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Brent

Community and Wellbeing Scrutiny Committee

Tuesday 10 July 2018 at 6.00 pm
Boardrooms 3-5 - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Membership:

Members	**Substitute Members**
Councillors:	Councillors:
Ketan Sheth (Chair) Colwill (Vice-Chair) Afzal Conneely Hector Knight Shahzad Thakkar	S Butt, Gbajumo, Gill, Kabir, Kelcher, Mashari and Nerva Councillors: Kansagra and Maurice

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

Observers
Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Samira Monteleone, Brent Youth Parliament
Aleena Majeed, Brent Youth Parliament
Hemal Gor, Brent Youth Parliament
Sara Bokrugji, 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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www.brent.gov.uk/committees

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 significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then 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 of 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 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 is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64.

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 1 - 8

To approve the minutes of the previous meeting as a correct record.

5 Matters arising (if any)

6 Childhood and School-Age Immunisation Programmes in Brent 9 - 34

The report summarises the work in providing immunisation programmes to children in the London Borough of Brent in 2017/18.

Ward Affected:
All Wards

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

7 Diabetes: Diagnosis, Treatment and Prevention in Brent 35 - 58

This report provides an update for the Overview and Scrutiny Committee on diabetes services in Brent. It focuses on high risk factors, prevention, diagnosis and treatment initiatives in Brent and also addresses the

system-wide approach to addressing the challenges of managing diabetes.

Ward Affected:
All Wards

Contact Officer:
Sheik Auladin, Chief Operating Officer, Brent CCG
sauladin@nhs.net

Dr Melanie Smith, Director of Public Health
Tel: 0208 937 6227
melanie.smith@brent.gov.uk

8 Overview and Scrutiny Annual Report 2017/18 59 - 82

This report summarises the work of the three scrutiny committees during the 2017-2018 municipal year.

Ward Affected:
All Wards

Contact Officer: Peter Gadsdon, Director, Performance, Policy and Partnerships
Tel: 020 8937 1400
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: Monday 8 October 2018

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

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

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Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Wednesday 28 March 2018 at 7.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillors Conneely, Hector, Nerva, Shahzad, Mr A Frederick and Goulden

Also Present: Councillors M Patel (Lead Member for Children and Young People) and Councillor Mashari

1. **Apologies for absence and clarification of alternate members**

Apologies were received from Councillor Colwill and appointed observer Lesley Gouldbourne.

2. **Declarations of interests**

The following personal interests were declared with respect to agenda item 6 'Annual School Standards and Achievement report 2016-2017':

i) Councillor Sheth as a governor of the federation of St Joseph's Infant School and St Joseph's Junior School and as a member of the Board of Harrow College.

ii) Councillor Conneely as an employee of a local charity which undertook outreach work in some Brent schools, including with children of Irish Traveller heritage;

iii) Mr Frederick as Chair of the All Saints Trust, Chair of Governors at St Gregory's Catholic Science College and as a National Leader of Governors.

3. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 28 February 2018 be approved as an accurate record of the meeting, subject to the following amendment: Minute item 8, resolution vi) be amended to include the committee's request to have a greater level of detail provided including information about resources and outcomes.

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

There were no matters arising.

5. **Annual School Standards and Achievement 2016-2017**

Gail Tolley (Strategic Director, Children and Young People) introduced the Annual School Standards and Achievement 2016-2017 report and advised that colleagues Rose Ashton (Head teacher – Chalkhill Primary School) and Danny Coyle (Head teacher – Newman Catholic College) were present to help address the committee's queries, along with John Galligan (Head of Setting and School Effectiveness), and Councillor M Patel (Lead Member, Children and Young People).

John Galligan outlined the key headlines from the report, advising that the quality of education provision in Brent had continued to improve, with overall effectiveness at the highest ever recorded for Brent (96 per cent of schools judged good or outstanding at the end of the last academic year). The committee heard that progress of pupils at primary and secondary was well above the national average, with Brent achieving the second highest measure of progress in England. Commenting on the 2017 to 2020 improvement priorities set out in the report, John Galligan advised that these had been agreed by the Strategic School Effectiveness Partnership Board (SSEPB), following consultation with partners and the Community and Wellbeing Scrutiny Committee's examination of the Annual School Standards and Achievement Report 2015-2016. The priorities included building leadership capacity across the borough, including headteacher succession planning; ensuring that school governance met national quality expectations, and governing boards were equipped to challenge school leaders to address the underperformance of groups in their schools; raising the standards and progress of pupils at the lowest performing schools; and, raising the attainment of priority groups.

John Galligan detailed the actions taken and improvements made in relation to the priorities, highlighting amongst others: the value of school-to-school support; the launch of the council's "Developing strong governance across all Brent Schools" programme; the designation in 2017 of Chalkhill Primary School as the Brent Schools Partnership's (BSP's) specialist centre for the achievement of Black Caribbean pupils and the associated work being undertaken to raise attainment; and, the BSP's conference "Success for All" held in February 2018. In concluding his presentation, John Galligan emphasised that there had been significant improvements made but there was still work to be done to support improved attainment for all groups and the council and its partners continued to work hard to achieve the improvement priorities.

The Chair thanked the officers for the introduction to the report and invited questions and comments from members of the committee.

Members subsequently sought comment on the target to have 100 per cent of Brent's schools as rated good or outstanding by Ofsted and sought confirmation of a timeline for achieving this goal. The committee requested an overview of the framework for the education sector including the role of the Regional School Commissioner and the council's interaction with academy and free schools. Concern was expressed that the improvement in attainment for priority groups had not been achieved to the degree hoped, despite the actions and plans identified in the report for 2015/16. The committee questioned whether these actions were insufficient and whether officers were confident that all schools in the borough were committed to the measures required to raise attainment for the priority groups.

Comment was sought on the role of other professionals, such as education welfare officers, in supporting improved attainment for priority groups and it was questioned whether children in these cohorts were more or less likely to be attending underachieving schools. Members questioned whether schools had governors who reflected the priority groups. The committee sought explanation of why Brent schools did not always perform above the London attainment average and questioned the reasons for the variation in pupil attainment across Brent's schools. Questions were raised regarding the measures that could be taken to improve the recruitment and retention of teachers. Members sought confirmation that specialist EAL teachers were utilised in schools where needed. In concluding their questions, the committee queried whether specific targets for attainment had been set for the 2017/18 year.

Responding to the queries raised, Gail Tolley explained that there were three schools (one secondary and two primary) that did not currently have an Ofsted judgement of good or above. As not all of these schools were due to be inspected within the target timeframe, it would not be possible for 100 per cent of Brent schools to hold good or above ratings within this period. However, it was anticipated that one of the primary schools would improve their rating to 'good' when next inspected at the end of the next academic year or start of the following year. The other primary school had previously received a rating of good, but this had fallen to 'inadequate' following a new inspection, due in part to safeguarding concerns. As a consequence, the school was required to convert to academy sponsored status, which would be enacted as of 1 April 2018. John Galligan outlined the improvement work that had been undertaken with the school, explaining that a rapid improvement group had been established and an interim head teacher appointed in September 2017. The head teacher had experience of similar contextual challenges to those being tackled by the school and was the safeguarding lead within the BSP. An internal review had since evidenced that safeguarding was effective in the school and there had been significant improvement in the quality of provision of Early Years. The school's improvement journey would continue via the sponsor's raising achievement board.

Commenting on the relationship between the council and the BSP, Gail Tolley advised that the work of the SSEPB, was underpinned by credible and trusting professional relationships. Equally, a strong working relationship was maintained with the RSC, who was responsible for co-ordinating the response where concerns were raised regarding the performance of academies or free schools. Danny Coyle emphasised that the level of partnership and collaboration in Brent was the best he had experienced in his 30 year career.

John Galligan addressed concerns about the level of improvement made for priority groups. It was emphasised that this was a long standing issue and required a sustained focus on delivering high quality teaching to meet the needs of priority groups. It was anticipated that the impact of the work being undertaken would begin to become evident in the following year's results. Rose Ashton emphasised that the relationship between the school and the parents was key in raising attainment and outlined examples of the improvement activity underway, including: working with governors to ensure schools were held to account; developing an audit tool to aid identification of priority need pupils; and the undertaking of further research and sharing of best practice. Rose Ashton confirmed that her school had governors

reflecting the priority groups and added that changes were also required to the delivery of national curriculum to make it more inclusive.

Gail Tolley advised that the Education Welfare Service worked with all Brent schools and was situated in the Early Help service, alongside the Inclusion Service. Noting that Brent was a net exporter of children to neighbouring borough schools, Gail Tolley added that these services were proactive in referring information to her for discussion with colleagues in neighbouring councils where appropriate.

John Galligan assured the committee that priority group pupils were spread across all of Brent's schools and almost all of these were rated good or outstanding by Ofsted. Gail Tolley emphasised that there was good evidence for the collaborative partnership approach employed in Brent in creating and sustaining improvement. The council would continue to strengthen that partnership and would explore additional ways to expand school-to-school support and school-led initiatives.

John Galligan acknowledged that there were schools in Brent with results below the London and national attainment averages but which had achieved good Ofsted ratings in recent inspections. The reasons for this apparent juxtaposition lay in Brent's high proportion of children arriving with little or no experience of formal education or at early stages of learning English. The progress made by these children in the initial stages of their education was not therefore captured by the usual academic tests and it was important to note that Brent's attainment at the end of Secondary school was in-line with London averages, evidencing that these children caught up with their peers. Addressing variation in pupil attainment between schools, John Galligan advised that the council provided challenge to schools on this issue. In many cases there were good reasons for variation in attainment, often relating to an initial focus on improving English language skills. It was confirmed that staff were employed to support those pupils with English as an additional language (EAL) and were an essential resource for Brent's schools. Gail Tolley emphasised that Ofsted had commented on how well the council knew Brent's schools and children.

Discussing recruitment and retention of teachers and other education professionals, Danny Coyle explained that it was the latter that posed the greater problem for his school, largely due to the cost of buying houses in London. The provision of key worker housing was therefore very important in supporting the retention of good staff. Rose Ashton highlighted the importance of good succession planning and supporting career progression for highly skilled and professional staff.

Gail Tolley confirmed that the local authority would expect to see continued progress in the following year's results and would continue to monitor and challenge schools to raise attainment levels above the London average. Each school would have set its own targets for 2017/18 and the local authority would provide challenge, along with the Regional Schools Commissioner, to help schools to meet their targets.

The Chair invited questions and comments from Samira-Caterina Monteleone (Brent Youth Parliament representative) who, noting the improvement in attainment for Somali Boys, questioned whether lessons could be learnt from the actions taken to support improvement for this priority group. Samira-Caterina Monteleone further commented that it was important to engage the young people directly and ask their

views of what support they think would help them. An explanation was then sought of the trend which saw the closing of the gap between boys and girl's attainment at secondary school.

John Galligan advised that Brent had a strong tradition of welcoming emerging groups, one of which was the Somali community. As part of this, there was lots of emphasis on building links with community groups and supporting families to understand and engage with the education system in Brent. This strategy had been very effective. However, for an established community such as the Black Caribbean community there had not historically been the same level of engagement. The importance of gaining young people's views on the support they required was accepted and the committee heard that the council held take-over days for young people each year. Addressing the query regarding the closing of the gap in attainment between boys and girls, Rose Ashton noted that providing positive male role models in secondary schools was an important factor. John Galligan added that there needed to be a greater focus on how the curriculum engaged boys and the type of activities taking place in primary and secondary settings.

The Chair thanked everyone for their contribution to the meeting.

RESOLVED:

i. That the committee's congratulations be extended to the Setting and School Effectiveness Service for the sustained improvement achieved and the awareness of the need for that improvement to continue.

ii. That the committee write to the Brent Planning Committee, the Housing Scrutiny Committee and the OPDC Planning Committee, to encourage the maximisation of opportunities for the provision of key housing to be delivered via regeneration and other development projects.

iii. That the Strategic Director Children and Young People include within the Member Induction session on Safeguarding and Corporate Parenting a section on the educational landscape.

iv. That the committee write to central government to advocate for the national curriculum to be made more inclusive and accessible for BME children.

v. That the Setting and School Effectiveness Service continue to focus on the priority underachieving groups.

vi. That the Setting and School Effectiveness Service ensure the successes and lessons learned from the significant work undertaken to support improved attainment for Black Caribbean boys be applied to the other priority groups identified of Somali boys and girls, and travellers of Irish heritage.

vii. That the governing boards of secondary schools be recommended to:
    a. actively promote and encourage girls to consider careers in traditionally male-dominated professions;
    b. consider how to address the gender gap in progress made in attainment during secondary school;
    c. actively engage under-achieving pupils in dialogue to ask what

support they feel they need.

6. **Signs of Safety**

Gail Tolley (Strategic Director, Children and Young People) noted that the committee had previously considered a Task Group report on Signs of Safety at its meeting in February 2017. Signs of Safety was a practice framework for working with children and families and child protection. The committee had endorsed the Task Group's four recommendations, including the recommendation that the committee receive annual updates from the Lead Member for Children and Young People on the implementation of Signs of Safety in Brent. The report before the committee was the first such update to be presented.

Gail Tolley explained that the Council, having previously participated in Phase 1 of the England Innovations Project for Signs of Safety, had been successful in bidding to participate in Phase 2 (EIP2). This project provided the council with 2 years of resource to further embed Signs of Safety in Brent and would enable the council to continue to work with project leads, Professor Eileen Munro, Andrew Turnell and Terry Murphy (child protection consultants, MTM consultancy).

Brian Grady (Operational Director, Safeguarding, Partnerships and Strategy) introduced the update report to the committee, outlining both the progress that had been made in implementing Signs of Safety in 2017/18, and the impact of this progress. It was highlighted that leadership of practice change was key to ensuring Signs of Safety was embedded and sustained and all senior leaders were modelling Signs of Safety with practitioners. Quality assurance processes had also been improved, helping to evidence the increased up take and more consistent use of Signs of Safety in the council.

Brian Grady highlighted the use of Signs for Safety in Child Protection Conferences as an indicator of success, with rates of children subject to a Child Protection Plan for a second or subsequent time at 12 per cent in 2016/17, lower than statistical neighbours and predicted to fall further in 2017/18. Child Protection Conferences were also a key forum for using Signs of Safety with parents and carers and feedback from parents and carers on the conferences had been very positive. Brian Grady concluded his introduction by noting that Brent Council had demonstrated its commitment to continue embedding Signs of Safety by developing the Brent Practice Framework, launched in March 2018, and by realigning social work services in January 2018 to mirror best practice.

In the subsequent discussion, the committee questioned the degree of progress made in fully embedding Signs of Safety in the council and, whilst welcoming the EIP2 funding, queried how Signs of Safety would be sustained after it ceased. Members sought details of how Signs of Safety had been received by social workers, what barriers hindered further progress, and how these barriers could be overcome. Questions were raised regarding agency staff including how to encourage movement from agency to permanent staff and whether the council recorded the issue on its corporate risk register. A member questioned how Signs of Safety improved life chances for children and comment was sought on the quality of multi-agency working and whether this was embedded in the Signs for Safety model. Noting that Professor Munro was referenced in the Task Group report as highlighting the need for professionals to be given space to admit mistakes, it was

queried whether this was something that the council actively supported and if so, whether this would be sustained under the pressure of a serious case review or similar. In concluding their questioning, Members sought comment from officers about what support was needed going forward to sustain the progress made.

Responding to the queries raised, Brian Grady noted that an EIP2 staff survey had been carried out in January 2018 to understand confidence and competence in the use of Signs of Safety. The results would be available in April 2018 and would allow the council to benchmark its implementation against the other local authorities and inform next steps in Brent. Gail Tolley advised that the Brent Practice framework incorporated Signs of Safety but also other ways of working such as Social Pedagogy and was a significantly funded initiative to develop tools and skills in Brent. The end result of the initiative was to ensure that the Brent Practice framework was fully embedded.

Stephen Gordon (Head of Localities) explained that the council now had specialists in Signs of Safety embedded in every social work team and whilst every social worker was required to undertake a two day Signs of Safety training course, it was intended that the specialist team member would take forward new research and learning. It was confirmed that Brent's social workers viewed Signs of Safety very positively and it was also held in a lot of esteem more widely in the social work field. Brent's use of Signs of Safety was therefore an attractive prospect for social workers considering working for Brent. Turnover in staff, though significantly improved, still presented difficulties for the pace of implementation of Signs of Safety. Stephen Gordon emphasised that Brent did not have difficulties attracting social workers, rather issues such as the cost of housing meant that those looking to settle down were not able to do so in Brent. Addressing the committees queries on agency staff, Brian Grady advised that the realignment of social work services had achieved a number of conversions of agency to permanent staff and added that money was not always the key factor, with issues such as stability of the post and the quality of management systems often very important. Gail Tolley confirmed that the recruitment and retention of social workers was on the Council's risk register. Four years ago, 66 per cent of social worker staff were agency staff; the council now had 80 per cent of social workers staff on permanent contracts.

Stephen Gordon commented that most of the multi-agency relationships in Brent were exemplary and advised that this was reflected in the fact that Brent was due to become one of the Metropolitan Police hub areas for Safeguarding. Signs of Safety supported good multi-agency relationships by ensuring risks could be broken down into a simple and understandable model, engendering confidence across the partnership. It was clarified that the model helped professionals identify factors of need and to measure the impact of intervention taken. Signs of Safety gave professionals the discipline of identifying family strengths ensuring that Children's Protection Plans involved the families.

Gail Tolley advised that she had been impressed with the attitude of staff in sessions she had recently attended with managers and frontline social workers, during which a number of staff had accepted her offer of meeting with her to provide challenge on their practice. Stephen Gordon asserted that Brent had a culture where social workers felt safe and could ask questions freely. This was a culture observed in supervision meetings and team meetings. Formal structures which supported this culture included reflective group supervision meetings held in every

social work team and in which social workers could bring cases of interest for open discussion. Stephen Gordon added that whilst Serious Case reviews were times of great anxiety and stress for all involved, Brent Council was better equipped than many others in his experience. Gail Tolley asserted that the council was by no means complacent and was conscious that there were still challenges to meet; however, significant progress had been made in recent years and members were asked to reflect on how often social workers were celebrated for the work that they did.

RESOLVED:

i. That the Cabinet/new administration:
   a. Embrace and promote a culture of celebration of the work of social workers
   b. Maintain a commitment to ensuring that sufficient priority and focus on reflective practice is sustained in Brent's social work teams moving forward in the context of increasing pressure on resources.
   c. Note the committee's view that if future proposed cuts to resources threaten the continued embedding and use of the Signs of Safety model, an impact analysis should be presented to the appropriate scrutiny committee for consideration.

ii. That Cabinet and the Council Management Team note the committee's recognition of the significant value of the work taken to implement Signs of Safety.

iii. That the committee write to the Brent Planning Committee, the Housing Scrutiny Committee and the OPDC Planning Committee, to encourage the maximisation of opportunities for the provision of key housing to be delivered via regeneration and other development projects.

7. **Update on the Community and Wellbeing Scrutiny Committee Work Programme 2017-18**

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

8. **Any other urgent business**

The Chair thanked the members of the committee for their dedication to the work of committee over the past year and thanked council officers and other colleagues for their support and contribution.

The meeting closed at 9.23 pm

CLLR KETAN SHETH
Chair

Brent	**Community and Wellbeing Scrutiny Committee** 10 July 2018
	Report from NHS England

Childhood and School-Age Immunisation Programmes in Brent

Wards Affected:	All
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	One: • Report on Section 7a Immunisation Programmes in Brent 2017/18
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Peter Gadsdon, Director of Performance, Policy & Partnerships, peter.gadsdon@brent.gov.uk Tel: 020 8937 6095 Mark Cairns, Policy & Scrutiny Manager, mark.cairns@brent.gov.uk Tel: 020 8937 1476

1.0 Purpose of the Report

1.1 The report summarises the work in providing immunisation programmes to children in the London Borough of Brent in 2017/18.

2.0 Recommendations

2.1 The committee to note the contents of the report written by NHS England which is set out in appendix 1.

3.0 Detail

3.1 The Community and Wellbeing Scrutiny Committee requested that NHS England update members about the progress with childhood and school age immunisation programmes in the London Borough of Brent for 2017/18. The paper by NHS England covers the vaccine coverage and uptake for each

programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.

