



Community and Wellbeing Scrutiny Committee

Wednesday 30 January 2019 at 6.00 pm

Boardrooms 3-5 - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Afzal
Conneely
Hector
Knight
Shahzad
Thakkar

Substitute Members

Councillors:

S Butt, Gbajumo, Gill, Kabir, Kelcher, Mashari and
Nerva

Councillors:

Kansagra and Maurice

Co-opted Members

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

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Brent Youth Parliament Representative

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

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The press and public are welcome to attend this meeting.

Notes for Members - Declarations of Interest:

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

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

If the Personal Interest is also 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 or trade union).
- (b) The interests 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 Committee meeting held on 28 November 2018 To approve the minutes of the Committee meeting held on 28 November 2018 as a correct record.	1 - 12
5 Matters arising (if any)	
6 Feedback Report: Members' Overview and Scrutiny Task Group to Review Contextual Safeguarding in Brent This report updates committee members with interim feedback from the members' overview and scrutiny task group which was set up by the Community and Wellbeing Scrutiny Committee to review contextual safeguarding in Brent.	13 - 28
Ward Affected: All Wards	Contact Officer: James Diamond Scrutiny Officer Email: james.diamond@brent.gov.uk Tel: 020 8937 1068
7 Winter Pressures - learnings from winter 2017/18 This report provides an update for the Community and Wellbeing Scrutiny Committee on Winter Pressures – learnings from winter 2017/18 and sets out a system-wide approach on winter preparedness in Brent for 2018/19.	29 - 40

Ward Affected:
All Wards

Contact Officer: Rashesh Mehta
Assistant Director for Integrated Urgent Care &
Long Terms-Conditions
Brent Clinical Commissioning Group

8 Complaints Annual Report 2017 - 2018

41 - 88

The 2017/18 Complaints Annual Report was presented to Cabinet on 10 December 2018. This version of the paper focuses on complaints performance in the Community Wellbeing Department - Adult Social Care directorate and Culture service and complaints performance in the Children and Young People Department.

Ward Affected:
All Wards

Contact Officer: Irene Bremang
Head of Performance & Improvement
Email: irene.bremang@brent.gov.uk
Tel: 020 8937 1822

9 Update on the scrutiny work programme

89 - 100

The report updates Members on the Committee's Work Programme for 2018/19 and captures scrutiny activity which has taken place outside of its formal meetings.

Ward Affected:
All Wards

Contact Officer: James Diamond
Scrutiny Officer
Email: james.diamond@brent.gov.uk
Tel: 020 8937 1068

10 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 18 March 2019



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

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Wednesday 28 November 2018 at 6.00 pm**

PRESENT: Councillors Ketan Sheth (Chair), Colwill (Vice-Chair), Afzal, Hector, Knight, Mashari, Shahzad and Thakkar

Co-opted Members Mr A Frederick and Ms Askwith

Also Present: Councillors Hylton, McLennan and M Patel

Absent: Mr Milani and Ms Yaqub

1. Apologies for absence and clarification of alternate members

The following apologies for absence were received:

- Councillor Conneely (with Councillor Mashari substituting)
- Simon Goulden (Co-opted Member)
- Lesley Gouldbourne (Appointed observer - Brent Teachers' Association)
- Ms Sotira Michael (Appointed observer – Brent Teachers' Association)
- Jean Roberts (Appointed observer - Brent Teachers' Association)

Gail Tolley (Strategic Director of Children and Young People, Brent Council) informed the Committee that she would leave the meeting at 6:30 pm in order to attend a meeting of the Teachers' Joint Consultative Committee, following which she would return to the room.

2. Declarations of interests

The following personal interests were declared:

- Councillor Ketan Sheth declared that he was a Lead Governor at Central and North West London National Health Service Trust; a Governor of the federation of St Joseph's Infant School and St Joseph's Junior School; a member of the Board of Harrow College and a Director at Daniel's Den Ltd;
- Councillor Colwill declared that he was a Governor at St Gregory's Catholic Science College;
- Councillor Knight declared that she was a Governor at Wykeham Primary School and a Co-founding Trustee of The Promise Foundation;
- Councillor Mashari declared that she was a Governor at Wykeham Primary School;
- Councillor Thakkar declared that she had recently been appointed as a Governor at Phoenix Arch School;
- Co-opted Member Alloysius Frederick declared that he was Chair of Governors at St Gregory's Catholic Science College; Chair of the All Saints Trust; and a National Leader of Governance; and

- Co-opted Member Helen Askwith declared that she was Governor at Wembley Primary School.

3. **Deputations (if any)**

There were no deputations received.

4. **Matters arising from the previous meeting**

It was noted that the minutes of the special meeting on the London Borough of Culture, held on Wednesday 21 November 2018, would be approved at the Committee meeting on Thursday 13 December 2018

There were no matters arising from this meeting.

5. **Children and Adolescent Mental Health Services Update**

Duncan Ambrose (Assistant Director, Brent Clinical Commissioning Group (CCG)) introduced the report which provided an overview of the current Child and Adolescent Mental Health Services (CAMHS) offer in Brent and the improvements and investments identified in the CAMHS Local Transformation Plan. Mr Ambrose pointed out that two out of three children with mental health conditions did not receive the support they needed. In order to address this, the National Health Service (NHS) had set up a plan for investment in CAMHS which was refreshed on an annual basis.

Mr Ambrose directed Members' attention to section three of the report which provided an update on progress against the CAMHS Scrutiny Task Group recommendations. In relation to increasing investment in mental health support in schools, it was noted that the Brent CCG had submitted a bid for School CAMHS service and was awaiting the outcome.¹ Furthermore, Brent CCG had engaged with schools directly and through partnership fora to confirm the referral processes, leading to a positive impact in referrals. Work on developing a programme of peer and staff support in schools was ongoing as well as the engagement and recruitment of community champions.

Jackie Shaw (CAMHS and Eating Disorders Service Director, Central and North West London (CNWL) NHS Trust) added that Brent Council and Brent CCG had been successful in developing a children's eating disorder service which had the ability to assess urgent cases on the day of referral. She added that commissioning arrangements had been under review as services had to become more responsive to the needs of children and the increasing demand. A potential option to achieve this would be the commissioning of joint providers to operate in a similar way to Autism diagnosis support services. Furthermore, an urgent crisis service had been introduced which enabled children who presented themselves at hospitals to access specialist support 24 hours a day, seven days a week, while new discharge arrangements had made referrals to local services quicker. Nevertheless, the CNWL NHS Trust would continue to work closely with local communities in order to prevent children from going to hospitals unless this was strictly necessary.

¹ The outcome of the application was expected by 15 October 2018, but it had not been made available yet.

The Committee welcomed the report and enquired whether the CAMHS in Brent were at crisis point. Mr Ambrose said that there had been a reduction in the number of children on waiting lists – 90% of children were seen within the target of 18 weeks which had reduced waiting lists by approximately 50%. Although the total number of children accessing CAMHS continued to increase, the service was not at a crisis point, but there had been concerns related to falling mental health workforce numbers. A number of professionals were leaving because it had not been affordable for them to live in London which caused issues related to the development and expansion of staff. Brent CCG held weekly conference calls with the CAMHS team to monitor recruitment to vacant posts and in cases where recruitment rounds had not been successful, relocation support and training had been offered to prospective candidates. Ms Shaw added that there was a retention group looking at recruitment and retention and examining the specialist roles the service needed. The issues with workforce recruitment and retention had an effect on the ability of Brent CCG and the Trust to transform the service and there had been reports of high levels of stress among staff. This had been addressed through supervision, support and staff wellbeing events. Apprenticeships for nurses and therapists as well as training contracts, along with internal promotions, had been considered where practical and initiatives such as rotating nursing staff between children and adolescent wards had been introduced. Moreover, peer support for young people who did not have diagnosable conditions was expected to reduce the need for specialist interventions. Furthermore, the Trust had put in place a number of measures such as using temporary staff, offering extra hours, addressing staff expectations and altering the service model. The way people entered the system, received support and were discharged was managed in a stricter way to address the discrepancies in the number of appointments children were given. The CAMHS gateway had been revised to ensure that it provided a consistent access route for all commissioned CAMHS in Brent, enabling referrals to be assessed in a timely manner.

A Member of the Committee enquired about the awareness of neurodevelopment disorders among General Practitioners (GPs), teachers and parents, as the majority of the referrals to CAMHS were made by GPs, parents and schools. Dr Ketana Halai (Clinical Director – Willesden, Brent CCG) explained that GPs relied heavily on reports received by schools as the 10-minute appointments they offered did not provide sufficient time to assess children in detail. Mr Ambrose added that often children referred to CAMHS had communication problems. Therefore, although speech and language support was provided promptly, diagnosis could be delayed. In addition to the specialist Youth Offending CAMHS worker, Brent CCG was working with schools to put in place specialist CAMHS workers alongside the education psychology team.

Mr Ambrose said that there were various teams working on the prevention of anxiety, depression and negative impacts of social media. Local communities had been engaged in tackling stigma and encouraging an early diagnosis (prior to a formal referral being made), but this had been challenging due to the fact that people moved frequently. There was a wide range of activities focused in schools, with greater amount of psychotherapy being available at schools for pupils with Special Education Needs and Disabilities (SEND). Zoe Kattah (Representative, Healthwatch Brent) said that the Thrive Plan for 2018/19 was linked to CAMHS in schools and included proposals to establish community champion roles to promote good mental health and wellbeing among children and young people. Nine

champions had been recruited to develop a social media engagement platform that could be used by young people to help them find out more about their mental health and there were plans to create a video to be shown in schools.

A specific question raised by the Brent Youth Parliament Observers on the Committee concerned the measures Brent CCG and the Council had put in place to ensure that young people throughout the Borough could access the same quality of support irrespective of where they lived and studied. Mr Ambrose explained that under the current arrangements some schools procured CAMHS themselves. Brent CCG had been actively trying to link schools up so they could achieve better value for money through joint commissioning which would also facilitate transitions between services. It was noted that while some schools had been very good at maximising the benefits of the offer in the Borough, others had not engaged as well and the Committee enquired about the measures that had been taken to encourage collaboration. Mr Ambrose responded that if the bid for School CAMHS service was successful, it would benefit all schools and colleges in the Borough as it would supplement the existing provision and would ensure that mental health support would be available to children even if some schools did not procure services.

Responding to a question about the link between childhood obesity and mental health, Mr Ambrose pointed out that this correlation had already been discussed at previous meetings of the Committee. He said that risks related to eating disorders were more acute than those linked to obesity, i.e. it was more immediately dangerous for a child to be anorexic than obese. Furthermore, obesity was not generally seen as a mental illness despite the fact that there was a link between mood and food and food was part of the cultural identity of many Brent residents.

Members of the Committee enquired about the support available to parents and Mr Ambrose said that an event for parents and relevant stakeholders had taken place in October 2017, with another one planned to take place in February 2019. Work with parents started at very early stages when children had displayed early signs of having a mental health condition and a number of indicators were examined if they struggled. A series of events targeted at young people had allowed commissioners to hear their views and had led to the development of an online counselling service which offered initial learning support and direct online counselling. In addition, as part of their work, Healthwatch Brent attended school assemblies and parental evenings to raise awareness about the importance of maintaining good mental health.

Mr Ambrose acknowledged that there were gaps in the existing provision and that certain communities found it difficult to access the offer. The support that was offered in the Borough relied on a multiagency approach to tackle stigmas associated with some communities living in Brent. For example, the Brent CCG was aware of the number of people who found it difficult to ask for help in their communities and it had linked up with Public Health England in relation to Thrive LDN - city-wide movement aspiring to promote mental wellbeing, prevent illness and eliminate suicide in London. Its approach relied on having a conversation in the community about mental health and it could be adapted for the needs of CAMHS as representatives of local communities could be trained to offer low level support.

RESOLVED:

- (i) The contents of the Child and Adolescent Mental Health Services Update report, be noted;
- (ii) The multiagency CAMHS steering group be encouraged to liaise with organisations such as the National Autistic Society to capture the symptoms of neurodevelopment disorders early;
- (iii) The issue of staff retention be examined in a report on the workforce involved in delivering the CAMHS provision in Brent; and
- (iv) A report on gaps in services and fragmentation of delivery, along with the associated risks, be provided.

Gail Tolley left the meeting at 6:26 pm in order to attend a meeting of the Teachers' Joint Consultative Committee.

6. Brent Council's Youth Offer

Councillor Mili Patel (Lead Member for Children's Safeguarding, Early Help and Social Care) introduced the report which provided an overview of the youth offer in Brent and included detailed information about the Connexions service, Brent Youth Parliament (BYP), services delivered from the Roundwood Youth Centre and the newly established Brent Youth Zone website. She pointed out that the Council had not fully recovered from the cuts it was forced to make in 2015 so the majority of services for young people were targeted at specific groups. Nigel Chapman (Operational Director – Integration and Improved Outcomes, Brent Council) provided more detail on specific services and future proposals. He noted that the outcomes for young people from the Connexions service² had been positive, with performance being in the top 25% nationally. The contract for this service was due for recommissioning in April 2019 and officers had been looking into ways of combining the in-house provision with the commissioned contract as per the recommendations of recent Outcome Based Reviews focused on Gangs and Children on the Edge of Care.

Mr Chapman informed Members that although the scope of the youth offer in the Borough would be reduced, arrangements were expected to be enhanced by delivering services differently. For example, the online youth offer (Brent Youth Zone) had been launched on 23 November 2018 (the Children's Commissioner's Takeover day). It had been developed in collaboration with young people across the Borough including BYP and users of Roundwood Youth Centre. It provided information on work and learning; help, safety and advice; things to do; and ways of getting involved. Future plans were being developed to create a Youth App to further the use of Brent Youth Zone and expand its reach.

Sandra White (Sector Development Director, Young Brent Foundation (YBF) delivered a presentation on the charity's history, current activity and future plans to work with Brent Council. Members heard that YBF had been set up in 2016 with the aim to support voluntary sector organisations, working with children and young people in Brent, at a time of severe challenges and funding cuts. She directed the

² The Connexions service met the legislative duties of the Local Authority under the Education and Skills Act 2008 and the Education Act 2011.

Committee's attention to the findings of the Young Brent Survey which had identified the key needs, challenges and opportunities for voluntary organisations supporting young people in Brent. There had been 120 groups and organisations, primarily focused on education, community development, arts and sports, working in the Borough supporting approximately 5,000 young people a month. One of the main challenges identified had been the lack of affordable space to be used by young people. The demand for it had been highlighted by the successful Midnight University initiative organised by The Hyde Group – Hyde Housing when the Yellow Pavilion in Wembley had stayed open until midnight. A further issue related to lack of signposting and coherence between the work of various groups and organisations as a number of them were operating in silos. Ms White said that YBF acknowledged the need to invest resources in building the capacity of organisations and enable them to become contract ready.

In relation to the rising violence and youth offending in the Borough, Members heard that YBF had been one of the 18 organisations appointed by the National Citizens Service Trust to deliver a new £2 million pilot programme to reach more young people. In addition, eight local community organisations, members of the Foundation, had joined together to offer free places to families with inactive 5 to 10-year-olds on the Fun Fit Families programme funded by Sport England and the National Lottery. The Foundation would also participate in consortium development as 15 organisations had been vetted to bid for a large amounts of money and it would support the Young Londoners Group to ensure that they delivered the bid they had won. Ms White said that YBF realised the importance of children having safe spaces and she would be working with Housing Associations and the Local Authority to identify hubs in the Borough which could be accessed by children from across Brent.

The Committee enquired about the stakeholders' assessment of the youth offer in Brent. Ms White commented that from the perspective of YBF, the offer required improvement as closer collaboration between organisations supporting young people and the Local Authority was needed. However, she noted that the situation in Brent was similar to the arrangements in other boroughs as funding for children services had been reduced across the country. Mr Chapman acknowledged that there was work to be done to improve provision. He highlighted that the Council's perspective on the youth offer was related to coordinating activities and providing information on what was available locally rather than delivering services directly. He said that the Local Authority was looking forward to working closely with YBF – in fact, Gail Tolley (Strategic Director of Children and Young People, Brent Council) would be meeting representatives of John Lyon's Charity (one of YBF's funders) to look at ways the existing relationship between the Council and YFB could be developed.

Brent Youth Parliament observers referred to the options to redesign services from the Roundwood Youth Centre and questioned whether the revised model would meet the need of residents. Councillor Mili Patel explained that as the Centre was currently underused, the intention was to change its use to an Alternative Education Provision for young people aged 11-16 during the school day and use it as a hub for youth and community activities outside these times. The collaboration with YBF was expected to improve provision by maximising the number of organisations delivering services from the site. As provision for secondary school children not in mainstream education had to be sought outside of Brent, providing alternative

education from Roundwood Youth Centre would facilitate access and save travel time.

A specific concern raised related to the fact whether existing users had been consulted. Mr Chapman said that a consultation on alternative use of the site had been part of the tender procedure for the delivery of Youth services that had been conducted in 2015/2016. However, no specific consultation on the current proposal had been carried out as it was subject to approval by Cabinet. Councillor Mili Patel added that one of the reasons why the Roundwood Youth Centre was currently underused might be the fact that some young people did not feel safe moving around the Borough so satellite hubs might address their needs better. Once a decision had been made, the Local Authority would work closely with YBF to identify potential sites. Ms White added that the John Lyon's Charity had looked at a number of spaces and had proposed to develop a venue bank which would allow organisations to book spaces. She noted that once the link to it became operational, it could be circulated to the Committee.

Members commented that it had been three years since cuts to the provision of youth services had been made and asked whether assessment of the impact of the changes on the youth offer had been carried out. Gail Tolley emphasised that the paper described the youth provision at the present time, adding that the Children and Young People Department had not received a request neither had the resources necessary to assess the impact of the closures over time. She explained that Elected Members had made a decision to close youth centres in 2015/2016 and impact assessments had been made according to the guidance provided at the time. Furthermore, YBF had been created to provide a lead on community led youth services and Brent Council had been working closely with YBF which engaged young people and supported them to design services that met their needs. Gail Tolley assured Members that she had been involved in regular discussions on youth provision through BYP and the Children's Commissioner's Takeover day.

Members referred to academic literature suggesting a connection between the reduction of children services and the increase in youth offending. Mr Chapman explained that there had not been sufficient empirical evidence to suggest such a correlation although the Council's did not deny its existence.

It was noted that even if Cabinet approved to change the use of Roundwood Youth Centre to an Alternative Education Provision site, the Department for Education had to agree that such a use would be sustainable in the long term. Therefore, the transformation of the site would not be finalised prior to the autumn of 2019. This led to a discussion of potential interim measures that could be put in place to increase the number of activities taking place at the site. Members enquired whether it could be possible to receive a copy of the current calendar of bookings, along with an action plan to increase the usage of the building in the short term. Mr Chapman responded that it was possible to share the current timetable which reflected the fact that most children were at school during the day and the majority of services had been concentrated in school holidays. He reminded the Committee that there had been discussions with YBF aimed at increasing the number of services delivered from the Roundwood Youth Centre.

A member of the public addressed the Committee in her capacity of a volunteer at Roundwood Youth Centre youth club sessions. She stated that these had been

very well attended by hard to reach young people and asked whether the Local Authority could guarantee that existing service users would be supported by continuing the club sessions during the transition period and under the new arrangements. Mr Chapman responded that the Local Authority's intention was not to end the provision of any existing services, but to enhance the offer delivered from the site. Therefore, the youth club sessions were expected to continue operating under the new service delivery model as the Council wanted to do its best to support young people.

RESOLVED:

- (i) The contents of the Brent Council's Youth Offer report, be noted;
- (ii) The following recommendations were made to the Council's Cabinet:
 - Collaboration between Young Brent Foundation and Brent Council be encouraged with the aim to improve services available to young people;
 - Brent Council be encouraged to support Young Brent Foundation in developing satellite hubs for youth provision in the Borough;
 - An impact assessment in relation to the future changes outlined in the paper be carried out;
 - An update on future plans for the Roundwood Youth Centre be provided in six months time;
 - An update report on changes to Brent's youth offer be provided; and
 - An update report on the way Young Brent Foundation utilised funds to deliver services be provided

Gail Tolley re-joined the meeting at 7:35 pm.

Helen Askwith, Councillor Wilhelmina Mitchell-Murray (in attendance) and Councillor McLennan (in attendance) left the meeting at 8:00 pm.

The meeting was adjourned between 8:00 pm and 8:09 pm for a comfort break.

7. The Development of Family Hubs in Brent

Councillor Mili Patel (Lead Member for Children's Safeguarding, Early Help and Social Care) introduced the topic and reminded Members that the proposals outlined in the paper were subject to consultation and pending a decision by Cabinet. Therefore, she proposed that the financial aspects of the Family Hub model could be discussed at the special Budget Scrutiny meeting scheduled to take place in early December 2018.

Nigel Chapman (Operational Director - Integration and Improved Outcomes, Brent Council) presented the report which included details of what the introduction of a Family Hub model in Brent could provide, building on the current provision of services offered by the Borough's children centres. He directed Members' attention to paragraphs 3.8, 3.9 and 3.10 of the report (pages 57-58 of the Agenda pack)

which summarised the changing nature of service demand and the necessity to think differently about the way services would be delivered to the most vulnerable families in Brent. Mr Chapman pointed out that information about other parts of the country where the Family Hub model had been in operation was also included in the paper.

The Chair spoke of a site visit to a Children and Family Hub run by Westminster City Council which had provided Members with a good insight into what the model looked like once developed and enquired about the ways it was expected to improve existing provision in Brent. Mr Chapman explained that children centres had been successful in engaging families with children aged 0-5 which had led to a number of positive outcomes such as a greater proportion of children being school ready; building resilience amongst families at risk; greater engagement of fathers, etc. However, there was currently a 'cut off' of services once children turned 5 which the Family Hub model would address by moving towards a whole family approach as issues like late diagnosis of mental health conditions and risk of youth violence, often arose with older children.

Service delivery under the Family Hub model would take into account the research carried out as part of the Council's Outcome Based Reviews (OBRs) on domestic abuse, children on the edge of care and reducing the impact of gang activity. It would enable services to be co-located and delivered to families with children of all ages including vulnerable adolescents. Sue Gates (Head of Early Help, Brent Council) explained that at present children centres were used predominantly during school hours (9 am to 3 pm). Under the new model, there would be fewer centres, but timetabling of activities would be improved to enable a wider range of services to be offered. This would take into account the outcomes of the OBRs, the results of the children centres annual satisfaction survey and the outcome of the consultation on the Family Hub model. She explained that it might be possible that not all services would be delivered from all centres, with others such as employment support and housing advice, rotating between the sites. Furthermore, service provision would be flexible, including weekends, depending on demand – in fact, at present there were activities taking place on Saturdays and Citizen Advice Brent used some of the sites to deliver sessions in the evenings.

Members expressed concern that accessibility could be affected as the number of children centres could be reduced from 17 to eight which represented a reduction of more than 50%. They enquired whether geographic considerations had been taken into account when developing the proposal and whether an impact assessment covering travel time and costs had been carried out. Gail Tolley (Strategic Director of Children and Young People, Brent Council) said that an impact assessment would be carried out prior to deciding on the locations of the Family Hubs, subject to Cabinet approving proposal CYP008 as outlined in the [consultation report presented in October 2018](#). Mr Chapman added that the Family Hub model was more targeted than existing provision and referred to Westminster City Council and Coventry City Council which had chosen to locate services in areas of greatest need. He said that Brent would be considering the lessons learned from other authorities when developing the model and every effort would be made to ensure that children and families were not excluded.

