



Community and Wellbeing Scrutiny Committee

Tuesday 26 November 2019 at 5.00 pm
Boardrooms 3, 4 & 5 - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

*Please note the earlier start time for this meeting

Membership:

Members

Councillors:

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

Substitute Members

Councillors:

Aden, S Butt, S Choudhary, Gbajumo, Gill, Johnson, Kabir, Kelcher, Mashari and Nerva

Councillors:

Kansagra and Maurice

Co-opted Members

Helen Askwith, Church of England Schools
Dinah Walker, Parent Governor Representative
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools
Alloysius Frederick, Roman Catholic Diocese Schools

Observers

Brent Youth Parliament
Brent Teachers Association - John Roche, Jenny Cooper & Azra Haque

For further information contact: Hannah O'Brien, Governance Officer
Hannah.O'Brien@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:

www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

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

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

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).

- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;

a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Deputations (if any)	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting	1 - 26
To approve the following minutes of the previous meeting(s) as a correct record:	
<ul style="list-style-type: none">• Community and Wellbeing Scrutiny Meeting Minutes 4 September 2019• Community and Wellbeing Scrutiny Meeting Minutes 2 October 2019 (call-in)• Community and Wellbeing Scrutiny Meeting Minutes 24 October 2019 (additional meeting)	
5 Matters arising (if any)	
6 Brent Local Safeguarding Children Board Closing Report	27 - 60
To receive and consider the Brent Local Safeguarding Children Board (LSCB) Closing Report for the period of April 2018 – September 2019 and note that as of 21 September 2019 the LSCB has been replaced by new safeguarding arrangements.	
7 Multiagency Arrangements for Safeguarding Children in Brent	To follow
To note the new statutory Children’s Safeguarding Arrangements that came into effect as of 21 September 2019.	

8 Brent Adult Safeguarding Peer Review To follow

To note the Adult Safeguarding Peer Review.

9 Brent Safeguarding Adults Board Annual Report 61 - 84

To receive and consider the Brent Safeguarding Adults Board Annual Report for the period of 2018 – 2019

10 Community and Wellbeing Scrutiny Committee Work Programme 2019/20 Update 85 - 102

The report updates Members on the Committee's Work Programme for 2019/20 and captures scrutiny activity which has taken place outside of its formal meetings.

11 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: Tuesday 4 February 2020



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

This page is intentionally left blank



Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Wednesday 4 September 2019 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Afzal, Ethapemi, Hector, Shahzad, and Thakkar, and co-opted members Rev Helen Askwith, Mr Alloysius Frederick and Mr Simon Goulden

Also Present: Councillors Farah, McLennan and Colacicco

1. Apologies for absence and clarification of alternate members

Apologies for absence were received as follows:

- Councillor Knight
- Councillor Stephens (Councillor Kabir attending as substitute)
- Teachers Union observers.

2. Declarations of interests

Personal Interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor, Central and North West London NHS Foundation Trust
- Councillor Ethapemi – Spouse employed by the NHS.
- Councillor Shahzad – Spouse employed by the NHS.
- Councillor Thakkar – Employed as Care Negotiator.

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

RESOLVED:-

That the minutes of the previous meeting held on 9 July 2019 be approved as an accurate record of the meeting, subject to following amendments to the attendance list:

- Rev Helen Askwith – delete Councillor.
- Mr Alloysius Frederick – Name misspelt as Fredericks.

5. Matters arising (if any)

There were no matters arising.

6. Order of Business

RESOLVED: that the order of business be amended as recorded below:

- Agenda item 7, **Cricklewood Health Centre** taken before **Agenda item 6, Home Care Recommissioning**

7. **Cricklewood Health Centre**

Dr Jahan Mahmoodi (Clinical Director, Brent CCG) introduced the report, setting out the context of the paper and explaining proposed changes. Dr Mahmoodi said that evidence suggested that far fewer patients were seeking walk-in access to primary care. He went on to highlight the stated benefits of a joined up approach being developed by Primary Care Networks where all clinicians seen by a patient have access to that patient's notes digitally, therefore ensuring the best possible care for the patient. Rather than the patient potentially seeing a number of different clinicians when making multiple visits to the walk-in centre, it was preferable for the patient to be treated in a facility where their notes were available to whomever they saw or had been referred to, so that clinical decisions could be made with all the information to hand. The CCG aimed to provide a seamless service with efficiency, choice and accessibility being the presiding ambitions.

Dr Mahmoodi confirmed that the CCG was working towards consolidating services over the next few months and was influenced by the evidence of patients preferring alternative methods of accessing primary care such as online consultations. The lease on the Cricklewood premises was due for renewal next year and there were restrictions on the re-procurement process which would be taken into account.

Andrew Pike (Assistant Director of Communications and Engagement NHS North West London CCGs) spoke about the 14-week Consultation which started on 12 August 2019 engaging the walk-in patients and nearby GP practices. Documentation in respect of the Consultation was available in libraries and other public places and its aim was to explore thoroughly with walk-in users why they used the service and what factors needed to be taken into consideration. Stakeholders, including the Committee were strongly encouraged to participate. Dr Mahmoodi added that the consultation would illustrate how the CCG planned to seek the engagement of users and stakeholders in creating a joined up non-fragmented service.

The Chair thanked the CCG representatives for the introduction and invited questions from the committee.

In the subsequent discussion, the committee queried the validity of evidence that walk-in centres were dated and under-used and asked what risks there were for residents and how they would be mitigated. They asked what would happen to people who were not currently registered with a GP and how the closure of the walk-in centre would affect those patients needing an emergency provision. In relation to other available healthcare resources, they queried if there would be adequate and improved provision going forward with enough GPs available and ease of registration. Further questions were raised about the engagement with the current users of the walk-in service, how it was being promoted, how would elderly people and those with language barriers be included and if there was sufficient time before the proposed closure date to let patients know about the alternative

provisions so that there would be no gap in service or health implications. It was also asked if feedback had been received as part of the engagement so far and whether there were any processes in place to measure the effectiveness of alternative services.

The Committee raised the question of why the technology for universal access to medical notes could not be installed at the walk-in centres and expressed concerns that the deprivation of readily accessible health services damaged community cohesion. They confirmed that Barnet councillors also wanted to save this service.

With the permission of the Chair, Councillor Colacicco (Deputy Mayor) spoke on behalf of the Mapesbury ward residents whom she said hadn't been consulted. She went on to say that, while she understood the sentiments of the proposal, she questioned why people were attending the Walk-in centre if there were alternative services available. Councillor Colacicco went on to say that local people had said there were no GP appointments and, Cricklewood being a poor area, they couldn't travel easily. She wondered if the residents knew about the proposal and whether there was enough provision for the increasing population in Cricklewood.

In response to the committee's queries Sarah D'Souza (Director of Commissioning, Barnet CCG) reported that there were just under 20k attendances at the walk-in service, 58% of which related to patients registered in Brent. This represented a 10k drop on the previous year and an on-going decline of 21% over the last twelve months. Ms D'Souza could not confirm how many of the 20k were GP referred as the walk-in centre had no access to medical records and could not therefore refer patients on. Dr Mahmoodi advised that the general direction of travel within the NHS was the closure of walk-in units or non-renewal of contracts. In promoting a seamless service, Dr Mahmoodi went on to explain that a patient's notes which contained details of any allergies, medication and their medical history were solely held by their GP and, if that patient presented, for example, to hospital, this information was not available to the hospital team. A seamless service meant that a data sharing agreement would be in place to ensure that wherever the patient went for medical care, whomever treated them was fully informed of all the factors that would enable them to make the best clinical judgement.

Dr Mahmoodi went on to explain that there were always risks with change. Initially patients may go to the walk-in centre, unaware that it was closed, but the aim was to mitigate risks and he reported that a comprehensive quality impact and inequality assessment would be undertaken by the health commissioning service to consider any impact on residents. He advised that the result of the reinvestment of resources would give patients better access to their own clinicians and would meet the terms of the Government's plans to move away from a fragmented service. He continued that it was likely that the Government would invest additional funding to implement its plans, resulting in more choice for patients and better access to primary care. Fana Hussain (Assistant Director for Primary Care, Brent CCG) added that the report outlined how the guaranteed funding and Primary Care Networks' investment planned to support identified local patient population needs.

Members also wanted to know about why there was a Consultation taking place about the walk-in centre if the CCG was saying that they were acting according to NHS England guidance.

In response to the Committee's questions, Rashesh Mehta (Assistant Director, Integrated Urgent Care, CCG) reiterated that there was a national directive to close walk-in centres and replace them with extended hours hubs which Cricklewood already had onsite. She advised that Brent GPs conducted more than 80k appointments over 56 practices and patients additionally had 24-hour access to the NHS 111 line for out of hours advice. Fana Hussain advised that within her remit she led on workforce development and recruitment which was looking at the utilisation of other clinicians with specialist skills (such as diabetes nurses, paramedics and pharmacists) to alleviate GP time and proactively manage patient care. For example, the introduction of ten clinical pharmacists every year for next four years. Ms Hussain confirmed that they were working towards having all people registered and the GP hub was providing help in this respect. She advised that utilisation was currently about 76% for GPs and 56% for nurses with the expansion of the Brent hubs meeting capacity. Additionally, Brent was at the forefront of digital access to healthcare. Dr Mahmoodi advised that all GP practices had open lists at all times and there were no obstacles to registration. He confirmed that telephone and in-person language services were available at all GP practices.

Fana Hussain advised that a pre-engagement event identified that walk-in users were not aware of the 8-8 extended hours primary care service and the on-going communications would promote the expanding services. She said the engagement process surrounding the walk-in centre aimed to share information and to develop access not only via face to face appointments but through video and online consultation. The goal was concerned with improving access not reducing it. Sarah D'Souza added that the contractual requirement to give three months' notice of the closure would allow sufficient time to complete a consultation and distribute information leaflets. Andrew Pike confirmed that they had previous successful experience in this area and were proposing a comprehensive engagement process and marketing campaign, utilising GP staff and libraries, targeting users of the walk-in centre in the run up to its closure.

The Committee was informed that a final decision would not be made until the consultation was completed and that the CCG wanted to take the views of all stakeholders into consideration. It was advised that it would technically be possible to recommission a walk-in service but in a national context it was against the trend and the main goal was to take this opportunity to invest in improving fundamental primary care and redistribute the resources across the Borough. Academic research findings and statistical information would be provided to the Committee in support of the increased demand for online services, particularly among students and people with no fixed abode.

The Chair brought the item to a close and thanked the NHS officers for their contributions. There were NO RECOMMENDATIONS on this item.

8. Home Care Recommissioning

Councillor Farah (Lead Member for Adult Social Care) introduced the report which sought the Committee's input into the recommissioning the Homecare Contract. Councillor Farah said it was hoped to incorporate the London Living Wage and reduce the number of zero hour contracts while improving the Homecare Provider Network.

Andrew Davies (Head of Commissioning, Contracting and Market Management) explained the reasons behind the recommissioning and the current position following the closure of the West London Alliance Homecare Framework. He highlighted the current issues which focussed around the high number of providers and the Council's ability to monitor the quality of delivery and the employment terms of the employees. The Committee's attention was drawn to the paragraphs in the report (5.1 onwards) describing the new Homecare model and the intention to move away from geographical commissioning to a patch based system aligned to the 13 primary care networks. In addition, there would be larger patches where specialist services that didn't fit into the 13 patches would be commissioned. The overall provider numbers would reduce to between 13 and 25 enabling closer monitoring and greater consistency of care workers.

The Chair thanked Councillor Farah and Andrew Davies for the introduction and invited questions from the committee.

In the subsequent discussion, the Committee queried how the new model would fit in with the Borough Plan and how it would work robustly to improve performance from the existing commissioning and went on to ask questions around how the new model would enable closer monitoring of providers, how eliminating zero hour contracts would meet the increasing demand for services and would there be enough care workers with relevant skills. Additional questions were raised concerning the diverse range of needs in the Borough and how the smaller number of providers would meet these and what level of research had been carried out with service users in the light of frequent complaints and the needs of vulnerable people.

Further questions from the Committee covered the issue of workforce training, risk assessment, the idea of a holistic approach where carers linked their clients with other services, the option and benefits of bringing services in-house and the potential of partnerships and outsourcing.

Councillor Farah explained that the issues of the London Living Wage and zero hour contracts closely affected the residents of Brent, particularly women, and therefore a minimum of 16 hour contracts would be offered. He said the new system would be an improvement on the current model as the Council would have more control, ensuring contracts fell in line with Borough priorities. Andrew Davies responded to the Committee's questions advising that growing demand for services and a greater complexity of user needs was envisaged year on year in the future and working with a smaller number of providers would enable better scrutiny of service quality and allow the monitoring staff to build closer relationships with the providers.

Andrew agreed that individual worker contract hours was a complicated issue and some workers liked the flexibility, but it was preferable to have as few zero hours as possible unless the worker genuinely requested it. Provider feedback showed that their own preference was for fixed hour contracts as they were better able to retain staff and plan the workforce effectively. On the question of the diverse range of skills required to meet the needs of service users, Andrew responded that staff retention was a factor here and this should improve under guaranteed hours contracts and the commitment to pay the London Living Wage. In terms of the skills needed to support the Borough's diverse population, he explained that there was already a number of specialist care providers serving the smaller communities, and

the tender process would test their suitability. Phil Porter (Strategic Director, Community Wellbeing) added that as well as the patch providers there would be an alternative choice of providers available.

Addressing the question about service user consultation, Andrew Davies said there was continuous feedback showing that the service was performing well. He acknowledged that with 1700 daily users there would always be issues and complaints but said the tender process would facilitate the opportunity to select the best quality providers and reject those falling below the desired standard. Andrew explained that training was a key challenge, particularly keeping workers up to date with constantly changing needs and the development of new equipment, and this issue would be covered in the tendering process with providers expected to present comprehensive training plans. There would also always be additional support from Council in-house training services. On the topic of linking up services, Andrew said he appreciated the sentiment but it was not within the scope of the current proposal. He would however take it on-board and look into how it might be incorporated. Phil Porter added that improved collaboration with GPs through the primary care networks aimed to link chosen providers up with GP practices looking at the Public Health Act and the 'making every contact count' initiative.

Andrew Ward (Head of Finance), responding to the Committee's question concerning the costs and benefits of bringing services in-house, reported that this had been looked at but would be too costly when taking into account staffing on-costs and pensions. Phil Porter confirmed that the costings were estimated to be £34m against £27.9m based on staffing costs but the Council's overheads and operating costs needed to be considered as well. He said there were no clear benefits to bringing the service in-house other than staff stability and terms & conditions but confirmed that the discrete small Re-enablement support planning team had been retained in house and this could be built on over time by bringing in house reablement care workers. Andrew Davies remarked that to bring a service of this scale in-house would bring significant risks and that Adult Social Care was a delivery service governed by statutory regulations. He suggested that any future move towards increasing in-house services could only safely be considered on a step by step basis and on the question of any possible external partnerships, confirmed that the new model would allow more potential collaboration with partners.

In response to the Committee's question on how robust contract management would be applied, Councillor Farah reiterated that the smaller number of providers would enable closer monitoring. Phil Porter added that the Care Quality Commission (CQC) monitored providers and the rating currently showed that Brent outperformed most other boroughs in the quality of home care and residential nursing care. He advised that quality standards for London due to be released in April 2020 would provide a benchmark to compare providers across whole of London. Dealing with the Committee's question about care criteria, Phil Porter responded that all care needs were assessed and full support to daily living activities was provided. Andrew Davies added that the care providers made care plans with the service users to ensure that all needs falling within the Care Act were met. If a service user was not happy they should report their concerns to the Council for action. Phil referred the Committee to Appendix 3 of the Report detailing the assessment criteria.

In response to a question from the Committee, Andrew Davies said that the procurement aimed to differentiate between some of the services requiring specialist skills - for example, mental health vs. older people with dementia. He acknowledged it would be a challenge for some providers in the market to meet expectations around those specialist services but the intention was to move toward a model that delivered identified specialist skills where needed. With reference to risk assessment, Andrew said that most users were elderly and disabled so the majority of providers worked within the West London Alliance framework but the aim was to move beyond this and reintroduce specialist services. Brian Grady offered an example from Children's Services explaining children needed similar types of care but in very different circumstances and the management of risk was achieved by working with smaller group of providers to enable needs were met. Phil Porter said that previous drafts of this report had included a variety of options for analysing risks and he could provide the Committee with a summary of how risk would be identified and managed during the procurement process. The Committee emphasised that risks should be explicit for Scrutiny.

Councillor Farah confirmed that there would be rigorous assessment of potential new providers and issues raised at this meeting would be followed up. Andrew Davies highlighted changes in how providers would be required to deliver services and the use of e-brokerage and electronic tracking systems would enable more efficient monitoring and closer engagement with users to process feedback.

The Chair thanked everyone for their contributions and the Committee then **RESOLVED** to approve the recommendations set out in the report that:

1. Scrutiny note the financial implications to the council of delivering a London Living Wage compliant homecare service
2. Scrutiny are asked to approve the proposed model and confirm that implementation of the model as set out will deliver the outstanding recommendations from the CWB Homecare Task Group report of August 2018.
3. Scrutiny are further asked to confirm that the proposed model will deliver the objective of making the council fully compliant with the Unison Care Charter.

9. **Community and Wellbeing Scrutiny Committee Work Programme 2019/20 Update**

RESOLVED that the contents of the Update on the Committee's Work Programme 2019-20 report, be noted.

10. **Any other urgent business**

None.

The meeting closed at 8.24 pm

COUNCILLOR Ketan Sheth
Chair

This page is intentionally left blank

Public Document Pack



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Wednesday 2 October 2019 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Afzal, Ethapemi, Hector, Knight, Shahzad and Thakkar, and co-opted members Rev Helen Askwith, Mr Alloysius Frederick, Mr Simon Goulden and Ms Dinah Walker

Also Present: Councillors Kennelly (call-in councillor representative), Chan (call-in councillor representative), Agha, Krupa Sheth, McLennan, Gill and Hylton.

1. Apologies for absence and clarification of alternate members

Apologies were received by Councillor Stephens and appointed observer John Roche.

2. Declarations of interests

The following interests were declared for transparency:

- Councillor Ketan Sheth (Chair) – Board member for The Federation of St Joseph's Roman Catholic Infant and Junior Schools, board member of Harrow College and Uxbridge College
- Councillor Colwill - Governor of St Gregory's RC Science College
- Councillor Afzal – signatory of the call-in
- Councillor Hector – signatory of the call-in
- Councillor Knight – Governor of Wykeham Primary School
- Councillor Thakkar – Governor of Phoenix Arch School
- Dinah Walker – Governor of Northview Primary School
- Helen Askwith – Governor of Wembley Primary School

3. Call in of Cabinet Decision - Formal Consultation on School Organisation Arrangements of Roe Green Infant School

Having received the report from the Strategic Director of Children and Young People detailing the background to the call-in referred to the Scrutiny Committee for consideration, the Chair began by inviting Councillors Kennelly and Chan to outline the reasons for the call-in and alternative action being sought as a result.

Councillor Kennelly introduced the reasons for the call-in by presenting a timeline to the committee. Members were informed that in 2013, Roe Green Infant School was approached by the Council for help in expanding the school to accommodate the predicted increase in demand for primary school places. The school provided this help and set up the new Roe Green Strathcona site and in doing so, took on a building in a poor state needing immediate refurbishment. In September 2016, the school had been made permanent based on their figures and successes. On 9 September 2019 Cabinet had taken the decision to close Roe Green Strathcona

site. Councillor Kennelly felt that previously the school had been viewed as providing a saving and now was considered financially unviable. Furthermore, insufficient information had been provided regarding the future provision for the site, despite a number of proposals having been submitted by staff of the school - staff that now faced an uncertain future. In concluding his remarks, Councillor Kennelly felt that the advertising on the council's website of the Strathcona site to parents was insufficient.

In co-presenting the reasons for the call-in, Councillor Chan stated a series of oversights that he felt had been made by the council, including that Cabinet had decided to make the Roe Green Strathcona Site permanent because it represented a cost saving and had now determined that it was not financially viable. He further highlighted that 99.8% of respondents to the survey conducted during the informal consultation stage did not want the school to close. Councillor Chan expressed his thanks to the staff who would be presenting additional or alternative uses for the site and recommended the Cabinet explore these proposals.

The Committee then moved on to consider representations from stakeholders who had requested to speak in relation to the call-in. Comments made were as follows:

Jenny Cooper (National Education Union Representative) explained her role was to represent the National Education Union (NEU) members of Roe Green Infant School and Strathcona who, at the time of speaking, had taken their fourth day of industrial action to protect their jobs. The committee heard that the staff wanted written assurances that there would be no compulsory redundancies. Jenny Cooper stated that the community at Roe Green Infant School were not responsible for cuts or falling demand for school places but were responsible for establishing successful schools with good results and happy pupils and parents. It was felt that the council had failed to engage with alternative proposals drawn up by the staff and representatives of Roe Green Infant School.

Mary Adossides (Chair of Brent Trades Council) acknowledged the financial position local authorities were facing, but felt that the decision to close Roe Green Strathcona was rushed. It was noted that the council spent significant sums transporting children outside of the Borough to attend appropriate SEND provision and when this was considered, the saving of around £200,000 expected from the closure of the site was viewed to be a small sum. The committee was urged to recommend that the cabinet reconsider the decision and explore other possibilities, such as having a SEND provision alongside mainstream primary education.

Hitesh Kerai (Governor of Roe Green Infant School) referred the committee to the financial implications section of the Cabinet report, stating that there were discrepancies in the figure of the funding per pupil reported. Hitesh Kerai highlighted that in the June consultation the figure quoted was £755,000, and in the September consultation it had increased to £786,000, but the actual amount received was £692,000, as disclosed in the informal consultation. It was explained that this equated to £6,300 per pupil, a figure in-line with that of other schools. Furthermore, the Roe Green Strathcona Site had been told it must operate as one school and have one DFE number. When considering the whole budget for Roe Green Infant School and the Strathcona site, including split site funding, the cost per pupil was £5,500. Hitesh suggested for the figures in the consultation to hold substance they would need to be made against the marginal pupil cost at other

schools, which would be the cost of providing education in any partially filled classes where there was no proposal for closure, rather than the average cost per pupil across a school or site. It was felt that by analysing the figures on a single site, the formal consultation and documents had obscured the true value for money that Roe Green Infants School provided.

Liz McLaren (Deputy Head of Roe Green Infant School and Strathcona) speaking in favour of the call-in, told the committee that the consultation figures referred to the revenue budget rather than the capital budget. From the Local Authorities' (LA) capital budget, the council had spent £30 million on Byron Court Primary School, £12 million on East Lane Primary School and £8 million on Uxendon Manor Primary School. The council were now reducing the Published Admissions Number (PAN) for Uxendon school from 2020 and shelving classes in other schools where they were under 30. The spend on Roe Green School Strathcona Site was £1.5 million, which was seen as a much better rate of return. Looking at a combination of revenue and capital budgets, Liz McLaren suggested that Roe Green School had provided very good value for money. It was also felt that saving money on split-site costs was a fallacy because any other educational use that the council may provide in the future would have the same site costs. In concluding her statement, Liz McLaren noted the objections Barry Gardiner (MP for Brent North) had made to the Cabinet's decision and emphasised the council's 2016 position that "the Strathcona site provides greater choice for local parents and is educationally and financially resilient as part of Roe Green Infant School", affirming that this was still the case.

Jag Sidhu (Head of School, Roe Green Infant School Strathcona Site and SENCO on both sites), speaking in support of the call-in, expressed disappointment that the proposals that school staff had been asked to put forward for the additional use of the site appeared to have been dismissed as irrelevant. These proposals suggested additional uses of the site which could work alongside educating the children currently attending the school. An Additional Resource Provision (ARP) for children with autism was one of the suggestions proposed. It was felt that with the increasing need for provision for children with autism in the Borough this would be an economical option. It was felt that Roe Green Infant School Strathcona site was well positioned to meet the needs of these children because it was small, on one level and with easy access to outside areas. The proposal could also apply to children with moderate learning difficulties. Jag Sidhu concluded by expressing confusion as to why, in her view, these proposals were not seriously considered.

Marisa Malgieri (Teacher, Roe Green Infant School) outlined further suggestions for the additional uses of the Roe Green Infant School Strathcona site including a SEND/ Mental Well-being / Training and Resources Hub. The site could potentially provide a venue for family contact meetings and other community activities or could be developed into a teacher training centre, which would help with staff retention across the borough. Marisa Malgieri also spoke about a Refugee Support Centre providing families with the language skills and knowledge required to navigate mainstream schooling. It was reiterated that no formal feedback had been received for these proposals.

Andrew Miller (Assistant Head Teacher for Roe Green Infant School) referred the committee back to the informal consultation, where response forms were available online. Andrew Miller stated that he had been told by the council that 500 responses would make a difference to the proposed decision. 542 written

responses had been received, of which 99% disagreed with the closure. Andrew Miller suggested the responses appeared to have been ignored. Referring to the formal consultation, it was pointed out that no forms were available and the community were given vague guidance that they could email responses. It was suggested that it had been made as difficult as possible for the community to respond to the formal consultation, and felt that there was no evidence that the high level of public response made a difference to the decision to close the Strathcona site. The committee further heard that numerous letters opposing the closure from pupils, SLT, the governing body and MP, Barry Gardiner had been sent and did not appear to have received a response or been addressed by the council. Andrew Miller further felt that the council's belief that the current surplus of places was unforeseen was not true, as in 2016 the council were "explicitly informed that whilst there was a shortage of places predicted up to 2019/20, thereafter there was expected to be a surplus of places". Andrew Miller concluded by disagreeing with the claim from the consultation that the school would have difficulty managing small pupil numbers and stated that it had proved highly successful at doing this for a number of years.

Nicky Lobo (Head Teacher, Roe Green Infant School) referred the committee to the consultation where the local authority had stated that 'they were not responsible for marketing individual schools', and explained the school had always understood this but felt it could only be applied when there is a level playing field. Nicky Lobo referred to a 2013 letter sent from the authority to parents of the school which said that it was a temporary school and a proper school place would be found as soon as possible, - Nicky felt this messaging had caused huge instability at the time. After the school was made permanent it was hoped things would change and numbers could be increased but in 2016 an email was received which stated "new head of service and operational director are keen to ensure we don't attract any undue attention from EFA or DFE about the split site and extension age range... so we need to brand the school carefully". Nicky Lobo informed the committee that in 2016 the school were told that legally it would take 18 months to change the admissions criteria for the school and the change would come into effect in September 2018. In the summer term of 2018 marketing of the school began, but by this time the council was sending letters to say that it wished to close the Strathcona site. With regard to the advertising of the school, Nicky Lobo suggested the main issue was that parents could not find the Strathcona site on the school finder website. Members heard that planning approval for a new 3 form school in the area had been given and that there were rumours of another school taking over the Strathcona site.