4.0 Legal implications

4.1 There are no legal implications.

5.0 Financial implications

5.1 There are no financial implications.

6.0 Equality implications

6.1 There are no equality implications.

7.0 Consultation with Ward Members and Stakeholders

7.1 Ward members are part of the overview and scrutiny process as non-executive members.

8.0 Human Resources/Property Implications (if appropriate)

8.1 No direct implications.

Report sign off:

PETER GADSDON

Director of Performance, Policy & Partnerships.

Report on Section 7a Immunisation Programmes in Brent 2017/18

Report on Section 7a Immunisation Programmes in London Borough of Brent

Prepared by: Miss Lucy Rumbellow, Immunisation Commissioning Manager for North West London and Dr Catherine Heffernan, Principal Advisor for Commissioning Immunisations and Vaccination Services
Presented to: Health and Wellbeing Board.

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Contents

1 Aim

- The purpose of this paper is to provide an overview of Section 7a childhood and school age immunisation programmes in the London Borough of Brent for 2017/18. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.

- Section 7a immunisation programmes are publicly funded immunisation programmes that cover the life-course and the 18 programmes include:
    - Antenatal and targeted new-born vaccinations
    - Routine Childhood Immunisation Programme for 0-5 years
    - School age vaccinations
    - Adult vaccinations such as the annual seasonal influenza vaccination

- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule and those programmes provided for school aged children (4-18).

- Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase vaccination coverage and immunisation uptake in Brent.

2 Roles and responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.

- Under this guidance, NHS England (NHSE), through its Area Teams (known as Screening and Immunisation Teams), is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHS England is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

- Public Health England (PHE) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Brent, this function is provided by the PHE North West Health Protection Team.

- Clinical Commissioning Groups (CCGs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.

- Across the UK, the main providers of childhood immunisation are GP practices. In Brent, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.

- The Central and North West London Trust (CNWL) are contracted by NHSE (London) to provide neonatal BCG vaccination and the school age immunisations.

- Immunisation data is captured on Child Health Information System (CHIS) for Brent as part of the NWL CHIS Hub (provided by Health Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system provided by Health Intelligence. The CHIS provides quarterly and annual submissions to Public Health England for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these statistics are official statistics.

- Local Authorities (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England, Public Health England and providers.

- Apart from attendance at Health and Social Care Overview Panels and at Health and Well-Being Boards, NHSE (London) also provides assurance on the delivery and performance of immunisation programmes via quarterly meetings of Immunisation Performance and Quality Boards. There is one for each Strategic Transformation Partnership (STP) footprint. The purpose of these meetings is to quality assure and assess the performance of all Section 7a Immunisation Programmes across the STP in line with Public Health England (PHE) standards, recommendations and section 7a service specifications as prepared by PHE with NHS England commissioning. All partners are invited to this scrutiny meeting, including colleagues from the Local Authority, CCG, CHIS, NHSE, PHE Health Protection and Community Provider service leads. Data for Brent is covered in the NWL STP Immunisation Performance and Quality Boards.

- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership and updates via the Association of Directors of Public Health. It is through these communication channels that progress on the Bi-annual London Immunisation Plan (2017-19) and its accompanying annual Flu Plans are shared.

3 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.

- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- Under the London Immunisation Partnership (formerly the London Immunisation Board), NHS England London Region (NHSE London) and Public Health England London Region (PHE London) seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

4 Routine Childhood Immunisation Programme (0-5 years)

4.1 The routine schedule for 0-5s

- The routine childhood immunisation programme protect against:
  - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
  - Pneumococcal disease, (PCV)
  - Meningococcal group C disease (Men C)
  - Meningococcal group B disease
  - Measles, mumps and rubella (MMR)

- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.

- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.

- At 2 years and again at 3 years, children are offered annual child influenza vaccine.

- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

4.2 Brent and the challenges

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.

- Brent is affected by the same challenges that face London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:

    - the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices,
    - London's high population mobility which affects data collection and accuracy,
    - Inconsistent patient invite/reminder (call-recall) systems across London
    - Declining vaccinating workforce
    - Increasing competing health priorities for general practice

- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Brent's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.

- However, despite London's percentage uptake being lower than other regions, London vaccinates almost twice as many 0-5 year olds than any other region. If you look at MMR2 as an indicator of completion of programme, London reported 79.5% uptake for 2016/17 compared to England's 87.6%. We vaccinated 100,293 five year olds with MMR2 in 2016/17, down from 104,031 in 2015/16 but more than any other region – South East (the next biggest region) vaccinated 99,434 (86.2% coverage)

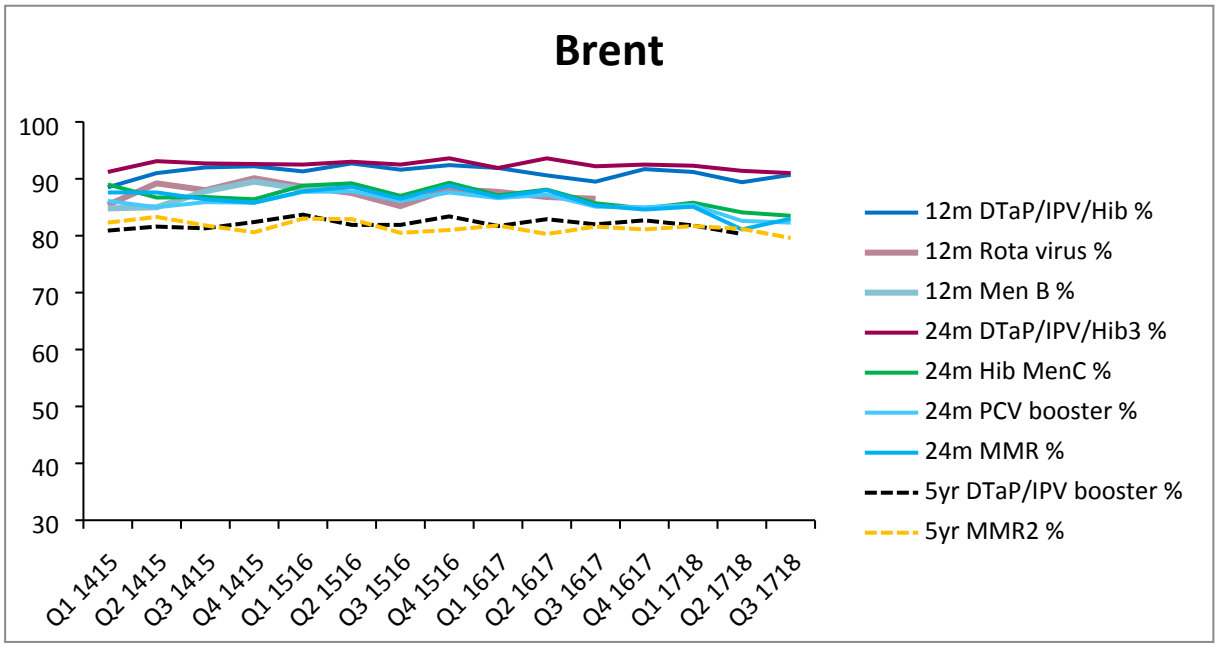
4.3 Brent's uptake and coverage rates

- Like many other London boroughs, Brent has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).

- For immunisations, uptake is usually compared with geographical neighbours as immunisation uptake is affected by service provision and neighbouring boroughs in NWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours. However, we have included a statistical neighbour comparison for the completion of the 0-5s immunisation schedule – MMR2 and preschool booster in Figures 7 and 8. It can be seen here that Brent sits in the middle of its statistical neighbours and its coverage rates have remained stable throughout the time period.

- Figure 1 provides a snapshot of all Brent's 0-5 immunisation programmes. It can be seen that the uptake of vaccinations are close together indicating a good quality of service provision (drop off between age 1 and age 2 and again by age 5 indicates system ability to call/recall and track children).

Figure 1
Uptake rates of 0-5 vaccinations for Brent Q1 2014/15 – Q3 2017/18



Source: PHE (2018)

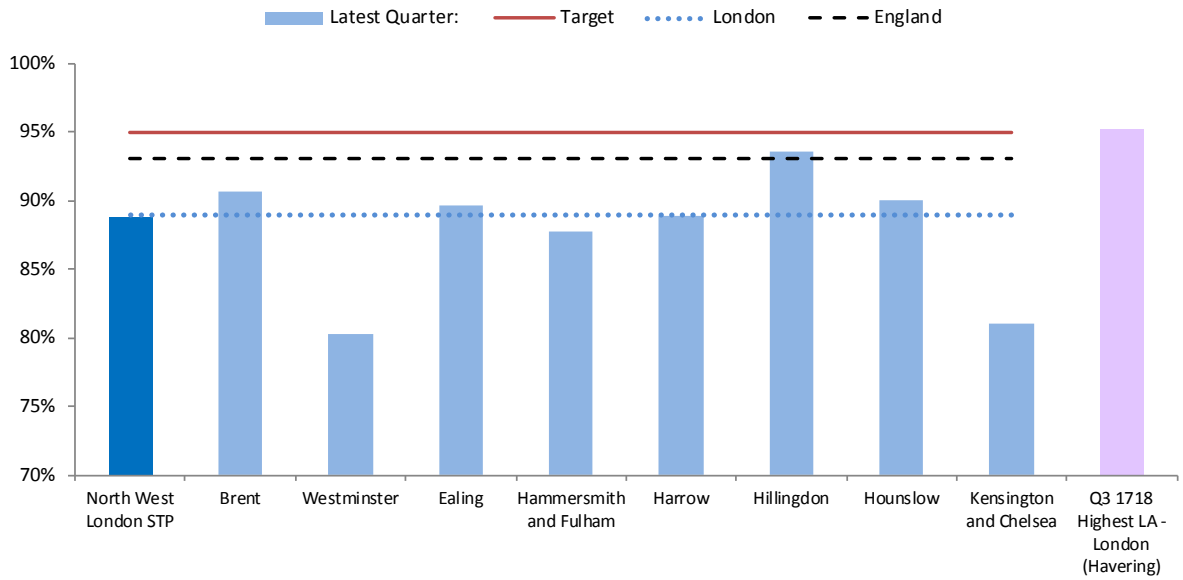
- Figures 2-5 illustrate the comparison of Brent to other North West London boroughs using quarterly COVER statistics for the uptake of the six main COVER indicators for uptake. These are

    - The primaries (i.e. completed three doses of DTaP/IPV/Hib) are used to indicate completion of age one immunisations
    - PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2
    - Preschool booster and second dose of MMR for age 5.

- Quarterly rates vary considerably more than annual rates but are used here so that Quarter 3 data from 2017/18 (the latest available data) could be included.

Figure 2

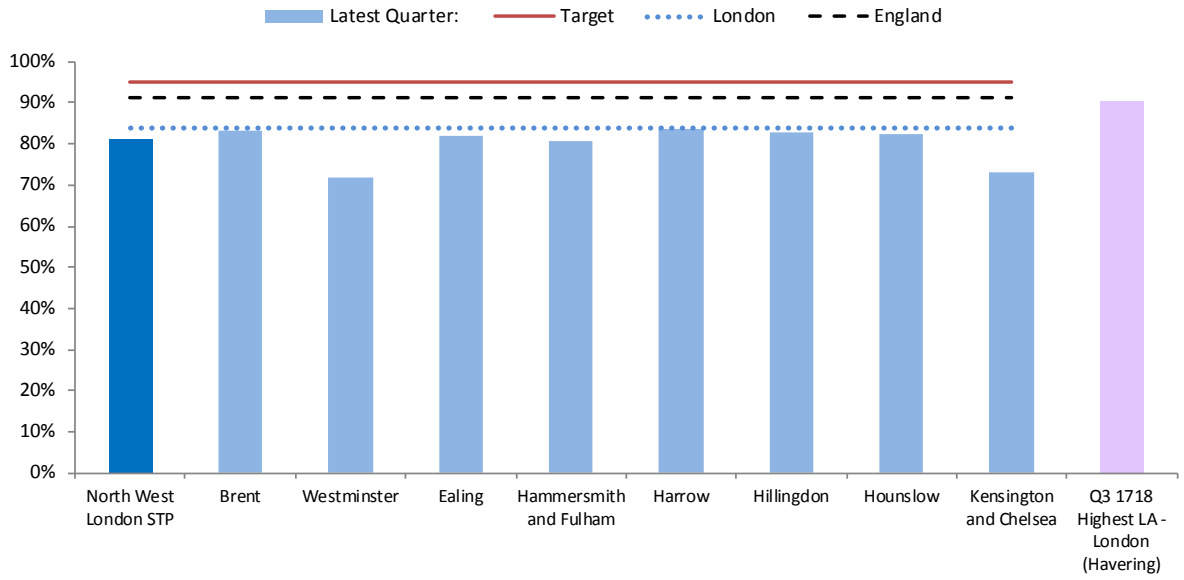
DTAP/IPV/ Hib/Hep B Vaccine – 1 year (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible	Vaccinated	Q3 1718
ENGLAND	**93.0%**	**93.0%**	**93.2%**	**162136**	**150949**	**93.1%**
London	**88.5%**	**87.3%**	**89.0%**	**30967**	**27520**	**88.9%**
North West London STP	**87.0%**	**88.8%**	**88.7%**	**6996**	**6210**	**88.8%**
Brent	91.7%	91.2%	89.4%	1167	1058	90.7%
Westminster	75.1%	81.7%	83.8%	512	411	80.3%
Ealing	90.9%	91.1%	90.1%	1323	1185	89.6%
Hammersmith and Fulham	85.0%	85.9%	88.2%	596	523	87.8%
Harrow	89.4%	86.8%	90.0%	811	721	88.9%
Hillingdon	88.1%	92.3%	91.7%	990	927	93.6%
Hounslow	87.7%	90.4%	88.8%	998	898	90.0%
Kensington and Chelsea	75.6%	80.9%	81.5%	599	486	81.1%
Q3 1718 Highest LA - London (Havering)				861	815	95.2%

Source: PHE (2018)

Figure 3
MMR Vaccine Dose 1 measured at 2 years of age (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible	Vaccinated	Q3 1718
ENGLAND	**91.2%**	**91.0%**	**91.1%**	**167445**	**152542**	**91.1%**
London	**83.3%**	**82.9%**	**83.5%**	**30642**	**25660**	**83.7%**
North West London STP	**79.3%**	**83.5%**	**81.2%**	**7046**	**5703**	**80.9%**
Brent	84.6%	85.1%	81.1%	1151	955	83.0%
Westminster	68.3%	74.8%	74.4%	501	359	71.7%
Ealing	84.8%	84.6%	82.3%	1308	1073	82.0%
Hammersmith and Fulham	74.8%	89.0%	79.6%	586	472	80.5%
Harrow	86.2%	85.3%	82.6%	862	722	83.8%
Hillingdon	78.7%	83.4%	85.1%	1040	859	82.6%
Hounslow	77.2%	84.6%	82.3%	1044	859	82.3%
Kensington and Chelsea	65.6%	74.7%	75.8%	554	404	72.9%
Q3 1718 Highest LA - London (Havering)				935	846	90.5%

Source: PHE (2018)

Figure 4

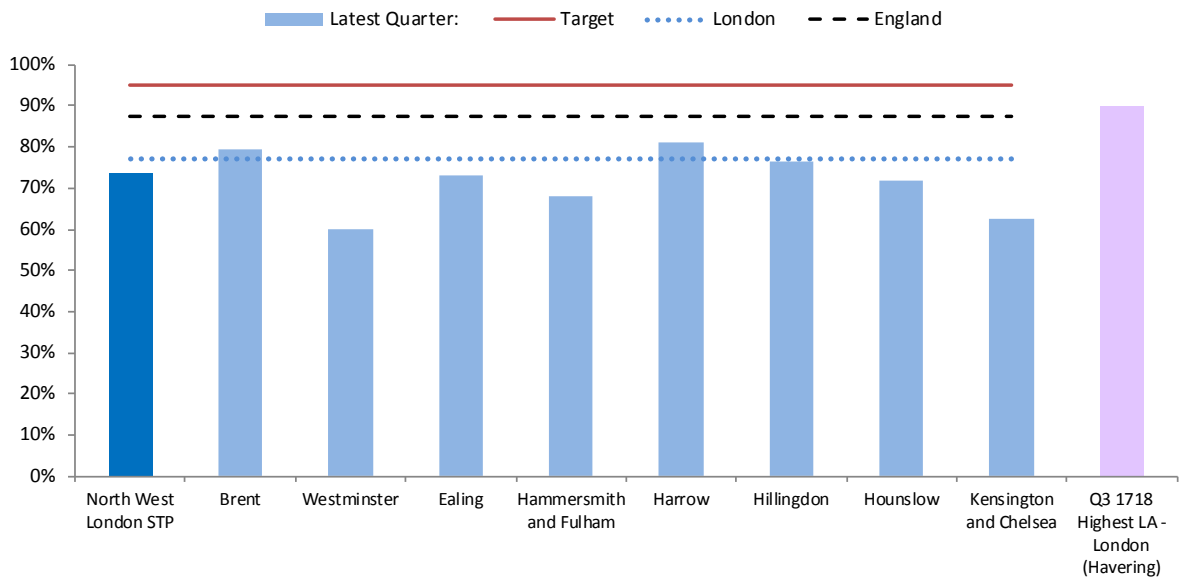
PCV and Hib/MenC Vaccines uptake at 2 year (quarterly data) (2016/17 - 2017/18)

CCG	Q4 2016/17 24m PCV Booster%	Q4 2016/17 24m Hib/Men C%	Q1 2017/18 24m PCV Booster%	Q1 2017/18 24m Hib/Men C%	Q2 2017/18 24m PCV Booster%	Q2 2017/18 24m Hib/Men C%	Q3 2017/18 24m PCV Booster%	Q3 2017/18 24m Hib/Men C%
Brent	85	84.8	85.4	85.8	82.6	84.1	82.3	83.5
Ealing	83.6	85.5	83.3	85.6	80.6	82.5	81.8	83.3
Hammersi	71.2	73.6	77.6	79.7	79	80.5	79.9	81.1
Harrow	86.8	86.7	84.4	85.6	81.7	82.9	82.5	83.5
Hillingdor	79.5	79.5	83.9	84.2	85.5	86	82.6	83.1
Hounslow	75.9	76.6	81.8	84.1	79.9	81.9	79.9	82.8
Kensingto	66.2	64.9	72.4	73.2	76.4	75.8	72.9	72
Westmins	66.8	64.2	72.9	74.3	72.8	74.2	70.9	71.5
London	**83**	**83.2**	**82.3**	**83.1**	**83.6**	**84.3**	**84**	**84.2**
England	**91.3**	**91.3**	**91**	**91.2**	**91.3**	**91.4**	**91.3**	**91.3**

Source: PHE (2018)