Ms Gates emphasised the importance of making contact with all families with young children so they could be provided with the support they needed. She said that the

Family Hubs would also provide a universal offer which would include health, development and mental health services, employment support and childcare, and supporting families with complex needs. Dr Melanie Smith (Director of Public Health, Brent Council) noted that, as well as the Healthy Child Programme, the current children's centres programmes on childhood obesity, oral health and immunisation would be included Family. She added that the Council had been successful in negotiation with Public Health England and NHS England to have immunisations delivered at Children's Centres as a back-up option for children who had missed vaccinations. Members acknowledged that although it was useful to offer all of these services, although currently they were targeted at the youngest members of a family members commented that problems such as obesity often affected the whole family so it was important to engage everyone.

Referring to their visit to the Family Hub in Westminster, Members noted that a large building would be needed to accommodate all services that might be provided from a Family Hub and enquired whether the Council possessed a site with sufficient capacity. Ms Gates said that although some of the existing children centres were considerable in size, it was important to situate Family Hubs in the right location. Mr Chapman explained that Brent's proposal included more Family Hubs than the model in Westminster which relied on three sites. He assured Members that resources would be used as efficiently as possible to maximise the number of services on offer. Gail Tolley commented that it was important to deliver high quality services that would have taken into account the outcomes of the consultation process. She reminded Members that consultation on the proposal had not started yet and expressed confidence that the Local Authority would be able to develop a strong Family Hub model despite the fact that sites might not be identical to the ones in Westminster.³ However, the locations of the Family Hubs had not been determined yet. Gail Tolley clarified that the Council owned some of the buildings which housed the existing children centres, with the rest located on school sites. The Local Authority would be allowed to change their use providing that they were still designated to supporting children and families.

The Committee discussed the involvement of schools in matters relating to school nursing and Child and Adolescent Mental Health Services (CAMHS). Gail Tolley said that Local Authority would be talking to schools about their engagement and support for the Family Hub Model. Members questioned the Council's approach to the hard to reach adolescents and asked what measures would be taken to re-engage them. Ms Gates said that the Hubs would be instrumental in identifying those young people as their families were likely to visit them. However, officers recognised that some adolescents would not be interested in the offer so alternative methods and venues such as outreach work delivered from sport centres had been considered.

The Committee heard that a reduction in the number of older children coming into care would be a clear indicator for the success of the Family Hub model. This would mean that adolescents had been able to develop better relations with their families. Furthermore, it was expected that more young people would remain in mainstream education and would not become known to the Youth Offending Service. In addition, the age until which services would be offered would increase from 5 to 18 and the model would enable more early intervention work to take place. This raised

³ Gail Tolley clarified that she had not visited the Family Hub in Westminster to which Councillors referred.

a concern how services covering the need for such a wide range of ages could be provided from the hubs. Mr Chapman explained that the model would be centred on the needs of the whole family. In fact, often parents attending children centres were asking questions about their older children. He acknowledged that it would be challenging to bring various services together and although this had already been done in children centres, there was more work to be completed prior to integrating services completely.

In relation to engaging residents in the next steps of the process, Gail Tolley emphasised that the community would be involved through all stages of developing the Family Hub model and lessons learned from the current service delivery model would be taken into account. In addition, members of staff, service users and ward Councillors would be consulted and would be involved in the design of the new model.

RESOLVED:

- (i) The contents of The Development of Family Hubs in Brent report, be noted;
- (ii) The following recommendations were made to the Council's Cabinet:
 - Greater consideration be given in relation to the way an integrated workforce would be managed under the proposed family hub model;
 - Greater consideration be given in relation to how the Family Hub model would function taking into account the location of the buildings available; and
 - Front line staff, parents and ward Councillors be engaged in the consultation process on the Family Hub model.

8. Community and Wellbeing Scrutiny Committee Work Programme 2018/19 Update

James Diamond (Scrutiny Officer, Brent Council) informed the Committee that the Chair of the Task and Finish Group reviewing contextual safeguarding would present an interim report back to the Committee on 30 January 2019 to allow Members to discuss potential recommendations. A full report with final recommendations would be presented at the meeting on 18 March 2019.

RESOLVED that the contents of the Community and Wellbeing Scrutiny Work Programme 2018/2019 Update report, be noted.


9. Any other urgent business

None.

The meeting closed at 8:53 pm

COUNCILLOR KETAN SHETH
Chair

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	Community and Wellbeing Scrutiny Committee 30 January 2019
	Report from the Strategic Director of Performance, Policy and Partnerships
Feedback Report: Members' Overview and Scrutiny Task Group to Review Contextual Safeguarding in Brent	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Two: <ul style="list-style-type: none"> • Work Plan and Activities • The Contextual Safeguarding Model Diagram
Background Papers:	None
Contact Officer:	James Diamond Scrutiny Officer Email: james.diamond@brent.gov.uk Tel: 020 8937 1068

1.0 Purpose of the Report

- 1.1 To update committee members with interim feedback from the members' overview and scrutiny task group which was set up by the Community and Wellbeing Scrutiny Committee to review contextual safeguarding in Brent.

2.0 Recommendation(s)

- 2.1 Members of the committee to discuss and note the contents of the report, particularly the findings so far and emerging areas for recommendations.

3.0 Detail

3.1 Background

- 3.2 The approach of contextual safeguarding has been developed in recent years by Dr Carlene Firmin at the University of Bedfordshire's International Centre. The model asks practitioners working with adolescent children to recognise the

limits of safeguarding approaches which just focus on risks within the family and to also address the risks from 'contexts' outside of the family such as peer groups, schools and neighbourhoods in which an adolescent child lives.¹ Contextual safeguarding is increasingly influential and with the support of the Contextual Safeguarding Network local authorities are adopting the model into their work. The most ambitious introduction of contextual safeguarding is at the London Borough of Hackney, which with the University of Bedfordshire has been awarded £2million by Department for Education's Children's Social Care Innovation Fund to introduce a contextual safeguarding framework over two years.²

- 3.3 In July 2018 the Government's statutory guidance 'Working Together to Safeguard Children' was updated and there is now a section just on contextual safeguarding.³ The London Safeguarding Children Board is expected to update its own policies and procedures to incorporate this new national guidance. Practitioners in Brent Council's Children's Services Department, as well as officers in other departments and partner organisations, are now working with contextual safeguarding and the local authority is developing its own approach.
- 3.4 For the above reasons, the Community and Wellbeing Scrutiny Committee proposed that its 2018/19 work programme would include a members' overview and scrutiny task group to review contextual safeguarding and how this new approach could be introduced more widely with support from across the council. The committee's work programme was subsequently agreed by Council and the committee formally set up the members' task group on 8 October 2018. Committee agreed Councillor Hylton would chair the task group, and the other members would be Councillor Patterson and Councillor Donnelly-Jackson.
- 3.5 According to the terms of reference agreed by the committee, which are set out in Appendix A, the task group has been asked to take an overview of contextual safeguarding in Brent and develop suitable recommendations for the council's Cabinet. The work plan of the task group, which sets out its meetings and activities, is in Appendix A. Its full report with detailed findings and final recommendations for Cabinet will be made to the committee on 18 March 2019; however, it was felt that a feedback report would be made to the committee before to allow members of the scrutiny committee to hear back from the task group about their headline findings and possible areas for recommendations so far. A feedback report was done previously by the Pupil Premium Grant Task Group in 2015, and the Individual Electoral Registration Task Group in 2016.

4.0 Methodology

¹ Dr Carlene Firmin, *Contextual Risk, Individualised Responses: An Assessment of Safeguarding Responses to Nine Cases of Peer-on-Peer Abuse*, Child Abuse Review Vol. 27:42–57 (2018); Published online 21 February 2017 in Wiley Online Library, p43

² www.hackney.gov.uk/contextual-safeguarding

³ 'Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children (HM Government, July 2018) pp.23-24

- 4.1 As part of this review the task group has focused on face-to-face meetings to gather evidence and inform its understanding of contextual safeguarding. So far, the committee has met three times and is planning to hold a further meeting in February. As set out in the appendix, those who have met with the task group include the Strategic Director for Children and Young People, Operational Director Safeguarding, Partnerships and Strategy, Operational Director Integration and Improved Outcomes, and the Cabinet Member for Safeguarding, Early Help and Social Care. The task group has also met with Brent Council's senior officers including the Head of Community Protection, Head of Planning, Transport and Licensing and the Head of Early Help in early January as well as representatives from secondary schools, the pupil referral unit and the Independent Chair of the Brent Local Safeguarding Children Board (LSCB) in late January. The task group meetings have focused on different aspects of contextual safeguarding. Broadly, the first meeting looked at understanding the approach of contextual safeguarding and the development of Brent's approach at this early stage; the second meeting looked at implementing the approach across the council, and the third meeting focused on working with the community and local schools. A fourth meeting, which will take place next month, will be with the Strategic Director and Cabinet Member and look at resources and strategic thinking.
- 4.2 Where relevant the task group is also considering the council's existing strategies including the Borough Plan 2019-2023, Digital Strategy 2017-2020, and Safer Brent Community Strategy 2018-2021 and how contextual safeguarding has influenced them. At the time of writing this report, the Borough Plan was in draft and is to be agreed by Council on 25 February 2019. The task group will also be considering the 2017-18 annual report of Brent LSCB.
- 4.3 As noted, the London Borough of Hackney is attempting the most comprehensive introduction of contextual safeguarding and the task group members are keen to understand what they have learned so far. The borough has been approached to arrange a members' visit to help inform their report.

5.0 Emerging Findings

- 5.1 The model has been developed by the International Centre based on research examining adolescent children's lives and existing safeguarding practices. Contextual safeguarding emphasises the adolescent child, and the risks they can experience outside the family, stressing that adolescent children will increasingly socialise and be involved in peer groups outside the home and that this needs to be accounted for in safeguarding. So, as well as working with a family, it looks at risks which might exist outside from the 'contexts' of peer groups, schools and neighbourhoods. These contexts are often outside families but can have an effect on them. For clarity, a diagram of these 'contexts' is in Appendix B.
- 5.2 According to the model, risks, which can overlap and be multiple, in these contexts include youth violence, radicalisation, gangs and child sexual exploitation. In the context of neighbourhoods the risks to adolescent could be from street victimisation and robbery as well as being targets for exploitation in

areas of neighbourhoods such as parks and shopping centres. Within schools there can be risks from bullying, including sexual bullying, 'corridor culture', peer recruitment and issues with social media. Within the context of peer groups the risks can include partner violence, gangs, peer group violence, and harmful sexual behaviour. It appears that the online context is not being thought of separately and that social media is considered in the context of schools.⁴

- 5.3 While contextual safeguarding is a model developed by academics the Contextual Safeguarding Network works to help implement it on the ground. The Network has led the development of practical toolkits such as a Neighbourhood Assessment Toolkit, and a School Assessment Toolkit, for putting the approach into practice. There is also the opportunity for practitioners to learn from each other and from information and learning in the Network.
- 5.4 The task group members believe that the approach of contextual safeguarding is important and that it is right to stress the importance of particular risks to adolescent children and to shift thinking to possible risks outside of the home. It could further improve how adolescent children are safeguarded in Brent. Regrettably, the borough has seen high-profile incidents in recent years, particularly related to serious youth violence, and there is an understandable concern among Brent residents about how we can look after teenage children. As elected members the task group thinks this new approach should be part of the response to the risks highlighted above which exist in too many local communities. The task group has noted that Dr Firmin has already addressed a training event in Brent, organised by Brent LSCB in January 2018, which looked at the key themes emerging from incidents of serious youth violence in the borough.
- 5.5 Contextual safeguarding is a generic model which can be adapted to suit the particular risks and needs of adolescent children in a local authority area. For its approach, Brent is more closely defining adolescent children as those at secondary school, starting from Year 7. The approach is also thinking about adolescent children as two discrete groups: the most high-risk, which is smaller in number and who will probably already be in contact with services. For the high-risk group it is about adapting existing front-line work with those children so it is informed by contextual safeguarding. The second is a wider 'global' group which in effect encompasses every child. The approach with this group is emphasising public realm, and neighbourhood initiatives to minimize risks which they may face in their everyday environment. In terms of risks which may be present in Brent's different contexts, the main focus for Brent's approach so far is on gangs, serious youth violence and child sexual exploitation (CSE).
- 5.6 The development of Brent's approach to contextual safeguarding is at an early stage, but a number of principles have been developed to inform the approach. A key principle is that Brent's approach is both preventative and responsive, and is in line with the 2018 updated government guidance 'Working Together'. There is also a commitment to the council working in partnership with Brent

⁴ Dr Carlene Firmin, Contextual Safeguarding: An Overview of the Operational, Strategic and Conceptual Framework (University of Bedfordshire International Centre, July 2017), p2

LSCB and the Safer Brent Partnership in terms of identifying needs and responding to issues which a contextual safeguarding approach may identify. As part of developing the approach the task group has been told that the views of children and young people and their families will be of paramount importance, and that the Brent approach is to listen to children and families through everything it does.

- 5.7 Brent's approach is also emphasising the need for a cross-council initiative rather than one which is seen as solely the concern of the Children's Services department. There's a strong emphasis on all departments contributing where they can, but there will be a particularly important role for the Regeneration and Environmental Services department, which oversees the council's responsibility for neighbourhoods and community safety. However, so far the development of a cross-council way of working has been only at the senior management level and is still largely at the discussion stage. The task group has found that senior officers and the Cabinet Member are also keen for there to be a greater role for the wider community and community groups in the borough in contributing to improving adolescent children's lives by helping to provide more activities and support outside of school hours than exist at present. This would help to complement Brent Council's approach to contextual safeguarding.
- 5.8 Contextual safeguarding has already started to influence practice and work in the local authority before any formal plan to strengthen it has been put in place. For example, the Youth Offending Service has already introduced Safety Mapping. Adolescents it works with are asked to indicate the neighbourhoods in the borough which they feel safe, using a red-amber-green system, and if a young person feels unsafe, for example, in travelling to school or attending an appointment then an appropriate plan is put in place while they are in the area.
- 5.9 The Vulnerable Adolescents' Panel has been one body in which the approach is being developed. The Panel, chaired by the Operational Director for Integration and Improved Outcomes, has led a multi-agency response to children who are vulnerable to exploitation, go missing from home and care or are involved with serious youth violence. It is developing joint responses to issues which are underpinned by an understanding of contextual safeguarding. The council is recruiting for a Vulnerable Adolescents' Analyst to support the Panel's work.
- 5.10 It has been pointed out that what could be called contextual safeguarding has already been in place for some time in regards to improving neighbourhoods. Working jointly with the police there are ongoing initiatives to improve the public realm and tackle issues of anti-social behaviour, crime and tackling safety issues. Often, this is done in response to what residents say about a neighbourhood, and what makes them feel at risk about a particular area.
- 5.11 Brent's schools also have been doing a considerable amount of work to improve children's safety in local neighbourhoods as well as within the school. The task group has heard about the concern many schools have about children in the immediate after-school hours between leaving school and returning home. In

Brent, there appears to be a significant concern around children travelling on the bus network and the considerable numbers travelling at any one time. In these immediate after-school hours, children may not always feel safe. Some schools are also aware, and are working to reduce the risks, to their children in parks and high streets and have put a considerable amount of resources into this.

- 5.12 Schools have also reported to the task group the problems presented by social media and children's use of digital technology. Issues can include behavioural problems being made worse in a school because of social media and a resulting increased vulnerability for some children. Often, this can be because of a child's or even a parent's lack of knowledge in using smartphones and their settings.
- 5.13 As well as looking at risk in neighbourhoods there has been thinking in the council about places which are safe or free from risk for adolescent children. This includes looking at which adolescents are using libraries in the borough, and how greater use could be encouraged. Also, there is the development of the Safe Spaces project, which is looking at how places in neighbourhoods in which adolescents feel secure, for example shops or public buildings, can be developed and promoted.

6.0 Emerging Recommendations

- 6.1 On the basis of the emerging findings so far, set out above, the task group is minded to develop recommendations in a number of areas for its final report which will be presented to committee on 18 March 2019 and then to Cabinet.
- 6.2 Firstly, the task group is considering if the project should be clear that the online context should be distinct from neighbourhoods, schools and peers. Digital technology is playing an increasingly important role in the life of adolescent children. The task group was told that a school-age child can spend as little as 15% of his or her life in school. The task group is looking at whether online deserves to be a standalone context to provide greater clarity and focus to Brent's approach to contextual safeguarding and developing responses to risks. The possible addition of this separate online context is set out in Appendix B.
- 6.3 Secondly, Brent's approach needs to consider how an academic model can be translated into something which will inform how everybody working or living in the borough is made more aware of safeguarding adolescent children and have the knowledge or skills about what to do in order to raise a concern. While there is already emphasis placed on raising awareness of safeguarding, the task group will look at a recommendation about whether this needs a new approach through, for example, a different public information campaign.
- 6.4 Thirdly, children's use of transportation, and particularly the bus network, is clearly a part of the neighbourhood context which requires more attention. The task group is looking at a recommendation about how everyone involved from bus companies, Transport for London, the council, and schoolchildren can be brought together to review this issue and agree possible solutions.

6.5 Finally, the academic-led model identifies schools as a context for risks, but from what the task group has learned so far in Brent, schools are as much places of safety in which adolescent children feel protected. However, there is concern about adolescent children's time outside of term time during the school holidays, particularly in the summer holidays. Another area for developing a final recommendation is how schools, the council and community groups can be brought together to address this concern and agree a way forward or possible solutions.

7.0 Financial Implications

7.1 There are no financial implications arising from this report.

8.0 Legal Implications

8.1 There are no legal implications from this report.

9.0 Equality Implications

9.1 There are no equality implications arising from this report.

10.0 Consultation with Ward Members and Stakeholders

10.1 Ward members who are committee members have been involved in this report.

Report sign-off

PETER GADSDON

Director Performance, Policy and Partnerships

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Work Plan And Activities: Contextual Safeguarding Overview and Scrutiny Task Group

Meeting 1: Overview of Contextual Safeguarding and Children's Social Care

Themes

Understanding the contextual safeguarding model

Practice of contextual safeguarding

Role of the Contextual Safeguarding Network

National and local guidance

Existing safeguarding system and multi-agency working

Risks to adolescent children in Brent outside the family e.g. gangs, county lines, extremism and radicalisation

Contextual safeguarding and looked after children

Attendees

Operational Director Safeguarding, Partnerships and Strategy

Operational Director Integration and Improved Outcomes

Strategic Director Children and Young People

Cabinet Member Safeguarding, Early Help and Social Care

Meeting 2: Implementing Contextual Safeguarding in Brent

Themes

Projects to put contextual safeguarding in place

Assessments and an adolescent child's environment

Examples of contextual safeguarding approaches to make public places safer

Mapping risks in public places

Developing knowledge of contextual safeguarding in children's services

Best practice and learning from other boroughs or nationally

Governance and working groups in the council

Role of officers in departments across the council to evaluate risk in public spaces

Partnerships with transport providers, businesses, fast food restaurants

Attendees

Operational Director Safeguarding, Partnerships and Strategy

Head of Community Protection

Head of Early Help

Head of Planning, Transport and Licensing

Cabinet Member Children's Safeguarding, Early Help and Social Care

Meeting 3: Contextual Safeguarding and Working with the Community

Themes

Working with the community to identify risks to adolescent children

Partnership with the Local Safeguarding Children Board; Violence, Vulnerability and Exploitation Priority Group

The role of parents

Engaging with schools, educational institutions

Learning events with the community on particular risks

Multi-agency working with partners in health and the police

Particular risks associated with schools, peer groups, the wider community, or online

Attendees

Brent LSCB Independent Chair,

Senior leadership representatives from Capital City Academy, and Newman Catholic College, Brent River College

Operational Director Safeguarding, Partnerships and Strategy

Meeting 4: Contextual Safeguarding and Brent's Strategic Priorities

Themes

Budgets for children's services and implementing contextual safeguarding

How contextual safeguarding meets strategic priorities

Commitments in the Borough Plan

Partnership with other local authorities

Partnership with police and other safeguarding partners

Task group recommendations to Cabinet

Attendees

Strategic Director Children and Young People

Cabinet Member Children's Safeguarding, Early Help and Social Care

TBC: Members' Visit to London Borough of Hackney

February 2019

Task Group Membership

Councillor Hylton (chair)

Councillor Patterson

Councillor Donnelly-Jackson

Terms of Reference

- a) Understand the model of contextual safeguarding and the applicability of its implementation in Brent.
- b) Challenge the council's Cabinet in how they are supporting contextual safeguarding as a cross-cutting local authority initiative and as part of an improvement to children's services.
- c) Review the extent to which contextual safeguarding will help address priorities in the new borough plan.
- d) Understand contextual safeguarding from the perspective of front-line practitioners and those working in children's services.
- e) Understand Brent's particular social demographics and the scale of the risks for adolescent children in Brent.
- f) Develop recommendations for the council's Cabinet which are focused on the development of contextual safeguarding by the council and its partners.

Timescale for Task Group

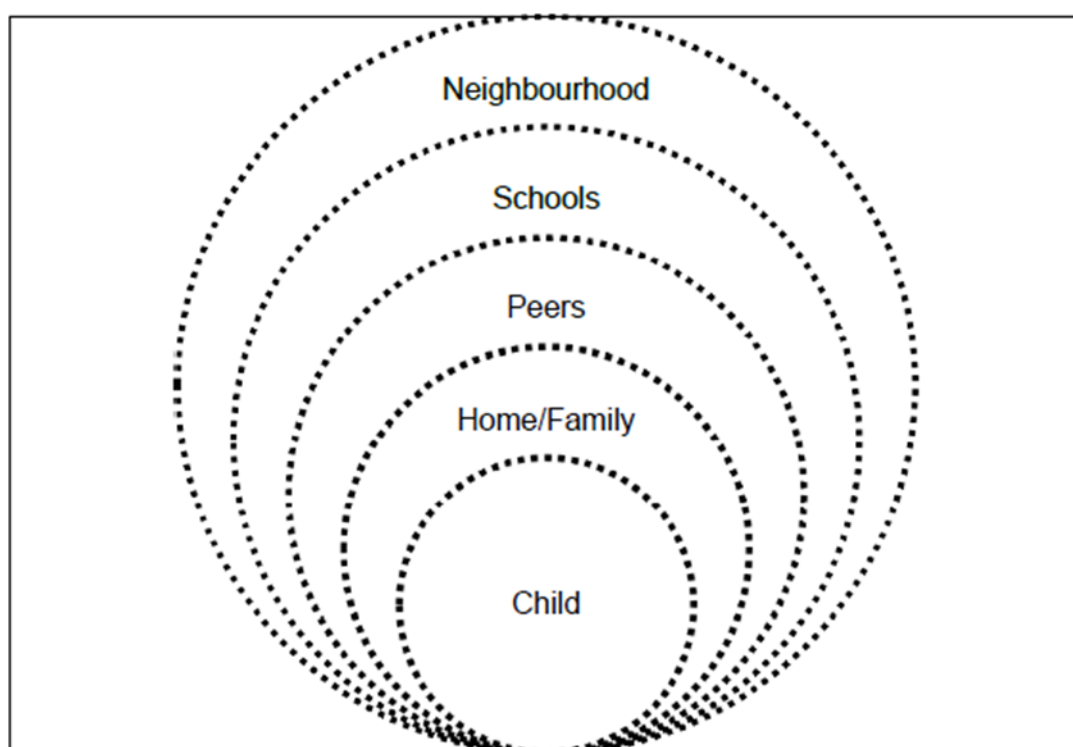
30 January 2019, Feedback report to Community and Wellbeing Scrutiny Committee

18 March 2019, Full report to Community and Wellbeing Scrutiny Committee

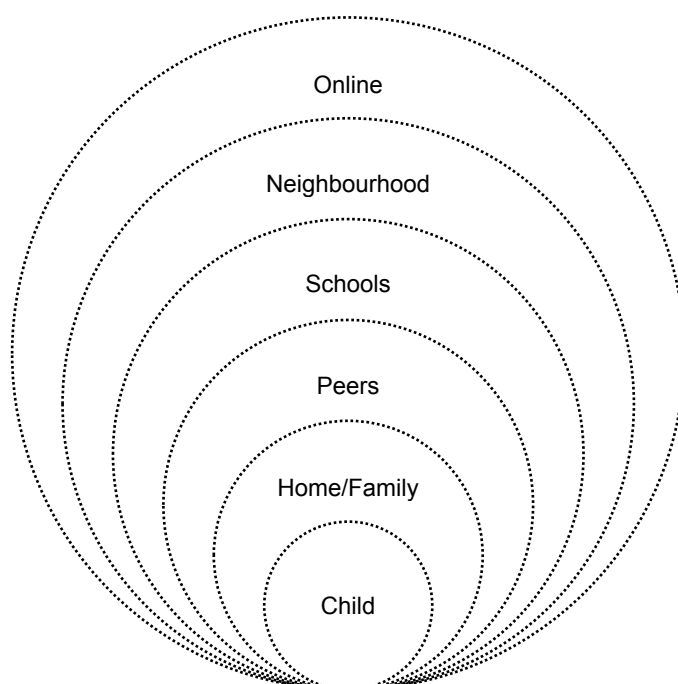
April/ May 2019, Presentation of report and recommendations to Cabinet.

