



Community and Wellbeing Scrutiny Committee

Tuesday 21 September 2021 at 6.00 pm

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

**This agenda was republished on 20 September 2021 to include item 4ii. And 5.*

Please note 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 be counted as present for the purposes of quorum or to participate in the voting on any item that may be required during the meeting.

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Due to current 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
Daly
Afzal
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

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Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

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

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

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
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 - 18
To approve the minutes of the previous meeting as a correct record.	
<ul style="list-style-type: none">• 4i. 8 July 2021 (pages 1 – 8)• 4ii. 23 August 2021 (pages 9 – 18)	
5 Matters arising (if any)	19 - 20
6 Homelessness and Services for Families	21 - 34
This report updates the Community and Wellbeing Scrutiny Committee about the support for families in the Borough who are homeless, or at risk of becoming homeless, including the performance of services, demand for services, delivery of support and improved outcomes for service users.	
7 Brent Housing Management Services and Performance	35 - 58
This report updates the Community and Wellbeing Scrutiny Committee on Brent Housing Management Services performance.	
8 GP Access Scrutiny Task Group Verbal Update	
To provide the Community and Wellbeing Scrutiny Committee with a verbal update on the progress of the GP Access Scrutiny Task Group.	

9 Transitional Safeguarding Task Group

To inform the Committee of the Task Group.

10 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: Monday 15 November 2021

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

- We have revised the capacity and floor plans for event spaces to ensure they are COVID-19 compliant and meet the social distancing guidelines.
- Attendees will need to maintain the necessary social distancing 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 undertake a lateral flow test (LFT) in advance of the meeting 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/>

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Thursday 8 July 2021 at 6.00 pm**

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Afzal, Daly, Ethapemi, and co-opted member Rev. Helen Askwith.

Also Present (in remote capacity): Councillor Long (substitute for Councillor Sangani), Councillor Lloyd, Councillor Shahzad, Councillor Thakkar

In attendance: Councillor Butt, Councillor McLennan (remotely), Councillor M Patel (remotely), Councillor Nerva (remotely), Councillor Farah (remotely)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received as follows:

- Councillor Sangani, substituted by Councillor Long remotely
- Councillor Colwill
- Co-opted member Mr Alloysius Frederick

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and North West London NHS Foundation Trust
- Councillor Ethapemi – spouse employed by the NHS

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 29 April 2021, be approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Brent Health and Wellbeing Strategy 2022-25

The Chair invited Councillor Nerva (Lead Member for Public Health, Culture and Leisure, Brent Council) to introduce the item for discussion. In introducing the report, Councillor Nerva advised that the report presented the Brent Health and Wellbeing Strategy and provided an update on the key changes to the NHS locally and nationally, with the Government White Paper published the week of the meeting. In relation to the report, he advised that Covid-19 had shone a light on health inequalities but many who lived and worked in Brent would know those issues had existed for many years. What was new was that the response to the pandemic had brought unity to the NHS, local authority, and community and voluntary organisations in a way that had not been seen before. He hoped the learning from Covid-19 could be carried forward into the presentation, strategy and delivery of the Brent Health and Wellbeing Strategy. The Committee were advised that the crucial question was what could Brent do differently to achieve a healthy and well Borough. Councillor Nerva added that the Council had already made some major changes, such as the introduction of school streets and Low Traffic Neighbourhoods (LTNs) to enable people to exercise more, reduce traffic and improve the quality of air in Brent. Addressing people with long term conditions was also key.

Melanie Smith (Director for Public Health, Brent Council) provided a presentation to the Committee. Through the presentation the Committee heard that the current Health and Wellbeing Strategy that was being reviewed was very focused on health and care services, but Covid-19 had shone a light on the social determinants of health and the structural inequalities within those determinants, which the Health and Wellbeing Board had agreed the new strategy should address. The understanding of those inequalities had deepened due to Covid-19. A slide was presented which showed the disproportionate impact of Covid-19 according to deprivation, the variation of death rate by deprivation, the increased risk of dying for those of Black and South Asian heritage, and the marked increase for those with learning disabilities. She advised that as well as the strategy the more forward looking work clearly needed to take immediate and urgent action to address the disproportion of Covid-19 and the 2 things that underpinned the response were; the broad and inclusive grouping committed to working in partnership with the NHS, voluntary sector, communities and individuals to co-produce solutions; and proportionate universalism, an example of which could be shown through the vaccination programme. She reminded the Committee that the programme was a significant universal offer but did not work for all Brent communities where some needed more tailored solutions such as an offer in places they were familiar with and messages from people they trusted, therefore, alongside the mass vaccination centre, the Council, alongside the NHS, had also run NHS vaccination clinics with faith organisations and third sector organisations in community venues and held the vaccination bus.

In continuing the presentation on the Strategy, Angela D'urso (Strategic Partnership Manager, Brent Council) agreed that tackling inequality was at the heart of what Brent Council did, with many corporate strategies tackling those inequalities and covering the wider determinants referenced earlier. For example, the Borough Plan provided the framework for the strategies and set out the overall vision of the work the Council did. The Poverty Commission tackled financial inclusion, housing, good employment and fair wages and the Equality Strategy tackled victimisation, hate and harassment. The Black Community Action Plan addressed inequalities experienced particularly by Black communities, and the Climate Sustainability

Strategy addressed the environment, transport and active travel. She advised that the emerging Joint Health and Wellbeing Strategy was the last piece of that jigsaw joining it all together.

In terms of work on the Strategy to date, the Committee were advised that the starting point had been talking to communities, working with Healthwatch partners to target those most affected by health inequalities. There had been 6 roadshows and a digital and physical survey which asked people “what are the inequalities you experience?”, “what do you think drives these inequalities?” “what could we do about it?”. The Committee were advised that consultees spoke about wellbeing, considering the role of the Health and Wellbeing Board to be one of supporting people to make self-care easy. A number of ideas for achieving that included improving access to reasonably priced fruit and vegetables not from the supermarket, decreasing the availability of unhealthy foods, and improving access to high quality green spaces where people could feel safe, with a desire for community gardens, more allotments and being able to walk and cycle. All consultees spoke about children and young people, particularly the impact the pandemic may have had in the medium and long term. There was also a sense there were lots of volunteers in the community and active community groups but there was a need to connect those groups to the people that might need them the most. Consultees also gave a clear steer about the way the Council used language, particularly with younger and older people to ensure as a sector the language used demonstrated the shared aims. The Stage 1 consultation had asked about barriers to health and wellbeing which were around time, finance, responsibilities, digital exclusion and language.

Angela D’urso explained that following Stage 1 officers undertook an analysis of the data obtained and synthesised what they had found into 5 interim emerging priorities which were; healthy living and making the healthy choice the easy choice, healthy places for the community that were safe and clean, staying healthy including self-care opportunities and access to services, healthy workforce and healthy ways of working. Those priorities would be tested as part of Stage 2 consultation, speaking to partners and community groups to further understand. Consultation would take place across June and July, asking if they were the right areas of focus, whether they were described in a way that made sense, and how communities could contribute to priorities.

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

The Committee queried how the strategy would improve the lives of residents in Brent and what 3 big headlines the strategy would bring about for people. Dr Melanie Smith advised that those details would be developed during the next phase of consultation, but they had heard very clearly people were looking to the Council and health partners to create the environment and opportunities for them to live more healthy lives, with a focus on mental wellbeing as well as physical. People wanted a step change in the response to people with disabilities and expected a focus on young people and mitigating the impact of the pandemic on young people. She advised there was also a call for all statutory services to be much clearer in their attention to ethnicity and emphasised the importance of services holding themselves to account on the services provided to different communities. Councillor Nerva added that the strategy was designed to keep people well and avoid having

to use health services, and allowed the Council to show leadership and take people on a journey.

Members of the Committee felt the strategy was very aspirational but wanted to know how all of the Council would be drawn into it and how the Council's priorities would be set to ensure resource was available to keep communities healthy, including through primary prevention. Access to and quality of public amenities such as parks and playgrounds were also discussed, with Committee members highlighting that many parks and playgrounds were not often used by residents. They wanted assurance that all Council departments including housing and environmental services would be involved from an early stage in the development of the strategy and wanted budgets across departments to be utilised. Phil Porter (Strategic Director Community and Wellbeing, Brent Council) advised that one of the commitments set out in the report by the Council as well as the Integrated Care Partnership (ICS) was a change away from the very heavily health and care focused previous strategy to focus on the social determinants of health, and the case was being made to shift that focus across the Council, from housing to leisure services. They were at a particular stage in the strategy's process and welcomed comments on what should be prioritised. He added that Dr Melanie Smith was leading from a public health perspective and Angela D'urso was leading from a corporate policy and partnership perspective, and, as the roadmap set out, the fundamentals including The Climate Strategy, Poverty Commission and Black Community Action Plan all needed to come together with the full council behind them. He highlighted that there was a need to recognise the Council's limits in this regard, for example with the private rented sector and the licensing around that, but felt there was still more the Council could do. One priority agreed under the mental health and wellbeing objective, and prioritised by the ICP executive, was focusing on the importance of stable housing for long term mental wellbeing. Councillor Nerva felt it was about how the Council moved aspiration to actuality and agreed that the transfer of resources, not just within the Council but within the local health and care system, was a really important issue deserving of wider scrutiny.

Robyn Doran (Integrated Care Partnership Director for Brent and Chief Operating Officer at Central and North West London University Healthcare Trust) reinforced the comments Phil Porter raised. She advised that her role as the ICP director for Brent was to pull together the lead directors from all agencies. She felt the vaccination programme had focused everyone's minds on working together in a way that had never been seen before and there was a sense of the need to work differently with communities to really listen to them, as had been done during Covid-19, and adjust the way the ICP worked. The desire to look much more at a preventative model and not just an ill health model of health, and the wider determinants of health were realised, and there was a commitment to work together on all the issues including housing and education.

Access to toilets within public places was also highlighted. One Committee member noted that by installing and maintaining toilets, thereby increasing use of public spaces for exercise, the Council bared the costs of that while the NHS had the benefit through people becoming healthier and therefore not using NHS services. Councillor Nerva felt that the point around shared funding between the NHS and the local authority for activities that would bring about health improvements and a reduction in cost to the local NHS was worthy of further investigation. Dr MC Patel (NWL CCG) highlighted that everyone benefited if people were healthier, and in an

ideal world there would be one shared budget for Brent from which services could be paid for but they were not there yet. He added that while there was importance in focusing on the determinants of health, the population in Brent had a lot of individuals in need of clinical care that also needed to be addressed. It was hoped that with the implementation of the strategy Brent would get to a point where they could start thinking in terms of the whole Brent economy.

The Committee agreed that the strategy needed to be developed with communities. They felt that the pandemic had highlighted the issues in society in relation to inequality, which had led to a number of community groups and organisations taking action. The Committee wanted assurance that those groups, such as businesses, schools, food shops and mutual aid groups, would be engaged as soon as possible for consultation on the strategy. They felt these groups could also help with the implementation of the strategy. Angela D'urso agreed that officers working on the strategy wanted to go as wide as possible and reach out through as many mechanisms as possible, and if there were any groups that the Committee thought would be valuable to attend they should let officers know and they would facilitate that.

GP access, including digital access and geographical access was raised as an issue, and the Committee queried whether the local NHS would review GP locations as GP's retired over the next 10-15 years. Jonathan Turner (Borough Director for Brent, NWL ICP) advised that the location of GP's had built up over a long period of time based on historical patterns and there was a process whereby if a new GP surgery was being looked into a needs assessment would be done. He advised that, in general, GP surgeries were individual contractors and most changes over time were a result of changes those practices had decided to make themselves, as signed off by primary care committees, and there was only a small level of influence the ICP could have over GP changes. He added however that across the Council and Social Care they had worked on a number of new primary care sites, and signed off an agreement to put more primary care sites into the Wembley Development and in South Kilburn. It was easier to influence those new areas where a population was developing, and also to support some of the voluntary sector organisations as part of that space.

The Committee highlighted the increase in social isolation due to the pandemic and the extra burden on informal carers within the family. They hoped that officers would look at some innovative ways of ensuring certain age groups were well looked after. Phil Porter agreed carers had been under a lot of stress. As a department the Adult Social Care team had tried to respond where it could, putting additional services in where, for example, respite was not possible or people could not go to day centres, but he acknowledged it had been more difficult. They were working hard to open up care services people could access. He advised that the funding of adult social care, and the application of eligibility criteria and financial needs assessments, meant it was a very targeted service for those people with the very greatest need, and agreed a stronger preventative offer was important but difficult to support. Through public health, Brent had done a number of things to look at social isolation but could do more. He agreed that there were people suffering mental stress including older people who could benefit in the system through a preventative offer which may mean they accessed GPs less, and if it worked as a system there were potential options. One thing coming through the engagement of the strategy might be the need to prioritise that where possible.

In relation to children and young people, Councillor Mili Patel (Lead Member for Children's Safeguarding, Early Help and Social Care) advised that mental health and wellbeing was really focused and highlighted for children and young people in the report. Overall the strategy would embed children, young people and families going forward.