Figure 5

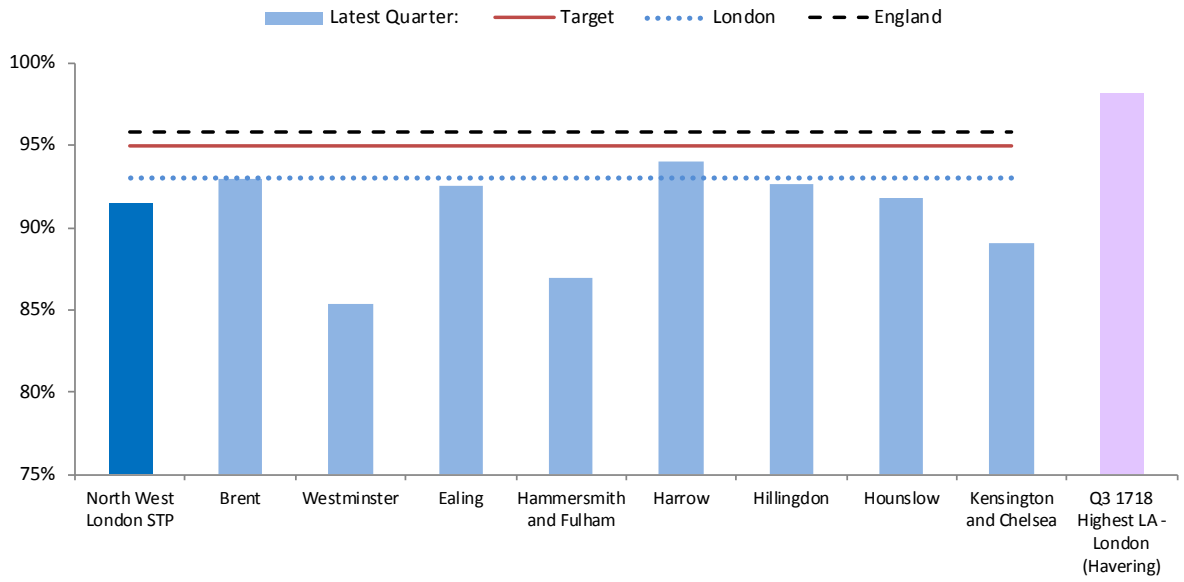
MMR Vaccine Dose 2 – measured at 5 years of age (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible	Vaccinated	Q3 1718
ENGLAND	**87.4%**	**87.6%**	**87.6%**	**177992**	**155387**	**87.3%**
London	**77.7%**	**76.2%**	**76.9%**	**31006**	**23909**	**77.1%**
North West London STP	**72.3%**	**75.8%**	**75.1%**	**7229**	**5300**	**73.3%**
Brent	81.1%	81.7%	81.2%	1190	947	79.6%
Westminster	53.6%	64.0%	62.8%	466	280	60.1%
Ealing	78.3%	75.6%	75.3%	1443	1056	73.2%
Hammersmith and Fulham	64.7%	72.8%	71.6%	535	365	68.2%
Harrow	83.0%	80.4%	80.3%	863	698	80.9%
Hillingdon	67.3%	77.1%	77.0%	1056	806	76.3%
Hounslow	75.7%	77.9%	75.5%	1079	775	71.8%
Kensington and Chelsea	55.0%	64.6%	62.5%	597	373	62.5%
Q3 1718 Highest LA - London (Havering)				838	754	90.0%

Source: PHE (2018)

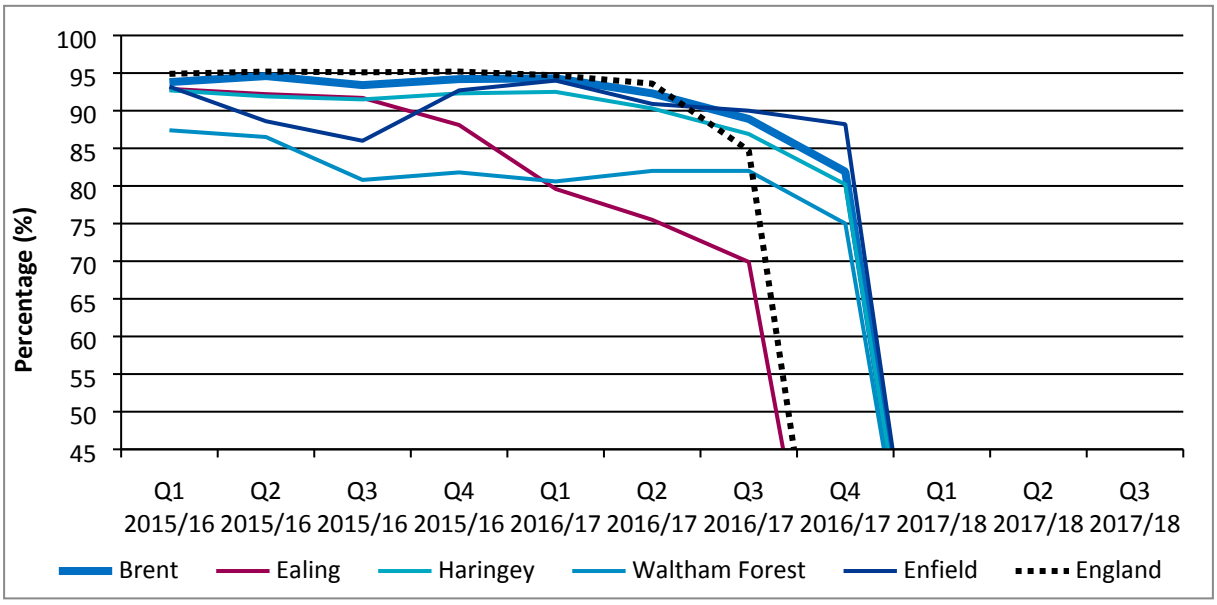
Figure 6
DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age (quarterly data Q4 16/17 to Q3 2017/18)



	Q4 1617	Q1 1718	Q2 1718	Eligible	Vaccinated	Q3 1718
ENGLAND	**86.3%**	**86.2%**	**86.2%**	**177992**	**170516**	**95.8%**
London	**75.0%**	**74.7%**	**77.1%**	**31006**	**28829**	**93.0%**
North West London STP	**71.5%**	**78.6%**	**75.9%**	**7229**	**6616**	**91.5%**
Brent	82.0%	82.7%	81.8%	1190	1107	93.0%
Westminster	54.1%	70.5%	62.2%	466	398	85.4%
Ealing	77.5%	76.2%	75.7%	1443	1335	92.5%
Hammersmith and Fulham	66.0%	77.8%	71.1%	535	465	86.9%
Harrow	83.0%	81.3%	82.4%	863	811	94.0%
Hillingdon	66.1%	82.1%	78.1%	1056	978	92.6%
Hounslow	69.0%	78.9%	76.9%	1079	991	91.8%
Kensington and Chelsea	58.0%	72.4%	63.4%	597	532	89.1%
Q3 1718 Highest LA - London (Havering)				838	822	98.1%

Source: PHE (2018)

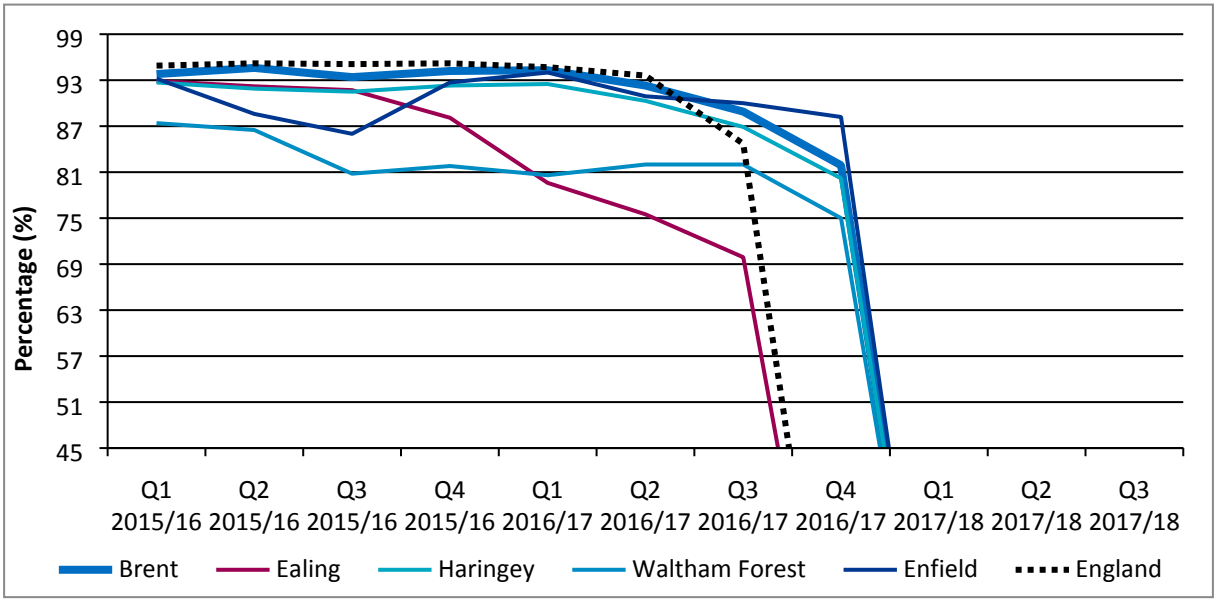
Figure 7
Brent compared to statistical neighbours for MMR2 at 5 years (Q1 2015/16 to Q3 2017/18)



Source: PHE (2018)

**please note that fall off is due to this data not being available yet, NWL are is shown in Figure 5 above*

Figure 8
Brent compared to statistical neighbours for preschool booster at 5 years (Q1 2015/16 to Q3 2017/18)



Source: PHE (2018)

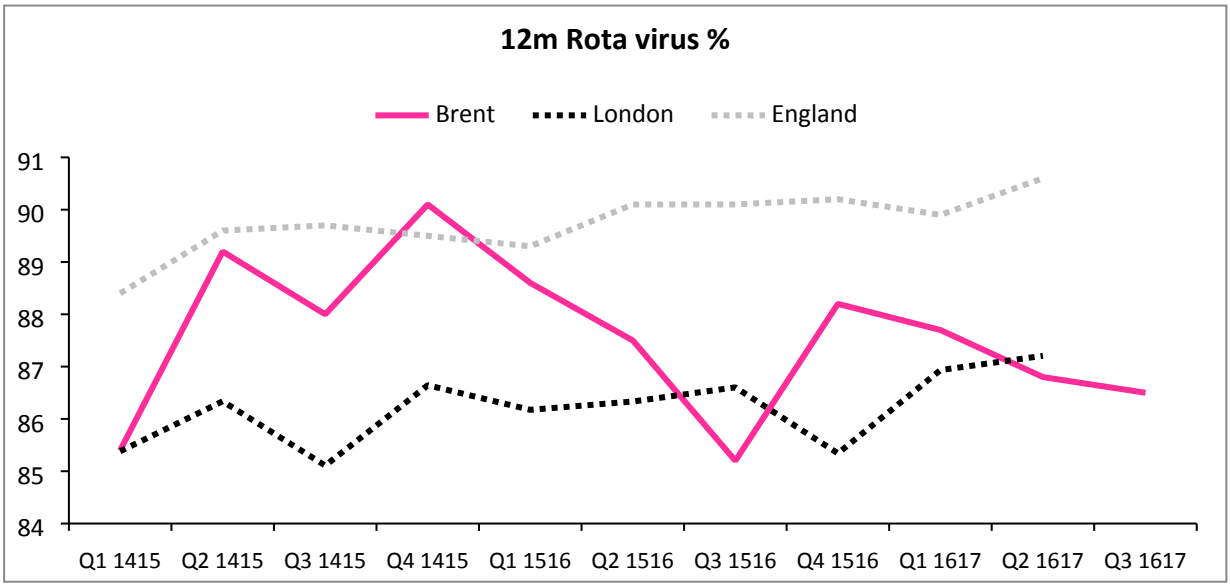
**please note that fall off is due to this data not being available yet, NWL are is shown in Figure 6 above*

- When looking at 'COVER' rates, it is important to look at coverage and dropout rates. Vaccine coverage is the proportion of eligible children receiving all doses of the recommended schedule – e.g. both doses of MMR. Drop-out rate measures the perceived quality of services. For Brent, 83.1% of 5 year old children had both doses of MMR in 2016/17 with a dropout rate of 8.6%, which is lower than other NWL boroughs.

4.4 Rotavirus

- Rotavirus is a contagious virus that causes gastroenteritis.
- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and has been reported as part of COVER since 2016.
- In Brent, coverage (i.e. the 2 doses) of Rotavirus has mostly been above London averages and close to England averages (Figure 9) and was 86.5% in Q3 2017/18 compared to England's 90.6%. Figure 10 illustrates how Brent has been doing compared to its geographical neighbours up to Q4 2016/17.

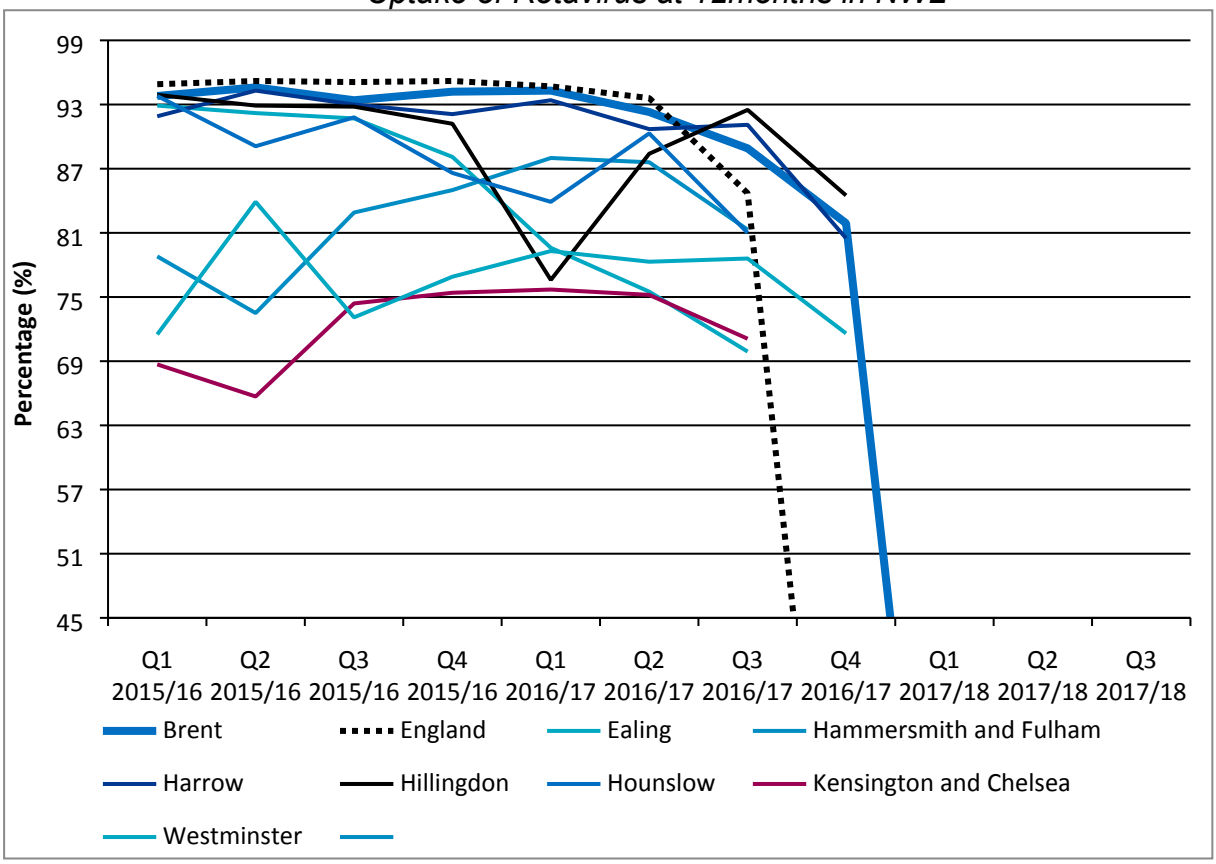
Figure 9
Coverage of Rotavirus in Brent compared to London and England Averages



*please note that the vaccine reporting was only introduced in 2015/16

Source: PHE (2018)

Figure 10
Uptake of Rotavirus at 12months in NWL

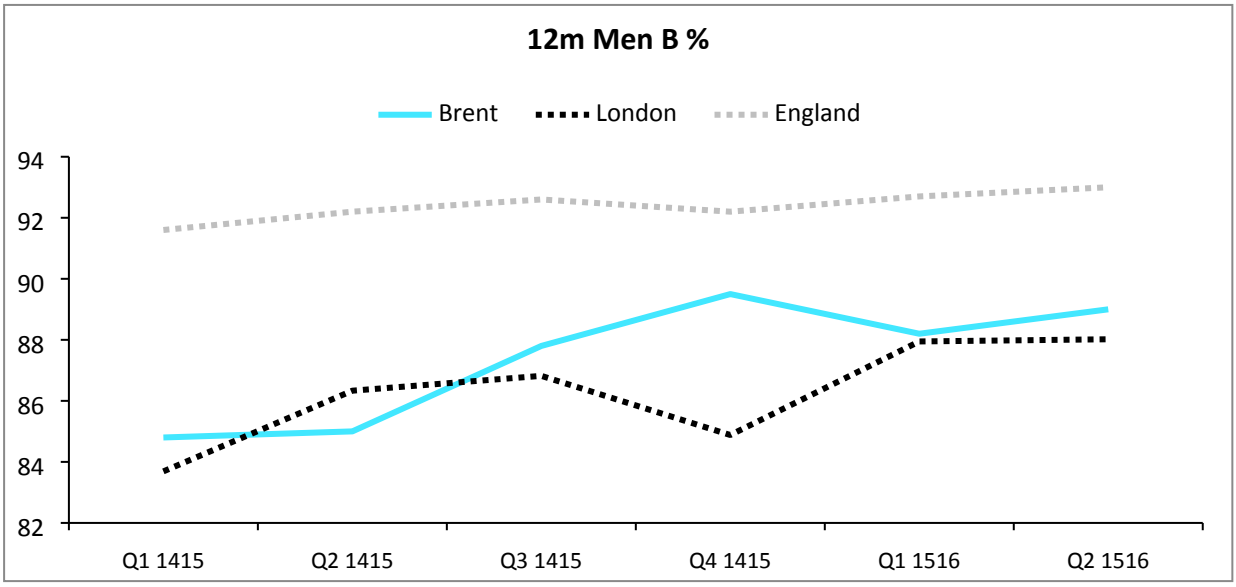


*please note that fall off is due to the availability of the latest data

4.5 Meningococcal B vaccination

- Since September 2015, all infants are offered a course of meningococcal B (men B) vaccine as part of the Routine Childhood Schedule. Eligible infants were those babies born on or after 1st July 2015.
- It can be seen that Brent performs similarly to London averages.

Figure 11
Uptake of two doses of Men B vaccination by 12 months in Brent compared to London and England



Source: PHE (2018)
**please note the vaccine was only introduced in 2015 so this is the first available data*

4.6 Child 'flu vaccination

- There is a national ambition for 40-60% and from London achieved these for the school age groups.
- Our goal in London was to achieve 40% uptake rates in 2 and 3 year olds and 50% in School Years 1, 2 and 3 and 40% in reception and School year 4
- Age 2 and 3 remain under 40% but the 2017/18 figures reflect the highest ever proportion of children vaccinated with child flu vaccine in these age groups.
- Figure 12 displays the comparison of London's 2017/18 rates to the previous year whilst Figure 13 compares Brent with the rest of its geographical neighbours and London and England averages. Brent does perform lower across the age groups, mainly due to initial difficulties in setting up the programme in Brent. However, there are year on year improvements. This can even be seen in the 30.1% of reception children being vaccinated, which is higher than the original child 'flu group of Year 4 (they've been receiving the vaccination since Year 1), where only 22.1% were vaccinated.

Figure 12
Child 'Flu vaccination rates for London 2016/17 and 2017/18

	Age 2	Age 3	Reception	Year 1	Year 2	Year 3	Year 4
London 17/18	33.1%	33.1%	51%	49%	48%	45%	41%
London 16/17	30.4%	32.5%	n/a	45%	43%	42%	n/a

Figure 13
Uptake of child flu vaccination for Brent CCG compared to NWL, London and England for Winter 2017/18 (September 1st 2017 – January 31st 2018)

CCG	% of 2 year olds	% of 3 year olds	% of Reception	% of Year 1	% of Year 2	% of Year 3	% of Year 4
Brent	29.7	31.2	30.5	30.5	24.2	22.6	22.1
Central London (Westminster)	27.7	25	51.3	46.9	45.7	32.6	37.1
Ealing	35.9	33.8	38.6	35.4	32.3	30.1	27.4
Hammersmith & Fulham	32.3	31.7	49.5	41.2	43.3	43.3	37.8
Harrow	25.2	29.5	56.6	54.8	53.8	50.1	49.8
Hillingdon	31.9	33	49.1	50.3	47.5	47	41.2
Hounslow	30.8	31.1	55.1	53	59.9	47.7	45.8
Kensington & Chelsea	28.1	26	43.4	40.4	45.8	40.1	42.1
London	33.2	33.3	51.6	49.6	48.2	45.6	43.8
England	42.8	44.7	62.6	61	60.4	57.6	55.8

Source: PHE (2018)

4.7 What are we doing to increase uptake of COVER?

- Brent like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Brent is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and

improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community) and to work together to improve public acceptability and access and thereby increase vaccine uptake.