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The contextual safeguarding model developed by the University of Bedfordshire.



The task group is suggesting that for Brent's approach a fifth context – online – is made clear rather than being considered within the contexts of schools or peers.



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	Community and Wellbeing Scrutiny Committee 30 January 2019
	Joint Report from Brent Clinical Commissioning Group, NHS London North West Healthcare Trust, and Brent Council
Winter Pressures – learnings from winter 2017/18	

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:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	<p>Rashesh Mehta Assistant Director for Integrated Urgent Care & Long Terms-Conditions Brent Clinical Commissioning Group</p> <p>James Walters Deputy Chief Operating Officer London North West University Healthcare National Health Service Trust</p> <p>Tom Shakespeare Director of Integrated Care Brent Clinical Commissioning Group and Brent Council</p>

1.0 Purpose of the Report

- 1.0 This report provides an update for the Community and Wellbeing Scrutiny Committee on Winter Pressures – learnings from winter 2017/18 and sets out our plan as a system (with London North West University Healthcare National Health Service (NHS) Trust (LNWHT), Brent Clinical Commissioning Group and Brent Council) for 2018/19. It addresses a system-wide approach on winter preparedness in Brent for 2018/19.

2.0 Summary

- 2.1 Every year the winter period brings with it significant and increased pressure on local systems due to demand on Accident and Emergency Departments (A&Es), therefore impacting capacity and performance. Establishing processes and arrangements early on, taking a whole system approach and working across organisational boundaries to inform extensive planning, helps to manage the complexity and scale of demand. In recent years, seasonal pressure on health and social care services has increased and as a North West London Sustainability and Transformation Plan (STP) we have been working with our local A&E Delivery Boards (AEDB) even more closely to ensure we continue to deliver safe and high quality care throughout the winter period. Our preparation for winter started earlier which has helped us identify key themes and challenges, undertake a review of previous winter activity and likely demand assumptions for planning. This has helped inform and build our local system wide winter plans for 2018/19.

3.0 Key priorities for Winter 18/19

- 3.1 System wide executives from CCG, Brent Council, London Ambulance Service (LAS), NHS 111, Urgent Care Centres (UCCs) & Community Services and Local trust form the LNWHT A&E Delivery Board to jointly agree and plan for winter. It also includes participation from NHS England (NHSE) and NHS Improvement (NHSI).
- 3.2 For 2018/19, the A&E Delivery Boards have focused on five key initiatives against the national winter requirements 2018/19:
1. **Reducing extended lengths of stay** by reducing the number of beds occupied by long stay patients by 25%, compared to 2017/18.
 2. **Development of an ambulatory emergency care (AEC) service** so that all acute hospitals provide ambulatory emergency care at least 12 hours a day, 7 days a week.
 3. **Minors patients breaches reduction** so that actions are undertaken to ensure the delivery of a reduction in the number of minors patients who breach the four-hour A&E waiting time standard down to zero.
 4. **Improving ambulance handovers** so that 100% of patients arriving at an Emergency Department by ambulance are handed over within 30 minutes of the ambulance's arrival; all handovers between ambulances and Emergency Departments must take place within 15 minutes.
 5. **Implementing effective demand management schemes** in out of hospital services to support the management of flows into emergency care services in hospitals

4.0 Collaborative working - Brent Council, Brent CCG and LNWHT

- 4.1 Brent Council has a key role to play in providing support during winter pressures. Brent Council executes this role by working collaboratively with partners in LNWHT & the CCG and the A&E delivery board which is a mandated board of Executive stakeholders.
- 4.2 During last winter (2017/18) the domiciliary care sector was able to respond adequately to additional demand during the period and the Hospital Discharge Team

was able to expedite discharges with the number of adult social care delays between December 2017 and March 2018 being lower than the months prior to December (November 2017) or after March 2018 (April and May 2018). Referrals to Home First remained at or just below the target number during this period and care providers who provide the bridging care for home first were able to respond adequately to the demand. The main pressure point for adult social care was the lack of care home and extra care shelter capacity which had been an on-going issue throughout the year but became even more acute during the winter period of 2017/18. During Aug 2018, there have been difficulties with Social worker capacity that has had a significant impact to delays and responsiveness to reducing delayed transfers of care (DToCs). A significant drive of recruitment of social workers has helped the system cope with the increasing demand during winter pressure period.

- 4.2 In October 2018 the Health and Wellbeing Board agreed to a revised set of priorities, with three core priorities for implementation, and three areas for scoping and development. One of the key priorities was developing an Older People's pathway. There are two key components to this priority, both of which are overseen by an Older People's Pathway Programme Board, and supported by two steering groups. The work of these groups is summarized as follows:
- a) Operational hospital discharge steering group – overseeing day to day operational issues around hospital discharge and Home First, oversight and delivery of the joint winter plan
 - b) Strategic older people's steering group – overseeing the review of the integrated discharge pathway
 - c) Older people's programme delivery board – to oversee delivery and manage escalated issues from the steering groups, and to ensure alignment between the integrated discharge pathway review and the integrated care partnership work led by the CCG
- 4.3 **Integrated discharge pathway** - Consultants, Newton Europe, were commissioned at the end of last year and will provide specialist knowledge and support to redesign and deliver the integrated discharge pathway. The aim of this work is to streamline the discharge process through the Discharge to Assess (D2A) framework. They have initially carried out introductory meetings with key stakeholders. Plans are now in place to start data collection and analysis as well as arranging workshops to engage with staff in relevant teams. An interim report is expected in early April with recommendations for discussion and approval by system leaders.
- 4.4 **Winter planning** – Brent CCG and the Council jointly developed and agreed the Brent system resilience plan to cover the Winter period. This plan covered a wide range of initiatives to reduce delays and ensure timely discharge from hospital settings.
- 4.5 On 24 October, the Department of Health announced an additional £1.3m to be allocated to Brent Council to support improvements to timely and safe discharges from hospital. This funding is non-recurrent and a plan has been jointly agreed to provide additional capacity to the system to improve patient flow. These initiatives are as follows:
- a) Purchase additional capacity including an additional 15 block beds in the system to help manage flow and provide capacity in the community (£855k);

- b) Implement a pilot 'Placement Premium' initiative, with additional payments to care homes that provide timely assessment and placement of patients (£67k);
- c) Additional handyman service, to enable speedier and effective adaptations to people's homes to support timely discharge (£31k);
- d) Additional social worker, OT and co-ordinator capacity to scale up the Home First initiative to additional hospital sites (Imperial, Royal Free, Willesden, Central Middlesex) (£217k)

- 4.6 **Home First** – As outlined above, the expansion of Home First to additional hospital sites in Brent was agreed as a joint priority for the use of the additional non-recurrent funding. The jointly agreed model up to July 2018 can be summarized as follows:
- a) Covers only London Northwest (Northwick Park, CMH and Willesden)
 - b) Focused solely on pathway 1 (simple discharges)
 - c) OT capacity and assessment provided by London Northwest
 - d) Bridging care and care packages provided and funded by social care
 - e) Target of 13-17 discharges per week
- 4.7 Following a review of the existing Home First model in August 2018, the following conclusions were drawn:
- a) Adult Social Care and Short Term Assessment, Rehabilitation and Reablement service (STARRS) staff not working effectively as a 'virtual' team
 - b) Resource (capacity) issues- mainly relating to Occupational Therapy home visits
 - c) Delays in transferring cases post assessments – leading to extended bridging care costs.
 - d) No clear operational/clinical leadership and ownership
 - e) Ward staff (therapists) completing assessments on the ward
 - f) Difficulties for the STARRS Team recruiting and retaining Occupational Therapists
- 4.8 From January 2019, it is proposed that Home First is expanded on the following principles:
- a) Pathway 1 patients only
 - b) Expansion plan to include Royal Free and Imperial hospitals
 - c) Relaunch at Willesden and Central Middlesex hospitals
 - d) Increase Home First (Pathway 1) discharges to cover 30 clients per week across the 3 NHS Trusts
 - e) Increased staffing capacity with Care Assessors, OT assistants (OTAs) and OTs, with all additional recruitment by the council
 - f) Integrated model and pathway with newly launched Housing hospital discharge service (handyman / blitz cleaning/small grants and non means tested DFGs)
- 4.9 Recruitment is already underway and nearly complete for the new model, ready for a full launch within January. A detailed set of service standards are being developed for agreement by the Hospital discharge operational steering group.
- 4.10 A key output of the 'integrated discharge pathway' review in April 2019 will be an approach to sustain this approach in addition to an expanded Home First across all pathways, including a sustainable financial model.

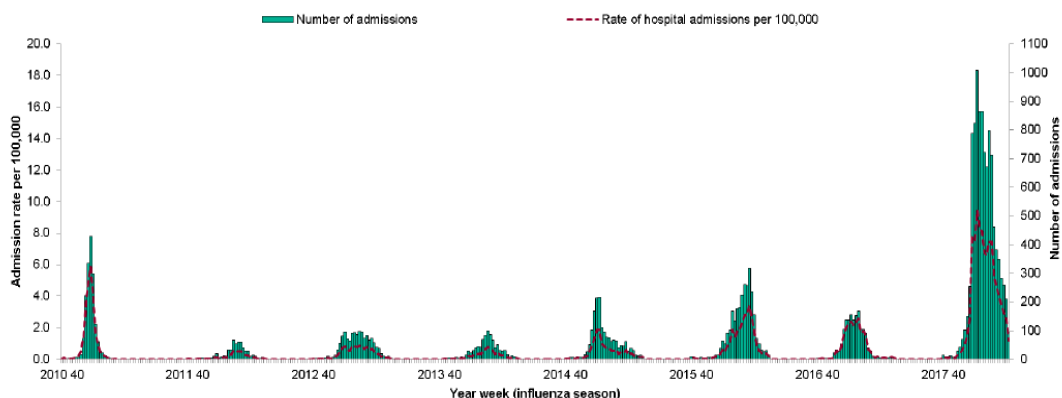
5.0 Lessons learnt from 2017/18 and winter planning for 18/19

5.1 **Primary care & NHS 111** -The winter of 2017/18 was the most pressurised in recent history. These pressures were also felt within primary care with the weekly rates of General Practitioner (GP) consultations for influenza-like illness (ILI) increased. A number of patients contracted flu and flu-like symptoms despite receiving the flu jab which resulted in pressures within Primary and Acute sectors. The lessons learnt from the 2017/18 winter months were as follows:

- To ensure a more targeted approach to flu vaccinations;
- Better and closer working relationship between acute and primary care providers to manage demand and capacity for medical appointments
- Enabling digital communication between providers to facilitate better management of patient care for example direct and remote booking into access hub by UCC/111 providers
- Realignment of the GP access hubs to better meet patient needs and demand

The graph below shows the number of hospital admissions in 2017/18 in comparison with previous years.

Figure 14. Weekly number of influenza confirmed hospital admissions to hospital through the USISS sentinel scheme with crude hospitalisation rate for all ages, 2010 to 2018



Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740606/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2017_to_2018.pdf

5.2 To manage winter pressures, in particularly over the Christmas and New Year period the CCG commissioned additional GP appointments through the GP Access Hubs and through the e-Hub for on-line consultation. Utilisation in previous years was assessed to ensure demand and capacity analysis informed availability of appointment slots.

5.3 **GP Access Hubs** - As part of the CCG's winter planning activity, the CCG undertakes to ensure sufficient capacity within primary care to manage Winter Pressures by improving Access. Provision is made in Primary Care for Access to GP services over 7 days a week from 8.00am to 8.00pm, 365 days a year. Particular focus is paid to days when GP surgeries are closed e.g. Christmas Day, Boxing and New Year's Day and the days following. The GP Access Hubs at Wembley and

Willesden and other sites were providing both walk-in and pre-bookable appointments for all patients throughout the winter months. Improvement in the GP Access Hub utilisation in 2018 compared to 2017 was as follows:

	Utilisation in 2017	Utilisation in 2018
Oct '17	58%	81%
Nov '17	61%	75%
Dec '17	53%	70%

To increase utilisation over the winter period 18/19 the following plans have been implemented:

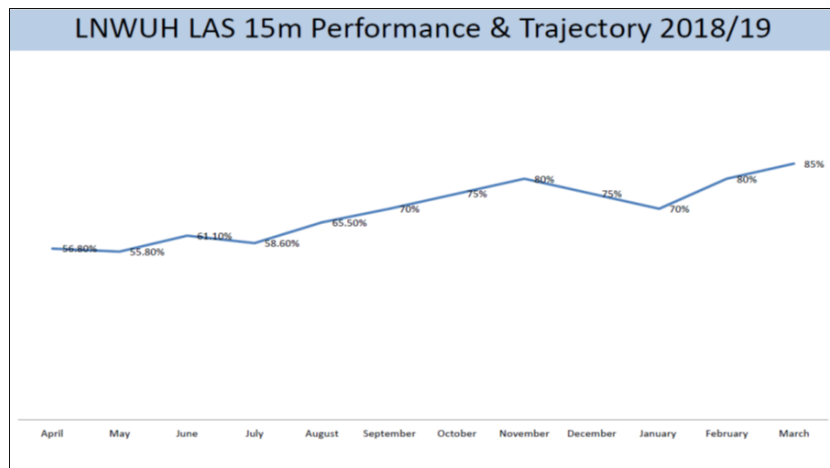
- Direct booking GP Appointments from NHS 111 into General Practice – during practice core hours.
- Direct booking into Access Hubs has been enabled for 111 at all hubs being reserved for 111 booking. Urgent Care Centre is actively redirecting patients to the hubs
- Direct Booking into the Access hubs by E-Hub GPs to enable patients who require face to face appointment to be offered a booked appointment though one phone call.
- On-line consultation will support improve access to primary care and reduction in activity in secondary care.

An improvement in utilisation has been noted as follows since the new service has started; the CCG will continue to monitor utilisation.

- 5.4 **Enhanced GP Service for care homes** programme supports the pro-active management of patents in care homes. The service is provided 8.00am to 8.00pm, 7days a week /365 a year with care homes encouraged to contact the Network single point of access (SPA) line prior to contacting LAS services.
- 5.5 A care home pharmacist has been in post from November 2018 as part of the Medicine Optimisation in Care Homes (MOCH) work funded through by NHSE. The service is providing dedicated support to care homes by undertaking regular audit of medication reviews.
- 6.0 **LNWHT** - review of 2017/18 identify areas where planning could be improved especially around front door, improving waiting times, patient flow and discharges.
- 6.1 **Front door**- A number of schemes will be in place for the winter period to maintain patient flow through and safety in the A&E. This includes an increased ambulatory care offering, which provides alternative initiatives to ensure ambulance handover targets are maintained and the frailty pathway embedded into the A&E at Northwick Park site.

The Urgent Treatment Centres at Northwick Park, Central Middlesex Hospital and Ealing all have a robust streaming process in place for streaming and redirection of patients into alternative primary care services included GP extended Access Hubs.

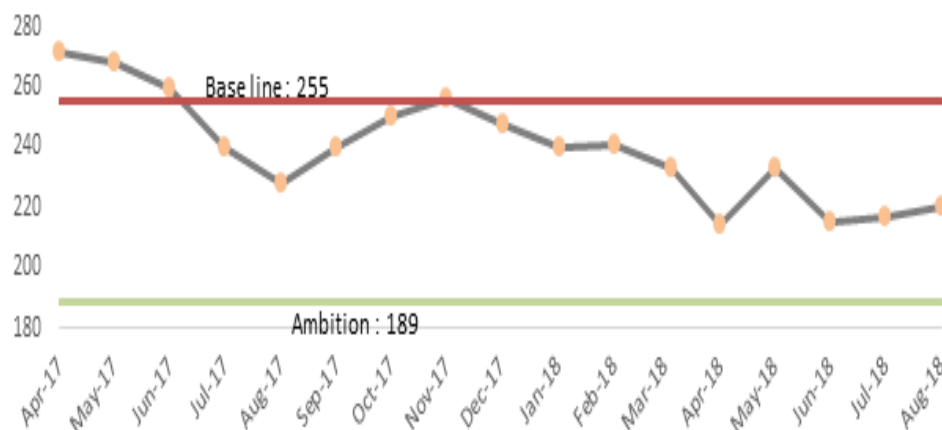
- 6.2 **A& E performance & waiting times** - Overcrowding in an A&E department is something none of us wish to see. The Trust's escalation framework means that when certain trigger points are reached, the whole hospital and indeed the whole health and care economy directs support where it can. This can mean more doctors and nurses going to support the A&E department, additional patients being allocated to the wards to help manage the risk of an overcrowded A&E department and our Social Care and CCG colleagues will help review patient allocations to community beds and care packages, so that patients can get back to a community setting as soon as possible. We have recently updated our web site to provide patients with more information about the waiting time in our two A&E departments.
- 6.3 **Ambulance Handover and Performance-** the Trust has greatly improved its performance since last year. The number of long waits to formally handover patients reduced. Where a large number of ambulances arrive in close succession, a waiting time can still develop, but it's important to note that all patients are checked in straightaway when they arrive in the department, so that their care is tracked and overseen by our clinical team as soon as they arrive.



- 6.4 During this winter, LNWH received funding from NWL of £117,468 to provide targeted support at Northwick Park in order to improve handovers between LAS and A&E. A hospital handover plan has been developed to assist with the timely offloading of patients ahead of winter, this will include:
- an advanced initial assessment area to triage, including safe numbers and escalation procedures.
 - Additional paramedic or nurse to assist with timely triage of patients.

Both initiatives will run for 6 hours per day for 6 months.

- 6.5 **Extended Length of Stay (LoS) Plans and trajectory** - A long stay patient is defined as an adult patient who has been in an acute bed for 21 days or longer. There is strong evidence that long stays in hospital lead to patient deconditioning, harm to patients and unnecessary additional demands on health services. The aim is to therefore discharge patients as soon as they will no longer benefit from acute hospital care, ideally to their original place of residence. Delayed Discharges result in poor experience and greater risk for the patients concerned and prevents others accessing appropriate care settings for treatment in a timely way.



Some patients can remain in hospital for longer than they should, because of a range of factors, social or economic. The term 'stranded' signifies the serious risks for patients if they are unable to leave hospital in a timely way. Each week the whole health and care economy comes together in Brent, Harrow and Ealing to review patients who are experiencing an abnormally long length of stay. Whilst we always try to respect the sometimes life changing decisions that patients and their loved ones are having to make, we try and balance that with the risks of healthcare acquired infections in a busy district general hospital. Our formal Delayed Transfers of Care reduced over the period from 270 as at April 2017 to 189 as at December 2018.

However, we still need to improve the number of patients remaining in hospital for 21 or more days as this has remained relatively static for the same period. Weekly Stranded Patients Review is on-going to sustain continuous improvement in ELOS which is attended by partner organisations.

6.7 Discharges (inc. patient flow) - patients' experience upon discharge from hospital is very important to the Trust. We always aim for a seamless handover between our acute and community services. Being an integrated healthcare provider, that provides both services within the hospital and in the community helps to support this. This year the Trust updated its Discharge Policy and worked closely with Brent Council to develop our approach to patient choice where care homes or care packages are a feature of the discharge arrangements. In Brent, the Trust along with system partners is providing a number of services this winter, to help support patient discharge from hospital, or to avoid an admission to hospital in the first place. All of these services are designed to maintain patient flow in the hospital, so that when urgent and emergency care is required, it is available as quickly as possible:

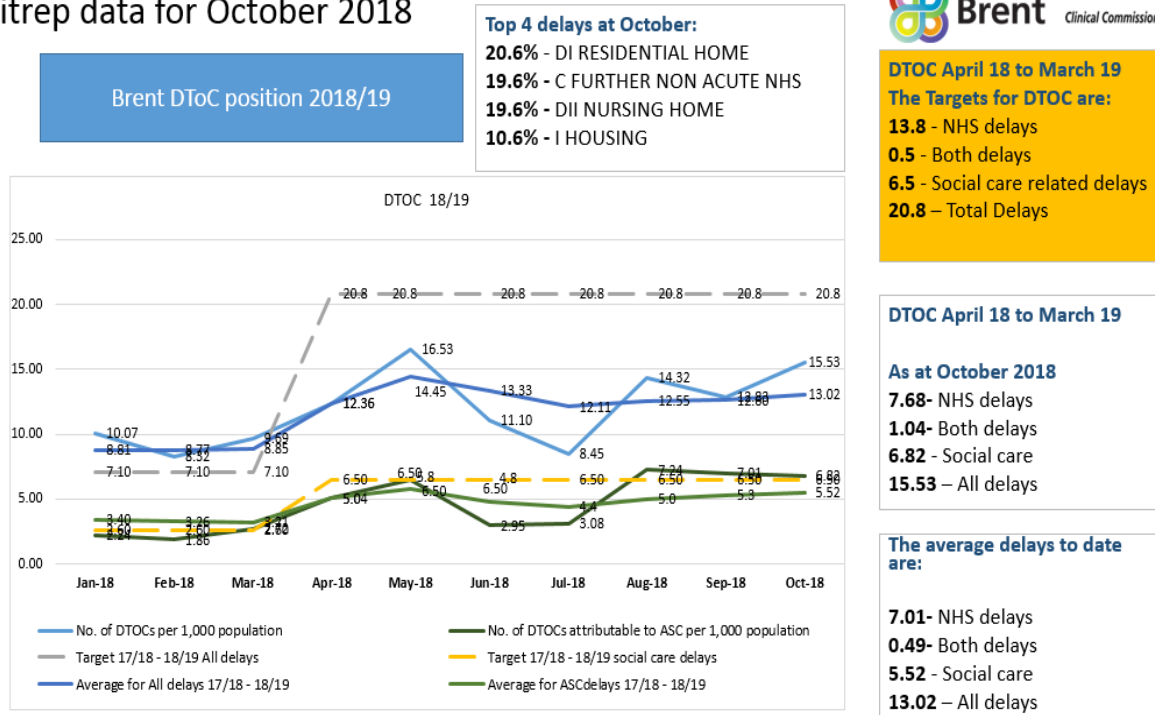
- STARRS – admission avoidance provides a specialist medical, nursing and therapy team that supports patients in the community. It's there as a rapid response service for GP's to dispatch as an alternative to a patient coming into a hospital bed.
- Early Support Discharge – supports medically fit patients who need additional care to return home, rather than spend another night in hospital
- Frailty – After a successful proof of concept service during 2017/18, which was funded by Brent CCG, the Trust has continued to invest in its approach to frailty to connect vulnerable patients to a Consultant Geriatrician and a team dedicated to the type of care they need as quickly

as possible in the A&E department. This year we further developed that approach to launch our Older People's Short Stay Unit where an admission to hospital was still needed. Our Frailty Team work seamlessly with our Brent STARRS team and the other services listed here to try and reduce the risks of re-admission to hospital

- Step down beds
 - Community bedded support for patients who are unsafe to return home and need step down rehabilitation: The pathway aims to deliver a simple pathway for same day / next day transfer, 7 days / week through a trusted assessor model.
 - A total of 77 community beds funded through by NHS Brent CCG (55 x IC beds) and Better Care Fund (22 x step down beds) jointly with Brent Local Authority
- Discharge to Assess (D2A) Home First – part of the simplification of the discharge pathways from hospital to community from 17 discharge processes into 4 main simplified pathways:
 - Pathway 0 (nurse-led)
 - Pathway 1 – home first - trajectories were previously set at 17 discharges per week which now have been changed to 20.
 - Pathway 2 – community bedded support
 - Pathway 3 – complex cases / requires continuing health care
 - This is joint working between the CCG, Trust, and London Borough of Brent.
- IRRS – Integrated rehabilitation and reablement service based in the community, enabling people to regain independence, also supporting Home First

7.0 Delayed Transfers of Care (DToC) - System wide stakeholders have an established process to report DToCs which includes twice weekly calls to discuss and validate DToCs, during the winter. The commitment to improve patient flow is against a challenging performance backdrop. Weekly stranded patient meetings continue throughout winter and the meetings are likely to become more frequent throughout winter.