Martin Francis (Resident) spoke in support of the call-in, acknowledging that Roe Green Infant School agreed to take on more by establishing the Strathcona site provision while other schools could not and was now suffering. Martin Francis warned that Governors at other schools were watching how this situation proceeded, and that the decision had undermined trust in the democratic process due to the inaccuracies in officer reports and responses not receiving consideration. It was felt that the closure was the result of cuts.

The Chair thanked the members of the public for their contributions and offered Ward Councillors the opportunity to speak. Comments were made as follows:

Councillor Kennelly (Preston Ward Councillor) expressed support for the submissions already heard and reiterated that it was not possible to find the school on the Brent website. The school were beginning a large marketing campaign, and parents who wanted to send their children to a small community school that could focus time and attention on the children were appalled that they would no longer be able to. Councillor Kennelly called for assurance for the community that the site would continue to be used for educational purposes, and expressed determination to see an expansion in the SEN provision, as sending pupils elsewhere was costly. He concluded by stating that the council should seek to keep the school.

Councillor Azfal (Ward Councillor) expressed understanding that this had not been an easy situation for the council but felt that despite the legal and financial limitations there should be scope to ensure children were kept the main focus of decisions.

Councillor Thakkar (Preston Ward Councillor) questioned the statistics reported, asked at what point the council had become aware that the birth rate was dropping and queried why it was only now being questioned. A concern was expressed that staff had been left seeking assurances regarding compulsory redundancies and assurances regarding pupil wellbeing were sought. Councillor Thakkar agreed with proposals from colleagues, highlighted on page 6 of the call-in report.

The Chair thanked stakeholders for their contributions and then invited Councillor Agha, as Lead Member for Schools, Employment and Skills to respond to the reasons provided for the call-in and public representations made at the meeting.

Councillor Agha began by thanking the speakers for showing such high regard for the school. It was acknowledged that in 2013 Roe Green Infant School had helped the council meet a very high demand for school places and that the council were very grateful for that. Since 2006 there has been 8,000 additional school places created in Brent. With the reduction in demand the Strathcona site had struggled to fill spaces, with only 3 pupils starting in September 2019. It was affirmed that the formal consultation process was conducted in line with statutory guidance and published in the Brent and Kilburn times, the council website, and posted on the school gates. Councillor Agha felt it had been made clear that responses could be provided by post or email. Councillor Agha was of the opinion that Cabinet had a duty to use the dedicated school grant (DSG) to the benefit of all school children in Brent, and that funding of £7,000 per pupil was the highest in Brent, with the average being £5,000 per pupil. Councillor Agha gave the examples of Mount Stewart Infant School which received £4,475 per pupil, Preston Park Primary School which received £4,588 per pupil and Mora Primary School which received £5,036 per pupil. Members were informed that with the closure of the site, £786,600 would be redistributed to other Brent primary schools to their benefit. It was acknowledged that Cabinet were committed to minimising the impact of the proposed changes on pupils and staff, and it was intended that there be a phased closure of the provision. Councillor Agha informed the committee that the largest cohort of pupils would finish in June 2020. With regard to redundancies Councillor Agha stated the council were committed to ensuring employment opportunities for staff.

In response to questions about why the future use of the site had not received a decision, Councillor Agha explained that it would not be appropriate for Cabinet to

make decisions about the future use of the site before decisions were made on the school's arrangements. It was confirmed that Cabinet were committed to considering viable future educational uses for the site. Councillor Agha referred the committee to the Brent School Place Planning Strategy 2019-23 where a significant demand for SEN provision for 19-25 year olds was identified. In concluding, Councillor Agha confirmed that he was happy for the decision on the future use of the Roe Green Strathcona site to be referred back to Cabinet, and for pre-scrutiny of any future use of the site to be undertaken before a final decision was taken at Cabinet.

The Chair thanked Councillor Agha for his response. At the request of the Chief Executive, the Lead Member was then invited to respond in further detail to the issues raised by the speakers.

- a) Councillor Agha confirmed that the rumours concerning another school taking over the Strathcona site were not true.
- b) Andrew Ward (Head of Finance) referred to the 2019-20 funding year for Roe Green Infant School. In total for both sites the school received £2.5million for 447 pupils, which was approximately £5,535 per pupil. Included in the £2.5 million was split site funding of £202,000, which, if removed from the total, reduced the school's funding down to £2.3 million. Divided by 447 pupils this gives a per pupil funding figure of £5,083. Using this figure, the main site is funded for 337 pupils at £5,083 each totalling £1.7 million. The Roe Green Strathcona site is funded for 110 pupils at £5,083 each, totalling £0.56 million. Adding the £202,000 back to this figure gives £0.7 million, which if divided by the 110 pupils at that site, gives a per pupil funding figure of nearly £7,000.
- c) Regarding queries over Carlton Vale and Kilburn Park, Gail Tolley (Strategic Director, Children and Young People) explained that there were longstanding plans to bring the schools together to develop a sufficiently sized primary school in the area to address inefficiencies, and to meet the needs of children. Brian Grady (Operational Director, Safeguarding, Performance and Strategy) confirmed that the demand for school places was identified via the School Place Planning refresh of July 2017. Gail Tolley stated there were a number of factors contributing to the reduction of the demand for school places, some of which had been unforeseeable, such as Brexit.
- d) Concerning staff redundancies, Gail Tolley confirmed that she and the Lead Member had met the regional representative of National Education Union (NEU) alongside local representatives for both teaching and support staff. The council wanted to avoid compulsory redundancies, including for other schools across Brent and in the context of teacher recruitment challenges in London, it was likely that this could be achieved.

The Chair thanked Councillor Agha and the Officers for their responses and invited questions from the committee. In the subsequent discussion the following issues were raised:

- a) Members questioned why the decision on the future use of the Strathcona site had not been taken at the Cabinet meeting. Councillor Agha responded that it had been deemed appropriate to first consider the arrangements of the school before discussing alternative or additional provision. It was confirmed that there was no intention for housing to be built on the site and that it was intended to explore the SEN provision for 19-25 year olds at the site.
- b) In further responding to the queries over the future use of the site, Gail Tolley advised that there was a distinction between the need for mainstream primary places on the Strathcona Site and the future use of the site - the decisions had therefore been intended to be taken separately. With regard to options for future uses of the site, Gail Tolley felt it should be noted that it had been identified that there was greatest need of SEN provision for 16-25-year-old in Brent. Furthermore, she informed the board some of the suggestions put forward were already in place, for example Brent already has a family contact centre and children with ESL were well supported in Brent schools, where they could learn alongside their peers. The Brent Schools Partnership support a range of training programs for Brent's schools' staff and the Schools Forum had agreed additional funding for the training and development of leaders. There were also two Teaching School Alliances in Brent.
- c) The committee queried what had been done to increase the number of pupils at the school. Members referred to concerns regarding insufficient advertising and low awareness of the consultation. Members also wanted to know what cost analysis had been undertaken to address shortfall of the 19-25-year-old SEN provision. Councillor Agha confirmed that the need for 19-25 SEN provision was set out in the School Place Planning Strategy. In response to the questions about insufficient advertising, Gail Tolley explained that there were two split site primary schools: Roe Green Infant School and Leopold Primary School. Both were advertised in the same way. Brian Grady stated that the council worked with the schools to update the Schools Admissions Guide. This had been one of the first actions taken in 2016 when the provision at the Strathcona Site was made permanent. With regard to the consultation, Brian Grady felt this had been extensive and had begun in March 2019. There had been no evidence from the responses received that the consultation had been difficult to find.
- d) Members sought reassurance with respect to the London wide projections mentioned and questioned the contingencies in place in case the projections were wrong. Gail Tolley explained that each council must have a School Place Planning Strategy. The current one was for the 2019-23 period but was refreshed annually. It was confirmed that the projections were provided by the GLA and were formed partly based on data submitted by councils. Therefore, Gail Tolley felt the GLA projections were sufficiently scrutinised through pre-checking by councils, by statisticians at GLA and again, on receipt of projections from the GLA, by the council's School Place Planning team, the Council Management Team and by Cabinet.
- e) In response to queries regarding the savings to be made from the closure of the Strathcona Site, Gail Tolley advised that the funding that went into the Strathcona site came from the Dedicated Schools Grant, which comprised

early years, high needs and schools funding streams. The funding for Roe Green Infant School would go back to the schools block and be redistributed to schools, whereas the funding for SEN provision for 19-25 year olds would come from the high needs block. It was reiterated that there had been no decision about the future use of the site, however as identified in the School Place Planning Strategy and Special Educational Needs Strategy and discussed at the Inclusion Board, there was a need to expand SEN provision for 19 to 25 year olds. It was emphasised that the future use of the site would be educational.

- f) Members raised queries regarding SEN provision for younger pupils. Gail Tolley responded that Brent schools provided good quality SEN support in mainstream and additionally resourced provision. For children with more complex needs, a new school – Avenue Special School – had just opened and this would make a significant contribution to ensuring there were places available for children currently attending out of borough provision. Brian Grady advised that the school had taken in 36 pupils this term and the council would plan with the school in terms of their expansion. In response to a further query, Brian Grady confirmed that there were approximately 50-60 pupils with Education, Health and Care Plans (EHP) in each of approximately 20-25 schools across the borough and hundreds of children on SEN support.
- g) The committee requested assurance of the Lead Member that in his view, the decision taken had been sound and had been taken in consideration of all relevant information. Councillor Agha highlighted that the Cabinet paper addressed all issues and that there was nothing else that could have been included. Gail Tolley referred to the evidence in the report and examples given to reassure the committee that all information was provided to Cabinet. It was emphasised that the decision was taken in the context of considering the whole community of schools and children as well as the particular circumstances of staff and children at the Roe Green Strathcona Site. It was reiterated that a decision had not been made regarding the future use of the site but that it would be used for educational purposes.
- h) The committee moved on to discuss the marketing of the school. They asked why the school did not feature on the Brent school finder website, and whether it was clear on the website that it was one school at two sites. Brian Grady advised that Roe Green and Leopold Primary School were referred to in the same way on the website and that the website was based on school entities due to having a single DfE number. This meant that parents would not see different school sites referenced. However, as of 2016 (for 2017 admissions) the School Admissions Guide stated that it was a split site, with parents receiving advice to read the School Admissions Guide prior to making any applications.
- i) With reference to the 99.8% of respondents to the consultation who disagreed with or objected to the proposal referenced in section 5 of the Cabinet report, members questioned how such community disapproval would be addressed. Councillor Agha emphasised that the council had a responsibility towards all schools and the existing provision at the Strathcona site was not financially feasible. It was intended that there would be a

phased closure of the school to enable the upper year groups with the largest numbers to complete their education at the Strathcona site. For the year groups with very few numbers, the admissions team would provide support to those parents seeking alternative provision. Regarding staff and redundancies, it was confirmed that officers would work closely with the HR department and employee support schemes as well as the leadership of the school to support positive outcomes for staff. Ward Councillors and other stakeholders would be met with to seek input regarding mitigating actions.

The Chair thanked everyone for their contribution to the meeting.

With the permission of the Chair, Councillor Chan and Kennelly presented closing statements. Councillor Chan advised that it was felt mistakes had been made, in particular highlighting the site not being listed on the Schools Finder website. Councillor Kennelly added that there appeared to be reluctance to review how the school's finder website worked, and expressed that the council could have worked in partnership with the leadership of the provision to explore ways to address the financial concerns. Councillor Kennelly stated that the decision felt rushed and reiterated that alternative options had not been adequately considered.

As no further issues were raised, the Chair thanked everyone for their contributions and then invited the committee to consider the recommendations set out in the report in relation to the outcome of the call-in.

As a result of the discussion that followed the Committee **RESOLVED** by a majority decision (9 members in favour of the decision, 1 member against the decision)

- i) Based on the information provided and discussion undertaken, the Community and Wellbeing Scrutiny Committee agreed to refer the original decision back to Cabinet (as the original decision-maker).
- ii) In making this decision, the Committee has asked Cabinet to reconsider the decision and the alternative suggestions that have come forward in relation to alternative and additional educational provision on the site.

The meeting closed at 8:20pm

COUNCILLOR KETAN SHETH
Chair

This page is intentionally left blank

Public Document Pack



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Thursday 24 October 2019 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Afzal, Ethapemi, Kabir, Knight, Stephens and Thakkar.

Co-opted members Rev Helen Askwith and Mr Alloysius Frederick.

Also Present: Councillors Farah (Cabinet Member for Adult Social Care), Daly, Nerva, Colacicco and Councillor Anne Clarke (LB Barnet)

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

Apologies for absence were received as follows:

- Councillor Shahzad
- Councillor Hector (Councillor Kabir attending as substitute)
- Observers John Roche and Jenny Cooper
- Dr Melanie Smith, Director of Public Health

2. **Declarations of interests**

Personal Interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor/ Vice Chair at Central and North West London NHS Foundation Trust and CNWL NHS Trust
- Councillor Ethapemi – Spouse employed by the NHS
- Councillor Thakkar – Employed as care negotiator

3. **Deputations (if any)**

There were no deputations received.

4. **Opening Remarks**

The Chair, Councillor Ketan Sheth, welcomed those attending the meeting and outlined the process he was intending to follow in considering the items on the agenda.

5. **North West London NHS Financial Recovery Plan**

The Chair advised that he had received a number of request to speak on the Financial Recovery Plan, which he advised he had allowed and would consider, before proceeding to hear from the presenting Officers.

He then invited each speaker to address the Committee in turn.

Councillor Daly (Local Sudbury Ward Councillor) reminded Members of the Committee that Brent was one of the poorest Boroughs in London and felt that the report did not reassure the local community. Councillor Daly was of the opinion that the financial recovery plan aimed to avoid patient referrals to hospital by creating fear in GPs, and felt that this was due to lack of funding in the NHS. Referring to the planned changes to prescriptions, concern was expressed that many patients were not taking their required medication due to lack of affordability. Councillor Daly expressed concern that those who were seriously ill at A&E, such as those with pneumonia, would not be given a hospital bed under the planned changes.

Councillor Nerva (Local Queens Park Ward Councillor) thanked the Committee for convening the meeting. It was felt by Councillor Nerva that there was a lack of local accountability in the plan and there was fear of a double cut to Continuing Healthcare (CHC). It was questioned whether patient choice would remain following the planned changes, and the presenting Officers were asked whether these changes would be proposed should the health service be in balance. Councillor Nerva felt that detailed scrutiny of the proposals by the Committee was necessary.

The Chair advised that he had allowed Councillor Colacicco (Local Mapesbury Ward Councillor) 2 minutes to read out a statement on behalf of Dawn Butler MP (Brent Central). The statement objected to the proposed financial recovery plan, specifically in relation to the planned closure of the 24-hour Urgent Care Centre at Central Middlesex Hospital. Dawn Butler MP was of the opinion that the cuts to health services were falling disproportionately on the constituents in the south of the Brent Borough, particularly Harlesden and Stonebridge areas, which were pointed out to be ranked top in Brent according to the Index of Multiple Deprivation. The statement referred to both the 2014 closure of the A&E service, which was on the proviso that a 24-hour Urgent Care Centre would be available, and the planned closure for the Urgent Care Centre as part of the financial recovery plan. Dawn Butler MP argued in the statement that the decision to close the Urgent Care Centre removed 24-hour NHS services from the constituency, and conveyed that those constituents without access to a vehicle would be required to travel for over an hour to the nearest available hospital. The statement referred to concern regarding the lack of public consultation on the decision to close the Centre. Dawn Butler MP believed that the falling attendance figures referred to in the report were a product of design, and asked the Clinical Commissioning Group (CCG) to invest in the Central Middlesex hospital to create a fully functioning Urgent Care Centre. The statement concluded with a request to the Committee to recommend that the Clinical Commissioning Group (CCG) reconsider the plans for the future of the Urgent Care Centre and put any proposals to full public consultation.

Following the statement on behalf of Dawn Butler MP, The Chair advised that he had also allowed Councillor Colacicco a further 2 minutes to provide her own statement. Councillor Colacicco therefore, focused on the proposed closure of Cricklewood walk-in centre. Councillor Colacicco informed the Committee that members of the community had attended one of the consultations referred to in the report. Further recalling the visit, Councillor Colacicco explained that the consultation asked demographic questions about the respondent and where they would go if the walk-in centre was not available. Councillor Colacicco criticised the consultation, which she felt lacked a question regarding whether constituents agreed with a closure of the walk-in centre, and recalled that the question was put to social media where a majority of respondents disagreed with the closure.

Councillor Colacicco argued that this showed there was a need for the walk-in centre. In concluding, it was felt that equality needed to be considered within the planned changes, and Councillor Colacicco was of the belief that those who would need the centre the most, citing the elderly, disabled people and those in monetary deprivation, would suffer the most.

Continuing to focus on the planned closure of the Cricklewood walk-in centre, Councillor Anne Clarke (Barnet Child's Hill Ward Councillor), believed that the health centre was at the heart of the community and that the threat of closure now and in 2014 was not welcomed. It was observed that there were plans for 7,500 new homes to be built near the health centre due to the Brent Cross regeneration project, and Councillor Clarke was of the opinion that it was illogical to close the centre at a time of growth and when patients attending the walk-in centre were there due to the inability to make an appointment with a GP, Councillor Clarke asserted that without a walk-in centre those patients would otherwise turn to A&E. Councillor Clarke also conveyed to the Committee that it was felt the walk-in centre was well-used and that the appointments service was underutilised, therefore questioned why the appointment service would be retained while the well-used service would be closed.

The Chair thanked the speakers for their contributions to the meeting and then asked Mark Easton (Accountable Officer, North West London CCG) to introduce the report for the North West London NHS Financial Recovery Plan.

Mark Easton (Accountable Officer, North West London CCG) introduced the report, providing an update on the financial position of the North West London (NWL) Collaboration of CCGs and the financial recovery programmes in place. Mark Easton summarised their role within the CCG and explained to the Committee that the CCG did not run London North West Hospital but worked closely with the Hospital Trust. The Committee heard that those Boroughs in areas of deprivation received more allocation than more affluent Boroughs. Brent was under target and therefore received higher growth than those that were over target. It was explained that while the budget for the NHS had increased, at the same time service demand had also increased, attributed to an increasing and aging population, and that the 5% increase in population was outweighed by the 16% increase in demand for acute services. Mark Easton told the Committee that to cope with cost increase a Quality, Innovation, Productivity and Prevention (QIPP) savings programme had identified £100 million savings, £15 million of which was in Brent, and emphasised that the actions to be taken were to return to the planned deficit. Mark Easton summarised aspects of the report that would tackle the deficit, including better procurement, changes to GP referral behaviours, better enforcement of existing policies and reviews to eligibility criteria for services. In concluding, Mark Easton expressed that the CCG intended to abide by the NHS constitutional standards including the Mental Health investment standards.

The Chair thanked Mark Easton for the introduction, and invited questions from the Committee.

In the subsequent discussion, the Committee queried the financial sustainability of the proposals. In response to questions regarding the disparity between expected and actual demand, Mark Easton indicated that the CCG received an activity report at each meeting, and explained that these showed they were spending ahead of

the plan, which was why they would be undertaking investigations with GPs. It was explained that there was both demographic and non-demographic growth which led to incorrect estimates. With regard to the CCGs confidence that they could return to the planned deficit, Mark Easton responded that some of the actions were already showing signs of delivery, while others were still to materialise.

The Committee was also informed that the development of additional expenditure was unknown until 4 months into the financial year due to a delay in the information received from acute services, with trends in data not immediately apparent. Sheik Auladin (Managing Director, Brent CCG) expanded that the trends for the Brent CCG followed the previous year, which ended with a deficit of £4.9 million, and that the same patterns became evident at 4 and 6 months of this year. Sheik Auladin was of the opinion that finances remained under pressure, and felt that the position was not likely to improve during the winter period.

Regarding requests for a breakdown of figures in Appendix 1 of the report, the Committee were informed by Sheik Auladin that the £7.9 million figure for savings in Continuing Healthcare did not relate only to Brent, and that the figure for Brent specifically was between £150,000 - £200,000. It was explained that the CCG aimed to make improvements in appropriate care to lessen the burden of Continuing Healthcare for the Council. The £16 million savings for Reserves referred to in Appendix 1 was the result of a request to all CCGs to identify £2 million based on under-delivering contracts.

Representatives of the CCG responded to concern over the £8.1 million deficit forecast for Brent, explaining that Brent was spending more than it was receiving due to pressures on the system and the CCG were of the opinion that the financial recovery plan would help Brent return to the planned deficit.

Responding to queries over whether the same proposals would be made if the financial situation was in surplus, Mark Easton answered that they believed there to be nothing in the plan that would have a negative impact on patients. It was believed there was a higher cost of patient visits to the Urgent Care Centre after midnight than there was to A&E. With reference to the Cricklewood walk-in centre, Mark Easton highlighted that the service provided was replicated in many urgent care facilities as well as 111 out of hours services. Fana Hussain (Assistant Director for Primary Care, Brent CCG) also highlighted the challenges in relation to the location of the Cricklewood walk-in centre and whether this was best placed to meet patients' needs.

The Committee also scrutinised the impact the financial recovery plan would have in relation to patient safety, access to service, and patient choice. Sheik Auladin responded to queries regarding the perceived diminished service of primary care, asserting that primary care services in Brent had not been reduced but expanded with 6 Hubs and an investment of between £1.6 million to £1.8 million, with the Urgent Care Centre as the only proposed change in primary care service provision. Following on from this, Committee members were concerned that primary care services would not have the capacity to care for additional patients and that as a result patients would go to A&E, increasing costs there, or to their GP which would increase waiting times. Fana Hussain advised that the CCG had recognised the increase in demand for primary care, which was why they had invested in primary care and support for GPs and pharmacists. It was also highlighted that tech

consultations were supporting the increased demand through e-hubs, and that access hubs were available for patients not able to get GP appointments.

Mark Easton assured the Committee that to ensure the safety of patients and quality of service, a clinical assessment would be undertaken before any implementation of changes, and where there were any changes in policy an Equality Impact Assessment would be conducted. It was explained that it was not necessary to conduct an Equality Impact Assessment for strand 3 of the plan enforcing guidelines on prescriptions because this was already existing NHS policy that GPs were expected to follow. It was explained that there were discrepancies in the way GPs followed the guidance and there would be investigations to understand the differences and ensure the policy was being followed. Responding to concern over patient access to prescriptions, Dr M C Patel (Chair, Brent CCG) asserted that the guidance was very clear regarding access to free and repeat prescriptions and informed the Committee that information was to be delivered to GPs, pharmacists, and dentists regarding exemptions.

Mark Easton asserted that implications for patients as a result of the increased demand for services would be managed by ensuring patients were on the right pathway and getting the most appropriate care, and through enforcement of policies and efficient procedures at GP surgeries.

Committee members felt that the requirement set out in the report for patients to be treated at a specific local service compromised patient choice. There was discussion about the treatments available through different services, and Dr M C Patel conveyed that they personally would not have supported a reduction in patient choice. It was acknowledged that it would be appropriate to hold conversations with GPs regarding patient's requests for specific services, but felt that in the majority of cases patient choice would be respected.

The Committee asked CCG representatives for reassurance concerning how equality had been addressed in the plan, challenging why strand 4 required an Equality Impact Assessment and not strands 1, 2 and 3. Of specific concern was strand 2 and the aim to change GP referral patterns and speed up patient discharge. Dr M C Patel informed the Committee that they would look at both high and low GP referrers to understand variations and agree good practice. It was therefore felt that strand 2 did not need an Equality Impact Assessment as the service was not being changed but improved. With regard to speeding up discharges, Dr M C Patel highlighted that patients often suffered when kept in hospital for longer periods of time and preferred to be at home, and Sheik Auladin conveyed that a clinical decision would be taken by the multidisciplinary team regarding if the patient would be ready to be discharged. It was emphasised that this part of the plan was not a new service but an exercise in implementing expected standards of practice. The Committee re-emphasised that conducting an Equality Impact Assessment was critical, due to Brent being a high deprivation area that had a high referral rate. Jonathon Turner (Deputy Managing Director, Brent CCG) explained that the data for referral rates was standardised according to certain weightings of data, including the multiple deprivation index, and when this was standardised there was still inconsistency in referral patterns in Brent. Jonathon concluded by reiterating that the plan optimised the existing clinical decision process, and Mark Easton informed the board that the plan was

scrutinised by lay members of the governing body and some of the work streams, such as transportation, had patient representation.

Other issues raised by the Committee were:

- Queries over whether analysis and discussion was held with Brent Voluntary Services on the impact of the changes to those organisations. Mark Easton responded that should there be any consequences for any organisations as a result of the plan, they would be discussed, but that the CCG were confident the consequences were retained within the NHS.
- Committee members emphasised the importance of taking into consideration the cost of accessing healthcare for the user and asserted that accessibility to care was a human right.
- It was felt that a time limit was necessary where consultant to consultant referrals were sent back to the GP, referred to in section 6.3 of the report.

As there were no further questions, the Chair thanked everyone for their contributions and the Committee then **RESOLVED** to recommend the following:

1. To ensure that under the financial recovery plan local services are maintained at a sufficient level to continue meeting the needs of Brent residents.
2. To request that the CCG undertake an Equality Impact Assessment in relation to all four strands of the overall strategy.
3. To request that the CCG review changes proposed to the Urgent Care Centre at Central Middlesex Hospital and the Cricklewood Walk-In Centre with regard to their impact on Primary Care, and be asked to reconsider their plans regarding the future of the Urgent Care Centre and put any proposals for its closure to a full public consultation.
4. That the CCG be requested to reverse their decision to close the Urgent Care Centre at Central Middlesex Hospital.
5. That the CCG be requested to provide a further update regarding the Financial Recovery Plan in 6 months' time following the winter period.

5. **North West London Commissioning Reform Case for Change**

Mark Easton (Accountability Officer, North West London Clinical Commissioning Group - CCGs) introduced the report, updating the board on the progress with the commissioning reform in the North West London Collaboration of CCGs and the decision of Brent CCG to move to a single CCG in 2021 in light of the need to focus on financial recovery along with a move to a single operating structure across North West London. Mark Easton explained that there was an engagement process that took place in order to make a decision on when to go ahead with the merge, and the outcome of those discussions, agreed by all 8 CCG governing bodies, was that the merge would take place in April 2021. Next, there would be conversations regarding a constitution and there would be an Equality Impact Assessment for the proposal, which were felt to be sufficient arrangements for public assurance and scrutiny.

