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Community and Wellbeing Scrutiny Committee

Monday 15 November 2021 at 6.00 pm

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

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.

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

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: https://brent.public-i.tv/core/portal/home

Membership:

Members	**Substitute Members**
Councillors:	Councillors:
Ketan Sheth (Chair) Colwill (Vice-Chair) Aden Daly Afzal Ethapemi Hector Lloyd Sangani Shahzad Thakkar	S Choudhary, Conneely, Hassan, Hylton, Johnson, Kabir, Long, Miller and Shah Councillors: Kansagra and Maurice

Co-opted Members

recycle for Brent

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

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

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

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:
www.brent.gov.uk/committees

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

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

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

or

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

- You yourself;

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

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

2 Declarations of interests

Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.

3 Deputations (if any)

To hear any deputations received from members of the public in accordance with Standing Order 67.

4 Minutes of the previous meeting 1 - 18

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

- 4a. 21 September 2021 (pages 1 - 10)
- 4b. 7 October 2021 (pages 11 - 17)

5 Matters arising (if any)

6 Brent Safeguarding Adults Board Annual Report 2020-21 19 - 36

To receive and consider the Brent Safeguarding Adults Board Annual Report covering the period April 2020 to April 2021.

7 GP Access Scrutiny Task Group Interim Report 37 - 60

To receive an interim report to update the Community and Wellbeing Scrutiny Committee on the progress of the GP Access Scrutiny Task Group.

8 Transitional Safeguarding Task Group Scoping Report 61 - 68

To enable the Community and Wellbeing Scrutiny Committee to set up a members' scrutiny task group to review transitional safeguarding arrangements in Brent.

9 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 her representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: **Monday 24 January 2022**

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 meet 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 that 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 entrance. 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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Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Tuesday 21 September 2021 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Kansagra (substituting for Councillor Colwill), and Councillors Aden, Afzal, Daly, Ethapemi, Shahzad and Thakkar, and co-opted member Mr Alloysius Frederick .

Also Present (in remote capacity): Councillor Lloyd

In attendance (in remote capacity): Councillor Southwood, 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 Sangani
- Co-opted member Mr Simon Goulden
- Co-opted member Rev. Helen Askwith

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 8 July 2021 were approved as an accurate record of the meeting, subject to an amendment to include Councillor Aden as in attendance.

The minutes of the meeting on 23 August 2021 were discussed, including the draft recommendations of the meeting. The minutes were approved subject to the following amendments and additions:

- To include reference to the discussion on diversity within the Maternity Voices Partnership.
- To include an information request for the number of midwives (community and hospital) employed by London North West for the past 10 years, including data on the number of births and mothers in the community where post-natal care was provided by Northwick Park.
- To include an information request for details of the bandings and grades of midwives and number of years' experience.

- To include an information request for details of the progression route within the grading structure, including progression of midwives over the past 4 years.
- To include an information request for details of the community midwifery service including how many midwives were employed in that area and their caseloads.

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

The Committee considered the response received to their recommendations on the Joint Health and Wellbeing Strategy presented at the previous meeting.

In considering the response, the Committee requested the following:

- For the Director of Public Health to revisit the language used in the document so that it was more accessible, particularly the references to the matrix approach.
- That the Terms of Reference for the Healthwatch activity be provided to the Committee.
- That further details of the strategies the work was linked to be provided to the Committee.

6. **Homelessness and Services for Families**

Councillor Southwood (Lead Member for Housing and Welfare Reform) introduced the item, which provided an update on the services delivered for homeless families during the pandemic. She advised the Committee that the service had adjusted to support homelessness during the pandemic. The ban on evictions ended in May 2021, which meant family homelessness had been a focus recently, and although there had not been a large increase in family homelessness yet, she felt the service needed to be constantly vigilant to any patterns or increases. She advised the Committee that the Council wanted to work with people before their need for homeless services occurred.

The Chair thanked Councillor Southwood for her introduction and invited the Committee to raise comments and questions, with the following issues raised:

The Committee commended the paper and felt it would be useful to circulate to all Councillors as it provided a good summary of the homelessness service.

The Committee queried how the service could improve communications with people who might find themselves very suddenly placed out of borough, which they advised could be very distressing. Councillor Southwood acknowledged that the nature of needing emergency accommodation and then having to live somewhere you did not know was challenging. The impact on children could mean that they did not make friends because they did not know if they would be going back to the same schools. Councillor Southwood advised that the Council always tried to minimise those numbers. The reasons behind being placed out of borough were largely around affordability for larger homes, which was part of the drive behind the number of Council homes being built in the Borough. The Committee were advised that when someone approached the service they were made aware from day 1 about the potential to be placed out of borough. The service focused on signposting to employment support, given the affordability challenges for those affected by the benefit cap, and supporting a family to find their own accommodation where possible. By law, a person could spend no more than 6 weeks in a Bed and Breakfast, by which time the Council needed to move them on to private sector accommodation that they could afford. With the whole of London competing for these types of properties, accommodation went at pace, and therefore this impacted on the notice period that the service could give for moves out of borough, although the family would have been made aware of the possibility for this from the outset.

Continuing to discuss the circumstances around emergency and out of borough accommodation, Laurence Coaker (Head of Housing Needs, Brent Council) advised that he worked closely with the Housing Supply Team to ensure the Council were building what was needed, with the aim to reduce the offers of out of Borough places. There was good news in relation to emergency accommodation, as the Temporary Accommodation block at Anansi House in Harlesden was due to be handed over in October 2021, which had 94 rooms for emergency provision and was Council owned. This meant the Council were no longer reliant on emergency B&B accommodation which resulted in out of borough placements when they were full. Hakeem Osinaike (Operational Director of Housing, Brent Council) added that there was no other local authority doing more than Brent to resolve the housing crisis. The Cabinet had set a target to build 1,000 new homes by 2024 which the Council were doing, and the Council were on course to deliver 1,600 within that time frame. The Council had also recently sourced a £111m grant from the GLA which the Council would supplement with a further £3m to build 701 homes by 2029. He highlighted the Council were doing a lot to try to meet the demand with good quality, well managed and affordable accommodation.

The Chair queried how sensitive Housing Officers were in the community when dealing with those families who were at risk of homelessness or were homeless. Councillor Southwood highlighted that Laurence Coaker and his team were very mindful of how somebody felt when they had spoken with a Housing Officer. She advised that the Council did not always get this right but had focused this year on ensuring users engaging with the service were supported and made to feel listened to, and treated with respect and dignity.

The Committee asked about the support provided to families for filling out the required forms and ensuring they answered all required eligibility questions. Councillor Southwood advised that service users did need support filling in forms, and during the pandemic these types of forms had moved online. She felt that in some ways this had created a more tailored service as there had been more communication involved and the form used a clear set of questions, however the Council were very mindful of digitally excluded people, or whose first language was not English, or those who otherwise may not be able to fill out an online form without support. The homelessness team did support those people, and always maintained a physical presence at the Civic Centre, including throughout the pandemic, so that vulnerable people or those who could not use or access IT were able to receive face to face support from officers to fill in forms.

The Committee commended the new domestic abuse service, and queried the security of the grant funding for that service. Councillor Southwood expressed that they were very proud of the service, and were confident people experiencing domestic abuse within the borough had a strong service to come to. Laurence Coaker advised that the team referenced in the papers did grow very quickly, and the posts were permanent, substantive, and accounted for in the budget. The reference in the report to grant funding was for a support worker to go into the specialist accommodation secured for victims of domestic abuse. He forecast that the funding would be made available again so that it could remain a continuous service. In response to a query about elder abuse and whether there had been any changes in experience over the pandemic, Laurence Coaker agreed to look into this and provide that information to the Committee.

In terms of the people who used or were at risk of needing to use the service, the Committee queried whether there were any trends in demographics or particular communities that were overrepresented. Laurence Coaker advised that they did have data on demographics and had done an equality impact assessment looking at the demographics of the people who applied to the service and received help from the service. The Committee were advised that the people applying to the service, in terms of age, sex and ethnicity, matched the profile of the cohort who were assisted. The driving force behind

those making applications was affordability and evictions as a result of rent arrears, therefore people applying and receiving the service were more likely to be on low incomes and / or affected by the overall benefits cap. It was also acknowledged that a single homeless person had much more chance of finding accommodation than a larger family. The Committee requested further information on which communities were overrepresented within the service, and what the service was doing to engage with those communities.

The Committee highlighted paragraphs 3.9 and 3.10 of the report, which showed a drop in applications. They queried whether this was a result of the pandemic or because other agencies stepped in to help such as Church Groups. Laurence Coaker advised that the report concerned family homelessness and the statistics did not reflect single homelessness, so the reduction was due to the pandemic. The 8% reduction reflected the years between 2019-20 and 2020-21 which was a result of the ban on evictions during Covid-19, and the data for 2021-22 only covered April 2021 – July 2021.

The Committee queried the role of Capital Letters in assisting the Council to provide Housing. Laurence Coaker advised that Capital Letters played a huge role in securing alternative private sector accommodation, but could not prevent people being evicted from their current private rented accommodation. They supplied new accommodation to stop people having to go into emergency B & B accommodation or Temporary Accommodation. In terms of how well equipped Housing Officers were to find accommodation that a family could afford, Laurence Coaker advised that the Council encouraged people to find their own accommodation so that they could choose where they would live in and in turn be more invested in it, but where they were unable to find their own accommodation Capital Letters provided a safety net of between 30-40 units per month which officers could offer to them. He advised that officers supported people using the service heavily, talking them through their affordability and the areas they could go within that affordability, including who they could talk to for securing a property. The Council's Housing Officers also helped negotiate with landlords, helped towards deposits where necessary, and gave landlords an incentive to give families an extended tenancy.

Regarding tenancy sustainment, Councillor Southwood advised that one of the areas the service focused on was the number of people who, after 2 years of being placed in private rented sector accommodation, had come back to the Council as homeless. The statistics currently did not reflect any concern in that area but it was something the service were constantly vigilant of. Laurence Coaker added that Capital Letter provided a sustainment service, so after a family had signed up with Capital Letters they would stay in contact with them until they were settled.

The Committee advised that there were a number of good private landlords who could fill the gap for housing. Laurence Coaker agreed and advised the Committee that Brent had one of the largest private sector landlord forums with over 600 representatives, and that this was promoted vigorously alongside Capital Letters, who were now the main agent for London procurement and were invited to the forum on a quarterly basis.

The Committee queried how the service monitored the standards of accommodation offered. Councillor Southwood advised that in respect of standards the Council may be able to do more if the government permitted licensing across the Borough, but the team who looked after standards of accommodation had now resumed their visits into properties to review standards of accommodation. She asked members to keep reporting where they thought there might be a HMO not of the standard it should be.

The Committee ended their questions by asking how Councillor Southwood used feedback she had received to form her thinking as a Cabinet Lead to design the service for residents. Councillor Southwood advised that when she received emails from councillors regarding their casework she would look into the themes around that particular case, and if there had

been similar issues within a short timescale that would be something she would raise with Laurence Coaker and his team. Sometimes emails related to a one-off issue but other times it may point to a part of the process that could be improved.

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

i) For a further update on community engagement for this service to be provided at the 14 March 2022 Community and Wellbeing Scrutiny Committee meeting.

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

i) For officers to provide the Committee with information on the cases of disabled and / or elder abuse, including how many are affected, their demographics and the support the Council offers.

ii) For officers to provide the Committee with further information on the people who are using the service and also at risk of using the service in the future, including demographics and overrepresented cohorts. To also provide details of the personalised/targeted support for these groups and the engagement undertaken.

iii) For officers to circulate the paper presented to Committee to the wider group of councillors.

iv) For officers to provide the Committee with further information on Capital Letters and the support offered to those seeking housing in the Private Rented Sector.

7. **Brent Housing Management Services and Performance**

Councillor Southwood (Lead Member for Housing and Welfare Reform) introduced the report, which updated the Committee on the operational performance of Brent Housing Management (BHM). She advised that the service had considered what good performance meant, and were focusing on particular areas. One area of focus was around how the service handled complaints when things went wrong. Another area of focus was on customer service and reminding staff across BHM of the customer experience, how it felt to be a customer and why transactional surveys had been introduced, in which customers who received a service from BHM immediately received a survey about their experience. She felt the report provided a solid evidence base for where BHM would be focusing its efforts.

The Chair noted that performance of BHM had been previously reported to the Community and Wellbeing Scrutiny Committee, in which the Committee had made some recommendations about better customer engagement. He highlighted that a theme running through the paper was about resident engagement and satisfaction, with the paper highlighting that satisfaction had gone down. In response, Councillor Southwood advised that the past 18 months had been difficult regarding housing and how people lived in and experienced their homes, which might be reflected in the dip in satisfaction. She highlighted that other Housing Services had seen a similar drop. The Committee were advised that residents reported being dissatisfied with anti-social behaviour and the cleanliness of the area they lived. She also acknowledged that since performance was last presented to the Committee the service had focused on improving processes and now needed to focus on the support and communication offered to residents, which was where the conversation was evolving now with the leadership team.

The Committee felt that there had been a noticeable effort to improve communications with residents but felt it was not where it needed to be yet. They requested that a map of who was who in housing be provided, from the director of housing down, so that councillors and residents alike could know who a resident's Housing Officer was. Members of the Committee noted that contact details given to residents to respond to section 20 notifications and consultations sometimes posed challenges including where there was no named contact, or a phone number dialled through to a full mailbox, which could impact section 20 consultations. In addition, the Committee felt there was still mistrust between residents and the housing department, and residents did not feel listened to. Councillor Southwood assured the Committee that the intention was to nurture and support residents and resident groups such as associations. She highlighted that there had been a plan to move to a patch based model, where Housing Officers had responsibility for a particular area, so that residents would know who their officer was and the officer was accountable, however for various reasons relating to the pandemic that plan had been slowed down. She felt the service could be smarter in terms of resident communication and engagement and would think about how they involved councillors in supporting that relationship between housing officers and residents, which may help resolve some of the cases on the ground. The service had also conducted two 'spotlight' sessions for residents which had presented a mix of opinions. Hakeem Osinaike (Operational Director Housing, Brent Council) added that Housing Officers had resumed walkabouts at all levels and himself, Councillor Southwood, and the Strategic Director Community Wellbeing had also done walkabouts, where officers took pictures, agreed actions and went back to residents on issues. He advised there were a lot of actions that had only recently started to happen due to pandemic delays that he believed would have an impact in the weeks and months to come.

Continuing to discuss resident engagement, the Committee highlighted the data in the report that 31% of residents felt the Council did not listen to or act on their views, which had resulted in a number of changes such as Housing Officer presence, surveys and workshops, and hosting meetings at a more local level. They queried what assurances could be given to residents that those processes would result in them being actively listened to. Councillor Southwood felt one way to assure residents was to be completely clear about why the service had made a particular change or improvement, and therefore a monthly newsletter called Spotlight had been introduced to highlight these changes. The newsletter aimed to be explicit about what the service had heard and what the service had done about it. She advised that the service wanted to get much better and stronger about letting residents know how they had acted on their feedback on a much more regular basis. Hakeem Osinaike added that the Council had a customer experience panel which was made up of tenants and leaseholders from different parts of the Borough, who served as a form of informal scrutiny through looking at BHM's performance, and as a consultation body through testing out new systems, policies and processes.

In relation to the Council's communication with residents about repairs, the Committee highlighted that residents did not always get enough communication as to what was next in the repair process, for example for a complex repair where multiple tradespeople or contractors were involved. Councillor Southwood agreed to give further information on the repairs system which would clearly set out what people should expect from repairs. Where residents were not being communicated with regarding ongoing repairs, Councillor Southwood agreed it was not good enough and even if the repair could not be immediately resolved communication could always be done. She was clear that whoever delivered a repair or service to Brent Council residents, the relationship was between the resident and the Council and therefore the Council needed to hold accountability for communication. With regard to complex repairs, Phil Porter (Strategic Director Community Wellbeing, Brent Council) advised that the Council were working with Wates to put together a specific team within Wates who would batch those complex repairs together, including a specific Repairs Manager who would manage those on a daily basis through very tight supervision. Giuseppe Coia (Head of Service – Housing Management Property, Brent Council) added

that Wates had now moved into the Civic Centre and worked closely with officers within the Council. Issues with complex repairs, where there was more than one step involved in a repair such as multiple operatives, was identified as a problem a few months prior to the meeting, and it was acknowledged that the multiple appointments and different surveyors and visitors entering the home caused frustration and disruption to residents. The new team set up to manage repairs on a planned basis would ensure ownership of these complex repairs either by Wates, the Council, or jointly, and that responsible party would see the repairs through to completion. There were currently around 700-800 complex repairs but he was confident that the new team had already started to make inroads and that the work would be successful.

In discussing the Council's relationship with Wates as a contractor, the Committee queried what KPIs had been set up and asked how the Council put pressure on them to complete targets. Councillor Southwood agreed to share some written details on the contract with Wates to the Committee. Councillor Southwood advised that the relationship with Wates was regular, with officers interacting with Wates on a daily basis. Senior management also met with Wates regularly with Councillor Southwood attending where there were particular issues. For example, a few years prior when concerns had been raised on the progress of fire safety work everybody contributed to improving that situation. Hakeem Osinaike advised that Wates did around 30,000 repairs a year, and where things went wrong the Council and Wates tried to act very quickly to address those issues. With the introduction of transactional surveys BHM could learn very quickly and address the issues just as quickly. Phil Porter added that the Council were clear with Wates what they wanted them to achieve and held them to account on repairs.