Sitrep data for October 2018



7.1 The national sitrep (daily situation report) data for November has not been released, by the time of filing this report. Adult Social Care records show that there were 258 discharges in December compared to 276 in November. Records from the agreed weekly validations with London North West show that there was a remarkable improvement (57%) in the DToC position in December in comparison the previous month (November)-further details as follows:

- 59% reduction in DToC position for ASC
- 28% reduction in NHS delays
- 66% reduction in placement delays for ASC
- 27% reduction in placement delays for NHS
- No public funding delays for both ASC and NHS
- 35% reduction in delays waiting for further NHS services
- 83% reduction in housing delays

Delays by hospital								
Hospital	Both		NHS		Social Services		Total	
	Clients	Days Delayed this Month	Clients	Days Delayed this Month	Clients	Days Delayed this Month	Clients	Days Delayed this Month
Central Middlesex	0	0	8	52	5	29	13	81
Northwick Park	0	0	12	60	12	53	24	113
Willesden	1	6	15	78	7	17	17	91
Grand Total	1	6	35	190	18	89	54	285

Delays by Reason- December				
Delay Reason	Both	NHS	Social Services	Grand Total
A) Completion of assessment	0	0	0	0
B) Public funding	0	0	0	0
C) Further non acute NHS care	0	50	0	50
Di) Residential Home	0	0	54	54
Dii) Nursing Home	0	64	35	99
E) Care Package in own home	0	7	0	7
F) Community Equipment/Adaptions	6	0	0	6
G) Patient or family choice	0	55	0	55
I) Housing	0	8	0	8
Grand Total	6	190	89	285

- 7.2 A deep dive of delayed transfers of care (DTocS) was undertaken over a 3 month period between July and September 2018 and the major cases of delay identified waiting for care placements and in particular patient / family choice as the major cause of delay for both health and social care. There are also some delays relating to housing and accommodation issues. This has informed our plans for 2018/19 and hence the commissioning of additional block care home beds and development of the choice and discharge protocol. Funding has also been secured for the recruitment of an additional 1 FTE Housing Discharge Worker and recruitment is in process.

8.0 NWL Winter Communications Plan


- 8.1 A sector wide communications and campaigns plan is in line with NHS England's guidance. We are working in partnership with our local CCG colleagues and Trusts who are feeding in the needs and views of their residents. The NW London campaign will support that campaign although many of our messages will run throughout the season. The campaign aims are:

- To educate about self-care during winter
- To encourage people to use alternatives to A&E and 999 when appropriate:
 - To encourage the use of local pharmacies

- To increase the awareness of NHS 111
- To inform people about improved access to GP and nurse appointments
- To increase the number of people getting their flu vaccination.
- To remind patients with repeat prescriptions to make sure they have enough medication over the Christmas period.

9.0 Conclusion

- 9.1 Our System wide winter plan takes into account learnings from 2017/18, to support pressures in 2018/19. It specifies additional measures and steps to be taken as a system in response to surge pressures. With all the best and joint efforts and endeavours we are still seeing rises in patients' numbers to Northwick Park especially via ambulance, and the hospital remains under considerable pressure especially post-Christmas with higher acuity and incidents of flu. Despite this our plan ensures a sound operational resilience during the winter months maintaining patient safety, patient experience and clinical effectiveness across the system. Brent's System wide plans will be expanded from national directives available to guide the system in navigating our responses to current winter pressures and planning for winter 2019/20. As a system we will carry on learning year-on-year to improve provision and resilience every winter period moving forwards.

	Community Wellbeing Scrutiny Committee 30 January 2019
	Report from the Director of Performance, Policy & Partnerships
Complaints Annual Report 2017 – 2018	

Wards Affected:	All
Key or Non-Key Decision:	Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Four: <ul style="list-style-type: none"> • Adults Complaints Annual Report 2017/18 • Children's Complaints Annual Report 2017/18 • Overview of Complaints Performance in the Community Wellbeing and Children & Young People Departments • 2017/18 Complaints Root Cause Summary & Improvement Actions
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Irene Bremang Head of Performance & Improvement Email: irene.bremang@brent.gov.uk Tel: 020 8937 1822 Peter Gadsdon Director - Performance, Policy and Partnerships Email: peter.gadsdon@brent.gov.uk Tel: 020 8937 1400

1.0 Purpose of the Report

- 1.1 The 2017/18 Complaints Annual Report was presented to Cabinet on 10 December 2018 and will also be presented to the Housing Scrutiny Committee and Resources & Public Realm Scrutiny Committee in February 2019.

- 1.2 This version of the 2017/18 Complaints Annual report focuses on complaints performance in the Community Wellbeing (CWB) department - Adult Social Care (ASC) directorate and Culture service and complaints performance in the Children & Young People (CYP) department.
- 1.3 Complaints concerning social care in Adult and Children services come under separate statutory complaint procedures and separate summary reports have been provided in **Appendices A and B** respectively.
- 1.4 An overview report on complaints performance in the CWB department and CYP department is provided in **Appendix C**. The supplement covers the period from April 2017 to March 2018 and comparative data going back to 2014/15 has been provided where available.
- 1.5 A summary of the root cause of complaints and improvement actions in the CWB and CYP departments in 2017/18 is provided in **Appendix D**.

2.0 Recommendations

- 2.1 Community Wellbeing Scrutiny Committee is asked to note that Cabinet approved the 2017-18 Complaint Annual Report which included the progress update on the Improvement Action Plan. The Action Plan was developed from the eight recommendations in the 2016-17 Complaints Annual Report.
- 2.2 Community Wellbeing Scrutiny Committee is asked to note and consider the CWB department (ASC directorate and Culture services) and CYP department performance in managing and resolving complaints and to advise Cabinet of any further remedial action required.

3.0 Detail

Council's Complaint Framework

- 3.1 The Council operates a 2-stage corporate complaints process, 2-part Adult statutory complaints process and a 3-stage Children's statutory complaints process. The stages and timescales for handling both corporate and statutory complaints is set out in Appendix C.

Complaint Performance – Key Headlines

- 3.2 The key headlines from the ASC directorate's complaints performance in 2017/18 were as follows:
- **ASC – Corporate Complaints**
 - Volume of Stage 1 corporate cases compared to the rest of Brent is very low and less than 2% (✓)
 - 1 in 6 corporate case was escalated to Stage 2 (↑)
 - Stage 1 and Stage 2 upheld/partly upheld rate has been decreasing over the past 4 years (↓)
 - The timeliness of Stage 1 and Stage 2 corporate complaints has significantly improved over the past 4 years (↑)

- *ASC – Statutory Complaints*
 - The volume of ASC Stage 1 statutory complaints has fallen by 27% over the past 4 years (↓)
 - 1 in 4 cases was escalated to the second stage (↑)
 - Stage 1 and Stage 2 upheld/partly upheld rate has been decreasing over the past 4 years (↓)
- *ASC Complaints - General*
 - The top three complaint themes were service delivery, customer care and safeguarding
 - The number of Ombudsman referrals has been increasing but the number of cases upheld has remained broadly the same over the past 4 years (✓)
 - The number of cases awarded compensation is low, however the total amount awarded was significantly increased by a one-off exceptional case this year (↑)

3.3 The key headlines from the Culture service' corporate complaints performance in 2017/18 were as follows:

- Overall number of Stage 1 complaints is very low - less than 4% of all Brent cases (✓)
- Volume of Stage 1 cases has increased by about a third over the past 4 years (↑)
- Escalation rate to Stage 2 remains very low with only 1 in 17 cases escalated during the year (✓)
- The top three complaint themes were library premises, sports facilities and library customer services
- Stage 1 and Stage 2 upheld/partly upheld rate has been decreasing over the past 4 years (↓)
- Timeliness rate peaked at 98% for Stage 1 and 100% for Stage 3 cases during the year (↑)

3.4 The key headlines from the CYP department's complaints performance in 2017/18 are as follows:

- *CYP – Corporate Complaints*
 - Low volume of Stage 1 and Stage 2 cases compared to the rest of Brent i.e. 2% (✓)
 - Stage 1 and Stage 2 upheld/partly upheld rate has been gradually increasing over the past 4 years (↑)
 - Timeliness of Stage 1 and Stage 2 corporate complaints has significantly improved over the past 4 years (↑)
- *CYP – Statutory*
 - Notable reduction in the volume of statutory Stage 1 and Stage 2 cases over the past 4 years with very few cases progressed to Stage 3 (↓)
 - More cases are being upheld/partly upheld at Stage 1 and fewer cases are being upheld/partly upheld at Stage 2 (↓)
 - Noticeable improvement in the timeliness of Stage 1 cases, but the timeliness of Stage 2 complaints is below target (↓)

- *CYP Complaints – General*
 - The top three complaint themes were social workers, assessments and leaving care.
 - Number of Ombudsman referrals has been decreasing and the number of cases upheld has remained low (↓)
 - Overall number of cases awarded compensation and total amount paid has remained low over the last 4 years (↓)

Improvements Resulting from Complaint Investigations

- 3.5 Service-specific improvements resulting from the learning from complaints for CWB and CYP departments have been highlighted in Appendix D.
- 3.6 Cabinet agreed 8 recommendations in the 2016/17 Annual Complaints report which was developed into an action plan by the Complaints Service team. A progress update is provided below on the 8 recommendations

Recommendation/Action	Progress
1. Work with Service area and departmental management teams to review key service delay/failure hotspots and develop improvement plans	<ul style="list-style-type: none"> • Quarterly hotspots report introduced and discussed with the Corporate Management Team (CMT), departmental management teams (DMTs) and shared with senior managers • The Complaints Service team have focussed on supporting HMS with improving service delivery based on identified complaints hotspots.
2. Develop a tailored training plan on communication and staff behaviours to be implemented for priority service areas across the Council.	<ul style="list-style-type: none"> • Hotspots analysis showed that HMS had received a significant amount of complaints regarding communication and staff behaviours. Other areas across the Council had low levels of this type of complaints. • HMS have introduced a number of measures to address staff and communication issues including: further analysis of customer care complaints to identify and address patterns; the rollout of Mary Guber customer service and feedback on learning points given to individuals and teams. • Other service areas have discussed the learning points from complaints with staff members and team meetings.
3. Support new Housing Management Service during the redesign of the repairs process in order to feed in the lessons learned from complaints.	<ul style="list-style-type: none"> • Redesign of repairs process was part of the wider Housing Transformation Programme. • The Complaints Service team have also provided training and guidance to HMS staff and managers on effective complaints handling. • Action closed

Recommendation/Action	Progress
4. Review LGO referrals and identify any future opportunities for early resolution and to help minimise premature LGO referrals.	<ul style="list-style-type: none"> The Complaints Service team proactively works with complainants to minimise complaints being escalated to the Council's final review stage and to the Ombudsman stage. However, there are cases where the complainant chooses to bypass the Council's complaints process and lodges a complaint directly with the Ombudsman.
5. Review our internal approach to complaint decisions, corrective actions and compensation in light of LGO outcomes in 2016/17	<ul style="list-style-type: none"> All LGO upheld cases were reviewed by the Complaints Service team to identify learning points and service areas put in place the appropriate remedial actions.
6. Continue to improve internal processes and working arrangements with service managers to increase the timeliness of Stage 2 responses	<ul style="list-style-type: none"> Weekly open case tracker sent to staff and managers and reminders sent by the Chief Executive and Complaints Service team to maintain the focus on timescales.
7. Work closely with the Housing Management Service management team to establish a new and effective complaints process and implement improved working arrangements to manage Stage 2 complaints.	<ul style="list-style-type: none"> Complaints Service team has been working closely with the HMS senior management team and staff to introduce improved complaints handling processes within the directorate. Regular feedback is provided on live issues and practical solutions agreed.
8. Implement a weekly Corrective Actions Tracker for all departments to monitor the timely completion of agreed remedial actions.	<ul style="list-style-type: none"> Corrective Actions Tracker sent to relevant staff twice a month. Although completion of corrective actions has improved to some extent, this still needs ongoing attention to ensure that we can keep our promises as a council and follow through on remedial actions completely and in a timely manner.

4.0 Financial Implications

- 4.1 There are no direct financial implications arising from this report. Instead, the details provided on compensation payments reflect the monetary impact of not getting things right first time as an organisation and the need to improve the customer experience and therefore minimise the financial penalties incurred by the Council.

5.0 Legal Implications

- 5.1 Complaints concerning the Adult Social Care and Children and Young People departments come under separate statutory complaint procedures. It is a

legal requirement to produce annual reports for these areas and these are included in appendices A and B with reference to the statutory frameworks for the management of these statutory complaints.

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 None

8.0 Human Resources/Property Implications (if appropriate)

8.1 None

Report sign off:

PETER GADSDON

Director of Performance, Policy and Partnerships

Complaints Annual Report 2017 – 2018

Appendix A – Adult Social Care Complaints

1. Summary

- 1.1 This report provides an overview of complaints made about Adult Social Care (ASC) during 2017 – 2018 as required under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Health and Social Care (Community Health & Standards Act 2003 and the Local Authority Social Services Complaints (England) Regulations 2006 and the Council's Corporate Complaint process for all other complaints.

2. Statutory Complaints Process

- 2.1 The Department of Health defines a complaint as, “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a council's adult social care provision which requires a response”.
- 2.2 Anyone who has received a service, is currently receiving a service or is seeking a service from us can make a complaint. This includes anyone affected by decisions we make about social care, including a service provided by an external provider acting on behalf of the Council. In such a case they can complain directly to the provider or to us. External providers are required to have their own complaints procedures and must comply with them. They are also required to share this information on complaints and outcomes with the Council.
- 2.3 There is only one stage in this statutory process which allows for a provisional and then final decision. All complaints made to the Council are logged and acknowledged. The Council will try to resolve the complaint as soon as possible, and no later than within 20 working days. If delays are anticipated, the complainant is consulted and informed appropriately. All responses, whether or not a timescale has been agreed with the complainant, must be made within six months of receiving the complaint.
- 2.4 All complaints are signed off by the Head of Service and complainants are given the opportunity to have their complaint reviewed by the Operational Director, Adult Social Care. In some cases, some complaints may need to be passed on to the Safeguarding Leads as appropriate, where the complaints process may be suspended in order to allow the safeguarding process to be completed. In cases where the complaint is across several organisations, one organisation will act as the lead and co-ordinate a joint response to the complainant. The final complaint response must set out the Council's standard paragraph advising of their right to approach the Local Government & Social Care Ombudsman (LGO) should the complainant remain dissatisfied.

3. Corporate Complaints Process

- 3.1 The Council's corporate complaints process has two stages
- Stage 1: responded to by the Head of Service
 - Stage 2: review/investigation by the Complaints Service team on behalf of the Chief Executive

4. Headlines

- 4.1 The main headlines from ASC complaints performance are:
- 97 complaints received at the initial stage in 2017/18 (exactly the same as the previous year) - 68 Statutory and 29 Corporate cases
 - Highest volume service areas for first stage complaints – Complex Care 42%, Urgent Care 28%, and Commissioning, Contracting & Market Management 22%
 - 45% of Stage 1 cases were upheld or partly upheld.
 - 95% of Stage 1 complaints were responded on time, year on year improvement

5. ASC Service Users

- 5.1 To be able to put some context to the complaints, ASC received 3,607 contacts from individuals with at least one contact through Brent Customer Service (BCS) or the Duty Team. ASC assessed 2,625 service users for Homecare Services and 1,010 assessed for Residential / Nursing Services. There were 2,166 individuals who received section 5 hospital discharge assessments. This means that **2.7% of ASC service users or someone acting on their behalf raised a complaint** about a service that they had received in 2017-18.

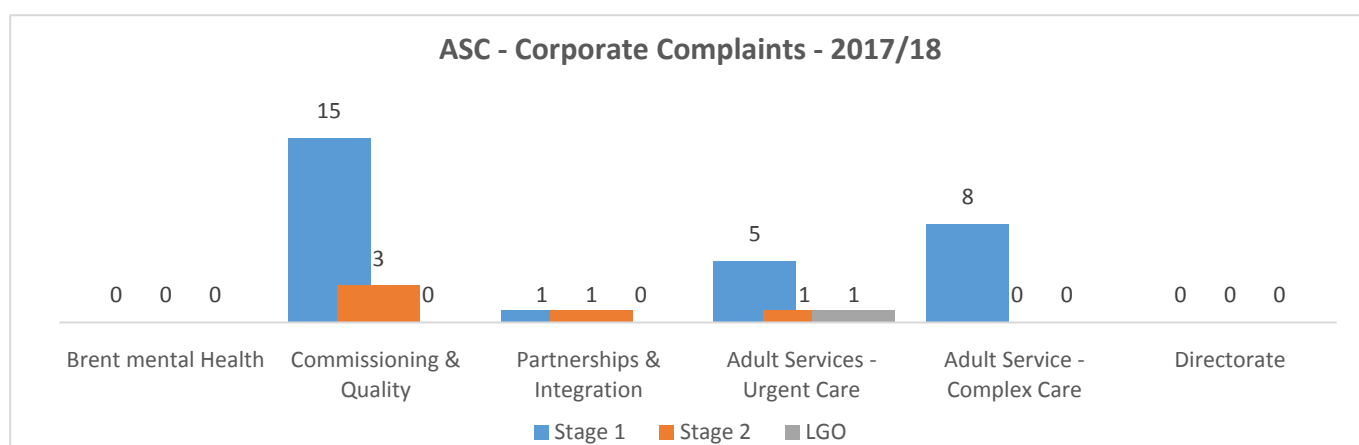
6. Complaints Received

- 6.1 **ASC received 68 Statutory Complaints and 29 Corporate Complaints, a total of 97 complaints.** There has been a decrease in statutory complaints of 18%; these are complaints that centre around the Care Act and more than likely to relate to a service users care needs assessment or provision of social care needs. However, this has been offset by a 100% increase in corporate complaints. On reviewing these complaints there are no particular patterns or themes, the complaints ranged from invoicing, supported living, phones and homecare companies. The total number of complaints remained exactly the same as 2016/17. Alterations in the staffing structure of ASC may have impacted on complaints being assigned to the correct teams. On reflection the complaint levels remain well below the levels of complaints when the new ASC complaint procedure was introduced in 2010.
- **Complex Care:** received 42% of the complaints made to ASC which is 2% down compared to last year. This team handles the more complex support cases and annual reviews and have to manage the realistic expectations of families and service users. The complaints received by the team mainly consist of disagreements with the care package the service user has been assessed to receive. These complaints also often relate to disagreements in the type of accommodation that is most suitable for the service user. For example: can the

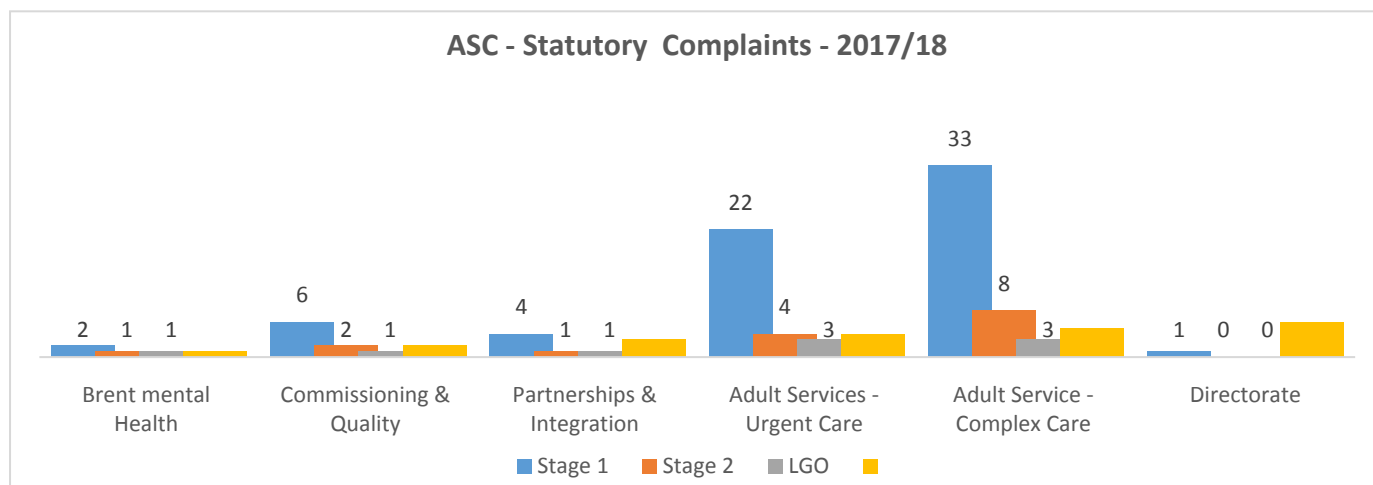
service user reside at home with homecare support; do they need to be placed in a residential care home or live in extra sheltered accommodation? The service user may have an expectation that the Council will provide 24 hour homecare. The Council also has to consider value for money, as well as the needs of the service user when providing services. These are complex and sensitive matters and can lead to disputes.