The Chair thanked Mark Easton for introducing the report and invited questions from the Committee. The Committee asked for reassurances about patient safety. Mark Easton agreed that safety was paramount and was to be looked at carefully. It

was stated that a risk log would be kept and there would be conscious monitoring to ensure the change in governance and management did not impact patient safety.

The Committee queried whether the deficit would be higher once the merge occurred. Mark Easton answered that they were still awaiting an answer from NHS London regarding the way in which the deficit would need to be treated.

Regarding the additional roles reimbursement, the Committee wanted assurance that the CCG were confident they could recruit more staff. Fana Hussain (Assistant Director for Primary Care, Brent CCG) responded that they were taking a phased approach to recruitment. It was confirmed that there was already a full complement of pharmacists, and that specific organisations were working with the CCG to recruit staff, such as University graduates. It was felt that there would be sufficient paramedic trainees to recruit in year 3 of the plan. With regard to responsibility for staffing in Healthcare Services, Mark Easton informed the Committee that all existing staff would transfer to the single CCG. The Committee were informed that cost reduction would be focussed on back office services rather than patient facing services.

Engagement from the community was also a priority for the Committee, with questions regarding the level of turnout for the 130 engagement events referred to in section 3 of the report. Mark Easton confirmed that some of the events had very good engagement while others were more intimate, but felt confident that they had reached all interested parties. Ian Niven (Healthwatch, Brent) summarised some of the responses from the Brent patient participation group; most respondents were concerned about point of care rather than governance, some were concerned about the population of North West London, lack of Primary Care Networks and there was also a feeling of concern regarding the delivery of savings. Ian Niven suggested that the patient voice should be included in the reports and that some FAQs were created. The Committee further queried the engagement from those with multiple indices of deprivation, to which CCG representatives responded that it was difficult to engage the community as the plan was so heavily related to governance rather than access to services. It was pointed out that the aim had not been to target everyone but to focus the consultation on those interested in the way the NHS was organised. Sheik Auladin (Managing Director, Brent CCG) added that there was positive engagement from GPs.

Committee members were concerned about accountability and autonomy for Boroughs. Mark Easton explained that the NHS operated at different levels of scale, and that currently there was no governance at North West London level but within each individual Borough. Mark Easton argued that with the proposed change CCGs would be reinvented as strategic, and local presence would be seen as a partnership, with Lambeth and Croydon given as examples of joint management arrangements. It was argued that this was an opportunity to design locally facing democratic management with local engagement where local leaders would make up the governing body and Brent would have a representative. Regarding the autonomy for local Borough's Mark Easton clarified that they would aim to seek formal partnership arrangements with Boroughs.

As no further issues were raised, the Chair thanked the Committee for their scrutiny and invited recommendations from the members. The Committee RESOLVED to recommend the following:

1. To request that the CCG guarantee that the new structure will include local governance arrangements with lay people to be fully involved.
2. To request that should the proposals for a single CCG proceed, this is seen as an opportunity to further develop and integrate health and social care provision within the new structure.
3. That the CCG be requested to report back to the scrutiny Committee before any final decision is made regarding the new structure in relation to both the financial position and lessons learnt as a result of the shadow arrangements currently in place.

6. **Any other urgent business**

None.

The meeting closed at 20.30

COUNCILLOR Ketan Sheth
Chair

 Brent	Community and Wellbeing Scrutiny Committee 26 November 2019
	Report from the Independent Chair of Brent Safeguarding Children Board
Brent Local Safeguarding Children Board Closing Report 1 April 2018 to 30 September 2019	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	1 – Appendix 1 - Final Closing Brent LSCB Annual Report Apr 18-Sept 19
Background Papers:	None
Contact Officer:	Wendy Proctor Strategic Partnerships Lead Safeguarding Children and Young People 020 8937 4237 Wendy.Proctor@brent.gov.uk Mike Howard Independent Chair Brent Local Safeguarding Children Board

1.0 Purpose of the Report

- 1.1 To enable members of the Community and Wellbeing Scrutiny Committee to consider the Local Safeguarding Children Board (LSCB) Closing Report covering the period from 1 April 2018 to 30 September 2019 (18 months).
- 1.2 Members are asked to note that with effect from 21 September 2019, in light of new legislation the LSCB ceased to exist and has been replaced by new safeguarding arrangements (further details in section 5 of this briefing note).

2.0 Recommendation(s)

- 2.1 The Community and Wellbeing Scrutiny Committee is asked to note the contents of this report.

3.0 Detail

- 3.1 Brent LSCB is a multi-agency partnership board consisting of a range of organisations delivering services to the borough's children and young people.
- 3.2 Brent LSCB members represent their organisations on the Board. These organisations include Brent Council, schools and colleges, the Police, a range of local health service providers and health commissioners, probation, the voluntary sector and lay members (lay members represent and advocate for the community).
- 3.3 Brent LSCB's role is to coordinate and measure the effectiveness of the services, which are provided to safeguard and promote the welfare of children and young people in Brent. Its main functions are to:
- develop local safeguarding children policies and procedures
 - raise awareness of the need to safeguard and promote the welfare of children
 - monitor and evaluate the effectiveness of what is done across the partnership in Brent to safeguard children
 - participate in the planning of services for children in Brent
 - undertake reviews of serious cases and advise on lessons to be learned
- 3.4 In order to provide effective scrutiny, LSCBs must be independent and every LSCB must have an independent chair who can hold all agencies to account.
- 3.5 Brent LSCB's Independent Chair, Mike Howard is held to account for the effective working of the LSCB by the Chief Executive of Brent Council and must publish an annual report on the effectiveness of Brent LSCB.
- 3.6 It is important to note that LSCBs do not commission or deliver direct frontline services and each Board partner agency retains its own existing line of accountability for safeguarding children and young people in Brent (as laid out in Section 11 of the Children Act 2004).
- 3.7 The focus of Brent LSCB's work is identified through agreed priorities influenced by both local and national safeguarding agendas. The areas taken as the Board's priorities for 2017-18 were:
- domestic abuse
 - neglect
 - child exploitation
- 3.8 During the period under review, Brent LSCB carried out a range of activities in response to these priorities. Further details of the activity are noted in section 3 of the Annual Report.

4.0 Financial Implications

- 4.1 All LSCB member organisations have an obligation to provide the Board with resources to enable it to carry out its functions. These contributions can include money, staff time (representation at the Board and sub groups) or 'in kind'.
- 4.2 The main financial contributor to the LSCB continues to be Brent Council. This contribution funds the staff support arrangements delivered through the Strategic Partnerships team.
- 4.3 Brent NHS Clinical Commissioning Group (CCG) are the second largest funding contributor. Additionally, Brent CCG manage and fund the management and support arrangements of the Children Death Overview Panel (CDOP).
- 4.4 All London LSCBs, regardless of size, continue to receive the same level of financial contribution from the Metropolitan Police, CAFCASS and Probation Services.
- 4.5 Section 2.4 of the LSCB Closing Report gives a full breakdown of Brent LSCB's income and expenditure.

5.0 Legal Implications

- 5.1 In 2017, the Government passed the Children and Social Work Act, which repealed the statutory requirement, contained in the Children Act 2004 for the establishment of a LSCB in each local authority area.
- 5.2 The Act defines a set of 'safeguarding partners' for each area – the local authority, the Clinical Commissioning Group (CCG), and the Police. These three partners are jointly responsible for agreeing local arrangements to co-ordinate multi-agency work to safeguard children and ensuring their effectiveness.
- 5.3 Working Together to Safeguard Children is the statutory guidance, which sets out what is expected of organisations, individually and jointly, to safeguard and promote the welfare of children. The 2015 edition of this guidance was significantly revised in 2018 to reflect the legislative changes introduced through the Children and Social Work Act 2017.
- 5.4 In light of these national changes, Brent LSCB entered a transitional period during 2018-19 and continued to carry out all statutory functions, including commissioning SCRs until the point at which safeguarding partner arrangements began to operate in Brent on 21 September 2019.

6.0 Equality Implications

- 6.1 The role of Brent LSCB is to co-ordinate and measure the effectiveness of the services provided to safeguard and promote the welfare of all children and young people in Brent.
- 6.2 In exercising its statutory functions, Brent LSCB must be assured that the multi-agency services are accessible, inclusive and responsive to the diverse needs of Brent's children and young people, including those with additional needs and/or vulnerabilities. It also aims to ensure that services are culturally aware and skilled in identifying, assessing and meeting the individual needs of Brent children and their families.
- 6.3 There are no equality implications because of this report.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 All members of the LSCB have all contributed to the annual report.



Brent Local Safeguarding Children Board

Closing Report

April 2018-September 2019

Contents

Section		Page
1	Chair's introduction and foreword	3
	Brent LSCB	
2	2.1. National changes	
	2.2. Brent LSCB structure April 2018 – September 2019	5
	2.3. Support arrangements	
	2.4. Finance and resources	
	Activity during April 2018 - September 2019	
	3.1. Activity on priorities and priority groups	
	3.2. Section 11 Audit (Safeguarding Survey 2019)	
3	3.3. Learning and development	11
	3.4. Child Death Overview Panel (CDOP)	
	3.5. Serious Case Reviews (SCR)/Safeguarding Practice Reviews	
	3.6. Other notable activity	
4	Handing over to Brent Safeguarding Partners	27
	4.1. New safeguarding partnership arrangements	
5	Epilogue	27

1. Chair's introduction and foreword

As the chair of the Brent Local Safeguarding Children Board (LSCB), I am pleased to present its final report from 1 April 2018 to 30 September 2019.

This time span is 6 months longer than previous annual reports. This extension covers the interim period before the safeguarding arrangements for our children became the responsibility of the Brent Safeguarding Partners.

I mentioned in my foreword last year, the Government's decision to repeal the statutory requirement for each local authority area to have a LSCB. For Brent, the new arrangements started on 21 September 2019. Section 2.1 and 4.1 gives more information about the new structures and partnerships.

These new partnerships are demonstrated in the priority groups which focus on the three agreed priorities for the Board; neglect, domestic abuse and violence, vulnerability and exploitation. Sections 2.2 and 3.1 describes the purpose, membership and activities of each of these priority groups.

One of the achievements of the Board is developing a closer relationship with some of the borough's schools. I was pleased that the invaluable work of two of Brent's safer schools' officers was rightly recognised, upon my recommendation, by the head of safeguarding for the Metropolitan Police.

A significant piece of work in 2019 was the joint commissioning by both the LSCB and the Safeguarding Adults Board of a safeguarding survey designed and implemented by a specialist market research organisation (BMG). The questions were designed to assess both the level but more importantly, the application of safeguarding knowledge to ensure the safety and well-being of those children and adults within Brent deemed to be most at risk of harm (see section 3.2).

The survey was shared with the Board at our September meeting. I want each organisation to analyse their staff's responses to inform their safeguarding policies and procedures. This data sharing will take place over the next 3 months and then considered by the Board in the New Year.

Last year, I mentioned the Board's review of training. It is encouraging to read in section 3.3, a decrease in the number of cancelled training courses due to a lack of interest and that 433 delegates attended at least one of the 13 different topic areas. This is a substantial increase from the 295 delegates in 2017/18.

One training event of particular note was the Harlesden community barbeque organised by one of the Board's lay members in the summer. I am told that everyone found the event to be informative and enjoyed the food!

Ahead of the changes to the safeguarding arrangements previously mentioned, the report outlines the new procedures concerning serious case reviews (section 3.5). These guidelines have increased the workload of the Serious Case Review Group.

The imposition of strict deadlines for the submission of reports to the National Panel has required agencies to respond to short notice requests to attend meetings, submit documents etc. I chair these meetings and am responsible for the submissions to the National Panel. Thanks to the quality of the discussions and the breadth of knowledge and experience provided by the participants in the Review, the Panel has ratified all my decisions.

Recently, the Board has decided to commission a Serious Case Review following the fatal stabbing of a boy in August. My aim is for the Review to report its findings in the Spring. These will be progressed under the new safeguarding arrangements.

I have been the Chair of the Board for over 4 years and will continue to co-ordinate its work as the convenor of the Brent Safeguarding Children Forum for the next 6 months. I would like to thank everyone who has contributed to the work of the Board over the past 18 months. I must give a special mention to Wendy Proctor, the Strategic Partnership Lead for Safeguarding Children. Wendy works tirelessly on behalf of the Board and spent many hours compiling this report.

The 1707 respondents to the on line questionnaire and the 433 training delegates and the increasing involvement of many partners in the work of the Board, are demonstrations of the progress made in safeguarding Brent's children. Based upon this evidence, I believe that this interest and commitment will only improve in the year ahead. It is proof, whilst I am not complacent, that safeguarding is increasingly seen as everyone's responsibility.



Mike Howard, Independent Chair Brent LSCB

November 2019

2. Brent LSCB

Brent LSCB is a multi-agency partnership board consisting of a range of organisations that deliver safeguarding services to the borough's children.

Since 2006, Brent LSCB's role has been to co-ordinate and measure the effectiveness of these services, which are provided to safeguard and promote the welfare of children and young people in Brent.

Brent LSCB's main functions have been to:

- develop local safeguarding children policies and procedures
- raise awareness of the need to safeguard and promote the welfare of children
- monitor and evaluate the effectiveness of what is done across the partnership in Brent to safeguard children
- participate in the planning of services for children in Brent
- undertaking reviews of serious cases and advise on lessons to be learned

The LSCB met eight times between April 2018 and September 2019.

The meetings were well attended by a range of senior representatives from partner organisations and lay members.

The Brent Council Lead Member for Children's Safeguarding, Early Help and Social Care also attends each board as an observer.

2.1. National changes

In 2017, the Government passed the Children and Social Work Act, which repealed the statutory requirement, contained in the Children Act 2004 for the establishment of a LSCB in each local authority area.

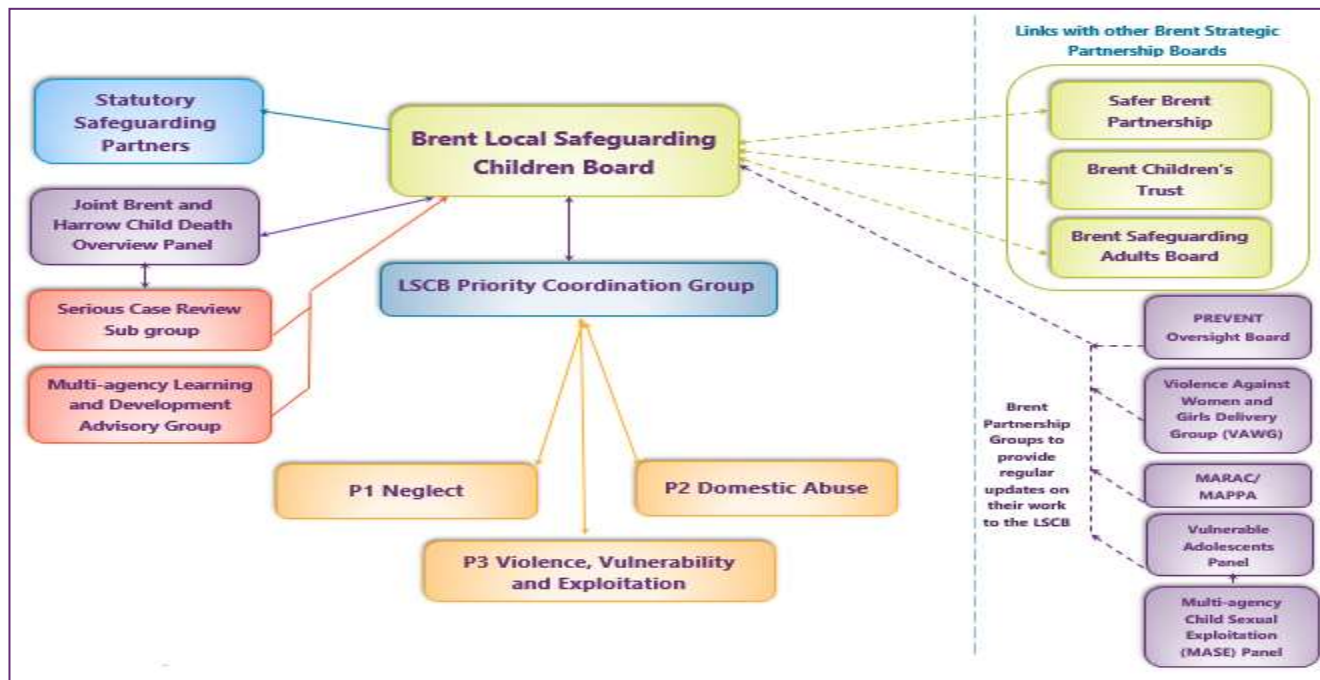
The Act defines a set of 'safeguarding partners' for each area – the local authority, the Clinical Commissioning Group (CCG), and the Police. These three partners are jointly responsible for agreeing local arrangements to co-ordinate multi-agency work to safeguard children and ensuring their effectiveness.

Working Together to Safeguard Children is the statutory guidance, which sets out what is expected of organisations, individually and jointly, to safeguard and promote the welfare of children. The 2015 edition of this guidance was significantly revised in 2018 to reflect the legislative changes introduced through the Children and Social Work Act 2017.

In light of these national changes, Brent LSCB entered a transitional period during 2018-19 and continued to carry out all statutory functions, including commissioning SCRs until the point at which safeguarding partner arrangements began to operate in Brent on 21 September 2019.

2.2. Brent LSCB structure April 2018 – September 2019

In early 2018, Brent LSCB agreed to develop an updated structure during the transitional period, which aimed to build upon existing strengths and improve engagement with a broader range of individuals and organisations.



The updated structure included a number of changes including:

- **the replacement of the Chairs' group with a priority coordination group**
This group aimed to quality assure, challenge, support and inform the work of the three priority groups to ensure they maintain the right focus and undertake the right activity.
- **enhancing the role of the LSCB lay members**
Building on the contextual safeguarding approach, the Lay Members' role was enhanced and they will be encouraged to participate in the themed priority groups and have meetings with the LSCB chair to feed in community perspectives and issues.
- **the replacement of the existing sub groups with three themed groups focussing on strengthening the multi-agency response to the agreed priority areas of:**
 1. Neglect
 2. Domestic Abuse (as it affects children and young people)
 3. Violence, Vulnerability and Exploitation

These groups were set up to focus on themed activities incorporating a contextual safeguarding approach and met on a bi-monthly basis.

Co-chairing arrangements were set up for each priority group that included (where possible) a representative from one of the statutory safeguarding partner organisations (Brent Council, Brent CCG, and Police). The co-chairs share the provision of support, challenge, guidance and leadership of each priority group.

The priority groups identify areas whereby partner organisations could support and challenge each other on the effectiveness of practice. It is not within the scope of the groups to review practice in regards to working with families, as this is the responsibility of each individual organisation. A summary of the priority groups' activity from September 2018 is noted in section 3.1.

Neglect Priority Group

The purpose of this strategic group is to identify and develop ways to enhance the multi-agency identification and response to tackling neglect in Brent.

The group is co-chaired by Nigel Chapman, Operational Director Children and Young People Brent Council and Dr Ketana Halai, Clinical Director Brent CCG.

The Board agreed at the June 2018 meeting that this priority group would develop and co-ordinate a strategic response to the LSCB Tackling Neglect Strategy 2018-2020 giving consideration to:

- the findings of national inspections of neglect (borough specific and thematic)
- the Brent Thresholds Guidance
- reviewing the lessons identified in the LSCB neglect audit completed in 2017
- redesigning the multi-agency learning and development programme for neglect

Domestic Abuse Priority Group

The purpose of this strategic group is to identify and develop ways to enhance the multi-agency identification and response to tackling Domestic Abuse as it affects children and young people in Brent.

The group was originally co-chaired by Sophie Allen, head teacher of Stonebridge Primary School and a Detective Chief Inspector (DCI) from Brent Police. Due to significant structural changes within the Metropolitan Police, the Brent Council Head of Safeguarding and Quality Assurance took on the co-chairing role alongside Sophie Allen.

The Board agreed at the June 2018 meeting that this priority group would develop and co-ordinate a strategy for reducing the harm caused to children through domestic abuse giving consideration to:

- the work of the Violence Against Women and Girls (VAWG delivery group)
- the work of the Multi-Agency Risk Assessment Conference (MARAC)
- the findings of the Brent Council Domestic Abuse Outcome Based Review (OBR)
- the application and effectiveness of Operation Encompass in Brent
- the relevance of the current LSCB learning offer for domestic abuse
- findings and recommendations from recent national Serious Case Reviews
- the responsibility and activity of all partners in recognising and responding to domestic abuse

Violence Vulnerability and Exploitation Group

The purpose of this strategic group is to identify and develop ways to enhance the multi-agency identification and response to tackling Violence, Vulnerability and Exploitation as it affects children and young people in Brent.

Sophie Esenwa, Brent LSCB Lay Member and Senior CPS Prosecutor and Janet Barr, ex Detective Inspector (DI) and Head of Safeguarding QPR FC have agreed to be the co-chairs of this group. However, due to operational commitments for both Sophie and Janet, it has been necessary for Mike Howard to be involved in the chairing arrangements at recent meetings.

The Board agreed at the June 2018 meeting that this priority group would review and assess the application of existing policies and procedures and governance arrangements aimed at reducing the harm caused to children through Violence, Vulnerability and Exploitation giving consideration to:

- the themes and patterns identified by the Vulnerable Adolescents and MASE panels
- the work of the Safer Brent Partnership and other community safety initiatives
- the findings of the Brent Councils Outcome Based Reviews into children on the edge of care and gangs (OBR)
- the findings of the LSCB Child Sexual Exploitation audit (completed in May 2018)
- links with the Community Safety Analysts in identifying risk through data

Collaboration with other strategic partnerships

The LSCB Independent Chair meets regularly with a range of senior individuals across the partnership to consider and review the strategic approach to specific local or national safeguarding issues.

The LSCB recognises that there is potential cross over in some areas of work and priorities of the Strategic Boards in Brent. As a result, the LSCB Independent Chair remains a standing member **Brent Children's Trust** and **Safer Brent Partnership**.

The Board's annual report is shared with the **Brent Council's Community and Wellbeing Scrutiny Committee** and **Brent Children's Trust**. This gives an opportunity for other strategic partnerships to consider the work of the Board and contribute to shaping the priorities identified to ensure they are in line with local safeguarding issues. This closing report will be shared with the Safeguarding Partners and will act as a handover report from the LSCB to the new Safeguarding Executive and Forum.

Brent LSCB continued to collaborate with Harrow LSCB and progressed the development of a joint Child Death Overview Panel, which began meeting in the summer of 2019. This arrangement has since been replaced with new North West London Child Death arrangements, which began operating on 26 September 2019.

Brent collaborated with Brent Children's Trust and Safeguarding Adults Board to organised a workshop to explore Transitional Safeguarding in Brent (please see section 3.6 for further information).

The Chair of Brent LSCB alongside the Safer Brent Partnership and the Safeguarding Adults Board (SAB) commissioned a task and finish group to understand the needs of victims of modern slavery and trafficking (please see section 3.6 for further information).

Brent LSCB and Brent Safeguarding Adults Board (SAB)

Over the last 18 months Brent LSCB and SAB have developed much closer links and initiated several joint pieces of work including;

- Safeguarding Survey (Section 11 Audit) (please see section 3.2 for further information)
- Safeguarding for Housing workshop - Annual Safeguarding Adults Board Conference (please see section 3.3 for further information)
- Joint multi-agency safeguarding learning and development offer (please see section 3.3 for further information)
- The development of a joint 'safeguarding in Brent' website (please see section 4.1 for further information)

2.3. Support arrangements

Brent LSCB is one of a number of partnership boards, which are co-ordinated and supported by Brent Council's Strategic Partnerships team.

The team consists of a Strategic Partnerships Manager, two Strategic Partnerships Leads, a Strategic Partnerships Learning and Development Co-ordinator and a Strategic Partnerships and Engagement Officer. The Strategic Partnerships Lead for Safeguarding Children is responsible for supporting both Brent LSCB and Brent Children's Trust.

2.4. LSCB finance and resources

All LSCB member organisations have an obligation to provide the Board with resources to enable it to carry out its functions. These contributions can include money, staff time (representation at the Board and sub groups) or ‘in kind’.

Income and expenditure (18 months)

April 2018 to March 2019 (12 months)

From April 2018 to March 2019, the LSCB received a total amount of £64,550 in direct financial contributions from partner organisations (see Fig 1).

Brent Clinical Commissioning Group (CCG) provide the largest direct financial contribution to the LSCB arrangements (see Fig 1).

All London LSCBs, regardless of size, continue to receive the same level of financial contribution from the Metropolitan Police, CAFCASS and Probation Services.

From April 2018 to March 2019, the LSCB spent a total amount of £52,262.50 (see Fig 2).

Fig 1

Brent LSCB income from April 2018 to March 2019	
Partner Organisation	Amount (£)
Brent CCG	45,900
London North West University Healthcare NHS Trust	11,000
MOPAC/Met Police	5,000
London Fire Brigade	500
National Probation Service	1,600
CAFCASS	550
Total LSCB income	64,550.00

Fig 2

Brent LSCB expenditure from April 2018 to March 2019		
Expense		Amount (£)
Independent Chair costs		36,050
Learning and Development	Online multi-agency learning & development management system (Learning Pool)	15,250
	Venue and resource costs	375
Board Meeting costs (refreshments)		587.50
Total LSCB expenditure		52,262.50

Additional contributions

Brent Council no longer contributes directly to the LSCB income. Instead it funds and hosts the co-ordination arrangements delivered predominantly through the Brent Council Strategic Partnerships Team and some support from the Brent Council Governance Team.

This contribution is made up of:

- A share of the Brent Council Strategic Partnerships Manager post
- One full-time Brent Council Strategic Partnerships Lead – Children and Young People post
- One part-time Brent Council Strategic Partnerships Learning and Development Co-ordinator
- A share of Brent Council Governance Team administration support for Board meetings

Brent Council’s contribution to the LSCB arrangements during this period was approximately £110,000.

Brent CCG additionally co-ordinate and fund the management and support arrangements of the Brent Child Death Overview Panel (CDOP) at the cost of £30,525 per annum

April 2019 to September 2019 (6 months)

From April 2019 to September 2019, the LSCB received a total amount of £32,275 in direct financial contributions from partner organisations (see Fig 3).

During this 6-month period;

- Brent Council’s contribution to the LSCB arrangements (support staff costs including on-costs) was approximately £55,000

From April 2019 to September 2019 (6 months) the LSCB spent a total amount of £27,387.50 (see Fig 4).