Continuing their discussion of the repairs process, the Committee asked what the average timescales were. Hakeem Osinaike advised that the intention for repairs was to complete all repairs as soon as possible. If somebody made a request for a repair through the app they could make an appointment straight away at their own convenience, and similarly if someone reported a repair through the telephone contact centre they would be given an appointment depending on their own availability. BHM monitored how many repairs they were able to complete within 2 weeks of it being reported, and these figures were detailed within the report. There were some statutory repairs that needed to be completed within 24 hours and those targets for emergency repairs were met 100%. He added that most landlords had targets to complete ordinary repairs within 28 days, compared to BHM who did them within a maximum 2 week period, with the majority completed within a week depending on the availability of the person requesting the repair. In the case of a repair that affected more than one flat and therefore required access to 2 homes there was a written down process. Hakeem Osinaike advised that the law prevented BHM from accessing other people's properties without permission, and therefore there was a need for extenuating circumstances before they could do so. If the issue was serious then BHM could access the property without consent and fix the issue, but if not then they made every attempt to contact the residents for access, with the final resort being to apply for a court injunction to enter the property.

The Committee queried how the fire safety programme was carried out and how fire safety messages were being communicated to residents. Phil Porter advised that there had been some delays at the start of the programme but it had now been delivered with high levels of satisfaction. Giuseppe Coia advised that the programme was very ambitious and highlighted that, to undertake and deliver the programme, there was a need to access every single low and medium rise block, conversion and flat in the Borough multiple times due to the different trades involved. This required the Council to write to residents, hold consultation meetings, arrange newsletters and hold additional visits and there had been many problems with access throughout the programme. The programme had now been delivered which had left all low and medium rise homes in a very good condition for fire safety and also in décor, meaning they were fit for the future. He acknowledged that

moving forward there was a need to find a way to work and engage better with residents where there were access requirements for the delivery of a programme.

In response to queries from the Committee about the master key for access to buildings mentioned in section 4.10 of the report, Giuseppe Coia advised that the common areas of Council blocks and conversions belonged to the Council, and while the Council recognised and respected that residents used them for access the Council were responsible for maintaining those areas. There was now a lot of specialist fire safety equipment in those areas needing to be maintained, and in the past the Council and contractors had serious problems attempting to access those areas. For that reason, the Council had written to all residents explaining the need for a master key to access communal areas. Residents still had their own key to their own homes, but the main entrance door to each property had a key the Council could use to gain access to communal areas whenever was required. Where possible, the Council also gave notice to residents that they would be accessing the block.

The Committee queried whether there were any residents waiting for adaptations within their homes. Hakeem Osinaike advised that the current year a budget for adaptations had been set at £800,000 for Brent Council properties, but BHM had realised that would not be enough so a further £300,000 had been allocated to adaptations. The previous year the Council had spent £1m on adaptations and had an £800,000 provision in the budget each year for the next 2 years. He advised that at the beginning of each year the Council assessed what people needed and had a contractor in place who would do those adaptations within the year. There was a priority list for the type of adaptation as it was assessment based. Residents could self-refer or were referred by Adult Social Care, Hospitals, GPs and Primary Care. Phil Porter added that they had done more adaptations across Council Housing and the Private Rented Sector last year than they had ever done, and he was not made aware of any people waiting longer than a year for adaptations.

The Committee highlighted section 3.12 of the report which stated that email and text notifications to residents generated no interest. Phil Porter advised that when surveys were sent out on an automated basis did not always get a good response which was why the Council had pursued residents and made call outs. He agreed that, as well as dealing with clauses in Wates contract, it was important to focus on resident satisfaction and therefore the Council would not only rely on semi-automated responses but would follow up to gather the best understanding of resident views and the problems they might be facing.

Hakeem Osinaike confirmed that the Council knew exactly how many tenants they had, where they were leaseholders including the people who lived in them, and conducted tenancy audits to verify their information.

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

i) To recommend that officers provide the Committee with an annual progress report on resident engagement which includes engagement with Section 20 consultations and the challenges of digital exclusion.

ii) To recommend that the engagement framework is made available in an accessible way for all residents.

iii) To recommend a report detailing the progress of fire safety work is brought back to the Committee at its meeting on 22 February 2022.

A number of information requests were also made during the discussion, which were as follows:

i) For officers to provide the Committee with a structure chart of the service, including details of Housing Officers.

ii) For officers to provide the Committee with further information on what users can expect from the repairs service, including a clear step-by-step guide of the repairs process.

iii) For officers to provide the Committee with further information on adaptations they undertake, including the approach taken, the waiting list, and priority assessment process.

iv) For officers to provide the Committee with information on any work underway so that community facilities on estates can be utilised by residents.

v) For officers to provide the Committee with written details of the Wates repair contract including how the Council monitor key performance indicators.

8. **GP Access Scrutiny Task Group Verbal Update**

The Chair of the Community and Wellbeing Scrutiny Committee invited the Chair of the GP Access Scrutiny Task Group, Councillor Mary Daly, to provide a verbal update on the progress of the task group. Councillor Daly advised that the task group had now met with the range of people one might expect within the health service, and heard about the pressures on the service including staff shortages. The task group had heard of the large workload being experienced within primary care, and about those in acute mental health crisis. A meeting with mental health services in the borough was being arranged to explore that. The task group also wanted to explore primary care since it had reopened following the full easing of government restrictions and find out the experience of residents, which Healthwatch would help with. A questionnaire would be drafted which Councillor Daly hoped to bring to memory lounges, carers, young parents, men and food banks. In terms of primary care the task group would focus on two wards in particular which were Preston Ward and Stonebridge Ward. She advised that the task group was about partnership and protecting primary care.

The Chair thanked Councillor Daly for the update and invited Jonathan Turner (Borough Director, NWL ICS) to comment. Jonathan Turner advised that he had been working closely with the task group and attending the evidence sessions. It had been helpful to hear the perspective of councillors and residents around primary care. There were currently a few programmes taking place looking to reduce the variation in outcomes across GPs, and looking at access itself such as the number of appointment slots that GPs had available, and he felt it would be useful to supplement that with the intelligence the task group were getting. He requested that councillors continued to let him know where they were hearing about patients being unable to get appointments, and looked forward to the final report and recommendations.

9. **Transitional Safeguarding Task Group**

The Chair advised the Committee that he intended to put together a task group looking at transitional safeguarding, and would work with officers to draft a scoping paper and go out to colleagues to discuss the membership of the proposed task group.

10. **Any other urgent business**

None.

The meeting closed at 8:00 pm
COUNCILLOR KETAN SHETH

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Thursday 7 October 2021 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Kansagra (substituting for Councillor Colwill), and Councillors Afzal, Daly and Thakkar, and co-opted members Rev. Helen Askwith, Mr Alloysius Frederick .

Also Present (in remote capacity): Councillors Aden, Lloyd, Sangani and Shahzad, and co-opted member Mr Simon Goulden

In attendance: Councillor Southwood, Councillor McLennan (remote capacity)

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

Apologies were received as follows:

- Councillor Colwill, substituted by Councillor Kansagra
- Councillor Shahzad

2. **Declarations of interests**

Personal interests were declared as follows:

- Peter Gadsdon (Strategic Director Customer and Digital Services, Brent Council), who was presenting the substantive item to the Scrutiny Committee, advised that, while he was a Strategic Director for the Council, he was also a Director on the Board for First Wave Housing Limited (FWH) and would be representing FWH during the meeting.

3. **Deputations (if any)**

There were no deputations received.

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

There were no matters arising.

5. **Implications for BHM and HRA of proposals for ownership and refurbishment of Granville New Homes blocks**

Councillor Southwood (Lead Member for Housing and Welfare Reform) introduced the item which provided the Community and Wellbeing Scrutiny Committee with an update on the options analysis that First Wave Housing (FWH) carried out with the Company's Guarantor, Brent Council, on finding a viable option to fund and deliver the required remediation works at Granville New Homes. She advised that this was about putting things right, and fixing a historic issue that was not of the making of anyone attending the meeting that evening but which needed to be responded to in

the present, looking to the future. The proposal related to Granville New Homes which were built in 2009. The Committee heard that, following the Grenfell tragedy, all Council blocks were inspected to check cladding materials and also for wider fire safety issues. Granville New Homes was found to potentially have cladding that was not fire safe, therefore FWH went through the process of getting relevant inspections into the fire safety of the blocks. A Waking Watch had been in place in the blocks since October 2020 as a result of the concerns raised through those inspections. After further intrusive works were conducted, the total cost estimate needed to remediate the properties was substantial at £18.5m, which had considerable financial implications. Councillor Southwood advised that the proposal to Cabinet was to transfer 85 (84 social tenants and 1 leaseholder) Granville New Homes properties from FWH into the HRA, and further to transfer 25 intermediate rented homes into i4B stock. This recommendation was the option that met all the priorities set out in the Cabinet report.

The Chair thanked Councillor Southwood for her introduction and invited the Committee to raise comments and questions, with the following issues raised:

Further context on the history of Granville New Homes was sought, including when the Board and Guarantor became aware of the defects. Peter Gadsdon (Director of FWH) advised that FWH took over the stock from Brent Housing Partnership (BHP) in 2017. He advised that effectively BHP had stock that was unable to go into the HRA at the time which included Granville New Homes, which FWH took on. He advised that the first time the Board and Guarantor were aware of the full extent of the issues to the stock was in May 2021 when the Ridge report was received. He advised the Committee that the Audit Committee had also been sighted on the issues in the blocks, including the extent of the financial implications, although they had not seen the Ridge report. This was part of the Audit Committee's Forward Plan who, on an annual basis, looked at the business plan for FWH as a subsidiary to the Council. The issue had also been discussed with FWH's external auditors.

The Committee requested further details about how the report was commissioned and who had oversight of the defects, and wanted further details on the considerations given to legal due diligence and financial due diligence. Peter Gadsdon advised that as a result of the government MHCLG asking for all properties over 18 metres with any form of cladding to be reviewed, the Board took the decision to review the Granville blocks at 17.5 metres, where the fire service reviewed the fire safety arrangements and were the first to alert the Board in October of 2020 of issues with the fire safety arrangements. The Waking Watch had been implemented since October 2020 as a result of the advice received to ensure the safety of residents in the event of a fire. Further intrusive works were commissioned following this as there was a need to cut into walls, take windows out and break through walls to understand what the composition was, which Ridge conducted, including in a number of flats which were empty. Following the fully intrusive works where Ridge could see the full extent of the issues, the Board received the final Ridge report in May 2021 and made the Guarantor aware. In response to what financial due diligence took place, Minesh Patel (Director of Finance, Brent Council), representing the Guarantor, advised that Ridge were appointed as independent specialists to work through the surveys and provide an estimate, which internal Finance Officers and Officers on behalf of FWH had checked to ensure was correct. He advised that it was an estimate and they would not know the true cost until the work had been started. Hakeem Osinaike added

that Ridge had been commissioned to undertake the intrusive works with a good quality specification and therefore he had confidence in the report submitted by Ridge.

The Committee queried whether the Council, as Guarantor of FWH, had chosen to challenge FWH on the issues. Minesh Patel advised that the Council's role as a Guarantor was to meet with the Board of FWH on a regular basis to go through Key Performance Indicators and understand how the Company was running. The Guarantor had not been made aware of any issues prior to the final Ridge report. Hakeem Osinaike (Operational Director Housing, Brent Council) advised that the properties were managed by Brent Housing Management (BHM) on behalf of FWH, and they had managed the repairs in those blocks up until the inspection. He advised that it was in rectifying the fire safety issues a decision was taken to rectify any other issues as well.

The Committee noted that Higgins had been appointed to design and build the blocks in 2009, and had heard from residents and staff that there had been problems with the blocks since they were built. They queried what legal action against Higgins, as the contractor, had been pursued, considering the roofs had been previously replaced when FWH took over the building. Peter Gadsdon confirmed that BHP had replaced one of the roofs before FWH took over, and once FWH had taken over they had done works on water ingress issues and had planned to replace all roofs over time as part of previously published business plans for the Company, with an original cost estimate of £2m – 2.5m. With regard to any legal action taken, Peter Gadsdon advised that the records showed the building had been signed off and handed to the Council, but he was unable to comment on anything before 2017 when FWH took over the buildings. He advised that FWH had not had any conversations with Higgins regarding the defects which they were made aware of in May 2021. Legal advice was previously sought about whether there was any chance of redress but due to the passage of time were advised it was unlikely. The Board's priority was to ensure the properties were repaired back to safety.

Continuing to discuss the contract with Higgins, the Board queried why the Council were not communicating with them on this considering they were current contractors on other blocks being built. They queried whether there was a risk of this happening in other blocks that had been built or were being built. Minesh Patel advised that he did not have the details on the construction contracts with Higgins as that was a procurement process, but nothing had been brought to his attention that there were any concerns on any of the blocks Higgins had worked on. Councillor Southwood advised that the contractor had been awarded work by the Council through a procurement process without prejudice, the specification of which would have applied modern building control and expectations to whatever they built, and which would include monitoring on the delivery of their contracts. From a FWH perspective it was highly unlikely any other stock would have these issues as Granville New Homes were the only medium rise buildings in the assets. Peter Gadsdon added that, like the Council, FWH and i4B commissioned stock condition surveys and had Fire Risk Assessments in place and there were no issues in that regard. Councillor Southwood agreed to provide written assurances to the Committee that there was no issues in any of the blocks Higgins had worked on, and further information on the procurement process such as whether past performance of a contractor was considered before awarding a contract.

The Committee considered the financial implications of the proposals, and Ravinder Jassar (Deputy Director of Finance, Brent Council) confirmed that no funds were being written off to the Council's general fund. FWH would refinance the debt but still have a debt to the Council and service that debt over a 50 year period. The remaining stock in FWH remained with positive cashflow that allowed the servicing of that debt. The Committee queried what risk assessments had been done considering the rise of inflation and high likelihood of a rise in interest rates. Councillor Southwood advised that was why the paper was being brought to Cabinet, as every penny borrowed against the HRA was needed and the Council wanted to minimise the amount per year that tenant's rent was used to pay interest towards. It was in the Council's interest to secure the borrowing as soon as possible before interest rates changed. Further considering financial implications, the Committee highlighted the labour shortages, and increased labour and material costs as a result of the pandemic, and queried whether that had been budgeted for in the contingency. Peter Gadsdon advised that the costings were estimated in May of the current year, post pandemic, with those things taken into consideration as much as possible. In considering the finances of FWH, Committee members highlighted that FWH's most recently published accounts showed a discrepancy in the valuation of the Company, and asked about the justification and reasoning behind the valuation. Finance Officers agreed to provide a written explanation to the Committee. In terms of the financial implications to i4B, Ravinder Jassar advised that i4B would acquire the units for £3.5m, with an average weekly rent of £324 per unit per week, which made the purchase price per unit around £140,000. This was within the overall affordability limits of i4B and was a reasonable deal for them.

The Committee queried the rationale behind the proposal and why the Council were not able to lend FWH money to undertake the remediation. Ravinder Jassar explained that FWH were not able to afford the remediation works required even if they tried to refinance at a lower rate, and the business plan would no longer be viable. The option to demolish and rebuild had also been considered but was not financially viable. The Committee were advised that borrowing with the HRA was cheaper than lending to FWH, and the Council could not lend money to its subsidiary at the rate it could get as a Local Authority.

The Committee queried whether there was a risk to the business plan of a loss in rental income should a large number of tenants exercise the right to buy once they were brought in to a secure Council tenancy. Hakeem Osinaike advised that the right to buy in itself did not affect the financing of the transfer, and the income from any right to buy would be used to build New Council Homes. Councillor Southwood gave assurance to the Committee that the Council knew how many people exercised the right to buy on average per year, and she had received assurance from officers that there was no reason to think the proportion would be greater amongst this cohort. The financial assumptions were modelled on the same as any right to buy across the HRA, and if a greater proportion exercised that right there was contingency built in to the revenue forecasting. Peter Gadsdon added that 72 of the 84 social tenants had right to buy when the blocks originally transferred into BHP with only 1 tenant exercising that right. The Committee highlighted that the refurbishment of the blocks may change the numbers exercising their right to buy.

In considering the tenants within the block, the Committee queried what the proposals would mean for them. Councillor Southwood advised that for the 85

residents transferring to the HRA, the tenants would become full secure social tenants with the same rights as anyone else in the HRA, which she highlighted was one of the most secure forms of housing. The one leaseholder would become a Council leaseholder. The intention was for the Council to waive the charging of the cost of refurbishment to the leaseholder. The rents for the 84 social tenants would not change, and neither would the 25 intermediate rented properties proposed to transfer to i4B. In addition, there would be no change in their housing management services, which would continue to be delivered by Brent Housing Management (BHM). The Ridge report predicted that the works could be carried out without decanting residents.

With regard to whether tenants would get a rent waiver, reduction, or rent free period, the Committee were advised that none of those issues had been considered yet but would be as part of the consultation process. Hakeem Osinaike advised that it was not usual for the Council to offer rent reductions when carrying out major refurbishment.

The Committee asked how tenants would be engaged and how resident engagement had gone so far. BHM undertook engagement on behalf of FWH. At the time of the fire survey all residents were written to with an explanation of the issues, the Waking Watch and the work that was done to strip out flammable portioning. An online Zoom meeting had also been set up for tenants to raise concerns, however only a few people had joined. The Committee were advised that up to the point of the Committee meeting there had not been much response from residents. As such, BHM were engaging with residents individually when repairs were carried out in their homes, and everyone was aware of the issues and the way they were being taken forward. Further communications to residents would be necessary with the next steps.