The Committee highlighted the reference in the report quoted as the need for "more consistent use of data to ensure we meet the use of all service users" and wanted to know what was meant by that. Councillor Nerva advised that sometimes the data which authorities had available to them to develop work on public health were more limited than the public and councillors may imagine. Dr Melanie Smith advised that the 'beyond the data' report by Professor Kevin Fenton indicated how difficult it was for organisations to hold themselves to account addressing the ethnic diversity of communities given how poor ethnicity recording was in some parts of the system, such as the NHS, and there were very clear and immediate actions local partners needed to take together.

Section 3.10 of the report was highlighted by the Committee, which referred to decreasing fast food outlets from high streets, as there had recently been a change in the use classes order. The Committee wanted to be assured that the policy and development plans were being looked at with the planning department to ensure they were up to date as a result of the change in the use class order. Councillor Nerva agreed that the comment would be taken away and looked at further.

The Committee also highlighted the need for the strategy to focus on air pollution and how debilitating it could be for people, and lowering car ownership in the Borough.

Judith Davey (CEO, Brent Healthwatch) shared feedback Healthwatch had received from communities they were consulting with. She advised that although the pandemic had shone a spotlight on health inequalities, communities highlighted they had been known about for a long time well before the pandemic so queried what would be done differently this time and what change would happen moving forward. People felt they had heard the promises of early intervention and only having to share their story once before, and although addressing things at an early stage before something became critical was really important there were many issues around GP access that individuals were finding difficult. The Chair thanked Judith Davey for providing the feedback.

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

- i) That there be greater emphasis on primary prevention and preventative measures in the development of the strategy.
- ii) That all Council departments be involved as soon as possible in the development and delivery of the strategy.

- iii) To request officers to formalise engagement with a wider variety of community groups to work as partners in the development of the strategy as outlined by the committee, and to do further engagement with BAME communities.
- iv) To further link up the work of the strategy with proposals in the Poverty Commission, Climate Strategy, and Black Community Action Plan.

7. Community and Wellbeing Scrutiny Committee Work Programme 2021/22 Update

RESOLVED that the contents of the Update on the Committee's Work Programme be noted.

8. Any other urgent business

None.

The meeting closed at 7:00 pm
COUNCILLOR KETAN SHETH, CHAIR

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE

Monday 23 August 2021 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Kansagra (substituting for Councillor Colwill), and Councillors Kabir (substituting for Councillor Aden), Afzal, Daly, Ethapemi, Sangani, and Thakkar, and co-opted members Rev. Helen Askwith, Mr Simon Goulden .

Also Present (in remote capacity): Councillor Lloyd and Councillor Shahzad

In attendance (in remote capacity): Councillor McLennan, Councillor Mili Patel, Councillor Farah, and Councillor Nerva

1. Apologies for absence and clarification of alternate members

Apologies were received as follows:

- Councillor Colwill, substituted by Councillor Kansagra
- Councillor Aden, substituted by Councillor Kabir
- Co-opted member Mr Alloysius Frederick

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – lead governor for Central North West London NHS Foundation Trust
- Councillor Sangani – employed by the NHS
- Councillor Ethapemi – spouse employed by the NHS
- Councillor Shahzad – spouse employed by the NHS

3. Deputations (if any)

There were no deputations received.

4. To consider the Northwick Park NHS Trust Maternity Care Improvement Plan

The Chair welcomed health partners present both in the room and those who had joined the meeting remotely. He began by offering thanks on behalf of the Committee for the work health colleagues continued to do daily, including the entire emergency team and frontline staff. Upon welcoming officers, he invited health colleagues to introduce the item.

Chris Bown (Chief Executive, London North West University Healthcare NHS Trust (LNWUHT)) echoed the thanks offered by the Chair, expressing gratefulness to staff for the care they had provided during the pandemic. He advised that LNWUHT were aware Maternity Services at Northwick Park needed to improve, and expressed that the residents of North West London deserved the very best maternity services, acknowledging that there was some work to do to ensure that happened. He advised the Committee that the Maternity Care Improvement Plan, which had been in place before the CQC inspection, had come in response to a number of individual reports detailed in the agenda paper the Committee had received, and from those reports and the CQC inspection report the plan had been developed. Chris

Bown highlighted that the Plan was dynamic, had received input from staff, and there had already been a number of significant improvements made since the beginning of the year.

In continuing the introduction, Lisa Knight (Chief Nurse, LNWUHT) advised that looking back over the past 18 months of maternity care, the monthly review of perinatal mortality death rates of babies had highlighted a rise in perinatal mortality death in July 2020. This was flagged with the ICS and support requested, which the ICS provided straight away in the form of a specialist panel to review all of those cases. That panel consisted of neonatal specialist midwives and professors from other units for an external view of what was happening within the organisation. Lisa Knight advised that at the same time other things started to become apparent, for example the Healthcare Safety Investigation Branch (HSIB), who had been reviewing the same cases, started to raise some themes the unit should look in to with regards to its care. As well as this, Health Education England undertook a review and conducted regular work with junior doctors who had fed back that it was a difficult environment to work in and they had issues raising concerns and not getting the support required. A staff survey was conducted, which flagged many themes as detailed in the report. Lisa Knight advised that all of this information was pulled together to form a picture of the ongoing issues within the unit, and from there the Trust started pulling together the Maternity Improvement Plan, supported by the Integrated Care System (ICS). The Plan had also been presented to the quality summit held by NHS England.

Lisa Knight advised the Committee of the three themes the Maternity Improvement Plan focused on. Workforce culture and leadership focused on how the Trust could improve the environment for staff to work in and how civility could be improved. Women centred individual care focused on communications with patients, such as improving interpretation services for users who did not speak English as a first language, and collecting patient feedback to further understand the community in greater detail and formulate individualised care. The final theme was around safe and effective care which looked at policies, benchmarking and pathways for the induction of labour. The Committee were advised that a new leadership team was in place in the maternity unit until at least March 2022, but the main challenge was 40 midwifery vacancies and 5 consultancy vacancies that they were currently trying to recruit to.

With regard to the support the Trust were receiving from the ICS, Lisa Knight advised that they were receiving significant external support from the ICS who were helping with the local maternity and neonatal system in various ways. The ICS were giving opportunities for shadowing and mentoring of the unit's staff, and some ICS staff were working on a day by day basis with role modelling. On the ground the ICS were giving feedback on a daily basis including suggestions for improvement and working with junior doctors and the director of medical education. Lisa Knight explained that another main element of the Maternity Improvement Plan was around the organisation development programme, and the Trust were working with an external company on this who looked at the day by day management of the service to determine how the Trust could improve organisation and process. As well as working with the ICS and the external management company, the Trust were working with women and the Maternity Voices Partnership, which was considered best practice. The Partnership was helping the unit to look at all of its plans and giving feedback to make pathways better.

Lesley Watts (Chief Executive, NWL ICS) added that the ICS acknowledged the challenges Northwick Park and London North West had, and that the accountability of the Trust Board, as well as Chris Bown and Lisa Knight, had been appreciated by the ICS. She highlighted that the ICS were determined their oversight and input into the service, together with the Trust, would lead to improvement. She highlighted that there were some very good maternity services in North West London and that expertise should be utilised to ensure that all patients of North West London were provided with equal and good service, which they were determined to do. Pippa Nightingale (Chief Nurse, NWL ICS) echoed the sentiments, highlighting that the

role of the ICS was to ensure all patients in North West London had safe maternity services immediately, and to conduct assurance. She added that they were working closely with the CQC and other regulators together with Lisa Knight and the team through two-weekly assurance meetings to ensure there was an external view of the progress being made.

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

The Committee queried what assurances they could give to those expecting their first child that they would have a positive experience at Northwick Park, who might be scared having read the CQC inspection report. Chris Bown advised that the first assurance was that the Maternity Unit at Northwick Park was safe. He highlighted that, through benchmarking, it was clear that the perinatal mortality rates at Northwick Park were now back to what was expected for a unit of its size and its high risk population, with 70% clinically high risk. He added that consistently over the previous 3 months they were seeing high satisfaction rates from the Friends and Family Test, with 97% positive the previous month which he felt was reassuring. For those who did not speak English as their first language Northwick Park had put further resource into interpreters and the speed in which interpreters were used. Chris Bown reassured the Committee that all clinical pathways had been reviewed, and all recommendations deemed 'technical' as opposed to 'cultural' had been acted upon. He advised that the next step would be to ensure the culture was conducive. Lisa Knight added that on an individual basis she had families contacting her with worries about coming to the unit, and for those who had been in contact they were doing individual reviews of their care with a senior consultant and senior midwife. She highlighted that they had put a lot of information on the website to try to reassure families firstly, and also the telephone link to the 24 hour triage number.

Members of the Committee discussed the leadership and workforce, and queried whether staff members could easily approach the managers within the organisation if they had problems. They felt that the large turnover of staff gave the impression staff had not been able to engage with the leadership. Chris Bown agreed that it had been an issue and the maternity leadership had now changed, with 3 key positions appointed to the roles of Director of Midwifery, General Manager, and Clinical Graduate Doctor. He agreed that a major concern to him and colleagues was the comments in the report about staff being unwilling or scared to speak up, and the Trust wanted to address that. He believed that it was getting better, and advised that he spoke with midwives and obstetricians regularly who did not hold back their views, but the key was for them to engage with their professional and line management. In addition, the Trust had 12 trained 'speak up' guardians, so those who felt anxious about talking to their manager could contact a 'speak up' guardian confidentially. Chris Bown advised that the Trust had also held a number of listening events with staff in Maternity, and that he and executive colleagues walked the floor a great deal to listen and encourage staff to raise issues. He felt he had seen an improvement in junior doctors raising issues, with the Health Education England report listing it as very positive feedback, but the cultural change would take time. In terms of whether agency staff were equally engaged in the structure and hierarchy of leadership, Chris Bown advised that many agency staff were long term staff known to the Trust who had worked in the unit for many years and were familiar with the Trust. He advised that the Trust clearly wanted to recruit substantive staff and were in competition with the rest of the country for midwives so wanted it to be a good place to work to attract people to work there.

The Committee queried whether the high turnover of staff was in direct response to the culture of bullying detailed in the report. Chris Bown advised that the reasons people left were multi-faceted and there were a whole range of reasons picked up through exit interviews. For example, some people wanted to work in inner London due to the different weighting of salary, some people moved away, some people had left due to the publicity in the media of the CQC report and some people left because they felt bullied or undervalued. Members asked what

assurance there was that the Maternity Improvement Plan would address bullying, highlighting that this had been reported in previous papers before the CQC report was published. Chris Bown advised that it was difficult for him to comment on what had happened before his post in March 2020, but expressed it was clear that whatever was put in place was not sustained. He highlighted that the Trust was undertaking a total quality improvement programme that would continue and not stop at a point that was viewed to be the natural end. He added that the Trust would invest in ensuring staff felt valued and that bullying was tackled face on. Through the Board and ICS, the Trust would continue to performance manage the Improvement Plan way beyond its timeline as a continuous improvement programme. Pippa Nightingale added it was important to learn from the past and there was no point repeating previous interventions. She felt this Improvement Plan was different as it involved working as a system. Lesley Watts agreed that there had been a culture of tolerance and now there needed to be a culture that said the Trust wanted staff to work there and look after women safely, and that would mean staff being comfortable to talk and challenge each other in a good natured way. The role of the ICS on resident's behalf was to ensure constant surveillance to make it clear everybody was expected to have the same mode and level of behaviour and be kind to each other.

In relation to the accountability of leadership, Chris Bown advised that the accountability rested with himself and the Board of the Trust to ensure they had the right level of managers who were skilled to deliver what was required of them. Regarding the previous leadership, he advised that there were core behaviours exhibited by individuals within that service, and the Trust did not tolerate bullying, racism or discrimination and had taken action against individuals where it had been found to exist very quickly and through the appropriate HR processes. He felt that the new leadership team would be better as there was an effective Improvement Plan in place, the right expertise internally and externally to support, and accountability resting with the Board of LNWUHT. He highlighted that the Board met every 2 weeks with the Chief Medical Officer to be challenged on where they were with the Improvement Plan, and there was also a monthly Maternity Improvement Board meeting held in public which was chaired by Chris Bown. He advised that the Board were very aware of the challenge they faced and all execs and non-execs were fully engaged in the Improvement Plan, and challenged where they felt action was not being taken fast enough.

Lisa Knight confirmed that the new leadership team were involved in pulling together the Maternity Improvement Plan rather than the previous leadership. In terms of the new leadership's involvement with the organisational development programme that an external management Company had been appointed to support, Chris Bown advised that the reason the new leadership would not undertake that work was that the Company was dealing with decades of poor culture which required a level of expertise way beyond normal line management abilities, with significant professional and expert input needed to address the significant challenges the unit had. He highlighted that the Company was a professional Company involved in organisational development programmes for public and private sector organisations for the past 25 years. They would be working to understand staff concerns, engage on concerns, and work with staff to ensure that as a team they worked cohesively, facilitating small groups of staff to bring about a civil approach to how people interacted and worked as colleagues.

Comments in the report were regarding consultants being disengaged, and the Committee queried what that meant. It was confirmed that some consultants were not participating effectively in the multi-disciplinary team working, and the issue was now addressed. There was now at least one member of the new leadership team present at the multi-disciplinary team meeting at the beginning or end of the day, and consultant engagement was part of the organisational development plan.

