



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE

Monday 15 November 2021 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Kansagra, and Councillors Daly, Afzal, Ethapemi, Hector, Sangani, Shahzad and Thakkar, and co-opted members Rev. Helen Askwith and Mr Alloysius Frederick.

Also Present (in remote capacity): Councillor Lloyd

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

1. Apologies for absence and clarification of alternate members

Apologies were received as follows:

- Councillor Colwill, substituted by Councillor Kansagra
- Councillor Aden
- Co-opted member Mr Simon Goulden

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation Trust
- Councillor Shahzad – spouse employed by the NHS
- Councillor Ethapemi – spouse employed by the NHS

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting on 21 September 2021 were approved as an accurate record of the meeting.

The minutes of the meeting on 7 October 2021 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Brent Safeguarding Adults Board Annual Report 2020-21

Professor Michael Preston-Shoot (Independent Chair of the Brent Safeguarding Adults Board) introduced the item, which provided the annual report for the Brent Safeguarding Adults Board (SAB) for 2020-21. He highlighted the challenges faced by services involved in safeguarding during the pandemic, noting the Board had focused on obtaining

assurances that agencies continued to work effectively together to ensure all adult safeguarding needs were met and continued to be managed effectively. On behalf of the Board, he was assured that partner agencies had responded to the safeguarding needs of adults. The Board had continued as far as possible to implement the SAB Strategic Plan which had previously been presented to the Scrutiny Committee. He concluded by advising that he would be stepping down as Independent Chair and an advertisement for the role had been posted.

The Chair thanked Professor Preston-Shoot for his introduction and invited the Committee to raise comments and questions, with the following issues raised:

The Committee advised the SAB that it would be helpful to understand in plain English some of the terms referred to within the annual report, for example, what Section 42, Section 44 and legal literacy were. Michael Preston-Shoot acknowledged the need to ensure the literature available was accessible to anyone who read it and agreed to take the feedback on board for future iterations of the annual report. A priority of the Board was to increase the awareness amongst different communities in Brent of what adult safeguarding was, but due to the impact of the pandemic and various changes in Brent, such as the change in Healthwatch provider, there had been a reduction in the number of citizen engagement events. The Board were now working to pursue that priority again. In terms of the query, Michael Preston-Shoot explained that a Section 42 enquiry was a duty of the local authority to enquire into an adult safeguarding referral that met the relevant criteria of; the person had care and support needs; the person may be at risk of or experiencing abuse; the adult may be unable to protect themselves. For members of the public making referrals, ordinary understandings of the definitions of care and support needs and abuse were fine. He confirmed that, through assurance reports the SAB received from Adult Social Care, those criteria were understood. Section 44 referred to the duty of the Chair to commission a Safeguarding Adult Review (SAR) if a person with care and support needs died or was seriously injured and there were concerns about how the multi-agency worked together. There was also a discretionary option for review if the Chair felt there were lessons to be learned. Legal literacy referred to ensuring everyone, including members of the public, social workers, GPs, district nurses, housing officers and the voluntary and third sector, were aware of legal rules, powers and duties that needed to be considered to protect a person from abuse or neglect. For example, the management of someone's finances if that person did not have the capacity to manage their finances.

In terms of the role of partnership organisations involved in the SAB, the Committee queried how they contributed and at what stage in a safeguarding referral. The Committee heard that the Board mandate was to seek assurance that services were working effectively together, and take action when they were not, in order to protect individuals from abuse or neglect. This was done through audits, multi-agency training, SARs, and scrutiny of data by the local authority. For one safeguard, 4-5 organisations could be involved, and officers emphasised that safeguarding was everyone's business. All partners had their own safeguarding policies, procedures and individual responsibilities, and the partnership brought all of those together to ensure there were no gaps. Officers present felt that, through the discussion at the Committee they could do more to communicate the safeguarding process, and agreed to provide members with a briefing on referral pathways.

Specifically in relation to police involvement in SARs, the Committee were advised that while reviews were a multi-agency approach, police often needed to be involved and often took a central role in leading a safeguard, such as gaining access to an individual who may be at risk of abuse through their powers of entry.

The Chair queried how the SAB had addressed the priorities of the Board, particularly around the pandemic and as the country moved out of the pandemic. Michael Preston-Shoot advised that the SAB had added the pandemic as a fourth strategic priority and

increased the frequency of SAB meetings, which were conducted virtually. The SAB had been explicit in seeking assurance from partners, including the local authority, CCG, Police, London Ambulance Service, and Fire Service, that the most vulnerable individuals in Brent, such as those in care homes, were being protected and safeguarded. Early on, there had been substantial emphasis from the Council and partners to ensure PPE was available and no-one was discharged from hospital to care homes if there was a suspected or confirmed positive Covid-19 diagnosis. He believed that the timely and proactive intervention by the Council and partners meant that, although there were some care home deaths and infections, they were not as numerous as they might have been if that immediate action had not taken place. As the pandemic was not yet over, the response of agencies through local resilience and planning would remain a strategic priority of the Board. In relation to the other 3 priorities of the Board, the self-neglect protocol had been revised with substantial online training events delivered to ensure practitioners were up to date and could respond. The priority on legal literacy had not been progressed as much, but remained a priority, ensuring awareness raising of legal literacy in the community was taking place.

