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Community and Wellbeing Scrutiny Committee

Monday 14 March 2022 at 6.00 pm

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

The meeting will be held as an in person physical meeting with all Scrutiny Committee members required to attend in person.

The meeting will be open for the press and public to attend. Alternatively the link to follow the webcast is available here.

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
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

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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/democracy**

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** To approve the minutes of the previous meeting as a correct record.	1 - 14
5	**Matters arising (if any)**	
6	**Care Home Provision and Commissioning** To receive a report on care home provision and commissioning in Brent.	15 - 21
7	**Transformation of Community Services** To receive a report on the progress of the transformation of community services in Brent.	23 - 38
8	**Community Engagement for Homeless Families Service** To receive an update on community engagement for the homeless families service.	39 - 46
9	**Any other urgent business**	

Please remember to set your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public. Alternatively, it will be possible to follow proceedings via the live webcast here.

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Tuesday 22 February 2022 at 6.00 pm
Held as a hybrid meeting

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

In attendance: Councillor McLennan, Councillor Stephens, Councillor Nerva (in remote attendance) and Councillor Southwood (in remote attendance)

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

Apologies were received as follows:

- Councillor Colwill, substituted by Councillor Kansagra
- Councillor Shahzad
- Councillor Hector
- Councillor Ethapemi
- Councillor Sangani
- Councillor Thakkar
- Phil Porter (Strategic Director Community and Wellbeing, Brent Council)
- Robyn Doran (Director for Brent Integrated Care Partnership)
- Observer Jenny Cooper (NEU Representative)

2. **Declarations of interests**

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation Trust and a number of education settings outlined in the register of interest which can be accessed here.

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

RESOLVED:-
The minutes of the meeting on 24 January 2022 were approved as an accurate record of the meeting.

The decisions made at the previous meeting were ratified.

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

There were no matters arising.

6. **Education and Wellbeing Recovery**

Councillor Stephens (Lead Member for Education, Employment and Skills) introduced the report. He highlighted the considerable pressures schools colleagues had faced over the pandemic, as well the disruption faced by pupils which he felt was one of the greatest any set of pupil had faced over the last ten years. In many areas, Brent was a national exemplar, such as having the fifth highest attendance of anywhere in England during the pandemic, and the work carried out to improve educational outcomes for boys of Black Caribbean heritage. There was also good work with the Local Cultural Education Project. Councillor Stephens felt encouraged by the collaboration with school clusters. There was work between clusters on education recovery and bringing in matched funding. He also praised the holiday activity programme where 3,000 places had been offered to children and 50 providers had worked to deliver that. He felt it would only further improve over the years with collaboration between the Council and Family Wellbeing Centres. He concluded his introduction by highlighting the £900k Covid-19 recovery funding that had been provided by the Council as part of its £17m for Covid-19 recovery, which had gone towards mental health support, amongst other projects.

Councillor McLennan added that the report detailed the work being done around mental health and young people. There had been a large increase of requirements for mental health services in children, identified by children themselves, and the report detailed what was being done to alleviate those pressures which were getting more complex.

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

The Committee asked about the impact and outcomes of education and wellbeing recovery initiatives. Councillor Stephens was encouraged by the way Brent schools had worked regarding education. He felt there was an opportunity to engage and interact with young people around their mental health, as for many pupils the pandemic had been quite a large proportion of their lives. He attributed face to face engagement, such as the Holiday Activity and Food programme (HAF), as a key part of what the Council had done to stop children losing out on developmental activities. HAF had helped pupils to feel entitled, confident and assertive. He felt it was important to help pupils focus on activities outside of their academic life that would enable them to be assertive and confident. He also highlighted the work on the Black Community Action Plan to help young people become more assertive in explaining what they want from services.

Brian Grady (Operational Director for Safeguarding Performance and Strategy, Brent Council) drew the Committee's attention to the data from CAMHS in the report, which showed a 35-45% increase in referrals to CAMHS for the 2021 year. There were regular discussions across the Brent Children's Trust (BCT) in relation to that, and it was a key consideration for the BCT. The paper set out the preventative and early help work being done to ensure young people got better access to mental health support in schools, better access to peer support and

better access digitally. An increased level of capacity had been introduced to the system to try to meet the emotional wellbeing needs of young people outside of CAMHS. It was anticipated that the BCT would measure a reduction in referrals to CAMHS, with more young people having their needs met without having to use CAMHS, and so the BCT were measuring the impact over the next year via reduction in referrals to CAMHS and improved emotional health and wellbeing.

In terms of where emotional needs would be met going forward, if not CAMHS, Brian Grady advised that they were ensuring support to schools to be able to provide mental health support, such as through Mental Health First Aid Training, training of Senior Leaders, and Mental Health Support Teams in schools. There were a series of interventions to build capacity in schools, and the BCT had been working to ensure Kooth, an online digital resource, was better accessed by Brent young people. Early help services were providing counselling and emotional support. He highlighted that there was a small cohort of young people where a CAMHS referral was the only appropriate response, but there was more that could be done to meet more emotional health and wellbeing needs earlier. Gail Tolley (Strategic Director Children and Young People, Brent Council) added that CAMHS referrals were for the higher level of need and there was a risk that emotional health and wellbeing needs were medicalised if they were only thought about in the context of CAMHS, and that was where the preventative services approach came in to play.

In relation to the Mental Health First Aid Training referred to, the Committee queried how success would be measured. They heard that Mental Health First Aid was a well-established, evidence based programme measured through the competencies of the individual, through self-reporting mechanisms, e.g. whether they felt more confident. There were also metrics in place to understand how many young people felt well supported. The training was offered by the Department for Education (DfE) and as it was not a direct offer, the local authority could not capture the number of Senior Leaders who had taken up the training. However, Brian Grady had attended a recent Designated Safeguarding Lead (DLS) networking meeting where he heard that 22 senior leaders had taken it up, out of a possible 88 schools, so felt that was a good start, and the Council would continue to promote that.

A representative from Brent Youth Parliament was invited to address the Committee. He highlighted that the Children's Commissioner's Briefing of mental health provision in 2020-21 had identified Brent CCG as 1 of 10 least well performing CCGs in relation to mental health provision. He asked officers whether they were confident that the plans and steps outlined in the report would address the current problems. Brian Grady advised that the metrics of the briefing, published in February, were around funding, waiting times, and proportion of young people being supported. The CAMHS response within the Brent Children's Trust partnership was for those young people with the most intense need and was critical, and he reassured the Committee that the BCT, chaired by the Strategic Director Children and Young People, was overseeing a granular focus on ensuring the improvement of CAMHS with health colleagues, including the CCG. CAMHS was a health led provision but the local authority were working with health on those improvements on the level of resources for Brent young people and the number of young people accessing CAMHS.