The Committee expressed concerns about the level of staffing, having heard comments and anxieties raised, and asked how the voice of the midwife had been taken into consideration. Lisa Knight advised that when the issues with staffing and engagement had first been unravelled, they had sat down with staff at various specific events and asked them to contribute to the Maternity Improvement Plan. Staff recommendations were put into the Improvement Plan and it was continually reviewed. There were twice-weekly staff events, with the dates moving around to allow more staff the opportunity to feed back, which Lisa Knight advised were working well, but she had noticed it was the same group of staff who liked to be engaged. They were now working to reach all groups of staff in the right ways to hear their contributions. Out of those conversations with staff, some of the actions taken in response included task and finish groups, which staff were invited to, such as the interpretation task and finish group. She felt that they had made a step forward in relation to staff engagement.

In relation to the level of staffing, Lisa Knight informed the Committee that the hospital were still delivering 1 to 1 in labour. The Trust had not reduced the number of staff on the labour ward but increased it, however Lisa Knight advised that there was a difference between increasing the staff in the labour ward on a day by day basis and the ability to fill it, with the 40 vacancies being where the challenge lay. She advised that they often had to look across the service and move staff around in order to staff the labour ward, which was done regularly on a risk assessed basis. A review of staffing at Northwick Park had been undertaken by Birth-rate Plus, a national Company who reviewed staffing in maternity units based on number of births and other dependencies such as high risk patients. Birth-rate Plus was of the view that the Trust's staffing was correct based on its activities. The Trust had ensured there was the budget in order to create the right amount of posts, but had 40 vacancies making it challenging day by day. Bank and agency staff were used to bridge the gap. Chris Bown agreed to share with the Committee the number of midwives in each ward currently.

Continuing to answer questions around staffing, Lisa Knight confirmed that the Director of Midwifery reviewed staffing every day along with the matrons of each ward. Staffing was included on the risk register and if there were any concerns around staffing it was escalated to the Trust Operation Centre, which was GOLD Command level. She reassured the Committee there were tools to assess risk and a great deal of experience managing staff to mitigate risk.

In relation to grading and responsibility, Committee members raised questions around the expectations of midwives at different levels. They had heard accounts that newly qualified Band 6 midwives had been asked to act up into Band 7, which included managing the team, and asked whether they were correct. Lisa Knight advised that the Trust did not ask Band 6 midwives to act up into Band 7, but sometimes a Band 6 midwife may be left in charge of the shift which was viewed by the Trust to be reasonable for their qualification. This would not be asked of a newly qualified Band 6 midwife. In response to whether a member of staff would still be expected to manage a shift if they said they did not have the confidence to do it, Lisa Knight advised that there was a 24 hour on-call senior midwife available at all times that could come in if that situation arose and there was always back up.

It was highlighted that Maternity Assistants were now in post and the Committee asked for more information on the role. The Committee heard that Maternity Assistants were trained to a different level compared to a Health Care Assistant and qualified through a particular maternity programme to a higher grade. They had some advanced skills and specialities, such as in breast feeding, but were not midwives. Their role in the antenatal clinic was around clinical observations, chaperoning and comforting women.

The Committee queried whether there had been considerations around staff remuneration. Lisa Knight confirmed that the Trust had been reviewing salaries as well as bank rates and

incentives, with the Director of Midwifery pulling together a paper on that, but the big challenge was that Northwick Park was outside of the inner London weighting.

In relation to policies, Lisa Knight confirmed that there were around 120 policies and guaranteed they were all up to date and followed a monthly review cycle for checking. There was a big piece of work being conducted on the policies with the ICS which involved benchmarking the policies against other organisations' policies to ensure they were delivering best practice. In terms of the input 'speak up' guardians, the Maternity Voices Partnership, and midwives had into the policies, the Committee were advised that some of the policies would be relevant for their input but others were nationally directed policies that could not be negotiated.

The Committee were advised that a risk assessment document had always been in place, but a recommendation from the Ockenden review was that every unit reviewed their risk assessment document, which the Trust had been doing with the local maternity system. The new assessment document had been implemented in April 2021 and the Trust were now in the process of auditing it as it had been in place for several months. The results of the audit were not finalised yet but they had been working on ensuring comprehensiveness of testing at follow up appointments as part of that process, as well as additional training.

The Committee asked whether the Trust were confident that when midwives spoke on the phone to people in labour they were giving clear instructions and information about when they should attend the hospital. A member disclosed their own experience where a family member had their labour delayed which had caused issues. Lisa Knight advised that a 24 hour mobile telephone line had been introduced the previous year, meaning there was greater access for support on the telephone. In relation to the experiences of members, she advised that the feedback was very helpful as they had not heard that feedback from anyone else. In response to the feedback she would ask the Maternity Voices Partnership to check that people were getting the right advice on that line as it had not yet been audited.

Regarding induction of labour, the Committee noted the delays and asked how it was being dealt with. Lisa Knight advised the Committee that the induction of labour was audited every day. There were still delays, and up to 50% could expect a delay in the labour pathway. Some pathway mapping had been undertaken to see where the main delays were, with the help of the Head of Midwifery from another unit who had recently worked on improving the pathway in their own unit. The work looked at discharges from the labour ward, discharges from the post labour ward, staffing, and the pathways in and out. The delays were now starting to reduce but were not at the levels the Trust would like therefore there was still work to do. Lisa Knight offered to bring an update on induction to a future meeting.

Questions were asked about the percentage of continuity of carer, noting there was a 5 year long term plan to move to 100% continuity of carer. Lisa Knight advised that, as an organisation, the Trust had agreed to concentrate on safety and the delivery of the Improvement Plan so had not been putting continuity of carer forward in the same way they had been doing. The figure put forward the previous month was around 40% and it was agreed this would be checked and shared with the Committee.

The Committee noted that many patients did not speak English as their first language, so there may be challenges in communication. They queried whether the Trust employed staff that spoke the various languages or employed interpreters to assist in communications. Lisa Knight advised that it was a mixture of the two. As the volume of languages patients spoke was vast it was not possible to employ people who spoke all of those multiple languages, so there was always access to 24 hour telephone interpretation where required. If a family needed face to face interpretation that option was available but the majority of the time telephone interpreters were used. Currently, there was a Task and Finish Group looking at interpretation, and they

were looking at some new companies with products being piloted in a number of hospitals. They hoped to be one of the next pilots. As well as the telephone interpretation services, all of the Trust's web based services had a Google translate button. Responding to queries on how well patients knew about the interpretation services and whether GPs were informing patients of the service, Dr MC Patel (NWL CCG) advised that when GPs referred patients their referral form would indicate whether a person needed interpretation or language assistance. If a GP picked up any difficulties with language they would report it to the hospital through the shared care booklets patients took with them.

Continuing to discuss the involvement of GPs, Dr MC Patel encouraged the involvement of GPs in the improvement developments, expressing that it was important to have an ongoing dialogue with the GPs who worked with pregnant people on a day to day basis. He would like to have regular attendance from the Trust at GP forums so that all GPs were aware of the changes being made and the Improvement Plan, and noted that it was in the interest of GPs to work with the Trust to improve the service and care for the Brent community.

Further clarity on the antenatal offer was asked for. Lisa Knight confirmed that the antenatal services ran out of Northwick Park and Central Middlesex Hospital, and a very small service was ran out of Ealing, which gave patients the option to come out of a local hospital.

The Committee asked how the Trust supported people who may not be able to access the website and were digitally excluded. They highlighted that, currently, the website did not have information that directly related to assurance for patients following the CQC report. Chris Bown advised that they needed to look at how they could support people without access to technology and would look into the lack of assurance on the website.

Engagement and involvement of patients and their families was raised, including within a cultural context. The Committee wanted to hear the patient voice about their experiences and suggestions on how things could be improved. Lisa Knight advised that the Maternity Voices Partnership meeting was held every week, made up of people who had given birth. The Partnership was not currently representative of the population therefore a piece of work was being conducted with the Chair of the Partnership to get different people from different backgrounds to come forward. This had also been discussed with Healthwatch. The Trust welcomed suggestions from the Committee around patient and family involvement.

The Chair drew the item to a close by thanking colleagues for their responses, and invited health colleagues to summarise the assurances they could give families across Brent during the Maternity Improvement process. Chris Bown gave assurance that the service was safe and was not seeing high levels of perinatal mortality. He advised that the service was making progress with the Improvement Plan and CQC report, and highlighted the majority of people who used the service received a positive experience. Lesley Watts assured patients and the sector that the system was doing the right thing and the ICS was confident that the Trust was taking it seriously.

The Chair drew the item to a close and invited the Committee to make recommendations. Due to the time constraints during the meeting, the Committee were advised by the Chief Executive to agree any final recommendations via email outside of the Committee meeting.

The draft recommendations which have been prepared as a result of the discussion at the meeting are as follows:

The committee agreed with CQC inadequate judgement for maternity services and to strengthen the improvement plan would like to recommend the following:

1. That London North West University Healthcare NHS Trust produce a SMART maternity improvement plan, including key activities, milestones and timescales, and responsible officers, to be published online and made available to members of the C&WSC.
2. That London North West University Healthcare NHS Trust provide an annual progress report on the maternity improvement plan, with the first update report to be received at the C&WSC meeting of 22 February 2022, with London North West University Healthcare NHS Trust requested to appear before the C&WSC again at that time. The report should include a progress update of the SMART improvement plan, in line with the above recommendation.
3. That London North West University Healthcare NHS Trust consider service user and other key stakeholder engagement in their maternity services improvement plan, specifically:
 - That the Trust include clear mechanisms for engaging with service users and the Maternity Voices Network.
 - To consider ways to ensure better representation of service users from diverse cultural and language backgrounds in the Maternity Voices Network.
 - A greater focus and emphasis on strong mechanisms to capture pregnant people's experiences, opinions, and suggestions for improving the quality of service and care (e.g. Family and Friends Test data should be used on an ongoing basis to shape the improvement plan).
 - That there is active participation from frontline staff and clinicians in the development of the improvement plan, including attendance at the GP forum to ensure system working
 - That the improvement plan is published in way that enables those affected by digital exclusion to engage.
4. That the maternity pathway is reviewed to ensure that it includes signposting to further support if required by service users e.g. domestic abuse, culturally specific issues, after care.
5. That the Trust guarantees all women attending the antenatal clinics are assessed by a qualified midwife and that any breaches of the requirement is reported in the risk register.
6. That ACAS or the equalities commission is invited to review concerns about discriminatory practices especially in midwifery terms and conditions of employment, opportunity for advancement and susceptibility to bullying.
7. That the right and duty of staff to whistleblow in the interests of patient safety is written into their contract of employment.
8. That the daily ratio of patients to midwives in the Labour ward is recorded and made available on request.

The Committee made the following information requests to the London North West University Healthcare NHS Trust:

1. The latest data gathered from the NHS Family and Friends Test for maternity services be made available.
2. The number of midwives employed by the London North West University Healthcare NHS Trust maternity services and the number of vacancies for midwives.

3. Information on telephone interpretation facilities, including community languages available, how well this is utilised, monitored and how many service users are aware of this facility.
4. The available mechanisms for information to be provided to service users who are unable to or do not use the hospital website.
5. To provide the response of Maternity Voices to the query relating to telephone advice and guidance on the appropriate time to attend hospital when in labour.

9. **Any other urgent business**

None.

The meeting closed at 8:10 pm
COUNCILLOR KETAN SHETH

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C&WSC 8 July 2021
The Emerging Joint Health and Wellbeing Strategy
Recommendations and Officer Response

1. That there be greater emphasis on primary prevention and preventative measures in the development of the strategy.

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 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 consultation on the JHWS identified five emerging priority areas:

- Healthy lives
- Healthy places
- Staying healthy
- Healthy workforce
- Healthy ways of working

There will be a clear focus on prevention to address the social determinants of health and to tackle health inequalities

2. That all Council departments be involved as soon as possible in the development and delivery of the strategy.

Given the nature of the Joint Health and Wellbeing Strategy (JHWS) emerging priority areas, the membership of the strategy development working group was expanded, and there is now representation from all council departments, as well as BHWB partners.

As part of stage two of the consultation process, 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 consulted across the other key mechanisms e.g. management team meetings, staff networks. We have continued to do this to inform the draft strategy and related delivery plans for stage three of the consultation process.

3. To formalise engagement with a wider variety of community groups to work as partners in the development of the strategy as outlined by the committee, and to do further engagement with BAME communities.

The BHWB gave clear instruction that the JHWS must be developed with communities, and that consultation throughout the development process was critical. 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. The findings of this stage set the priorities of the strategy.

Stage two consultees include partners, key external and internal forums, and key community and voluntary sector groups. Community forums consulted as part of stage two have included the Emerging Communities Network, Multi Faith Forum, Cultural Diversity Network and the Brent Health Matters Community Champions network.

We will continue to consult widely as part of stage three of the consultation process, and will ensure engagement with key communities including BAME communities. Officers are working closely with BHWB members to ensure effective engagement across the system.

4. To further link up the work of the strategy with proposals in the Poverty Commission, Climate Strategy, and Black Community Action Plan.

The BHWB has noted that a number of issues emerging from the consultation, such as creating fair employment and improving access to high quality housing, result in inequalities that people experience as impacting upon their health and wellbeing. The BHWB agreed these insights would be 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. Officers will ensure there is a matrix approach across these key strategies.

