Public Document Pack

Community and Wellbeing Scrutiny Committee

Thursday 8 July 2021 at 6.00 pm

Conference Hall - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

this agenda has been republished on 1 July 2021 to include an updated version of item 6

Please note that this meeting will be held as a socially distanced physical meeting with all members of the Committee asked to attend in person.

Should any member of the Committee be unable to attend in person please contact the meeting administrator (as listed below) so alternative arrangements can be made. Please note that if unable to attend in person it will not be possible for that member to participate in the voting on any item that may be required during the meeting.

Guidance on the safe delivery of face-to-face meetings is included at the end of the agenda frontsheet.

Due to current restrictions and limits on the socially distanced venue capacity, any press and public wishing to attend this meeting are encouraged to do so via the live webcast. The link to view the meeting will be made available here.

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Aden
Afzal
Daly
Ethapemi
Hector
Lloyd
Sangani
Shahzad
Thakkar

Substitute Members

Councillors:

S Choudhary, Conneely, Hassan, Hylton, Johnson, Kabir, Long, Miller and Shah

Councillors:

Kansagra and Maurice

Co-opted Members

Helen Askwith, Church of England Schools

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

Observers
Brent Youth Parliament
Jenny Cooper, NEU and Special School observer
John Roche, NEU and Secondary School Observer
Vacancy, NEU Primary School Observer

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

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

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

or

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

- You yourself;

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

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

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 - 10

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

5 Matters arising (if any)

6 Brent Health and Wellbeing Strategy 2022-25 11 - 30

This report outlines the emerging interim priorities of the Joint Health and Wellbeing Strategy (JHWS), including the delivery vehicles of the Integrated Care Partnership (ICP) and the Brent Health and Wellbeing Board (BHWB) governance structures. The report seeks to engage the Community and Wellbeing Scrutiny Committee input into the ongoing development of the JHWS.
**An updated version of this report was republished on 1 July 2021.*

7 Community and Wellbeing Scrutiny Committee Work Programme 2021/22Update 31 - 42

The report updates Members on the Committee's Work Programme for 2021/22 and captures scrutiny activity which has taken place outside of its formal meetings.

8 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 21 September 2021**

Guidance on the delivery of safe meetings at The Drum, Brent Civic Centre

- We have revised the capacities and floor plans for event spaces to
- ensure they are Covid-19 compliant and meet the 2m social distancing guidelines.
- Attendees will need to keep a distance of 2m apart at all times.
- Signage and reminders, including floor markers for social distancing and one-way flow systems are present throughout The Drum and need to be followed.
- Please note the Civic Centre visitor lifts will have reduced capacity to help with social distancing.
- The use of face coverings is encouraged with hand sanitiser dispensers located at the main entrance to The Drum and within each meeting room.
- Those attending meetings are asked to scan the coronavirus NHS QR code for The Drum upon entry. Posters of the QR code are located in front of the main Drum entrance and outside each boardroom.
- Although not required, should anyone attending wish to do book a
- lateral flow test in advance these are also available at the Civic Centre and can be booked via the following link: https://www.brent.gov.uk/your-community/coronavirus/covid-19-testing/if-you-dont-have-symptoms/

This page is intentionally left blank

Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Thursday 29 April 2021 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Aden, Afzal, Daly, Ethapemi, Hector, Sangani, Shahzad and Thakkar, and co-opted members Rev. Helen Askwith, Mr Simon Goulden and Mr Alloysius Frederick. ***All members were present in a remote capacity.***

Also Present (in remote capacity): Councillor M Butt, Councillor McLennan and Councillor Farah

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

Apologies for absence were received as follows:

- Councillor Shahzad gave apologies for lateness

2. **Declarations of interests**

There were no interests declared.

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 24 March 2021 be approved as an accurate record of the meetings.

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

In relation to item 8 of the minutes the Chair confirmed that the task group had met and placed sessions into diaries. In relation to item 9 of the minutes the Chair advised that James Diamond (Scrutiny Officer, Brent Council) was collating member's questions and progress would be made soon.

6. **Home Care Recommissioning Update**

The Chair invited Councillor Farah (Lead Member for Adult Social Care, Brent Council) to introduce the item for discussion. In introducing the report, Councillor Farah advised that the paper was presented to the Committee to note and see progress so far. He added that the 3 recommendations of the home care scrutiny task group from 2018 had been taken into consideration.

Gill Vickers (Operational Director Adult Social Care, Brent Council) highlighted that the recommissioning was good news as services would be place, or patch-based to support local people within their local communities. The report detailed that the Council had already achieved the providers uplift to provide the London Living Wage (LLW), had incorporated

the Unison Care Charter, and there was a regular forum for providers. The challenge faced going forward would be linking home care patches with Primary Care Networks (PCNs).

Andrew Davies (Head of Commissioning, Contracting and Market Management; Adult Social Care, Brent Council) advised that, prior to the award of the new contract for homecare, Brent had been spot purchasing homecare provision from an old West London Alliance homecare framework. The benefits of the old framework, such as providing good control of hours and costs of homecare, were set out in the report, but the Committee were advised it was a generic open framework which meant the Council were working with in the region of 70 homecare providers which was felt to be too many to get a sense of the quality of providers and develop a working relationship with providers. The aim through the new tender was to move to a place based approach for homecare and implement the recommendations from the scrutiny task group, which they had been able to do. The Committee were advised that the new homecare contracts were Unison Care Charter Compliant, paid LLW, and had less zero hours contracts for staff. The Council had appointed 14 lead providers for homecare services in Brent; 7 for older people and physical disability services; 3 for children and young people services; 2 for learning disability services; and 2 for mental health services. The new contract went live on 1 February 2021 so any new homecare package a person in Brent had needed since February 2021 had been awarded through these new contracted lead providers. Andrew Davies added that only 2 providers in the new contract were not already delivering services in Brent prior to the award so the vast majority were all known to Brent. He advised that since the contracts went live in February 2021, officers had been meeting with providers every 4 weeks to update them on implementation and make clear expectations of service delivery. Feedback from service users and providers had been very positive so far.

Continuing to introduce the report, Andrew Davies advised that from the 4 April 2021 the transfer of existing care packages had begun, which had been done a patch at a time as outlined in the report. He advised that it was very much a service user led decision to move to a new homecare provider and no care package would be transferred without the consent of the service user. The team had written to all service users explaining the reasons for the award of new contracts and the benefits of them but also giving a very clear choice of whether to transfer. Any service users who decided not to transfer would be given a direct payment to enable them to commission any care provider they wished, including their existing provider. The aim was for transfers to be completed by mid-October 2021.

The Committee were reminded that the final lot of homecare awards had not been tendered and awarded yet, which was the award to the homecare framework. This was because the impact of the COVID-19 pandemic had shown a need for greater flexibility to place more providers on that framework through lessons learnt where the capacity to keep working through the pandemic was helped by the fact there were more providers to work with. Because of this officers wanted the flexibility to increase the number of providers appointed to the framework, and work with Brent based providers where possible, offering capacity building for bidding. Four sessions would be ran with businesses through April and May 2021 with a plan to tender through August and September and appoint to the framework with a go live date of November 2021.

The Chair thanked adult social care colleagues for their introductions and invited the Committee to raise comments and questions, with the following issues raised:

The Committee queried what oversight the Cabinet Lead had over the transition into the new patch based model and how it was managed effectively. Councillor Farah advised that he was regularly informed on this. He advised that service providers ensured they worked closely with health partners and accommodated local providers who knew the local workers and wanted to sustain them and give them the right training. He reassured Committee that he regularly engaged and made sure the scrutiny task group recommendations were taken

fully into account and while the recommissioning was in the early stages he was confident moving forward.

Members of the Committee highlighted that, partly due to the pandemic, mental health issues were prevailing and asked what was being done in Brent and what work was being done with the NHS to achieve better outcomes for the residents of Brent. Councillor Farah highlighted the SMART programme that was geared towards support for people with mental health issues within adult social care. Andrew Davies reassured the Committee that mental health had played an important part of the homecare tender and the approach working with mental health service users was exactly the same as those with physical and learning difficulties and children and young people, which was very much a service user led approach. He advised that the mental health team worked with service users to determine if it was appropriate to transfer care or not, and it was recognised that the past year had been incredibly difficult for people of all ages with respect to mental health.

From a children and young people's perspective, Brian Grady (Operational Director for Safeguarding Performance and Strategy, Brent Council) advised that homecare services for families with children with disabilities had been very important, as had ensuring the emotional wellbeing of children and young people was being supported during the pandemic. For some children classed as vulnerable they may not have been able to go to school due to their vulnerability during the pandemic and therefore homecare services had been very important. Brian Grady referred the Committee's attention to some of the previous reports to the scrutiny committee that summarised in comprehensive detail how the Council had tried to ensure support to vulnerable children in particular with mental health needs. Now that the Council were in the recovery phase of the pandemic officers had been working very closely with NWL CCG on wellbeing recovery and focusing on interventions and themes that had been previously presented to Committee. Educational wellbeing was also a focus in schools. There was also Child and Adolescent Mental Health Services (CAMHS) for those with very severe clinical needs and the Council were looking to work with the voluntary sector to ensure it had good emotional wellbeing support. He expressed to the Committee that he believed the Council had the appropriate focus on that range of issues, and assured the Committee that a benefit of the commissioning process had been to promote positive care, support and wellbeing for children and families.

Robyn Doran also responded to questions surrounding mental health from her role as both ICP director for Brent and her role as Chief Operating Officer for CNWL NHS Trust, which was the provider delivering adult and children's mental health services in the Borough. She advised that from an ICP perspective, post-covid they had recognised that inequalities was a real issue. As part of the inequalities work there was a drive for extra resources in the Borough and the ICP were working very closely with the Council and third sector and other partners targeting in particular Church End and Alperton in the first instance to reach out to those not being served well by mental health services and did not know how to access services. There was also work being done with the community which was particularly important due to the loss the community had suffered. She added that of the 4 priorities of the ICP mental health was one of them. From a CNWL NHS Trust perspective, Robyn Doran advised there was a major transformation for community mental health teams. New money had come into CAMHS and primary care where 7 new primary care posts working with GPs and PCNs would be appointed to build bridges with primary care practitioners and there was a lot going on regarding transformation locally. She offered to come to the Committee at a later date with an update on mental health.