Claudia Brown (Operational Director Adult Social Care, Brent Council) introduced herself as the new Director of Adult Social Care, having started the post 8 weeks ago. Responding to how Adult Social Care addressed the strategic priorities, she advised that the core priority that underpinned Adult Social Care was to ensure residents were safe, and through performance data provided to her she felt both assured that residents were safe and encouraged that social workers were very engaged with safeguarding procedures. She advised that there were always areas to develop through SARs, embedding that learning to ensure there were no repeats of learning from previous SARs. An example of some of the changes she had made in her time in post included ensuring safeguarding cases went directly to the allocated worker, to prevent multiple handoffs of cases. In relation to how the four strategic priorities had improved outcomes for individuals, Georgina Diba (Head of Safeguarding and Transformation, Brent Council) advised that self-neglect had seen a considerable increase in referrals over the past 18 months, such as through mutual aid groups during the pandemic. She had seen a change in how those cases were managed, as those cases were quite challenging and intensive for practitioners who had to build a relationship and work differently with those individuals. The Council were ensuring practitioners were given space to raise high risk cases and issues, piloted through a self-neglect high risk panel which included colleagues from housing, health, environmental health and the drug and substance misuse provider. She advised the Committee that the SAB were committed to working long term and in a different way with those who self-neglected. Regarding the priority on legal literacy, she had seen an improvement there, through increased applications to the court of protection which she felt demonstrated frontline practitioners were recognising when they needed to use the courts to enable a decision.

The Committee made several queries regarding safeguarding thresholds for those with ill mental health, or those on the serious mental illness register who may be behaving in a way that was a danger to themselves or others. They particularly queried how local authority housing officers should respond if they visited a property where someone was presenting with mental health issues such as wanting to end their life. Michael Preston-Shoot advised that the individual circumstance would determine whether it was a safeguarding issue or whether it was something more appropriately referred through the GP or crisis line for an approved mental health assessor to assess. The Committee were advised that it was always best to make a referral if a person was unsure, and the person taking the referral could advise and support that person, however in a situation where someone was experiencing mental ill health or suicidal thoughts it was appropriate to refer directly to mental health services. Robyn Doran (Chief Operating Officer, CNWL) advised that CNWL had a single point of access line, available 24/7, for individuals to ring up and receive direct access to advice. Phil Porter (Strategic Director Community Wellbeing, Brent Council) added that the Council also had a SMART team for those situations which may fall

outside of the safeguarding process, where people were banked between services. He felt that the issues raised may be relevant for the Integrated Care Partnership (ICP) around general support for people where it may not be a safeguarding issue, but where there were implications that needed to be dealt with either for the person or local communities. He understood more was needed around that, and the Council continued to try to evolve and develop services such as the SMART team for those not meeting safeguarding criteria. In relation to mental health the ICP were looking at how they could work with housing to better support people with mental health needs in their housing to sustain their housing. Phil Porter and Robyn Doran would take this to the ICP as co-chairs.

Continuing to discuss mental health, the Committee would have liked more information around mental health in the report and remained concerned there may be gaps, as access to GPs was difficult and the emergency response time to mental health patients could be long. The Committee were advised that, in terms of adults whose primary need was mental health, those accounted for approximately 20% of all referrals. This was similar to London and national figures, including London boroughs with similar demographics.

Responding to where the sources of referral came from, the Committee were advised that referrals could come from anybody, but the majority would be from practitioners. Referrals were received from GPs, ambulance crews, the fire service, housing officers and police officers. Phil Porter added that the Council had focused on providing feedback to the referrer and recorded the percentage of referrers who received feedback, which was 90% in the last quarter.

The Committee felt that responding to individuals within the safeguarding process should be centred around the person, and queried how robust and person-focussed the partnership work was. Phil Porter advised that, once something was referred to the safeguarding team, the culture of the team was to ensure the person was triaged, i.e. referred to relevant support, and did not drop off the system. He believed issues did not get lost there. Once someone was in the safeguarding process the focus was on their outcomes and what they wanted to achieve and was very focused on them as an individual.