	Community and Wellbeing Scrutiny Committee
	21 September 2021 Report from the Strategic Director of Community Wellbeing
Homelessness and Services for Families	

Wards Affected:	ALL
Key or Non-Key Decision:	Non Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 – End to End Process
Background Papers:	None
Contact Officer:	Laurence Coaker Head of Housing Needs Laurence.coaker@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To update Community and Wellbeing Scrutiny Committee about the support for families in the borough who are homeless, or at risk of becoming homeless, including the performance of services, demand for services, delivery of support and improved outcomes for service users.

2.0 Recommendations

- 2.1 That the committee note the information provided in this report and is assured about the support for families in the borough who are homeless, or at risk of becoming homeless.

3.0 Introduction

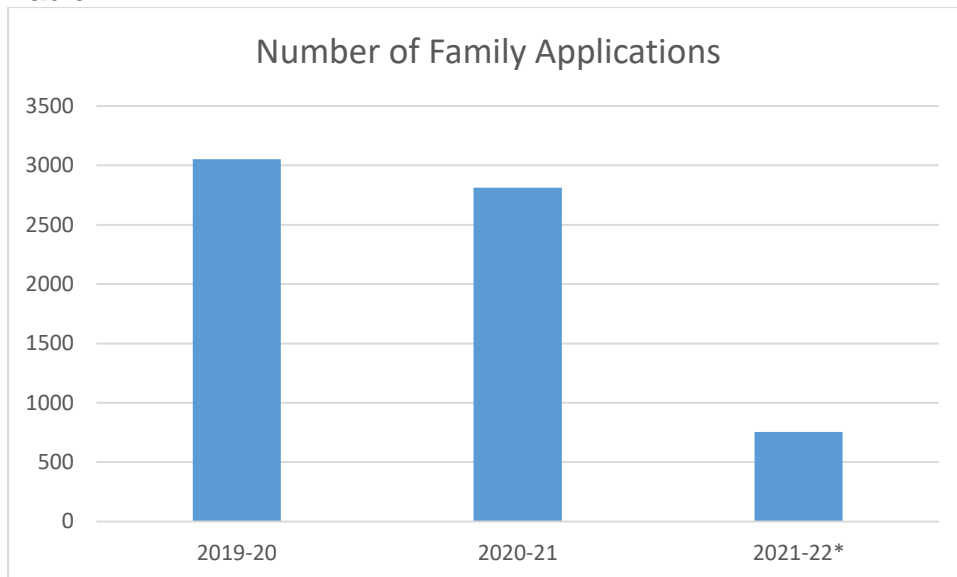
- 3.1 The Housing Options Team, within the Housing Needs Service, support families who are homeless or threatened with homelessness. A separate team within the Service specialise in supporting single people, and couples without children.
- 3.2 The team work within the legal framework of The Housing Act 1996, Part 7 (the Act). The Homelessness Reduction Act 2017; implemented on 3 April

2018, places new duties on housing authorities to intervene earlier to prevent homelessness and to take reasonable steps to relieve homelessness for all eligible applicants, not just those that have a priority need under the Act. This Act does not replace the previous legislation but 'bolts on' new duties, to the main housing duty.

- 3.3 **Duty to prevent homelessness:** The team support families who are at risk of losing their home as soon as they are threatened with homelessness within 56 days, by helping them to remain in their current accommodation, if the property is suitable and reasonable for them to continue to occupy.
- 3.4 **Duty to take steps to relieve homelessness:** This duty is triggered when a family are already homeless. The team provide advice and assistance to help people find suitable accommodation in the private rented sector for themselves and their families. Families are supported to find their own accommodation, and if it is suitable, and affordable, will pay the owner an incentive payment, to secure the property.
- 3.5 Under both of these duties, officers work with the family to agree the reasonable steps that both the family and the Council will take to either prevent or relieve homelessness (depending on which of the duties is owed). These steps are recorded on a Personal Housing Plan (PHP) – which is an agreement between the person and their caseworker, detailing the circumstances of their homelessness, their housing and support needs. The PHP also provides the actions that both the Council and the person will take, working together to resolve their housing issue.
- 3.6 **The Main Housing Duty:** After 56 days, the relief duty comes to an end if the family have not been able to secure suitable alternative accommodation. The team will then assess whether or not the main housing duty (under the Housing Act 1996) is triggered. The main housing duty is owed to those families who remain homeless after the relief duty, are in priority need and have not made themselves intentionally homeless. The Council will be under a duty to secure suitable accommodation, which is likely to be in the private rented sector.
- 3.7 There is also lesser duty to families who have a priority need but who have made themselves intentionally homeless. The local authority has a duty to secure accommodation for those families for a reasonable period, generally a few weeks to give them an opportunity to secure alternative accommodation; and provide them with advice and assistance in securing accommodation.
- 3.8 In addition, the local authority has a duty when a family is intentionally homeless and includes a child under 18, to offer to refer the case to social services, (the applicant must consent), and if the applicant has consent, share the facts of the applicant's case and the local authority's decision with social services, Social services has separate duties towards such children which includes the provision of housing so that the family does not become street homeless. Such intentionally homeless families will be referred to Children's Services through the Family Front door.

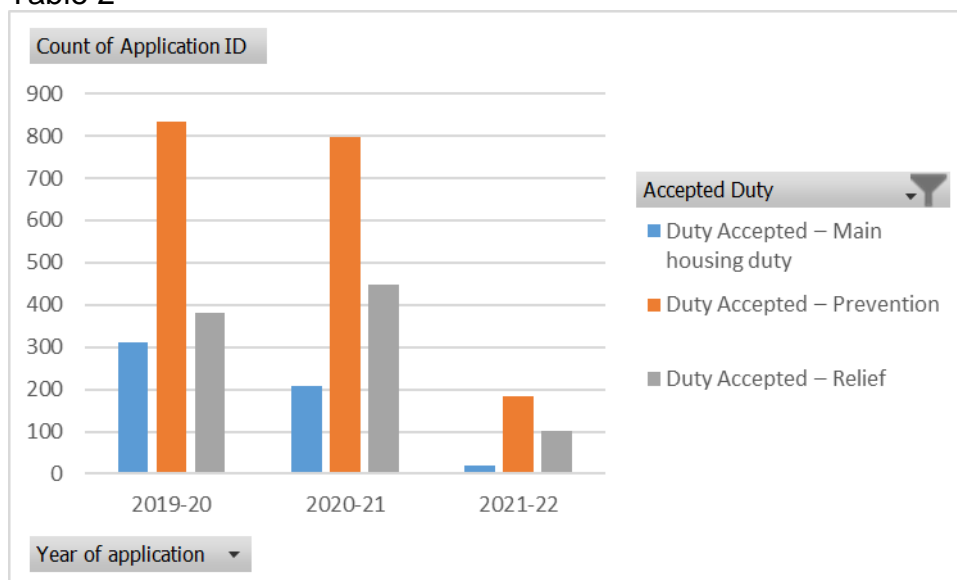
3.9 Table 1 below shows the number of applications received from families 2019/20, 2020/21 and *01/04/21 to 31/07/21

Table 1.



3.10 Table 2 is a breakdown of the number of prevention duties accepted, number of relief duties accepted and number of main duties accepted over the same period. Applications which did not result in one of these duties being accepted are a combination of families who were not homeless or threatened with homelessness, not eligible, ongoing enquiries, and lost contact.

Table 2



4.0 End to End Process

- 4.1 If a family is homeless, or threatened with homelessness, they are required to make a new application for housing assistance via the Council's website. This is done by creating and activating an account through "My Account", or signing in to their account if they are an existing My Account customer.
- 4.2 If a family do not have access to a computer, they are advised to visit our Customer Services Centre at the Brent Civic Centre, or one of the hubs, or their local library to use a computer. If they need assistance to complete the on-line application, support is provided at all of these venues, or they can choose to nominate a friend or family member to assist in completing their application online.
- 4.3 The applicant will then be presented with a short list of questions, which capture their personal details, as well as their housing circumstances. The system will then determine whether the person is homeless or threatened with homelessness, and eligible for assistance. An appointment is then created for them to be interviewed by a Housing Options Officer, and the system advises them what documentation they should upload in preparation for the interview. These documents may include their tenancy agreement, proof of ID, children's birth certificates, and proof of income.
- 4.4 The Officer will then conduct the interview with the applicant, to determine whether the Prevention or Relief Duty is triggered, and develop their Personal Housing Plan, as set out above. Due to the Pandemic the interview is conducted remotely over the telephone, or through Teams. However, if circumstances require a face to face appointment is offered. Whilst supporting the family to prevent or relieve their homelessness, the officer will also be assessing the case under the Housing Act 1996, in preparation to make a decision regarding the Main Duty, if prevention or relief is not successful.
- 4.5 There are five tests within the Act, which an applicant must meet for the Council to owe them the Main Duty. If the Council has reason to believe that the applicant meets the first three tests, then the "Interim Duty" to provide accommodation is triggered. This is often referred to as emergency accommodation, and the Council has historically relied upon private providers of nightly paid "Bed and Breakfast" accommodation, to meet this duty.
- 4.6 The five tests within the Act are
 1. Homelessness - to be categorised as homeless, a person must either have no accommodation that is available, or they have accommodation, but it is not reasonable for them to continue to occupy it. For example, due to the condition of the property, or if continuing to live there would put them at risk of violence.
A person is also threatened with homelessness, if they are likely to become homeless in the next 56 days.

2. Eligibility - a person is not eligible for assistance if they are subject to immigration control within the meaning of the Asylum and Immigration Act 1996. Or if they have 'no recourse to public funds', or fail the Habitual Residence Test.
 3. Priority Need – a person is in priority need if they are a pregnant woman, or live with dependent children. Vulnerable because of old age, mental illness, physical disability, or other special reason. A victim of Domestic Abuse, or have been made homeless because of an emergency such as flood, fire, or other disaster. A person may also be vulnerable if they have spent in hospital, prison, or the armed forces, or are over 21 and have spent time in care.
 4. Intentionality – a person may be considered intentionally homeless if they have deliberately engaged in something that made them lose their home. For example, if somebody voluntarily left their accommodation without a good cause, or if they were evicted because they did not pay their rent, which they could afford to pay.
 5. Local Connection – to have a local connection, a person must have lived in Brent, have immediate family who have lived in the area for 5 years, or they work in Brent. If the applicant does not have a local connection, the council may refer them to an area in which they do. However, if a person is homeless due to Domestic Abuse, they will not be referred back to an area where they may be at risk
- 4.7 If the Main Duty is accepted, the applicant may be offered suitable accommodation in the Private Rented Sector (PRS), to end the duty. This is known as a Private Rented Sector Offer (PRSO). Or they may be offered Temporary Accommodation (TA). This is accommodation that has been leased in the PRS, and does not end the Main Duty, so the applicant is technically still homeless. The family will then either be offered a PRSO or social housing to end the main duty.
- 4.8 A flowchart is attached at Appendix 1, which sets out the end to end process

5.0 Response to the COVID-19 Pandemic

- 5.1 Evictions from private rented sector properties were banned in England at the start of the first lockdown in March 2020. The ban was put in place by the Government to suspend bailiff action, to protect renters from eviction during the Pandemic. Evictions from the private rented sector was the main cause of homelessness in Brent, prior to the pandemic. The initial impact of the ban was a 30% reduction in the number of approaches from homeless families, from the previous year. However, by the end of the financial year, the reduction in approaches from families had only reduced by 8%, despite the ban on evictions not being lifted until 31st May 2021.

Table 3 – Number of approaches from homeless households

Year	Number of approaches
2019-20	3051
2020-21	2801
01/04/21-31/07/21	741

- 5.2 The Housing Options Service was aware that many people had been furloughed from employment, or had been made redundant, and were therefore struggling with rent arrears and meeting basic costs. It was forecast that when the ban was lifted there would be an increase in homelessness caused by evictions from the private rented sector. In December 2020, the service began preparations to launch a project to help residents potentially at risk of eviction, and or experiencing financial difficulties, in an attempt to prevent homelessness ahead of time. This is a proactive initiative, enabling the service to reach out before the resident presents as being threatened with homelessness, and provide support and advice at the earliest possible stage.
- 5.3 Two full time Homelessness Prevention & Relief Officers were seconded to the project, reporting to a Team Leader in the Housing Options Service. The project team worked with a range of voluntary sector and statutory services, to make them aware of the project and encourage referrals. Officers met with community leaders, places of worship, foodbanks, the Brent Hubs, the DWP, as well as in-house services. The aim was to inform our partners about the project, to enable them to identify people who were struggling financially, or could be at risk of eviction.
- 5.4 The project team also obtained records for the households who had made a claim for financial assistance through Discretionary Housing Payment, and the Resident Support Fund, so that these residents could be contacted directly and offered support.
- 5.5 Officers also attended the Brent Landlord Forum, to give a presentation and encourage Brent's Landlords to engage with the project at the start of any potential issues with rent arrears etc.; to ensure support could be provided at the earliest possible stage, and prevent issues escalating to eviction.
- 5.6 Since the inception of the project, 404 Brent Residents (136 single people and 268 families) have received support and advice to either retain their current accommodation, or in securing alternative accommodation in the private rented sector. This proactive approach has meant that the service has been able to engage with residents, and prevent homelessness, before a Landlord has undertaken eviction proceedings. This early intervention, to families who may not have approached the Council for assistance until they were at the crisis stage of being evicted, has resulted in families avoiding the stress and disruption of being made homeless, and avoided the use of emergency bed and breakfast accommodation.