In response to Committee members queries regarding how many carers were now paid the LLW and whether they were entitled to maternity benefits, Andrew Davies reassured the Committee that every contracted provider under this contract was required to pay workers the LLW as of 1 April 2021, and that the reference in Appendix 2 to paying employees was regarding the Unison Care Charter which dated back to 2013-14 therefore was out of date.

In relation to maternity benefits, this would depend on the terms and conditions of employment with their employer and was not part of the specification or contract terms and conditions.

Discussion was held regarding specialism due to confusion over the report as to whether the Council had lost or gained specialisms. Andrew Davies confirmed that paragraph 3.4 of the report referred to the old West London Alliance homecare framework and was not the position now, with the position through the new contract being that the Council had contracted providers who had specialisms in the fields they had been appointed to. Under that old framework which was a generic open framework there were no different categorisations of care and any provider could join that framework and potentially be awarded packages whether for older people, people with disabilities or other. With the new contract officers had specifically commissioned four different elements of care and appointed providers who could demonstrate their capabilities to deliver services for each of those four specialisms and there was no overlaps. He hoped that gave the Committee assurance that those providers were firstly appointed on their ability to provide for that client group and secondly to work with the commissioning team and other teams in the Council such as the learning disability team for training opportunities to enhance the services that those needing specialist care were receiving. He added that this was not about saving money but about the Council investing into these contracts.

The Committee highlighted that out of the contracts only 2 were new to Brent with the remainder already having provided a service in Brent and queried what had changed with the new contract. They wanted to know whether under the new contract these providers were only providing to Brent and whether care workers were limited to serving only one patch. Andrew Davies advised that under the previous system a care provider could have, for example, 10 care packages in Brent with some in Kenton, some in Kilburn, and so on, with a small number of care workers expected to travel right across the Borough to deliver services. The new patch based model concentrated those providers into much smaller confined geographical areas of the Borough, enabling providers to plan routes and rotas to keep care workers within those areas, and gave care workers more guarantee of care hours or indication of the hours they were likely to be delivering each week, which had been less possible to do when spot purchasing on the previous framework. He added that the new model helped keep care workers employed locally meaning they were more likely to be sustained in Brent. Andrew Davies did acknowledge that there was no guarantee care workers did not have 2 jobs. In relation to areas the providers serviced, he confirmed that they did provide services in other boroughs with registered officers in other boroughs and a different set of workers to deliver that care.

Regarding the final contract yet to be appointed to the homecare framework, Andrew Davies informed the Committee that officers were yet to determine the exact number of providers that would be appointed. The view was that more than 8-10 as originally envisaged would need to be appointed due to capacity needed in the market after lessons from the pandemic to keep a viable homecare market. The way the Council appointed to that framework was still to be determined, and he would be happy to update the Committee as officers came forward with proposals for the tender of the backup framework as they were finalised.

In relation to the financial viability, Andrew Davies confirmed it was a fully costed model and not a pilot, with the Council making the investment into the contracts. The model would be the approach for the next 4-5 years.

The Committee raised the importance of culturally competent care from providers, and asked how the Council would deal with the quality assurance of independent providers. The Committee asked for the answer to also focus on those living in their own homes with Dementia and Parkinson’s disease. In relation to the consistency of care workers for

service users with Dementia and Parkinson's disease, Andrew Davies advised that this could be improved with the new contracts through the better guarantee of hours, enabling care agencies to plan rotas, routes and care workers. He added that while dementia was a specialism it was also a part of the day to day of care work as the majority of those older people receiving homecare services did have some form of dementia. In relation to cultural competency he advised that the vast majority of homecare workers in Brent lived in and around the Borough and were reflective of Brent's diverse communities which helped to meet the cultural needs of the individuals they worked with. It was rare that the Council had received feedback that a provider had been unable to do that, although they were aware of areas that could be improved upon such as recruitment of more male carers. Quality assurance he felt was crucial to this and within the commissioning service there were 2 supplier relationship managers and 4 provider relationship officers who looked at quality assurance including the payments of the LLW, minimum use of zero hours contracts, ensuring consistency of care workers and other aspects that were worked into the service specification. He advised that a really important part of quality monitoring was ensuring the services were client led, and officers did reviews with service users to get direct feedback from them, looking at complaints and quality concerns that came through that process to build up a picture of the quality of care being delivered. Ensuring there was a tangible link between a care plan and the outcomes being expressed when setting up care plans and what was being delivered by care agencies was important. Finally he added that homecare providers had been appointed because of their specialisms and officers were looking at training opportunities for the providers and seeing how they could best ensure care workers were using best practice and the latest techniques working with those people.

Councillor Farah summed up the oversight and assurance he sought in relation to service users and carers, advising that the contract was in its early stages and issue monitoring was important when dealing with external providers with their own arrangements. It was important to the Council that there were clear outcomes moving forward.

The Chair drew the item to a close and invited the Committee to make recommendations, with the following RESOLVED:

i) To note the report.

ii) To request that the Committee was provided evidence that the London Living Wage was being paid to all care workers under the new contract.

iii) To request that information was provided to the Committee in the future regarding additional efforts made to meet the cultural needs of those receiving homecare services.

iv) To ensure that in future reports to the Committee the mental health needs of children and young people are being addressed as part of the report.

7. New Accommodation for Independent Living (NAIL) Update

Gill Vickers (Operational Director Adult Social Care, Brent Council) introduced the report, noting that New Accommodation for Independent Living (NAIL) was a good example of the choice residents had on offer and was seen as good practice. She highlighted that NAIL was a good model for supporting people with a range of different needs from complex to lower level needs to ensure they have the best possibility to live independently. The Committee heard that COVID-19 had slowed down the Council's ability to move people but the positive was that people were beginning to recognise living in residential care was not

necessarily what they wanted and would be seeking something that would allow them to be more independent while still having a level of support going forward.

Andrew Davies (Head of Commissioning, Contracting and Market Management; Adult Social Care, Brent Council) explained that the NAIL programme had been running in Brent within Adult Social Care since 2014 as its accommodation and support programme. He advised that the Council had a whole host of supported living and extra care services for people with disabilities which gave a real choice and control over care and support. The way the programme delivered savings to the Council was that those who lived in NAIL accommodation were tenants and therefore the housing part of their care package was paid for through housing benefits. Those principals were set out in the report and in section 4 which detailed the savings made year on year. The Committee heard that when the COVID-19 pandemic hit in March 2020, and throughout the course of 3 lockdowns, the Council had been unable to move anyone into NAIL due to safety and ensuring risk management, and a number of NAIL schemes had not been able to open as planned because the staff were not in place to help people move in at the time. Andrew Davies highlighted that despite the difficulty during the pandemic, during the periods that adult social care were able to operate as normal they had managed to increase NAIL occupancy by 9% across the year. In addition, during the pandemic while nobody was able to move in to NAIL schemes, those schemes that had not been mobilised or opened were used as COVID-19 step down services for people coming out of hospital but not yet able to return home. In terms of moving forward for the next year, Andrew Davies highlighted table 2 of the report showing the schemes delivered in 2020-2021 which the Council were committed to delivering. There would also be a need to look again at the demand moving forward. Areas of focus were detailed in table 5.6 of the report and the extra care model of care was being reviewed as in earlier stages of NAIL the threshold for care had been set relatively high to be eligible for an extra care housing scheme, which was now being reduced to improve and broaden the number of people eligible for those schemes to create more mixed communities. This would also pre-empt the need to move someone later in their life as their care needs increased rather than moving them at a point of crisis.

In relation to the shortfall of savings, Gill Vickers advised that the scheme was not just about savings, but a key issue for people was to have their own home and with support coming in it was the second best option for independent living compared to being looked after in their own home. Committee members asked whether there was a conflict of balancing the expectation of needs against savings. Gill Vickers replied that it was less about cost and more about getting the right support for a person's needs and receiving personalised care, which was more difficult to do in residential care compared to independent living. NAIL and extra care were just one option available at the point of a personalised assessment of many options including staying in their own home, with family, staying in a care home or nursing home, or going into NAIL. Phil Porter (Strategic Director Community Wellbeing, Brent Council) added that the Council had started a very ambition programme ahead of other local authorities and hoped the Committee could see from the strong pipeline coming through that the Council would eventually make those savings in the longer term. The scheme had provided a big learning process and he advised it had taken 3-4 years to get to a model with a really strong design working with the housing supply team. The timeline to catch up with the savings target was end of 2023-24.

Continuing to discuss the shortfall of savings, the Committee highlighted that the table showed some projects fell short pre-covid and queried why that was. Andrew Davies believed this was due to Visram House which had been delayed a few years from its scheduled open in 2017 until April 2019. There had also been a need to conduct significant renovation post Grenfell to ensure the building was safe.

Andrew Davies also spoke about developing the market to tailor to specific needs. He advised that for each NAIL scheme detailed in the report a care provider had been

appointed to deliver services to people living in those schemes, building their services around the cohort of people in the schemes. The Council then worked with the care market to put together a service specification and would encourage service providers to bid to deliver those services and design care packages around those individuals in NAIL schemes. The individuals in the schemes, which were staffed 24/7, still had a choice on how their care was delivered as providers were appointed to provide core services for a certain number of hours per week, meaning the individuals who moved into those NAIL schemes could mix and match their care package and tailor it to best suit their needs in a way that was not possible with residential or nursing care.

Responding to further queries about client choice, Gill Vickers confirmed that clients did have a choice which NAIL they would live at and the Council would never enforce where people lived.

In relation to whether there was consideration of how neighbours may perceive those people with more challenging mental health needs, such as those with a diagnosis of schizophrenia, Gill Vickers advised that there may be other people who did not understand and may see those exhibiting behaviours associated with schizophrenia as challenging or frightening, but for Brent Council it was really important those people were part of the community and contributing to it and being supported by it. She advised there was a constant balance of ensuring Brent had mixed communities offering that kind of supported living and also the sensitivity to disruption to people's lives.