In terms of monitoring of cases and staff, Claudia Brown advised that annual reviews took place for all vulnerable adults and they were seen once a year, or more often if necessary, with any safeguarding issues that might arise between the annual review picked up accordingly. In addition, people often raised issues with CQC, who Adult Social Care worked very closely with. One of the Adult Social Care Heads of Service chaired the Provider Commissioners Forum, where all the relevant people who looked after commissioning for Adult Social Care were brought together and met on quarterly basis to share intelligence. The local authority checked the quality of service on a regular basis and promoted the safeguarding process. Healthwatch also provided vital sources of information on the resident and patient experience and quality of service.

The Committee asked what the SAB's plans were to spend the £33k of reserves. Michael Preston-Shoot advised that the Development Day planned for the end of January, when the new Chair would be appointed, would refresh the Strategic Plan and priorities, out of which would come a commitment and an action plan that would draw on those resources.

In terms of learnings going forward in relation to specific partners, Michael Preston-Shoot advised there may be turbulence with the phasing out of CCGs into Integrated Care Systems (ICS), the possibility of police reorganisation, and the impact of financial austerity on the availability of services and resources.

The Chair invited Dr M C Patel to speak, who asked what mechanisms the SAB had for disseminating the learning of SARs to GPs. The Committee heard that this was done

through specific dissemination events such as webinars, and the Chair produced targeted briefings in relation to SARs. The Chair of SAB would be spending some time with GPs specifically in relation to the learning from SARs in Brent, and also looking at what could be learned from SARs across England to lead to better outcomes. Michael Preston-Shoot hoped that the next Strategic Plan would build in an audit to identify that the learning from SARs had been embedded and there was evidence of practice change.

Continuing to discuss learning from SARs, the Committee queried how that would be used going forward. Michael Preston-Shoot advised that the learning from Adult E SAR had been used to improve an enhanced provision for adults with Alzheimer's in Extra Care, and audits had been conducted to be assured that those issues would not reoccur. In relation to Adult F and D SARs, which involved self-neglect, this had been covered in the changes to the self-neglect protocol and implementing a self-neglect high risk panel. The learning from cases involving self-neglect was disseminated regularly by the Chair of the SAB. The SAR for Adult G had not been completed yet, but information from the learning of that would be shared once that was completed.

The Chair invited representatives of Brent Youth Parliament to address the room. Representatives from Brent Youth Parliament highlighted that the annual report did not list the Safeguarding Children's Forum in its partner organisations, and raised concern that there were no specific statistics for young adults. Michael Preston-Shoot advised that the SAB did work closely with children's safeguarding, and at the most recent SAB meeting colleagues from children's safeguarding presented on the issue of transitional safeguarding. Embedded in the figures of the report would include details of young adults. Brian Grady (Operational Director Safeguarding, Partnerships and Strategy, Brent Council) added that senior representatives from the children and young people's department sat on the SAB for evidence and assurance of joined up working.

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

- i) For the Safeguarding Adults Board to ensure that the language used within any literature or communications is accessible to the public, and that any technical terms are explained clearly.
- ii) For the Safeguarding Adults Board to ensure that a breakdown of the learning and development sessions undertaken by the Safeguarding Adults Board, including topics discussed, attendance figures for each partner and feedback from sessions, is included in future annual reports.
- iii) For Brent Integrated Care Partnership to consider improved multi-agency working opportunities across the system – both inside and outside of adult safeguarding.

A number of information requests were also raised during the meeting, recorded as follows:

- i) For the Committee to receive a breakdown of adult safeguarding referrals, including details on which organisations referrals are made from, and the mechanisms in place to ensure referrers receive feedback on the outcome of their referral.
- ii) For the Committee to receive a breakdown of the adult safeguarding referrals made that involved mental health issues, and a comparison of this data with similar boroughs.
- iii) For the Committee to receive a breakdown of the learning and development sessions undertaken by the Safeguarding Adults Board, including the topics discussed, feedback from participants, and attendance figures for each partner.

- iv) For the committee to receive a breakdown of the current spending plan and the income and expenditure of the Safeguarding Adults Board.
- v) For the Committee to be provided with two briefing sessions; one regarding safeguarding adults services in Brent, and another on the Brent Integrated Care Partnership.

7. GP Access Scrutiny Task Group Interim Report

As Chair of the GP Access Scrutiny Task Group, Councillor Mary Daly introduced the report. She advised that the report detailed the evidence collected thus far through resident engagement. The Task Group were continuing work on access and interviewing residents, with 70 face to face interviews conducted, to gain a clear picture of the experiences of residents' access to GPs. The information collated would guide the recommendations of the Task Group, which would fall under two categories; immediate changes for improvement and longer term vision for Primary Care Networks (PCNs).