The Committee queried whether the Council had considered carrying out energy efficiency and decarbonisation works in tandem with the remediation. Councillor Southwood advised that any discussion about decarbonisation works for those homes would be considered in the context of them being part of the HRA. The £18.5m in costs referred only to structural and safety works required and not any additional cosmetic work such as updating kitchens or bathrooms or decarbonisation works. She advised that the cyclical maintenance schedule would mean the properties under discussion would be due for new kitchens and bathrooms around the time of the works being undertaken, so while builders were in and tenants were disrupted it made sense to do as much work as possible. Hakeem Osinaike added that as the internal and external walls had been stripped back as part of the intrusive surveys, when they were reconstructed they would meet the required energy efficiency targets. In terms of the Council's decarbonisation work they were currently looking to retrofit a street property. No decarbonisation grants had been considered for the Granville New Homes properties.

The Committee questioned the delegated authority for the decision and Councillor Southwood advised that the issues crossed portfolios, but because the issue was specifically a technical financial recommendation it sat with the Deputy Leader, Councillor McLennan. Councillor Southwood was presenting to the Scrutiny Committee as they had asked to look specifically at the HRA, which was within her remit as the Cabinet Lead for Housing and Welfare Reform.

The Chair thanked officers for their responses. In considering their recommendations, the Committee discussed concerns over the reputational risk to the Council, the relationship between the Council and its subsidiaries, the engagement and communication between the residents and the Council and its subsidiaries, the concerns over the building handover process of the blocks, and concerns regarding the commissioning process and contract monitoring of these types of contracts.

The Chair reopened the meeting to provide the recommendations agreed. The Committee RESOLVED:

i) To recommend that officers provide assurance that the Council has undertaken due diligence reviews of its subsidiary bodies, including governance, fitness for purpose, financial soundness and reputational risk.

ii) That officers ensure that the Ridge report is made available to the Community and Wellbeing Scrutiny Committee and audit committee.

iii) To recommend that officers review arrangements for entering contracts of this kind, in particular to ensure adequate arrangements are made to ensure appropriate design and build quality, and that the Council has appropriate recourse where latent defects are later identified.

iv) To recommend that officers ensure all potential contractors are made aware of the standards expected by the Council and to ensure these are met before buildings are formally accepted by the Council.

v) To recommend that the Council provide written assurance that it has taken, or will undertake, independent legal and financial advice (including tax) regarding the proposals and next steps.

vi) To recommend that all contracts procured by the Council and its subsidiaries include a review of past delivery of any potential contractors.

vii) To recommend that the Council ensures that where issues are evident in a particular project, all remaining projects by the same contractor are reviewed as a matter of urgency.

viii) To recommend that officers review the steps that make up the procurement, commissioning and contract monitoring system to identify any gaps, especially in relation to risk and review. Where risks are identified to recommend that immediate action is taken.

ix) To recommend that the Council puts in place arrangements to ensure learning about this case and any others raising issues of similar significance is shared across the Council as well as with existing and potential future partners/contractors.

x) To recommend that officers establish and publish a comprehensive plan for ongoing engagement with residents.

6. **Any other urgent business**

None.

The meeting closed at 8:10 pm
COUNCILLOR KETAN SHETH

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Brent	**Community and Wellbeing Scrutiny Committee** 15 November 2021
	Report from the Assistant Chief Executive presented by the Independent Chair of the Safeguarding Adults Board

Brent Safeguarding Adults Board Annual Report 2020-21

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 – Safeguarding Adults Board Annual Report
Background Papers:	None
Contact Officer:	Daniel Morris Strategic Partnership Lead for Safeguarding Adults 020 8937 2683 daniel.morris@brent.gov.uk

1.0 Purpose of the Report

1.1 To enable members of the Community and Wellbeing Scrutiny Committee to consider the Brent Safeguarding Adults Board (SAB) annual report covering the period from April 2020 to March 2021.

2.0 Recommendation(s)

2.1 The Community and Wellbeing Scrutiny Committee is asked to note the contents of this report and seek assurance that the Safeguarding Adults Board is working effectively as a multi-agency partnership board.

3.0 Detail

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

3.2 Brent Safeguarding Adults Board members represent their organisations at the Board. The SAB is made up statutory partners and non-statutory partners. It also has an independent chair. The statutory partners of the SAB are; Brent Council, the Metropolitan Police and the Clinical Commissioning Group. The non-statutory partners who attend the SAB include; London Ambulance Service, London Fire Brigade, London North West NHS University Hospital Trust. Central and North West London NHS Foundation Trust, Healthwatch Brent, voluntary organisations, The Probation Service, Public Health representation as well as other organisations.

3.3 In order to provide oversight, the Safeguarding Adults Board must be independent. There is an independent chair, Michael Preston-Shoot, who holds all agencies to account. The Independent Chair is held to account for effective working of the Safeguarding Adults Board by the Chief Executive of Brent Council and must publish an annual report on the effectiveness of the Safeguarding Adults Board. The Community and Wellbeing Scrutiny Committee is asked to note this report and its content.

3.4 The Safeguarding Adults Board is due to refresh its strategic plan in early 2022. A Safeguarding Adults Board Development Day has been scheduled for the new year where partners will come together to agree the new priorities. The current Strategic Plan 2019-2021 has the following priority areas;

- A focus on self-neglect as a category of abuse.
- Legal literacy (raise awareness of the legal options available to the front line).
- Information dissemination (how the SAB disseminates learning and good practice).

3.5 During 2020-2021, Brent Safeguarding Adults Board carried out a range of activities in response to these priorities. Please see the annual report for further information.

3.6 All Safeguarding Adults Board members have an obligation to provide the board with resources to support its functions. This includes having a representative present at the Board and where applicable at its sub-groups. It may also include providing information to The Board or contributing financially.

4.0 Financial Implications

4.1 For the 2020/21 financial year, the Safeguarding Adults Board had an annual budget of £67,913 excluding staff costs.

4.2 There was an underspend of partnership contributions resulting in £35,293 moving into reserves. This is due in part to the Safeguarding Adults Board annual conference moving to the following financial year due to the pandemic. The contributions held in reserves will ensure that the SAB is able to adhere

to its statutory duties in future. Further information can be found in the annual report.

4.3 The main contributor to the budget was Brent Council with North West London Clinical Commissioning Group the second largest funding contributor to the SAB. The remainder of the budget is funded by the Mayor's Office for Policing and Crime and the London Fire Brigade. The budget is spent on learning events, the annual conference and for the commissioning of Safeguarding Adult Reviews. A full breakdown of the budget is included in in the Safeguarding Adults Board annual report.

4.4 In addition, the local authority funds the staffing costs to support the running of the Safeguarding Adults Board.

5.0 Legal Implications

5.1 The Care Act 2014 directed local authorities to set up a Safeguarding Adults Board covering their area with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies.

5.2 The Care Act places a requirement on Safeguarding Adults Boards to; publish an annual report and strategic plan and to hold partner agencies to account for how they work together to protect adults from neglect or abuse. The Act stated that partner agencies and services must work together to implement strategies to protect adults at risk of abuse and neglect locally.

5.3 The Care Act 2014 also requires the Safeguarding Adults Boards to commission Safeguarding Adult Reviews under Section 44 where the threshold is met. The Care Act 2014 requires partners to cooperate with the review process and Section 45 of the Care Act 2014 requires partners to supply relevant information to enable the Review to take place.

6.0 Equality Implications

6.1 The objective of the Safeguarding Adults Board is to ensure that adults at risk are able to live their lives free from abuse and neglect. The way in which a Safeguarding Adults Board must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

6.2 The Safeguarding Adults Board has the freedom to put in place anything it deems necessary to achieve its objective. This may include raising awareness of adult safeguarding or learning and development in relation to a particular area of practice.

6.3 The Safeguarding Adults Board should be assured that partners are putting systems in place to protect adults at risk in the area for which it is responsible. Including people with additional needs and hard to reach groups.

6.4 In carrying out its functions, the Safeguarding Adults Board will adhere to general equalities duties namely; eliminate unlawful discrimination; harassment and victimisation; to advance equality of opportunity between people who share a protected characteristic and those who do not; and to foster good relations between people who share a characteristic and those who don't.

6.5 The SAB works to ensure safeguarding of all adults at risk regardless of their 'protected characteristics' as defined under the Equalities Act.

REPORT SIGN-OFF

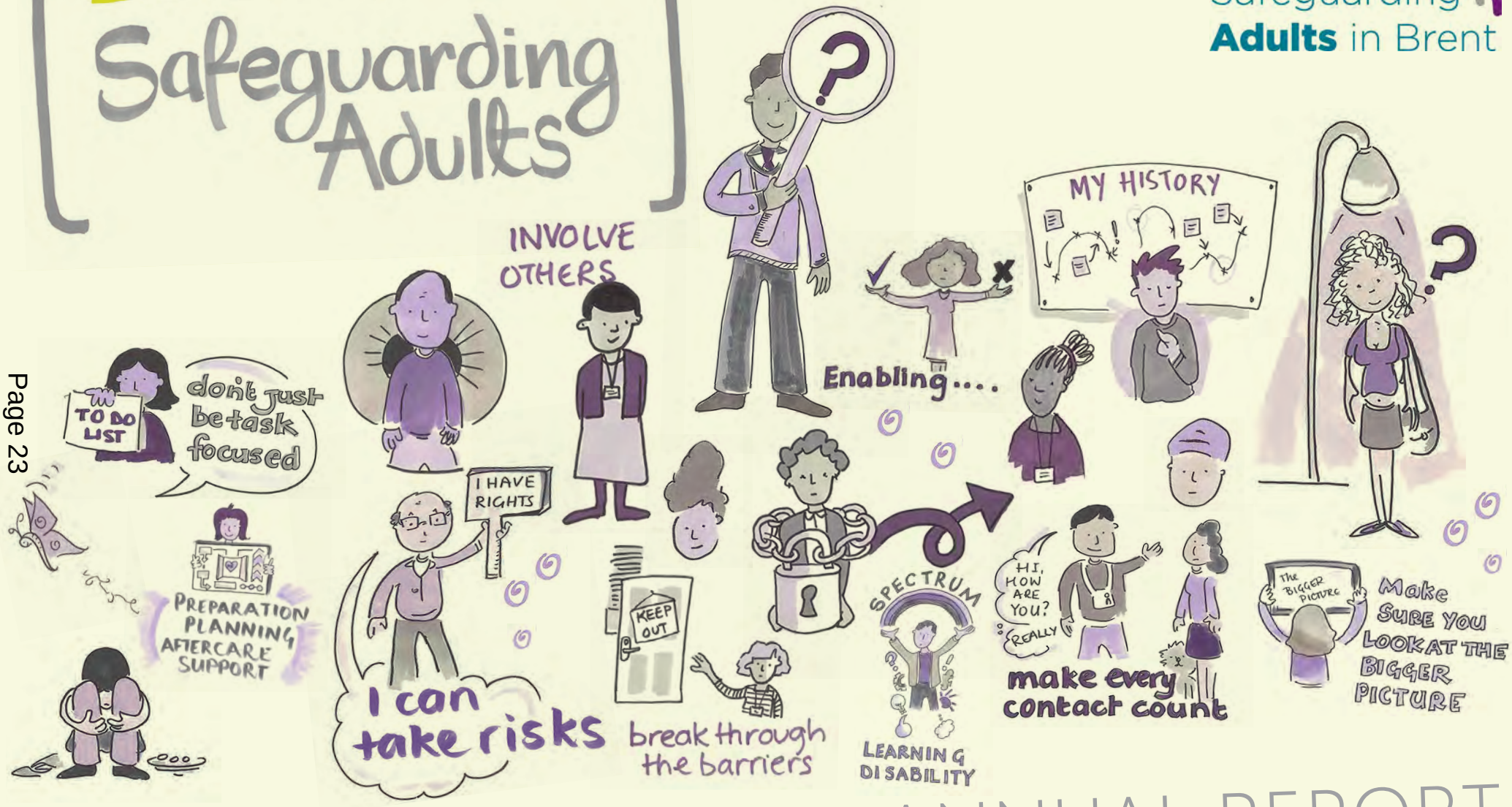
LORNA HUGHES
Head of Strategy and Partnerships

on behalf of

SHAZIA HUSSAIN
Assistant Chief Executive

BRENT Safeguarding Adults

Safeguarding **Adults** in Brent



WE ARE ALL PART of a DIVERSE SYSTEM WE ARE BETTER TOGETHER

ANNUAL REPORT 2020-21

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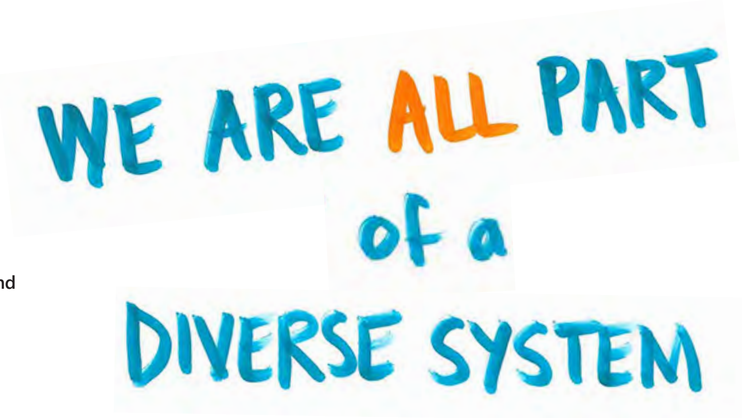

1 INTRODUCTION BY THE INDEPENDENT CHAIR OF BRENT SAFEGUARDING ADULTS BOARD

Welcome to the Brent Safeguarding Adults Board (SAB) annual report. The annual report is one of the statutory responsibilities of the SAB within the Care Act 2014. This report covers the period April 2020 – April 2021.

Given the pandemic and the impact on services, this year's annual report is a streamlined shortened version in order to reduce demands on stretched resources. Nonetheless, the SAB has kept a focus throughout the pandemic on how services have responded to a situation that is unique in everyone's experience. In line with its statutory mandate, the SAB has sought and obtained assurance regarding how services have worked effectively together to respond to the pandemic and to safeguard people from abuse and neglect. In particular, the SAB has monitored the response by the local authority, the Clinical Commissioning Group and its partners to the needs of residents and staff in care homes. It continues to discuss with all of the statutory and non-statutory partners of the SAB, how to ensure that lessons are learned from the response to the pandemic locally and nationally.

Safeguarding duties were not eased by the Coronavirus Act 2020. Accordingly, the SAB has continued with work arising from its strategic business plan. It has routinely evaluated the data on the number of adult safeguarding concerns received and the outcomes of the response to them. Learning and development sessions have taken place virtually. Our flagship event, our annual Safeguarding Adults Board Conference, had to be postponed until the summer of 2021 and so is outside of the scope of this annual report and will be reported on next year. However, multi-agency, multidisciplinary webinars have been held on topics including self-neglect, making safeguarding personal, and mental capacity assessments.

One of the statutory responsibilities of the SAB required by the Care Act 2014 is to commission Safeguarding Adult Reviews where the criteria are met. During 2020/2021, the Board finalised and published the SARs on Adult D and Adult E. The SAB is now monitoring the implementation of the recommendations from these two reviews in order to ensure that necessary service improvements are embedded and maintained. The SAB has continued overseeing the SARs on Adult F and Adult G, details of which will be reported in full in the next annual report.

I would like to record my appreciation for the work of all SAB partners. All have worked incredibly hard over the course of the pandemic when services came under great strain. Despite operational pressures, adult safeguarding remained a focus for all agencies and all partners contributed to the work of the board.

I expect that this will also be the last annual report of my tenure since I am stepping down in my role as Independent Chair of Brent SAB at the end of 2021. I would like to thank all of the partners of the Brent Safeguarding Adults Board for their hard work and level of engagement during my time as Independent Chair.

I hope you enjoy reading this year's annual report.

PROFESSOR MICHAEL PRESTON-SHOOT
INDEPENDENT CHAIR

2 WELCOME TO BRENT

Population: 327,800 people live in Brent.

Brent is one of the most diverse areas in London. Almost two thirds of the population are from Black, Asian and minority ethnic groups, the third highest in London after Newham and Redbridge. Around 16% of residents are White British. Brent is one of the most linguistically diverse areas in the country with around 150 different languages used.

Compared with other areas, Brent residents are more likely to have a religion: 82% had a religion compared with 71% across London and 68% nationally – the fourth highest rate in England.

Around a third of households in Brent live below the poverty line, once housing costs are taken into account.

3 WHAT IS ADULT SAFEGUARDING?

The Care Act 2014 gave adult safeguarding in Safeguarding Adults Boards (SABs) and laid out what the duties were of SABs, namely: to publish an annual report and strategic plan, to commission Safeguarding Adult Reviews, and to hold partner agencies accountable for how they work together to protect adults from abuse and neglect. The Act requires partner agencies and services to work together to protect adults at risk of abuse and neglect.

TYPES OF ABUSE

Physical abuse, Domestic abuse, Sexual abuse, Psychological or Emotional abuse, Financial or Material abuse, Modern slavery, Discriminatory abuse, Organisational or Institutional abuse, Neglect and acts of omission and Self-Neglect.