- 5.7 Residents have also been referred to wider support services beyond housing. These include assistance to secure employment, with 122 referrals made through Brent works, as well as 180 referrals to food banks, 11 referrals to the Citizens Advice Bureau and 16 referrals to the Brent Hubs to help on wider issues. Some of these referrals have resulted in discussions with Children's Services and the Family Wellbeing team, in cases where family advice was needed.

6.0 Domestic Abuse Service

- 6.1 Following the Council's Outcome Based Review (OBR) on Domestic Abuse (DA), one of the recommendations was to create a dedicated Domestic Abuse Service for survivors/victims of Domestic Abuse. In 2018, the Housing Needs Service implemented a DA Housing Service and one member of staff became the Domestic Abuse Housing Officer responsible for families at risk of or experiencing DA. However, by October 2018 it was clear more resources were needed to meet demand and another DA Housing Officer was appointed. There are now 5 dedicated DA housing Officers (4 permanent and 1 secondment).
- 6.2 The service provides housing, financial, practical and emotional advice and support to female, male and transgender victims (both families and singles) of domestic abuse. Officers ensure that the service response is appropriate to the needs of the individual and in line with good practice to provide safe accommodation. The goal is to provide personalised housing options and additional support services for victims/survivors of DA. The service ensures that the right help and support is available so that fewer victims and their children reach crisis point, and the harm caused by DA against everyone is reduced.
- 6.3 Internal and External services can refer clients directly to the DA Housing Service. Referrals are mainly received from Children Social Care, EACH, Advance and Asian Women's Resource Centre. Professionals from these services help applicants to complete the online application. As well as provide a detailed summary regarding the situation.
- 6.4 The Domestic Abuse Housing Team will respond to all emergency referrals on the same day- usually within 30 minutes of receiving the referral. They deal with DA in a confidential, sensitive and non-judgemental way. Information is shared with partner services, including Depaul UK, EACH, Brent Housing Management, Advance, Southall Black Sisters, Adult and Children's Social Care, Community Safety, Asian Women Resource Centre, Eastern European Resource Centre, NHS, National DV Helpline, National Centre for DV, and the Police, to ensure that the client receives the appropriate support. The team also contributes to the Brent Multi Agency Risk Assessment Conference (MARAC) to ensure they are part of and support an effective strategic approach in supporting survivors/ victims suffering DA. Their first priority is to protect the survivor by assessing the risk.

- 6.5 Risk levels and safeguarding concerns are assessed using the Safe Lives DASH risk assessment. All cases are referred to Children's Services through the Brent Family Front Door, if the family are not already known to Social Care.
- 6.6 In order to be assisted, clients must be eligible for assistance and deemed homeless. If a client is found to be ineligible for assistance, but has a dependent child(ren), the case will be referred to Brent Family Front Door on the same day, so they can be assisted through the Children's Social Care service. The client will also be assisted to apply for Destitution Domestic Violence Concession (DDVC) in order to claim public funds for up to 3 months whilst UK Visas and Immigration considers their application to settle in the UK.
- 6.7 The respective DA Housing Officer will discuss additional support services and make the relevant referrals (EACH, IDVA, Advance, AWRC etc). In addition, they will discuss the housing options, including injunctions, supported accommodation, refuge, private rented accommodation, management transfer, Pan London Reciprocal, Sanctuary Scheme, B&B (only arranged as a last resort) and the DA Units for females only. The Support Worker provides the necessary support and completes a safety and support plan with clear outcomes. The team works collaboratively with support workers and advocates to ensure the best outcome for the service user is achieved.
- 6.8 The team arrange and pay for travel warrants and taxis for clients in receipt of benefits or who do not have sufficient funds to travel to a refuge. Food and essential items are also purchased, and the service can also pay for moving costs once the client has secured settled alternative affordable accommodation.
- 6.9 Having a safe and secure home environment is essential for DA clients. A female only, six bedroom house was procured in Wembley, in January 2020, to provide good quality and safe emergency accommodation. In August 2020 a five bedroom house was procured in Colindale, for clients who cannot remain in the borough.
- 6.10 In January 2020, a successful bid was made to secure £40k to pay for a Support Worker, to support the women residing at both properties. Since procuring the properties, the DA Service has provided emergency safe accommodation to 79 women and avoided the use of B&B accommodation, which is wholly unsuitable accommodation for DA clients. The grant was extended from 1st April 2021 until 31st March 2022.
- 6.11 The Domestic Abuse Housing Alliance (DAHA) is part of the Government's 'Ending Violence against Women and Girls strategy'. DAHA accreditation is the UK benchmark for how housing providers should respond to domestic abuse. The DA Team applied for DAHA Accreditation which was awarded in October 2020, in recognition of the Council's commitment to prioritising, recognising and responding to domestic abuse as well as demonstrating a good practice approach.

Performance and Outcomes of the DA Team

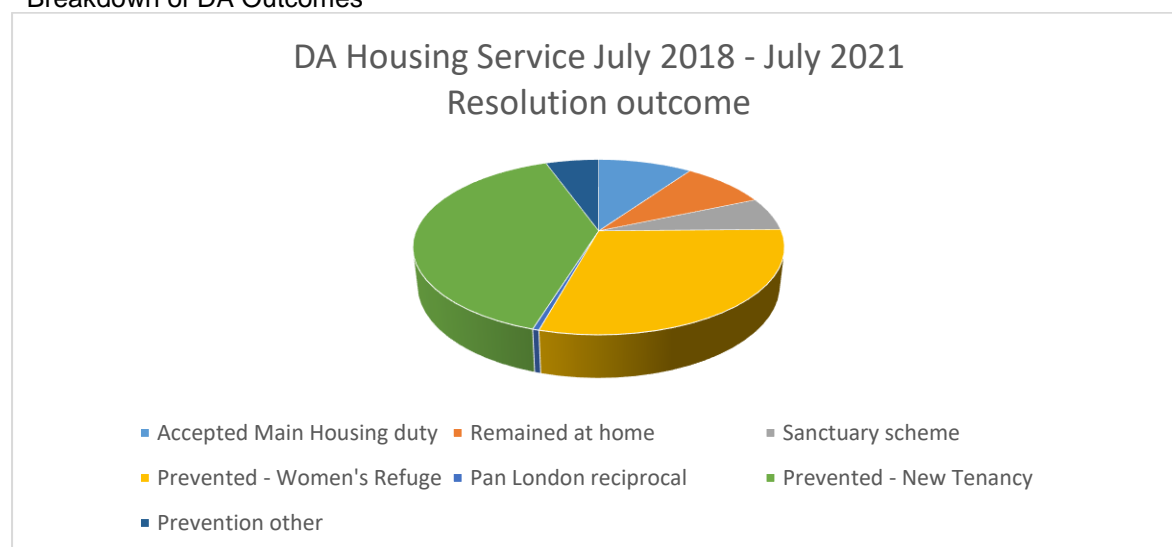
- 6.12 Since the inception of the DA service in July 2018, there have been 1,576 referrals made, with a 108% increase in demand from 2019/20 to 2020/21, which may be attributed to the pandemic, and subsequent lockdown. If demand is sustained at the same rate as Q1 of 2021/22, the out turn forecast is 825 referrals.

Table 4 – Number of referrals made to The DA Service

	Jul18-Mar 19	2019/20	2020/21	Apr 21 – Jul 21	Total
Demand	134	378	788	275	1,576

- 6.13 Approximately 10% of the referrals made (151) are not suitable for the DA service as they are non DA related. These referrals include, gang related violence or other fear of violence, which is not Domestic Abuse.
- 6.14 Due to the success in providing the appropriate advice and support, or securing accommodation for the applicants who have approached the service, the majority of clients have had a positive outcome. A breakdown of the outcomes is illustrated in the chart below.

Breakdown of DA Outcomes



7.0 Other Initiatives to Manage Homelessness

- 7.1 The service is also developing other initiatives to improve the quality of the Temporary Accommodation used to house homeless families, and increase the supply of affordable accommodation in both the Private Rented Sector, and Social Housing to help meet demand.
- 7.2 Currently, the Council is dependent on non-self-contained Bed and Breakfast and self-contained annexe accommodation, to use as emergency Temporary Accommodation for homeless households. However, a new purpose built building has been developed at Anansi House, in Harlesden, which is due to

be completed in mid-October 2021. This is a 94 room scheme, which will be used as emergency accommodation in the future, and will replace the use of Bed and Breakfast and annexe accommodation.

- 7.3 The service has also taken over the Temporary Accommodation portfolio of private leased accommodation, from Network Homes Housing association in October 2020. The 350 properties in this portfolio have been added to the existing in-house leasing scheme – Brent Direct Leasing (BDL), to create a portfolio of over 400 temporary accommodation units that are now managed in house.
- 7.4 Brent was also one of the founder member boroughs of Capital Letters, a joint endeavour between 21 London boroughs to jointly procure affordable Private Rented Sector accommodation across London, used for the prevention and relief of homelessness or to end a main homelessness duty.
- 7.5 We have set an ambitious Council house building programme, which will deliver 1000 new Council homes over five years to 2024. To date we have delivered 295 new homes, with a further 546 on site, and we expect to exceed this target. The Council has also secured a further £111m GLA grant to develop an additional 700 homes by 2028
- 7.6 We are looking at every way to increase supply in order to meet the housing need.
- Identifying new development opportunities on existing Council owned land and new sites
 - Working with partner Registered Providers and I4B to maximise the amount of affordable housing they are able to provide and tailoring this to housing need in Brent
 - Being aware of new private developments and the proposals for Affordable Housing and working with Planning colleagues to maximise the amount.

8.0 Financial Implications

- 8.1 The Housing Needs service sits within the Housing General Fund. The budget for this service is provided through both Council funding and direct grant funding.
- 8.2 Housing Benefit income is received for eligible households. However, in most instances, this income is subsequently paid out to accommodation providers so has no net impact on the budget.
- 8.3 Overall grant funding of £8.5m is expected to be received in 2021/22. Most of this is funding is derived from two MHCLG grants. The Homelessness Prevention Grant of £7.0m combines what were previously the Flexible Homelessness Support Grant and Homelessness Reduction Grant. The Rough Sleeping Initiative Grant of £1.3m provides support to prevent rough sleeping.

- 8.4 A variety of Covid related grants were received in 2020/21, totalling £1.0m. This grant funding has not continued in 2021/22. However the funding from the core grants provided above has increased, which has led to overall grant income remaining constant at £8.5m in 2021/22.
- 8.5 The Council has continued to seek opportunities to provide services in a cost-effective manner. This has included securing in-house Temporary Accommodation, reducing reliance on external landlords. The Council has also joined Capital Letters, the pan-London non-profit company established by 21 London Boroughs, to co-ordinate the procurement of accommodation at lower cost.

9.0 Legal Implications

- 9.1 Under the Housing Act 1996 (HA 1996), as amended by the Homelessness Reduction Act 2017 (HRA 2017) all local authorities have statutory duties towards applicants for housing assistance and their households who are either threatened with homelessness under s.195(2) of HA 1996, “the prevention duty”; or homeless under s.189B(1) of HA 1996, (“the relief duty”) and are eligible for housing assistance. Under both duties there is an obligation to carry out an assessment under s.189A of HA 1996, of the reasons for their homelessness, their housing and support needs. They also need to agree with the applicant, the reasonable steps to enable them to secure that suitable accommodation is available to them for at least six months. These steps are recorded in personalised housing plan, known as a PHP.
- 9.2 Both the prevention and relief duty are for a period of 56 days and they can be ended in the following circumstances:
- In the case of the prevention duty, if the applicant has been homeless, rather than just threatened with homelessness.
 - 56 days have passed and the authority has not yet made a decision or is satisfied that the applicant does not have a priority need or is intentionally homeless.
 - the applicant has deliberately and unreasonably refused to take a step in their PHP.
 - The applicant has suitable accommodation for at least six months.
 - The applicant has refused an offer of accommodation, include a final offer
 - The applicant has become intentionally homeless from the accommodation provided under the relief duty.
 - The applicant is not longer eligible
 - The homeless application has been withdrawn
- 9.3 Under s.188 of HA 1996, if homelessness has been confirmed and the local authority has reason to believe that an applicant or a member of their household may have a priority need, then, during the relief duty, there is a statutory duty to provide the applicant and their household with interim emergency accommodation, this is irrespective of whether they have made themselves intentionally homeless.