The Committee asked what the experience of parents and children was in relation to childcare and daycare, and what work was done to understand the quality of childcare children were receiving. Brian Grady advised that the report detailed that the take-up of places had varied, and there had been lower uptake of entitlements. That was expected to change as working arrangements shifted and that was being tracked. He offered the Committee assurance that, through the Early Years Team, the local authority was in regular contact, connection and network support with providers to ensure they remained stable. They had not seen the significant amount of exit from the marketplace they had been anticipating as a result of the pandemic, detailed in the June 2020 Committee report, but were closely monitoring the market. The Early Years Team had been providing support, advice and guidance on quality of care as well as business management and development, which was highly valued by the sector particularly throughout the pandemic. At the moment there were no quality concerns identified following the pandemic, as providers had been rigorously and robustly supported, but the market was being monitored. The introduction of Family Wellbeing Centres in Brent, ahead of the national picture where they were now seen as crucial in the new generation of early help, would be a key part of assurance for the Committee, as they would increasingly provide that hub of early help. Through the Family Wellbeing Centres it was hoped that they could give the right support for current pressures, such as the impact of poverty on families and presenting the higher level of demand for referrals to the Brent Family Front Door (BFFD).

The Committee noted that with shocks to the system like the pandemic, it could validate what the system was doing well and expose what the system was not doing well, demonstrating how effective services were. They queried what had been learned from this in terms of processes, Brent young people, and resilience. Councillor Stephens felt the pandemic had shown there was a role for local authorities as brokers to engage with schools, communities and organisations on projects of support. This had been particularly prevalent in the HAF programme, where because a funding stream had been developed, the Council had been able to work in ways it could not before to look very clearly at a summer, winter and Easter holiday programme. There was also key learning around the need to address the mental health needs of young people. Brian Grady agreed that there was a need to be mindful of emotional wellbeing services and ensure there was a good offer, through having strong collaboration with schools. Councillor McLennan also agreed that the pandemic had exposed the level of unmet need for children's mental health, where children were now discussing that loud and clear. She felt they had learnt more preventative services were needed, but as these were not statutory services they became difficult to fund.

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

i) To note the content of the report.

An information request had also been made during the course of the discussion, recorded as follows:

i) That the Committee receive a briefing note on Brent Children's Trust, including its governance arrangements, membership, key priorities and work programme.

7. **London Borough of Culture Legacy**

Zerritha Brown (Brent 2020 Legacy Manager, Brent Council) introduced the report. She highlighted the Metroland Cultures Trust that had been established as part of the programme and the Education Partnership. The report set out how the approach to culture across the organisation and across Brent had changed and included proposals for activity for the year. Dr Melanie Smith (Director of Public Health, Brent Council) added that through the legacy work they had been able to engage all parts of the Council, which was critical for the new approach to culture.

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

Regarding how many events were held at a ward level during Borough of Culture 2020, Zerritha Brown advised that as a result of the pandemic all events had moved online. The only event that had been delivered in person was Rise, the launch of Borough of Culture 2020. The work leading up to 2020 did engage across the whole Borough, and there was a physical presence throughout the Borough, notably artistic commissions in all Brent libraries, including 4 community libraries. Dr Melanie Smith advised that one of the most effective pieces of work had been the culture fund, which aimed to support grassroots cultural organisations and individuals throughout the borough and achieved good geographical spread across the Borough. Officers were keen for the legacy to involve all of Brent, both geographically and demographically.

In relation to what was being done to support local authors and archives, the Committee were advised that one of the notable events that preceded Borough of Culture 2020 was the Queen's Park Book Festival, which had a strong presence from the Heritage Service and Libraries. The Council were working with an author's family currently in the hopes of securing an archive. Officers were keen to do more and asked Committee members who were aware of Brent authors to let them know.

The Committee queried how performance was being assessed and how resident and stakeholder feedback was being used to tweak the programme based on positive and negative reactions to projects. The Committee were advised that the Borough of Culture programme had been comprehensively evaluated, and it had been successful despite the fact plans had to change quite considerably as a result of the pandemic. The evaluation report highlighted that there was not as many opportunities during the borough of culture year for wider audiences to engage, such as the older population or those living with long term health conditions. This was an area the legacy work was trying to address in terms of arts and health and wellbeing. Some of that work was already underway, for example partnering with the Royal Philharmonic Orchestra. There had also been learning for how the Community Advisor role could have been approached better in terms of authentically co-producing a largescale arts programme with the community. That learning was now being incorporated for the Council's approach to co-production.

The Committee wanted to be assured that residents, particularly young people, continued to remain part of the legacy process and were the voice of legacy. They were advised that a Local Cultural Education Partnership had been established,

which sat within the Children and Young People Department. A manager had been appointed to that work, working closely with schools and young people in and outside of education settings, with a remit of ensuring young people had access to cultural opportunities and used creativity to unlock critical thinking within the curriculum. Young people were very much at the centre of that work. In addition, applications were being sought from Brent young people for paid placements with Metroland Culture, along with an artist development programme open to new and established Brent artists.

The Chair thanked those present for their contributions and brought the discussion to an end. The Committee RESOLVED:

To recommend the following areas for improvement:

a) To ensure that community engagement, in particular with children and young people, is central to the delivery of the legacy programme
b) To map cultural activity in each borough ward, including arts and culture networks, organisations and infrastructure, and share this information with local councillors and their communities
c) To ensure that publications by Brent authors and on the Brent area are prominently displayed at all libraries within the borough

The following request for information was made:

i) That the Committee receives the Brent Borough of Culture 2020 evaluation report.

8. Northwick Park NHS Trust Maternity Improvement Plan Progress Update

Lisa Knight (Chief Nurse, London North West University Healthcare NHS Trust (LNWUHT)) introduced the item, advising that the Maternity Ward at Northwick Park Hospital had been upgraded by the CQC from 'inadequate' to 'requires improvement'. The report included some caveats, and as an organisation it was recognised that work was needed to embed the improvements undertaken and ensure they became business as usual. She highlighted that cultural changes took time, and small improvements were being made daily in relation to cultural behaviours, but that remained the more fragile element of the work being done. The ward continued to be supported by the Local Maternity and Neo-Natal System (LMNS) and the Director of Midwifery from Chelsea and Westminster. There was also a National Maternity Improvement Programme looking at all maternity units in the country to support improvement, with the Trust being visited twice so far as part of their diagnostics. The Trust were also working with Healthwatch around how the diversity and representation on the Maternity Voices Partnership could be improved.

In relation to recruitment of midwives, the Committee were advised that this particular risk still existed and was a big challenge. The number of vacancies had reduced since the Trust last reported at the Committee, from 46 to 40 midwifery vacancies, which was not a significant improvement. The Committee heard that the Trust had expected this and other units struggled in the same way. There was a comprehensive recruitment plan in place to address this issue and the rate of

leavers had slowed which was positive. Nine international midwives were starting in May 2022 as part of the Capital Midwife Programme.