ENQUIRIES

Under Section 42 of the Care Act, the Local Authority has a responsibility to undertake an Enquiry where a case meets the criteria specified in section 42(1). The Act specifies that local authorities have a duty to undertake an Enquiry where there is a concern that an adult with care and support needs is unable to protect themselves when experiencing or at risk of abuse or neglect. If the criteria are met, then the local authority must conduct an Enquiry and decide on any action under section 42(2).

REVIEWS

Where the strict criteria are met, Section 44 of the Care Act states that Safeguarding Adults Boards must arrange a Safeguarding Adult Review. A Safeguarding Adult Review is completed by a suitably qualified person, independent of the local authority and its partners. The purpose of a Safeguarding Adult Review is to gather all the facts about the case and for the independent author to make recommendations, in order that the local authority and its partners can learn lessons and improve future practice to achieve better outcomes for adults at risk in future. Further information regarding the current status of Brent's Safeguarding Adult Reviews can be found later in the annual report.

MAKING SAFEGUARDING PERSONAL

Capacity to make decisions is one of the key differences between safeguarding adults and safeguarding children. An adult has autonomy to make decisions about the way they wish to live their life. Any Enquiry should include an attempt to gain the views of the adult at risk as to what they would like to happen, providing any necessary support such as an advocate. This is called 'Making Safeguarding Personal'. If the adult at risk has the capacity to make a decision, their wishes must be respected. However, this view must be balanced with an assessment of the risks and an agreement reached as to how these risks will be monitored and managed.

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

If a person needs protective measures to be put in place to keep them safe, and is assessed as having lost capacity to make decisions about that particular area, either the Local Authority or the Court of Protection, depending on the circumstances, can authorise a DOLS. This gives the service or individual who provides care to a person legal authority to restrict their liberty in a specified way in order to keep them safe. There are strict criteria as to what is appropriate when putting such measures in place. This area currently sits within safeguarding adults in the Local Authority. The DOLS legislation is due to be replaced by the implementation of Liberty Protection Safeguards. At the time of writing the annual report the expectation remains that the change will occur in April 2022.

4 PRINCIPLES OF ADULT SAFEGUARDING

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

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

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

Protection: Support and representation for those in greatest need.

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

Accountability: Accountability and transparency in safeguarding practice.

5 HOW TO REPORT ABUSE IN BRENT

The Safeguarding Adults Board is a strategic board. The Board is not responsible for progressing operational safeguarding concerns. This is carried out by Adult Social Care within Brent Council. The mandate of the Board is to seek assurance that adult safeguarding is effectively managed by all services within the Borough.

If you wish to raise a safeguarding concern there is a safeguarding form – please refer to webpage **www.brent.gov.uk/services-for-residents/adult-social-care/preventing-and-reporting-abuse** where you can download a form and email it to **safeguardingadults@brent.gov.uk**

If you have any trouble completing the form please contact the Duty Team at **safeguardingadults@brent.gov.uk** and they will help you.

Alternatively, you can contact the safeguarding adult team on **020 8937 4098 or 020 8937 4099** from 9am-5pm, Monday to Friday.

6 CASE STUDIES

Adult A lived with her adult son, who had both physical and mental health needs. Concerns were raised of domestic abuse, including the son taking her money and shouting abuse at her, which made Adult A fearful for her safety. Adult A was supported to talk about the life she wanted to live, which meant not being in fear. She also wanted her son to be supported to move out and get the help he needed, so that in time they could have a healthier relationship. Police were involved, along with an advocate, so that protective orders could be put in place and we could work at the right pace with both the mother and son.

Adult B is an inpatient at a Learning Disability Service. An anonymous safeguarding concern was raised concerning staff using inappropriate force during a restraint at the service.
A multi-disciplinary safeguarding meeting was arranged and a protection plan was put in place. The staff member concerned was moved to non-clinical duties. The adult at risk was provided with advocacy support to assist her in going through the Enquiry process. The multi-agency liaison involved notifying the local authority, health commissioners and the Police as well as internal departments.
Evidence was gathered and all parties interviewed. The matter was passed to Police colleagues to ascertain whether or not a crime had taken place. Although the evidence gathered proved that no crime had taken place and the force used was reasonable in that it was required to protect the adult at risk and others, other practice areas had been identified during the Enquiry and an action plan identified to improve some of the systems at the service. An allegation protocol was also devised and shared in order to use the learning from this concern to assist in managing any future concerns.

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7 SAFEGUARDING ACTIVITY IN BRENT

BRENT LOCAL AUTHORITY SAFEGUARDING TOTALS FOR 2020-2021				
Safeguarding Concerns	Section 42 Safeguarding Enquiries	Other Safeguarding Enquiries	Total Enquiries	Conversion rate % Enquiries/ Concerns
1925	655	8	840	350%

CONVERSION RATE CHANGES IN BRENT FROM PREVIOUS YEARS:

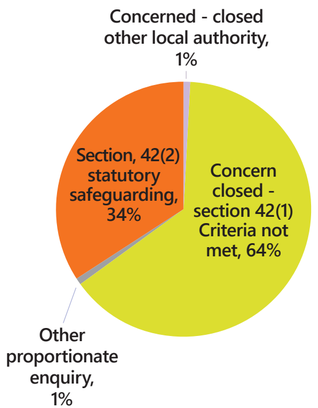
2019/20 1,411 concerns received, 60% meeting S42(2)

2018/19 1,493 concerns received, 72% meeting S42(2)

2017/18 1,675 concerns received, 42% meeting S42(2)

2016/17 1,712 concerns received, 37% meeting S42(2)

OUTCOME OF CONCERN 20/21



REPORT FROM THE HEAD OF ADULT SAFEGUARDING, BRENT COUNCIL

During 2020/21 the Safeguarding Adults Team (SAT) worked hard to embed a framework that helps to provide consistency in how we respond to concerns of abuse. This framework focused on what we term S42(1) and guides our decision making, with our focus very much on 'making safeguarding personal', meaning we aim to understand the outcomes the individual wants to achieve. This helped the SAT to then undertake our statutory duty when we needed to take further action, which is what we term S42(2). Importantly, we recognised the need for additional capacity to the team members who took the initial reports of abuse, meaning more time and space to help people recover and increase their resilience to abuse. As a result, the SAT could support more people at the stage of S42(1) around their immediate safety and the outcomes they wanted to achieve. The adult social care department also moved to a new model where different teams took a lead for the safeguarding enquiry, so those who know the resident best or may have been working with them already, can support the resident through the actions needed to keep them safe. There has been evidence from case oversight during the transition of this new model that all parts of adult social care have the skills and knowledge to work sensitively, with personalised focus, and with good legal literacy, the practice involved to safeguard adults at risk.

Overall, the data this year from previous shows a significant increase of reports of abuse, which started in August 2020 and has continued to date. It is positive that more people are recognising abuse and neglect and ensuring it becomes 'everyone's business'.

TYPE OF ABUSE FOR CONCERNS RAISED		
Abuse Type	**Number**	**Percentage**
Neglect / Acts of Omission	553	27%
Psychological / Emotional Abuse	415	20%
Physical	313	20%
Financial / Material	260	15%
Self-neglect/Hoarding	222	15%
Domestic abuse	69	8%
Sexual Abuse	61	3%
Self-harm	60	3%
Organisational	15	2%
Sexual Exploitation	13	1%
Cuckooing	12	1%
Pressure ulcer	10	<1%
Modern Slavery	7	<1%
Mate crime	6	<1%
Radicalisation	5	<1%
Hate Crime	4	<1%
Discriminatory	3	<1%
Female Genital Mutilation	2	<1%
Forced Marriage	2	<1%
Honour based violence	1	<1%

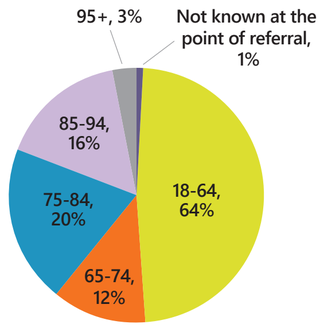
As with previous years; Neglect and Acts of Omission continue to be the number one category of abuse.

Psychological and Emotional Abuse has seen a rise in the number of concerns as has Self-Neglect and Hoarding.

Two new categories of abuse have been added to the data collected namely 'Cuckooing' (whereby a person's own home is taken over by those wishing to exploit them) and 'Pressure ulcers' (these are often a result in the deterioration of skin integrity and a person becoming bed bound).

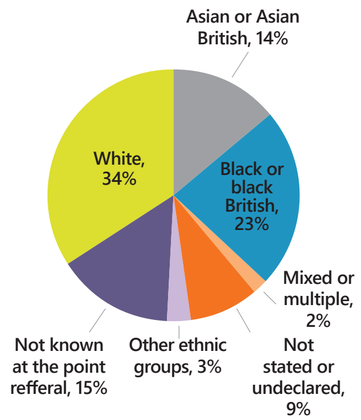
As per previous years, there are slightly more female (53%) than male adults at risk where abuse was reported. The most common age group in relation to concerns raised was adults aged 18-64 followed by adults aged 75-84.

AGE



In terms of a breakdown in the ethnicity of people who are referred to the Adult Safeguarding Team as an Adult At Risk, the majority of people were recorded as being White (34%) with Black or Black British (23%) and Asian or Asian British (14%). This differs from the demographics of Brent according to the Census. The next annual report will detail the work of the Brent SAB in addressing this disparity.

ETHNICITY



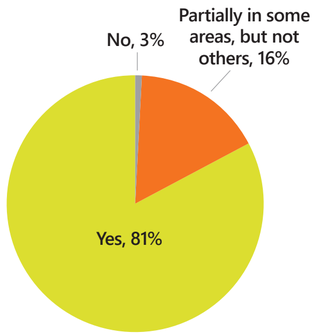
LOCATION OF ABUSE FOR CONCERNS RAISED		
Abuse Type	**Number**	**Percentage**
Own Home	1241	64%
Care Home (Residential)	155	8%
Care Home (Nursing)	115	6%
Other	106	4%
Hospital – Mental Health	79	6%
In the Community (excluding community services)	80	4%
Hospital - Acute	57	3%
In a Community service	49	2%
Hospital - Community	32	2%
Extra Care or Sheltered Accomodation	11	2%

As with previous years, the most common location for abuse to take place is in a person's own home. 64% of Concerns reported to the Safeguarding Adults Team took place in the person's own home. The total combined locations outside of a person's own home totalled 36%.

MAKING SAFEGUARDING PERSONAL

In our commitment to make safeguarding personal, we ask individuals, or their representatives if unable to communicate or contribute, about the extent to which their desired outcomes were met and if they felt safer. As these are not mandatory, not everyone responds and we may also exclude those who have died.

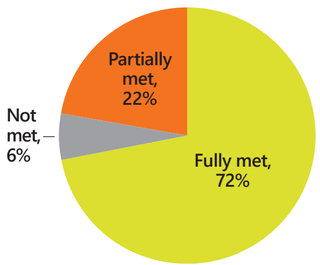
FEELING SAFER



For those able to respond, 72% felt their desired outcome were met. The remainder was partially met (22%) and not met (6%).

This was similar when we asked individuals if they felt safer, with 81% stating yes.

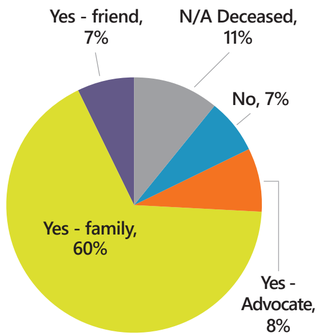
DESIRED OUTCOMES MET



ADVOCACY

One of the duties of the Safeguarding Adult Team is to consider whether or not a person subject to an Enquiry requires support from an advocate. The diagram below gives a breakdown of who has required an advocate and who the advocate was.

SUPPORTED BY ADVOCATE FAMILY OR FRIEND



8 STRUCTURE OF THE SAB AND ITS SUB-GROUPS

SAFEGUARDING ADULTS BOARD (SAB)

The Board is a partnership made up of statutory and non-statutory partners. The statutory partners are; The Police, Clinical Commissioning Group and the Local Authority (Brent Council). Non-statutory partners can be anyone invited by the SAB to become a partner. The Safeguarding Adults Board meets on a quarterly basis. There are three sub-groups that assist the SAB in carrying out its duties. These sub-groups meet when required other than the Executive Sub-Group which meets twice-yearly. Each sub-group has different aims and objectives linked to the Safeguarding Adults Strategic Plan.

CASE REVIEW SUB-GROUP

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

PROVIDER CONCERNS SUB-GROUP

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

THE EXECUTIVE

The Executive has been reformed and now meets bi-annually. The Executive is a meeting of senior leaders from the statutory partners of the SAB. The focus of the meeting is on governance.

9 EVENTS

The Brent safeguarding adults board continued to offer an annual programme of multi-agency learning and development. Due to the pandemic, face to face sessions could not go ahead. Therefore the SAB offer moved online and was offered as a virtual programme.

The learning activities were open to all professionals who work or volunteer with adults at risk in Brent.

Learning and development within the SAB is overseen by the part time learning and development coordinator and the board is kept regularly updated of training offered as well as attendance and popularity of sessions.

The annual programme comprises a range of learning activities and opportunities including;

- annual conference
- lunch and learn sessions
- learning dissemination events
- awareness raising events
- joint learning events/sessions with other strategic partnerships including Brent Safeguarding Children's Forum

The learning topics offered are chosen in response to learning needs identified by practitioners and managers, the objectives in the strategic plan as well as feedback from evaluations.

SAB MULTI-AGENCY TRAINING PROGRAMME SUMMARY 2020/21

- 7 learning topics delivered
- 15 occurrences
- 260 training places accessed

TOPICS INCLUDED

- Making safeguarding personal – Patrick Hopkinson
- Working with complex dependent drinkers – Mike Ward
- Case Law update – Alex Ruck Keene-39 Essex Chambers
- Working with adults who self-neglect – Professor Michel Preston-Shoot
- Transitional safeguarding – Dr Adi Cooper and Dr Christine Cocker
- Financial abuse – Professor Keith Brown
- Domestic abuse- Advance charity
- Learning dissemination Adult D - Professor Michel Preston-Shoot

The transition to virtual sessions has seen a rise in bookings, a 61% increase in total places booked.

10 BOARD ACTIVITY

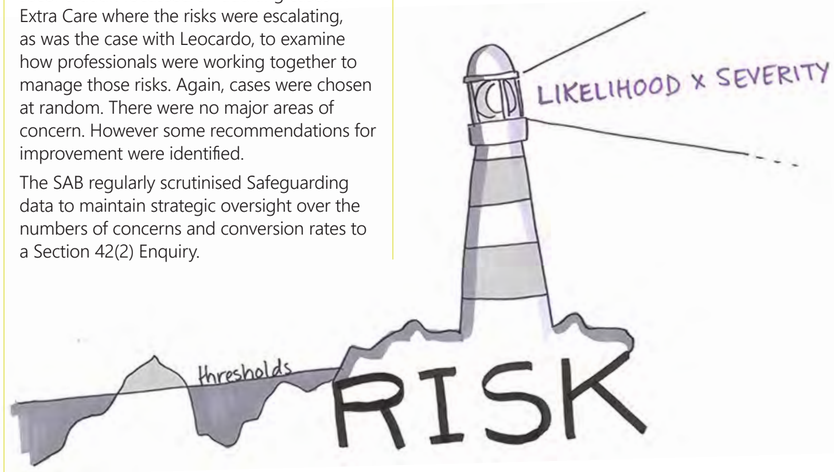
Over the period 2020 – 2021, The Safeguarding Adults Board (SAB) has focussed on ensuring that safeguarding systems have continued to work effectively during the pandemic. Agencies have been held to account at SAB meetings on safeguarding adults related activity and partners have had the opportunity to challenge each other in relation to strategic oversight of services.

Due to increases in the level of fraud as a general trend in the United Kingdom the SAB had one meeting that part-focussed on financial abuse and commissioned multi agency learning and development sessions aimed at increasing awareness.

The SAB has also been monitoring the NHS Learning Disability Mortality Review and local actions that have arisen from reviews of people with learning disability in Brent.

Following the completion of the SAR on Leocardo (Adult E), the SAB commissioned an independent audit in relation to Extra Care placements. The first audit focused on the appropriateness of the initial placement, with cases chosen at random out of the most recent placements into Extra Care. A second audit focussed on auditing cases in Extra Care where the risks were escalating, as was the case with Leocardo, to examine how professionals were working together to manage those risks. Again, cases were chosen at random. There were no major areas of concern. However some recommendations for improvement were identified.

The SAB regularly scrutinised Safeguarding data to maintain strategic oversight over the numbers of concerns and conversion rates to a Section 42(2) Enquiry.