- 9.4 In the case of families, there usually will be a priority need if the applicant has dependant children under the age of 18, in addition, there could be additional reasons for priority need in families if a member of the family is vulnerable due to a disability, and following the introduction of the Domestic Abuse Act 2021, the applicant or a member of their household is a victim of domestic abuse.
- 9.5 At the end of the relief duty, if the homelessness has not been relieved, then it is necessary to make a decision as to whether or not a main housing duty under s.193(2) of the HA 1996 is owed.
- 9.6 Unless the applicant has made themselves intentionally homeless, if the applicant's family contains a dependant child under the age of 18 or there are other members of the applicant's family household with care needs or disabilities, the applicant will have a priority need under s.189 of the Housing Act 1996 and the main housing duty will be owed.
- 9.7 If an applicant has made themselves intentionally homeless under s.191 of the HA 1996, then the main duty is not owed. However the local authority will still owe a lesser duty under s.190(2) to (a) secure that suitable accommodation is available for a reasonable period to give the applicant a reasonable opportunity to secure other accommodation (b) provide advice and assistance, based on the updated PHP to help them secure somewhere to live.
- 9.8. Local authorities also have duties towards families under s.17 of the Children's Act 1989, which places an ongoing general duty to safeguard and promote the welfare of "children in need" (and those of their families) in their area. This duty can include providing families with accommodation until the child in need reaches the age of 18.

10.0 Diversity Implications

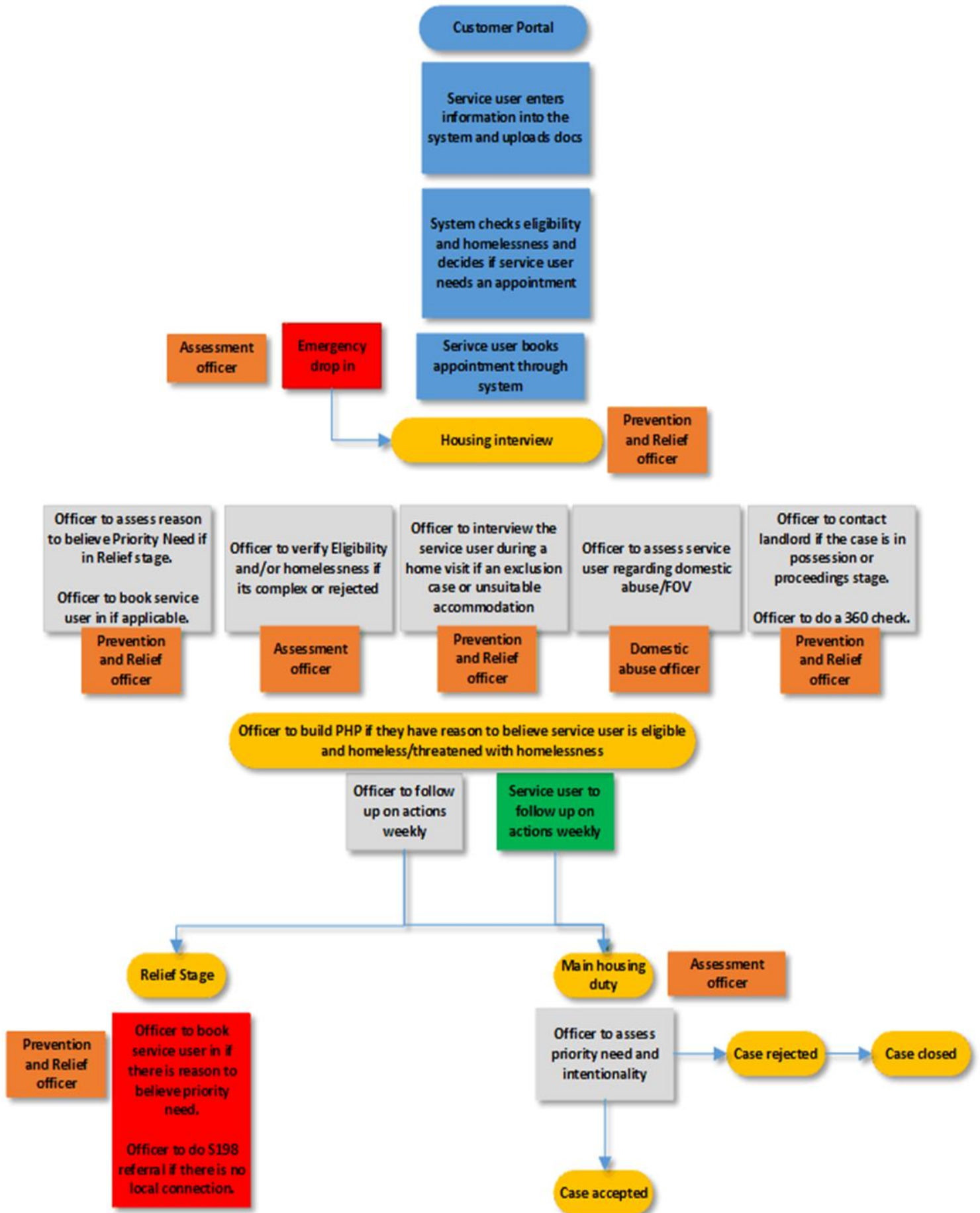
- 10.1 A full Equalities Assessment has been carried out to determine which groups with protected characteristics under equalities legislation are over or under-represented in terms of being supported by services.
- 10.2 The "protected characteristics" are: age, disability, race (including ethnic or national origins, colour or nationality), religion or belief, sex, sexual orientation, pregnancy and maternity, and gender reassignment. Marriage and civil partnership are also protected characteristics for the purposes of the duty to eliminate discrimination.
- 10.3 The outcome of these assessments confirms that the groups with protected characteristics being supported by services, generally matches the groups who apply as for services

Report sign off:


Phil Porter

Strategic Director of. Community Wellbeing

Appendix 1 End to End Process



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	CWB Scrutiny Committee 21 September 2021
	Report from the Strategic Director of Community Wellbeing
Brent Housing Management Performance	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 – Resident Engagement Framework Appendix 2 – Spotlight Newsletter
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Emily-Rae Maxwell, Head of Housing and Neighbourhoods Emily-Rae.Maxwell@brent.gov.uk Giuseppe Coia, Head of Property Services Giuseppe.Coia@brent.gov.uk

1.1. Purpose of the Report

The purpose of this report is to update the Community Wellbeing Scrutiny committee on the operational performance of Brent Housing Management (BHM). The report is organised around three key themes: Contacting Us; Your Home; and Your Neighbourhood. These themes reflect what matters to our residents, therefore, they drive the work of BHM to ensure we are focused on outcomes for residents rather than the work of individual teams.

2. Recommendations

- 2.1. That the committee note the information provided in this report and is assured about BHM's focus on Brent council housing residents, that there is a grip on operational performance and there are actions in place to tackle underperformance.

3. Contacting Us (Customer Contact and Resident Engagement)

Customer Contact

- 3.1. BHM's transformation plan included a commitment to merging the housing contact centre with the council's wider customer access team to create one front door for all council services and ensure consistent experiences. BHM retained management of the contact centre from until January 2021 to ensure that the CRM had been successfully implemented across all housing services – BHM was the first (and pilot) area in the Council for implementing the CRM system.
- 3.2. Table 1 below shows call answering performance and highlights two key milestones, which affected performance for call answering: the first was the implementation of the CRM 2019/20, the CRM implementation was a significant change and had negative impact on performance in the first instance. It was embedded through 20/21 during the pandemic, and the move to the corporate contact centre has built on the CRM and there has been a successful transition as evidenced in the improved call answering performance.

Table one: Call answering performance

Landlord Management	BHP (Oct 2017)	BHM	BHM	BHM	Corporate
% of Housing Management calls answered in the contact centre	2017/18	2018/19	2019/20	2020/21	2021/22 (YTD)
	71%	78%	72%	74%	82%

- 3.3. Call answering rates are only one measure, though. One of the main complaints under BHP (when call answering rates were not dissimilar to now), was the customer experience was poor. Long call waiting times and a focus on answering the call rather than answering the question left residents feeling dissatisfied with the service. BHM set a target of reducing average call waiting time down below 5 minutes and this is now the focus for both BHM and the customer access service. Year to date performance is currently 6 minutes 22 seconds, but as Table 2 shows it has just dipped under 5 minutes in August and the aim is now to maintain and improve this until the end of the year. Key actions to improve performance include side by side coaching with officers, improving processes and system efficiency and cross skilling the team.

Table two: Detailed performance for call answering for 2021/22

	April-21	May-21	June-21	Jul-21	Aug-21	YTD 21/22
Number of calls received	5,829	5,349	6,268	5,850	5,850	23,296
Number of calls answered	4,978	4,140	4,660	4,987	5,060	18,765
% of calls answered	86%	78%	76%	85%	86%	82%

Average waiting time	4 mins 09 secs	8 mins 40 secs	7 mins 45 secs	5 mins and 54 secs	4 mins 39 secs	6 mins 22 secs
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- 3.4. In addition to this focus on the call centre, Tenants and Leaseholder Services (a team within Housing Management Customer Services) fully launched the Housing Portal on the Council's My Account platform in March 2021. The Housing Portal enables all residents to log repairs (in both the home and communal areas) and get updates, check their rent or service charge balance and update their information. Unlike email correspondence, it is fully integrated into back office systems through workflow to improve the service response, and so residents can log on to get updates – so they don't need to call the contact centre.
- 3.5. The Portal was tested through 2020 with 760 tenants and a small sample of 30 providing detailed feedback during testing. There are now 711 active users - 544 tenants and 167 leaseholders. The numbers would have been higher, but a decision was taken to pause the promotion of My Account earlier in 2021 whilst an assessment of accessibility standards was carried out. This has now been completed and we are now promoting the service, but it means that whilst accounts were activated, the volume of activity is not at the level expected.
- 3.6. For the Housing Portal to have a genuine impact on the demand for BHM calls through the Contact Centre, the target is for 25 requests to be raised via the portal per day of which 80% should be repairs related by March 2022. BHM has now increased communication with tenants and leaseholders to promote My Account including posters in communal entrances, information to resident associations and articles in the new resident engagement newsletter Spotlight. Further work with the Corporate Communications team is being done to ensure messaging that encourages residents to sign up to My Account is being included in all relevant housing campaigns and materials.

Resident Engagement

- 3.7. The publication of the Social Housing White Paper reinforced the need for social landlords to engage with residents and ensure their voices are heard at all levels of the organisation and these voices are reflected in the decisions being made. This is something we had already prioritised through the Customer Experience panel, but when we checked on progress earlier in the year we were disappointed to find that residents do not feel well engaged:
- 27% of the residents surveyed were unhappy with the opportunities to make their views known
 - 31% of residents felt that we didn't listen to and act on their views.
- 3.8. Therefore, we worked with the Customer Experience Panel to make a number of changes.
- 3.9. Firstly, BHM commissioned the Tenant Participation and Advisory Service (TPAS) to hold a series of workshops with tenants and leaseholders to understand how they feel we could involve residents in decision making, improve communication and build trust. Feedback from tenants and leaseholders told us they wanted to receive more information about what the service is doing,

specifically paper based newsletters. More events to be held locally rather than at the civic centre, more community activities and a clearer process for resident led governance including scrutiny for services. A new resident engagement framework has been drafted and consulted on with residents (see Appendix 1). This engagement framework includes three levels of engagement, specifically designed to reflect the feedback from tenants and leaseholders and what they believe constitutes successful resident engagement. The priority is to finalise the Engagement framework and focus on implementation, key projects for delivery include the Leaseholder Forum and a resident led committee to assist with Scrutiny and Governance.

3.10. Secondly, it is clear that we need to increase visibility on BHM estates and for officers at all levels of the organisation to be seen on BHM estates and to be accessible to residents. The core of this is the full roll out of the patch based housing officers, which was implemented in 2020, but with Covid restrictions wasn't able to be fully rolled out. This team is now the focus for day to day feedback, and those officers should be known on their patches. In addition, since the beginning of this financial year, there have been five estate walkabouts carried out by a Head of Service, with one or more senior manager, Councillor or resident champions. These took places at:

- Field House
- Chamberlayne Mansions
- Stonebridge and St Raphaels
- Windmill Court
- Cavendish Close
- Granville

3.11. When completing a walkabout, those attending agree a set of actions and photograph the current issues identified on that walkabout. The responsible Housing Officer for that walkabout then logs each job and teams provide an update on progress including after shots meaning a presentation can be provided showing the positive impact of the walkabout. This process has been replicated by all Housing Officers who have throughout August 2021, completed one walkabout of an estate in their patch accompanied by Ward Councillors. Feedback from Ward Councillors is these walkabouts have been well received.

3.12. Thirdly, in line with changes across the sector, BHM has now implemented Transaction surveys across 5 areas: Anti-Social Behaviour, Lettings, Planned Maintenance (external), Planned Maintenance (internal) and Responsive Repairs communal. These have all been operational for the last 3 months, and where we have statistically significant numbers, they are included in the report. The surveys are activated automatically from the CRM system implemented as part of the transformation when BHM was brought back into the Council. However, these text and email notifications generate low response rates, so we have had to implement call-outs. The service is committed to continue with this approach, though, to ensure that we get up-to-date feedback from people as they use the service, so we can make changes more quickly, and communicate these changes to residents.

3.13. Finally, BHM has also introduced a new newsletter 'Spotlight' which updates residents on a specific area of the service see Appendix 2 for an example of this newsletter. To go alongside this newsletter, we are working to reinvigorate the borough wide resident meetings using Teams. Two of the new style themed meetings have been held over the summer and attended by the Cabinet Member and the senior managers:

- the first was 'Spotlight on the leadership team' where residents had an opportunity to hear from and question the Lead Member for Housing and Welfare Reform as well as senior managers on BHM's current priorities for delivering improvements
- the second was 'Spotlight on repairs' where residents had the opportunity to hear from and question senior managers from Wates as well as the Leadership team for BHM.