The Committee highlighted the details on the proposed number of schemes over the next few years and asked whether that was based on demand and projections of what the demographics would be in a post-COVID environment. The Committee heard that originally the proposals were based on demand determined through the Joint Strategic Needs Assessment but COVID-19 had changed things so there would be a review. She advised this review would focus on where the schemes would go, how big they would be, and whether they would be mixed communities. Andrew Davies added that with a programme this large running over 10 years reviewing progress and plans for the future irrespective of COVID-19 would be sensible, and some of the demand projects within the report to Committee was very much based on issues being seen now. For example services for people with learning disabilities, autism and complex needs was something the Council had identified there was a need for therefore was determined to progress with. Extra care services demand figures would be reviewed from time to time using a combination of Brent Adult Social Care data and broader population projections, working with colleagues in corporate, GIS planning and mapping to get rich data to bring together an accurate picture of demand.

The Committee heard in response to queries about the role service users and their families would play in service delivery that their appetite for NAIL would be assessed and they would be informed of their options and the benefits of their options. With NAIL adult social care were trying to put together cohorts of similar need and ages to plan services around them and give a better experience through NAIL. James Pearce (Head of Service for Complex and Direct Services, Brent Council) added that a huge percentage of Brent residents had been significantly affected by COVID-19 over the past year which may have resulted in a change of need, meaning the interventions the Council made now would be pivotal and having a menu of services to offer would be helpful.

As there were no further questions, the Chair thanked Committee and invited recommendations, with the following recommendations RESOLVED:

i) To note the contents of the report.

8. **Day Services and COVID-19**

Gill Vickers (Operational Director Adult Social Care) introduced the report. The Committee were advised that any day service provision started with an assessment of the individual and how their needs could be supported, looking at whether some form of day support needed to be commissioned through an independent provider, direct payments or a community support package. Adult social care were beginning to look at shaping the market to be clear all providers needed to be responsive and accessible to all groups of residents within Brent.

The Committee heard that during the pandemic all providers worked with social care teams where they had to shut buildings and looked at priority needs and how they could deliver through follow up phone calls, virtual working, and where permitted meeting outdoors to balance that need for occupation and mental wellbeing against safety from COVID-19.

James Pearce (Interim Head of Service for Complex and Direct Services, Brent Council) highlighted the immense challenge of the last year from March 2020. A decision had been made in March 2020 in line with the majority of London boroughs and across the country to shut building bases of day centres down which had planning implications for how to provide day services to those in receipt. This was in line with Public Health England guidance. He advised that the report outlined a narrative of what was done during the year to try to enable and ensure maintenance of those clients and family members. He added that generally clients and family members were strongly in agreement with the actions taken particularly during the first lockdown as the cohort were some of the most vulnerable in society and subject to the highest risk of outcome were they to contract COVID-19. Alternative methods to enable and support clients were put in place after a period of planning, including welfare calls at least weekly. An integral part of keeping in touch was identifying where people were struggling and needing additional support such as food supplies, activity and physical support, so work was often done in collaboration with colleagues from the learning disabilities team to arrange further support.

The Committee heard that opportunity to consider a digital and virtual response was realised, particularly for those with significant isolation, so activity packs were developed and online sessions were delivered with a number of areas where that had been effective managed and were still functioning still.

James Pearce advised that the team had also began looking at co-production with independent providers of day care to ensure what was being offered was aligned with the Council offer, directly involving staff and visiting other services to see how they were working.

The Chair thanked adult social care colleagues for introducing the paper and invited those present to ask questions, with the following issues raised:

The Committee asked for assurance that independent advisers who provided culturally appropriate support would not be decommissioned if they had an unsuitable building. James Pearce advised that their challenge was to make buildings usable and viable. Andrew Davies added that it was not the intention of the Council to recommission services without buildings and was not a conversation that had taken place with any independent day care providers. The Council respected the roots community providers had in the Borough and agreed they needed to support and work with providers across the cultural spectrum.

Andrew Davies confirmed that there was no intention to only guarantee payments to independent care providers until the end of June 2021, and the Council intended to work with day care providers and support them to reopen their services as well as help build their offer going forward through things such as virtual working and outreach. He

highlighted that the Council had been paying independent day care providers on commissioned hours and services throughout the pandemic since March 2020 and at some point the Council would need to revert back to paying on actual delivered service but no decision had been made as to when that would be.

The Committee asked for a comment about the implications of the new model of delivering independent healthcare and whether independent providers would be expected to take more critically ill patients. Andrew Davies advised that there would be no requirement for independent day care providers to work with critically ill people but there had been several conversations with day care providers explaining that the people adult social care worked with did have complex needs and the reality was that the people day care providers would work with today had more complex needs than 15 years ago as a result of people living longer and comorbidities, therefore the Council did need day care providers who could work with a whole range of needs including complex needs.

The Committee asked what alternative structures were put in place as a result of the pandemic for more elderly day care users who may have been in isolation due to vulnerability to covid. James Pearce advised that day services continued to provide those services they would have usually in a different capacity for those who benefited from coming to services during the day and was not a 24/7 provision but rather enabled people to cope with isolation better as some elderly service users refused their home care services on the basis of the risk of COVID-19. He advised that the IT offer worked well for some, particularly if they had a carer to support the use, but it was not for everyone and often day care services were making alternative arrangements for additional support for those people while being aware of the risks of COVID-19.

Members of the Committee expressed that the welfare calls by day services were especially good for the elderly and those unable to leave their homes, and suggested those were continued even if day centres returned to physical services. Some Committee members felt that the support offered during the pandemic met the basic hierarchy of needs around physiology and safety and felt it likely that complexity of needs as a result of those who might have been deprived of those services might be much higher. James Pearce advised that work was already underway to identify those who the Council felt were most vulnerable and only got the very basics in the past year who may now need something major very quickly in terms of support. He added that day centres had already resumed the activities it was able to such as outside activities in small groups and it would as the next phase of lockdown easement would resume a pilot in direct services which was hoped would move safely and quickly.

The Committee asked what had been learned through the pandemic about service users. James Pearce expressed that they had learnt that service user's fortitude and ability to carry on in these circumstances had been underestimated. The service had learnt to harness the situation as an opportunity, for example they had learnt that one service user with particular needs who struggled to utilise the building usually was far happier doing activities outside, and so listening to the service users would be key going forward. Whatever the service did going forward needed to prepare it for anything more to come to ensure the service could survive. In terms of co-production, James Pearce advised that work was happening with external day care providers and in-house direct services looking to collaborate across the borough to help each other, and in terms of carers and service users the service worked with the carers Board, dementia steering group and other groups actively to understand from their experience. Andrew Davies added that they were designing services working with service users and their families directly on what services would look like in the future. In the past year services and offers had been combined in a way that hadn't been done in the past and there was a wish to keep that moving forward into the future. Gill Vickers added that it was important to also get the views of the communities that the service had not yet been able to engage with.

The Chair moved on to invite Committee members to make recommendations, with the following recommendations RESOLVED:

i) In relation to the questions sent by Councillor Mary Daly, a response from Adult Social Care and Commissioning would be finalised to be shared with the Committee and where possible shared in the public domain.

ii) To invite a further report in 6-9 months on the performance of day care services.

9. **Any other urgent business**

None.

The meeting closed at 8:00pm

COUNCILLOR KETAN SHETH
Chair

Brent	**Community and Wellbeing Scrutiny Committee** 8 July 2021
	Report from the Strategic Director for Community and Wellbeing

The emerging Joint Health and Wellbeing Strategy (JHWS), Integrated Care Partnership (ICP) delivery vehicles

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	2 Appendix 1– ICP delivery vehicles and governance Appendix 2– JHWS infographics
Background Papers	N/A
Contact Officer(s): (Name, Title, Contact Details)	Melanie Smith - Director of Public Health melanie.smith@brent.gov.uk Angela d'Urso - Strategic Partnerships / Policy and Scrutiny Manager angela.d'urso@brent.gov.uk

1.0 Purpose of the Report

1.1 This report outlines the emerging interim priorities of the Joint Health and Wellbeing Strategy (JHWS). It also outlines delivery vehicles of the Integrated Care Partnership (ICP) and the Brent Health and Wellbeing Board (BHWB) governance structures (see Appendix 1).

1.2 The report aims to bring into focus the changing landscape in health and seeks to engage Community and Wellbeing Scrutiny Committee input into the ongoing development of the JHWS, with a focus on the interim emerging priorities.

2.0 Recommendations

2.1 To note the work so far to develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and to note the emerging interim priorities currently in stage two consultation.

2.2 To provide any strategic input to the JHWS development process and the emerging interim priorities.

2.3 To note the delivery mechanisms of the Integrated Care Partnership Executive Committee (ICPEC), and the membership and priorities of the four executive groups.

3.0 Detail

Background

3.1 Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population. HWBs have a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population. The **Brent Health and Wellbeing Board** (BHWB) has responsibility for this duty.

3.2 The Brent Health and Care Plan 2017-21 was agreed by the BHWB in 2017. It has nine priorities:

- Helping people stay well, in mind and body
- Helping those disproportionately affected by cancer, heart disease and respiratory illness
- Making the management of long term conditions more consistent
- Making sure residents can access the services they need at a place and time that best suits them
- Helping those in the latter stages of their lives live with dignity
- Improve life expectancy for those with serious and long term mental health needs
- Protect the mental and physical health and wellbeing of children and young people across the borough
- Universal access to consistently high standard of care
- Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed

3.3 The Plan also had six 'big ticket items', as follows:

- Joined up services helping residents get well and stay well
- New models of care – greater access to more effective services
- Joining up older people's services
- Improving outcomes for people with mental health illness
- Transforming care – supporting people with a learning disability
- Make Central Middlesex Hospital a centre of excellence

3.4 In July 2019, work began to refresh the plan, along with the JSNA. Work was paused when the Covid19 pandemic hit.

The Emerging JHWS

3.5 At the October 2020 BHWB meeting, the BHWB agreed that in the context of the seismic changes and fundamental issues exposed by the pandemic, a fundamental rewrite of the **Joint Health and Wellbeing Strategy** (JHWS) was required. The BHWB also agreed the focus of the JHWS should be a whole systems approach to tackling health inequalities and wider determinants of health inequalities, as exposed and exacerbated by Covid19. The BHWB also gave clear instruction that the JHWS must be developed with communities, and that consultation throughout the development process was critical.