- The London wide Immunisation Plan for 2017/18 included sub-sets of plans such as improving parental invites/reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations (see figure 14). A census of London's 1401 GP practices resulted in the production of 0-5s call/recall best practice pathway and a 0-5s best practice pathway. Under the London Immunisation Partnership PHE and NHSE (London) are evaluating the impact of these pathways over the next few months.
- An evaluation of the 300 practices in London last year in relation to improving uptake of COVER reported vaccinations also concluded that practices need support around information materials to discuss with parents which the NHSE (London) immunisation team are addressing in conjunction with our PHE colleagues.
- Since April 2017, London's child health information systems (CHIS) are being provided by four hubs which feed a single data platform. This has simplified the barriers previously experienced by London have a large number of different data systems 'talking to each other'. Now all CHIS information is on one system fed by three data linkage systems from GP practices, which in turn are now on one of three systems. This change should remove many of the data errors in the past that had led to an overestimation of unvaccinated children. However, London continues to have a large proportion of children vaccinated overseas which often means that children are reported as unvaccinated when they have been vaccinated but on a different schedule. Work is underway to help GPs code the vaccinations of these new patients.

Figure 14
Infographic of action plan to improve immunisation coverage by working in partnership on each of the four areas below

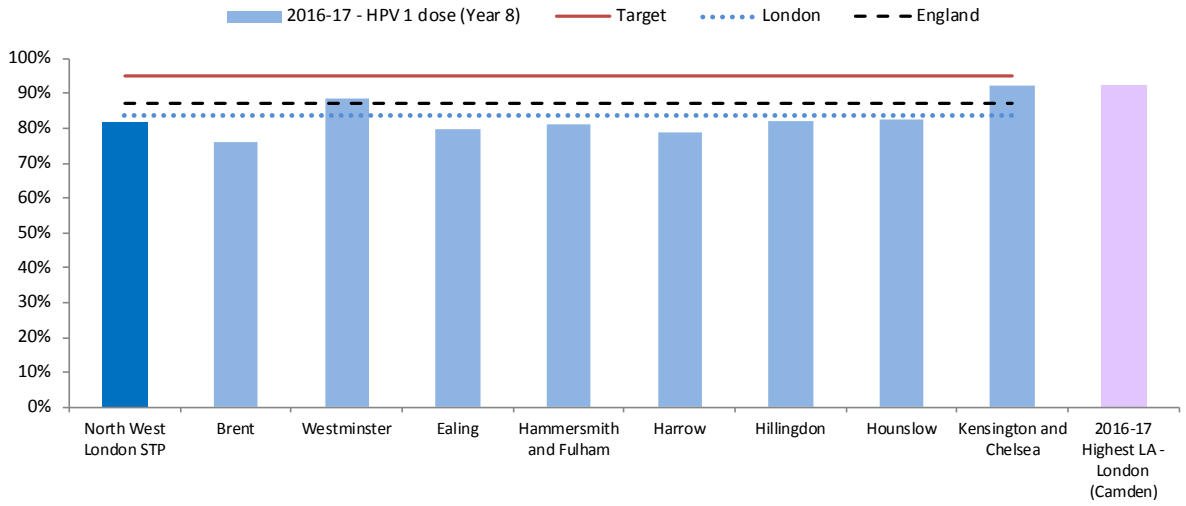
5 School Age Vaccinations

- School Age vaccinations consist of :
  - HPV vaccine for 12-13 year old girls
  - tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15 for boys and girls
  - Meningitis ACWY at age 14/15
  - Annual child 'flu vaccination programme which in 2017/18 covered Reception to Year 4 in primary schools

5.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer
- HPV vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 is that two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. For 2015/16, London was the only region to commission both doses to be given within one academic year. This has continued until this year, 2018/19 where providers are now given a choice of whether to deliver both doses in one year or one dose in year 8 and the second in year 9 due to the increasing pressure of the school flu programme which has now expanded. CNWL who deliver the programme in Brent have opted to deliver in this way for this year and are currently completing the first dose to year 8's in the borough.
- For Brent, rates have remained stable around 85% uptake for completed schedule of HPV for the last two years until end 2015/16. Since then the provision of these immunisations has been moved from London North West Healthcare NHS Trust to CNWL (See Figures 15 and 16).

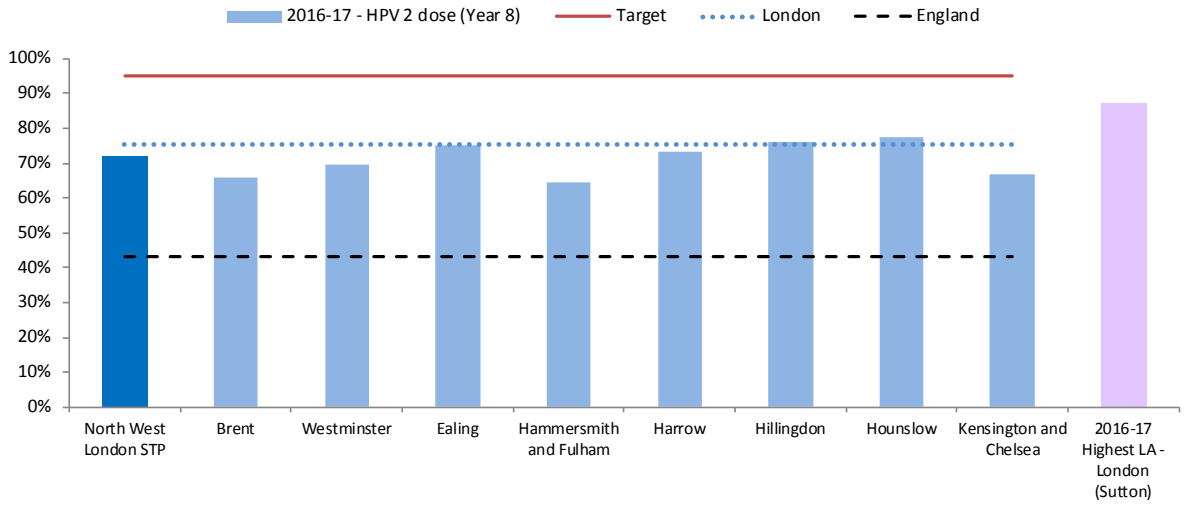
Figure 15
Dose 1 HPV Year 8



	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	**288,536**	**251,010**	**87.0%**	**299,198**	**260,959**	**87.2%**
London	**42,666**	**35,787**	**83.9%**	**44,535**	**37,336**	**83.8%**
North West London STP	**9,644**	**7,872**	**81.6%**	**10,143**	**8,251**	**81.3%**
Brent	1,618	1,107	68.4%	1,601	1,215	75.9%
Westminster	858	835	97.3%	882	781	88.5%
Ealing	1,701	1,250	73.5%	1,735	1,386	79.9%
Hammersmith and Fulham	703	559	79.5%	954	775	81.2%
Harrow	1,219	1,004	82.4%	1,240	976	78.7%
Hillingdon	1,724	1,554	90.1%	1,776	1,461	82.3%
Hounslow	1,420	1,182	83.2%	1,491	1,229	82.4%
Kensington and Chelsea	401	381	95.0%	464	428	92.2%
2016-17 Highest LA - London(Camden)				925	854	92.3%

Source: PHE (2018)

Figure 16
Completed HPV course Year 8 (2 doses)



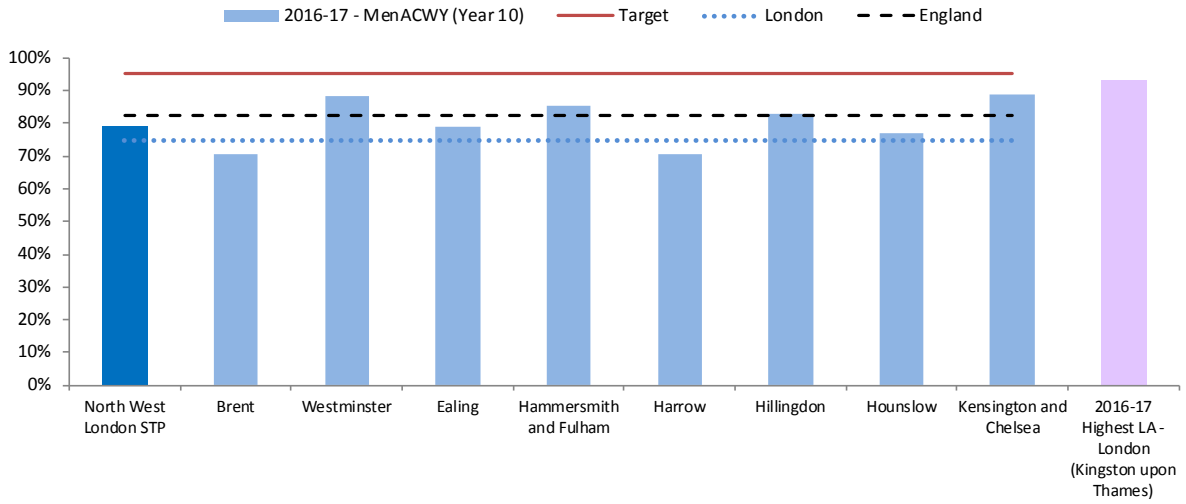
	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	**288,536**	**116,191**	**40.3%**	**299,198**	**128,868**	**43.1%**
London	**42,666**	**31,922**	**74.8%**	**44,535**	**33,535**	**75.3%**
North West London STP	**9,644**	**6,870**	**71.2%**	**10,143**	**7,309**	**72.1%**
Brent	1,618	1,107	68.4%	1,601	1,055	65.9%
Westminster	858	541	63.1%	882	614	69.6%
Ealing	1,701	1,145	67.3%	1,735	1,304	75.2%
Hammersmith and Fulham	703	343	48.8%	954	615	64.5%
Harrow	1,219	932	76.5%	1,240	908	73.2%
Hillingdon	1,724	1,511	87.6%	1,776	1,348	75.9%
Hounslow	1,420	1,101	77.5%	1,491	1,156	77.5%
Kensington and Chelsea	401	190	47.4%	464	309	66.6%
2016-17 Highest LA - London(Sutton)				925	1,348	87.3%

Source: PHE (2018)

5.2 Men ACWY

- This vaccination protects against four main meningococcal strains (A,C,W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.
- As seen in Figure 17, the uptake rate for Brent was 70.6% for Year 10 which is below London average.

Figure 17
MenACWY uptake in Year 10 (14-15 years)



	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	**270,383**	**208,759**	**77.2%**	**538,530**	**444,507**	**82.5%**
London	**57,517**	**36,297**	**63.1%**	**69,472**	**51,995**	**74.8%**
North West London STP	**17,773**	**13,333**	**75.0%**	**19,332**	**15,208**	**78.7%**
Brent	2,892	1,859	64.3%	3,103	2,190	70.6%
Westminster	1,604	1,294	80.7%	1,647	1,450	88.0%
Ealing	2,916	2,042	70.0%	3,330	2,628	78.9%
Hammersmith and Fulham	1,374	1,047	76.2%	1,533	1,305	85.1%
Harrow	1,980	1,496	75.6%	2,446	1,728	70.6%
Hillingdon	3,443	2,846	82.7%	3,568	2,956	82.8%
Hounslow	2,781	2,166	77.9%	2,882	2,220	77.0%
Kensington and Chelsea	783	583	74.5%	823	731	88.8%
2016-17 Highest LA - London (Kingston upon Thames)				1,796	1,671	93.0%

Source: PHE (2018)

5.3 Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.

Figure 18 Td/IPV- Year 10 (14-15 years)

	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	**300,431**	**225,005**	**74.9%**	**530,308**	**433,307**	**81.7%**
London	**62,053**	**39,888**	**64.3%**	**53,158**	**54,469**	**102.5%**
North West London STP	**17,773**	**13,190**	**74.2%**		**14,193**	
Brent	2,892	1,869	64.6%	3,103	2,152	69.4%
Westminster	1,604	1,296	80.8%		614	
Ealing	2,916	2,034	69.8%	3,330	2,598	78.0%
Hammersmith and Fulham	1,374	1,059	77.1%	1,533	1,310	85.5%
Harrow	1,980	1,428	72.1%	2,446	1,669	68.2%
Hillingdon	3,443	2,843	82.6%	3,568	2,955	82.8%
Hounslow	2,781	2,072	74.5%	2,882	2,165	75.1%
Kensington and Chelsea	783	589	75.2%	823	730	88.7%
2016-17 Highest LA - London (Richmond upon Thames)				2,511	2,329	92.8%

Source: PHE (2018)

5.4 What are we doing to improve uptake?

- Since July 2017, we have had two 'deep dive' workshops with our nine school age vaccination providers across London where we focused on the service factors impacting upon uptake. The main issues were identified as school refusals, lack of return of paper consent forms, self-consent and lack of school support. We have been working with our providers to rectify these and other issues including a pilot of three organisations using e-consent.
- Following on from that, the last quarterly meeting of the London Immunisation Partnership (June 2018) did a deed dive into the factors impacting upon school aged vaccination rates, looking at data management, quality of services, commissioning and provider performance and public acceptability. An action plan has been devised with our partners which is about to be circulated to the directors of public health. The aim was to make a SMART annual plan that we can deliver together across London to improve uptake.

- As part of the Evaluation, Analytics and Research Group (EAR) of the London Immunisation Partnership, we continue to work with our academic partners in examining the factors impacting upon school aged vaccination uptake. We've completed a study looking at service factors impacting upon Men ACWY and another on HPV (both papers are currently under review for peer review journals). We are collaborating on the evaluation of the e-consent and contributing to a RCT on incentives to improve return of consent forms. We are also working on developing teacher training on school aged vaccinations (an action arising from our deep dive).

6 Outbreaks of Vaccine Preventable Diseases

- PHE NWL Health Protection Team has the remit to survey and respond to cases of vaccine preventable diseases. Where they declare a cluster or an outbreak, NHSE (London) have commissioned Imms01 which is the commissioner response. Under this we can mobilise a provider service response to vaccinate the designated contacts.
- During 2017, a total of 20 confirmed measles cases were reported for NWL. The highest number (6) of confirmed cases was reported in Brent. However, at 1.0/100,000 inhabitants, the rate of confirmed measles in NWL in 2017 was much lower than the previous year's peak rate of 3.7/100,000 but higher than the rates from 2013 to 2015. The rate of confirmed mumps in NWL in 2017 was 2.8/100,000 inhabitants, over twice the rate in 2016 (1.2/100,000) and the second annual increase in a row. NHSE (London) are working with PHE Health Protection Teams as part of the London Immunisation Business Group to reduce the number of measles and mumps cases in the population by increasing uptake of MMR in the adolescent and adult populations as well as the under 5s.

7 Next Steps

- NHSE (London) continues to work on delivering the WHO European and national strategies to improve coverage and to eliminate vaccine preventable diseases. In London this is done through the London Immunisation Plan which is reviewed annually by the London Immunisation Partnership.
- Quarterly assurance is provided on Brent through the NWL Immunisation Performance and Quality Board where challenges and solutions can be discussed around the performance data and the surveillance data.

Brent	**Community Wellbeing Scrutiny Committee** 10 July 2018
	Report from Brent Clinical Commissioning Group and Brent Public Health

Diabetes: Diagnosis, Treatment and Prevention in Brent

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	One: • Data reports
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Sheik Auladin, Chief Operating Officer, Brent CCG, sauladin@nhs.net Dr Melanie Smith, Director of Public Health melanie.smith@brent.gov.uk Tel: 0208 937 6227

1.0 Background and Purpose of the Report

This report provides an update for the Overview and Scrutiny Committee on diabetes services in Brent. The report focuses on high risk factors, prevention, diagnosis and treatment initiatives in Brent. It also addresses the system-wide approach to addressing the challenges of managing diabetes.

2.0 Role of Brent CCG and Brent Council

Across North West London (NWL) we have a Sustainability and Transformation Plan (STP) that sets out the strategy for health and care. The CCG strategic objectives are clearly linked to the five Delivery Areas in the plan, together with a sixth objective about developing the supporting business processes and infrastructure that will help us to be successful.

The CCG has updated its strategic objectives for 2018/19, to reflect the NWL STP priorities. The updated strategic objectives will be considered by Governing Body on the 4th July 2018. The proposed objectives are:

- Improve the health and wellbeing of the people in Brent, involving and empowering residents and stakeholders to helping shape services
- Provide better proactive care for people with long term conditions with a focus on patient education and the promotion of self-care
- Commission person centred, coordinated and integrated health and social care services that are sustainable for all our residents
- Improve mental health services, maintain parity of esteem between physical and mental health and deliver against national mental health standards
- Commission Integrated services that are safe, high quality and providing the right care in the right place at the right time
- Contributing towards a financially sustainable health and care economy through effective management of resources to ensure capability and capacity to deliver

Brent CCG and Brent Council play an important role in leading the development and implementation of diabetes strategies and programmes. They also commission a wide range of health, social care and other related services that has a direct impact on diabetic patients. As local leaders, CCGs and Councils have considerable levers at their disposal to make real changes on the ground. This has been greatly bolstered by the advent of a national programme that is being co-ordinated by the NWL STP.

The Diabetes Strategic Action Group (DSAG) is a multi-agency network which meets on a bi-monthly basis to co-ordinate resources to improve diabetes management, improve diabetic care through better patient outcomes, incorporate patient/carer opinion and experience of care into service delivery, and provides an information sharing forum for stakeholders in the borough. The group has clinical, patient and managerial representation from a range of stakeholders including Brent CCG, the Brent Integrated Diabetes Service, Public Health, Diabetes UK and Patient/Carer representatives.

The CCG has recruited 3 patient representatives to participate in the delivery of the Diabetes Transformation Programme. The patient representative's role is to collate the views of people with diabetes and attend meetings to ensure these views are considered and reflected in the way diabetes care is developed. They attend meetings of DSAG as well as other relevant meetings in Brent and North West London.

Brent Council has a key role to play in the prevention of Diabetes. Brent Council executes this role by working collaboratively with partners in the STP, the CCG and the Diabetes Strategic Action Group. The Council also works with voluntary sector and individuals on diabetes.

Aspects of this role include:

- System Leadership - Improving health and wellbeing is one of the objectives of the Borough Plan

- Working with voluntary sector partners to reduce wider health inequalities health inequalities
- Aligning Diabetes and Pre-Diabetes pathways with other initiatives such as the Social Isolation in Brent Initiative and Tobacco Control Programme.
- Programme of work and commissioning to address childhood obesity in Brent
- Raising awareness of diabetes through the work of the Diabetes Champions
- Prevention particularly through action on nutrition and physical activity
- Risk assessment through the commissioning of Health Checks
- Information for action through the use of the public health intelligence function
- Oversight and commissioning through the involvement of public health advice and evidence based inputs to CCG commissioning
- Support for Individuals which includes support for those caring with individuals with diabetes
- Information and initiatives by the Brent Library Service including books on prescription
- Social Isolation in Brent Initiative
- Housing and Social Services support

3.0 Risk Factors and High Risk Groups

There are several risk factors associated Type 2 Diabetes, being overweight is perhaps the most significant risk factor. In addition a family history of diabetes increases the chances of developing the condition.

According to Diabetes UK, the risk of developing Type 2 diabetes is determined by a number of different factors:

- It increases with age – those over 40 for whites or over 25 for the African-Caribbean, Black African, or South Asian populations.
- Individuals are two to six times more likely to get Type 2 diabetes if they have a parent, brother, sister or child with diabetes.
- Type 2 diabetes is two to four times more likely in people of South Asian descent and African-Caribbean or Black African descent.
- High blood pressure, obesity, a history of cardiac arrests and strokes, and mental health issues.

The Public Health England Diabetes Prevalence Model has found that diabetes is more common in men (9.6% compared with 7.6% women) and people from South Asian and Back ethnic groups are nearly twice as likely to have the disease compared with people from white, mixed or other ethnic groups, (15.2% compared to 8.0%). The proportion of people who have diabetes increases with age: 9% of people aged 45 to 54 have diabetes, but for over 75s it is 23.8%. Diabetes at older ages has even bigger health implications as people are more likely to be suffering from other diseases, particularly cardiovascular diseases.