In relation to leadership and structure, Lisa Knight advised that they had appointed into the substantive posts of Director of Midwifery, and Director of Operations for Women's and Children, meaning that the divisional leadership team was now substantive and the Trust were pleased with that.

The Chair thanked Lisa Knight for her introduction and invited comments and questions from those present, with the following issues raised:

The Committee queried the meaning of Table 2, under paragraph 3.1, in terms of what the actions referred to. They were advised that the CQC had 3 layers of action which were; enforcement actions, 'must dos', and 'should dos'. At the time of the report there were 16 'should do' actions, 4 of which had been completed. The Trust had set themselves a timeline for when they expected to achieve the 'should do' actions, and were discussing those timescales with the Board. For example, the recommendation 'the Trust should ensure there are enough midwifery staff with the right qualifications, skills, training and experience' was not in a position to be completed immediately and there was a long lead time associated with that particular action. Many of the 'should do' actions were longer term. The shorter term actions had been completed and the Trust were now moving into the medium and longer term actions, some of which had a lead time of 6 months or longer. Pippa Nightingale (Chief Executive, LNWUHT) added that the team had a good grip on the detail, and it was a long journey. The Trust were mindful that the maternity service had been in a similar position previously and were not interested in quick fixes but sustainable cultural change.

It was confirmed that Health Education England had removed the ruling that the site was unsuitable for placing students, and students would be coming back on site from next month.

In relation to the preceptorship programme and the pathway for midwifery qualification, the Committee noted that this had been raised as an issue in the previous report to the Committee. They queried what improvements had been made for new graduates who hoped to become midwives. Lisa Knight advised that the Trust had spent a lot of time with the preceptorship midwives and had collaborated with an External Preceptorship Speciality Team from Nursing to review the programme with the Midwifery Team. There was now a more balanced preceptorship programme where, as well as competency based work, there was the opportunity to undertake reflective practice and restorative supervision, which had made a difference. Health Education England had evaluated the experience of the preceptorship midwives at the end of 2021 and were happy with their experience and therefore would not be reviewing it again. There was no backlog of staff waiting to move from a Band 5 to Band 6, and as soon as competencies were met staff automatically transferred into Band 6, with the majority of midwives occupying a Band 6 role.

In relation to the monitoring of staff, the Committee were advised that demographics of the preceptorship programme and cultural behaviours were monitored as a whole organisation looking at Band 5 to 6 but also the lower

bandings. Work plans were in place to monitor the progress improvements in that area.

The Committee noted that the improvement plan was long term, however wanted to reassure residents that the service was safe now. Pippa Nightingale endorsed the messages and confirmed that the service was now safe and the Trust had done all it could to make sure the clinical pathways were safe. Previously the Trust had seen women getting lost along the maternity pathway, for example due to language barriers, which had in some cases resulted in stillbirth, but those processes had been tightened up and improved to ensure a safe service. As services were now safe, the Trust had an opportunity to breath and re-establish where it would go next in terms of the very important strategic work needed for maternity services. That was needed to be done in collaboration with stakeholders and service users, looking at what an outstanding maternity service might look like for the Brent population. That engagement piece was now ready to start. In addition, internal improvements were being worked on with the multi-disciplinary team.

Noting that maternity services had previously moved up and down with CQC ratings, the Committee queried what would be different now to previous improvement plans. Lisa Knight advised that there was now an infrastructure built in to the maternity unit to deliver the improvement plan, with a very senior Audit Midwife in place to audit compliance against standards and safety on a day by day basis. That midwife looked at safety daily and reported back so that everybody had visibility on that. Lisa Knight had bi-weekly Maternity Steering Group meetings, and the Maternity Improvement Group, chaired by the Chief Executive, was embedded into the governance structure. Work on the ground had been done to build a team that would keep the service safe moving forward and keep a close eye on metrics. Pippa Nightingale was confident that the Trust would be able to move the maternity service from ‘requires improvement’ to ‘good’ within a year, and then to ‘outstanding’ within a year of a ‘good’ rating. She highlighted that the Trust had no control over when it was inspected and visits were unannounced.

The Committee asked how infant mortality rates were improving. They were advised that the perinatal mortality rate was within the acceptable range for the year. The Trust was compliant with its Duty of Candour, which was a monitored process, and were not an outlier when compared across London for serious incidents in the past 12 months. With the cultural work done, staff were reporting clinical incidents which were not resulting in serious incidents any higher than any other unit. Quarterly meetings with the Health Services Investigation Branch were held where they reviewed perinatal mortality and they had been happy with where the Trust were and felt it was where they would expect it to be for the reporting year. Cases were reviewed on a quarterly basis and individual investigations into maternity cases were undertaken by the Investigation Branch, who then provided the Trust with a slide pack to share their learning from investigations. Feedback from those learnings had showcased that one of the biggest challenges was communication with women with English as a second language. As a result, the Trust had worked hard to improve that aspect of the pathway, including commissioning a new interpretation company and new telephones. At the most recent Maternity Safety Champions meeting they had spent the majority of the meeting discussing how that area could be improved further as it was a complex area. Other methods of disseminating learning from maternity cases included slide

packs, monthly governance meetings, monthly learning newsletters and bi-weekly engagement events.

The Chair thanked health colleagues for their responses, and drew the item to a close. He invited members of the Committee to make recommendations, with the following RESOLVED:

The following information requests were made:

i) That the Committee received a progress report in a years' time on the progress made in delivering the Maternity Improvement Plan
ii) That the Committee receives information on the progress made in addressing the recommendations made to London North West University Healthcare NHS Trust by the Community and Wellbeing Scrutiny Committee on 23 August 2021

9. Brent Housing Management Fire Safety Progress Update

Councillor Southwood (Lead Member for Housing and Welfare Reform) introduced the report. She highlighted that it was Brent Housing Management's (BHM)core responsibility as a landlord to keep residents safe, and the work outlined in the report was amongst the most important that BHM undertook. Following the Grenfell Tragedy, the Council had committed to do whatever was needed to ensure tenants in high rise blocks were kept safe and pledged not only to do a proper assessment of the safety measures in place and how adequate they were, but also to find the funding where necessary to fix things. It was positive that the assessments found evidence that fire safety had been a priority over the years and changes had been made in properties over time to keep tenants safe.

The paper also outlined the regular regime for safety assessments and the work done in low and medium rise blocks over the past few years, including the approximate spend on works completed, which was around £5m, affecting over 6,000 households. The paper outlined the fire safety programme in high rise blocks which was about to start. Councillor Southwood highlighted the significance and complexity of those works, and the need to invest significantly in those blocks as part of the major works programme to embed fire safety works within that programme. It was likely that tenants and leaseholders would be significantly impacted by the works and BHM had begun that consultation with leaseholders, with a commitment to do that work well. She added that the paper concluded with looking forward, for example ensuring the Council was ready to meet the requirements of the Fire Safety Bill when it became law.