3.6 Officers developed the detailed project plan based on the discussion and agreement at the BHWB 20 October 2020 meeting.

3.7 A strategy development working group was established. Nominated officers from across the BHWB partners attend. The group meets monthly and is responsible for the delivery of the project plan. Activity has included:

- Developing a project plan and securing sign off from the BHWB.
- Reviewing the JSNA, creating a Covid19 chapter and commencing a fundamental refresh of the JSNA, with a new methodology and approach, in line with the scheduled publication dates of the JHWS. Our new approach will have an explicit focus on ethnicity, deprivation and disability and on the wider determinants of health and the outcomes achieved by commissioned and provided partner services.
- Reviewing key relevant national publications e.g. The King's Fund 'The Health of People from Ethnic Minority Groups in England' and 'Build Back Fairer: The Covid19 Marmot Review' produced by the University College London Institute of Health Equity and commissioned by the Health Foundation.
- Designing the first and second phase of consultation and engagement, and analysis of emerging findings.
- Identifying other relevant consultation and engagement that can add value to the prioritisation and strategy development process, for example the lived experiences gathered as part of the Poverty Commission and community voice as part of the Brent Health Matters programme.

Stage one consultation

3.8 For the first stage of consultation, Healthwatch was commissioned to consult with our most vulnerable, seldom heard communities and those most impacted by health inequalities. Essentially communities were asked three key questions:

- What were the inequalities they experienced that impacted on their health and wellbeing
- What they thought were the drivers of those inequalities
- What they thought could be done about it – across communities and services

As part of the first phase of consultation, officers worked with Healthwatch to develop a survey and virtual roadshow approach, as well as data analysis mechanisms.

3.9 The Healthwatch consultation took place during February 2021, with an online and physical survey distributed to target audiences and six virtual community roadshows held. Healthwatch targeted the consultation through their networks – the aim was to speak to those who were most affected by health inequalities, the most vulnerable and those who were seldom heard.

3.10 Key findings from the roadshows were:

- There is a strong focus on wellbeing, with consultees considering the role of strategic partners to be one of supporting people by making self-care easy. There were a number of ideas around how this could happen, but the most frequently heard priorities were:
  - Improving access to reasonably priced fresh fruit and vegetables (not from a supermarket)
  - Decreasing unhealthy food availability e.g. fast food outlets on High Streets
  - Improving access to high quality green space, with desires for community gardens, more allotments and improving accessibility to green spaces
- Young people and the impacts of the pandemic upon them is a clear priority for many, with concerns about their mental health needs, now and into the future
- Active volunteers and community groups are well connected in their areas, but there is a job to do in how we engage to connect to those who need information, advice and guidance the most

3.11 There was a differential between how people describe their priorities for health and wellbeing and the language used in the health and wellbeing sector. For example, people did not describe tackling obesity as a priority, but they did describe wanting

access to healthier foods, improved community facilities and green spaces to exercise in. This will be reflected in the development of the JHWS and our activity.

3.12 Responses identified barriers that people feel prevent them from effectivity accessing services and opportunities. These included time, financial resources, other responsibilities e.g. as a primary carer, digital exclusion and language (including technical language).

3.13 The Brent Health Matters Time to Talk event also provided a number of key insights:

- We need to rethink how we are seeking to connect with the community (particularly in relation to young people and older, frail people), and we need to allow the time and space for genuine co-production.
- There is clear feeling that people with disabilities have been profoundly impacted by the Covid-19 pandemic and this is a key group affected by health inequalities.

3.14 There has also been input from key steering groups that is relevant in the development of the emerging priority areas, for example the need to ensure an effective focus on children, young people and families weaved throughout the whole strategy.

3.15 In April 2021, the BHWB agreed the following interim emerging priority areas to take forward to the next phase of consultation:

- Ensuring a healthy standard of living for all, and making the healthy choice the easy choice
- Create and develop healthy and sustainable communities and places
- Strengthen the role and impact of ill health prevention, including mental health
- Working to ensure a rapid recovery of the system and its workforces, including a better, more consistent use of data to ensure we meet the needs of all service users
- Ensuring those who need services are able to influence how they work, and that they are able to access them when they need them

The BHWB agreed that children, young people and families are embedded within these priorities, rather than considered as a separate priority.

3.16 The BHWB also noted that wider determinants such as creating fair employment and improving access to high quality housing emerged as inequalities that people state impact upon their health and wellbeing. The BHWB agreed this insight is shared into the relevant key council strategies e.g. the Poverty Commission delivery plans, and the BHWB would take steps to ensure these plans address the needs identified.

<u>Stage two consultation</u>

3.17 Given the insight around shared language uncovered in the stage one consultation, the emerging interim priorities were reworked by the strategy development working group to take forward to Stage 2 of the consultation as follows:

- Healthy lives (ensuring the healthy choice is the easy choice)
- Healthy places (creating and developing sustainable communities and places)
- Staying healthy (ensuring people can practise self-care, and know where and how to get the help they need when they need it)
- Healthy workforces (ensuring our workforces and systems recover rapidly post pandemic)
- Healthy ways of working (ensuring people can influence the design of the services they need or access, and ensuring our data is fit for purpose)

Further detail on the emerging interim priorities is contained in Appendix 2. These infographics (and an easy read version) have been produced to support the stage two consultation.

3.18 Stage two of the consultation is essentially seeking to understand stakeholder and key community group opinion of the interim emerging priorities, focused on the following questions:

- Have we interpreted what people told us in stage 1 correctly? Have we missed anything?
- Do the priorities make sense for you/those you care for/your client groups?
- If they are correct, what can we – services and communities – contribute to these priorities?

3.19 Healthwatch and officers will be consulting throughout June and into July. Stage two consultees include partners, key external and internal forums, and key community and voluntary sector groups, for example:

- Safeguarding partners
- Voluntary and community sector partners, e.g. Thematic Leads Group
- Forums including the Disability Forum, Care Leavers' In Action and Brent Health Matters Community Champions network

We are working closely with BHWB members to ensure effective engagement across the system.

3.20 Consultation is through a variety of mechanisms, including specific workshops and sessions e.g. at the Youth Summit. An all members session is being organised and the Community and Wellbeing Scrutiny Committee is providing pre-policy input at this meeting. A digital survey was launched in June. Emerging findings will be presented to the BHWB in July.

3.21 As part of stage two, a Brent Council Senior Management Group (SMG) session was held in June to discuss health inequalities and how the council can work to maximise impact in this area. Officers have followed up the session with offers to attend team meetings. Given the nature of the emerging priority areas, the membership of the strategy development working group was expanded, and there is now representation from all council departments.

<u>The JSNA and other data</u>

3.22 A partnership workshop has also taken place on our approach to developing a JSNA to be published alongside the new JHWS, which is scheduled to be published by the end of 2021. The JSNA will identify the key inequalities affecting in key thematic areas in line with the emerging priorities, specifically through the lenses of ethnicity, disability and deprivation. Working groups for each thematic area are being established, and there is representation from all council departments and BHWB partners. Highlights from the emerging JSNA are show in the infographics attached in Appendix 2.

3.23 As part of the JHWS development process, officers have also reviewed national literature and evidence. A key report has been the Health Foundation commissioned report by UCL Institute of Health Equity to investigate how the Covid19 pandemic has affected health inequalities in England. The 'Build Back Fairer: The Covid19 Marmot Review' highlights the inequalities in social and economic conditions before the pandemic that contributed to the high and unequal death toll. Priorities in the Marmot review include:

- Give every child the best start in life
- Create fair employment and good work for all
- Ensure a healthy of standard of living
- Healthy and sustainable places and communities
- Strengthen role and impact of ill health prevention

The Marmot review findings reflect the findings of our local consultation.

Next steps

3.24 Following on from stage two consultation, a draft strategy will be produced. This will then go forward to stage three universal consultation, which is scheduled to commence in the autumn. A final strategy and delivery plan will then be developed for agreement by the Cabinet and the BHWB.

3.25 The JSNA and JHWS will be published together. Officers are working towards a publication date at the end of 2021.

3.26 The new JHWS will inform the priorities and work of the Integrated Care Partnership (ICP) and council. The structure of the Brent ICP and governance links are outlined in Appendix 1.

4.0 Financial Implications

4.1 In terms of the JHWS development, there are resource implications for both Brent Council and Brent NHS CCG in terms of officer time and engagement work with the public. The latter is unlikely to be significant and can depend on getting support from partners in kind. It is anticipated that any associated costs will be funded from the existing budgets.

5.0 Legal Implications

5.1 The duty in respect of Joint Health and Wellbeing Strategies (JHWSs) is set out in s116A of the Local Government and Public Involvement in Health Act 2007, as amended. In addition, the Health and Social Care Act 2012 places a duty on local authorities and Clinical Commissioning Groups (CCGs) to develop a Health and Wellbeing Strategy to take account of, and address the, challenges identified in the Joint Strategic Needs Assessment (JSNA). Pursuant to the Care Act 2014, the Council has a duty to ensure a clear framework is developed to meet its wellbeing and prevention obligations under the Care Act.

5.2 The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (Statutory Guidance) 2013 states "*Health and Wellbeing boards will need to decide for themselves when to update or refresh JSNA's and JHWS's or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however, boards will need to assure themselves that their evidence-based priorities are up to date to inform the local commissioning plans*".

5.3 In preparing JHWSs and JSNAs, Health and Wellbeing Boards must have regard to the guidance issued by the Secretary of State, and as such, boards have to be able to justify departing from it.