4.0 Prevention

Diabetes is a condition that can be prevented, but requires a number of targeted interventions. In Brent these initiatives includes:

4.1 National Diabetes Prevention Programme (NDPP)

The National Diabetes Prevention Programme (NDPP) is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes. NDPP was initially piloted in 7 sites across England, which included the Inner London CCGs in North West London and is now being rolled out nationwide from July 2018.

The NDPP behavioural intervention is underpinned by three core goals:

- achieving a healthy weight
- achievement of dietary recommendations
- achievement of Chief Medical Officer physical activity recommendations

Evaluation of the NDPP at the national level has been carried out. Overall over 50% of people have completed the flagship scheme after attending at least eight support sessions over a nine month period, losing an average of 3.3 kgs. However, when excluding those who already had normal weight and Body Mass Index (BMI) but who are on the programme due to other health and lifestyle risks associated with developing Type 2 diabetes, this increased to 3.7kg. The results can be found here: https://www.england.nhs.uk/2018/03/type-2-nhsdpp/.

The programme is made up of 13 sessions led by health coaches, with at least 16 hours face to face contact time, spread across a minimum of 9 months, with each session lasting between 1 and 2 hours. People are supported to set and achieve goals and make positive changes to their lifestyle in order to reduce their risk of developing Type 2 diabetes.

The first 7 weeks of sessions focuses on the following subjects:

- What is pre-diabetes & diabetes
- Physical Activity (chair based resistance exercises)
- Energy balance and fat awareness
- Carbohydrate awareness
- Food labels
- Long-term health complications related to impaired glucose regulation
- Physical Activity session and progress review

Followed by 4 monthly sessions:

- Barriers to change, health values, habits and goals
- Stress, emotional eating and mindfulness
- Habitual thoughts, triggers, inner critic and self-compassion and 1:1 review
- Gaining control of your health, willpower and review

Individuals eligible for inclusion have ‘non-diabetic hyperglycaemia’ (NDH), defined as having an HbA1c 42 – 47 mmol/mol (6.0 – 6.4%) or a fasting plasma glucose (FPG) of 5.5 – 6.9 mmol/l. The blood result indicating NDH must be within the last 12

months to be eligible for referral and only the most recent blood reading can be used. Only individuals aged 18 years or over are eligible for the intervention.

As part of the third and final rollout phase of the NDPP, a procurement process was held during 2017/2018 to commission a 2-year contract to deliver the programme in North West London across the 8 CCGs. The incumbent provider, Independent Clinical Services (ICS) was selected and will begin delivering the behavioural change classes in Brent and elsewhere in the region from July 2018. Brent CCG is currently working closely with the provider and Harrow and Hillingdon CCGs to ensure the effective mobilisation of the service

The 3 primary mechanisms for referral are:

- Those who have already been identified as having an appropriately elevated risk level (HbA1c or Fasting Plasma Glucose (FPG)) in the past and who have been included on a register of patients with high HbA1c or FPG;
- The NHS Health Check programme, which is currently available for individuals between 40 and 74. NHS Health Checks includes a diabetes filter, those identified to be at high risk through stage 1 of the filter are offered a blood test to confirm risk; and
- Those who are identified with non-diabetic hyperglycemia through opportunistic assessment as part of routine clinical care.

To ensure that NDPP provider receives sufficient referrals, the CCG has agreed a Local Incentive Scheme to incentive practices to refer to this new service. In Brent, NHS England has set a cap of 173 Referrals and 104 Initial Assessments per month for the first two years of the programme. The main three elements of the scheme that practices will be remunerated for include:

- Setting up and maintaining a register of patients at high risk of developing Type 2 diabetes
- Conducting annual reviews of patients on the register
- Referring patients on to the National Diabetes Prevention Programme

4.2 Brent Council Initiatives

Brent Council has a number of Healthy Living initiatives which aim at not only at preventing Diabetes but a range of health issues. These include campaigns and programmes and are aimed at not only enabling individuals to make healthy choices but also to make the places residents live, eat and exercise healthier and less obesogenic.

- Diet and Healthy Eating
  - Slash Sugar Campaign
  - Healthy Catering Commitment
  - Healthy Schools and Early Years Programme
  - Healthy Eating Workshops

- Physical Activity and Active Lifestyle
  - Outdoor Gyms
  - Instructor Led Outdoor Gym sessions

- Leisure Centres
- Healthy Self-Led Walk
- Couch to 5k running programme
- Change for Life Personalised Activity Plan
- Find another sport in Brent

Further Brent Council initiatives include:

- Multi-lingual and culturally appropriate print and web resources (websites of Brent CCG, Brent Council, www.knowdiabetes.org.uk) that are well advertised and are easily accessible to people living in Brent
- Diabetes Champions working with Public Health and Diabetes UK to raise awareness about diabetes and promoting healthy living (more details later in report)
- Multi-stakeholder partnerships that include providers, commissioners, council and community organisations to run diabetes awareness and healthy living events throughout the year. Prominent examples include Diabetes Week World Diabetes Day– for the past two years these events were held at Brent Council. In addition, awareness stalls in various community events and near super-stores are also held at regular intervals.
- Lighting the Wembley Arch blue on World Diabetes Day (14 November) as part of the global trend to light prominent landmarks in blue to raise awareness about diabetes – this has been done in partnership with Football Association since 2016.

4.3 Diabetes Champions

The Brent Diabetes Champions programme was commissioned by Public Health at Brent council in January 2015 and began operating in March 2015. The programme's objective is to raise awareness of the factors that can contribute to Diabetes Type 2 and measures that people could take to prevent the condition from developing. Awareness of the risks of developing Type 2 diabetes are raised through a range of community events by a team of community champions that Diabetes UK helped to recruit and train over a two-day period. Fifteen community champions were recruited in Phase 1 (2015) and 22 in Phase 2 (2017), representing the diversity of Brent and different age groups.

4.4 Outcomes

The Diabetes Champions (DCs) have worked at a total of 153 community events since the programme started. This has included working with faith organisations and other voluntary organisations, professional bodies such as Brent Council, Brent CCG and Brent Integrated Diabetes Service. Events have varied from presence at summer festivals, shopping centres, Civic Centre, Nurseries and Health Centres, market stalls and at places of worship.

The DCs have carried out 707 "Know Your Risk" assessments and 208 people have been referred to their GP since 2015. The Diabetes Champions have worked alongside other health professionals such as the Brent Integrated Diabetes Service,

Diabetes UK, Public Health Team, Social Isolation projects and speaking or delivering workshops/information stalls at Council organised events.

The DC Programme has engaged with over 15,000 people since 2015. This figure includes those undertaking Know Your Risk assessments, seeking advice on a range of matters including diet, food, nutrition, access to weight loss programmes, discussions around complications. Engagement is defined as a conversation between a member of the public and a Community Champion that lasts at least 3 minutes.

Furthermore, they have so far reached out to over 80,000 people in Brent. These include people who have attended various events. One of the areas of greatest impact has been within the circle of family and friends of the Community Champions. Feedback from the Champions demonstrated that diabetes has become a "conversation issue" and healthy living and cooking took on a greater focus. This was not measured as a Key Performance Indicator (KPI), but is the subject of case studies to capture why this has been so effective. This has been defined as the ripple effect of the programme given the nature of family structures in minority ethnic communities and would appear to be an effective mechanism to getting the prevention message across as it accompanies "activities within families that are capable of keeping the condition at bay."

The following themes were identified as consistently having been raised at a number of events:

- Help with losing weight, particularly amongst South Asian women
- More specific information on Asian foods, their carbohydrate and sugar content, so that individuals could tailor this to their needs
- Being told by their Health Care Practitioners that they are "border line" and to go and lose weight and exercise – but not told how much to do and where to get help

To evaluate the impact of the programme some research was carried out in 2016. 150 people were followed up in groups of 10. They were posed the following question: What has been the greatest benefit to you individually of having been engaged with the Diabetes Champion? The responses are presented below:

- An increase in knowledge, skills and confidence on what they need to do to keep Diabetes at bay
- Greater confidence to manage their own condition (already diagnosed)
- Understanding the role of food and exercise in prevention
- Reduced anxiety
- Knowledge of complications and annual check ups
- The need to adhere to treatment even if there are no symptoms

The survey indicated that 8 people had achieved their target of healthy weight, 40 people were undertaking more physical activity, 120 had changed the way food was

cooked at home and 2 people said that they had achieved their target glycaemic control. When asked, the majority of Diabetes Champions reported the positive impact that the programme had on them by:

- Giving them a high level of satisfaction from the role
- Supporting their own wellbeing and self-management
- Increasing their knowledge and skills which were shared with family and friends
- Being proud that Brent had undertaken this programme to help the local community
- Wanting to continue to undertake the role, if someone would facilitate this

5.0 Diagnosis

The intention of efforts to increase the diagnosis of diabetes and people at risk of diabetes in Brent is to influence positive behaviour and lifestyle changes to reduce the risk of progressing to diabetes or to complications thereof. In order to achieve this, the following strategies are in place:

- A Type 2 diabetes risk register in GP practices to identify people at risk using approved criteria and a recall process at periodic intervals to do relevant health checks and blood tests to screen for diabetes. HbA1c is recommended as the first line blood test. HbA1c is a measure of blood glucose for the previous 90 to 120 days. HbA1c value of 48 mmol/mol or higher is diagnostic of diabetes. In people without symptoms of diabetes and HbA1c higher than 48, a second positive test (HbA1c equal to or higher than 48) is necessary to confirm the diagnosis. HbA1c between 43 and 47 is classified as at risk for diabetes. In cases where HbA1c cannot be used (conditions that affect the life-span of haemoglobin which would make HbA1c unreliable), fasting blood glucose test is used as an alternative. Two positive values are needed in asymptomatic individuals to confirm the diagnosis.

  Residents can request an HbA1C blood test from their GP if they feel they may be at risk at developing diabetes. The GP will carry out diagnostics tests where appropriate and if the patient has been diagnosed will ensure interventions are discussed and agreed with the patient and/or carer.

5.1 NHS Health Checks

The NHS Health Check is a health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia... In April 2013, the NHS Health Check became a statutory public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

The NHS Health Check is made up of three key components: risk assessment, risk awareness and risk management, which are detailed below:

- Risk assessment: During the risk assessment standardised tests are used to measure key risk factors and establish the individual's risk of developing chronic conditions.
- Risk awareness: The outcome of the assessment is then used to raise awareness risk factors as well as to inform a discussion on, and agreement of, the lifestyle and medical approaches best suited to managing the individual's health risk.
- Risk Management: To maximise these benefits, everyone who has an NHS Health Check, regardless of their risk score, should be given clinically appropriate lifestyle advice, to help them manage and reduce their risk. (i.e. information such as smoking status, blood pressure, and levels of physical activity)

5.2 Tests and measures

Local authorities have a legal duty to ensure that the specific tests and measures listed below are completed during the risk assessment and that the results are recorded. In Brent health checks are commissioned from patients' GP:

- age
- gender
- smoking status
- family history of coronary heart disease
- ethnicity
- body mass index (BMI)
- cholesterol level
- blood pressure
- physical activity level
- alcohol use disorders identification test (AUDIT) score
- cardiovascular risk score

In addition, those aged 65-74 should be made aware of the signs and symptoms of dementia and signposted to memory services if this is appropriate.

5.3 Outcomes

Brent Council has a strong relationship with the GP practices in Brent who are the sole providers on NHS Health Checks in the area. The majority of practices are consistently meeting invitation and completion targets. 5 year cumulative progress year is shown in the table below.

Table 1 - Health Check Performance Breakdown by Year

	2013/14	2014/15	2015/16	2016/17	2017/18
Number of people who were offered a NHS Health Check	12,327	16,824	18,920	17,122	18,394
Number of people that received a NHS Health Check	6,335	9,424	10,453	9,387	10,342

Percentage of people that received an NHS Health Check of those offered	51.4%	56%	55%	55%	56%

Analysis of the NHS Health Checks data returns indicates the following:

Table 2 - New Disease Diagnosis

	New Hypertensive	New Diabetics	Pre-diabetics
2013/14	267	101	723
2014/15	329	193	1,296
2015/16	279	179	1,236
2016/17	42	155	1,193
2017/18	29	159	1,419

Note: Actual numbers of new disease diagnosis may be under reported as data may not have been coded for all patients. However the figures give an indication of the success of the programme in identifying high risk patients.

Take up of the NHS Health Checks was highest amongst the older age group (65-74) at 62%, and lowest amongst (45-54) at 54%. As expected, take up was higher for women than men – 61% compared with 51%.

Table 3 - Uptake by Age and Gender, 2017/18

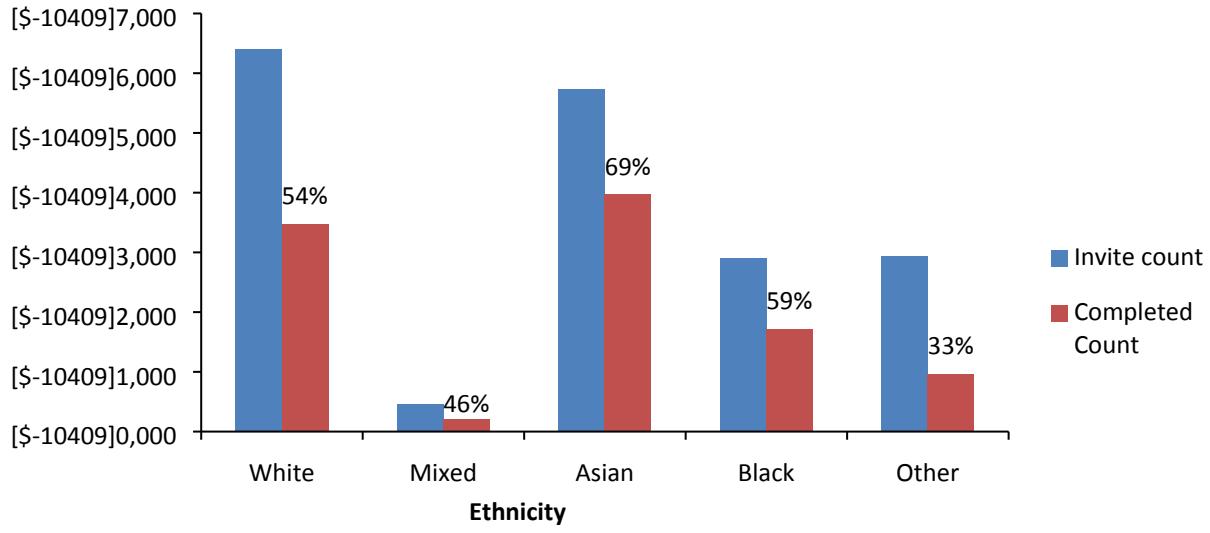
Age Group	Uptake
40-44	55%
45-54	54%
55-64	59%
65-74	62%

Gender	Uptake
Female	61%
Male	51%

Uptake by Ethnic group 2017/18:

The graph below shows the levels of health checks uptake between ethnicities in Brent. The highest uptake was those from Asian background at 69%.

Table 4 - Ethinicity of Brent population Invited to an NHS Health checks compared to those receiving a health check in 2017-2018



5.4 Undiagnosed population

The Diabetes Prevalence Model, produced by the Public Health England (PHE) National Cardiovascular Intelligence Network (NCVIN), was launched in 2016 and estimates the total number of adults with both Type 1 and Type 2 diabetes in England to be 3.8 million people, 90% of whom have Type 2 Diabetes. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612306/Diabetesprevalencemodelbriefing.pdf).

The model suggests that about one in four people with Type 2 diabetes are undiagnosed. Public Health England has estimated that there are currently 31,553 diabetics in Brent (2018) which is estimated to grow to 39,350 by 2030. Of these, they estimate that there are 7,524 undiagnosed individuals with diabetes (Type 1 and 2) in Brent.

6.0 Treatment and care

The diabetes services in Brent follow an integrated model approach to help manage and control diabetes. The CCG commissions the following services:

6.1 Brent Integrated Diabetes Service (BIDS)

BIDS was launched in October 2014 and strives to deliver high quality specialist diabetes care in the community and closer to the homes of patients. The service is run by the Brent Integrated Diabetes Team and works in partnership with Jeffrey Kelson Diabetes Centre (JKC) at Central Middlesex hospital. BIDS is a multi-disciplinary team of diabetes consultants, GPs with Special Interest (GPwSI), in diabetes specialist nurses, dieticians, educators, community podiatrists and a psychologist. This team provides weekly consultant-led multi-disciplinary clinics at Wembley Centre for Health and Care and Willesden Centre for Health and Care,

nurse-lead virtual clinics and in-practice joint diabetes clinics at GP practices. The service, delivers structured education courses for people with type 2 diabetes at various community based locations on weekdays and Saturdays and provides telephone and email support to primary care clinicians.

The main focus of the service is to:

- Strengthen and increase the overall management of diabetes
- Significantly improve health and reduce health inequalities in the Brent population
- Deliver high quality diabetes services which are equally accessible

This includes the diagnosis, treatment and education of patients and close working relationships with primary care in the building of capability and confidence in order to deliver first class diabetic care and the self-management of this condition.

6.2 Hospital based services

The CCG commissions hospital based diabetes services from a number of acute providers. The 3-main acute providers that Brent's residents use are London North West University Healthcare Trust, Imperial College Healthcare NHS Trust and the Royal Free NHS Foundation Trust.

Hospital based services provide dedicated diabetes and endocrine services that offer specialist clinics including adolescent diabetes clinics, pregnancy and diabetes clinics and diabetes foot care clinics for people with type 1 diabetes. This includes Dose Adjustment for Normal Eating (DAFNE) structured education course for adults with type 1 diabetes and Teens Empowered to Actively Manage Type 1 Diabetes (TEAMT1) which is similar to DAFNE but tailored to teenagers with type 1 diabetes. BIDS and hospital based services closely together to facilitate seamless care for people with diabetes living in Brent.