11 THE SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2019-2021

During late 2019, the Safeguarding Adults Board held a 'Board Development Day' event. Presentations to Board members were made by operational agencies who provide a service to adults at risk of abuse and neglect in Brent. The purpose of the presentations was to give services the chance to tell the SAB what they felt the Board should focus on strategically over the next 2 years. Feedback from the ADASS Peer Review was also incorporated into the day's discussions as well as using information obtained by the audits commissioned by the SAB. Following the presentations, Board members came together for group discussion to identify themes. At the following SAB meeting the Strategic Plan was agreed and later published on the Safeguarding Adults Board website;

PRIORITY 1 – SELF NEGLECT

The Care Act 2014 statutory guidance (DH, 2020) defines self-neglect as:

"A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding." The Brent SAB aims to ensure strategic development of working with people who self-neglect. In order to work towards achieving this priority Brent SAB have:

- Monitored self-neglect data at the SAB and asked agencies to account for their response.
- Developed multi-agency self-neglect policies and procedures which are published on the Independent Safeguarding Adults Board Website (www.brentsafeguardingpartnerships.uk)
- Undertaken multi-agency learning dissemination events in relation to Adult D throughout 2020 and 2021 and Developed a 7 minute briefing in relation to Adult D.
- Organised multi-agency learning and development sessions examining different aspects of self-neglect (both undertaken and planned for 2021) facilitated by:
  - Michael Preston-Shoot
  - Suzy Braye
  - Susan Harrison
  - Heather Mattuozo
  - Mike Ward
  - (planned) On completion of the Adult F SAR, learning events will be facilitated by the Independent author Patrick Hopkinson.

PRIORITY 2 – LEGAL LITERACY

Legal Literacy is knowledge and awareness of the legal options open to practitioners in order to safeguard adults at risk from abuse and neglect. The Brent SAB aims to empower practitioners in Brent with knowledge as to the options open to them and develop systems in order that this informs decision-making. In order to work towards achieving this priority Brent SAB have:

- Commissioned multi-agency learning and development sessions by legal experts Alex Ruck-Keene and Tim Spencer-Lane.
- Publication of the Adult E SAR, development of the 7-minute briefing and learning dissemination events that highlighted areas around legal literacy that required development.
- Extra care audits presented to the SAB.
- Work planned for 2021 aimed at highlighting learning from case law.
- Multi-agency audit planned for 2021 developed regionally entitled "The Safeguarding Adults Partnership Audit Tool".

PRIORITY 3 – INFORMATION DISSEMINATION

Some of the feedback at the Development Day was that information sometimes did not always reach those who need it most. In order to work towards achieving this priority Brent SAB have:

- Organised professionals conferences in 2019, 2020 and 2021 to ensure practitioners who work in Brent can come together for multi-agency learning and development.
- A planned community conference for the summer of 2021 raising awareness in relation to Financial Abuse and Domestic Abuse to reach smaller organisations and the general public.
- Launch of the Safeguarding Adults Board Website as a vehicle to disseminate learning and information and promote the independence of the SAB in Brent (www.brentsafeguardingpartnerships.uk)
- Attendance at community roadshows as arranged by Brent CVS to promote Brent SAB and raise awareness in relation to Adult Safeguarding.

12 PARTNER ORGANISATIONS

Brent

NHS Brent Clinical Commissioning Group

NHS London North West University Healthcare NHS Trust

Safeguarding Adults in Brent

METROPOLITAN POLICE

sense

London Community Rehabilitation Company PROBATION

NHS Central and North West London NHS Foundation Trust

Care Quality Commission

LFB LONDON FIRE BRIGADE

CVS Brent Cutting Edge Development

NHS London Ambulance Service NHS Trust

healthwatch Brent

13 SAFEGUARDING ADULT REVIEWS

Adult E

Adult E was published at the end of the reporting period of this annual report. A seven-minute learning briefing was developed to ensure that lessons are learned. A copy of this briefing is included within this annual report on the next page.

Adult F

A reviewer was selected but due to the pandemic work has proceeded slowly due to pressures on services. The aim is for completion late 2021. The themes of this review are self-neglect, mental capacity and making safeguarding personal.

Adult G

A reviewer was selected but due to the pandemic work has proceeded slowly due to pressures on services. The aim is for completion late 2021. The themes of this review will be; commissioning and oversight, pressure ulcer care, safeguarding and cross-borough working and transitions between services that provide care.

Background and What Happened.

Leocardo was a black male who moved to the United Kingdom from Trinidad in 1961 and made his home in Brent. He had a long career spanning 40 years working for London Underground and had two daughters. He was diagnosed with Lewy Body dementia in 2012. His daughters held Lasting Power of Attorney for Finance and Health and Welfare. Leocardo became increasingly at risk in his own home. An agreement was reached that he would move to alternative accommodation. The accommodation he moved to is known as 'Extra Care Housing'. This model of care involves individual rental apartments, each with their own tenancy, with a registered domiciliary care agency located on site to provide care. Unfortunately, after moving into the placement, Leocardo went missing on a number of occasions and was found and returned by Police. Unfortunately, he left the placement for the final time in August 2017. His body was found in October 2017 by a farmer tending to his field on the outskirts of London. The case met the criteria for a Safeguarding Adults Review.

Learning point: Escalation systems

Where concerns are raised but there is a concern regarding how an agency is responding to those concerns, there should be a clear escalation system in place. In Leocardo's case, information suggesting risks were escalating was not responded to adequately. Some of the information had been sent to workers who had left or individuals who were on extended leave. A clear system would ensure key information is not lost and is acted upon.

Learning point: Effective Case Management

Working with people where the risk posed to them is escalating is a challenge and requires professionals to balance care vs control. There was learning in relation to how Leocardo's case was managed:

- The importance of separating key information from supplementary information and using key information to form a sound risk assessment.
- Using new information to update the risk assessment when necessary.
- Clear handovers and cover arranged where there are staffing changes / extended leave.
- Effective management oversight overseeing any staffing changes.

Learning point: Multi-Agency Working

In Leocardo's case the agencies did not work together effectively, each taking action in isolation. Measures to manage risks (GPS trackers and door sensors) were not succeeding in managing the risks posed. What needed to take place was a multi-agency risk management meeting where concerns were discussed and a plan of action agreed across the different agencies involved. Each agency should be clear as to their role and responsibility to keep a person safe.

Learning point: Legal Literacy

A clear understanding by all partners on what legislation to use and when. For example use of community DoLS.

Learning point: Application Mental Capacity Act (MCA) and working with family members who hold Power of Attorney.

A person who holds a registered Power of Attorney can make a decision on the person's behalf where it is proven that they lack capacity to make that decision at that time. Where a decision is made on behalf of a person, the MCA states that this should be in the person's best interest and be the least restrictive option. The Coroner's ruling at the Inquest expressed concern that in Leocardo's case professionals were too focussed on the least restrictive option rather than Leocardo's safety, which should have been the primary concern. It is important to remember that the local authority retains overall responsibility for a person's welfare when they lack capacity and are placed. This is the case even if family members hold Lasting Power of Attorney and are making decisions. Therefore, agencies must have a clear focus on the risks posed and the person's safety. If professionals feel that risks posed have become too great, they must be prepared to challenge the views of family members who hold Lasting Power of Attorney and take the case to the Court of Protection in the event of a dispute.

Learning point: Clear Recording

In Leocardo's electronic file, the case records were extensive, frequent and detailed. This meant that key information became difficult to locate due to the number of contacts and information sent between the agencies involved. Key information therefore became lost in the volume of contact. There is a responsibility on all agencies where there are concerns to record these concerns clearly and concisely so that the information can be used to take action and reduce the risks posed. There should also be clear announcement and recording of important meetings such as 'Best Interest Meetings'.

14 BRENT SAFEGUARDING ADULTS BOARD BUDGET, INCOME AND EXPENDITURE 2020-2021

INCOME 19/20	AMOUNT
Clinical Commissioning Group	£25000
Brent Council	*£37400
MOPAC	£5000
LFB	£500
Total	**£67900**

ITEM	EXPENDITURE 20/21 (ROUNDED COST)
SAB Learning and Development virtual offer	£9,300
SAR Adult E completion costs	£4000
Independent Chair Fee's	£16500
Learning and Development Platform	£2000
Annual Report Costs	£1000
Printing costs	£100
Total	**£32900 (£35000 move into reserves)**

*In addition to the above sum, Brent Council pay for staffing costs to support the functioning of The SAB namely;

- 1 full time Strategic Partnerships Manager (portion of time)
- 1 full time Strategic Partnerships Lead
- 1 part time Strategic Partnerships Learning and Development Coordinator

15 THE COMING 12 MONTHS

The Safeguarding Adults Board postponed its annual conference this year due to the pandemic and will be reported on in the next annual report.

Currently Adult F and Adult G are in their final stages of completion. The SAB is also considering new referrals and in the early stages of panning work for two Discretionary Safeguarding Adult Reviews. The Case Review Group will also continue to consider new referrals.

At the end of 2021, Brent Safeguarding Adults Board will be recruiting a new Independent Chair of the Safeguarding Adults Board. It will also run an event to refresh its strategic plan. All up to date information will be published on the independent safeguarding website. This will also be reported on in next year's annual report.

Safeguarding **Adults** in Brent

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Head Visualiser
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Brent	**Community and Wellbeing Scrutiny Committee** 15 November 2021
	Report from the GP Access Task Group

GP Access Scrutiny Task Group Progress Report

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
Appendices:	Appendix 1 – Task Group Activity
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Craig Player Scrutiny Officer Strategy and Partnerships craig.player@brent.gov.uk Angela d'Urso Strategic Partnerships, Policy and Scrutiny Manager Strategy and Partnerships angela.d'urso@brent.gov.uk

1.0 Purpose of the Report

1.1 To update the Community and Wellbeing Scrutiny Committee on the progress of the GP Access Scrutiny Task Group.

2.0 Recommendation(s)

2.1 To note the contents of the report and the progress made by the GP Access Scrutiny Task Group.

3.0 Detail

Background Information

3.1. At its meeting on 24 March 2021, the Community and Wellbeing Scrutiny Committee established the GP Access Scrutiny Task Group. The task group is made up of non-executive members of the Council.

3.2. It was proposed to hold a series of evidence sessions between May 2021 to January 2022 and to agree any reports and recommendations that may be agreed by the Community and Wellbeing Scrutiny Committee for submission to Cabinet in February 2022.

3.3. The comments and recommendations from the task group are scheduled to be considered by the Community and Wellbeing Scrutiny Committee on 24 January 2022. It is envisaged that the report would then be presented to Cabinet for consideration and thereafter to the Brent Health and Wellbeing Board.

3.4. The following membership of the Task Group was agreed by the Community and Wellbeing Scrutiny Committee on 24 March 2021:

- Cllr Mary Daly (Chair)
- Cllr Abdi Aden
- Cllr Tony Ethapemi
- Cllr Claudia Hector
- Cllr Gaynor Lloyd
- Cllr Ahmad Shahzad

3.5. The following Terms of Reference for the Scrutiny Task Group were agreed by the Community and Wellbeing Scrutiny Committee on 24 March 2021:

1). To gather findings based on quantitative data and information about GP accessibility based on face-to-face appointments, physical and digital access, and qualitative information from patients' experiences with particular reference to those who are older, have mental health needs or a disability, and who have long-term health conditions.

2). To review the overall local offer of GP services, including the extended GP access hub service, and evaluate any variation in accessibility by practice and the underlying reasons for any variation with particular reference to clinical capacity and nursing.

3). To evaluate the local demand to access primary care, changes in demand during the Covid19 pandemic and changes in access to GP services during the pandemic with particular reference to digital accessibility and face-to-face appointments.

4). To understand the role of primary care in addressing health inequalities by gathering findings on population health, deprivation and demographic trends in the borough with particular reference to Black and Minority Ethnic (BAME) patients.

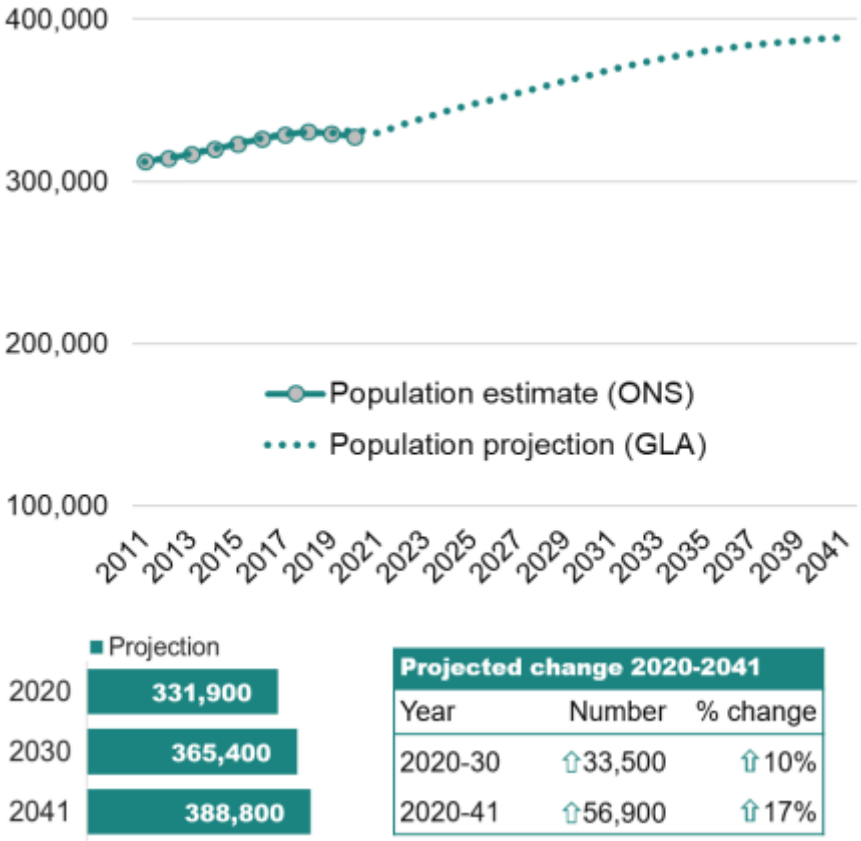
5). To develop a report and recommendations for local NHS organisations and the local authority's Cabinet based on the findings and evidence gathered during the review.

3.6. The Task Group has heard from a range of stakeholders and expert witnesses during its evidence sessions. A list of the evidence sessions held, and key stakeholders in attendance, is provided in Appendix 1. The Task Group has been impressed by the knowledge and insight of all stakeholders and expert witnesses involved, and thanks them for their contribution to a shared vision of GP access across Brent in which no patient is left behind.

Preliminary Findings

Health inequalities are a significant issue in Brent, and this is increasing demand on GP services

3.7. The Task Group has heard that the Brent population has been growing strongly over the last few decades. During 1998-2018, the population grew by 27% – an increase of 70,900 residents. As shown in Figure 1, the population is expected to grow by another 25% by 2041 - an increase of 84,800 residents. The two fastest growing wards are Tokyngton and Alperton, which are expected to accommodate 47,600 more residents by 2041.[1]



Projected change 2020-2041		
Year	Number	% change
2020-30	⇧33,500	⇧10%
2020-41	⇧56,900	⇧17%

Figure 1: Brent population estimates and projections 2011-2041[2]

[1] North West London Collaboration of Clinical Commissioning Groups
[2] 'Population change in Brent', Brent Council

3.8. The impact of the population expanding has increased the pressures on primary care across the country. These pressures are compounded by the increasing prevalence of long-term conditions in the population and the impact of risk factors like substance misuse, unhealthy weight and smoking.