6.0 Equality Implications

6.1 Health and Wellbeing Boards must also meet the Public Sector Equality Duty under the Equality Act 2010. S149 of the Equality Act 2019 provides that the Health and Wellbeing Board must, in the exercise of its functions, have due regard to the need to:

a) Eliminate discrimination, harassment and victimisation
b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

6.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

6.3 The Statutory Guidance states "*this is not just about how the community is involved but includes consideration of the experiences and the needs of people with relevant protected equality characteristics (as well as considering other groups identified as vulnerable in JSNAs) and the effects decisions have, or are likely to have on their health and wellbeing*".

Report sign off
Phil Porter
Strategic Director Community Wellbeing

This page is intentionally left blank

Appendix 1

The Integrated Care System and local governance arrangements

1.1 On 11 February 2021, the Department of Health and Social Care published the White Paper 'Integration and innovation: working together to improve health and social care for all, which sets out legislative proposals for a Health and Care Bill. The White Paper groups proposals under the following themes:

- Working together to integrate care
- Reducing bureaucracy
- Improving accountability and enhancing public confidence
- Additional proposals to support public health, social care, and quality and safety

1.2 At the heart of the changes is the proposal to establish Integrated Care Systems (ICS) as statutory bodies in all parts of England. ICSs will be made up of two parts – an 'ICS NHS body' and an 'ICS health and care partnership'. The dual structure is a new development and recognises the two forms of integration that are needed to adopt a population health approach aimed at improving the health and wellbeing of local populations: integration within the NHS (between different NHS organisations) and integration between the NHS and local government (and wider partners).

1.3 The ICS health and care partnership will be responsible for developing a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities will be required to 'have regard to' when making decisions. The membership of the partnership and its functions will not be set out in legislation – instead, local areas will be given the flexibility to appoint members.

1.4 The White Paper also recognises the importance of 'place', which is a smaller footprint than that of an ICS, often that of a local authority. This is the Integrated Care Partnership (ICP) level. The Department states that it has decided against giving place a statutory underpinning although it is explicit that there will be an expectation that ICS NHS bodies delegate 'significantly' to place level. The development of place-based partnerships will therefore be left to local determination, building on existing arrangements where these work well.

1.5 ICSs will be expected to work closely with Health and Wellbeing Boards and required to 'have regard to' Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. The future of Health and Wellbeing Boards in terms of any statutory changes introduced by the Health and Care Bill is currently unknown.

1.6 The new structures for collaboration and integration will be supported by a range of other measures, including:

- A duty to collaborate across the NHS and local government
- A shared duty on all NHS bodies to pursue the 'triple aims' of the NHS Long Term Plan (better health and wellbeing, better quality health care and ensuring the financial sustainability of the NHS)
- A duty on NHS trusts and foundation trusts to 'have regard to' the system's financial objectives
- The legislation will also be amended to assist organisations by enabling decisions to be taken by joint committees and to facilitate increased 'collaborative commissioning' across different footprints, for example, by enabling NHS England to share some of its direct commissioning functions with ICSs.

1.7 The Government has indicated that the Health and Care Bill would be prioritised, with a plan for changes to be implemented in 2022. This changing landscape provides the context for this paper and decision making within.

The North West London Integrated Care System (NWL ICS)

1.8 The NWL ICS is already functioning in shadow form and many of the structures that have been set up under the single CCG arrangements will prepare the system well for the anticipated legislative changes. The NWL ICS is led by an independent Chair and an interim Chief Executive has been appointed. The ICS is likely to be coterminous with the North West London borough boundaries currently in existence. The ICS is expected to come into force in a statutory sense by April 2022.

1.9 New operational guidance was issued in March 2021 and confirms the priorities of the ICS to be:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development.

The NWL ICS current priorities are:

- Recovering elective care and addressing the backlog of other unmet care needs
- Strengthening out of hospital care, with focus on prevention and management of long term conditions and improving outcomes for people with mental health needs, learning disabilities and autism
- Improving the workforce experience, best use of estate and driving innovation
- Ensuring fair allocations of resources

The Integrated Care Partnership Executive Committee

1.10 The **Integrated Care Partnership Executive Committee** (ICPEC) (formerly known as the Quartet) is the place-based partnership for Brent within the NWL Integrated Care System (ICS). The ICPEC meets fortnightly, and leads on the integration of the health and social care system. Members are:

- A Strategic Director representing Brent Council
- A Director of Mental Health Services (the Independent ICP Director)
- A Director representing Community Health Services
- A Director representing local acute services
- Clinical Chair of Brent area CCG

1.11 The ICPEC has set its priorities and established four further executive groups as follows:

- Health inequalities and vaccination
- Primary Care Network (PCN) development
- Community and intermediate health and care services
- Mental health and wellbeing

1.12 The executive groups oversee the integration of the health and care systems in their area of focus, with the following aims:

- System recovery post Covid19
- To provide senior operational oversight over key programmes relating to joint programmes of work between the council and NHS partners
- To monitor the progress of key milestones and actions across joint programmes
- To oversee the allocation of resources for joint programmes, and advise when reallocation is required.
- To provide a key point of escalation for joint programmes, and escalate risks and issues to the IPCEC if required
- To assimilate and appraise proposed interventions for joint programmes
- To manage the brokerage of dependencies for joint programmes when escalated

Executive groups

1.13 The **health inequalities and vaccination executive** (HI&VE) will initially focus on the following priorities:

- Increasing the take up of vaccination and testing amongst BAME and disadvantaged communities
- Increasing engagement, utilisation and awareness of services in communities
- Reducing variation of impact from long term conditions between communities

1.14 The membership of the HI&VE is as follows:

- MC Patel (Co-Chair), Borough Clinical Lead
- Robyn Doran (Co-Chair), Chief Operating Officer, CNWL
- Shazia Hussain, ACE, Brent Council
- Martin Kuper, Medical Director, LNWH
- Ralph Elias, Head of Planning, LNWUHT
- Melanie Smith, Director of Public Health, Brent Council
- Tom Shakespeare, Director of Integration, Brent Council
- Isha Coombes, Programme Director, NWL CCG
- Philippa Galligan, Director, CNWL
- Subash Jayakumar, GP
- Janet Lewis, Director of Operations, CLCH
- Judith Davey, Healthwatch

1.15 HI&VE meets monthly. Terms of reference (ToR) have been drafted and agreed.

1.16 The **PCN development executive** (PCNDE) has as its priorities the following:

- Supporting development and maturity of PCNs and empowering them to innovate and be proactive in delivering services to meet population health needs
- Ensuring variations in care are highlighted and addressed at the earliest opportunity with relevant infrastructure to improve health outcomes
- Support PCN leadership development
- Ensure resilience and self-sustainability of PCNs and PCN practices in delivering primary care services in line with national and local directives

1.17 The membership of the PCNDE is as follows:

- MC Patel (Co-Chair), Borough Clinical Lead
- Janet Lewis (Co-Chair), Director of Operations, CLCH
- Jonathan Turner, Borough Director, NWL CCG
- Fana Hussain, Assistant Director of Primary Care, NWL CCG
- Dr John Licorish, Public Health Lead, Brent Council
- Dr Sadiq Merali, clinical representative
- Dr Dhanusha Dhamarajah, clinical representative
- PCN managerial leads

1.18 PCNDE meets monthly. Terms of reference (ToR) have been drafted and agreed.

1.19 The **community and intermediate health and care services executive** (CIHCSE) is focused on the following priorities:

- Improving the coordination and alignment of community and intermediate health and care services
- Establish clear interface between PCNs, community services and council services, including addressing the challenges of cross border service provision in North West London

- Evaluate impact of Covid19 on community health and intermediate care services, and establish joint programme of work to improve services and pathways in response
- Establish and embed a core minimum standard and offer to care homes, including sufficient care home capacity and infrastructure

1.20 The membership of the CIHCSE is as follows:
- Janet Lewis, Director of Operations, CLCH (Co-Chair)
- Simon Crawford, LNWHUT (Co-Chair)
- Isha Coombes, Programme Director, NWL CCG
- Jonathan Turner, Borough Director, NWL CCG
- Gill Vickers, Interim Director Adult Social Care, Brent Council
- Tom Shakespeare, Director of Integration, Brent Council
- Marie McLoughlin, Public Health Lead, Brent Council
- Basu Lamichhane, Chair of Care Homes Forum
- Dr Dhanusha Dharmarajah, PCN Director, Brent
- Jo Kay, Healthwatch

1.21 CIHCSE meets monthly. Terms of reference (ToR) have been drafted and agreed.

1.22 The **mental health and wellbeing executive** (MHWE) current priorities are:
- Increase engagement, utilisation and awareness of mental health support services in communities
- Reduce variation in mental health care and support for the local Brent communities
- Support people with mental illness to access employment opportunities
- Ensure housing and accommodation provision is accessible and reflects identified needs locally
- CYP/Transitions – ensure the additional needs and identified gaps as a direct result of the pandemic are addressed and aligned to the Children's Trust Board priorities
- Align identified areas of mental health inequalities from this work stream to HI&VE

1.23 The membership of the MHWE is as follows:
- Robyn Doran (Co-Chair), Chief Operating Officer, CNWL
- Phil Porter (Co-Chair), Strategic Director Community and Wellbeing, Brent Council
- Sarah Nyandoro, NWL CCG
- Philippa Galligan, Director, CNWL
- Dr Nigel De Kare-Silver
- Dr Mohammad Haidar
- Danny Maher, VCS representative
- Marie McLoughlin, Public Health, Brent Council
- Brian Grady, Children and Young People, Brent Council
- Ala Uddin, Employment Lead, Brent Council

1.24 The MHWE meets monthly. Terms of reference (ToR) have been drafted and agreed.

1.25 The health and care transformation team are responsible for programme management support to the executives. All groups have agreed to review their ToRs at six monthly intervals to ensure they remain relevant and up to date.

1.26 The ICPEC executive groups have a clear focus on adults, with some focus on transitional arrangements. This recognises the successful Brent Children's Trust (BCT) in place, and links have been made across the work programmes of the ICPEC and the BCT (the Independent Director of the ICPEC attends the BCT to provide system accountability) and whole system oversight is considered by the Integrated Care

Partnership Board (ICPB) (formerly known as the Septet). The BCT may require change to ensure collaboration as may be prescribed in the emerging legislation. Details of the ICPB are covered in a subsequent section.