The BIDS and the JKC work closely together to facilitate seamless care for people with diabetes living in Brent. Some examples of this integrated approach include:

- Triage: Diabetes referrals received at BIDS or JKC are internally redirected to either of the services as deemed appropriate for the care needed
- Nurses and dieticians from BIDS team support DAFNE courses while nurses from JKC support the DESMOND programme (a self-care programme described below)
- Diabetes consultant for BIDS is hosted by JKC (it is a 50/50 post) that facilitates team integration and cross working
- Both teams share their IT systems and platforms which helps in accessing blood test results, clinic letters etc.
- There is full integration of foot care pathway between tier 3 (run by BIDS) and tier 4 (JKC)
- This information is shared widely as BIDS letter head prominently mentions "working in partnership with JKC"

In addition, there is collaborative working between BIDS and primary care teams:

- Nurses from BIDS visit GP practices regularly to run virtual clinics, in-practice joint clinics and training sessions
- Clinicians from BIDS attend GP locality meetings at regular intervals to update them on service, share audit data and collect feedback
- Clinical leads from BIDS and Brent CCG meet monthly to discuss quality improvement measures and any risk mitigation strategies

Table 5 - Brent Community Services Diabetes Care interventions in tier phases

Brent Community Services Diabetes Care - Interventions			
Tier 1	Tier 2	Tier 3	Tier 4
GP Essential Care Managed at GP Practice	GP Enhanced Care Managed at GP Practice	Ealing ICO Community Services Managed in Intermediary Care	Specialist Care Managed in Secondary Care

Supports and develops essential care, including:	**and co-ordinate**:	**and co-ordinate**:	**and co-ordinate:**
• Detection, diagnosis, register maintenance • Patient education programmes e.g. DESMOND • Dietary advice • Personal care planning • Medicines review • Complications screening • Patient and carer advice/education • Family planning and initial pregnancy planning advice • Where necessary co-ordinate access to: specialist diabetes dietetics & podiatry • Telephone and email support. • Retinal Screening Refer NEW patients to Brent Screening Programme	• Patient education programmes (DESMOND) • Access to insulin initiation and new therapies if appropriate • Or Insulin initiation • Joint clinics • Specialist diabetes dietetics • Psychological support; • Podiatry. • Access to specialist opinion when needed. • Telephone and email support.	• Multidisciplinary clinics • Consultant-level support • Access to specialist diabetes dieticians, podiatrists or other specialists • Patient education (DESMOND) • Insulin titration • Family planning and pregnancy planning advice • Psychological support • Research and development, and training • Professional training & education • House bound for Home visit by DSN * poor glycaemic control & related co-morbidities Referral to Tier 4 • At discharge all patients will have: Care plan modified / updated • Insulin Titration formulated	• Joint clinics • Foot/Kidney services • Children and Adolescent services • Care and Education for people with Type 1 diabetes • Insulin titration • Patient education (DAFNE) • Patients with complex multiple co-morbidities • Research, Development, and training • In-patient management • Adolescent/ Transition into adult services Antenatal • Complex multiple co-morbidities • Podiatry –Grade 3

7.0 Self-Care Management

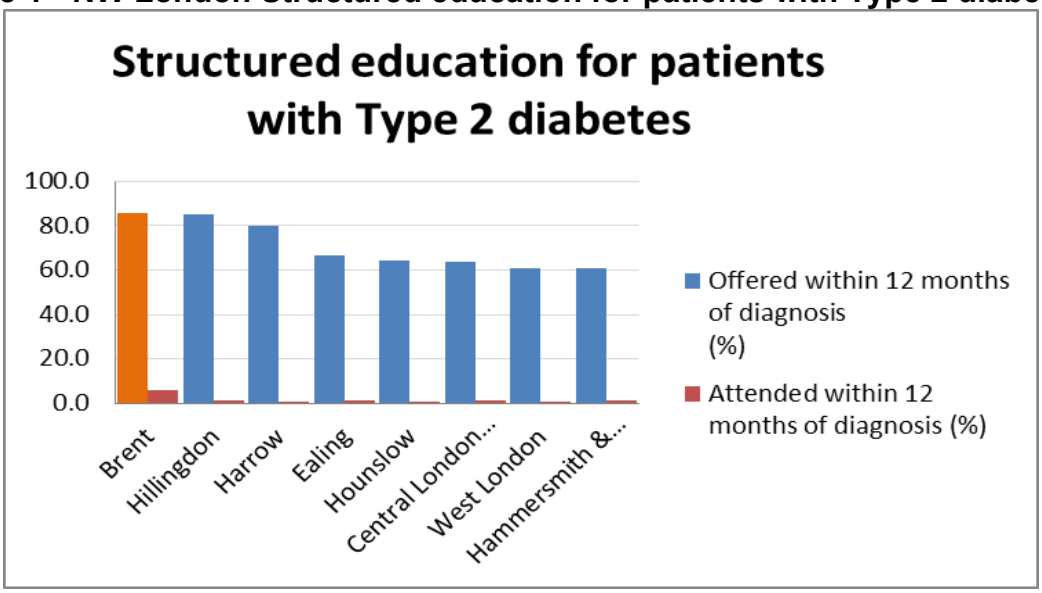
7.1 DESMOND

DESMOND is a one day self-care management course aimed at recently diagnosed Type 2 Diabetics that is offered at weekdays and weekends. Each course is attended by about 10-15 people and is offered in English and other community languages such as Arabic, Hindi, Gujarati and Tamil. The local venues for

DESMOND in Brent are Monks Park Primary Care Centre, Willesden Centre for Health and Care and Wembley Centre for Health and Care. For those diagnosed with type 2 diabetes, multiple resources are available – print, web and face-to-face.

DESMOND has been a great success as indicated by the number of people that attend and the positive feedback received from them. On average, nearly 120 people attend it every month. Running it from multiple locations, in different languages and on Saturdays has helped to increase the uptake. The effort of BIDS team was recognised in the DESMOND annual awards (2016).

Figure 1 - NW London Structured education for patients with Type 2 diabetes

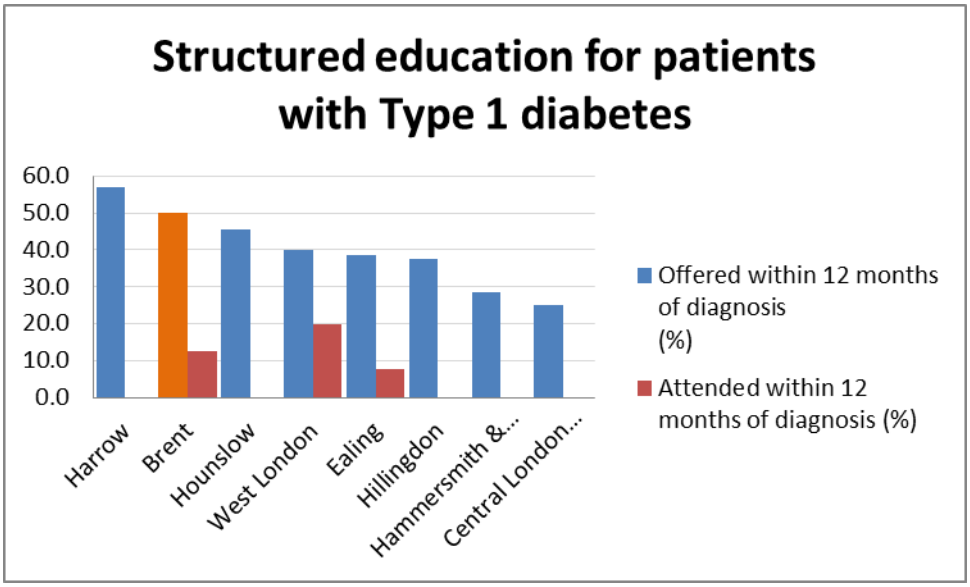


7.2 DAFNE

DAFNE is the most common structured education programme for Type 1 Diabetics in the UK. It was introduced in the UK in early 2000s and Central Middlesex Hospital was among the first centres to run this programme. DAFNE is a 5-day course (Mon-Fri 9 am to 5pm) for a group of 6-8 adults with type 1 diabetes and is held 6-8 times every year. The course is delivered by DAFNE trained nurse and dietician, and has one dedicated session for interaction with diabetes specialist doctors. The purpose of DAFNE is to educate and empower individuals with type 1 diabetes in self-care. The DAFNE-UK board monitors the quality of DAFNE courses.

In Brent, specialist nurses, dieticians and doctors are trained in delivering DAFNE. This has helped to follow DAFNE principles in clinical consultations outside DAFNE. Brent has nearly 900 people with type 1 diabetes (as per National Diabetes Audit, 2016-17) - a high proportion of them have attended DAFNE.

Figure 2 - NW London Structured education for patients with Type 1 diabetes



8.0 North West London Diabetes Transformation Programme

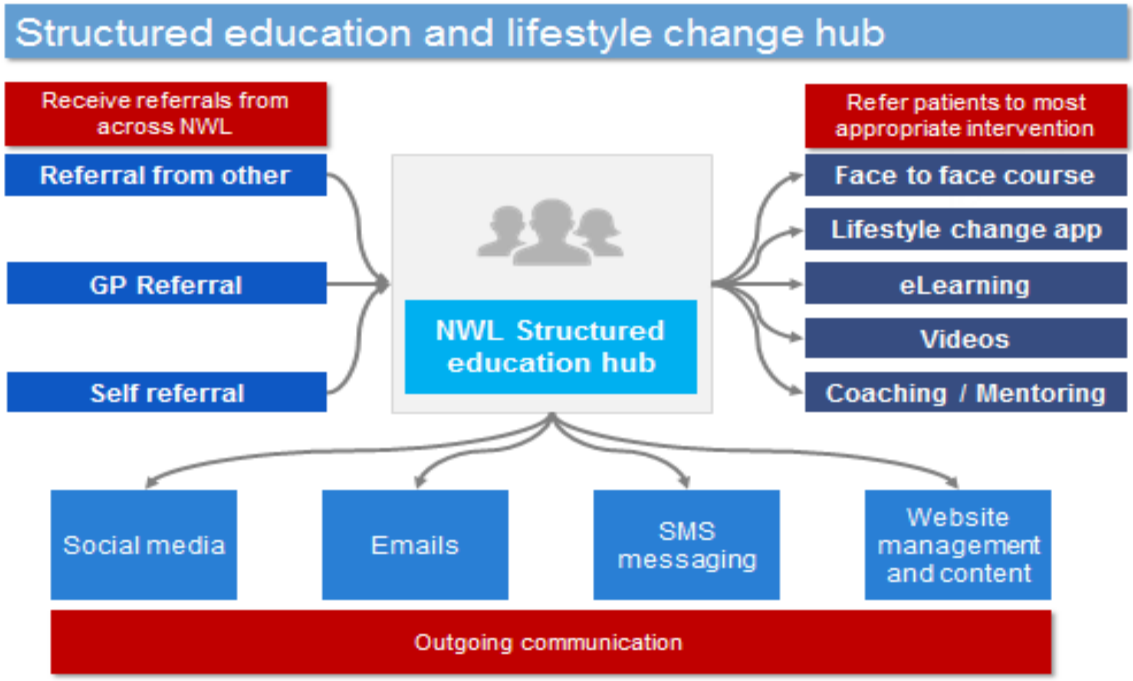
Public Health England has projected that the prevalence of Diabetes in Brent is likely to rise from 11.1 % in 2017 to 13% in 2035. Nationally spend on diabetes is projected to account for 17% of the entire health care spend by 2035. In December 2016, the NWL STP successfully bid for £2.35m share of NHS England Diabetes Transformation Funding. The work is being carried out across all 8 CCGS through a NWL Diabetes governance process which includes representation from the 8 CCG leads, acute and community provider clinicians, medicines management, public health, Diabetes UK, NHSE and people with diabetes. Links have been strengthened with local councils to ensure any strategic overlaps are noted and explored, particularly regarding lifestyle change and structured education courses for people at risk of cardiovascular issues including diabetes.

In brief, this transformation programme is a patient centred, at scale, diabetes transformation in which all staff are trained together to integrate services, manage health, and achieve common patient-reported and clinical outcomes.

The main elements of the programme are outlined below:

8.1 Self-care

A structured education hub has been developed that provides online courses, videos and other support for patients - www.knowdiabetes.org.uk There will also be a Single Point of Referral (SPoR) for signposting patients to self-care training courses in North West London. The hub will be able to report back to GP Practices on attendance/completion rates for different courses.



In addition, the NW London STP is:

- Developing an eLearning tool to educate primary care clinicians of the value of education for patients, and incentivising GPs to refer more patients
- Extending the role of Diabetes Champions and mentors to embed understanding of the risks of diabetes amongst the local community
- Trialling three self-care applications that cover goal setting, coaching/mentoring and exercise tracking
- A package of inspirational diabetes patient stories videos in non-English languages under way
- Dietary advice for diabetes in Punjabi, Guajarati and Bengali

A number of NW London targets have been for self-care including that 30% of diabetes prevalent population will receive structured education by 2021 and 80% of newly diagnosed patients to receive structured education by 2021.

8.2 Three Treatment Targets

The programme is also providing additional support to primary care to ensure diabetes care is robust and implement diabetes clinics to further develop joint working and sharing of best practice.

The Whole Systems Integrated Care Team are providing monthly reporting dashboards to GP practices to enable them to better understand their performance in the three treatment targets (Blood pressure, Cholesterol and Blood Glucose level or HbA1c) and to reduce unwarranted variation between practices. A programme of courses aimed at primary care professionals (GPs, Nurses and HCAs) are being provided at different locations across North West London. The PITstop programme aims to improve clinical skills of all clinical staff who work with Diabetic patients.

The STP is also in the process of developing an integrated clinical model for diabetes services across the whole North West London region, with a single integrated service specification.umber of new posts have been created under the programme to support primary care, which includes GP clinical leads, Diabetes Nurse Consultants and Programme Support Officers to support the up-skilling of primary care staff and other professional groups. There are plans to improve Mental Health care for diabetic patients as part of this programme of work.

The NW London Diabetes Transformation Programme has stipulated that 52% patients should achieve the following 3 Treatment Targets by 2021:

- HbA1c ≤ 58,
- BP ≤ 140/80
- Cholesterol ≤ 5

This represents a 12% an increase from a baseline of 40%

8.3 Foot care

The Programme has established the NW London STP Diabetes Foot Network. The network's role is to standardise diabetes foot data/metrics for outcome measures. A lead podiatrist and 6 additional band 7 podiatrists across the STP have been recruited to deliver weekend Multi-Disciplinary Foot-care Treatment (MDFT) clinics at vascular hubs and ensure that Mon-Fri 9-5 MDFT clinics are available at all NWL hospitals. MDFT pathway coordinators have also appointed to align the foot care pathway.

The main outcome measures will be to reduce amputation rates by approximately 50% and reduce average length of stay by 1.5 days for active foot disease by 2021.

9.0 Breakdown of Expenditure on Diabetes Services

The CCG and Local Authority together invest considerable resources in local diabetes services for Brent patients. CCG expenditure is outlined in the table below.

Table 6 - Brent CCG Annual Expenditure on Acute, BIDS and Diabetes Enhanced Services

Service	Annual Expenditure
Acute Services	£3,153,565
Brent Integrated Diabetes Services	£1,300,000
Diabetes Enhanced Services	£103,734

Much Council activity relates to the broader aims of increasing physical activity and reducing obesity, rather than simply preventing diabetes. The Council spends £1.246 million of its public health grant on these areas.

10.0 Benchmarking Data

The Appendices lists a series of tables and charts on diabetes data and performance in Brent and how this compares to other CCGs, both in North West London, the London region and nationally.

10.1 National Diabetes Audit

The headline figures from the National Diabetes Audit (NDA) in 2016/17 were:

- Participation rate: 100% (all 62 GP practices)
- Registrations of people with type 1 Diabetes: 895
- Registration of people with type 2 Diabetes: 25,005
- 43% of practices had met the Three Treatment Targets for type 2 diabetes but only 19% for Type 1
- 8.49% of Brent's population has type 2 diabetes which equates to just over 25,000 people
- 12.9% have pre-diabetes (Hba1C between 42 and 47) or just under 33,000

Brent does comparatively well at offering structured education to patients with Type 1 and Type 2 diabetes. The attendance rate is also relatively good. However, patients with type 1 diabetes are not receiving all the required care processes or meeting the treatment targets.

While Brent performs well on offering structured education, the care processes is comparatively low and achievement of three treatment targets is only average. This is largely due to a relatively low percentage of patients achieving HbA1c, blood pressure and cholesterol targets. In terms of the 8 care processes, checking BMI and smoking are areas that are underperforming in comparison to other areas.

10.2 RightCare

The NHSE RightCare team analysed data and used this to compare Brent both nationally and with the 10 most demographically similar (in terms of age, deprivation and ethnicity) CCGs. For Brent, those 10 are Waltham Forest, Ealing, Croydon, Greenwich, Haringey, Hounslow, Merton, Lewisham, Sandwell & West Birmingham and Redbridge.

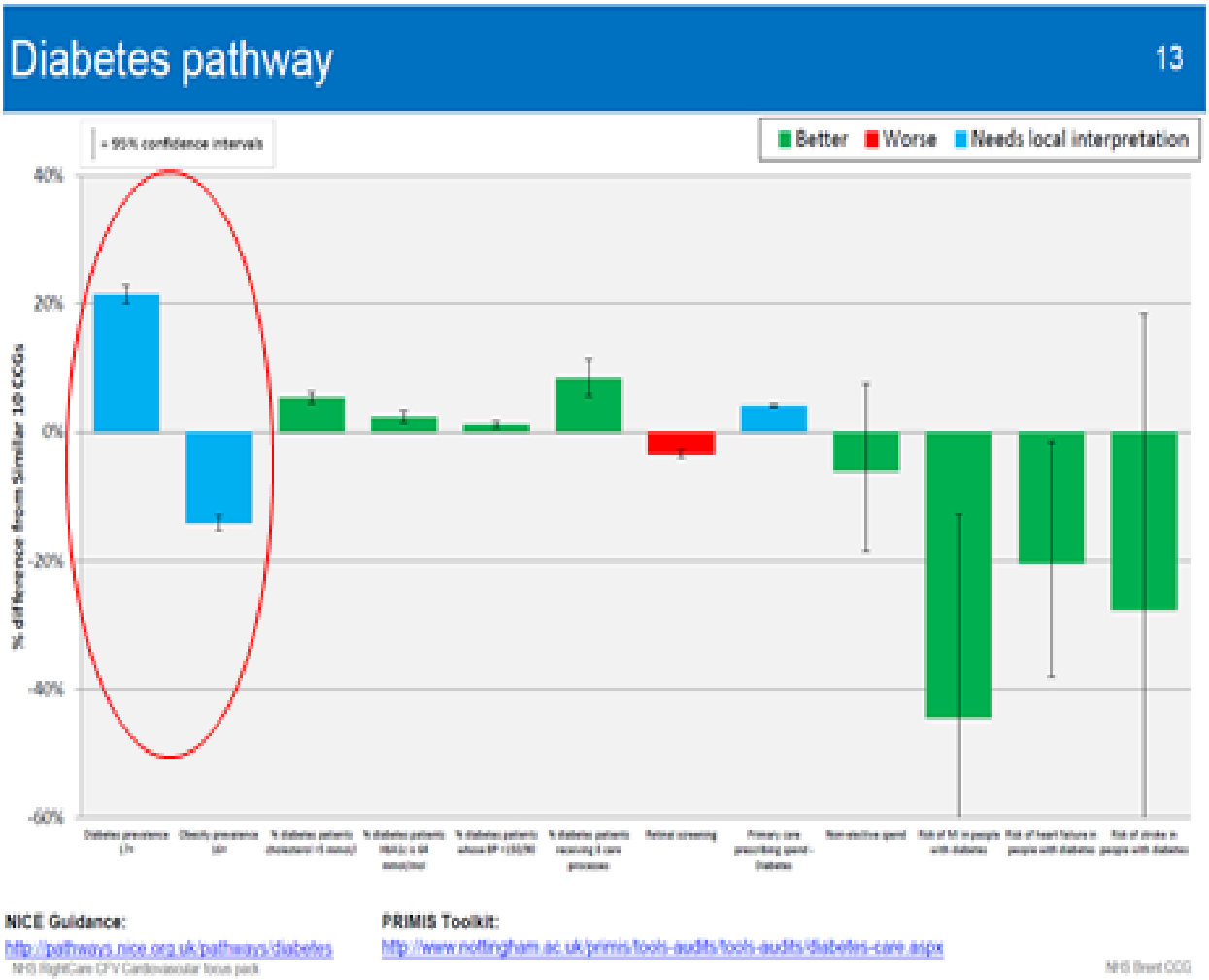
The 'pathway on a page' shown below is taken from the RightCare pack. It shows the position of Brent CCG compared to the 10 similar CCGs on key indicators across the diabetes pathway. The indicators are colour coded according to performance, so a CCG has 'better' (green) or 'worse' (red) values than its peers. This is not always clear-cut, so blue is used where it is not possible to make this judgement without understanding the local context. For example, low prevalence may reflect that a CCG truly does have fewer patients with a certain condition, or it may reflect that other CCGs have better processes in place to identify and record prevalence in primary care.

Brent is performing relatively well against the majority of indicators on the diabetes pathway with the sole exception being the numbers attending retinal screening. It is

also worth noting the high diabetes prevalence in Brent and that obesity prevalence and primary care spending require further investigation.

Brent has a relatively high estimated prevalence of healthy eaters, which is reflected in the relatively low obesity rates. However, despite these relatively encouraging levels of risk for diabetes, Brent has the 8th highest prevalence of diabetes in the country. Some of this is related to the high population of people from an ethnic minority, who are at a greater risk of developing diabetes. In terms of physically inactive adults, the Rightcare data shows that Brent is comparatively high compared to other CCGs, which may also explain the high prevalence rate of diabetes in the borough.