3.9. Around one in seven Brent residents have a long-term health problem or disability that limits their day-to-day-activities in some way. The prevalence of long-term conditions rises sharply with age: more than half of all residents aged 65 and over had a long-term health problem or disability.[3] Around 16% of working age residents in Brent are disabled, which is slightly lower than the national average and reflects the fact that Brent has a young age profile. The number of people in Brent with a learning disability is high, and is expected to rise by 8% from 2014-2030.[4] The number of children and young people with Special Educational Needs and Disabilities (SEND) is also high and continuing to rise, with 3.2% of children in who attend school having an education, health and care plan (EHC), compared to 3.1% nationally.[5] We know that people with a learning disability have worse physical and mental health than people without a learning disability – in fact, the life expectancy of women with a learning disability is 18 years shorter than women in the general population, and 14 years shorter for men with a learning disability compared to men in the general population.[6]

3.10. The Task Group has heard that Brent is one of the most diverse boroughs in London. As outlined in Figure 2, most two thirds of the population (64%) are from BAME (Black, Asian and minority ethnic) groups, the third highest in London. It has a large Asian population: one third of its residents are from Asian groups compared to 20% across London. Around 18% of residents are from Black ethnic groups, higher than the London average (13%).[7]

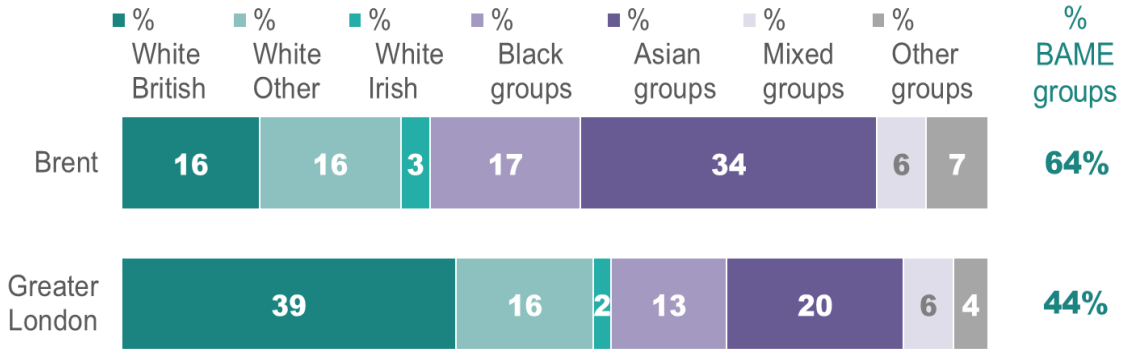


Figure 2: Population by ethnicity, Brent and London[8]

[3] Brent Open Data
[4] 'Brent Joint Learning Disability Strategy 2017-18', Brent Council
[5] 'Brent Joint Strategic Needs Assessment 2019-20', Brent Council
[6] NHS Digital
[7] 'Ethnic Group Predictions', Greater London Authority
[8] Ibid

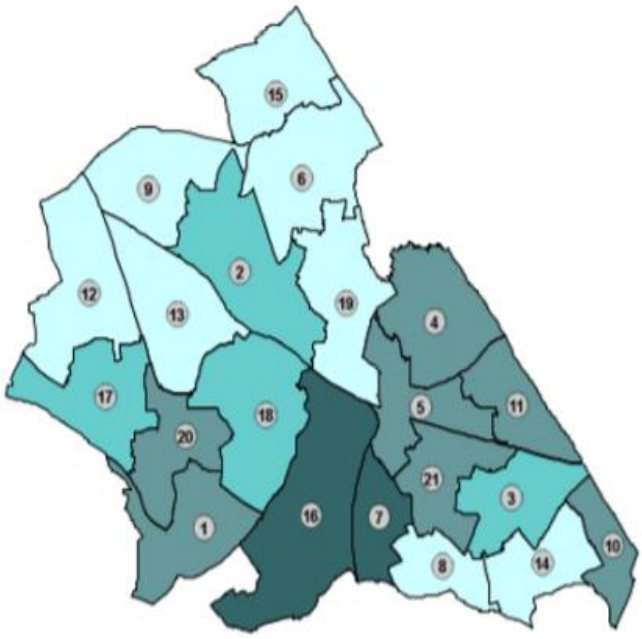
3.11. In Brent, we know that ethnicity is a factor in health inequalities. As widely noted – and confirmed by Public Health England – the death rate from Covid-19 is far higher amongst some BAME communities. The risk of developing diabetes, for example, is higher in BAME groups than white groups. The percentage of people in Brent with Type 2 Diabetes was 80.1% for BAME groups compared to 17.1% for white groups in 2019.[9]

3.12. Brent has a relatively young population. In 2017, the median age of the population was 35 – five years lower than the national average. The population is expected to age in the future: the number of residents aged 65 and over is expected to increase by two thirds (+67%) between 2018 and 2038 and this will pose its own challenges to primary care.[10] We know that mental health issues are often begin in childhood and adolescence, with 50% of mental health problems being established by age 14 and 75% by age 24.[11] We also know that for many with existing health conditions and emotional distress, the Covid-19 pandemic has served to exacerbate the problem. Studies also show that almost half of 16 to 24-year-olds showed new symptoms of psychological distress during the pandemic.[12]

3.13. The Task Group has also heard that Brent has high levels of poverty and deprivation. One in three households in Brent live in poverty – compared to one in five in the country as a whole.[13] The pandemic has placed a spotlight on what poverty means for people's health, quality of life and life chances. In Brent, the life expectancy gap between the most and least deprived areas is 4.7 years for males and 4.4 years for females.[14] Hospital stays for alcohol-related harm were highest in the two most deprived areas of Brent – Stonebridge and Harlesden – suggesting that poverty is closely linked to people's ability to make healthy lifestyle choices. Figure 3 presents the proportion of households in poverty by their ward.

[9] Public Health England
[10] Brent Open Data
[11] 'Mental health statistics: children and young people', Mental Health Foundation
[12] Public Health England
[13] 'Households in Poverty estimates for middle layer super output areas', Office for National Statistics
[14] Office for National Statistics

Figure 3: Brent households in poverty by middle layer super output areas[15]



Key	Ward	Proportion of households in poverty
1	Alperton	35%
2	Barnhill	32%
3	Brondesbury Park	32%
4	Dollis Hill	35%
5	Dudden Hill	34%
6	Fryent	29%
7	Harlesden	39%
8	Kensal Green	28%
9	Kenton	25%
10	Kilburn	36%
11	Mapesbury	35%
12	Northwick Park	24%
13	Preston	29%
14	Queens Park	25%
15	Queensbury	28%
16	Stonebridge	42%
17	Sudbury	33%
18	Tokyngton	33%
19	Welsh Harp	29%
20	Wembley Central	34%
21	Willesden Green	38%

GPs act as a 'front door' to healthcare

3.14. The Task Group has heard that, as stipulated in the national contract, the core purpose of general practice is broadly described as the services that GPs must provide to manage their registered list of patients when they are ill. These services involve direct consultation and examination, and/or making available further investigation as appropriate, including referral to specialists. GPs usually deliver services in partnership with other GPs, leading a number of nurses or other support staff who altogether comprise the primary care team.

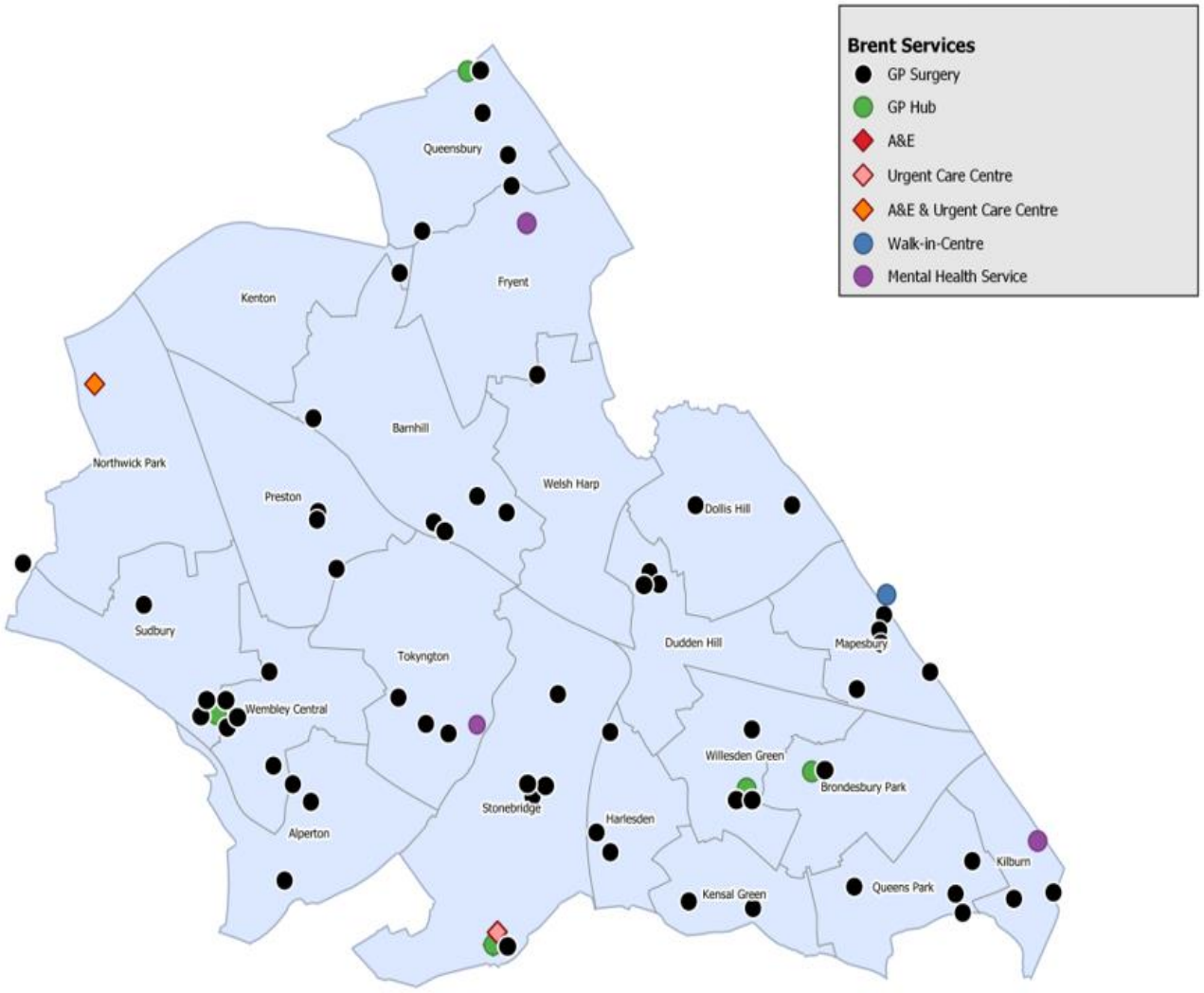
3.15. In addition to this core function, GPs also play a crucial role in the provision of extended primary care services, such as prevention, screening, vaccinations and immunisations, and some diagnostic services. Part of this role is to help patients navigate through the wider health care system and access care appropriate to their needs. GPs also help to ensure effective co-ordination of care for their patients, including social care and services within and outside the NHS.

3.16. The NHS Constitution sets out the principles and values of all NHS bodies, private and voluntary providers supplying NHS services and local authorities in the exercise of their public health functions. These include commitments to putting patients first at all times, treating all with respect and dignity, providing quality care, listening to feedback from patients, families, carers and the public and ensuring compassion is central to the care provided.

[15] Ibid

3.17. GPs work as independent contractors under the terms of the national contract. There are several ways that GP practices currently receive payment for delivering services – through their core GP contract for the delivery of essential services and through enhanced or extended service contracts, agreed both nationally and locally. In recent years there has been an increase in the number of GPs employed on a salaried basis, usually by fellow GPs who as independent contractors are partners who own their own practice. Preference for salaried position rather than taking on partnerships means they are not obliged to take responsibility for the management of the practice as a small business or purchase equity in it. Where a GP contract is led by one GP partner, a number of salaried and long term GPs would support the delivery of services along with nurses, health care coordinators, clinical pharmacists, social prescribers, healthcare assistants and many more.

Figure 4: Map of health services in Brent[16]



[16] Brent Clinical Commissioning Group

3.18. In 2019, the organisation of GPs changed further with the establishment of Primary Care Networks (PCNs). A PCN is a group of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to local populations. In Brent, there are 51 GP practices affiliated to seven PCNs. Figure 4 demonstrates the geographical spread of GP practices across Brent. All seven PCNs are led by GP Clinical Directors (CDs) with some PCNs appointing two job shares to improve the quality and effectiveness of commissioned services. Figure 5 lists all GP practices by their PCN. PCNs are expected be the mechanism by which primary care representation is made stronger in integrated care systems (ICS), with the accountable clinical directors from each network being the link between general practice and the wider system. The role of an ICS, and the organisation of the North West London ICS, will be covered in more detail in later paragraphs.

Figure 5: List of PCNs in Brent [17]

PRACTICE	PCN AREA	MANAGERIAL LEAD	CLINICAL DIRECTOR
Brentfield Medical Centre	Harness South	**Managerial Lead:** Caroline Kerby	**Clinical Directors:** Subash Jayakumar / Mousoumi Mukherjee
Church End Med Centre	Harness South		
Stonebridge Medical Centre	Harness South		
Aksyr Medical Centre	Harness South		
Hilltop Medical Practce	Harness South		
Oxgate Gardens Surgery	Harness South		
Roundwood Park Medical Centre	Harness South		
Walm Lane Surgery	Harness South		
Park Royal Medical Centre	Harness South		
Freuchen Medical Centre	Harness South		
	Total Harness South		
The Surgery	Harness North		**Clinical Directors:** Sachin Patel / Milind Bhatt
Pearl Medical Practice	Harness North		
Wembley Park Drive Medical Centre	Harness North		
SMS Medical Practice	Harness North		
Lanfranc	Harness North		
Sunflower Practice	Harness North		
Church Lane Surgery	Harness North		
Willow Tree Family Doctors	Harness North		
Preston Road Surgery	Harness North		
Sudbury & Alperton Practice	Harness North		
	Total Harness North		
Kilburn Park Medical	Kilburn Partnership	**Managerial Lead**: Germaine Brand	**Clinical Director:** Dhanusha Dharmarajah / Candice Lim
Chichele Road Surgery	Kilburn Partnership		
Staverton Medical Centre	Kilburn Partnership		
Mapesbury Medical Centre	Kilburn Partnership		
Willesden Green Surgery	Kilburn Partnership		
The Law Medical Centre	Kilburn Partnership		
	Total Kilburn		
Gladstone Medical Centre	K&W South	**Managerial Lead**: David Hunter	**Clinical Director:** Nigel De Kare-Silver
Willesden Medical Centre	South		
St George's Medical centre	South		
Burnley Practice	South		
St Andrews Medical Centre	South		
The Lonsdale	South		
	Total K&W South		
Neasden Medical Centre & Greenhill Park	North		**Clinical Director:** Sadik Merali
Uxendon	North		
Jai Medical Centre	North		
The Fryent Way	North		
Kingsbury Health & Wellbeing	North		
Brampton	North		
Kings Edge Medical Centre	North		
	Total K&W North		
Forty Willows Surgery	Central		**Clinical Director:** Shikha Gosain /Raja Intkhab
Tudor House Medical Centre	Central		
Chalkhill Practice	Central		
Ellis Practice	Central		
Preston Road Medical	Central		
Sudbury Surgery	Central		
	Total K&W Central		
Premier Medical Centre	West		**Clinical Director:** Mohammad Haidar
The Wembley Practice	West		
Hazeldene	West		
Alperton	West		
Lancelot	West		
Stanley Corner	West		
	Total K&W West		

[17] Ibid

3.19. The Task Group has heard that the experience of a patient in Brent is often dependant on the organisation of the PCN covering their local area. A PCN is expected to offer patients better, more personalised health and care services, support for individual with complex conditions that is better coordinated across different health and care services and stronger support for patients to make safe and informed decisions about their own health and care. However, while many patients emphasise the importance of primary care being easily accessible in their local area, some patients were unclear on the role a PCN might play in doing so.

3.20. We know that, nationally, the number of full-time equivalent GPs is falling. Brent was ranked the 7th most under doctored CCG in London with a decreasing and older GP workforce, and was identified as having the greatest number of patients per nurse in North West London.[18] This is coming at a time of population growth and rising patient need, and could be affecting people's access to primary care.

Figure 6: Total number of GPs and other healthcare professionals in Brent practices[19]

Practices	GP Partners	GP Salaried	Practice Managers	Nurse	HCA	Pharmacist	Physician Associates
51	116	114	72	77	64	51	5

3.21. However, it must be noted that Brent has a large and growing healthcare professionals involved in providing direct care to patients including nurses, clinical and practice based pharmacists, health care assistants and physician associates. Recruitment and retention programmes are being introduced to reverse the decline in the GP and General Practice Nurse (GPN) workforce with fellowships for newly qualified and experienced GP and GPNs, continuing professional development training opportunities, clinical skills development, staff education forums and mentorship and supervision. The introduction of the Additional Role Reimbursement Scheme in 2020 has also sought to increase the direct patient workforce with the introduction of new roles such as nursing associates, paramedics, pharmacy technicians, mental health therapists and physiotherapists.

Brent's health economy is changing

3.22. The Task Group has heard that NHS organisations have been increasingly focusing on population health, moving to models that ensure the integration of primary and specialist care, physical and mental health services, and health with social care. The phrase 'population health' is used to convey a way of thinking

[18] NHS Digital Data
[19] Brent Clinical Commissioning Group

that involves creating a sense of responsibility across many organisations and individuals, in addition to public health specialists. Such models bring together local organisations to redesign care and improve population health, creating shared leadership and action.

3.23. Integrated care systems (ICS) bring together all parts of the NHS and local authorities in an area to focus on improving the health of the local population. They take the lead on planning and commissioning care for their populations and providing system leadership. The ISC will be expected to work closely with the Brent Health and Wellbeing Board and will be required to 'have regard' for Brent's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. All NHS organisations and local authorities in North West London have been working informally as an ICS ahead of legislation to make ICSs statutory bodies, which is led by an Independent Chair and a Chief Executive. Legislation is expected during 2021, with ICSs becoming legally recognised bodies from April 2022.

3.24. There is also a recognition of the importance of 'place', which has a smaller footprint than that of an ICS and is in many cases that of a local authority. Integrated care partnerships (ICPs) are alliances of local health providers including the local authority, hospitals, community services, mental health services and GPs. The Brent Integrated Care Partnership Executive Committee (ICPEC) (formerly known as the Quartet) is the place-based partnership in Brent within the ICS. It has established a further four executive groups which focus on health inequalities and vaccination, PCN development, community and intermediate health and care services and mental health and wellbeing. Healthwatch Brent engage and provide key input at the executive group level as representatives of patient and community voices.

3.25. NHS organisations and local authorities have also set out a commitment to improve prevention, which relates to the measures taken to decrease the prevalence of disease of health conditions. These organisations do so whilst recognising that a comprehensive approach to preventing ill health also depends on action that only individuals, companies, communities and national government can take to tackle the wider determinants of health, and ensure health is hardwired into social and economic policy. These measures recognise that there are barriers to people keeping healthy in Brent, such as financial constraints, housing, work/caring constraints, language and digital exclusion.

3.26. The North West London ICS will help deliver preventive health programmes as the NHS continues to move from reactive care towards a model embodying active health management. It will also provide stronger foundations for working with local authorities and voluntary sector partners on the prevention agenda, and work alongside neighbouring GP practices. Similarly, the Brent Health and Wellbeing Board's emerging Joint Health and Wellbeing Strategy will focus on a whole-system approach to addressing the health inequalities that exist in Brent, working with and understanding local communities to deliver better outcomes.