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

The Committee wanted to know how BHM communicated with residents to let them know what changes were being made to keep them safe. Councillor Southwood felt it was important to strike a balance with tenants and leaseholders which provided reassurance on one hand, but did not look complacent. Hakeem Osinaike (Operational Director Housing, Brent Council) advised that there were different

ways BHM communicated with residents. When it came to works, that engagement took place nearer the time BHM would be looking to do the works. For example, at Kilburn Square there had been many meetings to discuss what the works would entail, what it would look like for them, and where they had options. There was then statutory consultation specifically with leaseholders regarding the works and how much their share of the costs was likely to be.

In relation to how much money had been paid from leaseholders on fire safety works over the last few years, the Committee could be provided with those figures. Fire safety works were usually done in conjunction with major works, but where only fire works were carried out those figures could be provided.

Regarding fire safety reports, the Committee queried to what extent BHM relied on these to decide whether to conduct fire safety works. They were advised that BHM employed professional agencies to do fire inspections in blocks, with annual inspections on high rise blocks and inspections every three years in low rise as a statutory requirement. Type 4 fire inspections were not statutory but BHM had opted to conduct those to ensure they had detailed information on fire safety in all blocks. They also had stock condition surveys and the combination of those assessments and reports was used to inform the works needed in the blocks. Those reports were professionally commissioned and reliable. Where there were urgent works needed, a Section 20 would not necessarily be issued as there would not be time to undertake the consultation, which was permitted in law. Hakeem Osinaike advised that very few works were identified as urgent and therefore were commissioned as part of planned works, enabling time to consult with leaseholders. Under no circumstances would Brent Council ignore safety works that needed doing, and the landlord had the responsibility to determine what safety works were to be done whether leaseholders agreed or not, as they were the responsible owner and agency for fire safety works.

In relation to supporting leaseholders with the cost of fire safety works they were required to pay, Hakeem Osinaike advised that leaseholders had the opportunity to pay by instalments and spread payments. Where bills were significantly high the Council could put a charge on the property so that the leaseholder would not have to pay until they wanted to sell the property, and the Council offered to buy property back from the leaseholder also.

The Committee highlighted section 3.10 of the report, noting that the London Fire Brigade (LFB) had issued an enforcement notice that had since been signed off in relation to Granville New Homes properties. They queried how the LFB signed off the enforcement notice if the fire alarm system and monitoring had not yet been commissioned. Hakeem Osinaike advised that the enforcement notice did not require fire alarms, but the landlord, First Wave Housing Ltd, had opted to put in fire alarms as a temporary measure until other works were completed to enable residents to stay in their flat in the case of a fire. In this case, First Wave Housing had met all requirements from the LFB enforcement notice, LFB had attended the property and were satisfied, and had therefore signed the notice. There was a clear plan for completing the fire safety works in Granville properties and the consultation process had been completed for properties coming into the Housing Revenue Account (HRA).

The Committee drew the item to a close with a final question on how well residents were protected. Councillor Southwood advised that the report made clear the regime BHM was undertaking by way of prevention, including investigating buildings and making sure that the right measures were in place to ensure residents were safe should a fire break out whether they lived in a block with stay put arrangements or an evacuation policy. Other preventative measures included reminding residents to keep corridors clear for fire prevention, and a regime to test the robustness of fire safety in all BHM buildings. There was a commitment to stay prepared and ensure BHM were using the HRA to maximise the level of fire safety.

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

To recommend the following area of improvement:

i) To review the Section 20 process for fire safety works, ensuring the distinction between fire safety works and refurbishment works is communicated to residents

The following information requests were made:

i) That the Committee receives a breakdown of the financial contribution from leaseholders for fire safety related works across the Brent Housing Management estate within the previous three years

ii) That the Committee receives a progress report in a years' time on the Brent Housing Management's programme of works to improve fire safety standards in the Council's housing stock

10. **GP Access Task Group Final Report**

The Chair thanked Councillor Daly and members of the Task Group for the work they had completed over the past few months. He invited Councillor Daly, as Chair of the GP Access Task Group, to introduce the final report.

Councillor Daly advised that the overwhelming majority of residents were happy with their consultation with their GP. The greatest determinant for whether someone received a good service from their GP was the practice they chose to register with. The Committee heard that the sector of the Brent community who were the least satisfied with GP access was parents of infants, and young people, which the task group had heard from Brent Youth Parliament. The task group had also heard anecdotal evidence of discrimination towards Eastern European residents. Almost all stakeholders the task group had engaged reported being registered with a GP, ranging from ex-prisoners to homeless individuals. The task group had spent a lot of time working on a basic standard of service people could expect from their GP, focused around the customer experience, and this formed the basis of the task group recommendations. She concluded by advising the Committee that a lot of GPs were already doing a lot of the recommendations, but not all GPs were doing everything. She offered thanks to the Scrutiny Officers and Partnerships Team who had assisted the Task Group.

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

Councillor Nerva (Lead Member for Public Health, Leisure and Culture) thanked the task group. He assured the Committee that although the Cabinet were not directly responsible for GP services, the Cabinet would want to take up these recommendations and champion the work outlined. The idea of a Brent GP standard was welcomed and he looked forward to working with the Integrated Care Partnership (ICP) on this.

Judith Davey (CEO, Brent HealthWatch) was pleased to have contributed to the report. She advised that Healthwatch Brent were also doing a substantial piece of work on GP access, and had participated in the HealthWatch England Survey about access to GPs. Of all HealthWatch providers in North West London (NWL), Brent HealthWatch had received the highest response to the survey by a substantial degree, which she felt was positive and had led to lots of insights from the survey. HealthWatch were also doing a deep dive of the number of Primary Care Networks (PCNs), including using their voluntary network to do 'enter and views'. HealthWatch had been gathering testimonials from stakeholders through video, and the emerging findings were consistent with the Task Group recommendations.

Fana Hussain (Borough Lead Director - Brent, NWL CCG) agreed that the recommendations of the task group were fair and reasonable from a healthcare point of view, and health colleagues appreciated the work that had been done. She highlighted that GP access was not a straightforward area of work and was something healthcare continued to work on and strengthen on a regular basis. There was a number of innovations being taken forward, including GP surgeries opening on Saturdays throughout the month of March to address the access issues experienced over the past 2 years. The CCG were looking at how it developed primary care services going forward, including the digital offer, face to face appointments, and outreach work to understand the needs of the population to deliver services locally.