Fig 3

Brent LSCB income from April 2019 to September 2019 (6 months)	
Partner Organisation	Amount (£)
Brent CCG	22,950
London North West University Healthcare NHS Trust	5,500
MOPAC/Met Police	2,500
London Fire Brigade	250
National Probation Service	800
CAFCASS	275
Total LSCB income	32,275.00

Fig 4

Brent LSCB expenditure from April 2019 to September 2019 (6-months)		
Expense		Amount (£)
Independent Chair costs		11,550
Learning and Development	Old online multi-agency learning & development management system (Learning Pool)	5,416
	New online multi-agency learning and development management system set up	5,320
	External facilitator costs	415
Board meeting costs (refreshments)		311.50
Safeguarding Survey (Section 11 Audit)		4,375
Total LSCB expenditure		27,387.50

Total income and expenditure for April 2018 to September 2019 (18 months)

The table below (Fig 5) details the combined Brent LSCB income between April 2018 and September 2019 (18 months).

The LSCB received a combined total amount of £96,825 in direct financial contributions from partner organisations during this period.

During this 18-month period:

- Brent Council's total combined contribution to the LSCB arrangements (support staff costs including on-costs) was approximately £165,000
- Brent CCG's total combined additional contribution to the Brent CDOP support arrangements was approximately £30,525

The table below (Fig 6) details the combined Brent LSCB expenditure between April 2018 and September 2019 (18 months).

The LSCB spent a combined total amount of £79,650 during this period.

Fig 5

Brent LSCB income from April 2018 to September 2019 (18 months)	
Partner Organisation	Amount (£)
Brent CCG	68,850
London North West University Healthcare NHS Trust	16,500
MOPAC/Met Police	7,500
London Fire Brigade	750
National Probation Service	2,400
CAFCASS	825
Total LSCB income	96,825.00

Fig 6

Brent LSCB expenditure from April 2018 to March 2019		
Expense		Amount (£)
Independent Chair costs		47,600
Learning and Development	Venue and resource costs	375
	Old online multi-agency learning & development management system (Learning Pool)	20,666
	New online multi-agency learning and development management system set up	5,320
	External facilitator costs	415
Board meeting costs (refreshments)		899
Safeguarding Survey (Section 11 Audit)		4,375
Total LSCB expenditure		79,650.00

The remaining £17,175 will be passed over to the new safeguarding arrangements, alongside the agreed £32,275 to cover the final 6 months of the financial year (October 2019 to March 2020).

A portion of this has already been committed to be spent on a serious case review that was commissioned by Brent LSCB in September 2019.

3. Activity during April 2018 to September 2019

3.1. Priority Group Activity

At start of April 2018, the Board agreed to reduce the number of priorities from four to the following three:

1. **Domestic Abuse**
2. **Neglect**
3. **Violence, Vulnerability and Exploitation**

The priorities were also aligned with other strategic boards to ensure a holistic approach to safeguarding across Brent.

The LSCB priority groups have the responsibility for delivering programmes of work that address these priorities. The Chair's Co-ordination Group on behalf of the Board monitors progress.

Domestic Abuse

Domestic abuse has been a longstanding multi-agency priority in Brent.

The LSCB continued to collaborate with Brent Council Community Protection Service to offer half-day awareness raising sessions on domestic abuse and the role of the Multi-agency Risk Assessment Conference (MARAC)¹ as part of the LSCB training programme.

Operation Encompass

Operation Encompass is a nationally recognised early intervention safeguarding partnership project, devised in Plymouth, and involves the Police and schools sharing information to assist children and young people exposed to domestic abuse. The information is given in strict confidence to enable support to be given by the school dependent on the needs and wishes of the child.

Over the last three years, the LSCB Chair has worked with successive police safeguarding leads to implement Operation Encompass in Brent. Prior to the re-structuring in Barnet, Brent and Harrow into a single Basic Command Unit (BCU), the scheme was in its pilot stages involving a few interested schools in Brent. This pilot revealed that there needed to be clearer identification of the nominated individual at a school that would receive the information and then need for consistent procedures within the local police. To ensure that the momentum of the pilot was not lost, this topic remained a standard agenda item at all Board meetings.

The creation of the new NW BCU and transfer of staff has caused the project to stall. Further intervention by the Chair with the most recent safeguarding lead has added momentum and it is hoped that the project will be re-launched in the near future.

The local police now securely recording all such incidents illustrate the renewed commitment. In Brent, this figure is approximately 300 incidents per week.

Domestic Abuse Priority Group

It is disappointing that due to staff changes, which involved a change of co-chair and pressures of work, which the Domestic Abuse Priority Group was not able to meet until the Spring of 2019. Therefore, the group could still be considered to be in its forming stage and updates would be available and shared with the new Safeguarding Partners.

The LSCB continues to challenge the systems and processes related to dealing with cases of domestic abuse and building links with other committees and groups such as the Multi Agency Risk Assessment Conference (MARAC).

¹ The Domestic Abuse MARAC is a multi-agency meeting to discuss the risk of future harm to people experiencing domestic abuse to draw up an action plan to help manage that risk.

Neglect

The Neglect Priority Group has met four times since October 2018 and has multi-agency membership which includes representatives from Brent Council (Children and Young People Department and Housing Needs Service), the 'health economy', Barnardo's and education.

In June 2018, Brent LSCB, in partnership with Brent Children's Trust, developed a Neglect Strategy (2018-2020) with the aim to:

- Improve the awareness and understanding of neglect, both within and between agencies working in Brent including Community Wellbeing, Children and Young People, Housing Services, schools and settings, health, police and the wider general public
- Improve the recognition, assessment and response to children and young people living in neglectful situations, to reduce the impact upon children and young people's well-being thereby preventing the need for statutory intervention
- Secure and sustain a collective commitment to addressing neglect across all partner agencies and to demonstrate effective leadership in driving forward the required systems, culture and processes
- Ensure the effectiveness of service provision to the children and young people of Brent

The Neglect Priority Group identified ways to implement the LSCB Neglect Strategy and to deliver specific outcomes by undertaking the following activities:

- A review of the findings of the multi-agency neglect audit that was undertaken in 2017
- The development of a 7-minute briefing on neglect
- An audit in respect of neglect undertaken through a Brent Family Front Door multiagency audit group would look at cases involving neglect
- Enabling the inclusion of a revised multi-agency training course on neglect within the LSCB learning and development programme

Moving forward into the Spring of 2020, the group plans to review the existing data related to neglect available throughout partner agencies, conduct a further deep dive audit and review the findings of the Safeguarding Survey (section 11 audit).

Violence, Vulnerability and Exploitation

The Violence, Vulnerability and Exploitation (VVE) Priority Group has met four times since October 2018 and has multi-agency membership which includes representatives from Brent Council (Children and Young People Department, Community Protection and Housing Needs Service), the 'health economy', Queen Park Rangers in the Community and education.

The group explored how 'soft intelligence' is recorded and shared across agencies and considered ways to improve existing information sharing processes.

As part of this exploration work the group undertook a review of case referrals to test how 'soft intelligence' is processed and shared.

Six cases were chosen by Brent Family Front Door Service Managers to review and the Review Group consisted of representatives from:

- Police
- Brent Council
- Children and Families (Youth Offending, Brent Family Front Door & Safeguarding)
- Community Protection
- Secondary School Deputy Head Teacher
- Health Sector (Brent CCG, Central London Community Healthcare Trust, Central London North West Healthcare Trust)
- Queens Park Rangers in the Community Trust

The group focussed on the following points during the review:

1. Effective information sharing and partnership working
2. Any gaps and/or the strengths in the system in collating and analysing the information about the child
3. Any good practice or areas for improvement in terms of the collation and dissemination of soft intelligence

Learning points were identified and recommendations will be shared with the new partnership arrangements for consideration and action in late 2019.

Newman Catholic College Event - Safeguarding in Action

In May 2019, the Chair of Brent LSCB attended a strategic partnership event to initiate community led strategies to safeguard children and young people, led by Newman Catholic College.

This event was set up in response to 'Safeguarding children and young people in education from knife crime – Lessons from London (Ofsted March 2019) and was well attended with colleagues from the Police, Council Parliament, schools and community leads.

Police Safer Schools Officer commendations

Because of discussions at the VVE Priority Group meetings, senior colleagues from Capital City Academy and Newman Catholic College had conveyed to the LSCB Chair that two Police Safer Schools officers had been doing excellent work within their schools. The LSCB Chair shared this with senior Police colleagues and the officers were nominated to receive recognition by way of the certificate and pin initiative, which recognises excellence in safeguarding within the Police. The Met Police's Head of Safeguarding, Commander Richard Smith, supported this recommendation.



'It was a real privilege to present Gary and Holly with their Safeguarding excellence certificates and pin badges. They have tirelessly conducted excellent Safeguarding work within their Safer Schools roles, which has rightly been noticed by senior school staff and Mr Mike Howard, the chair of Brent's Local Safeguarding Children Board, who referred their efforts to myself'

DCI Phillip Davies

3.2. Section 11 Audit (Safeguarding Survey)

Section 11 of the Children Act (2004) places responsibilities on a range of organisations and individuals to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

LSCBs are required to gather information to assess and monitor compliance that partners are meeting the above statutory obligations.

Following the successful adoption of an innovative approach to the S.11 audit² in 2016, it was agreed that the Brent LSCB 2019 S.11 audit would approach a specialist market research organisation (BMG Research) to devise, implement and process an online questionnaire and results.



The Safeguarding Adults Board accepted an invitation to be involved in this project and the objectives were expanded to:

- access and evaluate the level of safeguarding knowledge within Brent (both safeguarding children and adults at risk of harm)
- identify knowledge gaps within particular groups or organisations
- inform on-going knowledge building

Members representing various partner organisations were invited to attend a workshop in March 2019 with the Chair and BMG Research to contribute to formulating the questions.

Following this workshop, an online survey was developed asking questions covering eight identified standards:

- 1) Senior management commitment to the importance of safeguarding and promoting children's welfare
- 2) Awareness of the organisation's commitment to safeguarding responsibilities
- 3) Lines of accountability within the organisation for safeguarding and promoting welfare
- 4) Service development taking into account the need to safeguard and promote welfare
- 5) Effective safeguarding training
- 6) Safe recruitment procedures including vetting procedures and those for managing allegations are in place
- 7) Effective inter-agency working to safeguard and promote the welfare of children
- 8) Effective information sharing

The online survey was distributed to groups and individuals with safeguarding responsibilities across all partner organisations.

The survey was tailored to the type of respondent, their organisation and/or individual circumstance, their specific role plus their level of responsibility for safeguarding and it was designed:

- to be simple and engaging
- to provide further relevant information
- to assure anonymity
- to be constructive

The survey was live from 1 May 2019 to 31 July 2019 – a period of 3 months; the majority of partner organisations promoted and encouraged completion of the survey across their workforce.

1,707 surveys were completed.

² The new approach replaced a system by which a London-wide developed audit tool was completed and senior representatives from each agency presented this to a challenge panel comprising the LSCB Chair and external reviewers.

Key findings

Respondent Information

Fig 7 shows a breakdown of the responses by organisation and sector.

Fig 7

Breakdown of responses by organisation/sector	
Education	808 (49%)
Brent Council	451 (27%)
Health Sector	223 (14%)
Metropolitan Police	66 (4%)
Voluntary/Community Organisation/Charity	45 (3%)
Adults Services – Residential/Home Care/Supported Living	13 (1%)
Faith Setting	10
Housing Provider (Registered)	9
Sports/Leisure Organisation	5
Probation Services	5
Adults Services – Day/Support Centre	4
London Fire Brigade	3
Children’s Home	1
Total	1707

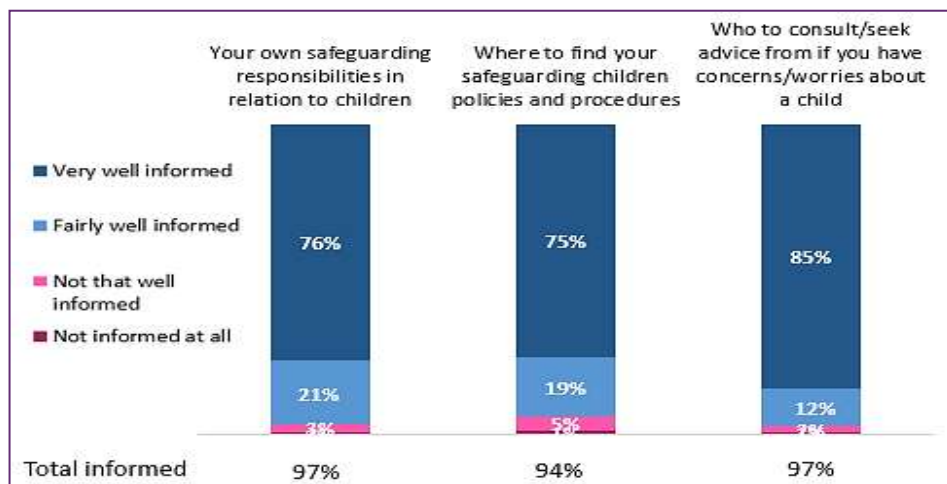
- The majority of respondents (67%) reported that they have contact with both children and vulnerable adults (adults at risk of harm)
- ‘Front line’ staff made up 69% of the respondents, and overall 46% were ‘front line’ professionals
- Almost all respondents who work with children agreed/strongly agreed with the following key safeguarding statements about their roles;

‘My organisation encourages me to think about safeguarding as part of my role’

‘If I thought a child was being neglected/ abused I would know what to do/ who to report this to’

‘In my role I have a responsibility to know about the signs which could indicate that a child might be a victim of abuse or neglect’

- Most respondents who work with children felt informed about safeguarding, especially where to get advice

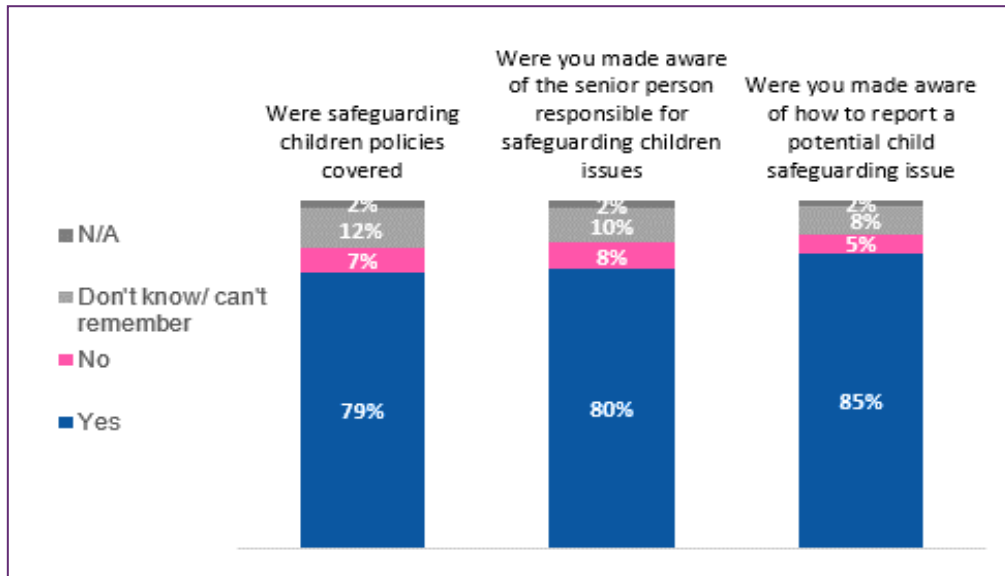


Disclosure and Barring Service (DBS) Checks

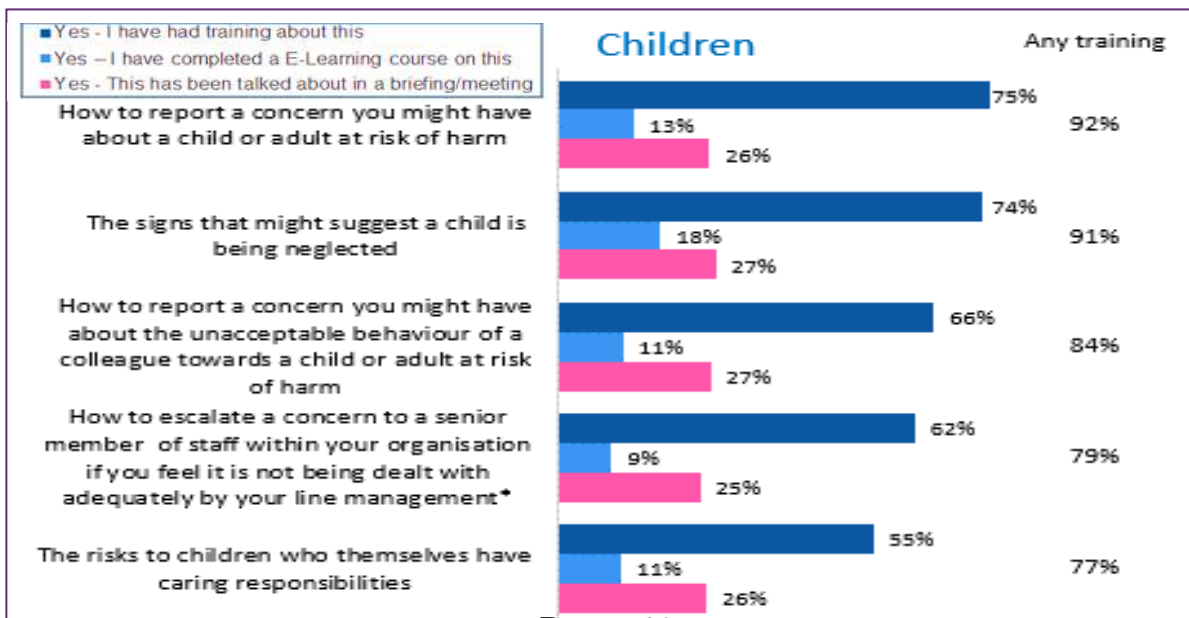
- Nearly 9 in 10 respondents require a DBS check for their roles.
 - Of those who started their role in the last 12 months, 100% had the check, 96% before starting
 - Of those who have been in their role over 12 months, 88% have had a DBS check in the past 3 years, and nearly half (48%) in the last year

Training

- A high number of those who have contact with children, (79% - 85%), had initial training that covered the safeguarding policies, names of safeguarding leads and how to report concerns



- The most common message to be taken out of training about signs of abuse or neglect was to report concerns, (mentioned by 27%), whilst the most recalled sign was changed or unusual behaviour (recalled by 26%)
- Only 1 out of 5 who undertook safeguarding training (22%) recalled the importance of record keeping
- The majority of training participants felt more confident as a result of the training, with just under half (46%) saying they strongly agree that they feel more confident about safeguarding
- In the last 12 months 9 out of 10 respondents have had training on reporting a concern and signs of neglect/abuse, usually via traditional training



- The most commonly received information over the last 12 months related to identifying and responding to Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) (recalled by 64% and 69% respectively)
- Information on transition planning was much less commonly disseminated
- A notable proportion of respondents said they wanted more information or training across a range of topics, especially:
 - working with hard to engage families (38%)
 - County Lines (24%)
 - identifying and responding to CSE (23%)

Supervision

- Two out of three employees (66%) who know children by name, have regular supervision with managers and the majority of these use the sessions to discuss children they are working with and any possible concerns

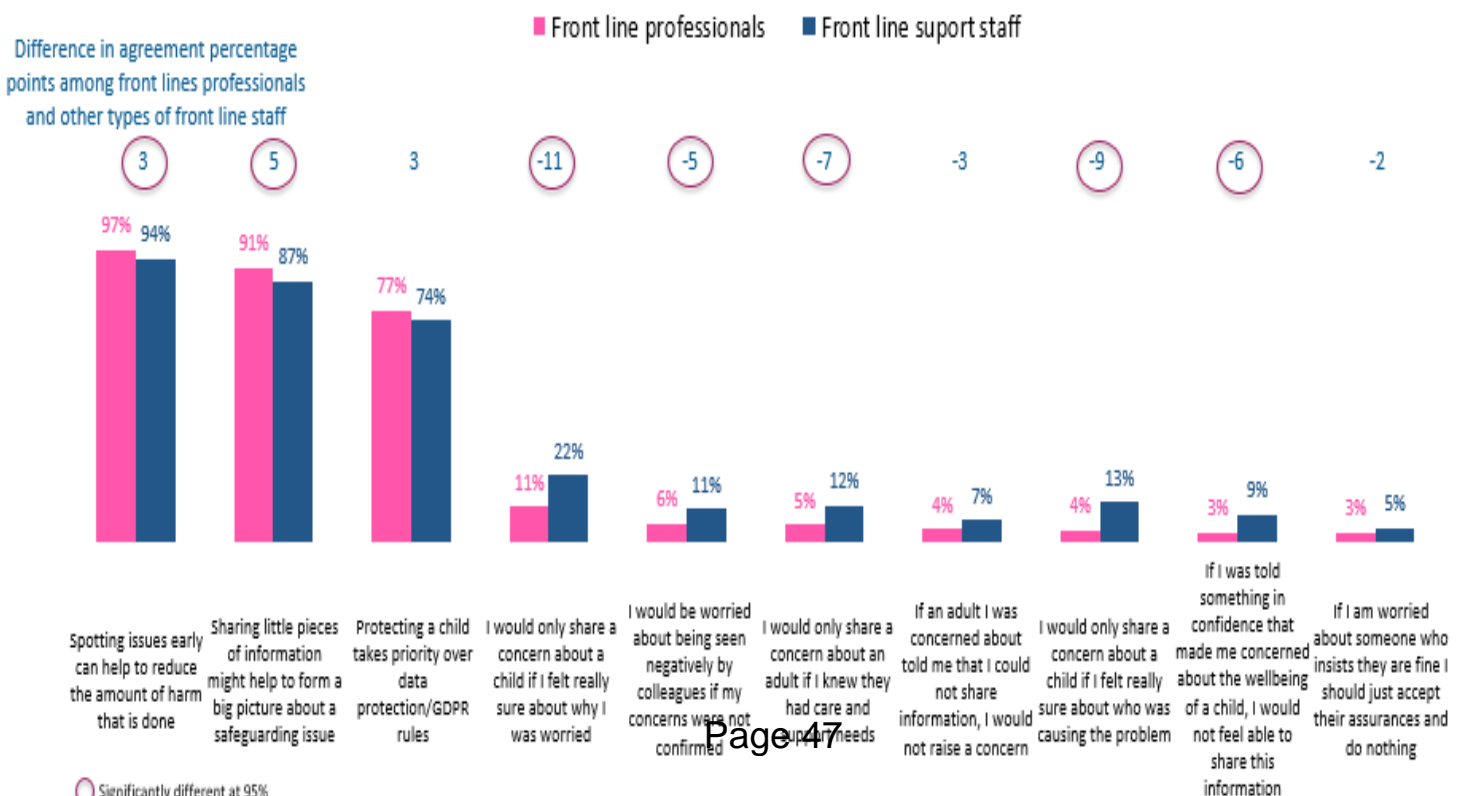
Information Sharing

- Most respondents agree sharing little pieces of information helps form a big picture, and spotting issues early can help reduce harm, (with which 74% agree strongly). A small proportion (4%) think they should do nothing if someone insists they are fine; almost double the proportion would be worried about how they could be perceived, although this is also at low levels (7%).
- Only 51% of respondents who work with children strongly agree that protecting a child takes priority over GDPR
- 15% of those who work with children agreed with the following negative statement:

“I would only share a concern about a child if I felt really sure about why I was worried”

Reporting Concerns

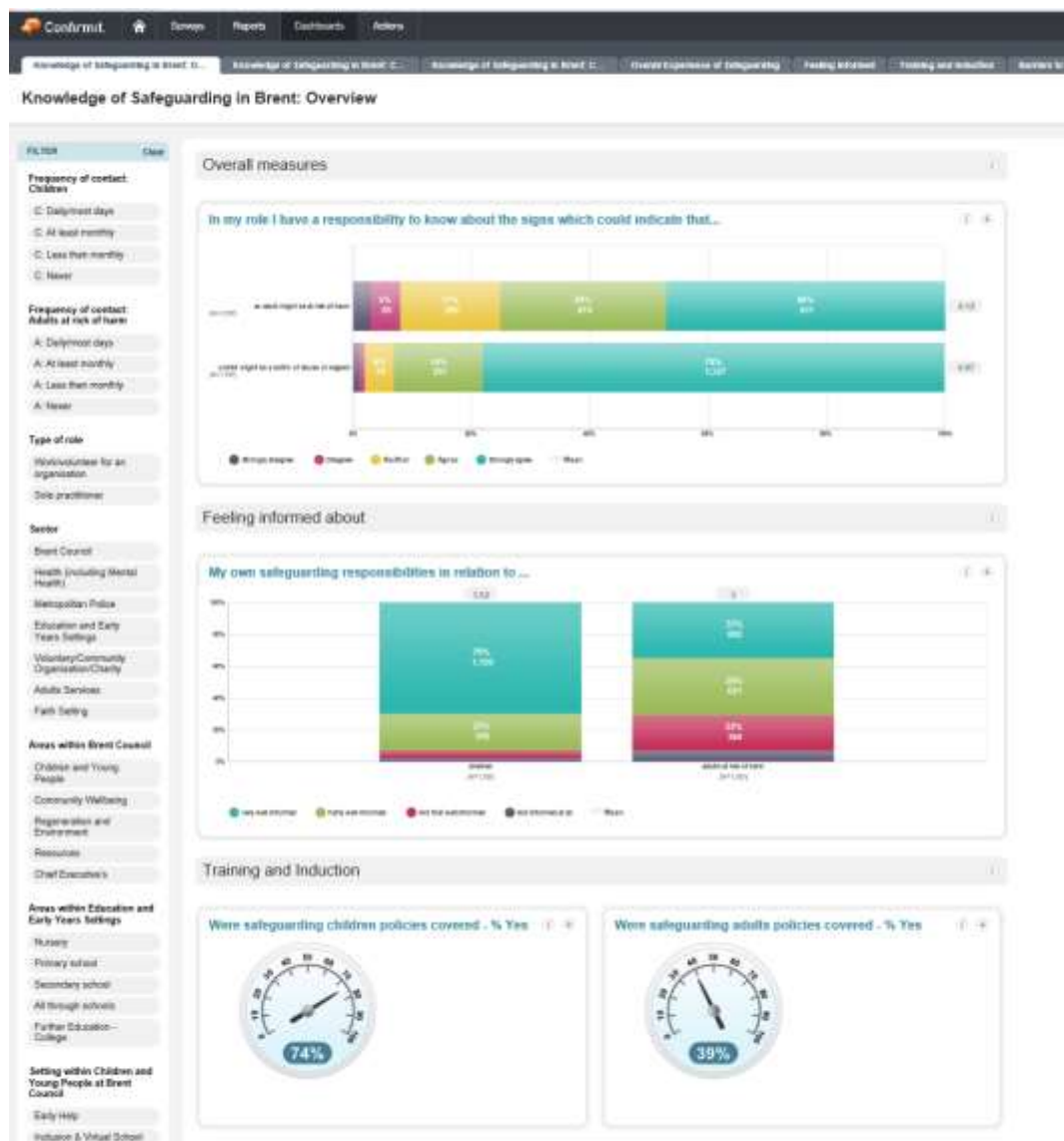
- There is a clear relationship between feeling informed and reporting
- Frontline professionals feel more empowered to report than frontline support staff



- Having reported a concern about a child, three in ten respondents (28%) did not subsequently receive feedback on action/decision
- Nine in ten of those who have reported concerns about a child within their organisation state it was treated seriously and received a quick response

Next Steps

BMG have created a dashboard, which will allow easy interrogation of the results. A representative sample in shown below, this is a screenshot from the dashboard and as such, the image is slightly blurred.