3.27. The Task Group has also heard that recent innovation and advances in health care have provided GPs an opportunity to improve access to primary care. The

NHS Long Term Plan sets out an ambition to offer digital-first primary care – where patients use online tools to access primary care services remotely – to most people by 2023/24. The Covid-19 pandemic, however, rapidly brought these plans forward as GP practices were required to reduce avoidable footfall, and to protect patients and staff from risk of infection. Under NHS England guidance, remote consultation (via telephone, online message or video) has been rapidly introduced to replace face-to-face consultation. People have been encouraged to use the NHS App to seek advice, check symptoms and connect with healthcare professional, and they have been able to access virtual services alongside face-to-face services via their computer or smartphone. Most GP practices in Brent are now offering people the choice of a telephone or online consultation before being offered a face-to-face appointment.

Access is not always consistent across GP practices

3.28. The Task Group has heard that access to primary care is not always consistent across GP practices in Brent, and in many cases across PCNs. There was found to be variation in a range of services, from referral rates to secondary care, GP extended access services and the registration of new patients, to telephony systems, remote booking and consultation platforms and the availability of face-to-face appointments. Such variation means that people often see their health outcomes dictated by the area they live in – highlighting and exacerbating the health inequalities we know are present in the borough.

3.29. Currently, there are two types of service which provide GP extended access services in Brent – the extra GP and nurse appointments provided in the evenings and weekends. There are currently five GP Access Hubs in Brent which operate by appointment only (booked through a patient's GP practice) or when a patient phones NHS 111. The service is only available to people who are registered with a GP in Brent. There is also one GP Access Centre located in Wembley, which is accessed by walk-in only and will see any patient whether they are registered in Brent or not. Referral to these services is largely dependent on the person who makes your appointment, for example, staff who are less tolerant of uncertainty or who perceive serious disease to be a more frequent event may refer more patients. In fact, 51% of Brent residents felt that it took too long to access care or receive advice when their GP practice was closed.[20]

3.30. Brent residents have a number of routes to accessing urgent and emergency care, including Urgent Care Centres (UCCs) and A&E. It is recognised that access to this service will vary, as what is deemed urgent may differ between individuals and clinicians. In recent months, the number of patients presenting to UCCs with a 'primary condition' has been high, and has largely returned to its pre-pandemic level.

[20] GP Patient Survey 2020, Brent Clinical Commissioning Group

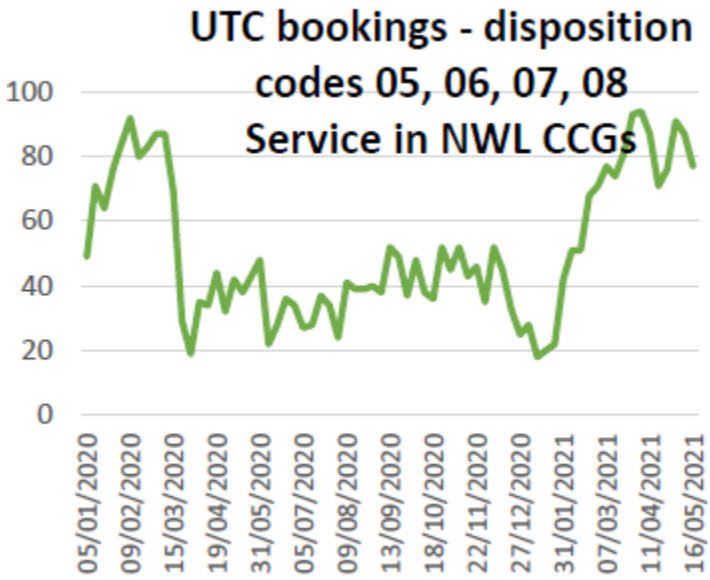


Figure 7: Bookings into Brent UCCs. Disposition codes 05, 06, 07 and 08 relate to patients presenting with a 'primary care' condition.[21]

3.31. This may be as a result of difficulty in accessing GP appointments in some areas. There may also be other factors, such as a patient's proximity to a UCC or the deprivation of an area (with patients in high deprivation areas with limited access to resources to access self-care services such as pharmacies or the NHS App more likely to attend this setting). Indeed, UUCs were utilised more in Stonebridge and Harlesden than any other area in Brent – the two highest areas of deprivation in the borough.[22]

3.32. The Task Group has heard that primary care is available through GP practices for general mental health needs, such as anxiety, depression, or post-traumatic stress disorders. A GP can then advise the patient with general self-help materials, refer them to counselling and prescribe medication. While the situation is often complex, there is also an established pathway for referral to secondary care should a patient present to a GP practice in mental health crisis. Brent's Single Point of Access (SPA) provides a referral point, 24/7, to secondary mental health services for emergency, urgent and routine referrals. If deemed an emergency situation, an emergency response team would arrive to assess the patient and decide whether the patient is transferred to an acute bed or given treatment at home. Inconsistent decision-making can result in delays to access and the individual's care and treatment. These delays can result in the patient becoming more distressed and unwell, as well as increasing the potential risk to GP staff and other patients. However, it is important to consider the difficult considerations a GP may have in dealing with a patient in crisis, such as patient and staff safety, infection control measures, the different ways that patients may present and the time it takes for an emergency response team to arrive.

3.33. Following the Covid-19 pandemic, people have continued to find it difficult to access face-to-face appointments. Nationally, only 58% of appointments in August were face-to-face, compared with 54% in January and 80% per cent

[21] North West London Collaboration of Clinical Commissioning Groups
[22] Brent Clinical Commissioning Group

before the pandemic.[23] Local NHS organisations have emphasised that rising demand, infection control measures and shortages of staff meant that they were struggling to return to pre-pandemic levels. However, some people in Brent have struggled to get face-to-face appointments, or have been unable to get one at all. It was felt that, in some cases, GP practices may overlook individual support requirements, and that there may be insufficient systems in place to anticipate these.[24] As show in Figure 8, 36% of people were unsatisfied with the type of appointment they were offered in Brent last year, compared to 27% nationally.[25]

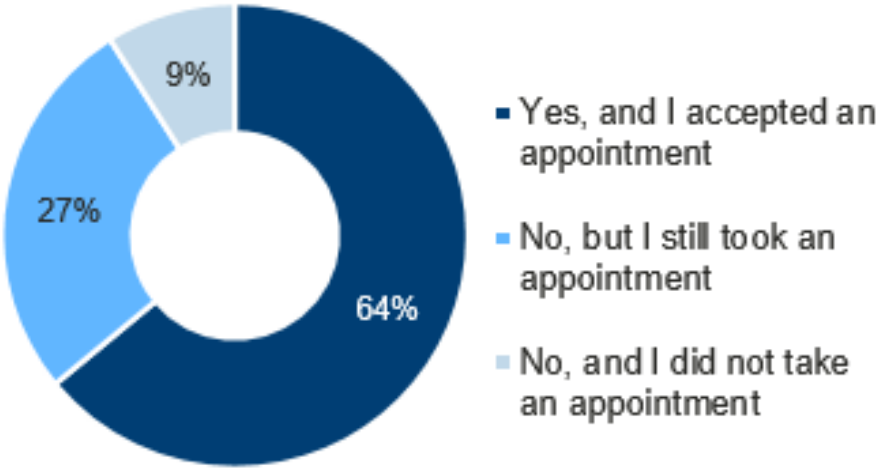
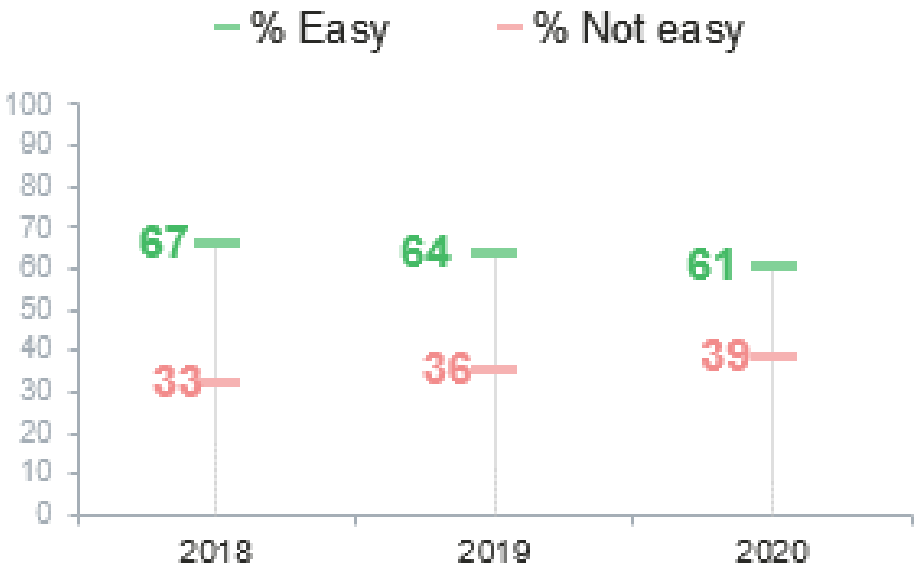


Figure 8: Patient satisfaction with GP appointment offered in Brent[26]

3.34. The Task Group has heard that the scale and configuration of telephony systems across Brent varies greatly. This variation and complexity is reflected in the telephony market, where it is estimated that over 40 different suppliers are currently providing services to primary care providers in England.[27] The Covid-19 pandemic has also placed primary care telephony in Brent under the spotlight, which has highlighted some of the limitations with older traditional telephony systems. People would often not be able to get through to GP practices or, if they did, found that appointments were fully booked. In fact, 39% of people in Brent found it difficult to get through to their GP practice on the phone last year, as detailed in Figure 9.

[23] 'Appointments in General Practice', NHS Digital
[24] 'Digitally excluded people's experiences of remote GP appointments', Healthwatch England
[25] GP Patient Survey 2020, Brent Clinical Commissioning Group
[26] Ibid
[27] NHS England

Figure 9: Ease of patient getting through to a GP practice on the phone in Brent[28]



3.35. Currently, practices are responsible for providing their own telephony systems paid for using funding allocated for them by NHS England, and many practices are locked into expensive contracts with telephone systems which are not capable of effectively supporting new ways of working. Through working at scale, for example through PCNs, there have already been opportunities to share back office functions such as appointment booking or managing out-of-hour services. The Task Group has heard that such arrangements are under consideration for telephony systems in Brent, with Brent Clinical Commissioning Group looking at proposals to share back office functions at PCN level. While such integration is encouraged and the benefits of a shared front-door experience are recognised, such a system would need to be adequately funded and ensure that patients' access to the care that they need is not adversely impacted

3.36. People also experienced a range of challenges in accessing remote care related to the accessibility or functionality of online platforms. Different online platforms were used at different GP practices, although the most of common of those was eConsult. It has been found that some people were unsure if their online requests were successful, as people did not always receive notification, leading to people having to chase their GP practice to ensure requests had gone through. Others experienced missing information in online communications, such as a missing link to upload requested information. Such difficulties in using online platforms has created issues for GP practices too, with some reporting that unnecessary requests had been made around minor conditions manageable at home and that the time required to process such requests created staff capacity issues. There remains differences in the information provided by GP practices about the possible ways to access primary care, with some not knowing how to use online booking systems and others not having any information on what to expect once a request is made.

[28] GP Patient Survey 2020, Brent Clinical Commissioning Group

Some people experience significant barriers to accessing GP services

3.37. The Task Group has heard that many people who traditionally experience barriers to accessing primary care found that the shift to remote care improved accessibility. For example, those with mobility issues felt that remote care had helped them to avoid difficult trips to the practice. People with caring responsibilities also found it easier to talk to doctors remotely without leaving loved ones alone. Remote access to health information can empower patients and carers, leading to increased knowledge and health literacy. For example, accessing online records meant that patients could review-up-date and relevant information before or after their consultation.

3.38. People also experienced a range of challenges in accessing care specific to their conditions or demographics, or their digital skills, literacy or the affordability of technology. Many older people, people with limited English, and people with sight or hearing impediments struggled with remote bookings and appointments. Not knowing how to seek alternatives to remote booking systems or appointments could mean that some people become reliant on their families for accessing healthcare, receive poorer quality care, use complimentary or alternative treatments or even abandon attempts to seek healthcare altogether, especially if they experience multiple barriers to accessing care.

3.39. The Task Group has heard that there remains a number of challenges to digital inclusion in Brent, and that this is proving to be a significant barrier to some people accessing primary care. In fact, 19% of adults in Brent have no laptop, and 7% have no internet at home.[29] Harlesden, Stonebridge and Dollis Hill were all included in the 10% of wards nationwide most at risk to digital exclusion, with digital exclusion being closely linked to poverty, disability, age and social isolation.[30] For example, some people may not have access to suitable devices, may have low or no digital skills to make use of existing technology, may have poor internet speeds or unaffordable broadband or may have low awareness of the benefits of being a digitally included resident. Others may have privacy or security concerns when using the internet. As they move to a digital-first primary care model, North West London Clinical Commissioning Group have focused on ensuring the barriers to digital access are addressed through training, equipment and ensuring patients continue to access services through traditional methods. However, it is important to recognise that when talking about people lacking digital skills and confidence online, this can also include healthcare professionals. Staff within many GP practices in Brent had to adapt to a new way of working overnight during the Covid-19 pandemic, and this invariably had an effect on the ways people accessed primary care.

3.40. Brent is one of the most linguistically diverse areas in the country. In 2011, 37% of the Brent population used a main language other than English, which is the second highest in England after Newham (41%). While the majority using other languages are also highly proficient in English, 1 in 11 of the adult population

[29] 'Digital Inclusion in Brent', Citizens Online
[30] Ibid

could not speak English well, or at all.[31] Such language barriers can lead to miscommunication between clinicians and patients, which can decrease the quality of care offered. Whereas interpreters can usually be present during a face-to-face appointment, remote booking systems and phone appointments present a more significant challenge for those that do not speak English.

3.41. The Task Group has heard that people have the right to register with a GP practice – without the need for proof of address or immigration status, ID or an NHS number. A GP must also provide any treatment which is immediately necessary, even if the patient is not registered with them. If a GP refuses to accept you, they must have reasonable grounds for doing so, such as the practice's register being too full or the patient living too far away. However, there is concern that people undocumented immigrants are being turned away from GP practices or will not register with a GP practice for fear of deportation. This suggests that some GP practices were failing to assure patients that their immigration and residency status have no bearing on their entitlement to register with a GP practice.

People want to be reassured that GP services are there for them when they need them

3.42. The Task Group has heard that people are not always aware of basic GP service information, and wanted more proactive communication from GP practices about changes in working practices. For example, some people had not been aware that practices were now offering face-to-face appointments, and others were concerned that they may miss out on preventative care like having a flu jab or their blood pressure taken. As well as good levels of information, people preferred the use of simple, accessible language and formats, ideally suited to the needs of the recipient. Figure 10 demonstrates that, in 2020, people in Brent found it harder to use their GP practice's website than the national average. Some practices have produced supporting guidance, like YouTube videos, demonstrating how to use e-consult platforms. However, these are not accessible to all patients, such as older people, people with limited English, and people with sight or hearing impediments. As a result, people were confused about how to get in touch with their GP, whether they could make an appointment and how, and what to expect when they attended an appointment both remotely and in person.

[31] 2011 Census

Figure 10: Comparison of Brent CCG and national results for patient's ease of use of their GP practice's website[32]

3.43. The Task Group has also heard that people benefit from knowing what services exist within and around the borough, however information is not always easily available from GP practices. For example, 33% of people in North West London that said they knew what the NHS 111 service was incorrectly thought it was for emergencies.[33] Surprisingly, a recent Healthwatch Brent survey also uncovered that 26% of people were unaware that they were attending a GP Access Hub appointment and instead thought they were attending an appointment with a GP practice.[34] Patients not knowing what services are available to them could negatively impact the care they receive, and could put pressure on GP practice staff who may have to spend considerable time redirecting patients to relevant health and social care services.

3.44. The involvement of patients, carers, their relatives and the community to help shape their experience of primary care is enshrined in NHS Constitution and has become a key indicator of NHS performance nationally. This includes involving patients in decisions about their own care, seeking feedback about their experiences, having patient representatives on boards and committees making decisions about changes to services, and involving the public in planning future services, fundraising and volunteering. Many of the GP practices across Brent have patient participation groups (PPGs) which meet regularly to share information about health services locally, how they are provided and how they can be improved. In general terms, PPGs can provide communication channels between patients and a practice, provide support services, fundraise and monitor patient satisfaction and contribute to practice decisions. A PPG is open to every patient on a GP practice list, and membership should as far as possible be representative of the practice population, and should share the concerns of the wider practice population. There is considerable variation in the organisation of

[32] GP Patient Survey 2020, Brent Clinical Commissioning Group
[33] 'NHS Long Term Plan: North West London Healthwatch Engagement', Healthwatch England
[34] 'GP Access Hub appointments in Brent', Healthwatch Brent

PPGs across nationwide and, similarly, there is considerable variation in the purpose, equitable access and effectiveness of PPGs in Brent.