1.27 Healthwatch provide key input at the executive group level as representatives of patient and community voices. Healthwatch is not involved in the ICPEC or ICPB in order to preserve their independence and ability to provide challenge and scrutiny at the BHWB, of which they are a statutory member. Should statutory duties change in the new health and care legislation, the role of Healthwatch can be reviewed.

The Children's Trust

1.28 The **Brent Children's Trust** (BCT) is a statutory strategic partnership body made up of commissioners and key partners. The primary functions of the BCT include commissioning, joint planning and collaborative working to ensure that resources are allocated and utilised to deliver maximum benefits for children and young people in Brent

1.29 The BCT meets every two months to review progress against the priority areas of focus and address any emerging local and national issues. The BCT, through its Joint Commissioning Group (JCG), oversees five groups tasked with implementing specific priorities across the partnership.

1.30 The BCT, JCG and transformation groups have consistent attendance with representation from Brent Council and Brent Clinical Commissioning Group (CCG). Other key stakeholders also attend the JCG which includes three school head teachers who have been active members since September 2017.

1.31 The BCT has identified a number of priority areas of focus for April 2021 to March 2022 as a result of emerging issues supported by local and national data:

a. Working with parents and carers to positively impact on children's health and wellbeing with specific focus on:
    1. Healthy weight in childhood
    2. Oral health
    3. Childhood immunisation
b. Special Educational Needs and Disabilities (SEND) – with a focus on early intervention and prevention in light of the major national review into support for children and young people with SEND to be launched in 2021.
c. Children and Young People's Mental Health and Wellbeing – with a continued focus on the delivery of the transformation plan.
d. Integrated Disabled Children and Young People Service 0-25 - with a focus on Stage 2, the integration of health and local authority provision, which was paused in 2020 due to Covid-19 Pandemic.
e. Transitional safeguarding between CYP and Adult Services - with a focus on adolescent safeguarding.
f. Young Carers - with a renewed focus on raising awareness of young carers across the partnership.

The Integrated Care Partnership Board (ICPB)

1.32 The **ICP Board** (formerly known as the Septet) meets to ensure progress of the ICPEC, and membership includes the ICPEC members plus the:

- Chair of Brent Health and Wellbeing Board
- Lead Member for Public Health, Culture and Leisure
- Chief Executive of Brent Council
- Strategic Director for Children and Young People, Brent Council

The Brent Health and Wellbeing Board

1.33 Health and Wellbeing Boards are a statutory forum where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population. HWBs have a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

1.34 As well as its statutory role, the **Brent Health and Wellbeing Board** (BHWB) ensures system leadership across commissioners and providers working in Brent.

1.35 Current legislation states that health and wellbeing boards must include a representative of each relevant CCG and local Healthwatch, as well as local authority representatives. Beyond this minimum membership, other interested local stakeholders may also be invited to hold membership. These may include representatives of third-sector or voluntary organisations, other public services, or the NHS. As described above, the BHWB already has a wider membership than statutorily defined. The additions we have made already reflect the likely changes we will see in the Health and Care Bill.

1.36 There will be impacts on HWBs in the upcoming Health and Care Act, and officers will ensure we retain flexibility to respond to any new statutory duties.

Community and Wellbeing Scrutiny Committee

1.37 The BHWB ensures systems working, accountability and delivery. It does not diminish the role of the Community and Wellbeing Scrutiny Committee (C&WSC). Indeed the revisions should enable scrutiny increased system oversight as roles and responsibilities across the system will be clarified and coherent.

Strategic partnerships

1.38 The changes in health and care legislation will impact on other strategic partnerships. The CCG is named explicitly in the Care Act 2014, the Children and Social Work Act 2017, the Working Together to Safeguard Children 2018 statutory guidance and the Care Act statutory guidance as a strategic partner for safeguarding children and adults (with equal responsibility to local authorities and the police). A letter sent from Ministers for child safeguarding in late June 2021 indicates that current CCG responsibilities will pass to the ICS Chief Executives.

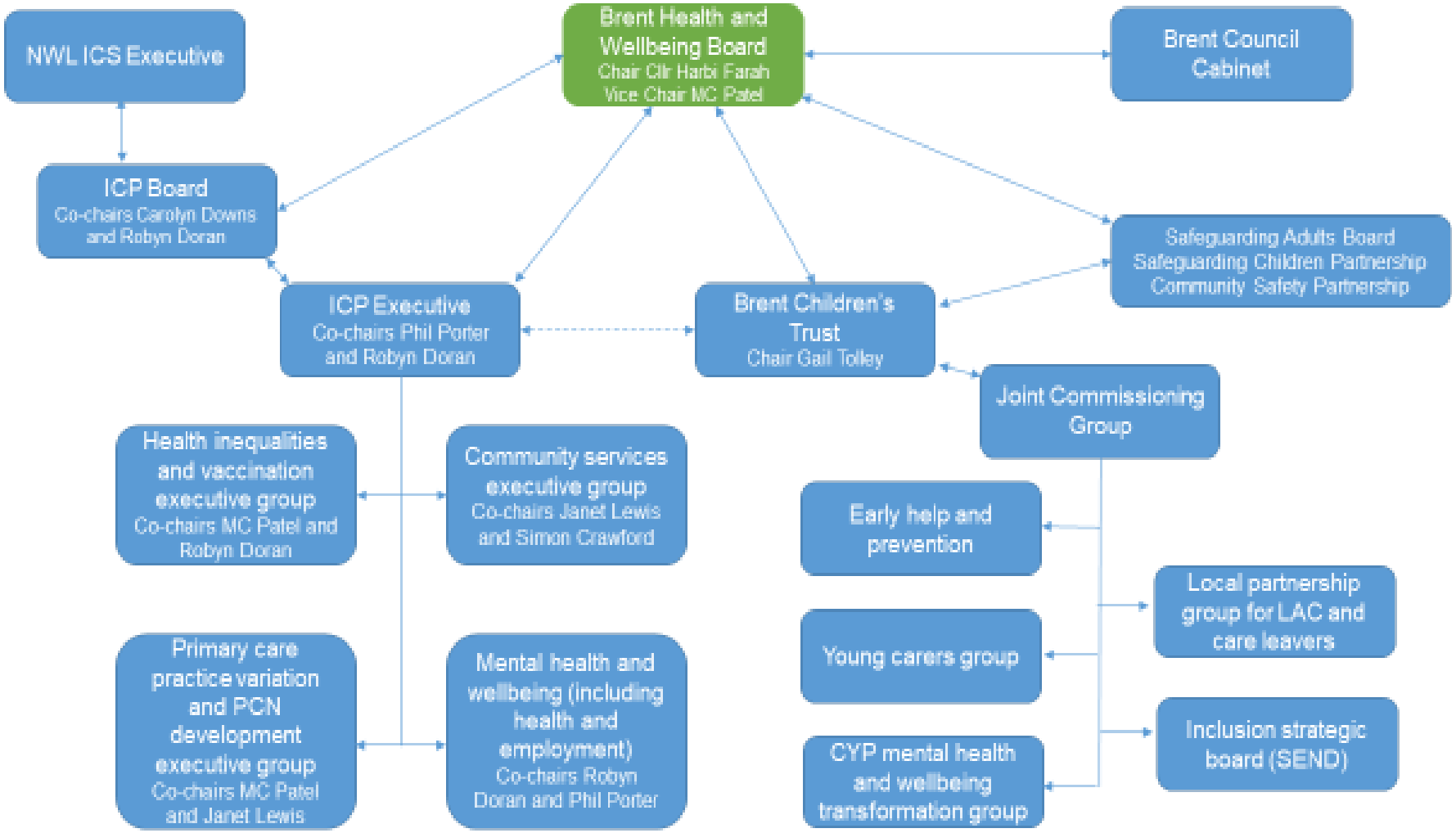
1.39 Early conversations are happening and the ICPEC will consider responsibilities across the strategic partnerships – the Brent Safeguarding Adults Board (BSAB), the Brent Safeguarding Children Partnership (BSCP) and the Brent Community Safety Partnership (BCSP). This will then enable joint decisions with the strategic partnerships moving forward to ensure statutory duties are meaningfully discharged.

1.40 The ICP Independent Director and the ICPEC will ensure that there is appropriate representation from the ICP providers at the BSAB, and the ICP Independent Director has agreed to join the BSAB Executive. The NWL ICS is represented at the BSAB through the Safeguarding Adults leads. The BSAB has sought assurance that not only will ICS and ICP be represented at the BSAB, but that adult safeguarding issues are on the agenda at the ICPEC, ICPB and the NWL ICS.

System working

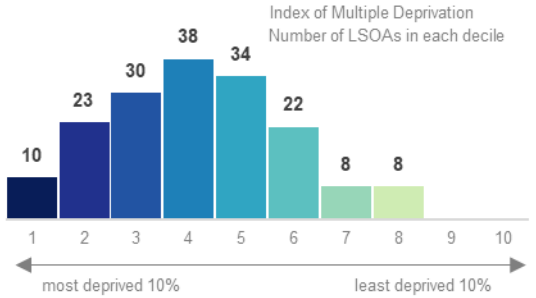
1.41 The following diagram shows the structures as outlined above.