The Chair invited a representative of Brent Youth Parliament to address the Committee. He advised that Brent Youth Parliament welcomed the final recommendation about further work being done to look into young people's access to GPs. He queried how many young people were involved in patient participation groups, and if they were not involved whether this meant that the minimum standard agreed might miss the needs of young people. Councillor Daly felt that patient participation groups were not a strength of any consumer participation in Brent, and doubted young people were involved. The task group had discussed creating PCN patient participation groups and she felt it was vital young people were involved. Fana Hussain advised that some patient participation groups were online and that was where the younger population got involved. She acknowledged that patient participation groups may not be a true representation of the patient population at times and young people did not always have the time to attend but did get involved through Zoom meetings.

The Committee queried how the recommendations would be incorporated into services. Fana Hussain advised that some recommendations were currently being worked on, such as the implementation of new telephone systems to improve telephone access services, but some would take longer to embed. Some practices

were in premises struggling with infrastructure. She advised the Committee residents would see a change in the way services were provided from the coming financial year, looking at investment in General Practice and expanding the access offer. National PCN development would come into place from October 2022, with PCNs working as 1 practice, 7 days a week, from 8am to 8pm.

The Committee thanked all those who had contributed and RESOLVED to agree the recommendations of the task group.

11. **Transitional Safeguarding Task Group Final Report**

The Chair of the Community and Wellbeing Scrutiny Committee introduced the report, which he advised had been educational for members of the task group and helped them develop an understanding of what transitional safeguarding was. The task group had been equipped with background information quickly through briefing sessions with a leading national expert, Des Holmes. He highlighted it had been interesting to have not just the statutory partners coming to the table but also partners from the voluntary sector to explain how they supported this area of work. The learning had showcased good and outstanding areas of work. The recommendations were themed around the task group appreciating the good work already happening and building on that to improve transitional safeguarding further.

Councillor McLennan (Lead Member for Resources and Lead Member for Children's Safeguarding, Early Help and Social Care) was glad the Committee recognised the vital importance of ensuring a safe transition from children's to adult services. The wraparound services children had were not the same services they may get as an adult, and each service in adult social care had different thresholds and age ranges. It was challenging to link all of those services together but it was something the local authority was determined to achieve. A lot of the services supporting this cohort were non-statutory, so building upon those services was where the challenge lay.

Gail Tolley (Strategic Director Children and Young People, Brent Council) highlighted that this was not a solely Children's Services remit and was grateful for the recommendations, which focused on the transition in safeguarding from child to adult. She had found the experience of the task group very helpful and the recommendations would be useful in terms of taking forward work in this area.

Claudia Brown (Operational Director Adult Social Care, Brent Council) echoed the previous contributions. She thanked the task group for the recommendations, and advised there would be a review of the SMART team who it was felt could play a role in supporting the work going forward.

A representative from Brent Youth Parliament advised that Brent Youth Parliament welcomed the report outlining that young people were the experts by experience, and hoped that was echoed and emphasised throughout the report.

The Chair thanked colleagues for their input, and drew the item to a close. The Committee RESOLVED to agree the recommendations of the task group.

12. **Any other urgent business**

Co-opted member Reverend Helen Askwith advised that this would be her final meeting of the Community and Wellbeing Scrutiny Committee. The Committee extended thanks for her contributions over the years.

The Chair advised the Committee that this was also the final meeting for Angela D'Urso (Interim Strategic Partnerships Manager, Brent Council), who had assisted with the two task groups discussed during the meeting. He thanked Angela for her input and help.

The meeting closed at 8:12pm

COUNCILLOR KETAN SHETH, Chair

	Community and Wellbeing Scrutiny Committee 14 March 2022
	Report from the Strategic Director of Community Wellbeing

Residential and Nursing Care Services in Brent

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
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:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Andrew Davies Head of Commissioning, Contracting and Market Management Adult Social Care Andrew.Davies@brent.gov.uk

1. Summary

1.1 Members of the Community and Wellbeing Overview and Scrutiny Committee have asked for a report on residential and nursing services in Brent. This report covers –

- A summary of care home services provided for residents in Brent
- The commissioning responsibilities of the Council under the Care Act 2014, and the strategies in place to shape the marketplace and commission the right services.
- An overview of the financial position of care homes in Brent, including details on average weekly rates for nursing and residential care and full year expenditure on nursing and residential care.
- How the Council measures and monitors the quality of provider services.
- The Council's response to the Covid-19 pandemic including the key challenges and support provided.
- The post Covid position for care homes in Brent, including how the Council will work with the health and social care sector to make services better and easier to access.

2. Recommendations

2.1 The Community and Wellbeing Overview and Scrutiny Committee are recommended to note the report and ask questions to the Lead Member for Adult Social Care and officers on the issues raised.

3. Background

Overview of Residential and Nursing Services in Brent

3.1 Residential and nursing care services play an important role in the delivery of social care support to people in Brent. There are 57 residential and nursing homes in Brent, with 1,095 beds, employing over 1,200 people. Of the 57 homes in the borough, 11 are nursing homes for older adults and 46 are residential services. Of the 46 residential services, there are –

- 28 services for people with learning disabilities
- 6 specialist mental health services
- 10 older adult residential homes
- 1 sensory impairment service
- 1 substance misuse service

3.2 The majority of services in Brent are rated Good by the Care Quality Commission (CQC). A breakdown of the CQC ratings for Brent care homes is included in the table below.

Table 1 – Care Home CQC Ratings in Brent

CQC Rating	Number of homes
Outstanding	1
Good	45
Requires Improvement	9
Inadequate	1

3.3 Around half of Brent care homes are owned and operated by national companies. The remaining 50% are part of smaller organisations, with multiple care homes in the local area, or independent, one-off services. Some national providers have a considerable presence in Brent – MHA has three nursing homes and one residential home in the borough, with a total of 188 beds. However, the provider with the most services in Brent is a local company, Franklyn Lodge, with seven residential services (and two supported living services) for people with learning disabilities, but only 38 residential beds.

3.4 Brent is currently commissioning 323 nursing placements and 414 residential placements. 51.3% of Brent's commissioned placements are in care homes in the borough; 48.7% of placements are in care homes outside of Brent. The London average for placements in borough is 52.5%, suggesting that Brent is not an outlier on this. The vast majority of Brent's placements are in homes rated Outstanding or Good (83.5%) compared to the London Average of 79.5% of placements in Outstanding or Good homes.

3.5 Brent pays an average net cost of £660 per week for each residential and nursing placement commissioned. The average gross cost of a Brent care home placement is £930 per week, once CCG and client contributions are taken into account. Each year we complete a piece of work with other councils in the West London Alliance to look at the cost of residential and nursing care placements. This work helps us to set price bands for new placements and agree inflationary uplifts on existing placements. Independent analysis of the costs of care inform this work so that prices are set based on the real costs of care in this sector.