Figure 3 - Diabetes pathway on a page



Appendices - Data Reports

Table 7 - NDA Data across NW London CCGs

CCG	Participation rate	Type 1	Type 2 and other	Treatment Targets: Type 1 (3TT)	Treatment Targets: Type 2 (3TT)
Brent CCG	100%	895	25005	19%	43%
Hillingdon CCG	100%	1045	16920	24%	43%
Ealing CCG	97.4%	1240	25315	20%	39%
Harrow CCG	100%	700	18705	19%	44%
Hammersmith& Fulham CCG	96.8%	690	7635	24%	39%
West London CCG	100%	750	9240	25%	41%
Hounslow CCG	100%	935	17775	24%	39%
Central London CCG	100%	600	7025	28%	41%

Table 8 - Prevalence of Type 1 and Type 2 Diabetes in Brent and NW London Boroughs in 17/18

Area	Registered population	Number of Type 1 Diabetics	Prevalence	Number of Type 2 Diabetics	Prevalence
England	46,734,733	221,620	0.47%	2,721,580	5.82%
Brent	294,665	895	0.30%	25,005	8.49%
Harrow	208,944	700	0.34%	18,705	8.95%
Hillingdon	241,970	1,045	0.43%	16,290	6.73%
Hounslow	243,891	1,240	0.51%	25,315	10.38%
Ealing	341,351	935	0.27%	17,775	5.21%
Hammersmith & Fulham	179,821	690	0.38%	7,635	4.25%
Central	189,747	600	0.32%	7,025	3.70%
West London	206,560	750	0.36%	9,240	4.47%

Table 9 - Number and prevalence of pre-diabetics NW London Boroughs, August 2015

Area	Number of Pre-diabetics	Prevalence
UK	5,047,891	11.4%
Brent	32,951	12.9%
Harrow	27,935	14%
Hillingdon	27,452	11.8%
Hounslow	24,932	11.5%
Ealing	33,785	12.1%
Hammersmith & Fulham	13,044	8.7%
Central	13,962	9.8%
West	17,842	9.7%

Source: non-diabetic hyperglycaemia prevalence in England report - PHE

Table 10 - Distribution of Registered Patients with Diabetes across Brent in 17/18

Locality	Registered population 17+	No of Diabetics Registers 17+	Prevalence
Kingsbury & Willesden	126,386	11,841	9.64%
Kilburn	59,503	3,883	7.02%
Harness	108776	9563	9.84%
Total	294,665	26,063	8.84

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Brent	**Community and Wellbeing Scrutiny Committee** 10 July 2018
	Report from the Director of Performance, Policy and Partnerships

2017-18 Annual Scrutiny Report

Wards Affected:	All
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	One: • Overview and Scrutiny Annual Report 2017/18
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Peter Gadsdon, Director of Performance, Policy & Partnerships, peter.gadsdon@brent.gov.uk Tel: 020 8937 6095 Mark Cairns, Policy & Scrutiny Manager, mark.cairns@brent.gov.uk Tel: 020 8937 1476

1.0 Purpose of the Report

1.1 This report summarises the work of the three scrutiny committees during the 2017-2018 municipal year.

2.0 Recommendations

2.1 The committee is asked to agree the contents of the report at appendix 1.

3.0 Detail

3.1 The report is split into sections for each of the three scrutiny committees, and provides an overview of the items discussed. The report also summarises the various task group work that the scrutiny committees have undertaken throughout the year, and other relevant activities such as site visits, and engagement with the public and its wider networks.

4.0 Legal implications

4.1 There are no legal implications.

5.0 Financial implications

5.1 There are no financial implications.

6.0 Equality implications

6.1 There are no equality implications.

7.0 Consultation with Ward Members and Stakeholders

7.1 Beyond committee members themselves, ward members have been included in the membership of task groups, as have other external co-optees where appropriate (as identified in the report).

8.0 Human Resources/Property Implications (if appropriate)

8.1 No direct implications.

Report sign off:

PETER GADSDON

Director of Performance, Policy & Partnerships.

Overview and Scrutiny Annual Report 2017/18

Table of Contents

Introduction

The challenge for scrutiny is to focus on what really matters. That can be difficult in a borough like Brent with so many challenges. As this annual report shows, at times what we discuss can be uncomfortable such as when we heard that Brent is among the worst in England for childhood obesity and children's oral health. But there have also been many good developments such as the continued improvement of schools or progress in children's social care.

Some policy issues need to be looked at in greater depth than a committee report can allow so last year we set up a task and finish group to look at home care commissioning, which is a vital service. It's also important to keep on top of certain issues such as safeguarding; it was informative to receive the annual reports of the borough's safeguarding boards as we will do again in the future.

Cllr Ketan Sheth, Chair of Community and Wellbeing Scrutiny Committee

I was pleased to chair the Housing Scrutiny Committee for 2017/18 given the importance of this area of work, for those who live, work and travel to the borough. It was the Committee's first year and it successfully scrutinised a range of important areas. It was the year where the transfer of Brent Housing Partnership took place and this influenced the work programme. As this report shows, our work focused on areas ranging from the rent reduction on the Lynton Close Travellers site to homelessness where the Committee had presentations on the single person trial for the Homelessness Reduction Act and the Find Your Home Programme. Three Registered Providers also presented to the Committee and gave an insight into their approach.

For the past year Housing has been influenced by the tragedy at Grenfell Tower and the impact will dominate for some time. With national inquiries taking place the Housing Scrutiny Committee did not want to duplicate investigations by national bodies. We set up a Task and Finish group to look at in great depth fire safety in low rise buildings. I am keen to see this year, how the recommendations have been implemented. We have been proactive in getting out and taking to residents and communities and we undertook a site visit to the Travellers site in Lynton Close during the year.

A council tenant and leaseholder were co-opted onto the Committee. They have made a positive contribution to the Committee and their experience will be used even more next year.

I would like to thank everyone who has contributed and taken part.

Cllr Janice Long, Chair Housing Scrutiny Committee

2017/18 was another very productive year for the Resources and Public Realm Scrutiny Committee as we sought to add value by looking at some of the key strategic issues affecting the council and the people of Brent.

We certainly did not shirk the big issues and used our task group time to examine complex issues like the prevalence of food banks in the borough and the impact of the London business rates pilot pool on council finances. It is in looking at major strategic problems such as this that scrutiny really comes into its own.

Towards the end of the year we undertook reality checking visits to enhance our understanding of the issues ahead of the formal committee meetings. These included a visit to Brent's civic amenities site and a focus group with trading standards officers. These really helped and we will certainly continue with this approach in the coming year.

Cllr Matt Kelcher, Chair of Resources and Public Realm Scrutiny Committee

Part One: Community and Wellbeing Scrutiny Committee

1. Work programme 2017/18

The 2017/18 work programme spanned a range of policy areas under its remit including adult social care, children's services, education, health, and public health. The work programme was largely agreed at the start of the municipal year to allow members to map out and plan their activities but with enough capacity for new issues. The work programme included holding Cabinet members to account at committee as well as policy development by task groups which developed their recommendations.

1.1. Health

Scrutiny of health services was a highly important area of work for the committee. In particular, the committee took a close look at **extended access to GP services** at a special meeting, at which Brent Clinical Commissioning Group (CCG) presented a report. The CCG was proposing to change the GP extended access service in 2018, and the proposals were presented by the Chief Operating Officer and other officers. Members of the committee made four recommendations after scrutinising the proposals, including three recommendations highlighting the transition arrangements for unregistered patients, disability access, and communications. In addition, one recommendation was made to NHS England by members around the issue of patients and online booking for the extended access service to GPs. The committee also looked at the wider area of **Primary Care Transformation** by Brent CCG earlier in the year.

Another health issue has been **female genital mutilation (FGM)**. Officers from Brent Clinical Commissioning Group presented a report which outlined the CCG's work on identifying cases of FGM in the borough. Work around FGM had been ongoing for a long period of time and in addition to mandatory reporting, Brent CCG said it had been trying to eradicate the practice by working with partners across the health economy, the police, and the voluntary sector. In relation to support for women who had undergone FGM, it was 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.

In terms of the wider health economy there was a discussion about the **Sustainability and Transformation Plan** in 2017 and a presentation by the Cabinet Member for Community and Wellbeing. Members were told about the actions which had been undertaken. Six areas had been identified to be included in the Brent Health and Care Plan, which is a local version of the Sustainability and Transformation Plan. They include: new care models, joining up older people's services, better outcomes for people with mental health issues, transforming care and developing Central Middlesex Hospital.

Committee also heard from one of the NHS trusts. North West London Healthcare NHS Trust gave a report on scores for **Patient Led Assessments of the Care Environment (PLACE)** at local hospitals including Central Middlesex and Northwick Park Hospital. The scores, which are part of a national system, concentrated on the

care environment and did not look at staff behaviours or clinical care provision. Scoring is based entirely on the observations made at the actual time of the assessment. The full PLACE scores for the hospitals in the trust were published with the committee papers.

1.2. Public Health

The work of public health, which sits within the local authority, is often entwined with health. An example of this is **children's oral health**. A discussion took place at committee to which public health and officers from Public Health England and NHS England contributed. Members were told that Brent children had some of the worst oral health outcomes in England with dental extractions remaining the top cause of elective hospital admissions in children. There had been some improvement, but levels of tooth decay, which is almost entirely preventable, remained very high. Members heard that National Health Service England (NHSE) had awarded a new five-year Community Dental services contract to Whittington Health from 1 April 2017, with funding for oral health promotion staff remaining with NHSE. Brent was the first borough that fully recognised that oral health promotion resource sat within the contract. Failures of prevention had contributed to high levels of decay but it was felt that the contract would enable the delivery of an integrated service by several health partners.

At a separate meeting, the committee was given a verbal update about the prevalence of **tuberculosis** in the borough. Members heard that despite the fact that Brent's rates of TB infection per 100, 000 people were declining, they remained above the average for England and the rates used by the World Health Organisation (WHO) to identify areas of high prevalence. In terms of absolute numbers, there were approximately 200 cases registered a year in Brent. A clinical Director at Brent Clinical Commissioning Group explained that a special screening service had been run since May 2016 in collaboration with Brent CCG and Harrow CCG. It was part of a national programme and it focused on patients aged 16 to 35 who had arrived in the UK and had lived in a high-risk country.

Another important issue faced by health and public health is **childhood obesity**. In 2018 the committee discussed a report presented by the Cabinet Member for Community Wellbeing and the Director of Public Health. Members heard that there has been a worsening of childhood obesity in Brent since 2014/15, which is above London and England averages. The most worrying trend is the proportion of obese children in year 6 which has risen since 2013 and is higher than the London and England averages. The recent data shows that one in three of Brent's children are obese by the time they leave primary school. On the basis of the discussion and the evidence presented, the committee suggested that childhood obesity is considered as a task group during 2018/19 to enable members to look at the problem in far greater depth.

Brent Council also takes part in the **North West London Joint Health Overview and Scrutiny Committee (JHOSC)** which looks at the impact of Shaping a Healthier Future and other cross-borough aspects of health policy. Cllr Ketan Sheth is Brent's representative on the JHOSC, which is made up of seven London boroughs, again for 2018/19.

1.3. Adult Social Care

One important area of adult social care is services for people with learning disabilities. The committee looked at the **life chances of adults with learning disabilities** in the borough. The report addressed how the local authority and its partners in health services are helping to improve outcomes across social care, health, education and employment for adults with learning disabilities. Members were told that the borough had performed well in relation to annual health checks with 90% of residents with a learning disability registered with a GP surgery and receiving a health check. This exceeded the national target of 64%. However, an area which required improvement was the number of people with learning disabilities in employment. Although employment rates in Brent had improved over the last year, these remained lower than the London average. Overall, the number of people with learning disabilities was increasing and their needs were becoming more complex. In terms of housing, the New Accommodation for Independent Living (NAIL) project had been successful so far, with a wide range of units provided. They had a capacity ranging from 6 to over 90 units.

1.4. Safeguarding

Members again scrutinised the annual reports of the borough's two statutory safeguarding boards to review progress in this area of multiagency partnership work. The annual report of the **Brent Local Safeguarding Children Board** was presented by the Independent Chair who highlighted the quantity and the quality of safeguarding. On quantity, he said that performance data received from various partners was contributing to safeguarding in Brent. In terms of quality, the way the Board had carried out its audit of partners' safeguarding self-assessments (the "Section 11 Audit") 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. Members questioned the results of the Section 11 Audit. A member of the committee also enquired about the level of confidence that children at risk were protected. The Independent Chair 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.

Committee also heard the report of the **Brent Safeguarding Adults' Board**. The report was presented by the Independent Chair who said that in 2016-2017 the council's Safeguarding Adults Team (SAT) had received 1,712 concerns compared to 1,678 referrals made in 2015-2016. In addition, 628 concerns had been investigated and completed as Section 42 enquiries. The committee heard that there had been a protocol to work effectively with adults who self-neglected. In addition, the Board would turn its attention to standards in care homes because more safeguarding adult reviews had been commissioned at national level although no specific problems had been identified in Brent. 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. The chair emphasised that resourcing of the board had to be examined in detail and engagement of various partners had to be monitored in future.

1.5. Children's Services

The Community and Wellbeing Scrutiny Committee looked at a range of children's services over 2017/18, including services in children's social care. One of the reports the members scrutinised was the Written Statement of Action and progress following the local area inspection by Ofsted and the Care Quality Commission of **special educational needs and disabilities (SEND)** in Brent. A report was presented to committee members about the strengths and weaknesses identified and the action which is being taken. The report on the Special Educational Needs and Disabilities (SEND) Statement of Action was jointly presented by the Strategic Director for Children and Young People at Brent Council and the Chief Operating Officer of Brent CCG.

There was also a report on the **Care Leavers Local Offer** and the implications of upcoming legislative changes. The purpose of the report was 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. One of the key changes from the Act will be that the duty and responsibility to all care leavers was extended to the age of 25, regardless of their education and employment status.

The committee scrutinised the **Annual School Standards and Achievement report 2016-2017**, showing there has been significant improvement in the proportion of good and outstanding provision. Finally, the committee returned to look at the implementation of **Signs of Safety** in children's social care. This was first looked at by a members' overview and scrutiny task group in 2016, and there had been a recommendation in the report to review implementation after a year.

2. Task and Finish Groups

Time-limited task groups made up of a small group of councillors – and sometimes co-opted members – were set up during 2016/17 to look at a number of areas in detail by the committee. Each of the task groups developed recommendations from their work.

2.1. Home Care Commissioning

A task group on **home care commissioning**, which was chaired by Councillor Ketan Sheth, was set up by the committee and reported to Cabinet on 9 April 2018. The task group had a focus on four areas: resources, health and wellbeing outcomes, partnerships and relationships, and the quality of home care. Members of the task group engaged with a number of stakeholders as part of their review. The task group developed three recommendations:

A) The London Living Wage is introduced incrementally as part of new commissioning model so that home care workers working for providers commissioned by Brent Council are paid the London Living Wage rate by 2021.

B) A minimum standard of training is incorporated in the new commissioning model which gives staff in Brent sufficient development opportunities to encourage home care as a career within the social care sector.

C) A home care partnership forum should be set up as part of a new commissioning model to discuss issues of strategic importance to stakeholders involved in domiciliary care services in Brent.

The task group was given background information about the Home Care and Reablement Review as well as data and insight gathered by officers who had met with different stakeholders. This information was based on meetings and surveys with the home care agencies, the workforce and people who use home care and their families. The task group also looked at the Adult Social Care Local Account, and Brent Council's Complaints Report 2016/17. It also organised its own questionnaire for providers, distributed at a meeting to which all providers had been invited. The focus of the task group's work was on understanding and reviewing the policy issues, what the data and insight was saying about the problems from the perspectives of different stakeholders and developing recommendations on the basis of the evidence which they gathered.

The committee will request an update on home care commissioning in 2018/19.

3. Engagement

As part of the 2017/18 Work Programme members committed to engagement with residents in the borough as part of the committee's work. In October as part of European Local Democracy Week, Cllr Sheth ran a **scrutiny café** to allow members of the public to suggest areas which the committee should be looking at. Members of the public put forward ideas, particularly around health issues, which could be looked at.

Cllr Sheth also attended a meeting of **Brent Youth Parliament (BYP)** in November and gave a presentation about the work of the committee focusing on young people's issues, and how BYP members can be involved. He highlighted forthcoming items at committee which will affect young people's lives – these included services for care leavers and school standards. A former member of BYP had been involved in last year's members' task group on child and adolescent mental health services (CAMHS) and Cllr Sheth said that he was keen that young people should be involved in the work of the committee. It should be noted that BYP has observer status on the committee and members of the executive regularly attend and contribute to the reports and discussion at committee. BYP contributions have been particularly welcome and effective and the committee will look forward to working with them again 2018/19 as well.

Members of the committee have continued to develop their work by working with the **Centre for Public Scrutiny**. Councillor Sheth attended a special conference organised by the Centre for Public Scrutiny (CfPS) on 27 June 2017, which was on the theme of health scrutiny and accountability. He was also at a special event organised for councillors and health service professionals to discuss overview and scrutiny. Cllr Sheth also presented to a meeting of elected members at the **Institute of Local Government (INLOGOV)** at the University of Birmingham on 30 June about

the work of the committee and its approach to overview and scrutiny in the local authority. The committee is keen to work with the CfPS and the institute again in the next year.

Overall, in 2018/19 the committee will be committed to doing more to increase engagement in overview and scrutiny by the local community, and ensuring that more voices can be heard when important issues affecting residents and the community are discussed.

As members of the public are increasingly using **social media**, the committee is continuing to promote its work using social media such as Twitter. By using the local authority's Twitter handle @Brent_Council the forthcoming meetings and agendas for each committee have been promoted and it allows residents to find out what will be discussed. Again, the committee will be doing more with social media in the next year and sees it as another platform through which it can increase its engagement with the local community and enable more people to contribute to and find out about overview and scrutiny.

Part Two: Housing Scrutiny Committee

4. Work programme 2017/8

Like the other scrutiny committees, the Housing Scrutiny Committee held a dedicated session at the beginning of the municipal year to plan its work for 2017/18. The area of Fire Safety featured heavily at the Scrutiny Committee, and members were also keen to hear from representatives of registered providers in the borough. Other themes included transition and transformation of housing services, the appointment of co-opted members, performance, engagement, and complaints handling.

There were 6 Scrutiny Committee meetings during the year spanning July 2017 to March 2018. There was also a Task Group focused on Fire Safety.

In July 2017, the Committee focused on **Fire Safety** measures. Officers provided an update on planned activity and the measures that were being taken in relation to assessing potential risks, providing assurances and responding to wider public interest. The report was noted by Members. The scope of the Task Group was discussed and it was noted that work with the Housing Service during the development of the work programme was important and that new expenditure plans on Fire Safety would be provided to the Group.

The Committee also received an update on the **transition to the Council of the housing management function and the Housing Operations Transformation programme**. Transition covered governance arrangements, contracts and staffing. It was noted that a broader transformation would run parallel with the transition focusing on full optimisation of processes and technologies, resident engagement and tailoring the new service to their needs. A restructure was likely to start in January 2018 with full implementation of all changes by June 2018. Discussion centred on issues related to contracts, staffing, resident engagement, budget, performance and service management. Points were raised about the multiple contracts across the borough and the need to ensure that effective engagement with residents takes place. Land ownership and “un-adopted land” was discussed and in particular the challenges that this poses in terms of contracts. The Committee paid particular attention to the new staffing arrangements as part of the Brent Housing Partnership (BHP) transformation.

In September, the Committee heard updates on the costs of the March 2017 fire safety assessments and the availability of funds from the original £10m received from the installation of mobile phone masts. It was also given an update on the outcomes from a meeting of a forum of Housing Associations and Registered Providers to discuss various fire risk issues.

A report was presented on **BHP performance, resident engagement and stock**. Areas noted include improved performance on rent collection, as well as improvements in four critical areas – call handling in the contact centre, repairs, rents and health and safety. It was noted that a resident engagement strategy would be developed and further engagement options explored. In addition an equality impact assessment would be undertaken for vulnerable residents living at BHP properties.
Discussion also took place about the variance in grounds maintenance in different estates. The Committee heard that estate inspector resources had been redirected to fire safety but that there was scope for re-instating inspection and the timescales were

yet to be determined. The Committee heard that asbestos compliance practices were also being reviewed. Members were briefed that the overall voids system was due to be agreed and reviewed by December 2017.

The Committee received a report on the **implementation of actions previously recommended by the Local Government Ombudsman** in relation to a complaint relating to domestic violence, as well as the further recommendations by the Community Wellbeing Scrutiny Committee on this issue made in November 2016. Activities taken forward by BHP and housing needs officers included training (delivered by Shelter) on tackling domestic violence, a mystery shopping exercise across six participating boroughs which would test how officers were dealing with cases of domestic abuse and would set a benchmark against which to measure improvements. Finally, officers stated that an Outcome Based Review had been launched, which highlighted some areas for improvement specific to housing that would be taken forward.