This dashboard will be used to allow partner agencies to view their staff's responses and decide upon their strengths and areas for improvement. The results will be considered at future safeguarding forum meetings.

3.3. Learning and development

Since Brent LSCB’s inception, the Board has provided a multi-agency learning and development programme as part of its core business. This has traditionally consisted of classroom-based training offering a range of course topics including domestic abuse, gangs, Female Genital Mutilation (FGM), Working Together to Safeguard Children and Child Sexual Exploitation (CSE).

This offer is available to all professionals who work or volunteer with children and young people in Brent.

The LSCB have a Learning and Development Advisory Group, which is co-chaired by Pam Stewart, LSCB Lay Member and Rachel Phillips, Named Nurse for Safeguarding Children, Central London Community Healthcare NHS Trust. The part time Strategic Partnerships Learning and Development Co-ordinator supports the LSCB and the Safeguarding Adults Board (SAB).

The updated function of the Learning and Development Advisory Group is to co-ordinate the multi-agency training programme to equip professionals and volunteers to promote the welfare of children, learn practices from SCR/Local Safeguarding Practice Reviews and to work effectively with other agencies.

In April 2018, the LSCB was asked to:

- provide a clear steer on the direction the multi-agency learning and development programme would take in 2018-19
- obtain a renewed commitment from partner organisations in supporting the development and delivery of this programme

Following the Board’s response, the multi-agency learning offer was reduced; in particular, the Introduction to multi-agency safeguarding course (Working Together Level 1) received minimum partner commitment for delivery, therefore meaning that it could no longer be offered as a face-to-face course. Instead, safeguarding e-learning modules were made available as part of the refreshed offer.

Multi-agency learning and development offer

Despite the LSCB experiencing less commitment from partners to deliver and facilitate the LSCB multi-agency learning and development offer (resulting in a limited training pool), the LSCB continued to provide a strong multi-agency learning offer over the last 18 months.

Brent LSCB offered a range of multi-agency E-learning modules and classroom sessions including:

E-learning module topics offered	Classroom training topics offered
Child sexual exploitation	An Introduction to the Early Help Assessment (EHA)
Domestic abuse	Domestic Abuse and the role of the MARAC in Brent
Early help for children	FGM - Female Genital Mutilation
Honour base violence and forced marriage	Managing Allegations Made Against Staff & Volunteers
Mental health awareness	Neglect
Modern slavery	Parental mental health
Neglect	Prevent and Radicalisation
Radicalisation	Private fostering
Safeguarding and child protection	Reducing Parental Conflict: Modules 1,2,3 & 4
Social media and safeguarding	Signs of safety
	Young Carers

Brent LSCB also promoted other national certified E-learning modules produced by other organisations including:

- Prevent offered by the Home Office
- Mental health awareness offered by Mind
- FGM offered by the Virtual College (digital learning organisation)

Multi-agency course attendance

The LSCB is pleased to note that there has been an increase in multi-agency attendance to the training offered during this period. 47 face-to-face multi-agency learning sessions across 13 different topic areas were offered during the period, with 433 delegates fully attending.

Fig 9

Course topic	No. sessions offered	No. sessions cancelled	Total no. of fully attended delegates
An Introduction to the Early Help Assessment (EHA)	6	0	72
Reducing Parental Conflict: Modules 1	4	0	48
Reducing Parental Conflict: Module 2&3	2	0	32
Reducing Parental Conflict: Module 4	1	1	0
FGM - Female Genital Mutilation	3	0	35
Neglect	3	0	33
Parental mental health	1	0	17
Prevent and Radicalisation	4	0	45
Private fostering	3	3	0
Signs of safety	3	0	15
Young Carers	9	0	59
Domestic Abuse and the role of the MARAC in Brent	4	1	45
Managing Allegations Made Against Staff & Volunteers	4	0	29
Grand Total	47	5	433

There was a noticeable decrease in cancellations of courses due to low interest in comparison to the previous 12-month period, with the number of course cancellations reducing from 17 to 5.

The table below outlines the level of partner organisation attendance and demonstrates the majority of attendees were from Brent Council Early Help and Education followed by voluntary/community organisations sector.



Other multi-agency learning and development

Seven-Minute Briefings

Brent LSCB adopted a new method of sharing learning through seven-minute briefings. This technique, borrowed from the FBI, is based on research suggesting that seven minutes was an ideal time span to concentrate.

This method of learning would support short team-based learning sessions with the aim of enabling managers and staff to reflect on their team's practice and systems.

The first seven-minute briefing was developed as a result of the learning identified from a case considered by the Case Review Group and focussed on Child Sexual Exploitation and Cuckooing (see Appendix A).

All seven-minute briefings will be published on the [Brent LSCB \(Safeguarding Partnerships\) website](#) and circulated regularly.

Housing Workshop – Adults Safeguarding Board Annual Conference

The LSCB also undertook a learning reflection review of a case submitted by the Brent MASE Panel. Part of the identified learning (alongside the seven-minute briefing) was to raise awareness of the safeguarding responsibilities with housing provider organisations in Brent.

The LSCB and SAB agreed to include a workshop at the annual Safeguarding Adults Board Conference in February 2019. The workshop was presented by a specialist in housing and social care and looked at the role of housing providers in:

- identifying safeguarding concerns
- building a culture of safeguarding in housing
- exploring indicators of safeguarding concerns
- links between safeguarding, other tenancy management issues and Anti-Social Behaviour.

The Brent Safeguarding Adults Board Conference also explored a range of topics including:

- homelessness
- transitions
- hoarding

Whilst the focus of the conference was on adult safeguarding, there was a clear joint safeguarding approach throughout the conference. Michael Preston-Shoot (Chair of Brent Safeguarding Adults Board) highlighted joint working between safeguarding adults and safeguarding children, focusing on key topics such as transitions and arrangements for care leavers.

Community BBQ event

The Co-chair of the Learning and Development Advisory Group, Pam Stewart organised a community BBQ event in Harlesden on 26 June 2019 to raise awareness of Safeguarding. Over 30 community members attended including staff and parents from the local nursery, residents and passers-by. Three seven-minute briefings were delivered covering the priority areas of Neglect, Exploitation and Domestic Abuse. The feedback from the event was very positive and everyone enjoyed the food as well.

Review of learning and development offer

Through analysis, Brent LSCB decided that there is scope to improve the overall effectiveness of the multi-agency learning and development offer and identified a number of actions for the new safeguarding partners to consider developing as part of the new safeguarding arrangements:

- Introducing a robust framework to assess the value and effectiveness of training
- Upgrading the Learning Management System (LMS) platform making an annual saving of £10,000
- A joint safeguarding adults and children learning and development offer
- Reintroduction of non-cancellation fees
- Using the results of the Safeguarding Survey to inform the multi-agency learning syllabus

3.4. Child Death Overview Panel (CDOP)

Brent CDOP has historically been one of the LSCB’s sub groups. By a comprehensive and multi-disciplinary review of child deaths, Brent CDOP aims to improve the understanding of how and why children die. It uses the findings to take action to prevent future child deaths and, more generally, to improve the health and safety of the children.

Brent CDOP’S work involves reviews of the deaths of any child normally resident in the area by:

- (a) collecting and analysing information about each death with a view to identifying:
 - (i) any case, giving rise to the need for a serious case review
 - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority
 - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area
- (b) ensuring that there is a co-ordinated response by Brent LSCB partners and other relevant persons to an unexpected death

Brent CDOP was established in 2008 under the initial guidance that was set out in Regulation 6 (SI No 2006/90) of the Children Act 2004. Whilst the Children and Social Work Act 2017 superseded this Act, Brent LSCB continued to ensure that child death reviews were undertaken until the point at which new child death review partnership arrangements came into place on 26 September 2019.

The Chair of Brent CDOP is Melanie Smith, Director of Public Health from the Brent Local Authority and the Vice Chair is Dr Arlene Boroda, Designated Paediatrician for Child Deaths in Childhood.

There have been regular meetings to discuss and review the Child Death cases with good attendance from key partner agencies.

The Senior Safeguarding Administrator in Brent CCG provides the administrative support for this work.

The Designated Paediatrician for Child Deaths in Childhood is also the Designated Doctor for Safeguarding Children. The Designated Doctor provides the rapid response home visits for unexpected child deaths. The Designated Single Point of Contact (SPOC) in Brent is based in NHS Brent CCG. This arrangement provides good access to specialist health advice and access to the CCG Safeguarding Children Team (who undertake the rapid response). The Designated Doctor provides the rapid response home visits for unexpected child deaths.

Activity during April 2018 to March 2019

Between 1 April 2018 and 31 March 2019, 23 child deaths were notified to the CDOP for children who were resident within the Brent LSCB area at the time of their deaths.

Deaths reported in the previous years:

Deaths	Expected	Unexpected	Total
2008-09	21	17	38
2009-10	15	11	26
2010-11	28	10	38
2011-12	26	15	41
2012-13	30	13	43
2013-14	14	16	30
2014-15	18	6	24
2015-16	13	10	23
2016-17	20	6	26
2017-18	19	7	26
2018-19	16	7	23

CDOP Reviews

The CDOP completed reviews on a total 22 child deaths cases during this period:

- six cases notified during the year 2017-2018
- sixteen cases notified during the year 2018-2019

These cases may not be considered for review within the recommended timescales of six months or in the same year as they are notified, as there can be a delay in obtaining information because of:

- delays in receiving post mortem reports
- other processes being completed such as inquests and criminal trials

E-CDOP

From April 2018, all London CDOPs are required to use [eCDOP](#), an electronic database for:

- the notification of deaths
- sharing information
- reviewing cases for CDOP meetings or panels
- collating data across London
- feeding information into the National Child Mortality

Notifications of deaths to the Single Point of Contact (SPOC) have improved, as London-wide partner agencies are now more aware of the need to ensure timely, effective and comprehensive communication.

Key learning and good practice

The CDOP identified a number of learning points including:

- when reviews lead to specific learning for health care providers, feedback should be given to individual practitioners and/or organisations on a case by case basis
- when there is learning that is applicable to a range of services it is cascaded via the health subgroup in Brent, with the intention that learning from local and national child death reviews is incorporated into practice, training and supervision
- safe sleeping advice should be offered to all who care for babies including grandparents and fathers
- more detailed questioning and documentation is required regarding women who present in labour, especially prematurely, regarding domestic abuse
- CDOP processes should have a category for deaths to include those that have had organ transplants
- GPs should respond promptly to requests for information from CDOP and are requested to offer bereavement care and support and genetic counselling to parents and families
- counselling in schools should be available to support children's emotional wellbeing

North West London Child Death Arrangements

The Children and Social Work Act 2017 replaced the previous CDOP arrangements with the requirement placed on new child death review partners (defined as the local authority and the CCG) to make arrangements for the review of each death of a child normally resident in the area.

In response to these legislative changes, 16 partners from CCGs and local authorities covering Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster created the new North West London Child Death Review (NWL CDR) service, to deliver the new Child Death Review statutory requirements.

Following consultation, a new CDR team was set up to operate across NWL on a phased basis, during the Autumn of 2019.

3.5. Serious Case Reviews (SCR)

When a child dies, or is seriously harmed, because of abuse or neglect, a review is conducted to identify ways that local professionals and organisations can improve the way they work together to safeguard children.

During the transition period, Brent LSCB continued to make decisions on initiating and publishing SCRs until the 21 September 2019; the point at which the new safeguarding partnership arrangements were implemented in Brent.

The Children and Social Work Act 2017 introduced the independent national Child Safeguarding Practice Review Panel, which became fully operational on 29 June 2018.

The National Panel is responsible for:

- reviewing local decisions regarding the appropriate response to death/serious injury to a child and
- deciding whether to commission reviews of child safeguarding cases which are of national concern

Rapid reviews

From 29 June 2018, when a serious incident becomes known to the LSCB, it must undertake a rapid review of the case, which must be completed within fifteen working days of becoming aware of the incident.

The aim of rapid reviews is to enable the LSCB to:

- gather the facts about the case, as far as they can be readily established at the time
- discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately
- consider the potential for identifying improvements to safeguard and promote the welfare of children
- decide what steps they should take next, including whether to commission an SCR

The Case Review Group, a sub group of the LSCB is the vehicle that carried out both rapid reviews and serious case reviews during this period.

Activity

During the period:

- the Case Review Group considered seven cases to determine whether they met the criteria to conduct a serious case review
- the LSCB conducted a total of four rapid reviews with all decisions made being ratified by the National Panel
- The LSCB agreed to commission one Serious Case Review, which is due to be completed in the Spring of 2020. The learning and recommendations from this review will be shared with the new safeguarding partnership arrangements.

The new guidelines impose time limits on the completion of any such reviews. However, these restrictions take no account of delays from both the Coroner and the crown prosecution Service who do have similar requirements imposed on their organisations. In one case (which is now over a year old) the Chair and the Designated Doctor has made several requests for a decision as to the cause of death from the Coroner's Officer. This case is still outstanding.

All the review meetings were well attended, with significant participation from not only standing members but also those agencies with specialist knowledge of the case. Their insight and contribution greatly assisted the Chair in his decision-making and helps to present a fully considered rationale to the national Panel.

Child Safeguarding Practice Reviews

Following significant changes to the statutory framework for Serious Case Reviews (SCRs), Working Together 2018 statutory guidance sets out new arrangements for handling serious child safeguarding cases.

The purpose of these new arrangements is to identify improvements to be made to safeguard and promote the welfare of children both at a local and national level. Learning is relevant locally, but it also has a wider importance for all practitioners working with children and families and for the government and policy-makers.

The responsibility for how the system learns the lessons from serious child safeguarding incidents will lie at a national level with the Child Safeguarding Practice Review Panel and at local level with the new Safeguarding Partners.

3.6. Other activity

Private Fostering

In June 2018, Brent LSCB had extensive dialogue as to how partners could contribute to the effort to improve identification of private fostering arrangements in Brent.

The numbers of children known to be in private fostering arrangements in Brent are very low. This figure does not reflect the reality of the situation in Brent.

The LSCB continued to encourage the collective role of partners in helping to increase the number of referrals of possible private fostering arrangements.

Following discussion at the June 2018 meeting, a number of actions were undertaken to raise awareness across the partnership including:

- Training provided to school admissions colleagues within schools in relation to verifying identity documents
- Brent Family Front Door colleagues attending a General Practitioners (GPs) forum
- All marketing materials have been updated
- A Private Fostering information page was developed on the LSCB website
- An article published in the spring edition of the Brent Magazine
- The Private Fostering Team attended the Brent Multi Faith Forum to deliver multiagency training
- Information was shared with the network of food banks within the Brent
- A briefing note on Private Fostering has been shared with Notting Hill Genesis Housing Association
- The Team attended the Schools Designated Safeguarding Leads Conference in May 2019

Child Sexual Abuse North West London Hub

A Child Sexual Abuse Hub designed to align services for Ealing, Harrow, Hillingdon, Hounslow and Brent was launched in 2018. This is one of five such hubs being rolled out in London, which are part of the wider CSA Transformation Programme led by NHS England and partner agencies

A key feature of this new facility involves health professionals from Brent and Harrow working together to cross-cover paediatric assessments and provide a uniform service.

Following an allegation of sexual abuse, the integrated pathway for this service across the agencies ensures that the child or young person 'tells their story once', there is good information sharing and thereby the 'Hub experience' is the start of the healing process for these children and their families.

Barnardo's had been commissioned across eight North West London boroughs to deliver the TIGER (Trauma-Informed Growth and Empowered Recovery) programme which provided emotional and welfare support to children and their careers in cases of Child Sexual Abuse.

Modern Slavery

The Chair of Brent LSCB, alongside the Safer Brent Partnership and the Safeguarding Adults Board (SAB), commissioned a task and finish group to understand needs of victims of modern slavery and trafficking, look at the current support provision in Brent, identify gaps, and develop possible solutions.

The Task and Finish Group explored the following:

- Carry out a scoping exercise to assess the scale of the problem in the borough
- Support for adults and families before they enter the National Referral Mechanism (NRM), and for when they leave the NRM, and continued support if they choose not to enter the NRM
 - Determine support requirements for identified adult victims
 - Determine support requirements for identified families
 - Develop comprehensive pathways and procedures for victims
- Determine the existing support for children
 - CSE is included within the definition of modern slavery and trafficking. There is already a comprehensive pathway in place for victims of CSE. Recommendations will be made for child victims of modern slavery and trafficking (not CSE).
- Determine how victims are identified, and understand partnership requirements to make recommendations to ensure the recognition of victims who come into contact with public services
- Supply Chain: carry out a review of contract requirements to ensure modern slavery and trafficking clauses are included and monitored

A number of actions were identified by the Task and Finish Group, which include:

- Developing a multi-agency process for referring concerns of modern slavery and supporting victims in Brent that is to be implemented in Spring 2020
- Including specific learning and development opportunities as part of the multi-agency offer
- Exploring how Brent captures, shares and analyses data
- Developing a local multi-agency network of modern slavery champions

Transitional Safeguarding

In collaboration with Brent Children's Trust and Safeguarding Adults Board, the LSCB has organised a workshop where strategic leads from Brent Council Children and Young People, Brent Council Adult Social Care and partners in health and education come together to explore Transitional Safeguarding in Brent.

The workshop, scheduled for 7 November 2019, aimed to reflect upon of what we do well and where we need improve to support vulnerable young people becoming adults. Participants will consider questions designed to support reflection and planning. These will focus on areas such as the current knowledge base, strength and weaknesses, leadership, learning from case examples and the use of data.

This workshop will be facilitated by Dez Holmes, Director of Research in Practice and Research in Practice for Adults who champions evidence-informed practice across the children's and adults social care sector.

4. Handing over to Brent Safeguarding Partners

4.1. New safeguarding arrangements

On 21 June 2019, the Brent Safeguarding Partners published the new partnership arrangements to safeguard children in the borough.

These arrangements follow the introduction of the Children and Social Work Act in 2017 and the publication of the revised statutory guidance Working Together 2018; both of which set out what is expected of organisations, individually and jointly, to safeguard and promote the welfare of children.

Brent's arrangements have been designed to capitalise on the pre-existing engagement of a range of partner agencies and momentum developed by the Independent Chair of the Brent LSCB. The arrangements also aim to reflect the national legislative changes and the statutory leadership roles of the three safeguarding partners – local authorities, clinical commissioning groups and police.

The arrangements consist of a two-tier structure with the Executive Group providing high-level strategic direction to a delivery focused Brent Safeguarding Children Forum made up of a diverse and wide-ranging partnership.

The new arrangements began to operate in Brent on 21 September 2019 replacing Brent LSCB.

Further information on the new Brent Safeguarding arrangements can be found on the new Brent Safeguarding Partnerships website <http://www.brentsafeguardingpartnerships.uk>.

5. Epilogue

LSCBs were introduced in 2003 and revised in 2009 following the tragic deaths of a number of children:

1. **Death of Victoria Climbié** (February 2002) and Lord Laming's report published in 2003
2. **The death of Jessica Chapman and Holly Wells** (August 2003) and the Bichard enquiry published in 2004
3. **The death of Peter Connelly** (Aug 2007) prompted a national review of safeguarding following the Climbié Inquiry. Lord Laming's report: '**The Protection of Children in England: A Progress Report**' was published on the 12 March 2009
4. **The Government published its response: 'The Protection of Children in England: action plan'** in May 2009, accepting all of Lord Laming's recommendations

The new partnership arrangements outlined in section 4.1 are the latest Government response to ensure the safety and wellbeing of children deemed to be at risk of harm. Whilst the new procedures are still in their early stages, it is worth repeating the central theme of Lord Laming's enquiries in 2003 and 2009:

“Safeguarding is everyone’s responsibility”

1. Background

- 2018 – CJ a 16yr old girl living with mother, older sister & younger brother.
- Absent father – history of Mental Illness & Domestic Abuse
- There were Indicators of cuckooing/exploitation
- Home cuckooed by a local gang, increased vulnerability of family
- CJ was known to have an older boyfriend
- CJ informed GP of being fearful due to sexual abuse by gang
- CJ attempts suicide & receives in-patient MH intervention

2. Why does this matter?

- CSE is one of our 3 LSCB priority areas
- We know Sexual Exploitation of children is child abuse
- We know it's a crime!
- We know C&YP who become entangled in this web, face huge risks to their physical, emotional & psychological health and long term well-being
- We understand the need for inter-agency collaboration to tackle this priority area
- Reports of Cuckooing are fairly new in Brent but it doesn't mean it is not happening. The police have introduced a 'cuckooing' flag (3 to date) on their crime reports in the last few months.

7. Questions for implementing change

Look at the Brent data for the last 6 months:

How do you ensure that your teams are kept up to date on local CSE facts?

What part do you play in inter-agency collaboration?

Please identify one key action you are going to take back to your team to share.



3. Information

- CSE is complex and is usually linked to other factors
- Grooming is a very important element to consider
- Cuckooing is when drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing. Since 2010, cuckooing is becoming an increasingly common problem in the South of England
- Key agencies were not aware of issues; including Police and housing re: house being targeted & used and Education re: younger brother's vulnerability

6. Recommendations for LSCB

Continue to disseminate information to professionals and the community regarding:

- Recognising signs of abuse and risk factors
- Think CSE!
- local safeguarding lead/ follow your local processes/ share info
- What to do if immediate danger - call the police
- Referrals can be made to the Brent FFD
- Offer support to the victim of abuse, ensure there is some follow up planned for the individual
- Offer specific training to agencies involved for long periods
- Ensure that we are listening to the voice of the child
- **WHAT ELSE CAN WE DO?**




4 & 5. Key Issues

- Lack Holistic approach/ contextualised Safeguarding
- A number of vulnerability indicators including mother and older sister having learning needs
- Collaboration needed amongst agencies especially with housing associations and other safeguarding partners / early intervention
- Police - Becoming a missing person
- Education - truancy from school, missing education.
- Health - Good response by GP followed by disclosure CJ felt confident in speaking with her GP about sexual history
- Housing - There were indicators around that home that if investigated further officials may have reported cuckooing or gang affiliation. These included piercing/tattooing equipment, extra mattresses and report of knives and guns being stored.
- Community - There were no concerns raised by neighbours although there were groups of boys in and out of the home.

**Thank you to all partner
organisations and
members of Brent LSCB
for all contributions
made to the work of the
LSCB since 2006.**



This page is intentionally left blank

	<p>Community and Wellbeing Scrutiny Committee 26 November 2019</p>
	<p>Report from the Independent Chair of Brent Safeguarding Adults Board</p>
<p>Brent Safeguarding Adults Board</p> <p>Annual Report 2018-19</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	1 – Appendix 1 – Brent Safeguarding Adults Board Annual Report 2018-19
Background Papers:	None
Contact Officer:	Daniel Morris Strategic Partnership Lead for Safeguarding Adults Brent Civic Centre 07990 139484 daniel.morris@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To enable members of the Community and Wellbeing Scrutiny Committee to consider the Brent Safeguarding Adults Board annual report covering the period from April 2018 to April 2019.

2.0 Recommendation(s)

- 2.1 The Community and Wellbeing Scrutiny Committee is asked to note the contents of this report.

3.0 Detail

- 3.1 Brent Safeguarding Adults Board is a multi-agency partnership board consisting of a range of organisations that deliver services to adults in the London Borough of Brent.

- 3.2 Brent Safeguarding Adults Board members represent their organisations at the Board. These members include but are not limited to London Ambulance Service, London Fire Brigade, The Metropolitan Police, Brent Clinical Commissioning Group, Central and North West London NHS Foundation Trust, Healthwatch Brent, voluntary organisations, Probation services, Mental Health Services and Drug and Alcohol Services.
- 3.3 In order to provide oversight, the Safeguarding Adults Board must be independent. There is an independent chair, Michael Preston-Shoot, who holds all agencies to account. The Independent Chair is held to account for effective working of the Safeguarding Adults Board by the Chief Executive of Brent Council and must publish an annual report on the effectiveness of the Safeguarding Adults Board. The Community and Wellbeing Scrutiny Committee is asked to note this report and its content.
- 3.4 The Safeguarding Adults Board is in the process of refreshing its strategic plan. The existing plan agreed by its members (The Strategic Plan 2017-2019) is to;
- Increase awareness and understanding of safeguarding adults within the Brent Safeguarding Adults Board workforce and wider community.
 - Continue to work together to understand and meet the challenges of the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS).
 - Service User Voice – To ensure the work of the SAB is influenced by service users and their representatives.
 - Making Safeguarding Personal – Continue to work to progress the ‘Making Safeguarding Personal’ agenda.
 - To use Training & Workforce Development to support the delivery of Brent SABs priorities
 - To increase the voice of service users, carers and their representatives in the work of the Brent SAB.
- 3.5 During 2018-2019, Brent Safeguarding Adults Board carried out a range of activities in response to these priorities. Please see the annual report for further information.
- 3.6 All Safeguarding Adults Board members have an obligation to provide the board with resources to support its functions. This includes having a representative present at the Board and where applicable at its sub-groups. It may also include providing information to The Board or contributing financially.

4.0 Financial Implications

- 4.1 For the 2018/19 financial year, the Safeguarding Adults Board had an annual budget of £67,900 excluding staff costs.

- 4.2 There was an underspend of which £40,281.50 was transferred to reserves to be utilised in future commitments for which payment has been deferred until completion. Further information can be found in the annual report.
- 4.3 The main contributor to the budget was the London Borough of Brent with Brent NHS Clinical Commissioning Group the second largest funding contributor to The Board. The remainder of the budget is funded by the Mayor's Office For Policing and Crime and the London Fire Brigade. The budget is spent on learning events, the annual conference and for the commissioning of Safeguarding Adult Reviews. A full breakdown of the budget is included in in the Safeguarding Adults Board Annual Report.
- 4.4 The local authority makes additional contributions in the form of staffing costs of approximately £100k to support the running of the Safeguarding Adults Board and learning and development with additional management oversight over these areas.