3.6 Brent's care home placement categories are broken down as follows –

Table 2 – Brent Care Home Placements

Placement Type	Number of people
Learning Disability	119
Older Adults	533
Mental Health	32
Physical Disabilities	53

Commissioning Approach

3.7 The Adult Social Care Commissioning Service has a Residential and Nursing Team that is responsible for the commissioning and quality assurance of care home services and placements. The team carries out statutory safeguarding enquiries in Brent Care Homes and individual placement reviews with Brent service users placed in nursing or residential care (whether those placements are made in borough or out of borough). The team was created when the current Commissioning structure was implemented in 2017. The benefit of creating a team that has oversight of the care home market is that work on quality assurance, placement review and safeguarding is done by one team, helping to form an overall view of quality in the care home sector. Each home has an allocated Placement Relationship Officer (PRO), who is responsible for quality assurance and service user reviews within their allocated portfolio of homes.

3.8 The Residential and Nursing Team is able to bring together the intelligence it gathers from its three areas of work to give a comprehensive picture of residential and nursing services in the borough. As well as information gathered by our own staff, we take into account views of residents, family members and other professionals working in care homes (specialist health staff for example), to build up a picture of quality in Brent services. The team shares information and intelligence on a quarterly basis with the Care Quality Commission, the national regulator of care services, to help inform its view on care home provision in Brent. Each home is given a RAG rating based on their work and this determines the frequency of quality assurance visits. The frequency of visits is based on risk and quality of care; the number of placements the council has with the provider and the size of the care home. Larger homes, with multiple placements, will be visited more frequently than smaller services, unless the risk profile justifies more regular visits to the smaller service.

3.9 Having an allocated PRO is a particularly effective way of working with the care home sector. With nearly 60 homes in the borough, having a good oversight of the sector is crucial. With each PRO managing a portfolio of 8-10 homes each, this becomes more manageable. It also gives care home managers a route through which to contact the council when seeking support, which has been particularly

important over the last couple of years as the council and providers have been managing the Covid 19 pandemic.

3.10 The council and partners are engaged in a variety of work with care home providers to improve the quality of the Brent care home sector. Brent runs a monthly care home forum, which is used as a mechanism to communicate and work with homes on good practice developments across the sector. The forum is regularly attended by colleagues from Public Health, the CCG and other partners to help registered managers with initiatives and good practice that can lead to better resident care. The forum is chaired by Basu Lamichhane, manager of Victoria Care Centre. Basu is also a member of the Brent Health and Wellbeing Board, providing a direct link from the care home sector to the Board.

3.11 Brent is running a programme of care home improvement through the Enhanced Health in Care Homes Programme. This programme is jointly funded and commissioned by the council and CCG and delivered with key partners including GPs and CLCH (Brent's community healthcare provider). The main areas of work in the programme include working with providers on key areas of training and development for staff, medication safety in care homes and implementing the Primary Care Network Directed Enhanced Services (DES), which aligns each care home with a GP and multi-disciplinary team to support personalised care and support in Brent's care homes. The programme has also delivered the Covid 19 vaccination role out in Brent Care Homes. Vaccination levels amongst care home residents are very high – 94% of residents have had two doses of the vaccination, and 90% have received their booster.

3.12 The Enhanced Health in Care Homes Programme also includes a Peer Support Programme, which has provided intense, dedicated support to care homes in the borough for that last year. The Peer Support programme is led by Mark Bird, previously registered manager at Birchwood Grange Care Home, Brent's only Outstanding rated care home. Mark has worked with 10 care homes during the Peer Support programme, working with managers on improvements that can be made to practice and care provision in their services. Homes have been involved for a variety of reasons – some have welcomed the additional input ahead of a CQC inspection, others because there were concerns about the quality of care and so they have benefited from the bespoke support of a former registered manager. The feedback on the programme has been very positive and three of the homes that were subsequently inspected by CQC have seen their ratings improve from Requires Improvement to Good, reflecting the work undertaken by the care home managers and staff, and the programme's input. The remaining seven services are still to be inspected by CQC.

3.13 Commissioning of care home provision is interconnected with other commissioning strategies used by the council, particularly the Brent Supported Living Programme (previously known as NAIL). The council's move to using supported living and extra care services in recent years has meant that there had been a reduction in nursing and residential placements. In 2016 Brent had 871 residential and nursing placements; we now have 737. Whilst the overall trend is downwards, this is more stark amongst certain client groups. For example, as Brent has opened more supported living provision for people with learning disabilities, the number of LD placements in care homes has dropped from 191 in January 2016 to 103 in October 2021.

3.14 The council's commissioning strategy is to continue to look for alternatives to residential and nursing care provision. This isn't a reflection of the quality of nursing or residential care available in Brent, but part of the council's commitment to support people to live as independently as possible, in the least restrictive settings available.

3.15 The Brent Supported Living programme is a major cross-council strategic initiative to provide high quality accommodation for a range of vulnerable people. When established, it was designed to offer a viable alternative to residential care for people with high support needs, through providing schemes that promote wellbeing and the ability to live independently through good design. Through the delivery of the programme, we have seen a significant reduction in the use of residential care, particularly in the LD sector.

3.16 The programme also generates efficiency savings as ASC only pays for the 'care and support' element of the service, which is our statutory obligation, leaving the individual to claim housing benefit for the accommodation costs. This also entitles service users to claim benefits (which they are not eligible for in residential care) to enable them to pay for social activities, utilities, food etc. This represents an average weekly saving of £331 per person to the Adult Social Care budget, compared to accommodation provided in a care setting.

3.17 The Brent Supported Living programme is an umbrella term for delivery of a range of different types of accommodation with support. The types of accommodation can be summarised as follows:

- Extra Care Sheltered Housing (ECSH) – these are larger schemes (40+ units) for people aged 50 and over who have significant Care Act eligible care and support needs. A characteristic of ECSH is that each unit is self-contained, meaning everyone has their own front door. Schemes are mixed client group use, meaning they can support older people with learning disabilities and mental health issues as well as frail elderly people without those additional needs.
- 24hr Supported Living - these are smaller schemes for people with mental health issues, learning disabilities, dual diagnosis (mental health and substance misuse), autism, sensory impairment and physical disabilities. Schemes are usually, although not exclusively, for working age adults, and support younger people with disabilities who are transitioning from children's services to adult services.

3.18 Whilst our commissioning approach is mainly focussed on developing the supported living and extra care sectors, there will continue to be a need for nursing and residential services and so our quality assurance work will remain of upmost importance. However, from a commissioning perspective the council will continue to look at alternative provision to nursing and residential care where it can, as it focusses on developing other aspects of the care market and works to keep people at home, in familiar environments, as much as possible.