- Commissioning Contracting and Market Management:** this team manage the residential nursing home contracts, homecare providers and supported living. There is a perception that the Council receives a lot of complaints about its home care providers however this is not borne out in the statistics. There were 21 cases received (22%). The Council does a lot of work with our providers at the first point of contact to resolve any problems. The majority of concerns received are reported directly to the home care provider and resolved by them. Concerns are also raised directly with the Commissioning team who will resolve such matters directly with the provider. The service user is made aware of the complaints process if they wish to use that route as a possible resolution to their concerns. In the coming year the Complaint Service team will work with the Commissioning team to quantify the work being completed to resolve such complaints. A number of complaints were also received around supported living accommodation and the move on to further accommodation
- Urgent Care:** this includes the Reablement team, Safeguarding team and Hospital Discharge team and accounted for 28% of complaints for ASC, which is down on 2016/17. The complaints centred on the Safeguarding team and Hospital Discharge team. Issues for the Safeguarding team related to the difficulties in managing the expectations of families who are often in dispute with each other over the financial / welfare of the service user. With regard to Hospital Discharge this generally centres on the assessed needs of the service user and the expectations of their families after the service user has been discharged from hospital.

6.2 The chart below shows the number of ASC corporate complaints received in 2017/18. Of the 29 corporate complaints, 5 were escalated to the final stage.

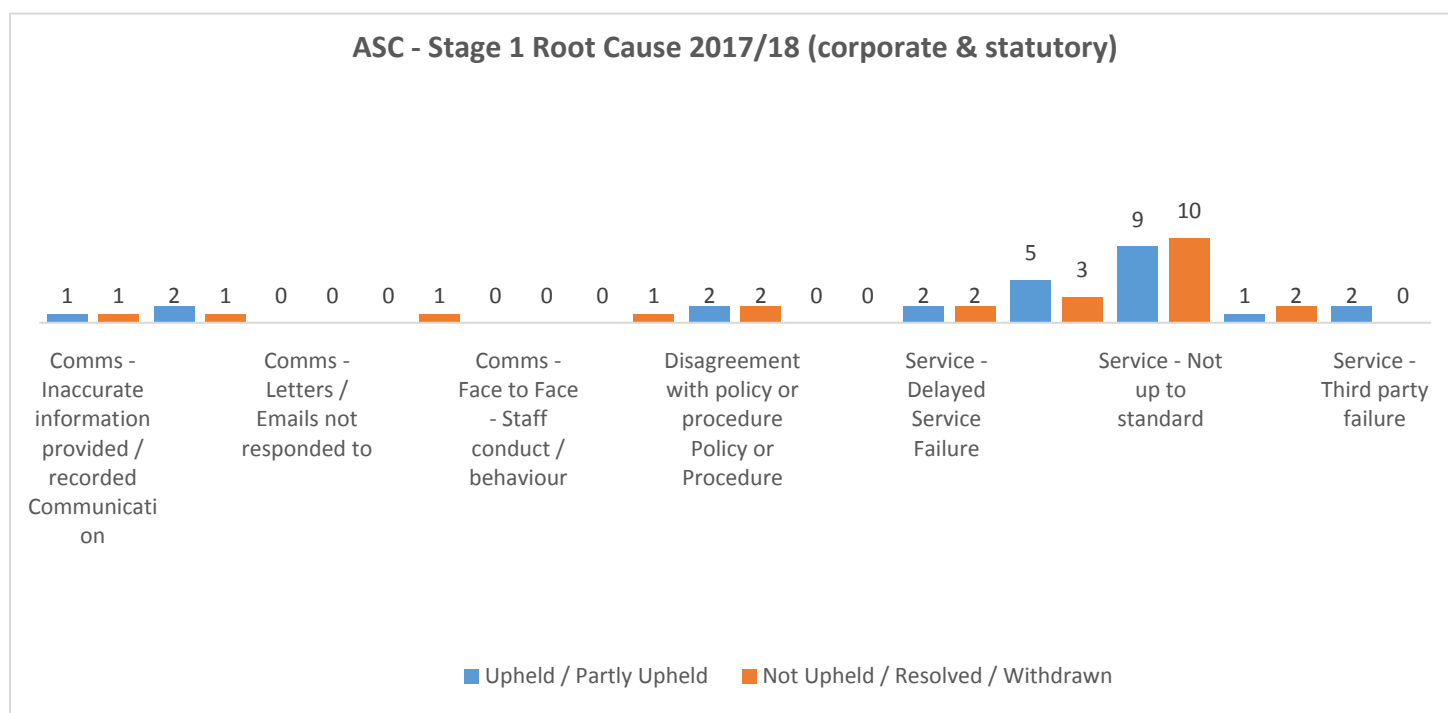


- 6.3 The chart below shows the number of ASC statutory complaints received in 2017/18. Of the 68 statutory complaints received, 16 were escalated and were reviewed at the final stage which is comparable with last year



- 6.4 In total there is a 22% escalation rate as compared to 19% in 2016/17. This figure is slightly higher than expected, but does show that our service users are confident in using the complaints process. Outcomes from these cases are discussed later in the report. ASC does actively try to resolve problems or concerns, however this can only be in relation to our policies and procedures. The Complaint Service team continue to work with the Operational Director and her team in ensuring complaints are proactively responded to. The Complaint Service team held regular training sessions for ASC managers and staff throughout the year and also regularly attended management meetings to present complaint data and hotspots.

7. Nature / Reasons for Complaints



7.1 Complaints about service failure accounted for three quarters of the complaints received (36 out of 47 cases). Of these 36 cases, 40% complained that the service received was not up to standard and in just under half of these some fault was found. The cases that were upheld were across all the teams in ASC and the reasons for cases being upheld ranged from: identifying that a client was on section 117 mental health funding; delay in arranging a Direct Payment; increasing a care package; and not contacting the family when an assessor visited the user. The overriding theme is that communication with the service user and family is key. A number of complaints have highlighted that failure to communicate early, increases the service user's frustration and leads to complaints about the underlying problems. Examples of this are delays in assessments, direct payment applications being processed and choice of care home for a client discharged from hospital.

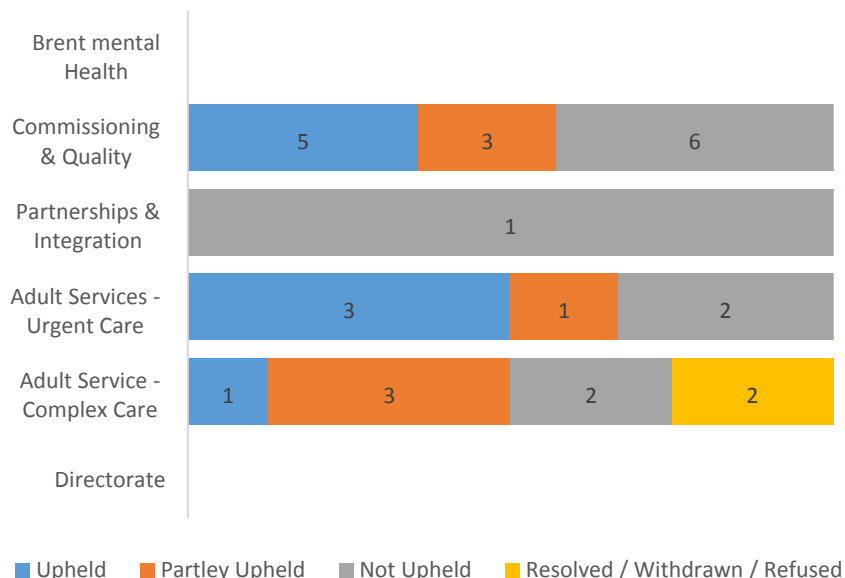
7.2 Other examples of the types of issues that lead to complaints are listed below:-

- **Delay/failure to provide a service** – concerns raised about delays with care needs assessments.
- **Poor communication** - a number of complaints were received regarding telephone calls not being answered and failure to respond to messages.
- **Incorrect action taken** – when advising a client of their financial assessment the team had backdated the assessment to an incorrect date.

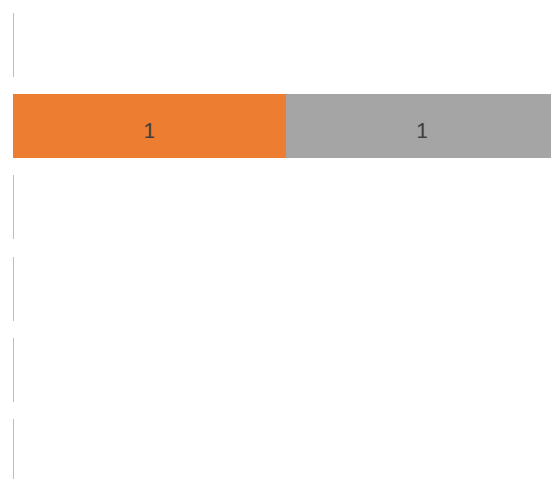
8. Complaint Outcomes

8.1 The chart below shows the outcome of complaints at Stage 1 and final review stage:

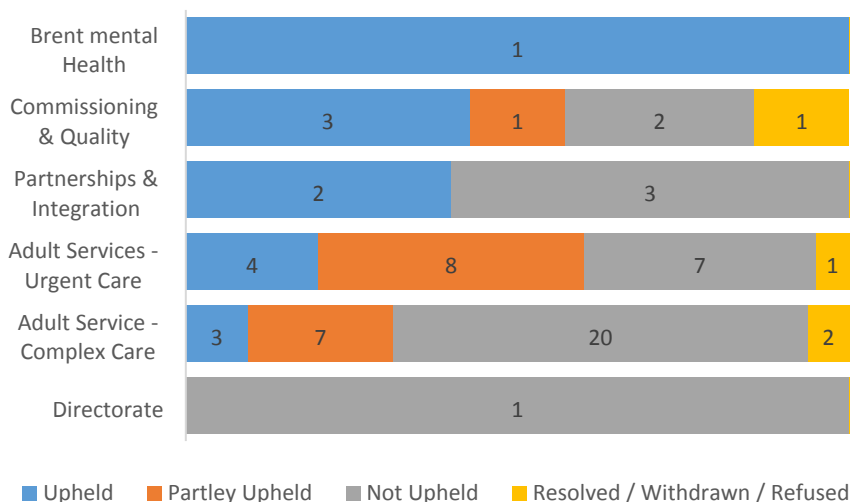
ASC - Corporate Stage 1 Outcomes - 2017/18



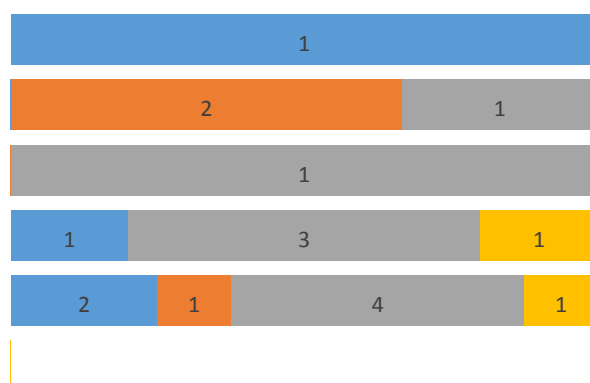
ASC - Corporate Stage 2 Outcomes - 2017/18



ASC - Statutory Complaint Stage 1 Outcomes - 2017/18



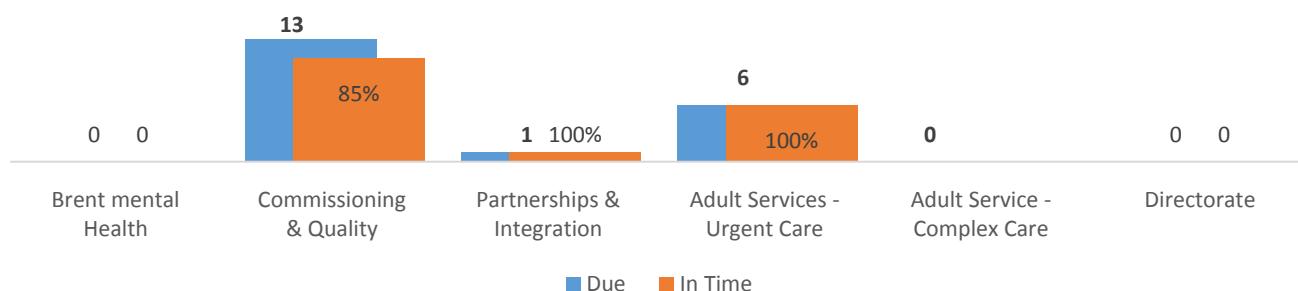
ASC - Statutory Complaint Stage 2 Outcomes - 2017/18



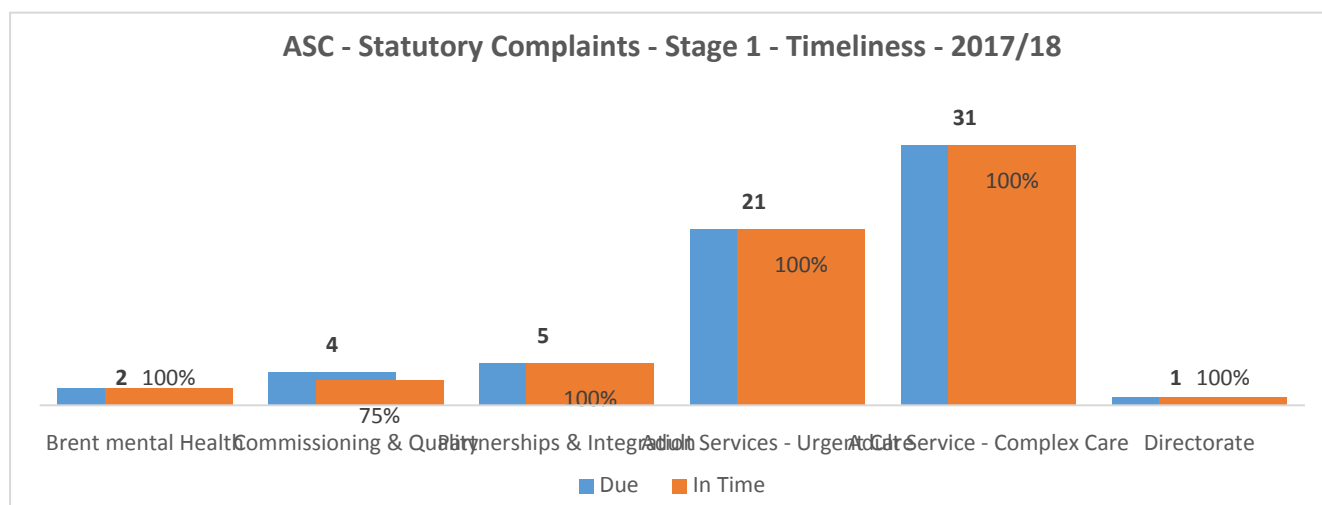
- 8.2 Complaints received for both Corporate and Statutory at the first/provisional stage shows that some fault (upheld or partly held) by the Council was found in 45% of cases. This compares to 48% in 2016/17.
- 8.3 At the final review stage some fault has been found in 42% of cases, which is down from 55% in the previous year 2016/17. This shows that although the escalation rate from the initial stage has risen, the Complaint Service team is finding fewer faults. Generally service users use the complaint process to protect their services.
- 8.4 The Complaints Service team is working with managers in ASC to ensure the quality of the complaint investigation and the explanations provided to the complainant addresses all the issues raised. The very nature of these cases is complex and service users and their families will sometimes proceed through the complaint process and escalate to the final stage.

9. Timeliness of Responses

ASC - Corporate Complaints - Stage 1 - Timeliness - 2017/18



- 9.1 The chart below shows Stage 1 complaint response times across the various ASC service areas in 2017/18:



- 9.2 ASC responded to 95% of all complaints within timescales as compared to 92% in 2016/17, this was an improvement of 3% points on the preceding year and over the last 3 years performance has improved by 38% points. Although this is still below the council's target of 100% it shows year on year improvement and there is a continued focus within the department to achieve the council's target of 100%.

10. Compensation

- 10.1 ASC paid £13,945 in compensation for the year, which comprised of three cases. However, of this payment, £12,500 was a refund of care charges that the family had paid. The actual compensation accounted for £1,445, which is a reduction on previous years. No compensation payments were made at Stage 1. Two cases were paid compensation at the final review stage. The LGO also awarded compensation in one case. As part of the training carried out by the Complaints Service Team an emphasis has been placed on remedies which includes considering when compensation should be awarded. The Council follows the guidelines that are published by the Local Government Ombudsman.

11. Local Government Ombudsman Decisions in 2017/18

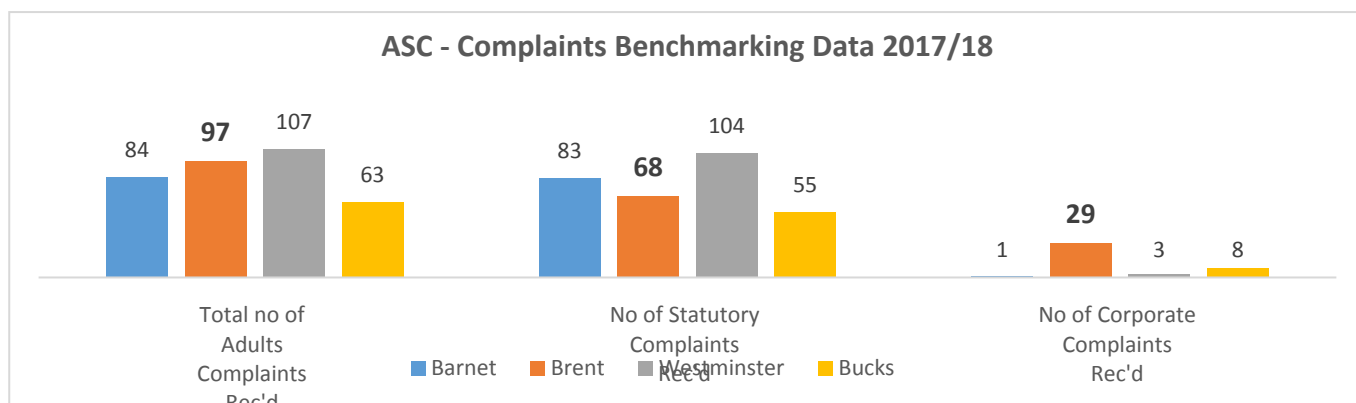
- 11.1 The Local Government Ombudsman reviewed 27 cases for ASC, which is down from 35 cases the previous year. Of the decisions made, 12 cases were referred back to the Council as they had not completed our complaints process. A further 7 cases were closed after initial enquiries with no further action to be taken. Of the remaining 8 cases, no fault was found in one case and fault was found in 7 cases. Of the seven cases in which mal-administration was found two of these concern blue badges which the LGO classify as ASC however these are reported under the Resources department in the council. The remaining cases are detailed as follows:

- **Case 1:** the Council & NHS Trust had failed to provide appropriate services – the client has been difficult to engage with and the trust has completed an assessment on behalf of ASC. However the LGO decided the appropriate services were not provided and we agreed to an apology and a new care assessment.
- **Case 2:** this concerned a safeguarding investigation where a relative had been removed abroad. The Council's investigation had identified some faults in the safeguarding investigation and this was acknowledged with the complainant. The complainant was happy with the Council's investigation, but was not happy that we did not consider her distress. The LGO decided that the Council had not considered her distress and ASC agreed to apologise to the complainant.
- **Case 3:** the Council accepted fault that there had been a delay in assessing a client following their income reducing below the threshold. The complainant had a private Homecare provider and continued to pay until their savings were depleted. ASC agreed to refund all payments to the homecare provider £12,500 and we agreed to apologise and pay compensation of £1,212.
- **Case 4:** this concerned section 117 responsibility under the Mental Health Act. Our client transferred to Kent in 2006 and we transferred the case to Kent Council. However in 2015 they transferred to Bedfordshire, and there were problems obtaining services. Legislation states that the authority that assessed that the client met the criteria for section 117 funding remains the responsible authority until the person is assessed as no longer meeting the criteria. Although we had no contact with the complainant for 10 years the LGO decided we were responsible. The LGO recommended that we pay compensation which we successfully managed to argue against. However the case was still classed as maladministration against Brent.
- **Case 5:** following a hospital discharge, a care package was put in place without appropriate advice that the service user would have to make a contribution to the cost. The council had already cancelled the care package and agreed to apologise and waive the charges.

11.2 The learning points from these complaints were: in the event of long term staff sickness, cases need to be identified and reallocated; and improved liaison with NHS and clients when discharge from hospital occurs.

12. Benchmarking

12.1 Brent Council belongs to the North West London Social Care Complaint managers group. The Council has benchmarked the volume of complaints received against five of our Central and West London neighbours in 2017/18. With regards to statutory complaints we have come second in the table behind Buckinghamshire; an improvement on the previous year. With regards to all complaints we have come third behind Barnet and Buckinghamshire.



13. Customer Feedback and Engagement

- 13.1 The majority of customer contact with the Complaints Service team is reactive in that the team responds to direct contact from customers and their representatives when they report a problem with a service. Through the initial contact the team has managed with ASC managers to resolve a number of complaints at the point of contact e.g. Delayed OT assessments / care assessments finding early resolutions to invoicing / billing queries that could have turned into more formal complaints. The team have also made contact with the Brent Carers Association and will be meeting with them shortly. The Complaints Service team has recently attended meetings with Brent Health Watch and various provider and community organisations to introduce themselves and provide advice on the ASC complaint processes.

14. Compliments

- 14.1 Customers and their representatives are encouraged to tell the Council if they are satisfied with their care or to highlight good service. People can send feedback to the Complaints Service team or ASC directly. In 2017/18, ASC and the Complaints Service team received 25 compliments about ASC. The Complaint Service team still does not capture all the compliments received by the Council and some of these compliments have not been logged on iCasework (complaint database). We are working with ASC to improve the logging of compliments on the system. Three examples of compliments are as follows:

- **From a wife:** *"I just wanted to send you my heartfelt gratitude for finding my husband a more suitable placement so quickly. I understand how stressful this must have been and I cannot thank you enough. I am certain my husband will settle in the new home. We highly appreciate your tremendous effort and will never forget your support of us".*
- **From the family of a service user** - *the father was in hospital and the family felt the Occupational Therapist (OT) provided an outstanding quality of service and a level of professionalism that was absolutely superb. The family thought the OT was always there for them and would be the one to initiate calls and would always call back if required. They took pride in their work.*

- **From a service user:** *“I would like to say a few words about my social worker. She has helped me so much for the past few years that I don’t know how I could ever thank her. She is an Angel. She is caring, considerate person, a good listener, and would always answer my calls. I consider myself lucky to have had her and the support she has given me”.*

15. Learning from Complaints

15.1 Learning from complaints provides opportunities for services to be improved and shaped by customer experience. ASC managers are encouraged not only to respond to complaints fully but to identify learning points that can help improve services. Here are some examples of how customer feedback has changed and improved service delivery:

Customer Feedback - ‘You Said’	Service Area Changes - ‘We Did’
You told us that when decisions were made about care support you did not want to use the complaint process.	<ul style="list-style-type: none"> • We have introduced an appeals process for any decisions made about a service users care support.
You have told us that you had requested an Occupational Therapy (OT) assessment but there is a long delay.	<ul style="list-style-type: none"> • ASC presently has a waiting time of 14 weeks for an OT assessment. ASC have reviewed their services and recruited an additional OT for the Duty Team, and are presently working on the backlog. Generally OT’s are in demand and can be extremely difficult to recruit. A Principal OT has been appointed within the service and presently working with OT’s generally across the Council to improve services.