5.0 Legal Implications

- 5.1 The Care Act 2014 directed local authorities to set up a Safeguarding Adults Board covering their area with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies.
- 5.2 The Care Act places a requirement on Safeguarding Adults Boards to; publish an annual report and strategic plan and to hold partner agencies to account for how they work together to protect adults from neglect or abuse. The Act stated that partner agencies and services must work together to implement strategies to protect adults at risk of abuse and neglect locally.
- 5.3 The Care Act 2014 also requires the Safeguarding Adults Boards to commission Safeguarding Adult Reviews under Section 44 where the threshold is met. The Care Act 2014 requires partners to cooperate with the review process and Section 45 of the Care Act 2014 requires partners to supply relevant information to enable the Review to take place.

6.0 Equality Implications

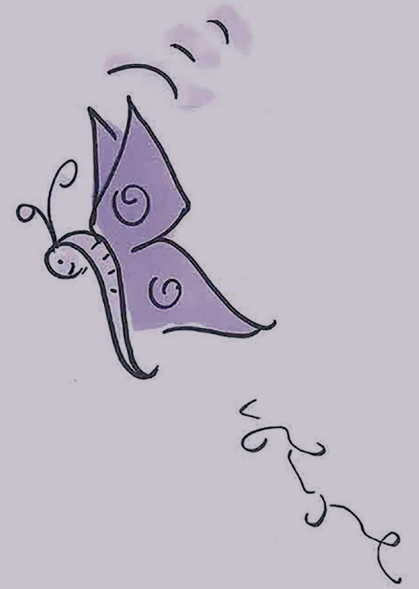
- 6.1 The objective of the Safeguarding Adults Board is to ensure that adults at risk are able to live their lives free from abuse and neglect. The way in which a Safeguarding Adults Board must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.
- 6.2 The Safeguarding Adults Board has the freedom to put in place anything it deems necessary to achieve its objective. This may include raising awareness of adult safeguarding.

- 6.3 The Safeguarding Adults Board should be assured that partners are putting systems in place to protect adults at risk in the area for which it is responsible. Including people with additional needs and hard to reach groups.
- 6.4 In carrying out its functions, the Safeguarding Adults Board will adhere to general equalities duties namely; eliminate unlawful discrimination; harassment and victimisation; to advance equality of opportunity between people who share a protected characteristic and those who do not; and to foster good relations between people who share a characteristic and those who do not.
- 6.5 The Board works to ensure safeguarding of all adults at risk regardless of their 'protected characteristics' as defined under the Equalities Act.
- 7.0 Consultation with Ward Members and Stakeholders**
- 7.1 Ward members who are members of the Community and Wellbeing Scrutiny Committee will be involved in scrutinising this report at committee.

REPORT SIGN-OFF

Meenara Islam
Strategic Partnerships Manager

BRENT
Safeguarding
Adults
BOARD



BRENT Safeguarding Adults

BOARD CONFERENCE

SPECTRUM



LEARNING & DISABILITY is a SPECTRUM. & vulnerabilities depend on an individual's needs & abilities.

Homelessness & Safeguarding

LIFESTYLE SUPPORT can be FRAGMENTED
 when is it a choice & when is it abuse?
 CASE SO DIFFICULT TO BUILD A CASE...
 TRANSIENT

Hoarding

separate the person from the behaviour
 happens without people even knowing
 BE BOTH!
 understand the disorder

Continually Professionally Curious..



Rights based Risk Assessment

Escalate
 I can take risks
 We have the same rights as every citizen
 Enabling... CAN DO CANT DO
 Professionals must NOT be risk averse.

BALANCE
 safety protection choice autonomy

Forced Marriage Learning Disability

men are equally vulnerable
 not limited to CULTURE
 Consent Capacity = Lawful marriage
 communicate

Transition

Gradual & Extended
 Relationships Matter
 PREPARATION PLANNING AFTERCARE SUPPORT
 continuity safety ongoing

Housing & Safeguarding

don't just be task focused
 Make SURE YOU LOOK AT THE BIGGER PICTURE
 don't just fix the leaky tap
 BE VIGILANT
 make every contact count

DONT allow yourself to EVER BE DESENSITISED

Find the Person and Listen to their Voice

THERE IS NO WRONG DOOR!

Adult Safeguarding Leadership starts with us all....

© drawn by Graphic Change

CONTENTS

1. Introduction by the Independent Chair of Brent Safeguarding Adults Board
2. Welcome to Brent
3. What is Adult Safeguarding?
4. Principles of Adult Safeguarding
5. How to Report Abuse in Brent
6. Safeguarding Activity in Brent
7. The Safeguarding Adults Board Strategic Plan 2017-2019
8. Structure of the Board and Its Sub-Groups
9. Changes To The Board and the Statutory Partners
10. Partner Organisation Contributions
11. Safeguarding Adult Reviews
12. Brent Safeguarding Adults Board Budget, Income and Expenditure 2017-2018
13. The Coming 12 Months and Future Learning Events



1 INTRODUCTION BY THE INDEPENDENT CHAIR OF BRENT SAFEGUARDING ADULTS BOARD

Welcome to the Brent Safeguarding Adults Board (SAB) 2018-2019 annual report. Publishing an annual report is one of the statutory responsibilities of the SAB laid out in the Care Act 2014. The report provides a useful way for the SAB to communicate to the public about the work of the board over the past 12 months and also what we are planning for the future. I hope that you will find the content interesting, accessible and informative.

The Board held its second adult safeguarding conference which was very well attended and received positive feedback. There were keynote presentations on 'learning from safeguarding adult reviews' and 'challenges and good practices of working with adults with learning disabilities'. There were also workshops on forced marriage of people with learning disabilities, rights based assessments, transitions, hoarding and homelessness & safeguarding.

Another statutory responsibility of the SAB informed by the Care Act 2014 is to commission Safeguarding Adult Reviews where the criteria are met. During 2018/2019, the Board published a Safeguarding Adults Review for the first time

on Adult B. This was a tragic case that identified concerns about the adequacy of care, support and protection given to an adult with severe learning disabilities in Brent. The Board is finalising further Safeguarding Adult Reviews in the cases of Adult C and Adult D and is continuing its work on the case of Adult E. A summary of these cases is described in this annual report. Transitions, self-neglect, mental health and working with adults in the community with dementia all feature within these reviews. A decision with regard to publication will be decided on completion of each these reviews. Where the full report is not published, an executive summary of the review may be published to ensure lessons to be learned are disseminated as widely as possible. One of the main purposes of Safeguarding Adult Reviews is for the board to seek assurance that shortcomings have been addressed and lessons have been learned. A summary of the learning dissemination events carried out by the SAB can be found within the pages of this report.

The complex challenges of working with adults who are at risk from abuse and neglect remains. The partners of the SAB have experienced financial cuts and many of our partners have been going

through restructuring programmes to cope with the decreases in funding. People are living longer and the number of people experiencing a cognitive decline with conditions such as dementia is increasing, putting a strain on services. How best to keep people safe whilst taking into account how they wish to live their lives is a complex challenge for all SABs and their partners.

During 2018-2019 the SAB has been focussing on modern slavery, domestic violence and self-neglect. The SAB is continuing to develop systems to obtain reliable data from partners asking them to show that adults at risk in the borough are able to live their lives free from abuse and neglect. Work has been completed nationally to make the national safeguarding data more consistent and Brent SAB has contributed to this important work.

The SAB has disseminated learning from Safeguarding Adult Reviews carried out elsewhere and heard presentations from a variety of partners. I have attended scrutiny meetings to inform elected members of the work of the SAB and been present when partners have been called to scrutiny where they have been required

to do so. For example, I presented last year's annual report to scrutiny and was present at the scrutiny meeting to discuss the London North West University Hospital following a CQC report in early 2019. I am also scheduled to present at a scrutiny meeting which will be reported on in next year's annual report to look at the case of the Adult B Safeguarding Adults Review where members will consider the lessons learned and provision for learning disabled people.

The SAB has worked with partners to complete a 'temperature check' on where we are in relation to 'Making Safeguarding Personal'. A 'Safeguarding Adults at Risk Audit Tool' (SARAT) was completed which asked partners to self-audit and provide evidence of their effectiveness in relation to safeguarding. In addition, the SAB commissioned an independent external audit into safeguarding cases in Brent to assure itself that the work being carried out in Brent was effective.

The Safeguarding Adults Board has prepared for a scheduled ADASS Peer Review which will look at Safeguarding in Brent and provide both operational and strategic oversight over the work carried out within the borough. The outcome



of this peer review will inform a future Board development day and will be reported on in full in the next annual report. The SAB is working on a new website and preparing to launch an online safeguarding survey jointly with the Children's Board. This is in addition to considering new referrals for Safeguarding Adult Reviews and preparing for a refresh of the Safeguarding Adults Board Strategic Plan. The coming 12 months are likely to be very busy indeed! A full update on these areas will be provided in next year's annual report 2019-2020.

Finally, I would like to record my appreciation for the work of James Pearce, Daniel Morris, Meenara Islam, Janine Georgias and Nikoleta Nikolova, who have managed and supported the work of the Board. Thank You also to Graphic Change whose skilled artists produced the images used in this annual report, capturing the essence of professional discussions during the Adult Safeguarding Conference.

PROFESSOR MICHAEL PRESTON-SHOOT
INDEPENDENT CHAIR

2 WELCOME TO BRENT

Brent is one of the most diverse areas in London, second only to Newham. 65% of its population is from a black or ethnic minority background (source GLA 2018).

Population: 337 000 people making it the sixth highest in London (source GLA).

The average household earnings in Brent were the fourth lowest in London (source GLA). 1 in 3 of Brent's residents were low-paid (earning less than the London Living Wage) in 2017-18 (source is Trust for London). Brent has the 10th highest level of unemployment in London 7.4% unemployment in 2017 (source APS).

Life expectancy in Brent (male 80.3, female 85 years) is similar to the average for London (male 80.5, female 84.3 years).

Approximately 14.4% of the population reported that they had a long term health condition or disability (2011 Census).



3 WHAT IS ADULT SAFEGUARDING?

The Care Act 2014 made the Local Authority and its partners responsible for protecting adults who are at risk of abuse or neglect. This gave safeguarding adults its first legal footing and replaced previous statutory guidance. The Act requires Safeguarding Adults Boards to publish an annual report and strategic plan, to commission Safeguarding Adult Reviews, and to hold partner agencies accountable for how they work together to protect adults from abuse and harm. The Act stated that partner agencies and services must work together to implement strategies to protect vulnerable adults. At the time of writing this annual report, a review of the ADASS pan-London safeguarding procedures has just been finalised and published.

TYPES OF ABUSE

Physical Abuse, Domestic Abuse, Sexual Abuse, Psychological Abuse, Financial or Material Abuse, Modern Slavery, Discriminatory Abuse, Organisational Abuse, Neglect and Acts of Omission and Self-Neglect.

ENQUIRIES AND REVIEWS

Under Section 42 of the Care Act, the Local Authority has a responsibility to undertake an

Enquiry where a case meets the criteria specified in section 42(1). Where the strict criteria are met, Section 44 of the Care Act states that Safeguarding Adults Boards must arrange a Safeguarding Adult Review (formally known as a Serious Case Review). A Safeguarding Adults Review is completed by a suitably qualified person completely independent of the local authority and its partners. The purpose of a Safeguarding Adults Review is to gather all the facts about the case and for the independent author to make recommendations, in order that the local authority and its partners can learn lessons and improve future practice to achieve better outcomes for vulnerable adults in future. Further information regarding the current status of Brent's Safeguarding Adult Reviews can be found in section thirteen.

MAKING SAFEGUARDING PERSONAL

Capacity to make decisions is one of the key differences between safeguarding adults and safeguarding children. An adult has the right to make decisions about the way they wish to live their life. Any Enquiry should include an attempt to gain the views of the adult at risk as to what they would like to happen, providing any necessary support such as an advocate. This

is called 'Making Safeguarding Personal'. If the adult at risk has the capacity to make a decision their wishes must be respected. However, this view must be balanced with an assessment of the risks and an agreement reached as to how these risks will be monitored and managed.

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

If a person needs protective measures to be put in place to keep them safe, and is assessed as having lost capacity to make decisions about that particular area, either the Local Authority or the Court of Protection, depending on the circumstances, can authorise a DOLS. This gives the service or individual who provides care to a person legal authority to restrict their liberty in a specified way in order to keep them safe. There are strict criteria as to what is appropriate when putting such measures in place. This area currently sits within safeguarding adults in the Local Authority. At the time of writing the Annual Report, new guidance is being developed following changes to legislation. The new legislation will mean this area is referred to as Liberty Protection Safeguards (LPS). A reference to the updated guidance will be in the next Annual Report.

4 PRINCIPLES OF ADULT SAFEGUARDING

These principles are contained in the statutory guidance that amplifies how the Care Act 2014 is to be understood and implemented. Published by the Department of Health and Social Care, the principles apply to all safeguarding adult activity, including section 42 Enquiries and Safeguarding Adult Reviews.

Empowerment: People being supported and encouraged to make their own decisions and informed consent.

Prevention: It is better to take action before harm occurs.

Proportionality: The least intrusive response appropriate to the risk presented.

Protection: Support and representation for those in greatest need.

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability: Accountability and transparency in safeguarding practice.

Page 69

SAFEGUARDING ADULTS MEANS PROTECTING A PERSON'S RIGHT TO LIVE IN SAFETY, FREE FROM ABUSE AND NEGLECT.

5 HOW TO REPORT ABUSE IN BRENT

The Safeguarding Adults Board is a strategic board. The board does not process operational safeguarding concerns. This is carried out by Adult Social Care within Brent Council.

If you wish to raise a safeguarding concern there is a safeguarding form - please refer to webpage <https://www.brent.gov.uk/services-for-residents/adult-social-care/preventing-and-reporting-abuse/> where you can download a form and email it to safeguardingadults@brent.gov.uk If you have any trouble completing the form please contact the Duty Team at safeguardingadults@brent.gov.uk and they will help you. Alternatively, you may telephone 020 8937 4098/99.



6 SAFEGUARDING ACTIVITY IN BRENT

FOREWORD BY THE TEAM MANAGER OF THE SAFEGUARDING ADULTS TEAM

The London Borough of Brent has its own dedicated Safeguarding Adults Team. The team triage all safeguarding concerns and carry out Enquiries under Section 42 of the Care Act to ensure that vulnerable adults are able to live their lives free from abuse and neglect. These might be adults with health and social care needs, a learning disability or mental health problems. This has been a challenging year for the Safeguarding Adults Team in Brent. Although the number of concerns sent into the Safeguarding Adults Team has seen a slight decrease compared to last year, a higher

percentage of these concerns have progressed to a Section 42 Enquiry. Currently 72.25% of concerns progress to Enquiry compared to 66% last year. This reflects the increasing complexity of the concerns sent to the Safeguarding Team and resulted in the Safeguarding Team completing an additional 151 Section 42 Enquiries compared to the last financial year. The outcome of these Enquiries are that abuse is substantiated in around one third of cases. In approximately 75% of cases the recorded risk was removed or reduced by the team and 75% of adults were satisfied with the outcome of the Enquiry.

The Safeguarding Team has been focusing on collaborative working and has been visiting

day services, G.P. surgeries, mental health establishments, hospitals, advocacy organisations and substance misuse services in order to establish better ways of working. This is creating a better understanding between us and our partner's whist leading to a better service for our customers.

The Safeguarding Team has been assessing how it manages working in areas such as neglect, self-neglect and hoarding. The number and complexity of cases in these areas has risen disproportionately in Brent and we are working with our partners to establish a self-neglect panel in line with Pan London procedures to ensure clients receive a holistic effective service.

NUMBER OF CONCERNS WHICH WERE REFERRED TO THE SAFEGUARDING ADULTS TEAM IN BRENT	
Q1	370
Q2	321
Q3	398
Q4	404
Total	1493 concerns (1674 concerns were received in 2017-2018)

NUMBER OF CONCERNS THAT PROGRESSED TO A SECTION 42 ENQUIRY	
Q1	288
Q2	231
Q3	263
Q4	295
Total	1077 72% of concerns progressed S42 Enquiries (66% of concerns progressed to S42 Enquiries in 2017-2018)

NUMBER OF SECTION 42 ENQUIRIES CONCLUDED IN 2018-19	
Q1	245
Q2	226
Q3	175
Q4	245
Total	891 concluded S42 Enquiries 739 were concluded in 2017-2018)

BREAKDOWN INTO TYPES OF ABUSE		
	2018/2019	Previous Year 2017/2018
Neglect and Acts of Omission	34%	37%
Financial or Material Abuse	22%	16%
Psychological Abuse	13%	11%
Physical Abuse	21%	22%
Self-Neglect	4%	4%
Sexual Abuse	4%	4%
Organisational Abuse	1%	2%
Domestic Abuse	1%	3%
Modern Slavery	0.1%	0.1%

MAKING SAFEGUARDING PERSONAL	
Number of people recorded as being asked what they would like as an outcome	
Q1	185
Q2	187
Q3	128
Q4	198
Number satisfied with the outcome	
Q1	131
Q2	135
Q3	97
Q4	155



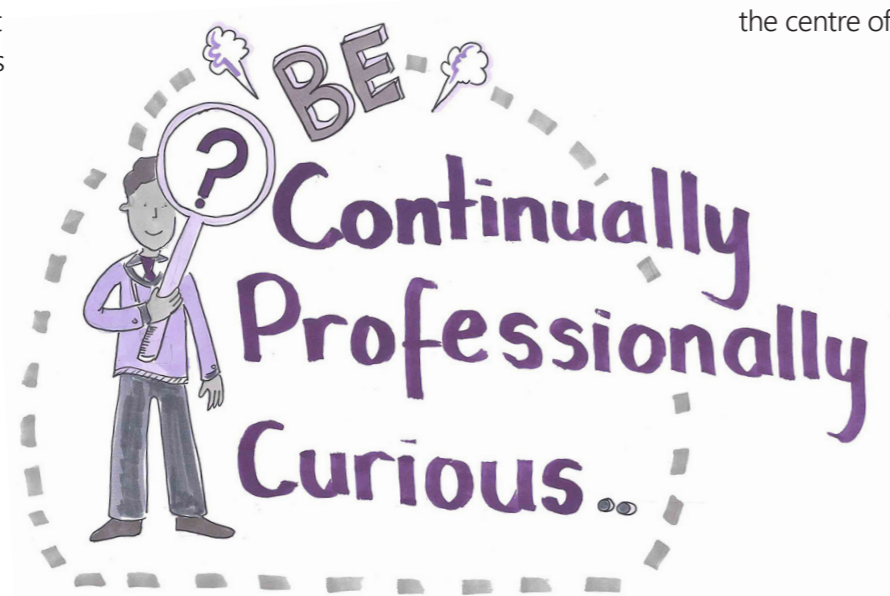
7 SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2017-2019

INCREASING AWARENESS AND UNDERSTANDING OF SAFEGUARDING ADULTS WITHIN THE BRENT SAFEGUARDING ADULTS BOARD WORKFORCE AND WIDER COMMUNITY

To work towards this priority, the Community and Engagement Awareness group have been busy with a series of presentations to charities and community groups. The chair has also presented safeguarding awareness sessions namely sessions through CVS, The Carers Centre and Crisis Brent with on-going contact around homelessness issues. Visits have also been carried out to Plias and the Islamic college. The Safeguarding Adults Team and the Clinical Commissioning Group have also carried out visits to partners during training and team meetings to build links and promote adult safeguarding.

CONTINUING TO WORK TOGETHER TO UNDERSTAND AND MEET THE CHALLENGES OF THE MENTAL CAPACITY ACT 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

As part of the learning dissemination plan, sessions have been arranged for staff on learning from Safeguarding Adults Reviews which included learning around the Mental Capacity Act and Deprivation of Liberty Safeguards. One specific multi-agency learning session was arranged specifically focussing on the Mental Capacity Act and empowering partners in completing assessments.



SERVICE USER VOICE – TO ENSURE THE WORK OF THE SAB IS INFLUENCED BY SERVICE USERS AND THEIR REPRESENTATIVES

The Safeguarding Adults Board seeks assurance through the data that service users are satisfied with the safeguarding process and that their views are taken into account and actioned. In order to seek external assurance of this the board commissioned an independent audit of safeguarding cases whereby the auditor was asked to seek assurance whether the service users views were obtained, were they provided with appropriate support to obtain their views and were these views placed at the centre of any action taken.

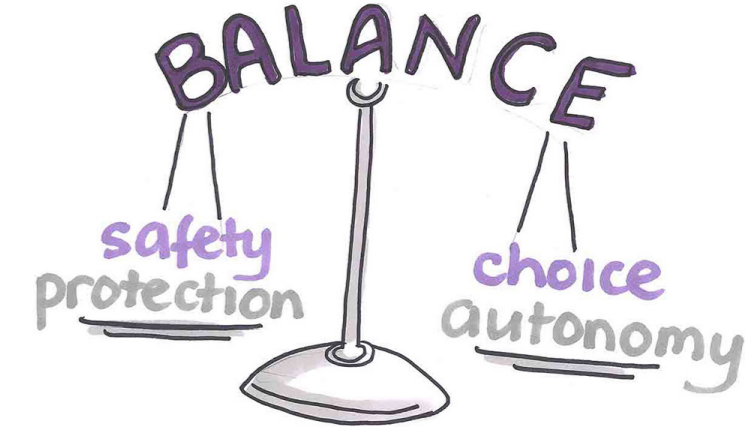
MAKING SAFEGUARDING PERSONAL – CONTINUE TO WORK TO PROGRESS THE 'MAKING SAFEGUARDING PERSONAL' AGENDA

The Safeguarding Adults Board undertook a Making Safeguarding Personal 'Temperature Check'. This was a multi-agency audit of whether the partners of the board were implementing the principles of Making Safeguarding Personal and what assurance they were seeing in ensuring that this work was ongoing.



TO USE TRAINING AND WORKFORCE DEVELOPMENT TO SUPPORT THE DELIVERY OF BSAB PRIORITIES

The newly created post of Strategic Partnerships Learning and Development Co-ordinator (for children and adults) has resulted in a number of learning and dissemination events scheduled throughout the year namely; two sessions disseminating the learning in the case of Adult B, one session on self-neglect, one session on multi-agency working, two sessions on risk assessment and one session on Mental Capacity. Additionally, the Safeguarding Adult Board conference had a range of speakers and workshops to ensure multi-agency development. The agenda of the conference included briefings on: Learning from Safeguarding Adult Reviews, Forced marriage of people with learning disabilities, Rights based risk assessment, Transitions, Hoarding, Safeguarding awareness for housing providers and Homelessness & Safeguarding.



TO INCREASE THE VOICE OF SERVICE USERS, CARERS AND THEIR REPRESENTATIVES IN THE WORK OF THE BSAB

The SAB has sought to assure itself that the voice of the service user and their carers and representatives has been taken into account in the referral, screening and enquiry process of safeguarding concerns. It has done this by monitoring data produced by the local authority and by commissioning an independent audit to report to the SAB regarding the service user voice. The SAB has also sought to do this by engaging with representatives from the third sector, Healthwatch and from the learning disability charity 'Sense'.

8 STRUCTURE OF THE BOARD AND ITS SUB-GROUPS SAFEGUARDING ADULTS BOARD (SAB)

The Board is a partnership made up of statutory and non-statutory partners. The Board meets on a quarterly basis.

Sub-Groups below have different aims and objectives linked to the Safeguarding Adults Strategic Plan and meet at frequencies agreed by the chair of each sub-group. The aim of the system is to work in partnership to develop strategies to safeguard adults at risk in Brent.

CASE REVIEW

The Case Review sub-group considers referrals for Safeguarding Adult Reviews (SAR). Where the criteria are met, it commissions and manages reviews. In addition, the Case Review Sub-Group commissions and oversees learning reviews for cases that fall outside of the mandatory criteria for a SAR but where there is still learning for practitioners and their agencies. The Sub-Group aims to ensure that lessons learned are shared, acted upon and impact is assessed.

COMMUNITY ENGAGEMENT AND AWARENESS

The Community Engagement and Awareness sub-group aims to deliver activities to ensure that the Board engages with, and seeks the views of adults at risk, their carers, families, frontline workers, advocates and communities in the delivery of its functions and activities. It also aims to positively promote and raise awareness of activities, campaigns and local work to ensure adults at risk are safe in Brent.

PROVIDER CONCERNS

The Provider Concerns sub-group members share knowledge and intelligence about local care services and engage key stakeholders, identify collective concerns or issues, and agree an appropriate multi-agency response. Partners ensure a robust multi-agency approach to all quality concerns that are raised.

THE EXECUTIVE

The Executive is a meeting of the statutory partners (the local authority, the Police and the Clinical Commissioning Group) and is accountable to the Brent Safeguarding Adult Board through quarterly outcome reports that focus on the progress of work under the Brent SAB business plan and risk management log. The primary purpose of the group is to ensure that the business of the Brent SAB is effectively managed and progressed to ensure that partner agencies are fulfilling their statutory obligations under the Care Act 2014 and the accompanying statutory guidance.

MONITORING AND EVALUATION/ LEARNING AND DEVELOPMENT

The Monitoring and Evaluation workgroup completed a survey and generated a work plan which was submitted to the Safeguarding Adults Board. This recommended that the SAB focus on key areas including raising awareness, best practice sharing events, Mental Capacity Act training, making safeguarding personal training and learning from Safeguarding Adult Reviews. The SAB has arranged learning events on these areas (see section 9). The two sub groups were merged in 2018-2019 due to some overlap of the functioning of the two sub groups.

Page 72

WE ALL HAVE A ROLE TO PLAY...



9 CHANGES TO THE BOARD AND THE STATUTORY PARTNERS

THE SAFEGUARDING ADULTS BOARD

The Case Review Group met on seven occasions over the year in order to monitor the progress of the current Safeguarding Adult Reviews and consider new referrals. The Executive Group also met on seven occasions in order to ensure regular meetings of the statutory partners (The Police, The Clinical Commissioning Group and the Local Authority). The Community and Engagement Group met on five occasions to refresh its work plan and to agree a presentation to raise awareness of Safeguarding in the Borough. The Provider Concerns sub-group was refreshed and met on two occasions. New pan London Safeguarding procedures we agreed in April 2019 which included a new information sharing agreement.