Impact of Covid 19

3.19 The Covid 19 pandemic has had a significant impact on the care home sector, and an impact that is still being felt today. Managing a care home whilst dealing with an unknown virus presented a huge challenge to the care sector in Brent, but it was a challenge that has been largely managed with determination, professionalism and reliance that is to be admired.

3.20 In 2020 the impact of the first wave of the pandemic was significant. A number of care homes in the borough dealt with serious Covid 19 outbreaks, that unfortunately led to deaths in those homes. Given that Brent's community was also badly affected by the first wave, it is not surprising that care homes were also impacted early on in the pandemic.

3.21 The support that the council and partners provided to care homes was delivered early, and was comprehensive across the care home sector. PPE was provided to all homes by the end of March 2020; infection control training was delivered initially by our Public Health Team and then by NHS colleagues, again to all homes (not just nursing homes); support with staffing cover was arranged by the council where providers lost staff due to Covid 19 isolation; PROs worked with care home managers to troubleshoot problems and escalate issues to senior managers in the council and NHS if more support was needed.

3.22 The combined efforts of care home managers and staff and support from the council and NHS, did have an impact. Brent's Covid 19 related deaths per 1000 care home beds since January 2020 is the fifth lowest in London. This is despite being one of the boroughs most impacted by Covid 19 in terms of community cases and deaths, particularly in the first wave of the pandemic. The support that the council and partners put in place for care homes has meant that the impact of each wave of Covid 19 has been managed, and providers are now well equipped to deal with outbreaks in their care homes. The package of measures Brent has made available, along with the high vaccination levels amongst residents and staff have had a positive impact.

3.23 The numbers of care home placements, particularly nursing home placements, has fluctuated as a result of the pandemic. In October 2019, Brent was commissioning 332 nursing home placements. This dropped to 268 in October 2020, but has increased again to 323 by October 2021, driven by an increase in older adult placements. There are a few reasons for this. Firstly, the reduction was due to deaths during to the pandemic. However, there were also changes to care home commissioning arrangements between March 2020 and April 2021. During this time the NHS commissioned nursing home placements for people being discharged from hospital. The council was not responsible for new care home placements for over a year, where the placement was supporting a hospital discharge. As a result, the number of placements the council commissioned reduced, and have only recovered to pre-pandemic levels during 2021/22. We are now commissioning placements again, and have taken on responsibility for placements made by the NHS during 2020/21, driving the increase in placements and spending on nursing care.

3.24 As a result of this change in commissioning arrangements, the council is forecast to spend £13.5m on nursing care services and £18.1m on residential care services in 2021/22. This compares to £12m spent on nursing care and £18.5m on residential care in 2020/21.

3.25 Throughout the pandemic occupancy in Brent care homes has remained high, despite the outbreaks and number of people who have passed away in care homes. Occupancy in Brent homes has averaged over 90% through the pandemic, and is currently close to 100%. This is a reflection of the different commissioning arrangements, where CCGs and local authorities are commissioning care home placements in their own boroughs and other boroughs. Despite the challenges of Covid 19, across the care home market occupancy has not been significantly affected over the course of the pandemic.

3.26 There are challenges in the sector, not least with staffing. Since November 2021 it has been a legal requirement for anyone working in a care home to be vaccinated against Covid 19. The vaccination requirement has meant that some staff chose to leave the care home sector, creating issues with staffing in care homes. The council has supported with assistance from Brent Works to help providers recruit staff, and match people looking for jobs in care with vacancies in the care sector. We have also pass-ported on funding from the Infection Control and Workforce Recruitment and Retention Funds to care providers to help with recruitment. Over £7m has been paid to Brent care providers since May 2020 from these funds.

3.27 Three Brent residential homes have closed since March 2020. There are different reasons for each of the closures; one was due to provider failure during the early stages of the Covid 19 pandemic. One was due to falling resident numbers due to a change in local demography, where the pandemic accelerated the decision to close. The final home closed because the owner / manager decided to retire and de-register the property. It means that our residential bed numbers have reduced, but as explained in this report, our commissioning approach to is move away from this sector and focus on extra care services for older adults and supported living provision for working age adults.

Moving on from Covid 19

3.28 The past two years has been time of challenge for the care sector, as providers have managed the impact of the Covid 19 pandemic. Although wider society is returning to life as normal, there will still be challenges for the residential and nursing home sector to manage. Whilst guidance from the Department of Health and Social Care is still awaited, locally the borough's Director of Public Health has advised care homes open up with caution – staff should still be testing regularly, visitors to care homes should also test before they enter services, and good infection control measures (such as wearing PPE and regular handwashing) should continue. Unfortunately, managing the impact of the virus is likely to be a regular facet of care home management for some time to come.

3.29 That said, there are other areas that will be returning to business as usual. Within the Adult Social Care Commissioning Team, planned quality assurance visits will be reinstated, and more in-person reviews will be undertaken. These haven't been completely suspended during the pandemic, but there have been times when they have been scaled back as homes dealt with outbreaks. More in-person visits will take place in the coming weeks and months to make sure our oversight function is fulfilled, and we have as comprehensive a picture as possible on care home quality in the borough.

3.30 Further work will be taken forward by the Enhanced Health in Care Home programme, overseen by the Brent Care Home Forum, to drive improvement in the care sector in the borough. The commitment from the council, CCG and other partners to this programme is clear and will offer a wide range of support to providers, informed by their participation in the forum, to lead to further service improvement.

REPORT SIGN-OFF

Phil Porter
Strategic Director, Community Wellbeing

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NHS Central London Community Healthcare NHS Trust Brent NHS North West London Clinical Commissioning Group	**Community and Wellbeing Scrutiny Committee** 14 March 2022
	Report from the Borough Director NWL CCG Brent Borough
Transfer of Community Services from LNWHT to CLCH	

Wards Affected:	All
Key or Non-Key Decision:	For Information
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:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Janet Lewis Director of Operations, Central London Community Healthcare (CLCH) janet.lewis5@nhs.net Steve Vo Assistant Director Integration & Delivery, NWL CCG Brent Borough Steve.vo@nhs.net

1. Purpose of the Report

1.1 The purpose of this report is to:

- Set out the context for the transformation of community services in Brent
- Highlight the reasoning for the transformation programme and the vision for community services in Brent.
- Outline what the priority areas are, how they were identified and how they align with Brent's needs.

2. Details and Background

2.1 The Transfer of Community Services paper was presented to the Committee on 24th January 2022. Whilst the paper described the transfer of Community services to Central London Community Healthcare Trust (CLCH) that took place in August 2021, the Committee requested for an update on the

Recovery Plan for services with long waiting times and the progress of the Transformation programmes supported by the Aging Well Funds.