Martin Beasley
Complaints Investigation Officer
 Corporate Complaints Team

Complaints Annual Report 2017 – 2018

Appendix B – Children & Young People Complaints

1. Summary

- 1.1 The Social Services statutory complaints procedure requires that an annual report must be produced for children's social care complaints. This report provides information about complaints made during the twelve months between 1 April 2017 and the 31 March 2018 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations 2006, the Representations (Children) Regulations 2006 and the Council's corporate complaints procedure.
- 1.2 The guidance "Getting the best from Complaints" produced by the Department for Education and Skills (DfES) provides advice for local authorities on implementing the Children Act 1989 complaints procedure for children and young people and defines a complaint as: ***'A complaint may be generally defined as an expression of dissatisfaction or disquiet in relation to an individual child or young person, which requires a response.'***

2. Who Can Make a Complaint

- 2.1 Section 26(3) and section 24D of the Children Act, 1989 and section 3(1) of the Adoption and Children Act, 2002 require councils to consider complaints made by:
- any child or young person (or a parent of his or someone who has parental responsibility for him) who is being looked after by the local authority or is not looked after by them but is in need
 - any local authority foster carer (including those caring for children placed through independent fostering agencies)
 - children leaving care
 - special guardians
 - a child or young person (or parent of his) to whom a Special Guardian order is in force
 - any person who has applied for an assessment under section 14F (3) or (4)
 - any child or young person who may be adopted, their parents and guardians
 - persons wishing to adopt a child
 - any other person whom arrangements for the provision of adoption services extend
 - adopted persons, their parents, natural parents and former guardians
 - such other person as the local authority consider has sufficient interest in the child or young person's welfare to warrant his representations being considered by them.

3. Statutory Complaints Process

3.1 There are two types of complaint processes followed by the Children & Young People (CYP) department. The Children Act 1989 Representation Procedure (England) Regulations 2006 for all complaints relating to actions taken under the Children Act (statutory complaints) and the Council's complaint process for all other complaints.

3.2 The Children's Act 1989 Representation Procedure (England) Regulations 2006 has three stages:

- **Stage 1: Local Resolution** – this is the most important stage of the complaint procedure. The heads of service and external contractors provide services on behalf of the Council and are expected to resolve as many complaints as possible at this initial point. The statutory social care complaints procedure requires complaints to be responded to within 10 working days; however heads of service can apply for an extension of a further 10 working days where a complaint is complex.
- **Stage 2: Independent Investigation** – this stage commences when the complainant is dissatisfied with the findings of the Stage 1. The Complaint Service team will consider mediation as a complaint handling tool to resolve ongoing concerns at the end of the Stage 1 process and before commencing the Stage 2 process. Stage 2 is an investigation by an "Independent Investigator" a person external to the service usually independent of the Council. We also have to appoint an "Independent Person" who is independent of the Council and not related to any member or officer of the Council and who represents the complainant in the process. The stage 2 investigation report is then adjudicated by the Operational Director. Stage 2 complaints falling within the statutory process must be dealt with in 25 working days but can be extended to 65 working days.
- **Stage 3 Review Panel** – where complainants wish to continue with their complaint about statutory social services functions, the Council is required to establish a complaint Review Panel. The Panel consists of three Independent Panellists who have no connection to the Council, these are appointed by the complaint service team. The Panel makes recommendations through a panel report which the Strategic Director CYP will then adjudicate their decision on the complaint.

4. Corporate Complaints Process

4.1 *Council's Corporate Complaints:*

- Stage 1: responded to by the Head of Service within 20 working days.
- Stage 2: Review / Investigation by the Complaints Service team on behalf of the Chief Executive within 30 working days.

5. Headlines

5.1 The main headlines from CYP complaints performance are:

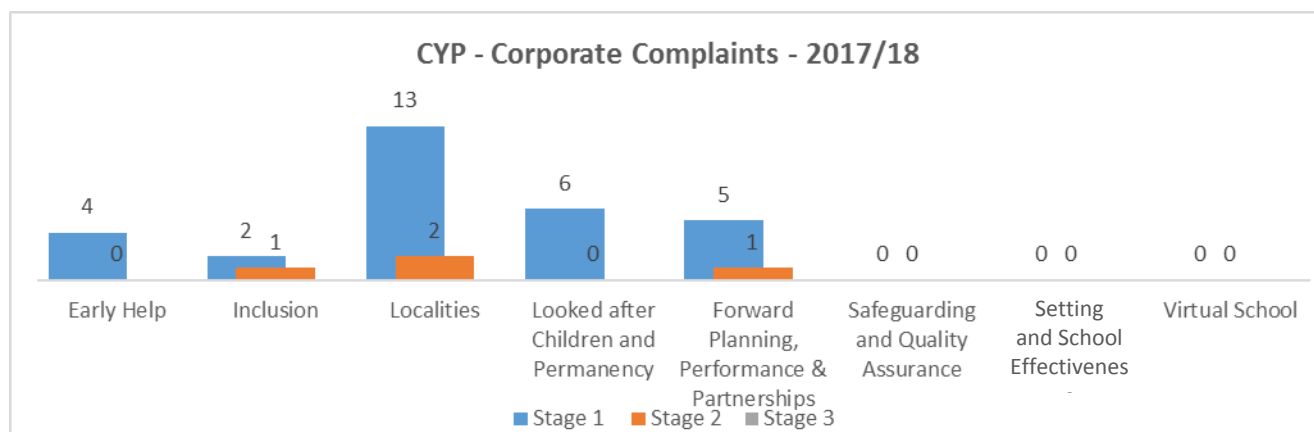
- Stage 1 complaint numbers decreased by 12% (↓)
- 71 statutory stage 1 complaints and 30 corporate stage 1 complaints
- Low 10% escalation rate to stage 2 for corporate and statutory complaints
- Main reasons for complaints received in 2017/18 were poor communication, delays or failure to provide a service, incorrect action taken and staff attitude
- 82% of all complaints responded to within target in 2017/18 (compared with 88% on time in 2016/17) (↓)
- £2,750 compensation paid in 2017/18 on four cases, a 66% decrease in the amount paid in the previous year (↓),

6. CYP Service Users

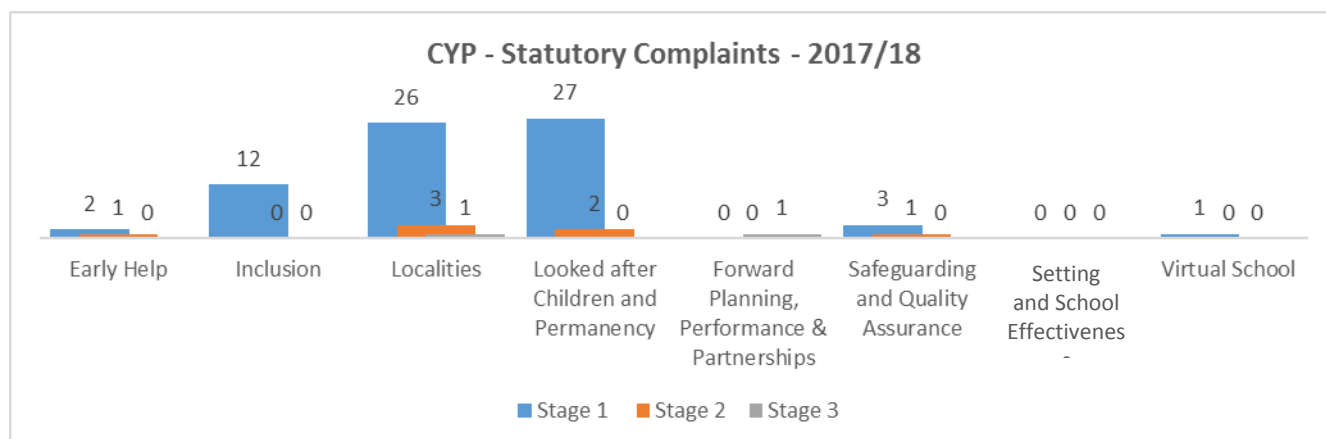
6.1 To be able to put some context to the volume of complaints that we receive, CYP in 2017/18 received 5,346 referrals and completed 5,125 Child & Family Assessments. The Council has 2,852 open children in need cases and 325 children subject to a child protection plan. There were 318 looked after children for the year and we had 354 care leavers aged 17-25. If you take complaints as a percentage of the number of referrals, 1.8% of CYP service users or someone acting on their behalf raised a complaint about a service that they were receiving in 2017/18.

7. Complaints Received

7.1 The chart below shows the number of corporate complaints received at Stage 1, Stage 2 and Local Government Ombudsman for 2017/18.



7.2 The chart below shows the number of statutory complaints received at Stage 1, Stage 2 and Stage 3 for 2017/18.

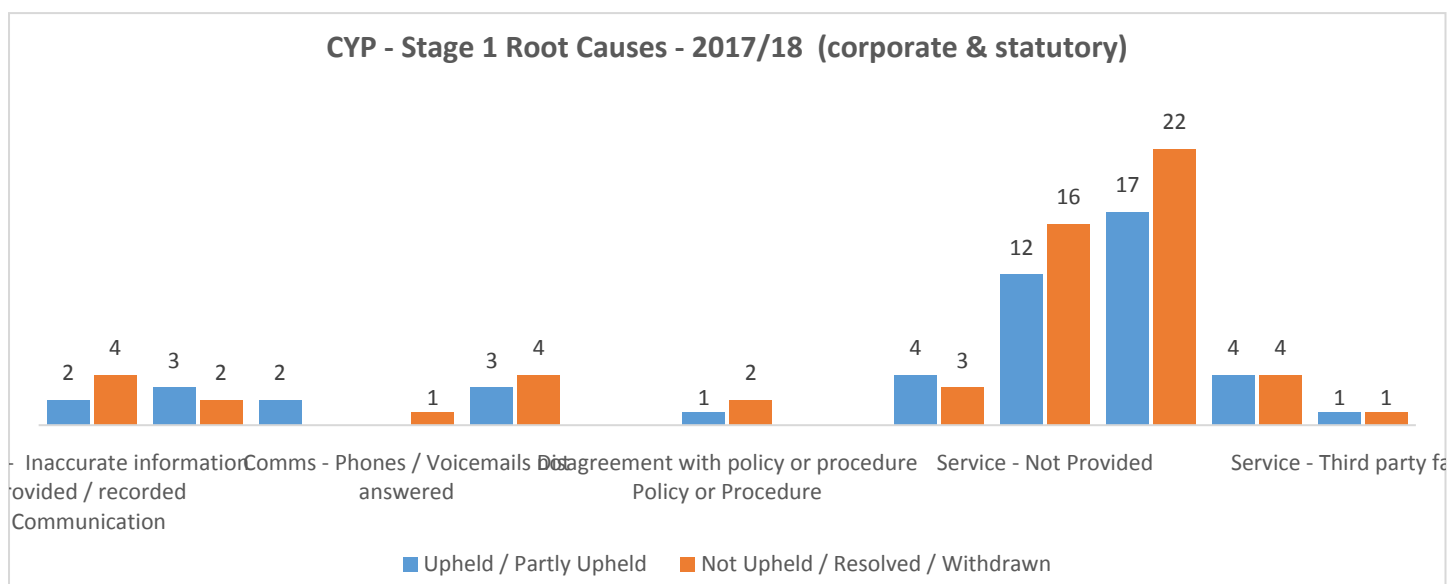


7.3 **A total of 101 statutory and corporate stage 1 complaints were received in 2017/18.** Following an increase in 2016/17 this shows a reduction of 12% in complaints received. Of the 101 complaints received, 71 were statutory complaints and 30 were corporate complaints. There has been a decrease in both types of complaints on the previous year 2016/17. The majority of complaints listed under Early Help and Inclusion teams were corporate complaints with the remaining complaints falling under the Children's statutory complaint procedure. As the chart above indicates the majority of statutory complaints are from the Localities and Looked after Children teams.

7.4 The Council received ten Stage 2 requests which is a reduction on the previous year and an escalation rate of 10% which is comparable with the previous year. However, in line with the split of complaints at the first stage, 6 of the stage 2s were statutory and 4 were corporate final reviews.

7.5 Under the Children's statutory procedure the complainant has a right for their complaint to be heard by an Independent Review Panel at Stage 3. In 2017/18 there were two stage 3 review panels held. In both the cases escalated to the review panel the complainants were determined to go through the complaint process. Both of these Stage 3 panel cases were partially upheld by the respective panels, with some recommendations changing from Partially Upheld to Upheld.

8. Nature / Reasons for Complaints



8.1 The main reasons for complaints received in 2017/18 were: delays or failure to provide a service, poor communication, incorrect action taken and staff attitude.

8.2 Social care makes intervention in the best interest of the child, however families do not always agree with the action that has been taken and as a result may choose to make a complaint about this. Similarly the most common reasons for complaints against staff members are when they disagree with a decision that has been made, or alleged general poor service. There has been an increasing number of complaints received from partners or service users. Most often this has been from one of the partners not living in the family home (or they are not the primary carer for their children) and felt that social care services had not communicated with them enough.

8.3 It is probably true to say that many of the Stage 1 complaints reflect the unhappiness of parents and carers about some of the decisions made by social care staff acting in the best interest of the child. Whilst the feelings and views of parents and carers about these decisions are often understandable most of these complaints were not upheld.

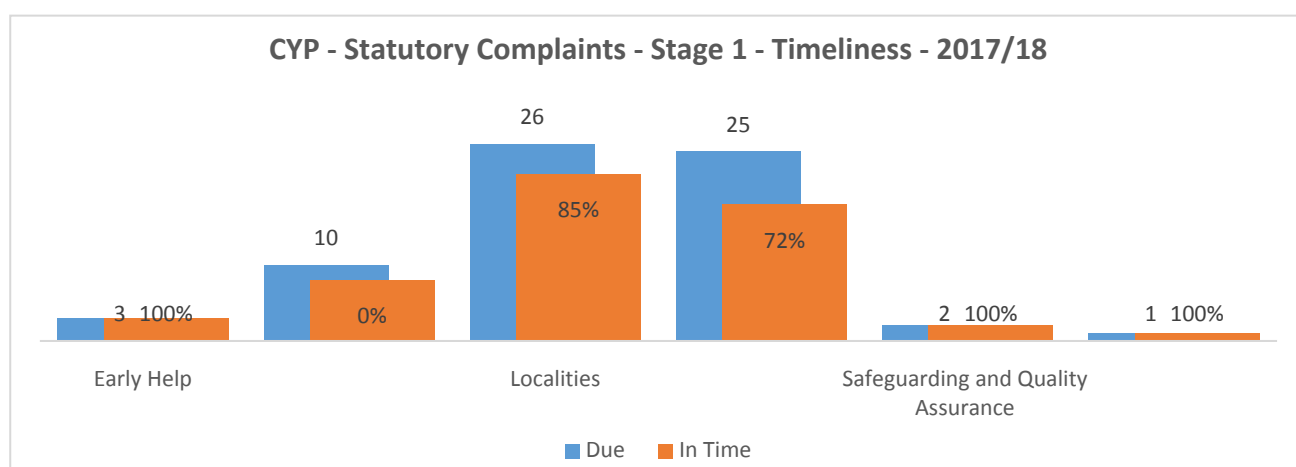
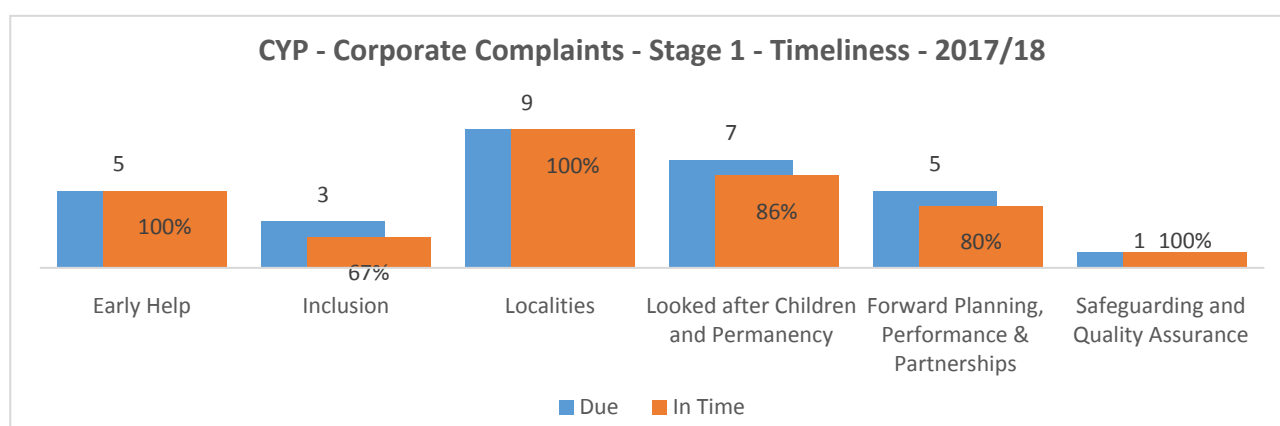
8.4 Examples of the types of issues that fall under each of the main reasons for a complaint are listed below:-

- ***Alleged poor staff attitude*** - much of the work of Localities staff involves them taking actions in connection with highly sensitive child protection or child in need issues, which parents or carers may not be in agreement with. This has for example led to complaints concerning the alleged partiality of assessments.
- ***Poor communication*** - on completion of a child and family assessment CYP had not kept all the interested parties up to date with the completed assessment.
- ***Care Leavers*** - in relation to care leavers the main area of complaints were about leaving care and the main bulk about their entitlements and the support

they had requested. This is evidence that young people are aware of their entitlements and that they can challenge decisions.

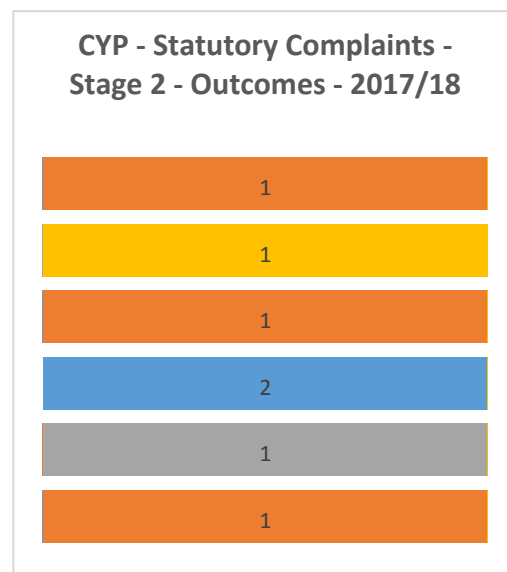
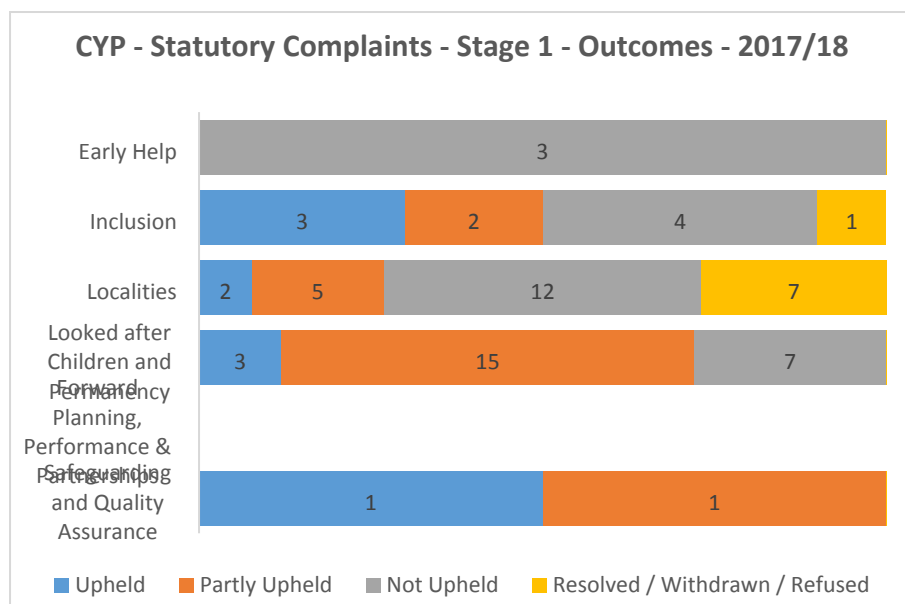
9. Timeliness of Responses

- 9.1 The chart below shows Stage 1 complaint response times by service area in 2017/18. CYP responded to 82% of all complaints within appropriate timescales. This is a reduction of 6% points in performance on the previous year and is below the target of 100%. In total 80% of statutory complaints and 87% of corporate complaints were answered within time. There has been a drop in performance of 6% points on statutory complaints. The statutory legislation does allow us in complex cases to extend the target by 10 working days. To improve performance CYP are carrying out weekly monitoring of complaints due to ensure timescales are improved.



10. Complaint Outcomes

10.1 The chart below shows the outcome of complaints at Stage 1 And Stage 2



10.2 There were 95 cases decided during the year and in 46% of Stage 1 complaints CYP fully or partly upheld the complaint which is similar to last year. This does demonstrate a willingness by the service areas to admit errors or mistakes and to remedy the concerns raised.

10.3 A further 12% of complaints were resolved following the initial approach to the Complaints Service Team, who worked with managers in Localities and Looked after Children to resolve the service users concerns.

10.4 The Council received 7 statutory stage 2 complaints and 5 corporate stage 2 complaints during 2017/18. Some fault was found in 58% of cases and 33% of cases were not upheld. One case was resolved prior to an investigation. The Complaints Service Team are working with managers in CYP, to improve investigation, complaint handling and correspondence skills.

10.5 Of the cases in which fault was identified at Stage 2, there were 2 cases which progressed to Stage 3. Detailed below are examples of the complaints that were decided and their learning points / service improvements that have been identified. The Council wishes to learn from its complaints and improve the service we provide to our clients. Cases are described below:

- In a number of cases, the complaint was concerned with the way the Council had completed the Child & Family assessment and the inconsistencies of the social workers when completing this assessment. These cases concluded that the child and family assessments were incomplete and that clear notes should record details of information recorded on the assessments. The investigations also concluded that there were delays in sending assessments to the families and that communication could be clearer.
- The complaint concerned a Family support worker where one of the parents was claiming bias. The complaint was partially upheld and it was agreed that the council should improve record keeping and write to confirm actions agreed.
- This complaint was that the Council had not followed the Staying Put Policy. The complaint was upheld and the council held a briefing workshop for fostering support social workers and the Staying Put arrangements were updated on the web site. The council met with the complainant to agree payments.
- The complaint related to the actions of the Council when receiving a request from the Police for overnight secure accommodation, whilst the young person was in custody. The complainant alleged that secure accommodation should have been available. This was not upheld at stage 2
- Some of the stage 2 complaints identified issues with delays in the complaint handling process and the quality of complaint responses at the first stage. The complaint service team have introduced quality checks of complaint responses which are being referred back to management teams. Training courses are being arranged for CYP managers and staff around complaint handling and investigation. Complaint service team officers are attending team meetings to upskill staff on complaint handling and provide regular feedback to management teams.