The Chair thanked Councillor Daly for the introduction and invited comments and questions from those present, with the following issues raised:

Judith Davey (CEO, Brent Healthwatch) found the paper helpful and was delighted to be working with the Council to promote the roll out of the survey. Healthwatch were conducting their own piece of research into GP access which would take around 4-6 months, and were co-producing the areas of focus with residents. The engagement would involve a mix of surveys, online engagement, in person engagement and focus groups. Healthwatch wanted to focus on the specific access needs of homeless individuals and asylum seekers.

The Committee queried the role of PCNs specifically in Brent. Robyn Doran (Chief Operating Officer, CNWL and Director of the Integrated Care Partnership) advised that the configuration of PCNs in Brent was unusual and was an issue for the Integrated Care Partnership (ICP) to look in to, to ensure it was the right configuration for Brent neighbourhoods. The difficulty was around the levers the Integrated Care System (ICS) had to change the configuration, considering GPs were privately contracted to NHS England, meaning movements required approval. The desire from the ICP was for PCNs to support neighbourhoods to have wrap around services. Dr MC Patel advised the May 2019 NHS England Guidance advised PCNs could be any size between 30-50k and did not expect many would exceed 50k. He advised that patients could register anywhere in the country, meaning there were some very large practices with patients from outside of the neighbourhood the practice was based in.

In terms of the involvement of the ICP with the Brent Health and Wellbeing Board, Robyn Doran advised that the ICP met every 6-8 weeks with the Chief Executive and portfolio holders of the Health and Wellbeing Board. The ICP saw itself as accountable to the Health and Wellbeing Board.

The Chair invited representatives from Brent Youth Parliament to contribute. In relation to children and young people, Brent Youth Parliament highlighted that the report did not mention the specific issues faced by children and young people in relation to GP access. Councillor Daly advised that the Task Group were still collecting information at the moment, and had interviewed parents of infants and young people, with plans to contact Brent Youth Parliament for involvement. Robyn Doran advised that any concerns around access for children would be picked up via the Brent Children's Trust, which she was a member of.

Members queried the possibility of comparing performance of like for like boroughs, which was felt to be outside of the scope of the Task Group, but officers could look to compare performance with the National GP Survey.

In terms of how GPs were managing the backlog of patients, Dr M C Patel advised that GPs were now open, with a focus on recovery. The guidance issued was focused on GPs ensuring they were looking at those patients who could not or did not want to attend practices during the height of the pandemic. Digital access had been accelerated as a result of the pandemic, and those digitally excluded were being supported by the Brent Health Matters Team. Digital access and exclusion was also a focus on GP forums, and GPs had been instructed to see patients in person if the patient had requested this. Fana Hussain (Borough Director, NWL CCG) advised that a piece of work currently being undertaken was looking at improving access, and dedicated support was being provided to those practices who may not be recording appointments appropriately. For example, a GP may conduct a walk around in a care home and not record it, so the CCG were looking into how that could be recorded and coded.

The flu and Covid-19 vaccination programmes were discussed, with Committee members querying whether there was provision for people to be vaccinated in their own homes. Fana Hussain advised that the CCG now had a contract with CLCH, as the community provider in Brent, supporting GPs to vaccinate patients unable to leave their homes. This provided a challenge in terms of the storage of the vaccinations, but this was being worked on.

The Chair thanked those present for their contributions and brought the discussion to an end. The Committee RESOLVED to note the report and the update provided.

8. Transitional Safeguarding Task Group Scoping Report

The Chair of the Community and Wellbeing Scrutiny Committee advised the Committee that they were asked to agree the scope and Terms of Reference for the implementation of a Transitional Safeguarding Scrutiny Task Group. He invited Councillor Mili Patel, as Lead Member for Children's Safeguarding, Early Help and Social Care to comment. Councillor Patel advised that the Council had been looking at transitional safeguarding, in terms of how someone could be safeguarded as they moved into adulthood, since 2019. At the moment, when someone reached their 18th birthday they experienced an abrupt end to services. She felt the Task Group was timely and would help design a system to meet safeguarding needs while preparing for adult life. She emphasised the importance of input from an adult safeguarding perspective, as the work was about individuals becoming adults.

In response to why the scope did not involve schools, Brian Grady (Operational Director Safeguarding, Partnerships and Strategy, Brent Council) advised that it would be out of the scope of the particular piece of work because it was focused on those over the age of 18, who would have left school. For those young adults who continued in education, the work would ensure appropriate engagement with education professionals. It was important the scope of the work included emphasis on care leavers also. In response to a query from Brent Youth Parliament, it was confirmed that the Task Group would also ensure young people with caring responsibilities were a focus.

The Chair thanked colleagues for their input, and drew the item to a close. The Committee RESOLVED:

- i) To agree the contents of the report and scoping paper.
- ii) To agree to set up a scrutiny task group with the terms of reference and membership as proposed in the scoping paper.

9. **Any other urgent business**

None.

The meeting closed at 8:08 pm

COUNCILLOR KETAN SHETH
Chair