Current governance structure 2021/22



Deprivation

The pandemic has highlighted that health inequalities are exacerbated by the levels of deprivation people live in



Deprivation is a key factor in people being able to make healthy choices. Deprivation varies across the borough. The Indices of Multiple Deprivation 2019 show that Stonebridge is the most deprived ward in the borough

Alcohol

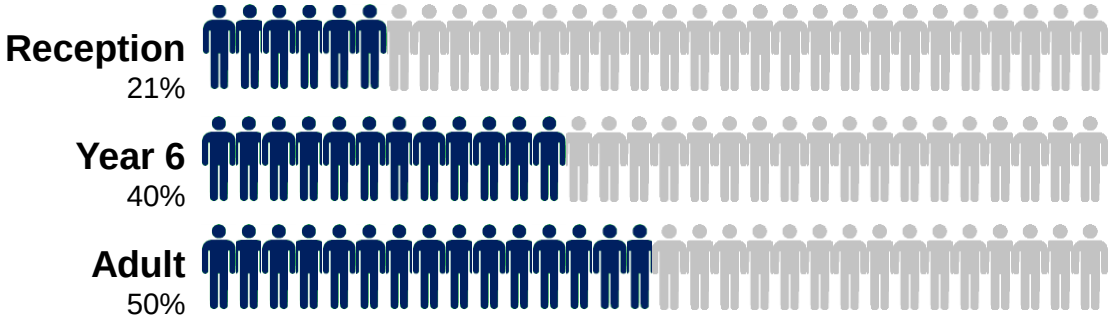
16%

Admissions to hospital for conditions which are attributed to alcohol increased in 2018/19 to 646 per 100,000

Currently, deaths for conditions attributed to alcohol are lower than the London average, but these are likely to lag behind the admission so will increase if we do not turn the tide on the admissions

Healthy weight

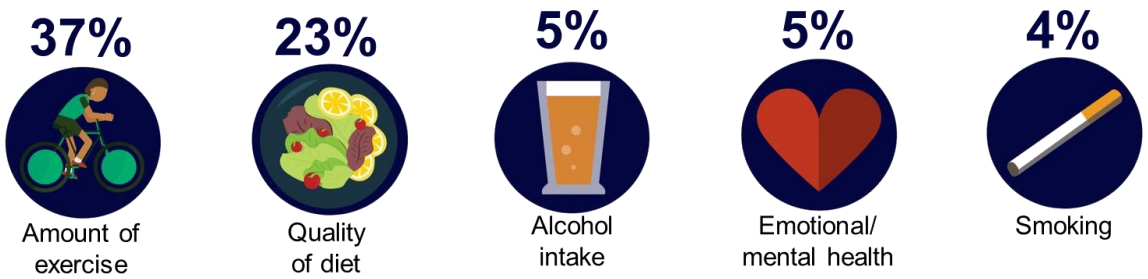
In the consultation, no-one mentioned obesity, but being able to have a healthy diet and lifestyle was important. Data show that in Brent the proportion of people who are overweight increases by age group.



Healthy Living

I am able to make the healthy choice for myself and those that I care for and we can live in a healthy way

The 2018 Resident Attitudes Survey (RAS) asked what behaviours people wanted to change to improve their health



Barriers

Barriers to residents keeping healthy:

- Financial constraints
- Work/Caring constraints
- Lack of motivation
- Language
- Digital exclusion

Food

Food insecurity and access to fresh fruits and vegetables was understood to be a driver and source of health inequality.

Residents commented on the choice of fresh fruits and vegetables in their local areas, especially as many high streets had several fast-food shops that discourage healthy behaviour in residents

59% of adults regularly eat **five-a-day**

Sources: Brent RAS 2018; PHE fingertips Obesity profile; wider impacts of Covid 19 on health; Local Alcohol Profiles for England; IMD 2019; Healthwatch survey

This is us.
This is Brent.
We are English and Irish, Indian and Windrush,
We are Somali, Italian, Romanian, Chinese.
We sing in temples, in pubs and in stadiums.
We speak on the high-roads, in the libraries (shush),
and on the Bakerloo line.
From Stonebridge to Cricklewood
From Queensbury to Queens Park
From Kilburn to Kensal Green,
We are mixing, melding, sharing, cooking,
dancing, praising, raising, playing.
We are unplanned and unfiltered,
We are the first place people come to
and the place people stay.
We are the past, the present and the future.
This is us.
This is Brent.

We are not just a borough of culture,
We are the Borough of Cultures.

London Borough of Culture legacy

In 2020 Brent was the London Borough of Cultures. The work will continue in the borough, celebrating its diverse people and culture. As part of the legacy they developed Spacebook. Spacebook gives local people a way to see useful information on spaces for hire in the borough all in one place, from function rooms and dance spaces, to community halls and music venues. We need to build on the legacy of the London Borough of Culture 2020.

Parks

Parks are a priority for residents, and they would like them improved so they can be used more. Parks needed:

- Better lighting for use after dark
- Public toilets to be available
- To feel safer

Healthy places

Near me there are safe, clean places I and people I care for can go to exercise for free, meet with like-minded people, and we have the opportunity to grow our own food

Youth voice

The Youth Survey asked "How do you think we can make Brent a better place for young people?"
The second most commented theme was to have more activities. Many young people mentioned safety, access to, and facilities in parks.

To have more public activities take place, to be social

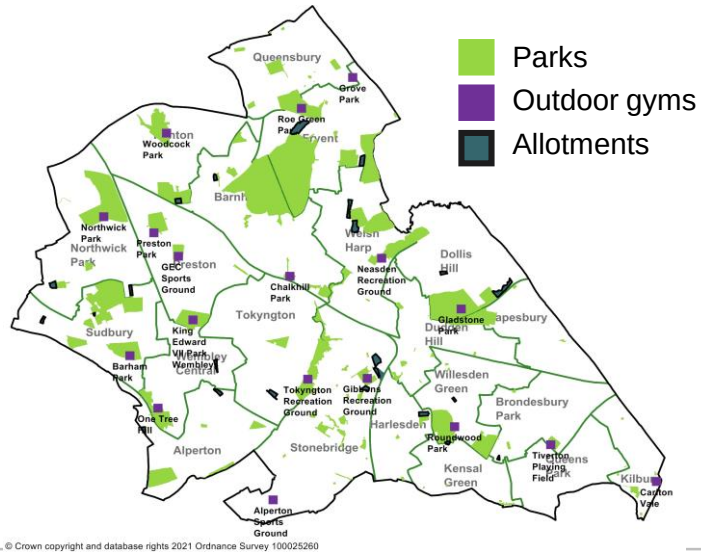
Add more libraries, green space and pick up litter more constantly

Outdoor spaces

Food growing has come to the fore as a result of Covid – access to community gardens or spaces to grow your own food for those who want to was highlighted in the previous engagement by Healthwatch

Access to green space is important for both physical and mental wellbeing. However, not everyone has equal access to the green space they need to improve their personal wellbeing, or the space they have access to is not suitable.

Parks, outdoor gyms, and allotments



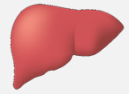
Source: https://www.ons.gov.uk/economy/environmentalaccounts/articles/howhaslockdownchangedourrelationshipwithnature/2021-04-26; https://neweconomics.org/2021/01/escaping-green-deprivation

Cancer screening

In 2020, cancer screening in Brent was worse than the national average for all indicators (breast; cervical; and bowel). If caught early, there is a higher chance that cancer can be successfully treated

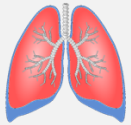
Risk factors for Long Term Conditions

This Risk factors for heart disease, stroke, cancer and diabetes are being overweight and inactive. Healthy eating and physical activity can mitigate these risk factors. There are discrepancies among ethnic groups both in prevalence and mortality rates from different diseases, including heart disease and stroke; liver disease; cancer; respiratory disease; and diabetes. Enabling self-care for people who have these diseases is important to allow them to manage their condition.



Liver disease

12.9



Respiratory disease

11.5

Cancer

44.4

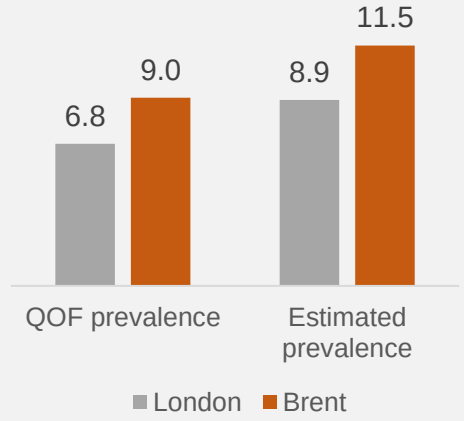
Heart disease and stroke

30.6

Diabetes

Under 75 preventable mortality rate (per 100,000 population)

Diabetes prevalence



1 in **5** adults have a common mental disorder

Staying healthy

I know what keeps me and those I care for healthy, both physically and mentally, and am able to stay healthy; we are able to manage health conditions we have using self-care first and also have access to good medical care as needed

The Policy Institute at King's College London found

43%

expected their mental health to be worse due to Covid

Five +1 ways to wellbeing

Evidence suggests building these actions into your daily life can help to improve your mental health and wellbeing. A combination of all of these behaviours will help to enhance individual wellbeing and may have the potential to reduce the total number of people who develop mental health disorders in the longer term

Young people

The youth strategy conducted a survey of 613 young people; one of the overarching topics of concern highlighted by the young people was the impact Covid and lockdown had on their mental health.

Risk factors for young people's mental health were Brent is worse off than the national average:

- Low-income families
- Family homelessness

Risk factors

Socio-economic factors impact mental health such as housing, employment, and deprivation. Mental health affects different ethnic groups differently. Overall, Asian people have better mental health, conversely, black and Irish groups have more mental health hospital admissions.

Source: PHE profiles: children's mental health and wellbeing; public health profiles; mental health and wellbeing; JSNA; https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#Overall

The workforce

The pandemic has put a great strain on our health and council workers. The continued stress they have been under is taking its toll. The Guardian reported that "*A quarter of NHS workers are more likely to quit their job than a year ago because they are unhappy about their pay, frustrated by understaffing and exhausted by Covid-19, a survey suggests."* The challenge in front of us now is how to recover – how to catch up on the work which has been deferred and provide the care needed.

1 in 4

NHS workers are more likely to quit their job than a year ago

New way of working

In February 2021, the Department for Health and Social Care published the white paper: Integration and Innovation working together to improve health and social care for all. This paper proposes new ways of working for a health and care Bill. It introduces Integrated Care Systems (ICS); these will comprise of two parts, the ICS NHS body (responsible for NHS strategic planning and allocation decisions) and ICS health and care partnerships which will develop a local plan to address the system's health, public health and social care needs. This is a new more collaborative way of working.