11. Compensation

- 11.1 CYP paid out £2,750 compensation in 2017/18 on four cases. This is a decrease of £5,000 from 2016/17. At Stage 1 the Council made one payment of £600, which was paid to a Care Leaver in regards to a fee for a course. The remaining three payments were awarded at Stage 2. A payment of £1,500 was made due to our delay in progressing appropriate adaptations to an offer of permanent accommodation. A payment was made due to a delay in responding to a complaint and a further payment for deficiencies in social work practice when completing a child and family assessment.

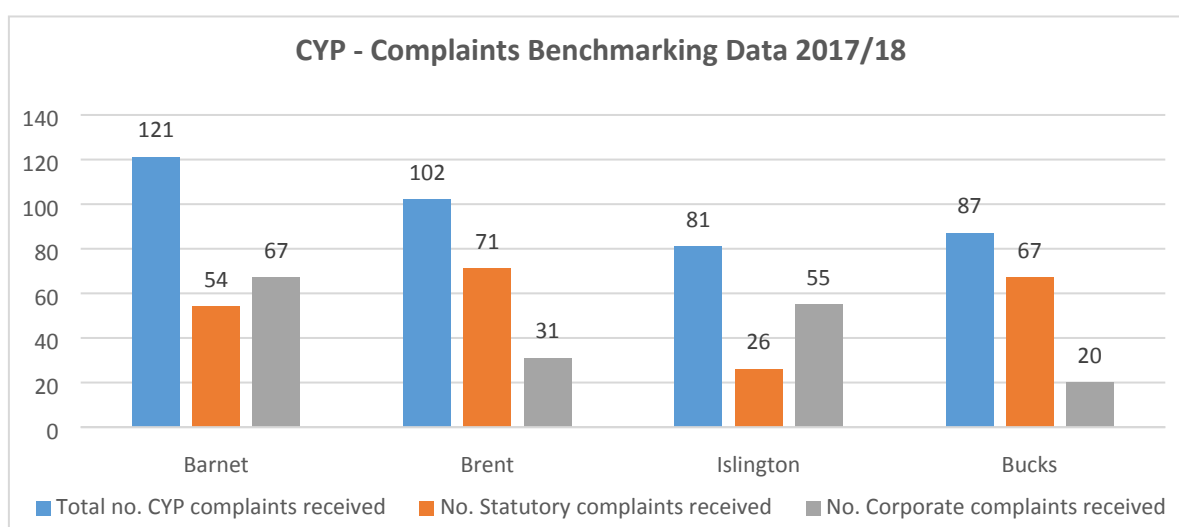
12. Local Government Ombudsman

12.1 The Local Government Ombudsman (LGO) received 11 referrals for CYP throughout the year and made decisions on 10 cases. This is a reduction of 38% on the preceding year. Of the cases decided, 1 referral was closed after initial enquiries, 2 were referred back to the Council's own complaint procedure, 1 closed with advice given, 2 were incomplete, 1 was not upheld and 3 upheld. The three complaints that were upheld were as follows:

- **Case 1:** the council was at fault when it delayed a request for a child to delay their entry into the school reception year. The complainant had believed the Council had agreed to the request when it had not considered it. The Council agreed to apologise and accept a late appeal for their preferred school option.
- **Case 2:** the Council failed to consider the complainant's concerns around a child with SEND going missing from the home. The LGO agreed that the action the Council had already taken provides a suitable remedy.
- **Case 3:** the council was at fault when it provided accommodation which was too small for the complainant and family and too far away from the secondary school. The LGO awarded £800 compensation, advised the council to review its practices, apologise to the family and begin a search for a more appropriate property. (Compensation recorded under housing).

13. Benchmarking

13.1 Brent Council belongs to the North West London Social Care Complaint managers group. The Council has benchmarked the volume of complaints received against five of our Central and West London neighbours for 2017/18. With regards to statutory complaints we have come fourth in the table behind Islington; Barnet and Bucks. In regards to all complaints we have come third behind Islington and Bucks.



14. Learning from Complaints

- 14.1 Lessons learned from complaints can help shape and improve our services and the customer experience and there is a commitment in CYP for managers and staff to use this learning to improve services.
- 14.2 A few examples of how the learning points from complaints helped to improve services are provided below:

Customer Feedback - 'You Said'	Service Area Changes - 'We Did'
You told us about delays that had occurred in progressing appropriate adaptations following the offer of permanent accommodation.	<ul style="list-style-type: none"> Recruitment of a second Children's OT has successfully been achieved. Joint operational supervision and clinical supervision has been pre-planned with both OTs and the Team Manager, and with the Clinical Supervisor. Remedial action has been taken in ensuring minimum delays in progressing adaptation cases during periods of staff turnover.
Two Care Leavers told us about our failure to properly deal with bank accounts for looked after children.	<ul style="list-style-type: none"> We reviewed our processes which highlighted the need to tighten arrangements. New systems were put in place to commence from April 2018.
A care leaver told us about the quality of support around immigration status and support required for LAC without British Citizenship.	<ul style="list-style-type: none"> We reviewed the status and support required for all LAC without British citizenship. We increased management oversight and supervision on individual cases. As of March 2018 all LAC had their immigration status and relevant support reviewed.

15. Compliments

- 15.1 CYP logged 8 compliments on the ICasework complaints and compliments database. This is up on last year but lower than other Councils that we were benchmarked with. However this is not to say that we do not receive more compliments but we are not capturing them on the system. Managers are being encouraged to log any compliments. Here is an example of the compliments received in 2017/18.

- "I would like you to know how grateful and blessed my family and I were to have a SW. I was apprehensive when the SW contacted me for first time. However he showed understanding, empathy and willingness in helping us. I remember going home that day and telling my son and my husband about the conversation I had with him. I remember how nervous and anxious we all felt as we did not know what to expect from the visit. We, as a family, knew that*

we needed to openly discuss our personal issues and concerns with a total "stranger" but the SW made it easier. His effective communication skills, his patience, his caring nature, his ability of being sensitive to other people's emotions, his ability to analyse situations and achieve the best outcome enabled us to fully trust him and express any worries or doubts. The SW was always very professional and organised in keeping accurate records of our conversations and gave constructive advice and we never felt judged or criticised".

- *"The SW is a good listener, action/result orientated person with a high level of communication skills. Thank you for all the support to my daughter and my family wholeheartedly. The great role you have played in my daughter's case was immeasurable. I'm grateful for all your help and continued support. I don't agree with the way of handling my daughter's case but would like to thank you for being open-minded and your positive approach. I count myself lucky that you have been involved in my daughter's case".*

Complaints Annual Report 2017 – 2018

Appendix C – Overview of Complaints Performance in the Community Wellbeing and Children & Young People Departments

1. Introduction

- 1.1 This supplementary report provides an overview of complaints performance in the Community Wellbeing (CWB) department – ASC directorate and Culture services as well as the CYP department. The report covers the period from April 2017 to March 2018 and comparative data going back to 2014/15 has been provided where available.

2. Brent Council's Complaint Framework

- 2.1 The Council operates a 2-stage corporate complaints process, 2-part Adult statutory complaints process and a 3-stage Children's statutory complaints process.

Complaint Type	Stages	Timescales (Written Response)
Corporate	2 stages + Ombudsman	Stage 1 - 20 working days Stage 2 - 30 working days
Adults (Statutory)	1 stage (provision/final stage) + Ombudsman	Stage 1 - 20 working days (extension up to 6 months in complex cases)
Children (Statutory)	3 stages + Ombudsman	Stage 1 - 10 working days (extension to 20 working days in complex cases) Stage 2 - 25 days (extension to 65 working days in complex cases) Stage 3 - 45 working days
Service Requests	N/A	10 working days

- 2.2 Initial acknowledgements should be sent within 5 working days for all of the complaint types shown above, with the exception of Stage 3 Children Statutory complaints where acknowledgements should be sent within 2 working days.
- 2.3 Service areas are responsible for the management and resolution of all corporate and statutory Stage 1 complaints. The corporate Complaints Service team manages final review/Stage 2 corporate complaints on behalf of the Chief Executive. Children's statutory complaints are reviewed by an independent investigator and independent person at Stage 2 and by an independent panel at Stage 3.
- 2.4 The outcome of a complaint is decided in one of these ways:
- **"Upheld"** – this is where the Council has accepted responsibility for the matter arising. The complaint response will offer an apology, clarify what happened and the remedy to the problem. We will also identify actions to prevent this from happening again.

- **“Partially Upheld”** – this is where the Council accepts some responsibility for part of the complaint. We will send a complaint response as above also highlighting our reason for not accepting the whole complaint.
- **“Not Upheld”** – this means the investigation into the complaint has not found the Council at fault. The complaint response will explain our reasons for this decision.

3. Data Caveats

- 3.1 The data in this report has been produced from the iCasework complaints system and reflects the information captured on the system by council officers. The quality and consistency of the data has improved over the years and system changes have been made to improve the quality of management information. For example, the broad root cause categories were revised during 2016. The ‘Other’ category was removed and the ‘Disagreement with Policy’ category was added to help improve the high level analysis of the root causes of complaints. The service-specific categories of complaints have been updated on an ongoing basis to provide a more granular understanding of the root cause of complaints. This more detailed analysis of the root cause of complaints has been provided in **Appendix D** for the CWB and CYP departments.
- 3.2 Complaints data for 2017/18 is based on the current departmental/service area structure. It should be noted that the composition of service areas within the CWB department and CYP department has changed over recent years:
- The CWB department was created in January 2016 bringing together the ASC, Public Health, Housing & Community Care directorates. Complaints data for these services in 2015/16 and 2016/17 had to be recalculated from the iCasework system to provide comparative data in these two years.
 - The composition of the Housing directorate expanded when the new Housing Management Service (HMS) was brought in-house in October 2017. All Brent Housing Partnership (BHP)/HMS complaint cases in the transitional 2017/18 year have been included in the CWB figures for reporting purposes. Complaints performance in the Housing directorate will be reviewed by the Housing Scrutiny Committee in February 2019.
 - The Client Affairs team moved from the ASC directorate to Brent Customer Services (Resources) department in September 2016 and the Client Affairs team data is included in ASC corporate performance figures up until that point.
 - The Culture service, which includes Libraries, Arts & Heritage and the Sports service, has been managed as a single service since April 2015 and was brought into the CWB department in January 2016. Up until April 2015 these services were managed separately as the Libraries, Arts & Heritage service and the Sports service were within the Environment department. Comparative data for the past four years has been provided where available.
- 3.3 ASC, Culture service and CYP receive less than 100 corporate and 100 statutory complaints per year. It should be noted that small changes in numbers can show as large percentages and should this be considered in context with other data provided in the report.

4. CWB DEPARTMENT

- 4.1 Section 4 of this report sets out ASC directorate and Culture service complaints performance within the CWB department for 2017/18 and the previous 3 years where available. ASC corporate complaints performance has been shown separately to statutory complaints performance where available and a separate report on ASC statutory performance is provided in **Appendix A**.
- 4.2 The operating context for ASC and Culture services is provided in Appendix D and is restated here to provide context to the CWB complaints data in this report:
- In 2017/18, Adult Social Care directorate received over 3,600 contacts, made over 3,600 assessments for homecare, residential or nursing services, and also carried out over 2,100 hospital discharge assessments.
 - Culture Services had over 36,000 active library borrowers and over 1.7m sports centre visits in 2017/18.

Volume of Complaints

Stage 1 & Stage 2 - Corporate Complaint Volumes

- 4.3 The tables below shows the volume of new Stage 1 and Stage 2 Corporate complaints received.
- **All Brent**
 - Over the past 4 years, Stage 1 corporate complaints have fallen by 14% and Stage 2 complaints have fluctuated between 172 and 197 cases.
 - In 2017/18, 1 in 7 cases was escalated to Stage 2 across Brent.
 - **ASC**
 - The volume of Stage 1 corporate cases compared to the rest of Brent is very low (less than 2%). Stage 1 and Stage 2 case volumes have remained broadly the same over the past 4 years.
 - In 2017/18, 1 in 6 corporate cases was escalated to Stage 2.
 - **Culture Services**
 - The overall number of Stage 1 complaints is very low (less than 4% of all Brent cases in 2017/18).
 - The volume of Stage 1 cases has increased by about a third over the past 4 years (52 cases received in 2017/18). However the escalation rate to Stage 2 remains very low with only 1 in 17 cases escalated in 2017/18.

Stage 1 – Corporate Complaints Received				
Year	All Brent *	CWB **	ASC (Corp)	Culture
2014 - 2015	1,714		27	38
2015 - 2016	1,696	289	30	36
2016 - 2017	1,521	253	14	55
2017 - 2018	1,475	525	29	52

Stage 2 – Corporate Complaints Received				
Year	All Brent *	CWB **	ASC (Corp)	Culture
2014 - 2015	172		0	1
2015 - 2016	187	42	4	4
2016 - 2017	213	38	2	7
2017 - 2018	197	97	5	3

* All Brent cases are Council and BHP/HMS cases.

** CWB cases includes BHP/HMS from 2017/18 when the service transferred into the Council.

Stage 1 & Stage 2 - Statutory Complaint Volumes.

4.4 The table below shows the volume of all statutory Stage 1 and Stage 2 complaints received by the Council (ASC and CYP) compared with ASC.

- *All Brent Council*
 - The total number of all statutory Stage 1 complaints has decreased by 28% over the past 4 years.
 - In 2017/18, 1 in 6 statutory cases was escalated to the second stage.
- *ASC*
 - The volume of ASC Stage 1 statutory complaints has fallen by 27% over the past 4 years.
 - Although ASC comprises usually less than half of all Stage 1 statutory complaints, the escalation rate is higher than average and the majority of the Stage 2 statutory cases are typically in ASC.
 - In 2017/18, 1 in 4 ASC statutory cases was escalated to the second stage.

Year	Stage 1 – Statutory Volume		Stage 2 Statutory Volume	
	Brent Council *	ASC (Stat)	Brent Council *	ASC (Stat)
2014 - 2015	193	93	18	10
2015 - 2016	129	76	18	15
2016 - 2017	162	83	25	16
2017 - 2018	139	68	23	16

* Brent Council Statutory complaints = ASC and CYP Statutory complaint cases

Nature of Complaints

- 4.5 The broad root cause categories are sometimes used interchangeably by staff (e.g. Service Failure and Communication) and only provides us with a limited understanding of complaint themes. Service-specific root causes of complaints gives us a better understanding of complaint themes.
- 4.6 Appendix D lists the root cause of complaints in the CWB department (ASC and Culture Services) and CYP department and also includes the improvement actions taken to address complaint themes.

4.7 The table below summarises the top 3 service-specific complaint themes in 2017/18:

Top 3 Complaint Themes in 2017/18		
All Brent *	ASC	Culture
<ul style="list-style-type: none"> Customer care (17%) Repairs (8%) Parking enforcement (6%) 	<ul style="list-style-type: none"> Service delivery (56%) Customer care (24%) Safeguarding (7%) 	<ul style="list-style-type: none"> Library premises (24%) Sports facilities (17%) Library customer service (14%)

* All Brent cases are Council and BHP/HMS cases.

Complaint Outcomes

Stage 1 & Stage 2 - Corporate Complaint Outcomes

4.8 The tables below shows the proportion of corporate complaints upheld/partly upheld at the first and second stage:

- All Brent**
 - Even though the volume of new cases decreased over the past 4 years, the proportion of cases upheld/partly upheld has increased.
 - The upheld/partly upheld rate has gradually increased to 50% at the first stage and 40% at the second stage in 2017/18.
- ASC**
 - The volume of ASC corporate Stage 1 and Stage 2 complaints has remained broadly the same over the past 4 years. The upheld/partly upheld rate has been decreasing over the past 4 years but remains slightly higher than the rate across Brent (55% of ASC cases upheld/partly upheld in 2017/18).
- Culture**
 - The volume of Stage 1 complaints has been increasing over the past 4 years, however the rate of cases upheld/partly upheld has decreased with 48% upheld/partly upheld in 2017/18.
 - Very few cases are escalated and upheld/partly upheld at the second stage.

Stage 1 – Corporate Complaint Outcomes - % Upheld/Partially Upheld				
Year	All Brent *	CWB **	ASC (Corp)	Culture
2014 - 2015	41%		67%	55%
2015 - 2016	40%	46%	38%	60%
2016 - 2017	54%	60%	66%	46%
2017 - 2018	50%	56%	55%	48%

Stage 2 – Corporate Complaints Outcomes - % Upheld/Partially Upheld				
Year	All Brent *	CWB **	ASC (Corp)	Culture
2014 - 2015	35%		0%	0%
2015 - 2016	43%	47%	0%	25%
2016 - 2017	38%	50%	0%	17%
2017 - 2018	40%	58	50%	33%

* All Brent cases are Council and BHP/HMS cases.

** CWB cases includes BHP/HMS from 2017/18 when the service transferred into the Council.

Stage 1 & Stage 2 - Statutory Complaint Outcomes

4.9 The table below shows the proportion of all statutory Stage 1 and Stage 2 complaints upheld/partly upheld by the Council (ASC and CYP) compared with ASC.

- **Brent Council**
 - The upheld/partly upheld rate of all Stage 1 statutory complaints has fluctuated between 43% and 47% over the past 4 years and represents the combination of ASC and CYP cases.
 - The reduction in the upheld/partly upheld rate at the second stage, reflects the outcome of ASC cases which make up the bulk of Stage 2 statutory complaints.
- **ASC**
 - There has been a marked reduction in the upheld/partly upheld rate of ASC statutory cases at Stage 1 (provisional) and Stage 2 (final). Less than half of Stage 1 and Stage cases were upheld in 2017/18.

Year	Stage 1 – Statutory Outcomes % Upheld/Partially Upheld		Stage 2 – Statutory Outcomes % Upheld/Partially Upheld	
	Brent Council *	ASC (Stat)	Brent Council *	ASC (Stat)
2014 - 2015	43%	55%	78%	60%
2015 - 2016	54%	65%	75%	70%
2016 - 2017	49%	49%	63%	55%
2017 - 2018	47%	44%	46%	39%

* Brent Council Statutory complaints = ASC and CYP Statutory complaint cases

Local Government & Social Care Ombudsman (LGO) Decisions and Learning Points

LGO – Number of Referrals

4.10 The table below shows the number of referrals made to the LGO about Brent Council:

- **Brent Council**
 - The total number of Brent cases referred to the LGO has remained broadly the same over the past 4 years. The Culture Service has not had any LGO referrals during this period of time.
- **ASC**
 - The number of ASC cases referred to the LGO has increased 3-fold over the past 4 years to 39 cases in 2017/18 (equivalent to 23% of all Brent Council referrals to the LGO).

Number of Referrals to the LGO				
Year	Brent Council*	CWB	ASC	Culture
2014 - 2015	169		11	0
2015 - 2016	183	14	3	0
2016 - 2017	168	84	35	0
2017 - 2018	168	79	39	0

* Brent Council figures on LGO cases do not include BHP/HMS as those cases are investigated separately by the Housing Ombudsman

LGO – Upheld Cases

4.11 The table below shows the number of LGO cases upheld against Brent Council:

- **Brent Council**
 - There has been a slight decrease in the number of cases upheld by the LGO over the last 4 years, with 21 cases upheld against the Council in 2017/18.
- **ASC**
 - Even through there has been a 3-fold increase in the number of ASC cases referred to the LGO over the past 4 years, the total number of upheld cases has remained broadly the same (5 cases upheld in 2017/18).

Number of LGO Upheld Cases				
Year	Brent Council*	CWB	ASC	Culture
2014 - 2015	23		5	0
2015 - 2016	26	15	4	0
2016 - 2017	17	11	3	0
2017 - 2018	21	14	5	0

* Brent Council figures on LGO cases do not include BHP/HMS as those cases are investigated separately by the Housing Ombudsman

4.12 The 21 cases upheld against Brent Council in 2017/18 were in the following services:

- Housing (Housing Needs) – 7
- Housing (Private Housing Services) - 2
- Adult Care Services – 5
- Benefits & Council Tax – 3
- Concessionary Travel – 2
- Education & Children Services – 2

4.13 In most of these upheld cases the complainant or their family member was a vulnerable person and the LGO prescribed specific remedies according to individual needs. Additionally the LGO recommended reviews or reconsiderations of our policies, practices and communication/interactions with (vulnerable) service users.

4.14 The ASC Statutory Report in **Appendix A** provides a summary of the 5 ASC cases that were upheld by the LGO. Overall, the remedies prescribed in the five upheld ASC cases focussed on the need to review assessments in individual cases and to apologise for the distress caused to service users. There were no underlying systemic issues highlighted in these LGO cases.

Compensation

4.15 The table below shows compensation paid at all stages including Ombudsmen cases for corporate and statutory cases:

- **All Brent**
 - Just over £73k was awarded in 135 cases in 2017/18, which is back down to comparable levels in 2014/15. The average amount of compensation awarded was £546 per case.
- **ASC**
 - The number of cases awarded compensation has been falling year on year for the past 4 years.
 - The total compensation of nearly £14k is skewed by a single case where it was agreed to reimburse care and legal costs of c£13.5k.

Compensation – No. of Cases & Total Awarded					
Year		All Brent *	CWB **	ASC	Culture
2014/15	Cases	139		10	0
	Total (£)	£73,197		£6,300	£0
2015/16	Cases	170	20	8	1
	Total (£)	£62,765	£11,650	£8,759	£90
2016/17	Cases	204	18	8	0
	Total (£)	£77,602	£8,300	£4,295	£0
2017/18	Cases	135	46	3	£0
	Total (£)	£73,794	£42,278	£13,945	£0

* All Brent cases are Council and BHP/HMS cases.

** CWB cases includes BHP/HMS from 2017/18 when the service transferred into the Council.

Timeliness of Complaints

Stage 1 & Stage 2 – Timeliness of Corporate Complaints

4.16 The tables below shows the percentage of corporate complaints closed on time at the first and second stage:

- **All Brent**
 - The timeliness of Stage 1 and Stage 2 corporate complaints has significantly improved over the past 4 years. 90% of Stage 1 cases and 81% of Stage 2 cases were completed on time in 2017/18.
- **ASC**
 - Similarly, ASC has significantly improved the timeliness of corporate complaints with 90% of first stage and 100% of second stage completed on time in 2017/18.
- **Culture**
 - The Culture service has maintained a high standard of timeliness in completing casework with 98% of Stage 1 and 100% of Stage 2 complaints completed on time in 2017/18.

Stage 1 – Corporate Complaint Timeliness (%)				
Year	All Brent *	CWB **	ASC (Corp)	Culture
2014 - 2015	77%		52%	91%
2015 - 2016	88%	88%	67%	80%
2016 - 2017	95%	89%	80%	91%
2017 - 2018	90%	92%	90%	98%

Stage 2 – Corporate Complaint Timeliness (%)				
Year	All Brent *	CWB **	ASC (Corp)	Culture
2014 - 2015	60%		100%	67%
2015 - 2016	88%	40%	50%	100%
2016 - 2017	82%	85%	100%	83%
2017 - 2018	81%	78%	100%	100%

* All Brent cases are Council and BHP/HMS cases.

** CWB cases includes BHP/HMS from 2017/18 when the service transferred into the Council.

Stage 1 & Stage 2 – Timeliness of Statutory Complaints

4.17 The table below shows the percentage of all statutory Stage 1 and Stage 2 complaints closed on time by the Council (ASC and CYP) compared with ASC:

- **Brent Council**
 - There has been a marked improvement in the timeliness of first and second stage statutory complaints with 89% of Stage 1 cases and 67% of Stage 2 cases completed on time in 2017/18.
- **ASC**
 - There has been huge improvement in the timeliness of ASC first and second stage statutory complaints with 98% of Stage 1 (provisional cases) and 92% of Stage 2 (final cases) completed on time in 2017/18.