3.14. Both sessions were challenging and raised a range of issues and actions, but overall people were very positive about the opportunity to raise those issues that were an ongoing concern, or they couldn't get sorted elsewhere. The BHM leadership team know that maintaining a strong focus on all of the above, and clearly communicating how they make a difference is a key priority going forward.

4. Your Home (Repairs, Planned Works and Compliance) ***Repairs***

4.1. Responsive repairs performance has continued to improve over the last few years as table 3 below shows.

Table three: Repairs performance

	BHP (Oct 2017)	BHM	BHM	BHM	BHM
	2017/18	2018/19	2019/20	2020/21	2021/22 (YTD)
% of repairs completed within 14 days (excludes communal and external works)	79%	76%	94%	86%	95%
Repairs Satisfaction	71%	79%	83%	86%	83%

4.2. BHM has continued to deliver responsive repairs and planned maintenance works during the Covid lock down period. This was initially challenging. However, by working closely and transparently with the Integrated Asset Management contractor Wates, it was possible for both contractor and operatives to adapt to a new way of working. This included greater utilisation of technology, alternative material supply chains, and robust operating procedures for working in residents'

homes.

- 4.3. However, as highlighted in the complaints section of this report, there is further work to do on the management of complex repairs requiring several different tradespeople. Complex works refers to disrepair, structural, dampness and mould, roofing, and multi-trade larger works. The number of complex works has risen gradually during the last few years, and a backlog grew because Wates were dealing with these larger complex jobs as if they were responsive repairs, and utilising numerous works orders. This led to significant hand-offs, lack of ownership, and poor visibility.
- 4.4. All complex repairs are now logged separately, and tracked jointly by BHM and Wates. A dedicated team comprising of Wates' staff and Brent officers has been established to address this backlog, and Property services has recruited a dedicated manager to lead on these works, who will be supported by 2 surveyors to ensure that there is a strong management grip on complex repairs. The works are being managed using planned maintenance principles. This comprises preparing work programmes, resident engagement and project management techniques, and Wates is increasing its supply chain and supervisory resource to ensure that the backlog is reduced and maintained at an acceptable level (from 750 to 250 by February 2022).
- 4.5. Wates also has serious challenges at present in terms of the contractor and material supply chain, and staffing. Unprecedented demand exists in the construction market and this is impacting on Wates' ability to deliver services. Notwithstanding this, a culture of openness and transparency will be implemented in order that residents are kept informed as to the impact of market conditions on service delivery. This is a significant risk area to resolving the issues. Therefore, it is essential that open communication with residents takes place, and works are properly prioritised.
- 4.6. Transactional surveys have been developed to monitor this new approach to complex and communal repairs to provide confidence on the quality of service being delivered. This will facilitate the signing off works as fully completed with good resident satisfaction. Surveys will be undertaken once works are completed, and will be more of an interview format due to the complexities and variety of issues. Longer-term works may require an intermediate survey to provide additional assurance.

Planned Works

- 4.7. Brent Housing Management has made a significant investment in maintaining the condition of its Housing property and in improving the amenity for our residents over the last 3 years. The following number of individual blocks have had external planned maintenance works in the last 3 years. Year 2021 / 2022 is in progress.

Year	Number of blocks	Status
2019/20	37	Completed
2020/21	126	Completed

2021/22	121	In progress
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- 4.8. The majority of properties have works completed within the required timescales. However, there have been occasions during lockdown and most recently of delays due to material and contractor resource shortages. This is a recognised issue in the construction industry at present, and may be the case for several years. This is due to unprecedented demand for construction works, the loss of labour due to Brexit, and shortage of materials.
- 4.9. Following Grenfell, the Council has invested heavily in improving the fire safety standard in its housing stock. The programme consisted of:
- 654 street properties comprising 1608 dwellings. 673 of these dwellings are leasehold.
 - 454 purpose built low and medium rise blocks comprising 4606 dwellings. 1872 of these dwellings are leasehold.
- 4.10. The works specification was derived via the fire risk assessment and a detailed site survey of each property. Each dwelling had to be accessed to ensure that the full specification was installed. The works were essential in ensuring that the Council's landlord fire safety responsibilities were fulfilled. However, the works also included refurbishment of communal areas, redecoration, floor finishes, fire stopping and compartmentation, fire rated doors, master key locks for easier future access for maintenance, domestic and communal heat and smoke alarms, and emergency lighting.
- 4.11. The transactional surveys undertaken in recent months show the importance of the these surveys in getting immediate feedback. Internal and external works were both carried out by Wates (the same contractor during the same period), but there are significant differences in satisfaction, and understanding this is crucial in improving the service:
- Overall satisfaction for external works is 63% positive, 11% neutral and 26% negative, which BHM believe reflects the fact that external works create inconvenience, improve the life of the building, but don't usually bring immediate benefits for residents. Therefore, the focus needs to be on how we communicate the importance of these changes and how we minimise the inconvenience
 - Overall satisfaction with the internal works is 83% positive, 8% neutral and 9% negative, which reflects the immediate improvements residents have seen.

Compliance

- 4.12. All housing properties have a current compliant fire risk assessment (FRA). When FRAs are undertaken, they result in a number of remedial actions being required. These are classified as fire safety works, mechanical and electrical maintenance, and management actions. These are categorised as urgent works or as programmed works. The programmed works are those, which are more complex and will take some time to complete.
- 4.13. Gas safety was also maintained during Covid lockdown. However, the service was impacted by the Government's moratorium on enforcement during a difficult

time especially for vulnerable residents. Court injunctions for enforcement action also ceased and took some time to remobilise. However, the service is returning to normal with the access procedure now being fully operational and court injunctions being applied for where necessary.

- 4.14. A domestic electrical testing and upgrade programme has also been successfully delivered over the last few years. Access to homes has been excellent, with no complaints by residents. A positive sign of keeping tenants safe in their homes and cooperation due to the importance of the works.
- 4.15. Whilst the Government have not yet released the expectation for Personal Emergency Evacuation Plans (PEEPs), BHM has taken a proactive approach to identifying residents who in the event of a fire would not be able to evacuate the building should the London Fire Brigade deem it necessary. In 2020, BHM contacted all residents living in a high-rise tower block owned or managed by the Council residents to self-identify if they believed they would not be able to evacuate should they be required to do so and therefore required a PEEP. This information is now held in Gerda boxes, which in the event of a fire the Fire Brigade would access and know which addresses to prioritise assistance too. The second phase and one that Central Government have used as an example of good practice is now underway. This involves an assessment of the 675 identified residents by an occupational therapist who will determine the needs of these residents and then working with BHM officer's equipment will be installed to facilitate a safe, self-evacuation. An example of this equipment is a visual alarm for those who are deaf.

5. Your Neighbourhood

- 5.1. How external areas are maintained is a top priority for residents, specifically litter and rubbish including waste collection, car parking and anti-social behaviour.
- 5.2. In 2019, BHM insourced the estate caretaking service from Wettons due to poor performance and low satisfaction with the service. A 12-month review was completed on the internal and external cleaning standards delivered by the estate caretaking service in September 2020. The purpose of this review was to assess the impact of investment introduced to the Estate Caretaking service e.g. new equipment, since the service transferred back into the Council. This review found that the average number of days to resolve an issue when the service was outsourced was 75, for BHM the average number of days is 31. Additionally, between March 2020 – August 2020 when this survey had just started, 84% of all estate caretaking cases were closed down in less than 20 days compared to just 24% of cases for the same period the year before under Wettons.
- 5.3. To build on these improvements there is now a focus on improving bin storage and capacity across BHM estates – the lack of storage and overflow is often an issue for residents and is also an issue in terms of responsibility between the estate cleaning service and Veolia. An audit for all communal bins was carried out in 2019/20 to assess capacity levels across Brent Council estates. This exercise highlighted that a significant number of bins were broken or missing and

historically had not replaced, contributing to overflowing and contaminated waste and resulting in non-collection and increased litter on estates.

- 5.4. Delivery of 576 new bins across 135 Council owned blocks between May – September 2021 has been completed to tackle this. The first phase of this programme saw immediate benefits with Veolia reporting seven estates who were previously on a twice weekly collection resuming a once a week collection. Alongside this programme, BHM and Veolia introduced food waste bins, something not previously available to those living in Council owned blocks. Since these have been delivered, food waste contamination decreased from an average of over 50% in May to 0-15% in June.
- 5.5. Again as part of the focus on transactional surveys, BHM undertook a survey after the bin changes, which showed a significant improvement in satisfaction for those who noticed the bin changes to those who didn't - 27% higher levels of satisfaction. Again this provides important lessons about not only making changes, but clearly communicating those changes, which links back to the engagement framework and commitment to improving communication.
- 5.6. BHM has also negotiated a new agreement for tackling side waste and contaminated waste with Veolia supported by colleagues in Environmental Services. Veolia will now self-report any bins or side waste that cannot be collected and a second crew will come out and clear these bins. This means residents will not have to experience a continued build-up of waste.
- 5.7. Parking is a long standing issue which has been difficult to tackle because legislative changes meant that the previous service was unable to enforce PCNs on BHM land. Therefore, a new approach had to be developed and consulted on. BHM gained approval from Cabinet to pilot controlled parking zones on five Council Estates, following formal consultation, one of the five estates voted not to have controlled parking but the remaining four are now progressing to implementation. The four estates are:
 - Alexandra Court, the first to go live, goes live in September 2021
 - Summit Court
 - Landau House
 - Joules House
- 5.8. The external parking contractors who are working with BHM to roll out off-street controlled parking have surveyed all remaining Council estates and consultation for these sites will start from October 2021. This project will be delivered over a longer period due to the investment required to ensure the car park surfaces and layouts are appropriate for traffic management enforcement.
- 5.9. Anti-social behaviour is a concern for both tenants and leaseholders. This is both the threat of ASB and how BHM handles ASB cases. Working with the Council's Community Safety service, the Service Level Agreement has been overhauled and the service standards have been put in place to ensure that ASB is addressed proactively and sensitively. This service level agreement has underpinned a full workstream review of all types of ASB that is reported to BHM and how these scenarios are managed so more effective processes are put in

place and residents experience are more consistent. This approach will also help residents to know what to expect from the team and the level of enforcement that is proportionate to the issue being raised.

5.10. To date there has been a significant amount of joint work between BHM and Community Safety to build relationships with residents living in areas or blocks that are known to be areas of high activity for the Police or where there are multiple households causing a nuisance. These meetings have been well received and have been predominantly held in the South Kilburn area. To resolve these issues, a specialist officer within the Police has assessed the design of several blocks and made a number of recommendations that can be implemented by BHM to design out or deter crime. These are being worked into a programme for delivery.

5.11. However, there is still a lot of work to do. Although the transaction surveys have only had a limited number of responses (34), there is clearly a lot of dissatisfaction with the way ASB is handled. Only 21% of the 34 people who have responded so far were happy with the way their ASB concerns were handled, and only 15% were satisfied with the outcome. ASB issues are often difficult, take a lot of work to tackle and do not always deliver the outcome that residents want, but BHM has to work harder to ensure that residents are happy with the way their ASB concerns are handled, to ensure BHM staff are listening and responsive even if they can't always solve the problem.

6. Rent collection

6.1. At the start of the Covid-19 pandemic, BHM identified the impact to rent collection was the single biggest risk for both the organisation and tenants who would ultimately be experiencing hardship. It was projected that the impact would be £2million if the service did not respond proactively. BHM designed and implemented a new Rent Arrears Management system (RAMS) in three months meaning the system launched in June 2020. The design of the system allowed BHM able to identify any households who prior to the pandemic were in credit and now because of the pandemic fallen into arrears; there were 272 council tenants that came under this category. To assist these residents, BHM acted as a key stakeholder in the development of the Council's Resident Support Fund and ensured tenants with arrears because of the pandemic were supported to make applications. A total of £295K was awarded to Council tenants clearing arrears.

Table four: Rent collection performance

Landlord Management	BHP	BHP	BHP (Oct 2017)	BHM	BHM	BHM	BHM
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 YTD
% of rent collected	98.5%	99.3%	99.6%	98.6%	99.1%	99.2%	98.2%

6.2. The table above above rent collection rates from 2015/16 through to current performance year to date. It should be noted that performance throughout the year fluctuates significantly depending on the payment cycle and type of funds covering residents rent e.g. Universal Credit is paid monthly whereas tenants remaining on housing benefit may pay weekly.

