practice were shared and Healthwatch Brent had been invited to visit the Trust. Ms Smith confirmed that children's impatient area was visited as part of assessments and questions related to the nutrition and hydration of children and the facilities for social interaction were asked. The new paediatric menu had been patient-led as a group of children from the ward had been asked to contribute.

RESOLVED that:

- (i) The contents of the Patient Led Assessments of the Care Environment (PLACE) Scores 2015-17 report, be noted;
- (ii) More detail on patient experiences be incorporated into next year's Quality Account produced by the London North West Healthcare Trust.
- (iii) The input and experiences of young people be included more in the PLACE assessments by the Trust in future.

10. Update on the scrutiny work programme (If any)

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

The meeting closed at 8.34 pm

COUNCILLOR KETAN SHETH
Chair