BRENT COUNCIL

Brent Council is in the early stages of planning a transformation programme across Adult Social Care and a further update in relation to the progress being made will be outlined in the next annual report. It has to date made significant changes to the way that it commissions and monitors social care providers following completion of the Adult B Safeguarding Adults

Review. The Council faces a reduction in its budget and is planning accordingly.

METROPOLITAN POLICE

The Metropolitan Police has moved from a borough-based management model to a Basic Command Unit model of three boroughs. This change has resulted in Brent being clustered together with London boroughs of Barnet and Harrow. This has involved changes to the management structure. BSAB has monitored closely the impact of this change on its work.

BRENT CLINICAL COMMISSIONING GROUP (CCG)

Brent CCG has announced that it is planning to create a Northwest London Clinical Commissioning Group, merging eight CCG's into one. This is an ambitious plan which at the time of writing is in its early stages of planning and implementation. BSAB will be monitoring closely the impact of this change on its work.

COLLABORATION WITH OTHER STRATEGIC BOARDS AND SERVICES

Regular meetings continue to take place between the Chairs of the Safeguarding Children

Board, Safeguarding Adults Board and Safer Brent Partnership. The three chairs identified Modern Slavery as an area of collaboration and commissioned a task and finish group. This group produced a detailed paper on Modern Slavery and is now convening further meetings to develop a procedure for front line practitioners. The SAB is working on a new website in partnership with the Local Safeguarding Children Board and preparing to launch safeguarding survey jointly with the Children's Board, the results of which will be published in the next annual report.

CURRENT SAFEGUARDING ADULT REVIEWS

The Safeguarding Adults Board did not commission any new Safeguarding Adults Reviews in the year 2018-2019. However, it continued overseeing the preparation of Safeguarding Adult Reviews C, D and E.

10 PARTNER ORGANISATION CONTRIBUTIONS



HEALTHWATCH BRENT AND ITS INVOLVEMENT IN THE BRENT SAB 2018-19

The national Healthwatch network was established through the Health and Social Care Act 2012. Through this, each local Healthwatch has the legislative right to:

- Have a seat on the Safeguarding Adults Board.
- Undertake visits to health and social care settings for adults. These Enter and View visits are carried out by staff and volunteers who review the quality of care for those using services and their families, friends and carers.

We combined these two roles to present a report to the Board about six Care Homes we visited.

Overall, the care homes had reasonably good awareness and practice of adult safeguarding. But some were far better than others. For example, one was excellent with recording all risks and events related to safeguarding but was rather impersonal in its day to day interactions with residents. Another was a very warm and cosy environment but safeguarding related information was recorded only when an incident occurred.

This prompted a great deal of discussion at the board that resulted in two significant recommendations being taken forward –

- The Establishment Concerns sub-group of the Board was given the additional task of sharing

good practice between nursing and care homes in Brent

- And all key stakeholders should be part of this group – NHS, Council, CQC, Healthwatch Brent and Police.

This group was set up in December 2018. It was clear to see that this joint approach allowed for effective action to improve concerns with certain services. We look forward to the further development of this group to find ways of sharing good and excellent practice across all care homes.

A direct example of improving safety for Brent residents came through our Enter and View visit to a Sheltered Housing Scheme this year. The visit aimed to look at various aspects of life in the sheltered home, such as psychological & social well-being, care planning, complaints, and staff/workforce.

The lack of a communal space in one scheme made gathering the views of the residents more difficult; however, everyone worked together to make this happen. The volunteers discovered that there was anti-social behaviour occurring in the area outside the scheme which made the residents feel unsafe. They had also experienced intruders, some under the influence of drugs, gaining access to the scheme.

The Healthwatch Brent team gathered evidence of anti-social behaviour and inspected the premises thoroughly so that detailed evidence could be presented to the Housing Officer later in the day.

After a meeting with the housing officer a series of changes were agreed, including:

- Operational CCTV approved with remote monitoring, which also helped to address a fly tipping concern
- Doorways monitored, and any suspicious activity reported to the police
- Security lights to be installed and the addition of security gates will be explored.

All residents we spoke to were concerned about safety. Our Enter and View volunteers were able to contribute to multi-agency working to resolve issues affecting the residents. Because of our visit, the lives of residents of the Sheltered Housing scheme has been dramatically improved. They now feel safer and have more confidence in reporting issues to the Housing Association and the police.



BRENT CLINICAL COMMISSIONING GROUP

NHS Brent Clinical Commissioning Group (CCG) is a clinically-led statutory body responsible for planning and commissioning of health care services in Brent, and overseeing the safeguarding arrangements of health providers in Brent (whether NHS commissioned or not). The CCG maintains good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities. This includes:

- Effectively commissioning services, ensuring that all service users are protected from abuse and neglect;
- Ensuring comprehensive and effective single and multi-agency safeguarding arrangements are in place;
- Ensuring health providers participate in local safeguarding arrangements, and contribute to multi-agency working;
- Ensuring lines of accountability for safeguarding are clear, and reflected in governance arrangements.

NHS Brent CCG has raised the profile of modern slavery as a safeguarding area across the local healthcare economy, and ensured health providers were compliant with the Modern Slavery Act 2015.

The Designated Nurse for Safeguarding Adults attends and contributes to the Brent

Safeguarding Adults Board and its sub groups. The CCG also supports work in relation to the following areas: Prevent; Violence Against Women and Girls; and Multi-Agency Risk Assessment Conferences.

The new safeguarding reforms and legislation are transforming the safeguarding landscape. There is a focus not only on protection, but also on a 'Think Family' approach, strengthening the prevention agenda, and promoting contextual safeguarding. The CCG champions the Think Family approach, which promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families/carers. The CCG reviewed its Safeguarding Health Outcomes Framework. This is a consistent reporting framework for providers to enable a clear picture of Safeguarding Adults and Children across North West London, and provides assurance for the CCGs, Trust Boards, and Local Safeguarding Boards and partnerships.

The safeguarding team in the CCG delivered safeguarding training to health staff in the CCG and wider local health economy. This improved the competency of all those involved in safeguarding activities, enabling the principles and duties of safeguarding adults and children to be consistently and conscientiously applied.

The Designated Nurse for Safeguarding Adults

led the Learning Disability Mortality Review (LeDeR) programme within the borough. This aimed to drive improvement in the quality of health and social care service delivery for people with Learning Disabilities (LD). Learning from the reviews is reported across the borough to improve practice.

Safeguarding adult cards across the NWL were updated. These cards are used as a quick guide to support all staff in their practices. The quick reference cards can be used to look up local authorities and designated professional contact details across North West London.

NHS Brent CCG was involved in standardising pressure ulcer referrals, using the Department of Health Safeguarding Adults Protocol. The CCG will provide on-going monitoring and support to provider organisations in addressing their own challenges in preventing and managing pressure ulcers.

The CCG continues to undertake quality assurance visits in health providers. These visits are a learning opportunity, and help each provider meet their duties to safeguard adults at risk, and promote the welfare of those identified to be at risk of harm, abuse or neglect. Providers are advised of area of concerns in safeguarding adults and recommendations to promote improvement.

CASE EXAMPLE OF COLLABORATIVE WORKING

AA, an adult at risk, diagnosed with emotionally unstable personality disorder and schizophrenia. He also had history of heroin and crack use and had a tendency to use diazepam to manage his tinnitus. He was known to the mental health team and was also receiving weekly support from Drug and Alcohol team. There was a period of time when AA was unreachable. All attempts to see him at home were unsuccessful. All calls directed to voicemail. This was considered unusual for AA as he engaged in his weekly coffee morning and arts group with Drug Project. 101 were contacted who completed a welfare check, again unsuccessful. AA was registered as a missing person.

Drug Project contacted NHS Brent CCG for their intervention; this prompted the escalation of the concern to partners in the borough. Within minutes of the escalation, the whereabouts of AA was known. He was described by the reporter as safe and well.

This was a good example of collaborative working between partners in the borough. It demonstrated sharing ideas, knowledge, and information to promote the welfare of people.



LONDON AMBULANCE SERVICE (LAS) PRECIS OF ANNUAL REPORT 2018-19

OUR PRIORITIES IN 2018-19

- Secure sufficient resources to develop safeguarding in the Trust
- Monitor trust's safeguarding processes and compliance
- Support Trust with safeguarding practice & requirements
- Assure Trust processes by driving consistency and improvement in safeguarding practice
- Forge effective relationships internally and externally

WHAT WE DID

- Secured funding to increase safeguarding team by 100% to enable a dedicated safeguarding specialist in each area of Trust.
- 7% increase in safeguarding concerns and referrals to 23,471.
- Introduced 24/7 safeguarding telephone line for staff
- >90% safeguarding training Compliance
- Introduced Quarterly Safeguarding Newsletter
- Produced new safeguarding pocketbook for staff
- Introduced Chaperone and Supervision policies

- Held Safeguarding Conference for over 170 staff and partners
- Introduced Learning Disability and Mental Capacity Act Strategies.

OUR PRIORITIES FOR 2019-20

To be outstanding in quality standards and drive continual improvements

- Excellent Governance and Assurance of Trusts safeguarding processes and compliance
- Development of the Safeguarding Team
- Successful delivery of safeguarding training plan, local education and supervision
- Safeguarding innovation and review current practices to identify cost savings.
- Ensure integration of 111 & IUC
- Forge effective relationships internally and externally to safeguarding children and adults

In conclusion the LAS is committed to safeguarding and has invested in the safeguarding team to ensure Trust is compliant with standards and provides the highest level of care for its most vulnerable patients.

The Full LAS annual report can be found on the Trust website.



LONDON FIRE BRIGADE 2018-19

The London Fire Brigade's (LFB) commitment to safeguarding is stated within its Integrated Risk Management Plan. LFB has a proven track record of engaging positively at both strategic and tactical levels with partner organisations. The LFB has continued to work towards facilitating a broader partnership and community engagement approach and has contributed to LSAB's development of information sharing and referral pathways among agencies to deliver a joined up approach to safety, health and wellbeing of London's diverse communities. Furthermore, LFB has voluntarily contributed £1,000 for four years to the Safeguarding Adults Board and Safeguarding Children Board to help the Boards meet their priorities.

In line with 'Making Safeguarding Personal' (MSP) principles, LFB has worked towards facilitating a broad partnership and community engagement approach, which focuses on prevention as well as protection, with outcomes aimed at addressing both people's safety, as well as their wishes. Our main tool to protect individuals continues to be Home Fire Safety Visits (HFSVs), and many of those participating in this service are vulnerable adults. A significant proportion of safeguarding referrals raised by LFB staff are as a direct result of HFSVs, where individuals are found to have additional safety, care and support needs, or are

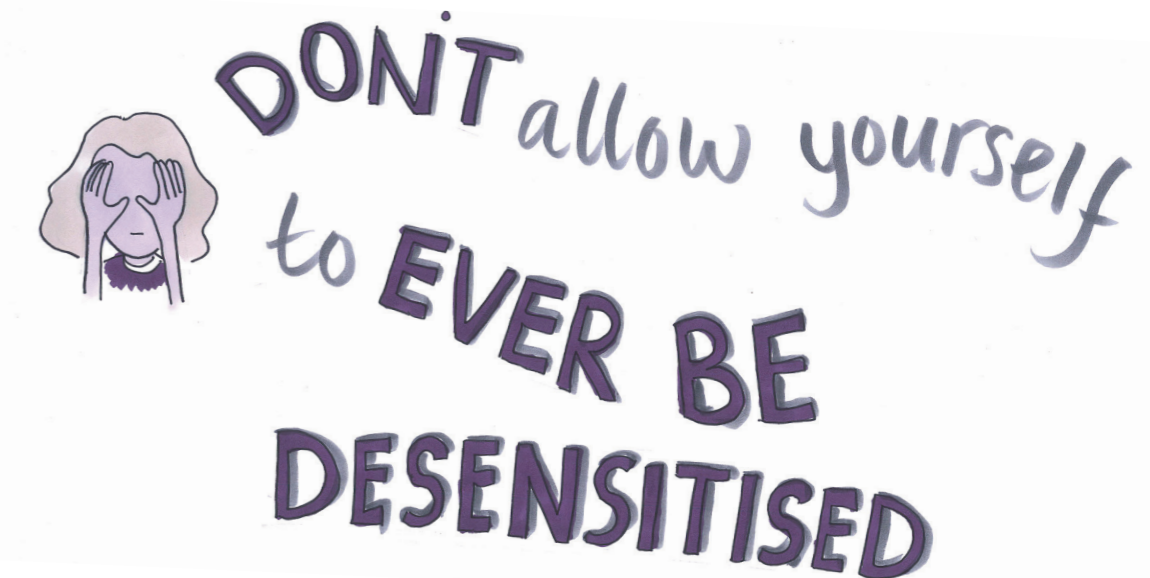
at risk of abuse and neglect by a third party, or fall under the self-neglect category.

Our training has been developed to make all staff aware of their responsibilities to report safeguarding concerns. The training is comprised of different modules, each is matched to the different levels of staff responsibility. Teams that work routinely with adults and children at risk receive an enhanced training provision to allow for more in depth knowledge of safeguarding issues and emerging themes.

The LFB has an ongoing process of review and sharing of best practice; however, we believe there is potential to improve this process by introducing greater scrutiny centrally. With this in mind, one of

the most experienced managers from our central safeguarding team is undergoing SAR Champion training, and this will influence our future approach to learning from SARs.

As a result of a recommendation from a Safeguarding Adult Review the Brigade delivered an information sharing pilot with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders (who had been identified by the LAS). Following the success of the pilot this partnership work was embedded into core business, and we have since started considering the option of replicating this arrangement with the Met Police. We will be exploring this option further during 2019/20.



LONDON NORTH WEST HEALTHCARE NHS TRUST

London North West Healthcare NHS Trust (LNWHT) is one of the largest integrated care trusts in the country, bringing together hospital and community services across Brent, Ealing and Harrow.

Established on 1 October 2014, the Trust employs more than 8,000 staff and serves a diverse population of approximately 850,000.

London North West Healthcare NHS Trust is responsible for the following services in Brent:

- Central Middlesex Hospital
- Northwick Park Hospital
- St Mark's Hospital
- Community services across Brent including the Willesden Centre for Care.
- Urgent Care Centres

INTRODUCTION

LNWHT has a well-established safeguarding adults team; the team leads on all aspects of adult safeguarding across the organisation. The team is responsible for training and development, responding to adult safeguarding concerns, liaising with local safeguarding adult and children teams and data collection and analysis.

The team attends Safeguarding Adult Boards

and subgroups and works closely with local stakeholders and partners.

Key performance information for the Adults Safeguarding Service at London North West Healthcare NHS Trust is summarised below.

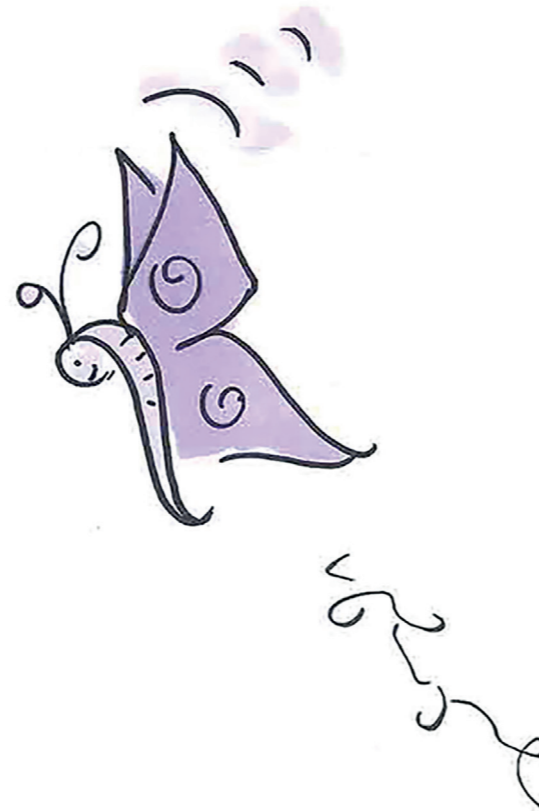
Adult Safeguarding Alerts 2018/2019 (statistics across Brent, Ealing and Harrow):

LNWHT safeguarding adult alerts, notified by staff, saw a slight decrease by 2.8% 2018/19. This however has not affected the strong safeguarding culture that exists in the Trust and that the focus on training continues to have a positive impact on staff awareness of their safeguarding responsibilities.

The Safeguarding Adults Team monitors and analyse all referrals made at the Trust. The analysis helps the team spot trends in types of abuse and informs future development of staff training packages.

ADULT SAFEGUARDING CONCERNS

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
2017-2018	207	198	177	194	776
2018-2019	177	180	178	219	754



	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
Discriminatory abuse	0	0	0	0	0
Domestic violence	18	11	22	22	73
Financial or material abuse	11	7	9	10	37
Modern slavery	1	1	3	0	5
Neglect and acts of omission	116	127	91	141	475
Organisational abuse	0	0	0	0	0
Physical abuse	13	20	29	14	76
Psychological abuse	5	0	6	9	20
Self-neglect	8	8	19	29	64
Sexual abuse	3	4	5	0	12

The Trust currently employs a Learning Disability Specialist Nurse. The nurse oversees the delivery of training and education to Trust staff, recently setting up and training a team of learning disability (LD) champions within the nursing workforce. The service provided by the LD nurse includes the assessment and support of patients with Learning Disabilities attending the Trust for care.

The adult safeguarding team have been involved in the Trust's commitment to improve care provided to patients with dementia. In the past year the team contributed to the development of a new patient pathway for patients suffering with confusion. Additionally, the Trust has signed up to John's Campaign which enables relatives and carers of patients, who are suffering with dementia, greater access to the hospital outside of normal visiting hours.

In the past year the Trust reviewed its actions against the Kate Lampard recommendations; in particular focusing on the volunteer workforce. As a result of this review the volunteers have been properly vetted and screened with a bespoke induction program provided that includes a focus on Safeguarding.

In the last 12 months the governance of the adult safeguarding process at the hospital have been reviewed and improved upon. A monthly steering group provides professional oversight of the safeguarding process and an escalation report is produced that informs the Trust board of the progress made against the organisation's adult safeguarding responsibilities. A secure database has been introduced to track all safeguarding referrals made within the Trust. This also provides

key data that supports the work of the team. All complaints and incidents are now reviewed and those containing safeguarding elements are identified and referred as appropriate.

The Trust has reviewed key safeguarding policies over the last year with new policies being agreed and introduced. An element of this work has resulted in the provision of safeguarding supervision to staff involved in safeguarding cases.

The Trust remains committed to delivering its responsibilities detailed within the 2014 Care Act. The year ahead provides a number of new challenges that will be delivered by the team.

The Trust will continue to work in partnership with local Safeguarding Adult Boards ensuring attendance and engagement at the quarterly board meetings. The priorities for the year ahead include the provision of new training levels to comply with the new intercollegiate training recommendations and working to embed adult safeguarding supervision as good practice across the organisation.

The Trust will review its current policies and practice in relation to modern slavery and ensure that there is increased staff awareness around this issue.

The safeguarding adults team will continue to raise the agenda of support for vulnerable adults throughout the organisation and continue to work closely with children's safeguarding to embed the Think Family approach into all that we do.

SENSE NATIONAL CHARITY

Sense give Safeguarding a very high priority across the whole organisation, with a Safeguarding board that has an independent chair, the board review all Safeguarding incidents that are reported across the organisation. We have targeted getting all incidents recorded on a secure data base, this means we are able to follow progress with resolving issues, being aware of when cases can be closed.

Members of the board include academics who have a specific interest in Safeguarding issues and experience of the social care sector.

As a member of both Brent SAB and the case review sub-group I am in the privileged position of being able to share learning and ensure that I can bring both a local and national perspective to the work of both.

Last year we committed to reviewing and updating our Safeguarding training, we deliver a mix of blended learning for all staff, no matter what role they have as we believe that Safeguarding is everyone's responsibility, we updated our Policy and related Policies.

PRIORITY 2019/2020

Ensure all staff and volunteers receive training

Embedding Making Safeguarding Personal in practice

Regular awareness raising by sharing good practice – eg. from membership of Voluntary Organisations Disabilities Group, Ann Craft Trust Hope.

Ensure staff and managers all have MCA training

Spreading the use of Safe Guides across all Sense services (Safe guides are personalised guides for the people we support) these meet their individual communication needs e.g. in a format that is designed for them.

Ensure that 100% of all staff are trained and have regular competency checks

Use safeguarding adult reviews from the national repository to a greater degree to raise awareness of issues and learn from the reviews, use these to review policy and practice.



BRENT COUNCIL – ADULT SOCIAL CARE

It is every person's fundamental right to be protected from abuse and neglect, able to live safe and well. Brent Council and the Adult Social Care Department, with a lead role for safeguarding, are committed to ensuring adults at risk in our area are protected when they need to be, treated fairly and with dignity and respect, and able to easily get the support when they need it.

During 2018-2019 we received and acted upon 1493 safeguarding concerns. Of these concerns 1077 met the criteria for a Section 42 Enquiry, which means we had a statutory duty to make decisions with the adult at risk about the actions to take to stop, prevent or mitigate the impact of abuse.

WHAT WE DID

- Supported the majority of adults at risk (82%) to feel satisfied with their achieved outcome at the end of a safeguarding intervention. A further proportion (15%) were partly satisfied
- We raised awareness, so organisations as well as residents know how to report concerns of abuse. For example, our safeguarding manager presented information on abuse and how to raise concerns to residents and day centres.
- Worked together with partners and attend the MARAC, MAPPA and Community MARAC, contributing to a multi-agency response

to help adults achieve the outcomes from safeguarding they have identified.

- Continued to work in a holistic and proactive way with commissioners of care to ensure residents in receipt of care services are protected.
- Our Direct Services worked with the Metropolitan Police to deliver training for staff and carers on hate and mate crime, so vulnerable adults can access the justice system.
- Supported adults to have access to advocacy and helped to link people to services that reduce social isolation.
- Continued to develop person-lead practice, including better risk assessments and safeguarding plans co-created with the adult at risk to assure their future safety.

WHAT WE PLAN TO DO

- Continue to focus on Making Safeguarding Personal, which means it is person led and engages the person throughout to address their needs.
- Strengthen our approach to self-neglect and hoarding in partnership with organisations throughout Brent.
- Embed a strength based approach, focused on an individual's recovery, resilience and ability to protect themselves from abuse.

- Prepare for the changes in legislation and practice as the Deprivation of Liberty Safeguards (DoLS) move to the new Liberty Protection Safeguards in 2020.

Our practice – a case example: Ms A lived on her own in a housing association property. She was victim to a scam, and the scammers then targeted her on a number of occasions. Ms A no longer felt safe in her home and neighbours trying to support her were also at risk. Ms A was supported into a period of respite away from the property, so that she could make a decision while not in immediate fear, about her long term wishes. Ms A decided not to return to the property and is now thriving in a more supported environment. Police reported that her property was broken into after she had left, so were positive about the outcome and that she was no longer at risk. The Safeguarding Adult Team will support the housing association to learn lessons for the safety and wellbeing of other residents.



CENTRAL AND NORTH WEST LONDON NHS TRUST (CNWL)

CNWL PRIORITIES AND ACTIVITY IN 2019

Implementing and embedding the new MCA guided decision-making template on the clinical system which has been developed using good practice and case law.

Developing a CNWL 7 minute briefing format to cascade learning lessons from SARs to be shared across teams and create a repository for these centrally.

Improving recording of family groups on the clinical record system thus maintaining a think family agenda and bringing safeguarding children and safeguarding adult information together.

Auditing the use of the safeguarding node on the clinical record system sharing findings and action plans across teams and the Borough.

Working with the newly appointed LPS Implementation Lead to ensure staff are fully briefed and prepared for the transition to LPS from DoLS in October 2020.

Continuing to adopt and embed a multi-agency approach to self-neglect and hoarding.

Promoting professional curiosity in safeguarding adult practice through dissemination and discussion of CNWLs Clinical Message of the Week.

Continuing to develop the series of keeping safe leaflets, for example– domestic abuse, self-neglect. Feedback from service users and carers on the leaflets produced has been very positive. CNWLs Sexual Safety leaflet has been adopted by other NHS Trusts.

CASE STUDY

Mr X was admitted to PRCMH on Section 2 of the Mental Health Act: his first admission to a mental health unit. This followed a relapse in his bipolar affective disorder and presented as manic and elated. He was married with a teenage son and held a position of trust in the local community.

Safeguarding concerns were raised by ward staff due to his sexually inappropriate behaviour towards other male service users. This had involved touching and caused significant offence and distress to those adults at risk.

Each incident was reported to the Police in line with Trust policy and in accordance with the wishes of the adults at risk. Initially, Police were unable to interview Mr X as his care team deemed him to be too unwell to interview and he lacked capacity to consent to be interviewed. The Police officer

maintained contact with CNWL staff and X was subsequently interviewed at a later date.

A Safeguarding Strategy Meeting was held, attended by CNWL, Police, and his employer, and chaired by the Safeguarding Adult Manager. Actions agreed included more fact finding by all agencies around a previous unreported incident several years ago.

Mr X said his actions were not sexual. The service users involved chose individually not to press charges. Mr X chose to resign from his employment and moved with his family from Brent.

The safeguarding outcome was that the concern was upheld. X was unwell at the time. Staff acted quickly to support all service users involved and they could not have predicted the incident. X was not known to present with any sexual risks. Information came to light after the event at the Strategy Meeting. His risk assessment and management plan was updated to reflect this new risk.

BRENT COUNCIL – TRADING STANDARDS

Financial abuse has wide ranging consequences for the victims which is why Trading Standards prioritise this area of work. Whether a victim has been subject to a mass marketing or doorstep scam immediate actions are required to stop the victim suffering any further loss.

It is widely acknowledged that victims of scams, specifically the elderly and consumers made vulnerable by their circumstances, experience deteriorating health, loss of self-confidence and in many examples, loss of independence. It follows that that this then creates additional financial costs and demands on the health and social care sector.

The Care Act 2014 creates a duty for local authorities to take steps to prevent individuals being subject to financial abuse. Preventing people becoming victims is a key element of maintaining health and wellbeing in later life.

The Trading Standards Service offers 'Rapid Response' to rogue trader victims and will immediately attend the scene when we receive notification a doorstep crime is suspected and the alerted perpetrator is still on site. This will increase the chances of apprehending the perpetrator.

We work in partnership with the police on Operation Liberal where officers visit domestic properties where building work is visible and

make spot checks to ensure builders have provided contracts and cancellation rights.

The Service has a contract in place to receive referrals from the National Trading Standards Scams Team where victims have sent money to bogus prize draws or similar, via the post. We visit the consumers and explain what has happened and where possible, return the victims their money. Advice is given on how to spot and avoid being a victim again in the future.