7. Complaints

- 7.1. Complaints are another important part of the BHM focus on residents. A service as large as BHM (e.g. BHM carries out 30k repairs a year) and as complex will always get complaints, so it is important that the service responds to them well, and they are effectively dealt with at Stage 1, and do not escalate to Stage 2 unnecessarily.
- 7.2. A new case audit tool was developed and tested in the first half of 2021. The tool sets out clear standards for all complaint responses to be assessed against, including the need to speak to the complainant directly. It was tested retrospectively on Stage 1 complaint responses from the end of 2020 to ensure they were done to the right standard and all actions were completed. It highlighted a number of issues, both for the service as a whole and for individual managers. It is now being rolled out as a core management tool. All managers within BHM have received training on the standards and using this tool as part of their broader approach to managing staff performance, and it went live for all in September 2021.
- 7.3. Overall there has been a slight reduction in Stage 1 Housing Management complaints in 2021. Customer Services received 74 stage 1 complaints in the period April to August 2021, compared to 140 during the same period in 2020. Manager believe this is because of the new working practices as 'the new normal' set in. For example, Customer Service officers have taken advantage of working bases out in the community, partnering with Family Wellbeing Centres, so patch Housing Officers have a regular slot at these centres, so people can meet their housing officer at advertised times. However, Property Services received 168 stage 1 complaints in the period April to August 2021, up from 121 during the same period in 2020, which reflects an increase in the need for repairs, but also the increase in more complex works identified above.
- 7.4. There has been a slight reduction in Stage 2 complaints, and the current projection/target is to have no more than 60 Stage 2 complaints this year down from 79 last year. In Customer Services there were 7 Stage 2 complaints from April-July 2021, down from 9 in the same period last year. In Property there were 19 Stage 2 the same as last year. Property Services complaint responses, specifically those that escalate to a Stage 2, span multiple teams and as the section on complex repairs sets out the key actions to tackle this issue.

Service Areas	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Housing Management - Customer Services	0	1	1	2	3

Housing Management - Property Services	2	3	8	5	1
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8. Finance

- 8.1. The Welfare Reform Act 2016 imposed a 1% rent reduction a year for 4 years from April 2016 to March 2020. The final financial year of reductions being 2019/20. The resulting loss of rental income for Brent over this period was £23 million when compared to the income that would have been due to the Council if this was not imposed.
- 8.2. It was therefore necessary to make revenue savings of £3.6m between 2017/18 and 2019/20 within the HRA to compensate for the loss of rental income. A combination of these savings and the use of HRA reserves has helped to achieve a balanced budget during the period of rent reduction.
- 8.3. In October 2017, the government announced a return to the option of increasing rent by CPI plus 1% for 5 years for all local authorities, starting in April 2020. A return to the CPI plus 1% model for 5 years from April 2020 will provide some stability and certainty over planned investment in the current stock, service improvements and new developments, at least in the short to medium term. The approach to be taken by the government beyond 2025 remains uncertain for all local authorities.
- 8.4. Efficiency savings targets of 2% are incorporated into the annual budget setting process and HRA business plan, in line with the Council's overall budget setting process. The efficiency target across management and repairs equates to a £0.5m budget reduction for 2021/22, with an average saving reduction of £1.6m per annum over 30 years.

9. Equalities

- 9.1. Ensuring that services are accessible and inclusive is at the centre of BHM's culture as a landlord. This report includes some details on the demographics of the current BHM tenants of which there are 12,095 records (some of which include joint tenancies). The following information is used by the service when completing a Equalities Impact Assessment to identify any one group who may be impacted by decisions or changes.
- 9.2. There are a high proportion of female tenants than male tenants living in BHM homes. Again, further work needs to be carried out to ensure a tenant who is transgender, or non-binary feels comfortable in specifying their preference and their preferences are used when communicating with BHM.

Table showing Gender breakdown of current tenants where data is held

Gender	Number of tenancies	%
Female	6,084	62%
Male	3,802	38%

Total	9,886	100%
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- 9.3. There are currently 1,168 tenants who have an adaption in their property. This gives an indication of disability amongst the tenant population but an area that needs to be improved by BHM. All BHM officers are currently receiving mandatory Deaf Awareness Training.
- 9.4. The table below shows the majority of tenants are Black. BHM is working closely with the officers coordinating the Black Community Action plan to ensure any key priorities for the Black Community regarding housing form part of service improvement. This data however does show that black residents a disproportionately represented in social housing managed by BHM.

Table showing Ethnicity breakdown of current tenants where data is held

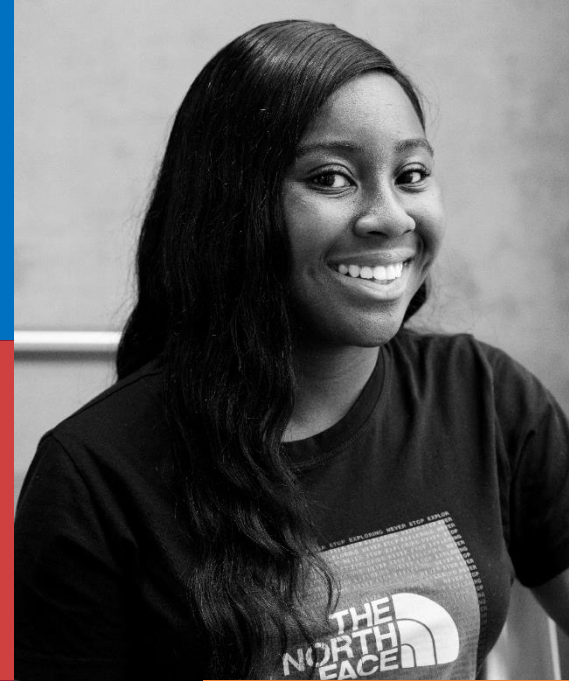
Ethnicity	Number of tenancies	%
Black	3,246	52.9%
White	1,956	31.9%
Asian	789	12.9%
Mixed Race	103	1.7%
Other	43	0.7%
Total:	6,137	100%

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Resident Engagement Framework

2021-2023

Page 49



Engaging with Brent Council Tenants and Leaseholders

It is important to us through our actions and how we interact with you, you can see that we are a good landlord.

This engagement framework explains how we will work with you to genuinely listen so your views inform the decisions we make and services we deliver.



Three levels of engagement



Level One

Communication
and learning
from experiences

Level Two

Delivering local
priorities and
new ways of
working

Level Three

Holding Brent
to account and
building trust

Level One: Communication and learning from your experiences

This level is focused on keeping you updated on what we are doing and using the feedback we receive daily to continuously make changes and improvements. We will deliver this through:

- Regular Newsletters (paper based and online), social media posts and videos
- More accessible content across all channels
- Regular Estate walkabouts with officers at all levels in the organisation
- Using complaints and satisfaction surveys to capture feedback
- Spotlight sessions with Senior Management and on specific topics so all residents can come together to share their thoughts

"Not enough newsletters"

"You cant assume things on the website have been read – more communication"

"Be more forthcoming with information"



Level Two: Delivering local priorities & new ways of working

What matters on each estate is different. This level is about delivering more local improvements and really hearing what individual estates want from us as a landlord. We will deliver this through:

- Investing more into Resident Associations including access to funding and ensuring officers regularly attend meetings when invited
- Support events that create a sense of community on Brent Council Estates
- Delivering estate improvements agreed in partnership with residents
- Running focus groups where you can share ideas on specific topics like repairs and review processes

"Events being held at the Council office means lots of people can't attend – more local events please!"

"Feels like the Council is distancing itself from engagement"



Level three: Holding Brent to account and building trust

Trust is built on knowing people will do what they say they will. That's why level three focuses on giving tenants and leaseholders forums where they can hold us to account and form part of the Brent Housing Managements governance process. We will deliver this through:

- Dedicated residents committee to oversee our delivery against this framework and act as a critical friend
- Publishing performance and finance data and opening up opportunities for residents to submit questions
- Establishing a strategic leasehold forum
- Facilitating resident led scrutiny including mystery shopping

"There needs to be more monitoring of what is happening"

"Be good to see where and on what money is being spent"



Spotlight on Brent Housing

LISTEN • LEARN • ACTION

July 2021

Hello,

I am Hakeem Osinaike, the Operational Director for Housing at Brent Council.

Welcome to 'Spotlight', our new way of keeping Brent residents informed on the topics that matter to you.

Each month we will focus on a theme and bring you the latest updates on what we here in Brent Housing Management are doing to improve services for you and your experience as a tenant or leaseholder.

Whilst the Country has been in lockdown over the past year, outside space has become more important than ever. Most of us also spend more time at home than ever before.

This created some challenges such as increased litter, waste and fly-tipping.

For this edition of Spotlight, we will focus on estates and how together we can make these outdoor spaces clean, safe and green for all.

Yours

Hakeem Osinaike



Focus on Fly Tipping

In Brent, we take a zero tolerance approach to people who fly-tip".

Our borough, including our estates, should be places that people can enjoy outside spaces free from the eyesore of dumped mattresses or broken furniture.

To tackle this, Brent Housing Management is working closely with the Council's Environmental Services to become more proactive when it comes to enforcement against people who fly-tip.

We are purchasing new cameras to increase surveillance, which we will be testing out in areas we know are hotspots to catch these few individuals.

To increase our chances of capturing people who fly-tip, we need your help.

If you see any fly-tipping, please try to give us as much information as possible such as:

- **a picture showing the type and amount of waste**
- **registration number (number plate) of vehicle**
- **time of incident**
- **location and description of waste**
- **description of people dumping the waste**

Please do not approach anyone who you witness dumping rubbish.

Visit <https://www.brent.gov.uk/services-for-residents/transport-and-streets/keeping-the-streets-clear-and-clean/illegal-rubbish-dumping/> for more information.

Download the **Cleaner Brent App** to your phone. The app recognises your exact location and you can add a photo meaning our teams can assess the rubbish and arrange a clearance.

You can also make an online report using the form on this page or call us on **020 8937 5050**.

People found fly-tipping could face an on-the-spot fine of £400 or up to £50,000 or 12 months imprisonment if convicted in a Magistrates' Court.



Bins and Waste Management

In 2020, Brent Housing Management completed an audit of all bins on estates. The bin audit identified blocks where capacity was under or over the requirement for each estate. From the information we gained, we are working with Veolia to deliver £300,000 worth of additional bins to estates who are under capacity.

The first phase of the delivery began on the 24 May 2021 and is due to be completed by the 09 July 2021 this year with 299 new bins being delivered creating additional capacity and replacing some old broken bins.

This means all estates will have the correct bin capacity for the number of homes.

We know this will make a difference but we still have more to do to combat fly-tipping, contaminated waste and missed collections.

Three ways you can help

1. **Recycle as much packaging as possible**
2. **Separate out your food waste (you can order a food caddy on our website)**
3. **Report a missed bin collection via our website**

Go to:

<https://www.brent.gov.uk/missed-collection/lookup>



The Estate Caretaking Service

In September 2019, we transferred the estate caretaking service from Wettons back into the Council's management after you told us you wanted a greater say over the service they delivered.

Since then, we have been working hard to improve the standard of service that you receive.

We have analysed whether the changes we have made are working, and under Wettons, the average number of days it took to resolve an issue was 76 days compared to now under Brent, where cases are resolved in just 11 days.

There is always more to do, but we are incredibly proud of the hard work our caretakers have put in to improving standards, especially during the challenges of the Covid-19 pandemic.



working across 630 blocks of flats, housing approximately 8,000 residents. As a service, they are responsible for:

- **Scheduled weekly cleaning of communal areas**
- **Weekly litters picking**
- **Removal of fly-tips and bulky items**
- **Annual deep cleaning**
- **Window cleaning**
- **Reporting low level ASBs, repairs, refuse miss-collections, abandoned vehicles**
- **Cleaning of communal areas**
- **Sweeping hard surface areas**
- **Washing floors, stairs and entrances**
- **Cleaning lifts**
- **Removing unwanted graffiti.**

Our Estate Caretaking team is growing, so if you or someone you know would like to, we have a number of roles, which will be advertised on the Brent Council website soon. These include:

- **1 x Estate Services Quality Coordinator**
- **4 x Caretaking Team Manager**
- **11 x Caretakers**
- **1 x Programmed Work Caretaker**

Go to: www.brent.gov.uk/jobs for more information.\

If you have any feedback regarding the Estate Caretaking Service please email us at Email: HousingFeedback@brent.gov.uk

Meet the Team

Each edition, we will introduce you to members of the team who support Brent Housing by ensuring a range of services are delivered to our residents.



Emily-Rae Maxwell

Head of Neighbourhoods

Emily-Rae Maxwell is the Head of Housing and Neighbourhoods for Brent Housing Management. She is responsible for overseeing the Tenancy and Neighbourhoods Service, including Estate Caretaking, Income Collection, Home Ownership and Resident Experience.

Dawn Martin

Income, Support and Home Ownership Service Manager

Dawn is responsible for managing the Housing Income, rents and service charges into the Council. She also manages our Home Ownership Team and our financial support team, dealing with our suppliers.



Mahmut Aydogan

Tenancy & Neighbourhood Manager

Mahmut is responsible for our Estate Cleaning service and maintenance programme and managing our Housing Officer & Neighbourhoods Team, who deal with all aspects of tenancy management.



Sue Richards-Cullen

Customer Experience & Resident Engagement Manager

Sue Richards-Cullen is responsible for overseeing our Contact Centre, Apprentices Housing Portal and Estate Projects, and liaising with our Residents Groups and developing our engagement strategy.



Spotlight of Brent Senior Leadership Team

Tuesday, 6 July 2021, 5:30pm – 6:30pm

If you would like to hear more about how your feedback is making a real difference to the housing service, why not join our live Q&A session.

Email: HousingFeedback@brent.gov.uk to book your place at this virtual event.

Join Hakeem Osinaike (Operational Director for Housing), Phil Porter (Strategic Director for Community Wellbeing) and Councillor Southwood (Lead Member for Housing and Welfare Reform) at a virtual meeting as we shine a spotlight on Brent Housing Management.

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