Year	Stage 1 – Statutory Timeliness		Stage 2 Statutory Timeliness	
	Brent Council *	ASC (Stat)	Brent Council *	ASC (Stat)
2014 - 2015	56%	58%	24%	45%
2015 - 2016	82%	80%	29%	18%
2016 - 2017	92%	90%	58%	74%
2017 - 2018	89%	98%	67%	92%

* Brent Council Statutory complaints = ASC and CYP Statutory complaint cases

Compliments

4.18 There were 126 compliments for Brent Council departments recorded on iCasework in 2017/18 compared with 22 compliments logged in 2016/17. Although this is a significant improvement from the previous year, there is still an under-recording of compliments on the system and staff are reminded to record this information on iCasework to give a more balanced picture of complaints as well as compliments.

- 4.19 The table below shows the number of compliments received and ASC examples are included in Appendix A:

2017/18	All Brent *	CWB **	ASC	Culture
Compliments received	126	22	8	6

* All Brent cases are Council and BHP/HMS cases.

** CWB cases includes BHP/HMS from 2017/18 when the service transferred into the Council.

5. CYP Department - Overall Complaints Performance

- 5.1 This section of the report sets out complaints performance in the CYP department for 2017/18 and the previous 3 years where available. The operational context for CYP highlighted in Appendix D is as follows:

- CYP received over 5,300 referrals and completed over 5,100 Child & Family assessments in 2017/18.

Volume of Complaints

Stage 1 & Stage 2 - Corporate Complaint Volumes

- 5.2 The table below shows the volume of new Stage 1 Corporate complaints received:

- **All Brent**
 - Stage 1 corporate complaints have fallen by 14% and Stage 2 complaints have fluctuated between 172 and 197 cases over the past 4 years,
 - In 2017/18, 1 in 7 cases was escalated to Stage 2 across Brent.
- **CYP**
 - In 2017/18, CYP received just 2% of all corporate Stage 1 and Stage 2 complaints in Brent and case volumes have remained broadly the same over the past 4 years.
 - In 2017/18, 1 in 7 cases was escalated to Stage 2.

Year	Stage 1 – Corporate Complaints Received		Stage 2 – Corporate Complaints Received	
	All Brent *	CYP (Corp)	All Brent *	CYP (Corp)
2014 - 2015	1,714	31	172	5
2015 - 2016	1,696	62	187	7
2016 - 2017	1,521	36	213	3
2017 - 2018	1,475	30	197	4

* All Brent cases are Council and BHP/HMS cases.

Stage 1, Stage 2 & Stage 3 - Statutory Complaint Volumes.

- 5.3 The table below shows the volume of all statutory Stage 1 and Stage 2 complaints received by the Council (ASC and CYP) compared with CYP:

- **Brent Council**
 - Stage 1 statutory complaint volumes have decreased by 28% over the past 4 years.

- In 2017/18, 1 in 6 statutory cases was escalated to the second stage.
- **CYP**
 - There has been a notable reduction in the volume of statutory Stage 1 and Stage 2 cases in CYP over the past 4 years and very few cases have progressed to Stage 3 in this period of time.
 - In 2017/18, 1 in every 11 case was escalated to the second stage.

Year	Stage 1 – Statutory Volume		Stage 2 Statutory Volume		Stage 3 Statutory Volume
	Brent Council *	CYP (Stat)	Brent Council *	CYP (Stat)	
2014 - 2015	193	92	18	8	3
2015 - 2016	129	50	18	3	3
2016 - 2017	162	79	25	9	0
2017 - 2018	139	71	23	6	2

* Brent Council Statutory complaints = ASC and CYP Statutory complaint cases

Nature of Complaints

- 5.4 The analysis of the root cause of complaints in the CYP department is provided in Appendix D. The table below summarises the top 3 complaint themes in 2017/18:

Top 3 Complaint Themes in 2017/18	
All Brent *	CYP
<ul style="list-style-type: none"> • Customer care (17%) • Repairs (8%) • Parking enforcement (6%): 	<ul style="list-style-type: none"> • Social workers (16%) • Assessments (9%) • Leaving Care (9%)

* All Brent cases are Council and BHP/HMS cases.

Complaint Outcomes

Stage 1 & Stage 2 - Corporate Complaint Outcomes

- 5.5 The table below shows the proportion of corporate complaints upheld/partly upheld at the first stage:
- **Brent**
 - The volume of new cases has decreased over the past 4 years, however the proportion of cases upheld/partly upheld has increased.
 - The upheld/partly upheld rate has gradually increased to 50% at the first stage and 40% at the second stage in 2017/18.
 - **CYP**
 - The volume of CYP corporate Stage 1 and Stage 2 complaints has remained broadly the same over the past 4 years.
 - The upheld/partly upheld rate has been decreasing over the past 4 years and remains lower than the Brent rate in 2017/18.

Year	Stage 1 – Corporate Complaint Outcomes % Upheld/Partially Upheld		Stage 2 – Corporate Complaint Outcomes % Upheld/Partially Upheld	
	All Brent *	CYP (Corp)	All Brent *	CYP (Corp)
2014 - 2015	41%	66%	35%	67%
2015 - 2016	40%	50%	43%	14%
2016 - 2017	54%	50%	38%	0%
2017 - 2018	50%	41%	40%	40%

* All Brent cases are Council and BHP/HMS cases.

Stage 1 & Stage 2 - Statutory Complaint Outcomes

5.6 The table below shows the proportion of all statutory Stage 1 and Stage 2 complaints upheld/partly upheld by the Council (ASC and CYP) compared with CYP:

- **Brent Council**
 - The upheld/partially upheld rate of all Stage 1 statutory complaints has fluctuated between 43% and 47% over the past 4 years and represents combination of ASC and CYP cases.
- **CYP**
 - Over the past 4 years, more cases are being upheld/partly upheld at Stage 1 and fewer cases are being upheld at Stage 2.
 - In 2017/18, 51% of first stage cases and 63% of second stage cases were upheld/partly upheld.

Year	Stage 1 – Statutory Outcomes % Upheld/Partially Upheld		Stage 2 – Statutory Outcomes % Upheld/Partially Upheld	
	Brent Council *	CYP (Stat)	Brent Council *	CYP (Stat)
2014 - 2015	43%	34%	78%	92%
2015 - 2016	54%	38%	75%	100%
2016 - 2017	49%	50%	63%	75%
2017 - 2018	47%	51%	46%	63%

* Brent Council Statutory complaints = ASC and CYP Statutory complaint cases

5.7 The Stage 3 statutory outcomes over the past 4 years were as follows:

- 2014/15 – 0 out of 3 cases upheld/partly upheld
- 2015/16 – 3 out of 3 cases upheld/partly upheld
- 2016/17 – nil cases
- 2017/18 – 2 out of 2 cases upheld/partly upheld

Local Government & Social Care Ombudsman (LGO) Decisions and Learning Points

LGO – Number of Referrals

5.8 The table below shows the number of referrals made to the LGO about Brent Council over the past 4 years. The total number of cases referred to the LGO has remained broadly the same, however there has been a notable reduction in the number of CYP cases during the same period.

Number of Referrals to the LGO		
Year	Brent Council*	CYP
2014 - 2015	169	18
2015 - 2016	183	15
2016 - 2017	168	15
2017 - 2018	168	11

* Brent Council figures on LGO cases do not include BHP/HMS as those cases are investigated separately by the Housing Ombudsman

LGO – Upheld Cases

5.9 The table below shows the number of LGO cases upheld against Brent Council:

Number of LGO Upheld Cases		
Year	Brent Council*	CYP
2014 - 2015	23	1
2015 - 2016	26	4
2016 - 2017	17	3
2017 - 2018	21	2

* Brent Council figures on LGO cases do not include BHP/HMS as those cases are investigated separately by the Housing Ombudsman

5.10 There were 21 cases upheld against Brent Council in 2017/18 in the following services of which 2 upheld cases were categorised as Education & Children Services.

5.11 The two cases upheld in Children Services were about school places and alterations to the home of a family with a vulnerable child. Improvements were recommended, however compensation was not awarded by the LGO in either of these cases. The service area took remedial action to address the individual issues in these two cases.

Compensation

5.12 The table below shows compensation paid at all stages including Ombudsmen cases for corporate and statutory cases:

- **All Brent**
 - In 2017/18, just over £73k was awarded in 135 cases and the average amount of compensation awarded was £546 per case.
- **CYP**
 - The overall number of cases awarded compensation and total amount paid has remained low over the last 4 years. The average amount of compensation has fallen from £1,700 per case in 2014/15 to £688 per case in 2017/18.

Compensation – No. of Cases & Total Awarded			
Year		All Brent *	CYP
2014/15	Cases	139	10
	Total (£)	£73,197	£17,079
2015/16	Cases	170	1
	Total (£)	£62,765	£1,750
2016/17	Cases	204	4
	Total (£)	£77,602	£7,227
2017/18	Cases	135	4
	Total (£)	£73,794	£2,750

* All Brent cases are Council and BHP/HMS cases.

Timeliness of Complaints

Stage 1 & Stage 2 - Timeliness of Corporate Complaints

5.13 The table below shows the percentage of corporate complaints closed on time at the first stage:

- *All Brent*
 - The timeliness of Stage 1 and Stage 2 corporate complaints has significantly improved over the past 4 years with 90% of Stage 1 cases and 81% of Stage 2 cases completed on time in 2017/18.
- *CYP*
 - Likewise, CYP has significantly improved the timeliness of corporate complaints with 87% of first stage and 100% of second stage completed on time in 2017/18.

Year	Stage 1 – Corporate Timeliness		Stage 2 - Corporate Timeliness	
	All Brent *	CYP (Corp)	All Brent *	CYP (Corp)
2014 - 2015	77%	72%	60%	50%
2015 - 2016	88%	74%	88%	50%
2016 - 2017	95%	85%	82%	50%
2017 - 2018	90%	87%	81%	100%

* All Brent cases are Council and BHP/HMS cases.

Stage 1 & Stage 2 - Timeliness of Statutory Complaints

5.14 The table below shows the percentage of all statutory Stage 1 and Stage 2 complaints closed on time by the Council (ASC and CYP) compared with CYP:

- *Brent Council*
 - There has been a marked improvement in the timeliness of first and second stage statutory complaints with 89% of Stage 1 cases and 67% of Stage 2 cases completed on time in 2017/18.
- *CYP*
 - There has been noticeable improvement in the timeliness of Stage 1 statutory cases over the past 4 years with 80% closed on time in 2017/18. There are a small number of complex Stage 2 cases

independently investigated each year and the timely completion of these cases remains a challenge. The corporate Complaints team and CYP senior managers have been working together to track and address the delays whilst maintaining the quality of the Stage 2 investigation. This is an ongoing improvement activity in our Improvement Action Plan.

Year	Stage 1 – Statutory Timeliness		Stage 2 Statutory Timeliness	
	Brent Council *	CYP (Stat)	Brent Council *	CYP (Stat)
2014 - 2015	56%	55%	24%	0%
2015 - 2016	82%	85%	29%	67%
2016 - 2017	92%	87%	58%	13%
2017 - 2018	89%	80%	67%	0%

* *Brent Council Statutory complaints = ASC and CYP Statutory complaint cases*

Compliments

- 5.15 There were 126 compliments for Council departments recorded on iCasework in 2017/18 compared with 22 compliments in 2016/17. The table below shows the number of compliments received and examples are included in Appendix B:

2017/18	All Brent *	CYP
Compliments received	126	8

* *All Brent cases are Council and BHP/HMS cases.*

** *CWB cases includes BHP/HMS from 2017/18 when the service transferred into the Council.*

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Appendix D – 2017/18 Complaints Root Cause Summary & Improvement Actions by Department

CWB Department (ASC Directorate and Culture Services) & CYP Department

Community Wellbeing Department – Adult Social Care Directorate (45 cases)

Root Cause	Actions
<p>Service – 25 cases; 15 upheld/partly upheld</p> <ul style="list-style-type: none"> Poor Service – 13 Service not up to standard - 5 Service not provided – 3 Wrong Service Provided – 2 3rd party contractor issues – 2 <p>Customer Care- 11 cases; 5 upheld/partly upheld</p> <ul style="list-style-type: none"> Incorrect action taken - 6 Rudeness – 2 Contact Issues – 1 Correspondence issues – 1 Poor Attitude – 1 <p>Adults Transitions Assessments – 2 cases; 1 partly upheld</p> <p>Safeguarding – 3 cases</p> <p>Physical disabilities – 2 cases</p> <p>Hospital discharge – 1 case; upheld</p> <p>Member / General Enquiry – 1 case</p>	<p>Adult Social Care</p> <ul style="list-style-type: none"> In 2017/18, Adult Social Care directorate received over 3,600 contacts, made over 3,600 assessments for homecare, residential or nursing services, and also carried out over 2,100 hospital discharge assessments. Service improvements included the introduction of appeals process. The feedback/learning from complaints is discussed with individual staff members, at team meetings and management meetings to help improve service delivery.


Community Wellbeing Department - Culture Directorate (63 cases)

Root Cause	Actions
<p>Libraries – 52 cases; 23 upheld/partly upheld</p> <ul style="list-style-type: none"> premises / environment - 15 customer service – 9 other service - 8 computer provision – 6 other customers – 6 events and exhibitions - 4 book loans – 1 membership applications – 1 online access – 1 support for schools - 1 <p>Sports facilities – 11; 7 upheld/partly upheld</p> <ul style="list-style-type: none"> Staff / Customer service - 4 Bookings / Classes – 1 Courts – 1 Other Service - 1 Pricing / Policies - 1 Health Suite – 1 Pricing / Policies – 1 Swimming Pool - 1 	<p>Culture Service</p> <ul style="list-style-type: none"> The Culture Services within the Public Health & Culture directorate had over 36,000 active library borrowers and over 1.7m sports centre visits in 2017/18. Service improvements during the year included: <ul style="list-style-type: none"> ongoing staff training and performance management; regular discussion of complaint issues with individual staff, teams and management teams; Bridge Park facilities issues addressed with the contractors; heating and lighting issues at libraries addressed by the Facilities Management team; staff training/guidance provided regarding customer behaviour or managing noise levels in library spaces.

Children & Young People Department (110 cases)

Root Cause	Actions
<p>Social Workers – 18 cases; 8 upheld/partly upheld</p> <ul style="list-style-type: none"> • Service Failure - 12 • Communication – 6 <p>Assessments – 10 cases; 2 partly upheld</p> <ul style="list-style-type: none"> • Service not provided/not up to standard – 9 • Communication – 1 <p>Leaving Care – 10 cases; 7 partly upheld</p> <ul style="list-style-type: none"> • Service Failure – 6 • Communication – 3 • Policy or Procedure - 1 <p>Corporate Parenting – 8 cases</p> <ul style="list-style-type: none"> • Service not provided/not up to standard – 5 • Communication – 3 <p>Family Social Work – 8 cases; 4 upheld/partly upheld</p> <ul style="list-style-type: none"> • Service not provided/not up to standard – 7 • Communication delays - 1 <p>Customer Care – 7 cases; 1 partly upheld</p> <ul style="list-style-type: none"> • Correspondence issues – 3 • Poor attitude/rudeness – 3 • Incorrect action - 1 <p>Service Failure – 7</p> <ul style="list-style-type: none"> • Service not provided – 6 • Service delay - 1 <p>Visits – 6 cases</p>	<p>CYP</p> <ul style="list-style-type: none"> ▪ CYP received over 5,300 referrals and completed over 5,100 Child & Family assessments in 2017/18. ▪ Learning points from complaints are discussed with individual staff and in team meetings and there is ongoing work with managers to improve service delivery.

Root Cause	Actions
<ul style="list-style-type: none"> • Communication/inaccurate/behaviour – 4 • Service not provided/not up to standard – 2 <p>Placements – 5 cases; 3 partly upheld</p> <p>Finance/LAC Finance – 5 cases; 2 partly upheld</p> <ul style="list-style-type: none"> • Service not provided/not up to standard – 4 • LAC Finance - 1 <p><i>Less than 5 root cause themes identified in the following cases:</i></p> <ul style="list-style-type: none"> • Care Package – 3; Personal Advisors – 3; Family Support – 2; In Year Admissions – 2; Transfer Admissions – 2; Referrals – 2; Member/General Enquiry – 2; Child protection – 1; CP Conferences – 1; Communication – 1; Court Reports – 1; General enquiry – 1; Hardship and Subsistence – 1; LAC Reviews – 1; Reviews – 1; Quality Assurance – 1; Travel Arrangements – 1 case. 	

	Community Wellbeing Scrutiny Committee 30 January 2019
	Report from the Director of Performance, Policy and Partnerships
Community and Wellbeing Scrutiny Committee Work Programme 2018-19 Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer:	James Diamond Scrutiny Officer Chief Executive's Department Email: james.diamond@brent.gov.uk Tel: 020 8937 1068

1.0 Purpose of the Report

- 1.1 This report updates members on the committee's work programme for 2018/19 and captures scrutiny activity which has taken place outside of its meetings.

2.0 Recommendations

- 2.1 Members of the committee to discuss and note the contents of the report, including updates about scrutiny issues outside of the work programme.
- 2.2 Members of the committee to note the changes to the committee's work programme for 2018/19 as set out in Appendix 1.

3.0 Detail

- 3.1 Members of the Community and Wellbeing Scrutiny Committee discussed their work programme for 2018/19 earlier this year, which is published as Appendix 1. The programme sets out what items will be heard at committee and which items will be looked at as task groups. However, the assumption made was that

it would evolve according to the needs of the committee, and spare capacity would be left to look at issues as they arise.

- 3.2 For practical reasons it may be necessary to move items to be heard at a particular committee. In addition, members and co-opted members can at any time suggest an item to be looked at by committee, which provided it is agreed by the chair, would mean the work programme changes. A change to the agenda for 17 April 2019 is that the item on new accommodation for independent living (NAIL) will now be discussed as part of Budget scrutiny led by the Resources and Public Realm Scrutiny Committee. Instead, there will now be a report on the Adult B Safeguarding Adult Review which will be overseen by the Independent Chair of the Brent Safeguarding Adult Board. To simplify the work programme and allow more time to be spent on in-depth discussion of fewer items, it has been suggested that items are moved from 2018/19 into the work programme for the next municipal year as Appendix 1 sets out.
- 3.3 Members of the committee noted that London North West Healthcare NHS Trust, which oversees Northwick Park and Central Middlesex Hospitals, received a Requires Improvement rating from the Care Quality Commission in a report which was published in August 2018. In response a special committee meeting was organised for 13 December 2018 to discuss the report.
- 3.4 The members' task group reviewing contextual safeguarding is now completing its work. The Chair of the task group, Councillor Hylton, will make a full report back to the committee on 18 March 2019 after the feedback report at the committee meeting on 30 January 2019.
- 3.5 Members of the committee asked for an update about progress with actions around public health set out in the Air Quality Action Plan 2017-2022. This information will be given in the update report to committee on 18 March 2019.

4.0 Financial Implications

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

5.0 Legal Implications

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

6.0 Equality Implications

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

7.0 Consultation with Ward Members and Stakeholders

- 7.1 Ward members who are members of the committee have been involved in this report.

Report sign-off

PETER GADSDON

Director of Performance, Policy and Partnerships

Community and Wellbeing Scrutiny Committee Work Programme 2018-19

Tuesday 10 July 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	External Organisations
1.	Diabetes: Diagnosis, Treatment and Prevention in Brent	Review of prevention and services for those with diabetes	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Minesh Patel, Head of Finance	Healthwatch Brent Brent Diabetes Champion
2.*	Immunisation for Children and Young People in Brent	Review of immunisation rates among under 18s.	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Minesh Patel, Head of Finance	Healthwatch Brent

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

Monday 8 October 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Brent Local Safeguarding Children Board annual report	Scrutinise the 2017/18 annual report	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Independent Chair, Brent LSCB
2.	Brent Safeguarding Adults Board Annual Report	Scrutinise the 2017/18 annual report.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care Minesh Patel, Head of Finance	Independent Chair, Brent SAB
3.	Children, Young People and Contextual Safeguarding Task Group	Set up a members' overview and scrutiny task group.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	

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

Special Committee Meeting

21 November 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	London Borough of Culture 2020	Proposals for borough of culture.	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Phil Porter, Strategic Director Community Wellbeing Minesh Patel, Head of Finance	Brent Youth Parliament

Wednesday 28 November 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Child and Adolescent Mental Health (CAMHS) Update	Update on CAMHS provision in Brent. Update on recommendations made in members' task group report.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Sheik Auladin, Chief Operating Officer, Brent CCG Duncan Ambrose, Assistant Director, Brent CCG
2.	Development of Family Hubs	Developing family hubs	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
3.	Youth Offer in Brent	Review youth offer in Brent.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Young Brent Foundation Brent Youth Parliament

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

Special Committee Meeting

13 December 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Care Quality Commission report on London North West Healthcare NHS Trust	Discussion of report and action plan for improvements.	Cllr Harbi Farah, Cabinet Member for Health	Phil Porter, Strategic Director Community Wellbeing	Simon Crawford, Director of Strategy and Deputy Chief Executive, London North West Healthcare NHS Trust. Care Quality Commission Healthwatch Brent

Wednesday 30 January 2019

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Contextual Safeguarding Task Group: Interim Report	To discuss emerging recommendations and findings from the task group.	Cllr Mili Patel Cabinet Member, Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director Children and Young People	
2.	Winter planning and NHS Services	Review urgent care and other services in winter.	Cllr Harbi Farah, Adult Social Care		Brent CCG Healthwatch Brent Imperial College Healthcare NHS Trust CNWL London North West NHS Healthcare Trust
3.	Corporate Complaints Report	Scrutinise the 2017/18 annual corporate complaints report	Cllr Margaret McLennan, Deputy Leader	Irene Bremang, Head of Performance and Improvement Helen Woodland, Operational Director Social Care Gail Tolley, Strategic Director, Children and Young People	

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

Monday 18 March 2019

Agenda Rank	Item	Report Details	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Task Group Scoping Paper: Childhood Obesity	Scoping paper to set up a members' task group	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health	
2.**	Contextual Safeguarding Overview task group	Full report and recommendations of the members' task group	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People	
3.*	School Standards and Achievement Report 2017-18	Scrutinise school standards for 2017-18	Cllr Amer Agha, Schools, Employment and Skills	Gail Tolley, Strategic Director, Children and Young People	
4.*	Improving educational achievement of Black Caribbean boys	Review of underachievement in schools of boys of black and Caribbean heritage.	Cllr Amer Agha, Schools, Employment and Skills	Gail Tolley, Strategic Director, Children and Young People	

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

Wednesday 17 April 2019

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Transforming Care	Implementation of Brent's Transforming Care programme set up in response to Winterbourne View report.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	Sheik Auladin, Chief Operating Officer, Brent CCG
2.	Safeguarding Adult Review: Adult B	Recommendations following the review into the case of Adult B.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	Sheik Auladin, Chief Operating Officer, Brent CCG Michael Preston-Shoot, Independent Chair, Brent Safeguarding Adults Board

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

Community and Wellbeing Scrutiny Committee Work Programme 2019/2020

Meeting 1

Dementia services

Brent's Open Spaces and Physical Activity

Report back by Childhood Obesity: Overview and Scrutiny Task Group Report

Other meetings 2019/2020

Home Care Recommissioning Update

Children Not in Employment, Education or Training

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