A report was presented by officers on the **rent and management of the Travellers Site** at Lynton Close. The report set out progress that had been made against four key areas - financial inclusion, overcrowding, fire safety and anti-social behaviour and the next steps to be taken. In the discussion which followed Members had an opportunity to scrutinise some of the site's financial issues. It was agreed that a report would be prepared by officers for Cabinet in relation to rent charges. Other areas discussed included the management of the site, overcrowding, size of the site, fire safety, health and safety and progress in these areas.

In November**,** the Committee received a report on **Leaseholder Services**. Members were given an overview of the engagement processes in place for both tenants and leaseholders as well as payment plan options for leaseholders. The discussion that followed centred on resident engagement, commissioning works and payment options.

Housing complaints were discussed and improvements noted with officers stating that the overall number of complaints had been gradually decreasing. Discussion took place about the handling of Members' complaints and the increase in private housing service complaints with officers noting that contract management was an area that needed further improvement. The Committee also discussed the issue of payment of major works bills and ways of raising better awareness about the different options available to residents. Officers explained that various payment options were available, with the notices used to give a clear indication of the works planned and an estimation of the costs. Members heard that the Council had a legal responsibility to charge actual costs of works and where challenges to estimates arose these would be put through the Council's property services team for further investigation.

In January 2018, the Committee received a report on the **Housing Revenue Account (HRA) and Rent Setting**. The report set out the proposals for 2018/19 rent and service charges, provided an overview of the Council's capital investment spend for housing as well as outlining the proposed mitigation strategy prior to full roll out of Universal Credit (UC) scheduled for November 2018. Members were reassured that Housing Management services has a strategy in place, to review and manage potential increase in arrears. The service was also putting in place a range of mitigation activities to ensure agility of rent collection system and to support residents.

Members heard that there was a commitment from the Council to review the mobile home pitches' rent at the Lynton Close travellers' site as well as modernise the site. Further discussion focused on the Capital Programme and the amount allocated for aids and adaptations.

The Committee was joined by representatives from **Metropolitan Housing,** one of the borough's Registered Providers. The level and quality of services delivered to local residents was outlined, and Members sought further details on a range of issues including repairs services, housing performance, communication with residents and councillors, ground maintenance issues and the Universal Credit roll out preparation. Further clarification was sought about future plans for surveying the condition of its housing stock. It was agreed that further information on "Right to Buy" would be circulated to Members. Finally, in the context of resident engagement, Members heard that Metropolitan Housing was taking an active role in reviewing performance, contractors and shaping activities and improvements based on residents' needs.

The Committee received a **progress update on a previous task group report on Brent's Housing Associations**. Members discussed a number of areas including, future service charges in respect of "right to buy", service charge payment options, housing association forums and fixed-term tenancies. The report provided a detailed update against a range of recommendations, demonstrating continuing commitment to a more productive and proactive approach and transforming the relationship with Housing Associations in order to achieve the aims as set out in the Housing Strategy - such as increasing supply of affordable housing, improving the standard of social housing and developing resident engagement. Members heard that most actions from the report had been completed or were no longer required.

The Committee heard a verbal update on a new **scaffolding protocol** applicable Borough-wide. Officers stressed the importance of the need to provide a value for money service to residents and that no scaffolding is erected unless the consultation process had been completed. It was noted that a fixed sum was payable by the council and so no additional payments would be made for scaffolding kept longer than instructed by the Council. Officers assured Members that scaffolding would not be erected without first communicating with residents. Members also learned that plans were in place to resolve the ongoing parking issues, with the intention being to use Traffic Management Orders to help improve the situation in general.

In February the Committee welcomed representatives from **Genesis Housing**, another Registered Provider in the borough with more than 6000 properties. Discussions included the forthcoming merger with Notting Hill Housing, with plans in place to appoint a local contact officer and to improve engagement with residents, for example, undertaking site inspection visits that residents were invited to join.

A discussion followed about the conversion of social tenancies to affordable rents. The Committee was advised that the overall turnaround of converted tenancies was relatively low, and were based on a combination of factors including the housing association's ability to build, grants attached to the property, grants available from central government and the revenue required to be raised. Members were also given an update on Genesis' leasing scheme, and discussed performance, property maintenance, community funds and fire safety arrangements.

Members also received a report focused on the **Find Your Home Programme**, initiated following the introduction of the Homelessness Reduction Act in April 2017, which had helped over 3000 people. Members welcomed the scheme but also noted that private rented sector accommodation was not a long-term solution but a short-term intervention.

Officers gave an update on the Council's **Housing Development Plans** and infill programme. They explained that housing demand in Brent was in line with the overall London trend and that the plans, which were part of the Council's Housing Strategy, were aimed at responding to the service needs. Members emphasised the importance to consult with residents on any incentives available from contractors as well as looking at overall price and quality of the service provided.

In March Members welcomed **Catalyst Housing**, focusing on customer satisfaction, investment and improvement works. Engagement with both residents and councillors was discussed and in particular how this could be improved. There was also discussion on fire safety, in particular smoke alarms, and information sharing with residents about maintenance. Catalyst confirmed that there was a fire evacuation strategy in place for each building.

Members received a report on the **Homelessness Prevention Programme**, providing information about the key changes and implications of the Homelessness Reduction Act 2017 which was due to take effect from 3rd April 2018 as well as an overview of the role and performance of the Council's Single Homeless Prevention Scheme (SHPS), including lessons learned to date. Members learned that there would be a new statutory duty for public bodies to make referrals to the Council of families under threat of becoming homeless in order to prevent this at an early stage. Members enquired about the financial implications of the Act, with officers explaining that Brent was well placed in preparation for the new Act but financial predictions were difficult as spending and demand had not yet started.

A discussion then took place on the **Landlord Licensing Scheme** introduced in January 2015. Officers set out the impact of the scheme on private rented sector tenants since its introduction. Discussions also took place about licensing fees, the impact on landlords and tenants and tackling fly-tipping.

Members lastly received a report on **Customer Service Performance** and the significant improvements in relation to the performance of the Housing Contact Centre that had been made since October 2017. At the time of the meeting, an action plan was being developed to progress improvements in areas such as call handling. Amongst the key points in the plan was the need to review the waiting times and align it more closely with the service standard.

5. Task and Finish Groups

One time-limited task group was set up during 2018/19 to look at **the fire safety of low-rise domestic properties in Brent**. The Task Group reviewed types of fire incidences, cause of death, fire safety measures and fire safety awareness campaigns in Brent with a specific focus on low-rise properties (up to nine storeys). It reported to Cabinet in January 2018 with a number of recommendations that covered the following areas:

- Fire safety measures for Brent Council owned properties, social housing delivered by Registered Providers (RP); details of respective communications strategy;

- Building regulations applicable for owner-occupied and PRS properties;

- Emergency vehicle access for social housing estates with a focus on parking enforcement;

- Brent Council and RP housing allocations policy based on residents ability to respond to fire and other emergency incidences;

- Available facilities (e.g. bicycle shed) for residents to store large items (e.g. bicycles and buggy's) and clear items (e.g. white goods, furniture) in common areas.

6. Visits and engagement

The Housing Scrutiny Committee believes that visiting sites and speaking with service users where possible, provides a real first hand insight when scrutinising these services. The Housing Scrutiny Committee made a visit to the Travellers Site at Lynton Close, in advance of considering a report on this topic at its meeting in September.

As part of European Local Democracy Week Cllr Long held a scrutiny café in Willesden Library. Issues raised include the lack of publicity in libraries, repairs, the complaints process at Network Housing and the slow progress on an infill development.

7. Wider Scrutiny Networks

Members of the Committee have been involved with scrutiny networks and organisations outside Brent. One of the most important of these has been the London Scrutiny Network, which is made up of representatives of Scrutiny Committees from a number of London boroughs. The Chair of the Committee attended a number of these meetings during 2017/18. The Committee has also built links with the Centre for Public Scrutiny and the Chair attended its national conference in December 2017.

Part Three: Resources and Public Realm Scrutiny Committee

8. Work programme 2016/17

The process of agreeing the annual work programme for the Resources and Public Realm Committee included a workshop organised for Scrutiny Members, Lead Members and Strategic Directors, where all were invited to pitch ideas for scrutiny for the forthcoming year. These ideas were then judged against criteria developed to reflect the principles of effective scrutiny.

A relevant, focused and strategic annual work programme was agreed at the committee's first meeting and was kept under constant review. The 2017/18 work programme covered a wide range of policy areas within the committee's remit, spanning corporate resources, regeneration and environment, transport, community safety and the performance, policy and partnerships department. It also extended beyond the council to include submissions from the Department from Work and Pensions and the Metropolitan Police.

8.1. Regeneration and Environment

The Lead Members for Regeneration, Growth, Employment and Skills, and for Environment, presented a **follow up review on Brent high street initiatives**, which provided a performance analysis of the newly recruited town centre managers, the digital high streets project and the in-house uniformed litter patrol service. There were questions from Members on Business Improvement Districts (BIDs), the roles of the Town Centre Managers, performance indicators and the potential for expansion of the roles to other areas. Regarding the uniformed litter patrol service, matters discussed included what actions could be taken to improve the timeliness of payments for fixed penalty notices and the responsibility for educating residents on appropriate waste disposal.

The committee considered the revised **Tree Management Policy** for the borough, and members questioned whether the council targeted the planting of new trees to areas most affected by poor air quality. Queries were raised regarding sources of funding, and whether the council had explored approaches successfully utilised by other boroughs. There were also a questions on tree maintenance in Brent and discussion of the lack of resources available for planting of trees on any significant scale.

The committee made a comprehensive series of recommendations for amendments to the policy, including the inclusion of a section on air quality and in particular the importance of street trees in mitigating the impact of air pollution.

Members reviewed of **recycling rates in Brent,** with the Lead Member for Environment highlighting the challenge to the council in sustainably maintaining recycling rates against an increasing proportion of flats in the borough. Members sought clarity on trends in Bulky Waste requests and the use of the Abbey Road Brent Reuse and Recycling Centre site since the Bulky Waste charge was introduced. Members also queried why the council was not being bolder in its recycling targets and asked what strategy was in place to address the issue of recycling in flats. There was also discussion on whether Brent was able to increase charges for Trade Waste and on how to better educate Brent's residents regarding the free of charge services,

to address illegal dumping. The committee asked that the Lead Member ensure that the promotion of the council's Recycling App is maximised.

Councillor Miller (Lead Member for Stronger Communities), The committee received a report **reviewing Trading Standards' role and priority areas,** as the budget for TS had reduced significantly in recent years, whilst demand had continued to increase. In questioning and discussion, the committee placed great emphasis on potential for invest-to-save opportunities for the service and the need for a commitment to protecting Brent's vulnerable residents. Specific questions were also asked regarding the service's scope to take enforcement action against ticket touts and whether it worked with the voluntary sector to raise awareness around fraud and scams, with the proliferation of online scams being noted, and questions asked on how the Trading Standards had evolved to respond to this trend. Discussing the rising number of acid attack incidents across the country, members questioned how the TS worked with Brent traders regarding the sale of chemicals used in such assaults.

The District Operations Manager for the Department for Work and Pensions presented a report on **employment and employability in Brent**, outlining the proposals to close the Willesden and Kilburn Job Centres and merge them with existing sites in Wembley and Harlesden. The committee questioned the purpose of the closures and sought to understand if cost or service redesign was the dominant factor. The committee also queried how accessible the online consultation process had been for vulnerable groups accessing services at the affected job centres. Members sought clarity regarding the scrutiny mechanisms in place for the DWP and questioned whether the DWP would be open to more local scrutiny and information sharing with Brent Council. The Chair of the Task Group on Food Banks sought commitment from the DWP to exploring and progressing the recommendations of the task group report.

Members also considered a report on **Wembley regeneration**, which provided an overarching view of the work and development being undertaken in Wembley. They asked questions on Quintain's business model for its Wembley Park development; the replacing of the pedestrian way (pedway) between Wembley Park underground station and Wembley Stadium; the community benefits being delivered by the Wembley Park regeneration; and the extent that the new developments met the Council's planning guidance.

Progress made against the recommendations of the Section 106 and Community Infrastructure Levy (CIL) Task Group was reported, with thirteen actions categorised as green, ten as amber and one as red. Members commented on the lack of clarity around CIL and questions were raised regarding the possible uses and restrictions of S106 and CIL spending. It was also queried how the recommendations of the report accorded with the Council's planning objectives, and there was discussion about whether it was possible to use CIL to pay for building affordable housing.

A similar update was received on the **recommendations from the Devolution of Business Rates Task Grou**p. The Deputy Leader explained that in preparation for the anticipated devolution of business rates, London's local authorities were considering pooling business rates to provide a level of financial stability across the region. The committee questioned how the council addressed attempts by business owners to avoid paying business rates by dividing businesses into separate parts; and further queries were raised regarding the increased use of Wembley Stadium and how this affected the Stadium's business rates. The committee also questioned whether

Planning Policy would change to reinforce a desired mix of residential and business use in developments and highlighted that more could be done to enhance local partnerships.

The Lead Member for Regeneration, Growth, Employment and Skills presented an update report to the Committee on the **South Kilburn Regeneration Programme**, **Carlton & Granville Centres Site**, further to the committee considering the project in response to a call-in of Cabinet decisions taken on 15 November 2016.

The committee was pleased to note that stakeholders had been involved in the drafting and finalising of the brief for appointment of design teams and praised the consistent level of consultation throughout. Members subsequently discussed steps to boost public attendance at future consultation events and queried what lessons had been learned from the approach to consultation used.

8.2. Resources

The committee received a **strategic overview of the council's funding**, setting out the main sources of local government funding and providing an illustration of the year on year reduction of local government core funding. In discussion Members raised questions on the Council's response to budgetary uncertainty. Clarity was sought on figures quoted and the challenges ahead, including the work being undertaken to identify ways to bridge the funding gap for 2019/20.

A report on **Community Access and Vulnerable People** detailed the key factors used to determine if a resident was considered vulnerable and provided an update on the former Community Access Strategy. The committee acknowledged that vulnerability could appear in many forms, but emphasised the importance of ensuring that the council was able measure its performance in supporting its most vulnerable residents. Members suggested a working group or task group be established to determine a way to define this cohort, drawing on outside expertise such as that provided by the Joseph Rowntree Foundation.

The council's Property service provided a **general introduction to the council's property and assets** for the committee, who questioned whether these were being maximised for the council's civic enterprise agenda, including being used as advertising space and how they were being used to meet the council's strategic objectives.

Members further queried whether the council had a strategy for identifying sites from within its own portfolio that would be suitable for development over the next few years. Clarification was sought regarding the financial arrangements with academy schools on council owned land. There was some concern that the council was not able to use its existing property portfolio in an innovative manner to address issues of urgent need in the borough; and the committee expressed its desire to pre-scrutinise the planned revision of the Council's Assets Strategy prior to its submission to Cabinet for approval.

8.3. Performance Policy and Partnerships

The Complaints Annual Report 2016 – 2017 was provided to the committee, covering performance in Brent Council and Brent Housing Partnership (BHP) for the period April 2016 to March 2017, including high level data for the previous two years

for comparison. The headlines of the report were discussed, including volume of complaints, the nature of and reasons for complaints.

Members welcomed the report but commented that it would be improved by the addition of comparative data for other authorities. The committee questioned the cost of complaints for the council, querying the size of the complaints team and the number of officer hours spent. Acknowledging the impact of central government's policy of austerity on local government services, the committee queried whether timescales for departmental responses had been adjusted to accommodate reduced resources and if so, whether this was communicated to Brent's residents.

The committee received a presentation on the outcomes and learning from the Council's first **Outcome Based Reviews** (OBRs) and the progress of three new OBRs. The first OBRs had been carried out in 2016 and had focussed on Housing for Vulnerable People, Employment Support, and Welfare Reform and Regeneration. The new OBRs focussed on Domestic Abuse, Edge of Care and Gangs.

There was discussion on how the OBRs were selected, how decisions were made about who should be consulted, and how and by whom the interface with people was managed. With regard to the Domestic Abuse OBR, the committee strongly emphasised the importance of early intervention. Discussing the OBR on gangs, the committee queried whether gang activity had increased in Brent, how the council currently worked to tackle this issue and how the outcomes of the OBRs would be monitored to assess their effectiveness.

Members discussed the **Digital Strategy and the customer experience**, receiving an overview of the Digital Strategy, approved by Cabinet in June 2017 and outlined the proposed Channel Strategy currently in development. In the subsequent discussion members questioned whether the council had undertaken appropriate research and queried whether the website could be accessed in different languages. Questions were also raised regarding response times with regard to emails and how to manage public expectations.

Members expressed support for the Harlesden Community Hub model but noted that issues had been raised regarding uniformity and quality of service due to the range of different partners contributing to its delivery. It was subsequently queried whether this issue was being monitored and addressed. Members also asked about contingencies should the council's IT infrastructure fail and queried what the council could do to expand the provision of high-speed broadband in the borough.

The committee received the **Safer Brent Partnership Annual Report and update on Community Safety**, welcoming the Deputy Borough Commander from the Metropolitan Police and the Chief Executive and chair of the Safer Brent Partnership, as well as the Lead Member for Stronger Communities and other key council officers. It questioned whether a reduction in resources was impacting any performance in the report and also whether any reduction in community policing was having an impact on intelligence gathering. Questions were also asked about street grooming and what was being done to ensure this was not occurring in Brent; as well as approaches to tackling prostitution gang activity, drug use and the notion of designing out crime in the public realm.

9. Task and Finish Groups

9.1. Food Banks and Poverty Task Group Report

A task group was convened to look at this area due to the significant rise in food bank usage nationally and lack of a detailed picture of food bank usage across Brent. Members were also concerned with the human impact food poverty is having on local communities and wanted to understand the scale and drivers of food poverty and food insecurity.

The task group was made up of members of the committee and other councillorws, as well as expert advisors from relevant bodies including West London Business and the Child Poverty Action Group. It was also advised by the Trussell Trust. Concern was focused on vulnerable residents such as the elderly, disabled and children, for example the impact of hunger on children and young people's education. The task group also explored why individuals need to use food banks, and ways to tackle stigma associated with this. This included the impact of welfare reform changes from central government, unemployment, rising costs of living and low pay. There also exists a varying degree of regulation, safe guarding and data collection across different providers.

The task group considered that the impact of welfare changes such as Universal Credit could be far reaching, and that it was vital that the council and other local public sector partners put in place organisational arrangements that enable Brent to mitigate the impact Universal Credit as far in advance as possible. It made 36 individual recommendations, grouped into six discovery themes, which were reported to Cabinet. These themes were:

- Why people use food banks (triggers to financial crisis)
- Policy development
- Working in partnership – public, private and voluntary sector
- The user experience (Including the referral processes)
- Future models for food banks and community kitchens in Brent
- General and best practice.

9.2. Budget 2017/18 Scrutiny Panel Report

This year's budget scrutiny task group was formed at the halfway point of a two-year budget. As a result, it undertook budget scrutiny in a slightly different way than in previous years. This included focusing on specific policies where it had concerns, rather than reviewing all spending plans (which last year's task group had already examined), as part of its legal duty to scrutinise the budget. Alongside this, the task group also looked at the impact of the plan to pool business rates across the London boroughs.

The task group was comprised of members from the three scrutiny committees and chaired by the Chair of the Resources and Public Realm Committee. It met three times, including a session attended by the Leader and Deputy Leader, to discuss the proposed pilot for pooled business rates in London. Relevant members of the Cabinet and senior officers also attended to inform discussions of the progress against savings

proposals from the existing budget. It was further advised by experts from London Councils, the Local Government Association, and the Department for Communities and Local Government.

The task group has made 12 individual recommendations, which were reported to Cabinet and Council as part of the consideration and passing of the budget.

10. Visits and engagement

The Resources and Public Realm Scrutiny committee believes that visiting sites and speaking with service users where possible, provides a real first-hand insight when scrutinising these services.

The Resources and Public Realm committee made a few visits in 2017/18.

- Harlesden High Street (review of high street initiatives)
- Abbey Road, Brent Reuse and Recycling Centre (review of recycling rates)
- New development site in Wembley (Wembley regeneration)

Appendix 1

Brent Council

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