3.45. The NHS Complaints Advocacy Service can provide independent support for anyone wishing to make a complaint about the treatment or care that they or a friend or family have received from an NHS service in Brent. However, while some improvements to the system are made using complaints data, many concerns are never raised in the first place. According to the Care Quality Commission, three in ten people using health and social care have had concerns about their care but never raised them because they did not know how to or felt that nothing would change.[35]

3.46. The Task Group has heard that proactive patient outreach is essential to improving health outcomes for local residents, especially those who usually experience significant barriers in accessing health care services. Many people experience difficulty in accessing primary care, and others may be unware of the various services that exist in and around Brent. This has been recognised by local health organisations and the local authority, who have made efforts to ensure bring together local people, groups and organisations together to ensure clinical support. Brent Health Matters is one example of a joint-approach to engaging with local communities on a wide range of health issues, and the programme has taken a lead on providing primary care services within those communities that may traditionally be hard to reach. Its work on diabetes prevention is one example, with local people, groups and organisations providing free diabetes checks, exercise and diet advice and Q&A sessions in community settings.

4.0 Financial Implications

4.1 There are no financial implications for the purposes of this report.

4.2 It is possible that some recommendations made by the Task Group in future will have financial implications for local NHS organisations and/or the local authority. It is expected any possible financial implications will be considered by Cabinet and thereafter the Brent Health and Wellbeing Board.

5.0 Legal Implications

5.1 Section 9F, Part 2 of the Local Government Act 2000, *overview and scrutiny committees: functions,* requires that Executive Arrangements by a local authority must ensure that its overview and scrutiny committees have the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are or are not the responsibility of the executive, or on matters which affect the authority's area or the inhabitants of that area.

[35] 'New research for CQC shows people regret not raising concerns about their care – but those who do raise concerns see improvements', Care Quality Commission

5.2 Section 9Fe, *duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive;-

(a) consider the report or recommendations,

(b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,

(c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

6.0 Equality Implications

6.1 The scrutiny review has been driven by the Task Group's desire to ensure that each resident in Brent has equal access to GP services. The consideration of health inequalities and the ways in which these can be addressed has been at the heart of the scrutiny review.

6.2 The scrutiny review should also consider equalities duties as part of the general duty set out in the 2010 Equality Act.

6.3 Under Section 149 of the Equality Act 2010, the Council has a duty when exercising their functions to have 'due regard' to the need to:

a) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
b) advance equality of opportunity; and
c) foster good relations between those who share a "protected characteristic" and those who do not.

6.4 This is the Public Sector Equality Duty (PSED). The 'protected characteristics' are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

7.0 Consultation with Ward Members and Stakeholders

7.1 The report has been drawn up in consultation with Task Group members.

Report sign off:

LORNA HUGHES
Head of Strategy and Partnerships

on behalf of

SHAZIA HUSSAIN
Assistant Chief Executive

Appendix 1 – GP Access Task Group Activity

Key Lines of Enquiry

The following key lines of enquiry were identified for the GP Access Task Group:

1. *What is the local demand for GP services and what are the particular needs of Brent residents, including vulnerable patient groups, in relation to accessing GP care?*
2. *Is there sufficient provision of GP services in the London Borough of Brent based on local population health needs and the growing population in the borough and is there a difference in provision or accessibility between the north and south of Brent?*
3. *What has been the long-term trend in how GP services are accessed and what has been happening during the Covid-19 pandemic in terms of the balance between remote appointments using digital technology and face-to-face appointments?*
4. *Is there a danger of exclusion from primary care services for those patients who are not able to use the digital or online options and rely on face-to-face appointments?*
5. *What strategy is needed to address variation and ensure that there is fair and equitable access to GP services available to Brent residents across the borough?*
6. *What does benchmarking data show about primary care and GP performance in Brent compared with the other clinical commissioning groups in North West London?*
7. *What is the role of Patient Participation Groups in addressing accessibility issues?*

Evidence Sessions

A series of evidence sessions have been held by the Task Group from May 2021 to November 2021 with a range of key stakeholders.

	Themes/Areas for Discussion	**Participants**
Evidence Session 1 May 2021	GP and Out of Hours Provision in Brent, the Demand and Access for Primary Care GP Services, Health Inequalities, Primary Care Workforce and Capacity and Report from the North West London Collaboration of Clinical Commissioning Groups Understanding GP Access in Brent	• Jonathan Turner (Brent Borough Director, North West London CCG) • Dr MC Patel (Brent Borough Lead, North West London CCG) • Fana Hussain (Head of Planned and Primary Care, North West London CCG) • Sheik Auladin (Managing Director, North West London CCG) • Dr Sachin Patel (Clinical Lead, North West London CCG) • Jon Baker (Deputy Medical Director, LNWHT NHS Trust) • Norrita Labastide (Divisional Manager, LNWHT NHS Trust) • Patrick Brooke (Director, Totally Urgent Care, LNWHT NHS Trust) • John Licorish (Public Health Consultant, Brent Council Public Health) • Jo Kay (Manager, Healthwatch Brent)
Evidence Session 2 June 2021	Quality Standards, GP Access and Deprivation, Deprivation, GP Primary Care and Health Inequalities, Cultural Communities, GP Primary Care and Health	• Isha Coombes (Programme Director Brent Integrated Care and Community Services) • Sheik Auladin (Managing Director North West London CCG) • Dr MC Patel (Brent Borough Lead, North West London CCG) • Fana Hussain (Head of Planned and Primary Care, North West London CCG) • Jonathan Turner (Borough Director Brent, North West London CCG) • Dr Jahan Mahmoodi (Clinical Director Primary Care Network) • Bethenie Woolfson (Area Inspector Manager, Care Quality Commission) • John Licorish (Public Health Consultant, Brent Council)
Evidence Session 3 June 2021	Understanding Digital Exclusion in Brent, Digital GP Access and Health Inequalities, Digital Local Offer for GP Primary Care	• Dr Ishani Patel (Clinical Lead, NW London Digital Accelerator) • Dr MC Patel (Brent Borough Lead, North West London CCG) • Fana Hussain (Head of Planned and Primary Care, North West London CCG)

		• Rehana Ramesh (Digital Lead, Brent Council Customer and Digital Services) • Madeleine Leathley (Digital Workstream Lead, Brent Council Customer and Digital Services) • John Licorish (Public Health Consultant, Brent Council)
Evidence Session 4 July 2021	General Practice Teams and Primary Care Services, Supporting Patients to Access GP Primary Care, General Practice Workforce and the Digital Offer	• Jonathan Turner (Borough Director Brent, North West London CCG) • Fana Hussain (Head of Planned and Primary Care, North West London CCG) • Sheik Auladin (Managing Director North West London CCG) • Dr MC Patel (Brent Borough Lead, North West London CCG) • Michelle Reilly (Practice Manager at the Lonsdale Surgery) • Dr Sana Rabbani (GP at the Freuchen Practice) • Karen McCartney (Practice Nurse at The Surgery) • Dr Mohammed Haidar (GP at the Wembley Practice)
Evidence Session 5 October 2021	Vision for Primary Care in Brent, Pathways from GP Services to Mental Health Services, GP Practice Contingency Planning	• Fana Hussain (Interim Borough Director Brent, North West London CCG) • Dr MC Patel (Brent Borough Lead, North West London CCG) • Sarah Nyandoro (Head of Joint Commissioning – Mental Health, Learning Disabilties and Autism North West London CCG)
Evidence Session 5a October 2021	Vision for Primary Care in Brent	• Councillor Neil Nerva (Lead Member for Public Health, Culture and Leisure, Brent Council) • Councillor Harbi Farah (Lead Member for Adult Social Care, Brent Council) • John Licorish (Public Health Consultant, Brent Council)
Evidence Session 6 To be held in November 2021	Pathways from GP Services to Mental Health Services	• Philippa Galligan (Borough Director for Brent Mental Health Services, Central and North West London NHS Foundation Trust) • Kemi Akanle (Clinical Director for Brent Mental Health Services, Central and North West London NHS Foundation Trust)

GP Access Patient Engagement Survey

The Task Group will conduct a survey of local residents to hear about their experiences of accessing their local GP since the end of lockdown in March 2021.

Task Group members will work alongside Healthwatch Brent as volunteer data collectors to conduct the survey in various communities in Stonebridge, Preston, Wembley and Willesden. The results of the survey will be collated by officers at Brent Council and volunteers at Brent Council, and will inform the Task Group's findings and recommendations to the Council's Cabinet and local NHS organisations.

Brent	**Community and Wellbeing Scrutiny Committee** 15 November 2021
	Report from the Assistant Chief Executive

Transitional Safeguarding Scrutiny Task Group

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 – Transitional Safeguarding Scrutiny Task Group Scoping Paper
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Craig Player Scrutiny Officer Strategy and Partnerships craig.player@brent.gov.uk Angela d'Urso Strategic Partnerships, Policy and Scrutiny Manager Strategy and Partnerships angela.d'urso@brent.gov.uk

1.0 Purpose of the Report

1.1 To enable the Community and Wellbeing Scrutiny Committee to set up a members' scrutiny task group to review transitional safeguarding arrangements in Brent.

2.0 Recommendation(s)

2.1 To discuss and agree the contents of the report and scoping paper attached as Appendix 1.

2.2 To agree to set up a scrutiny task group with the terms of reference and membership in Appendix 1.

3.0 Detail

3.1 The Community and Wellbeing Scrutiny Committee can commission evidence-based reviews of a policy area or function of the local authority, which are led by non-executive members. As part of the work programme discussion, members of the committee discussed a variety of areas of which they would like to examine in greater detail. One of these was the area of transitional safeguarding. The transitional safeguarding approach is described in more detail in Appendix 1. The evolution of practice nationally and the development of transitional safeguarding arrangements in Brent make the creation of the scrutiny task group timely, and will enable members to review these arrangements at an early stage.

3.2 Safeguarding is a corporate priority for Brent Council. The Borough Plan 2021-2022 commits to 'safeguarding children and young people and helping vulnerable adults to be independent'.

3.3 A key part of the work of the task group will be to produce a written report with recommendations to Cabinet which are focused on areas which are the responsibility of the Executive. This recommendation-making function is one of the most important that overview and scrutiny has in a local authority. It's considered good practice that recommendations are SMART (specific, measurable, agreed, realistic and timed) and limited in number. In addition, information about likely recommendations will be shared and discussed with the Lead Member for the area prior to being made.

3.4 Evidence-gathering is a key part of the role of the task group. Members will be expected to develop their own lines of questioning to test the evidence they are presented with, and to weigh-up the evidence they are given. It is considered best practice for members to consider different types of qualitative and quantitative data so they have a complete picture and view of a subject.

3.5 Membership of the task and finish group has to be drawn from non-executive members. However, the Lead Member for Children's Safeguarding, Early Help and Social Care and the Lead Member for Adult Social Care will take part in the evidence-gathering sessions alongside other key stakeholders. The evidence-gathering sessions will be set out in more detail in a project plan once the task group has been established.

4.0 Financial Implications

4.1 There are no financial implications for the purposes of this report.

5.0 Legal Implications

5.1 There are no legal implications for the purposes of this report.

6.0 Equality Implications

6.1 There are no legal implications for the purposes of this report.

7.0 Consultation with Ward Members and Stakeholders

7.1 Non-executive members are regularly involved in the overview and scrutiny process.

Report sign-off

LORNA HUGHES
Head of Strategy and Partnerships

on behalf of

SHAZIA HUSSAIN
Assistant Chief Executive

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APPENDIX 1

Scope of Scrutiny Task Group Review

Background

There are a number of important transitions for children and young people before a young person transitions to adulthood. Transitions are central to children's development and emotional wellbeing, and the way in which transitions are handled can have a significant impact on the child's capacity to cope with change in the short and long term.

Support for children transitioning to adulthood can be fragmented, with differing age thresholds for service access and eligibility and with differing services available to young adults. Transition should be viewed as a process rather than a single event and children, practitioners and parents should all be involved in the process. Transitional Safeguarding is "an approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives".[1]

Transitional Safeguarding is not simply transition planning for people moving from children's to adult social care services, but rather it is about activity which often fall outside of the traditional notions of both 'transitions' and 'safeguarding', emphasising a needs-led, personalised approach. It requires all involved in services for children and adults to consider how they might work together and think beyond child/adult silos for the benefit of young people at a key life stage.

There are several reasons why a more fluid and transitional safeguarding approach is needed for young people entering adulthood. These are summarised as:

- Adolescents may experience a range of distinct risks and harms, and so may require a distinctive safeguarding response.
- Harm, and its effects, do not stop on the 18th birthday.
- Many of the environmental and structural factors that increase a child's vulnerability persist into adulthood and can result in unmet needs and costly later interventions.
- The children's and adults' safeguarding systems are conceptually and procedurally different, and governed by different statutory frameworks, which can make the transition to adulthood harder for young people facing ongoing risk and arguably harder for the professionals who are trying to navigate an effective approach to helping them.
- Young people entering adulthood can experience a 'cliff-edge' in terms of support, exacerbated by the notable differences between

[1] Holmes & Smale, 2018, 'Mind the Gap: Transitional Safeguarding – Adolescence to Adult'

thresholds/eligibility criteria of children's and adults' safeguarding and health services.[2]

Research in this area has suggested that there are a number of areas and questions local authorities with safeguarding partners may consider when developing local transitional safeguarding practice:

- What do we really know about our local population of older adolescents, and their lives, as they become young adults? How are we planning for their needs?
- What leadership behaviours do we demonstrate to enable courageous, creative and coherent practice and services for these people?
- What learning is there from Serious Case Reviews, Safeguarding Adult Reviews, and Domestic Homicide Reviews around how our approach to safeguarding across transitions could be improved?
- How are we ensuring that our strategic approach to this group is underpinned by data, research, practice wisdom and people's lived experience?[3]

Transitional Safeguarding is not a prescribed model. It is a joined-up approach to policy and practice that is being developed and applied in different ways according to local circumstances. Since 2019, the Council and its safeguarding partners have been developing its transitional safeguarding approach, which is being informed by national and local developments.

There is a strong rationale for the Community and Wellbeing Scrutiny Committee to set up a members' scrutiny task group to look at transitional safeguarding. The evolution of practice nationally and the development of transitional safeguarding arrangements in Brent make the creation of the scrutiny task group timely, and will enable members to review these arrangements at an early stage.

Objectives

It is proposed that the scrutiny task group is set up to review the development of transitional safeguarding practice in Brent. Members of the scrutiny task group are in a unique position to question and challenge executive power by holding it to account and ensuring that decision-making is accountable and tested. As non-executive members, they are able to judge proposals against their unique knowledge of the borough and its communities. The scrutiny task group will make recommendations that are clear and directive and based on rigorous challenge and detailed evidence which can then be implemented.

The methodology will be to gather qualitative and quantitative evidence to help develop its recommendations. In particular, it is proposed that the scrutiny task group will undertake a series of interviews with those involved in developing transitional safeguarding arrangements in Brent.

[2] Homes & Smale, 2018, 'Transitional Safeguarding – Adolescence to Adulthood: Strategic Briefing'
[3] Research in Practice

Terms of Reference

The following Terms of Reference are proposed and will be subject to confirmation at the first meeting of the scrutiny task group:

(i). Understand the practice of transitional safeguarding, its evolution nationally and the applicability of its implementation in Brent.
(ii). Consider how Brent is developing transitional safeguarding practice as part of an improvement to children and young people's services, and what the current offer is.
(iii). Understand Brent's particular social demographics and the scale of the risks for adolescents in Brent.
(iv). Explore the next steps and potential further development of transitional safeguarding by the local authority and its partners.

Timescale

It is proposed that the scrutiny task group will report back to the Community and Wellbeing Scrutiny Committee on its progress on 24 January 2022, and will present its final report on 22 February 2022. It is envisaged that the report would be presented to Cabinet for consideration in March 2022.

The schedule of scrutiny task group meetings will be outlined in its project plan.

Membership

The following membership for the Task Group is proposed:

Councillors

Cllr Ketan Sheth (Chair)
Councillor Anita Thakkar
Councillor Claudia Hector

Co-opted members

Helen Askwith, Church of England Schools

Other key stakeholders to be invited as appropriate

In carrying out the scrutiny review, it is proposed that the scrutiny task group invites a range of key stakeholders to contribute through evidence sessions so they can share their expertise and experiences of services. The proposed key stakeholders to be invited are detailed below:

Representative(s) from Children and Young People, Brent Council
Representative(s) from Community Wellbeing, Brent Council
Representative(s) from Public Health, Brent Council
Representative(s) from North West London Collaboration of Clinical Commissioning Groups
Representative(s) from Central and North West London NHS Foundation Trust

Representative(s) from North West London Basic Command Unit
Representative(s) from the Probation Service
Representative(s) from the Voluntary Sector

It is also proposed that the scrutiny task group invites young people and/or their families as appropriate to share their expertise and experiences of services.

Evidence Sessions

It is proposed that there will be three evidence sessions for the scrutiny task group. The proposed structure for the meetings is detailed below:

Evidence Session 1 **December 2021**	**Themes/Area for Discussion** • What is transitional safeguarding? • How is transitional safeguarding evolving nationally? • What are some examples of best practice?	**Attendees/Organisations** *As appropriate*
Evidence Session 2 **January 2022**	**Themes/Area for Discussion** • The Brent context – the young adult population and the risks they face • How has transitional safeguarding practice developed in Brent? • What are the possible financial implications? • What are the experiences of those young people and their families who may require transitional support? • How do we work in partnership to deliver transitional safeguarding? • What have we learned? • What are the challenges?	**Attendees/Organisations** *As appropriate*
Evidence Session 3 **January 2022**	**Themes/Area for Discussion** • How can we build on Brent's accomplishments so far to secure further improvements to outcomes?	**Attendees/Organisations** *As appropriate*