Healthy workforce

The workforce will be healthy and happy; and the health and wellbeing system will recover quickly

Mutual aids and volunteering

The long term effects of Covid is an unknown quantity; the impact of Covid on individuals will affect our healthcare's recovery and resilience. Although much of the pandemic was terrible, the way the communities came together to support each other was a true joy. People united against inequality and disease. Ideally we would foster and enable this true community spirit to keep growing and connecting.

Source: https://www.theguardian.com/society/2021/mar/30/one-in-four-nhs-workers-more-likely-to-quit-than-a-year-ago-survey-finds

Collaborative ways of working

Brent Health Matters is a programme set up by the Health and Wellbeing Board to tackle health inequalities, the avoidable, unfair and systematic differences in health between different groups of people. This is a combined piece of work between Brent Council, Brent CCG, CNWL (mental health service providers), Northwick Park Hospital and local GPs. Community engagement and understanding the local community is key to this work. This programme will build up a better picture of our population's health and a greater understanding of the barriers different populations face to accessing healthcare and health messages, enabling these barriers to be overcome.

Healthy ways of working:

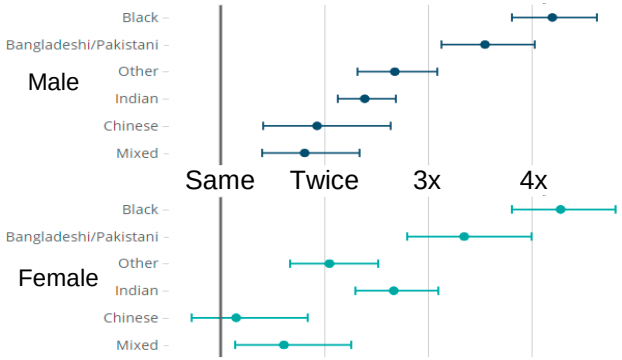
Hearing, understanding, and working with the public

I, and those I care for, can have our say and contribute to the way services are run; Data are good quality and give a good picture of health inequalities

Data quality

The pandemic has also highlighted health inequalities, specifically inequalities due to disability, ethnicity, and deprivation. We need to understand our population better, we need to understand who is affected by what better. To do this, we need to improve the quality of our data.

Likelihood of dying from Covid compared to white ethnic group



Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020

Brent	**Community and Wellbeing Scrutiny Committee** 8 July 2021
	Report from the Assistant Chief Executive

Update: Scrutiny Committee Work Plan 2021-2022

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 - Community and Wellbeing Scrutiny Committee Work Programme 2021/22
Background Papers:	None
Contact Officer:	Lorna Hughes Head of Strategy and Partnerships lorna.hughes@brent.gov.uk

1.0 Purpose of the Report

1.1 This report updates members on the scrutiny committee's work plan for 2021/22.

2.0 Recommendation(s)

2.1 Members of the scrutiny committee to review the report with the work plan in Appendix 1.

3.0 Detail

3.1 The work programme sets out the items, which the Community and Wellbeing Scrutiny committee will review during the municipal year according to its remit: Adult Social Care; statutory safeguarding boards, Children's Services; Cultural Services; education; housing; Public Health and external NHS organisations. Reports to the scrutiny committee are based on Cabinet decision-making; annual reports of the safeguarding boards, strategy, and policy development.

3.2 To develop an effective work programme at the start of the municipal year members were encouraged to use a set of criteria to enable them to prioritise. Prioritisation encourages members to limit the number of items they select for committee. This means limiting committee reports to items which are

considered a strategic priority as set out in the Borough Plan 2019-23; of concern for a large number of the borough's residents; timely; a significant decision for Cabinet or form part of a forthcoming policy review or new strategy which is being developed by the Cabinet. This methodology of prioritisation is considered best practice by the Centre for Governance and Scrutiny (CfGS) and is a tool for a scrutiny committee to develop a work plan during the year. [1]

3.3 An assumption of work planning is that the scrutiny's committee programme will be iterative and there will be spare capacity and the flexibility to look at new issues as they arise, and as the Cabinet's Forward Plan is developed during the year. In addition, for practical reasons it may be necessary to move items to a different committee date and the work plan will be updated accordingly. The work plan in Appendix 1 has left capacity at the end of the municipal year.

3.4 The work plan also set out the policy areas and decision-making of external partner organisations to be scrutinised at committee. As part of its remit set out in the constitution, the Community and Wellbeing Scrutiny Committee can scrutinise, and reviews the provision and operation of NHS services in the borough and can make reports or recommendations to NHS organisations. The areas of external scrutiny of the NHS are also set out in the work plan, and this includes the meeting in January 2022 at which there will be a focus on NHS items.

3.5 The scrutiny task group set up to review GP access, which is being chaired by Cllr Mary Daly, is ongoing and has now completed four evidence sessions. To date there has been a focus on the digital offer and issues around digital access to GP primary care services, understanding the extent of capacity in GP practices, and reviewing how underlying health conditions and health inequalities may be affecting demand for GP services and pressures in certain areas. This task group will be making an interim report to committee at the meeting in September, and a full report to the meeting in January 2022.

4.0 Financial Implications

4.1 There are no financial implications arising from this report. However, Budget and finance issues are addressed in the Financial Implications section of any reports to committee requested as part of its work programme.

5.0 Legal Implications

5.1 There are no legal implications arising from this report. However, legal implications are addressed in the Legal Implications section of any reports to committee requested as part of its work programme.

6.0 Equality Implications

6.1 There are no equality implications arising from this report. Equality implications are addressed in the Equality Implications section of any reports to committee requested as part of its work programme.

7.0 Consultation with Ward Members and Stakeholders

[1] *The Good Scrutiny Guide* (Centre for Public Scrutiny, June 2019), p26

7.1 Ward members are regularly informed about the committee's work plan in the chair's report to Council. There is ongoing consultation with stakeholders, in particular with Healthwatch who attend the committee for health-related items.

REPORT SIGN-OFF

Shazia Hussain
Assistant Chief Executive

Appendix 1: Community and Wellbeing Scrutiny Committee Work Programme 2021/22

8 July 2021

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors	External Organisations	External participants
Brent Health and Wellbeing Strategy 2022-2025	Cllr Harbi Farah, Lead Member for Adult Social Care Cllr Neil Nerva, Lead Member for Public Health, Culture and Leisure Cllr Mili Patel, Lead Member for Children's Safeguarding, Early Help and Social Care	Phil Porter, Strategic Director, Community Wellbeing Dr Melanie Smith, Director of Public Health Gail Tolley, Strategic Director, Children and Young People	NW London CCG Central and North West London NHS Trust	Jonathan Turner, Brent Borough Director, NW London CCG Dr MC Patel, Brent representative, NW London CCG Robyn Doran, Chief Operating Officer, CNWL

21 September 2021

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors	External Organisations	External Directors
Homelessness and Services for Families	Cllr Eleanor Southwood, Lead Member for Housing and Welfare Reform	Phil Porter, Strategic Director, Community Wellbeing		
Brent Housing Management Services and Performance	Cllr Eleanor Southwood, Lead Member for Housing and Welfare Reform	Phil Porter, Strategic Director, Community Wellbeing		
GP Access Scrutiny Task Group Interim Report	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director, Community Wellbeing	NW London CCG	Jonathan Turner, Brent Borough Director, NW London CCG Dr MC Patel, Brent representative, NW London CCG
Scrutiny Task Group Scoping Report on Transitional Safeguarding	Cllr Mili Patel, Lead Member for Children's Safeguarding, Early Help and Social Care	Gail Tolley Strategic Director, Children and Young People		

15 November 2021

Agenda Item	Leader/Deputy Leader/Cabinet - Members/Non-executive Member	Chief Executive/Strategic Directors	External Organisations	External Participants
Brent Safeguarding Adults Board Annual Report 2020-2021	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director, Community Wellbeing	Brent Safeguarding Adults' Board	Professor Michael Preston-Shoot, Independent Chair
Brent's Multi-Agency Safeguarding Arrangements for Children	Cllr Mili Patel, Lead Member for Children's Safeguarding, Early Help and Social Care	Gail Tolley Strategic Director, Children and Young People	North West London CCG North West London Basic Command Unit	Director of Quality, North West London CCG Safeguarding Lead, North West London BCU
Scrutiny Task Group Interim Report on Transitional Safeguarding	Cllr Mili Patel, Lead Member for Children's Safeguarding, Early Help and Social Care	Gail Tolley Strategic Director, Children and Young People		

24 January 2022

Agenda Item	Leader/Deputy Leader/Cabinet Members/Non-Executive Member	Chief Executive/Strategic Directors/ Director of Public Health	External Organisations	External Participants
Transfer of Community Services from LNWHT to CLCH NHS Trust	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director, Community Wellbeing	North West London CCG	Jonathan Turner, Brent Borough Director, NW London CCG Dr MC Patel, Brent representative, NW London CCG
Diagnostic Hubs in North West London	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director, Community Wellbeing	North West London CCG	Jonathan Turner, Brent Borough Director, NW London CCG Dr MC Patel, Brent representative, NW London CCG
GP Access Scrutiny Task Group Final Report	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director, Community Wellbeing	North West London CCG	Jonathan Turner, Brent Borough Director, NW London CCG

				Dr MC Patel, Brent representative, NW London CCG

22 February 2022

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors/ Director of Public Health	External Organisations	External Participants
Education and Wellbeing Recovery	Cllr Tom Stephens, Lead Member for Schools, Employment and Skills Cllr Mili Patel, Lead Member for Children's Safeguarding, Early Help and Social Care	Gail Tolley Strategic Director, Children and Young People		
London Borough of Culture Legacy	Cllr Neil Nerva, Lead Member for Public Health, Culture and Leisure	Phil Porter, Strategic Director, Community Wellbeing		
Scrutiny Task Group Transitional Safeguarding Final Report	Cllr Mili Patel, Lead Member for Children's Safeguarding, Early Help and Social Care	Gail Tolley Strategic Director, Children and Young People		

14 March 2022

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors	External Organisations	External Participants
Care Homes Provision and Commissioning	Cllr Harbi Farah, Lead Member for Adult Social Care	Phil Porter, Strategic Director, Community Wellbeing		

This page is intentionally left blank