We deliver talks to relevant groups as part of our community engagement work to highlight and prevent scams and doorstep crime. The talks focus on what to look out for and report any suspicions. Examples of this were taking part in the national scams awareness month, attending neighbourhood watch events and speaking at the Age UK Brent scams.

The Team support the 'Banking Protocol' which sees the Police and/or Trading Standards respond to calls from banks staff when they suspect a vulnerable

person is withdrawing cash for suspicious building works.

We continue our partnership work between Trading Standards and Adult Social Services to safeguard adults at risk against scams and mass marketing fraud recognise as area of best practice.



11 SAFEGUARDING ADULT REVIEWS

ADULT B

The SAR in relation to Adult B concerned a person with learning disabilities and autism who spent much of her life in residential care. Adult B was found to have an infection 2016. Clinical evidence suggested that it is most likely that the infection was sexually transmitted and professionals were clear that Adult B did not have the capacity to consent to having sexual relations. The SAR was completed in July 2018 and was the first Safeguarding Adults Review to be published by Brent Safeguarding Adults Board. The review examined the care provided to Adult B, how services are overseen and how the risks were managed. In response to the lessons to be learned identified within this SAR:

Brent adopted a model of separating commissioning into residential (and nursing) and community teams, with officers developing a specialist knowledge of a portfolio of providers.

- When reviews are undertaken from a commissioning perspective, all Brent clients are now reviewed rather than a sample.
- Improvements made to the 'provider concerns' meeting which brings together the pro-active and reactive intelligence held by

the local authority and the partners.

- Transforming Care policy development including the development of an integrated learning disability team which went live in October 2018.
- A drive within Brent to promote health and communication passports.

Development of the New Accommodation Independent Living (NAIL) project where the local authority is the landlord of supported living accommodation.

The elected members have raised that they wish to discuss the case of Adult B within the scrutiny committee to ensure oversight over service provision. This is likely to take place in June 2019 and will be reported on in the next annual report.

- To ensure front line learning for staff, the Chair of the SAB has undertaken:
- Two large learning dissemination events where staff and operational managers from all partners were invited to discuss the learning from this case.
- Information provided at Safeguarding Conferences in 2018 and 2019.

ADULT C

This review is in its final stages of completion and is expected to be completed in summer 2019. The key facts of the case are that in the pre-millennium era, whilst in secondary school, Adult C suffered a severe mental health crisis. His parents removed him from school and he lived an isolated existence in poor living conditions well into adulthood. The SAR aims to undertake a dual analysis forming a view of whether the actions taken at the time were acceptable given the systems in place at that time; or whether Adult C was failed and the standard of practice substandard. It will also examine how the agencies worked together, whether there were missed opportunities to safeguard Adult C and explore whether this could happen again or systems are in place so as to prevent a repeat.

ADULT D

Adult D was commissioned as a SAR in early 2018. The key facts of the SAR are that Adult D died in his early 70s. He had a diagnosis of depression in later life with suicidal thoughts. He had health issues, namely COPD, which impacted on his mobility. He began severely neglecting himself which led to him being hospitalised. Whilst in hospital he was assessed by Adult Social Care and was given a care package on his discharge from hospital. His home was 'blitz cleaned' by a specialist company. Initially, he engaged with the care package but over time

began refusing entry to carers. Due to his non-engagement the care package was cancelled. Adult D was later found dead in his home after a warrant was issued to allow the housing provider to gain entry to check the functioning of the gas meter. This SAR is expected to be fully completed in late 2019. The SAR aims to examine: the application of Metal Capacity Act, personal choice, and the systems in place to monitor missed calls by commissioned care providers. It will also address arrangements for move on accommodation, and

mental health support for depression when GPs feel unable to manage the symptoms. It will touch on the role and resources of outreach teams and community engagement services on offer for people who feel lonely and isolated. It will investigate the internal workings of Adult Social Care, focussing on the interfaces between customer services, duty social work teams, support planning teams and the review team and will compare how commissioning worked at the time to how it works currently.

ADULT E

This review focuses on an older adult with dementia who was living in extra care accommodation. He had a history of leaving this accommodation and of being returned by the police. On the last occasion he left the accommodation, it was not noticed for some hours that he was missing. He did not have his alarm and tracker with him. He tragically died before the police were able to locate him. The review is focusing on whether all appropriate steps were taken by the extra care provider and the agencies supporting this placement with respect to mental capacity and risk assessments, the supply of technological aids and adaptations to support the placement and to keep Adult E safe, and whether adequate consideration was given to whether or not to deprive him of his liberty according to law. A reviewer has been appointed and initial information about how agencies worked with Adult E is being collected.



12 BRENT SAFEGUARDING ADULTS BOARD BUDGET, INCOME AND EXPENDITURE 2018-2019

INCOME 18/19	AMOUNT
Clinical Commissioning Group	£25000
London Borough of Brent	£37400
MOPAC	£5000
LFB	£500
Total	£67,900

ITEM	EXPENDITURE
February 2018 SAB conference	£9,000
SAR: Adult C	Deferred until completion
SAR: Adult D	Deferred until completion
SAR: Adult E	Deferred until completion
Independent Chair Fee's 30 days	£16,500
Planned Multi-Agency Audits	Deferred until next financial year
Website development	Deferred until next financial year
Joint Survey (SAB contribution)	Deferred until next financial year
Annual Report Costs	£800
Promotional material costs	£360
Printing costs	£100
Cost of Board Meetings (Including room hire and catering)	£858.50
Total Expenditure	£27,618.50
Reserves to carry over to next year for deferred payments:	£40,281.50



13 THE COMING 12 MONTHS AND FUTURE LEARNING EVENTS

Currently Brent has 3 Safeguarding Adults Reviews at various stages of completion (Adults C, D and E). The focus of these reviews is to learn lessons and develop strategies to reduce the risk of similar events happening in future. Learning events will be scheduled at important stages of the reviews to ensure that necessary changes can be made to procedures and practice. The SAB will also continue to consider new referrals.

Lunch 'n' Learn Sessions focusing on topical issues will be scheduled throughout the year and the Safeguarding Conference will take place in Spring 2020 which will focus on key areas of safeguarding practice identified by the board, and current Safeguarding Adult Reviews both within Brent and elsewhere.

The board will open itself up to scrutiny by engaging with an ADASS Peer Review and invite the reviewing team to comment on the positives and areas for improvement for the Safeguarding Adults Board.

A tri-borough (Brent, Harrow and Barnet) multi-agency learning event is scheduled for December 2019 and will be reported on in the next annual report.

There is a planned audit examining adults with dementia living in the community to provide


the board with assurance that risks are being assessed and the provision meets the needs of the sample audited.

The Board will undertake a development day scheduled for October 2019 to refresh its strategic plan and consider the best structure for the board.

The joint safeguarding website with the partnership arrangements for safeguarding children will be launched later in the year as well as a joint safeguarding survey with the Safeguarding Children Board.



Graphic images were used with permission from the artists at www.graphicchange.com

 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee 26 November 2019</p> <hr/> <p>Report from the Assistant Chief Executive</p>
<p>Update: Scrutiny Committee Work Programme 2019-2020</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	3 – Appendix 1 - Community and Wellbeing Scrutiny Committee Work Programme 2019-20 Appendix 2 - North West London Joint Health Overview and Scrutiny Committee Work Plan 2019-2020 Appendix 3 – Special Committee Recommendations
Background Papers:	None
Contact Officer:	James Diamond, Scrutiny Officer, Strategy and Partnerships, Chief Executive’s Department 020 8937 1068 james.diamond@brent.gov.uk

1.0 Purpose of the Report

1.1 This report updates members on the committee’s work programme for 2019/20 and captures scrutiny activity which has taken place outside of its meetings.

2.0 Recommendation(s)

2.1 Committee to discuss the contents of the report.

3.0 Detail

3.1 The scrutiny committee’s work programme sets out the policy areas and decision-making, which are the responsibilities of the Cabinet which the committee will review and scrutinise during the municipal year. It also states the scrutiny task groups which it will set up as in-depth reviews. The committee’s

work plan for 2019/2020 is set out in Appendix 1. A scrutiny committee's work plan may change during the municipal year as new issues arise and items are added. An assumption of the work programme is that it will evolve according to the needs of the committee, and spare capacity would be left to look at new issues, particularly in 2020. In addition, for practical reasons it may be necessary to move items to be heard at a particular committee date.

- 3.2 As part of its remit set out in the constitution, the Community and Wellbeing Scrutiny Committee can scrutinise, and make recommendations, to NHS organisations. It reviews the provision and operation of health services in the borough and can make reports or recommendations to NHS bodies or Full Council.
- 3.3 In accordance with this remit, on 24 October there was a special scrutiny committee meeting at which two reports were considered. Firstly, there was a report from Brent Clinical Commissioning Group (CCG) providing an update on the financial position of the North West London Collaboration of CCGs and the financial recovery programmes in place. Secondly, a report from Brent Clinical Commissioning Group and the North West London Collaboration of CCGs on progress with commissioning reform and the to move to a single CCG in 2021, and a single operating structure for North West London. The recommendations made by the scrutiny committee, and the response are attached in Appendix 3.
- 3.4 The committee has also formally established a members' task group to review childhood obesity. The childhood obesity task group has completed all of its evidence sessions which were held on July 16, July 23, and September 3. There was also a special open session on 10 September at which residents, parents and other stakeholders were able to give their views about the key issues. However, the task group would now like to consider more evidence. On this basis, the task group's report will be presented to committee on 16 March 2020.
- 3.5 For reference of Council, the work plan of North West London Joint Health Overview and Scrutiny Committee has also been included in Appendix 2. Councillor Ketan Sheth is council's representative on the joint health scrutiny committee.

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 committee members will review this report.

REPORT SIGN-OFF

Peter Gadsdon

Assistant Chief Executive

Appendix 1: Community and Wellbeing Scrutiny Committee Work Programme 2019-20

Tuesday 9 July 2019

Report	Cabinet Member/s	Strategic Director/s	External	Cabinet Forward Plan Item	School Education Item	Health/NHS Item **
1. Substance Misuse: Treatment, Recovery and Wellbeing Service	Cllr Krupesh Hirani, Lead Member for Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health		No	No	No
2. Palliative and End of Life Care	Cllr Harbi Farah, Lead Member for Adult Social Care		Brent Clinical Commissioning Group	No	No	Yes
3. Urgent Care Centre, Central Middlesex Hospital	Cllr Harbi Farah, Lead Member for Adult Social Care		Brent Clinical Commissioning Group	No	No	Yes
4. Childhood Obesity: Members' Task Group Scoping Paper	Cllr Krupesh Hirani, Lead Member for Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health		No	No	Yes

** Delegated health scrutiny under part 4 of the Local Authority Regulations 2013

Wednesday 4 September 2019

Report	Cabinet Member/s	Strategic Director/s	External	Cabinet Forward Plan Item	School Education Item	Health/NHS Item **
1.Home Care Recommissioning	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director Community Wellbeing		Yes	No	No
2. Proposals for Cricklewood Health Centre	Cllr Harbi Farah, Lead Member for Adult Social Care		Brent Clinical Commissioning Group/Barnet Clinical Commissioning Group	No	No	Yes

** Delegated health scrutiny under part 4 of the Local Authority Regulations 2013

Tuesday 26 November 2019

Report	Cabinet Member/s	Strategic Director/s	External	Cabinet Forward Plan Item	School Education Item	Health/NHS Item **
1. Brent Safeguarding Adults' Board Annual Report	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director Community Wellbeing	Independent Chair, Brent Safeguarding Adults' Board	No	No	No
2. Peer Review: Adult Safeguarding	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director Community Wellbeing	Independent Chair, Brent Safeguarding Adults' Board	No	No	No
3. Brent Local Safeguarding Children Board Final Report	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director Children and Young People	Independent Chair, Brent Local Safeguarding Children Board	No	No	No
4. New Multi-Agency Safeguarding Children Arrangements in Brent	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director Children and Young People	CCG representative Police representative	No	No	No

** Delegated health scrutiny under part 4 of the Local Authority Regulations 2013

Tuesday 4 February 2020

Report	Cabinet Member/s	Strategic Director/s	External	Cabinet Forward Plan Item	School Education Item	Health/NHS Item **
1. Single Homeless Prevention Service	Cllr Eleanor Southwood, Lead Member for Housing and Welfare Reform	Phil Porter, Strategic Director Community Wellbeing		No	No	No
2. Brent Council Housing Management Services	Cllr Eleanor Southwood, Lead Member for Housing and Welfare Reform	Phil Porter, Strategic Director Community Wellbeing		No	No	No
3. Brent Council Housing Repairs	Cllr Eleanor Southwood, Lead Member for Housing and Welfare Reform	Phil Porter, Strategic Director Community Wellbeing		No	No	No

** Delegated health scrutiny under part 4 of the Local Authority Regulations 2013

Monday 16 March 2020

Report	Cabinet Member/s	Strategic Director/s	External	Cabinet Forward Plan Item	School Education Item	Health/NHS Item **
1. Early Intervention to Reduce Youth Crime	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director Children and Young People		No	No	No
2. Contextual Safeguarding Task Group: One-Year Update	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director Children and Young People		No	No	No
3. Overview and Scrutiny Task Group Report: Childhood Obesity	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health		No	No	Yes

** Delegated health scrutiny under part 4 of the Local Authority Regulations 2013

Wednesday 22 April 2020

Report	Cabinet Member/s	Strategic Director/s	External	Cabinet Forward Plan Item	School Education Item	Health/NHS Item **
1. School Standards and Achievement Report 2018-19, including Achievement of Boys of Black Caribbean Heritage	Cllr Amer Agha, Lead Member for Schools, Employment and Skills	Gail Tolley, Strategic Director Children and Young People		No	Yes	No

** Delegated health scrutiny under part 4 of the Local Authority Regulations 2013

APPENDIX 2:**North West London Joint Health Overview and Scrutiny Committee Work Plan 2019-2020**

Date	Host Borough	Agenda Items
21 June	Hounslow	1. Case for a single CCG and borough arrangements 2. Development of NW London Integrated Care System
30 October	Hammersmith and Fulham	1. North West London Finance Committee, including GP at hand funding issues 2. North West London Financial recovery
10 December	Kensington and Chelsea	1. NHS Long-Term Plan submission 2. Estate Strategy for NHS London
February date TBC	Richmond	1. Patient Transport

25 October 2019

Dear Mark, Dr Patel

Re: Scrutiny Committee Recommendations

Thank you again for attending last night's meeting of the Community and Wellbeing Scrutiny Committee.

The following recommendations were made by the scrutiny committee and I would be grateful if you could respond to them in writing within the timeframe in the guidance.¹ They are grouped in order of the two items as presented yesterday.

Financial Recovery Plan

1. To ensure that under the financial recovery plan local services are maintained at a sufficient level to continue meeting the needs of Brent residents.
2. To request that the CCG undertake an Equality Impact Assessment in relation to all four strands of the overall strategy.
3. To request that the CCG review changes proposed to the Urgent Care Centre at Central Middlesex Hospital and the Cricklewood Walk-In Centre with regard to their impact on Primary Care, and be asked to reconsider their plans regarding the future of the Urgent Care Centre and put any proposals for its closure to a full public consultation.
4. That the CCG be requested to reverse their decision to close the Urgent Care Centre at Central Middlesex Hospital.

¹ 'Local Authority Health Scrutiny: Guidance to Support Local Authorities and Their Partners to Deliver Effective Health Scrutiny' (Department of Health, June 2014) p13

5. That the CCG be requested to provide a further update regarding the Financial Recovery Plan in 6 months' time following the winter period.

NWL Commissioning Reform

1. To request that the CCG guarantee that the new structure will include local governance arrangements with lay people to be fully involved.

2. To request that should the proposals for a single CCG proceed this is seen as an opportunity to further develop and integrate health and social care provision within the new structure.

3. That the CCG be requested to report back to the scrutiny committee before any final decision is made regarding the new structure in relation to both the financial position and lessons learnt as a result of the shadow arrangements currently in place.

Please note this letter and your response will be published with the agenda papers for a future meeting of the committee. I will send a copy of this letter to Cllr Sheth, Chair of the Community and Wellbeing Scrutiny Committee, for his reference.

Yours sincerely,

James Diamond
Scrutiny Officer
Strategy and Partnerships Team
Brent Council

Wembley Centre for Health & Care

116 Chaplin Road
Wembley
Middlesex, HA0 4UZ
Tel: 0208 900 5351
Email: sauladin@nhs.net
www.brentccg.nhs.uk

Thursday, 31 October 2019

Dear James,

Re: Scrutiny Committee Recommendations

Thank you for your letter of 25th October 2019 following the Extraordinary Scrutiny Committee held on Thursday 24th October 2019.

The CCG has 28 days to respond to these recommendations under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Today, we called an Extraordinary Executive Committee to discuss the recommendations in detail and to formulate a collective response. We have gone through each of the Committee's recommendations below and have set out our response to them below.

Financial Recovery Plan

1. To ensure that under the financial recovery plan local services are maintain at a sufficient level to continue meeting the needs of Brent residents

Response: It is part of the CCG's statutory duties (whether there is a CCG at Brent level or at North West London level) to commission healthcare to the extent that the CCG considers necessary to meet the reasonable requirements of patients registered within GP practices of the CCG or who usually live within the CCG's defined geographic area. We can confidently say, therefore, that we will continue to meet the healthcare needs of Brent residents.

2. To request that the CCG undertake an Equality Impact Assessment in relation to all four strands of the overall strategy

Chair: Dr M C Patel
Chief Officer: Mark Easton
Managing Director: Sheik Auladin

HS North West London Collaborative of Clinical Commissioning Groups are a collaboration of NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith & Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG, and NHS West London CCG.

Response: We do not believe that it is possible to conduct an Equality Impact Assessment on all four strands of the overall strategy. The first strand (same service at lower cost) clearly does not have any impact on equalities because the service is not changing. It is not possible to conduct an EQIA on a commercial pricing strategy. The second strand (changes to referral behaviour) is not a change to existing referral protocols and guidance (such as NICE guidance). It is simply a matter of sharing and embedding best practice so that the existing guidance is adhered to and that unnecessary referrals are not made if they do not meet that guidance. This entails a process of clinical dialogue between our clinical directors at the CCG and clinicians in GP practices to audit whether referrals are meeting these criteria and adjusting clinical processes accordingly. No change to policy is being made and therefore it would not be appropriate to carry out an EqIA because there is no change to assess against. We already know that adhering to best practice guidance is a good thing because it has been assured at a national level. The third strand refers to enforcement of existing policies, for example the Consultant-to-Consultant referral policy. Again, there is no change of policy to assess against, which would mean that carrying out an EqIA would be redundant. Only the fourth strand, which refers to updating eligibility criteria for the PPwT process and patient transport would require an EqIA because these would entail a change of policy that we would need to assess against impact for protected groups. Proposals in these areas are still under development but will be subject to an EqIA and appropriate patient engagement.

3. To request that the CCG review changes proposed to the Urgent Care Centre at Central Middlesex Hospital and the Cricklewood Walk-In Centre with regard to their impact on Primary Care, and be asked to reconsider their plans regarding the future of the Urgent Care Centre and put any proposals for its closure to a full public consultation.

Response: The implications of the changes at CMH have already been taken into account in developing the business case for the proposed change. Primary care services have extended hours at both practice level and at Access Hub level. We have commissioned 30 minutes additional extended hours provision at practice level (per patient per annum) and similar amount at Access Hub level, this equates to 64,688 appointment at the GP Access Hubs which replaces the need for the walk in centres and supports the national policy of shifting to planned appointments. Additionally, a number of appointments in the hubs are set aside each day to be made available to Urgent Care Centres, so that patients arriving at UCCs can be booked directly into GP appointment slots when presenting with illnesses that can be dealt with in general practice.

With regard to CMH, we know that an average of 1 patient per hour attends the UCC currently at the hours we are proposing to close. The majority of these patients have a primary care need, which can easily be met through commissioned capacity at GP Out-of-Hours, 111 and the other acute hospital sites such as Northwick Park Hospital and Ealing Hospital, amongst others.

As well as additional face to face appointments, all GP practices in Brent are working towards on-line access through e-consultation (43 out of 55 practices are actively utilising this service)– this enables patients to submit an on-line consultation to their GP practice 24

hours a day/ 7 days week. Their practice will review and respond within one working day. The 4 Harness PCNs have access to an e-hub where clinical e-consult are arranged by clinicians. Patients are contacted by telephone, text messaged or booked into an Access Hub appointment.

It is proposed that in future all patients requiring an extended hours appointment will be reviewed by the e-hub clinicians to enable only those patients that require face to face appointments to be seen in Access Hubs. This will increase capacity and reduce unnecessary travel by patients.

We are also making additional investments in primary care through additional funding for staff. This is part of a fund made available from NHSE (around £1.9 million for 19/20 in Brent) that is specifically earmarked for increasing capacity in general practice, freeing up lead GPs to take a strategic role within the Primary Care Network (PCN)

The year-on-year investment planned for Brent is shown below:

Year	Professional	Funding
Year 1	Clinical pharmacists and & Social prescribing link workers	£92K
Year 2	Physician associates & first contact Physiotherapists	£213K
Year 3	Paramedics	£342K
Year 4	From 2022, all of the above workforce will be increased, by 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), 3 social prescribers, 3 first contact physiotherapists, 2 physicians associates and 1 community paramedic.	£726K

The aim of the additional roles will be to provide additional and increased capacity in general practice with patients being seen by the right clinician in the right setting. For Brent this means an additional 10 Clinical Pharmacists and social prescribers treating and supporting patients, in the current financial year. For 2020 a further 10 pharmacists, physician’s associates and physiotherapists will be funded by the CCG. This increase capacity in workforce will increase access to primary care.

With regard to the change in hours at CMH UCC, the CCG has already engaged with local stakeholders and made the decision to change the opening times so they are more in line with the time patients most use the service. The key forums for stakeholder engagement have included:

11th April 2019: Brent Equalities, Engagement and Self-Care Sub-committee (BEES) with stakeholders from Healthwatch, CVS Brent, Public Health (LA) and Strategy and Partnerships (LA).

15th May: the CCG’s Head of Engagement and Head of Urgent Care met with a Healthwatch representative to update

13th June, 2019: *The CCG held a workshop with patients, community partners including Healthwatch*

26th of June 2019: *NHS Brent CCG had conversation with the Cllr Sheth, Chair, Overview and Scrutiny Committee*

Friday 28th June: *CMH UTC site visit was also arranged for councillors for from 2pm-4pm*

2nd July 2019: *Brent Connect Meeting, Wembley*

9th July 2019: *Brent CCG attended Community Wellbeing Scrutiny Committee with case for change*

26th September 2019: *CMH UTC drop in Session*

15th October 2019: *CMH UTC drop in Session*

Leaflets were also handed out at community events and sent by email partners for cascading across the borough.

The response we had from patients and the public is summarised below. We heard the following:

- *The case for change is strong*
- *It makes sense to reduce the times*
- *In its communications, the CCG should be open and transparent about the cost savings of the proposed change, the re-distribution of resources in the wider system and the need to use resources more efficiently.*
- *It would be helpful for the CCG to be open about the recovery plan going forward in light of the deficit for 2019/20.*
- *Partners will assist with raising awareness*
- *The CCG should ensure its communications are tailored to reach protected characteristic groups*
- *Alternative services offer a range of access methods which cater to the different needs of protected groups*
- *At the Brent Connect meeting, the chair and a member of the public both expressed some disquiet in response to the change in opening times referring back to closure of the A&E at CMH.*

The CCG has already presented the issues to the Scrutiny Committee on 9th July 2019, setting out the CCG's approach to engagement. This included providing copies of the EQIA and QIA for the proposal. The minutes of the meeting state "The Chair thanked everyone for their contribution to the meeting and confirmed that as reflected in the discussion held, the committee agreed that sufficient public involvement had taken place in relation to the proposal to reduce opening hours at the Urgent Care Centre at Central Middlesex Hospital". The latest recommendation of the Scrutiny Committee therefore appears to contradict its

earlier decision in July regarding the approach to engagement, which did not consider a full public consultation to be required. The CCG agreed with the Committee's recommendation and acted on this decision in good faith to the timescales we had set out.

Since no material facts have changed since the original paper was presented on 9th July 2019, the CCG maintains that it should continue with the approach originally endorsed and that there is no need to now launch a formal public consultation exercise. This means that the changes will come into effect on Friday, 1st November as previously advised.

It should be noted that for Cricklewood Walk-In Centre, this is commissioned by Barnet CCG and although Brent CCG has been co-ordinating with Barnet CCG to facilitate the provision of information and to engage with the local public in Brent about the proposed changes, Brent CCG is not the decision-maker in the matter.

4. That the CCG be requested to reverse their decision to close the Urgent Care Centre at Central Middlesex Hospital

Response: The CCG is not closing the Urgent Care Centre at CMH. We are reducing the hours and closing between midnight and 8am. Please see point 3, above for more detail regarding CMH.

5. That the CCG be requested to provide a further update regarding the Financial Recovery Plan in 6 months' time following the winter period

Response: The CCG is happy to provide a future update. Please confirm if you would like this to focus more on any particular areas.

NWL Commissioning Reform

1. To request that the CCG guarantee that the new structure will include local governance arrangements with lay people to be fully involved

Response: The CCG can confirm that any future structure under a single North West London CCG will include local governance arrangements with lay people to be fully involved. The CCG is currently working with the council to agree areas of joint commissioning and, where appropriate, joint roles that help draw synergies between the different portfolios. We will be able to progress these more once we understand the financial envelope for management costs available to us.

2. To request that should the proposals for a single CCG proceed this is seen as an opportunity to further develop and integrate health and social care provision within the new structure

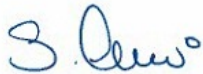
Response: We confirm that this is indeed the case and that the proposals for the single CCG are seen as an opportunity to further develop and integrate health and social care provision within the new structure. We are working closely with the Strategic Director of Community Wellbeing, the Director of Adult Social Care and the Joint Director of Integration (Council/CCG) to ensure that we further develop joint commissioning in the areas that we have the most synergies.

3. That the CCG be requested to report back to the scrutiny committee before any final decision is made regarding the new structure in relation to both the financial position and lessons learnt as a result of the shadow arrangements currently in place

Response: We are happy to report back to the Scrutiny Committee on progress before the financial decision is made.

I trust that this provides a sufficiently detailed response to the recommendations of the Committee. I am sure that we will have the opportunity for further feedback at future Scrutiny Committee meetings and we are happy to update on progress.

Yours sincerely,



Sheik Auladin
Managing Director, Brent CCG



Dr M C Patel
Clinical Chair, Brent CCG