3. Recovery Plan

3.1 At the Community and Wellbeing Scrutiny Committee meeting on 24 January 2022 requested for the following items:

a) Comparative data on community waiting lists across North West London and action being taken to address long/hidden waiting lists in Brent
b) Information on the community services provided for infants, children and young people

3.2 The following section addresses the queries raised by the Committee by presenting CLCH's Recovery Plan.

3.3 During the Omicron wave of the pandemic, staff were redeployed to support and maintain core services including Discharge to Assess (D2A), Rapid Response, and District Nursing. However, non-core and clinic-based services were reinstated on 1st February 2022 and a review of waiting times for patients was undertaken, with recovery and trajectory plans for all services with long waiting lists developed. The overarching Recovery Plan will be monitored within the Trust and updated to the NWL Integrated Care System (ICS).

3.4 As part of the Recovery Plan, the following details the process of tasks taken:

- Validating waiting time lists
- Calling all patients requiring an appointment with long waits to ascertain they still require the service
- Discharging of inactive patients
- Recording patients that have been seen
- Clinical Triaging
- Reviewing and discussing with all patients waiting for non-urgent interventions of how their needs can be met
- Reviewing the waiting lists weekly by clinicians

3.5 CLCH has been working with their temporary staffing provider to see how they can support filling existing vacancies or providing additional capacity. Each service is in the process of developing and implementing their individual recovery plans.

3.6 In addition, the Trust has identified a process for stratifying large waiting lists to identify patients at greatest risk of harm and has completed Harm Reviews for patients at risk (over 52 weeks), which is a Trust wide process.

3.7 The following tables present services with their current waiting times and CLCH's Recovery Plan.

CBU	Service	Waiting Times				Covid Recovery	
		Longest wait (weeks)	Total waiting list - Current week	No. of Patients over 40 weeks	Waiting List (RAG)	How long to recover with current capacity?	What additional capacity needed to recover by end Q1 2022/23?
Brent & Harrow Specialist Services	Brent Podiatry	49	**964**	1		4 months	1 B6 2 B3 1 month
Brent & Harrow Specialist Services	Brent Nutrition & Dietetics	19	**429**	0		3 months	1 B6
Brent & Harrow Specialist Services	Brent Integrated Diabetes	26	**657**	0		3 months	1 B7
Brent & Harrow Specialist Services	Brent Respiratory Service	33	**90**	0		2 months	1 B6
Brent & Harrow Specialist Services	Brent Cardiology Service	5	**28**	0		5 weeks	

CBU	Service	Waiting Times				Covid Recovery	
		Longest wait (weeks)	Total waiting list - Current week	No. of Patients over 40 weeks	Waiting List (RAG)	How long to recover with current capacity?	What additional capacity needed to recover by end Q1 2022/23?
Brent Planned Care	Brent Adult Community Nursing	16	**470**	0			
Brent Planned Care	Brent Bladder and Bowel	13	**339**	0		Demand exceeds capacity	1 WTE B7
Brent Planned Care	Brent Rehab and Reablement Service	12	**493**	0			2x WTE B6 Physio 1x WTE B7 Physio 0.8 WTE 8a SLT
Brent Planned Care	Brent Falls	9	**114**	0			1 B6
Brent Planned Care	Brent Tissue Viability	1		0			

CBU	Service	Waiting Times					
		Longest wait (weeks)	Total waiting list - Current week	No. of Patients over 40 weeks	Waiting List (RAG)	How long to recover with current capacity?	What additional capacity needed to recover by end Q1 2022/23?
Brent Children's Specialist Services	Brent Paediatric Speech and Language Therapy	25	**209**	0		9 months	2.0 WTE agency for 4 months. Need to fill current vacancies.
Brent Children's Specialist Services	Brent Child Development Service	27	**179**	0		52 weeks+	1.0 WTE 8a AHP for 5 months 0.6 WTE staff grade doctor
Brent Children's Specialist Services	Brent Paediatric Physiotherapy	12	**65**	0		9 months	1.0 WTE agency for 4 months

CBU	Service	Waiting Times				Covid Recovery	
		Longest wait (weeks)	Total waiting list - Current week	No. of Patients over 40 weeks	Waiting List (RAG)	How long to recover with current capacity?	What additional capacity needed to recover by end Q1 2022/23?
Brent Children's Specialist Services	Brent Children's Occupational Therapy	12	**71**	0		9 months	2.0 WTE agency for 3 months. 3WTE B5 Need to fill current vacancies.
Brent Children's Specialist Services	Brent Community Paediatrics	9	**20**	0		na	na
Brent Children's Specialist Services	Brent Children's Community Nursing	7	**5**	0		No recovery. Team meeting KPIs	No additional required, need to fill current vacancies to sustain
Brent Children's Specialist Services	Paediatric Asthma Service	3	**9**	0			No recovery. Team meeting KPIs

3.8 In addition, the following table provide waiting times for some Community services in other boroughs within North West London that we have gathered for comparison. Please note that since community services have been commissioned differently in different boroughs, some KPIs are not directly comparable.

Jan-22					
Service	**Directly Comparable**	**Brent**	**Harrow**	**WL,CL,H&F**	**Comment**
Diabetes	Yes	% of service users offered first appointment within 4 weeks	% of service users offered first appointment within 4 weeks	% of service users offered first appointment within 4 weeks	
		40% (20/50)	100% (84/84)	100% (209/209)	
District Nursing	No	%of non-urgent referrals responded to during the day, twilight or night service periods within 24 hours	%of non-urgent referrals responded to during the day, twilight or night service periods within 5 working days		Note KPIs are not directly comparable
		100% (61/61)	100% (59/59)		
Rapid Response	Yes	% of urgent referrals responded to in 2 hours	% of urgent referrals responded to in 2 hours		
		100% (258/258)	94% (274/291)		
Children Speech and Language Therapy (SALT)	No	% of Children and young people seen within 8 weeks of acceptance of referral		% of Children and young people who enter treatment within 12 weeks of referral	Note KPIs are not directly comparable
		72% (69/96)		99% (155/167)	

4. Transformation of Community Services

4.1 The following section sets out how the progress of the transformation programme will be monitored and evaluated.

4.2 The following table provides the detail of the Transformation Programmes and the key measurables and actions set against these programmes.

I. Scheme	II. Description and Goals	III. KPIs/Targets	IV. Deliverables/Actions to support Implementation	V. Milestone Date
1. Planned Care				
b) Clinical Pathways for LTC Heart Failure (HF) and Respiratory	a. To co-design, co-develop, co-implement and co-evaluate the proposed new Models of Care / Pathways for Brent Heart Failure Services as part of the Community Services Transformation, and present this to the Community Services Executive Group for oversight and approval.	a. Develop/agree outcomes measures and KPI's to be used to measure the success of this transformation	a. Establish HF & Respiratory Task & Finish (T&F) Groups with agreed TOR. Update: Both T&F groups have agreed TOR . HF group meeting on regular basis. Governance structure reviewed and agreed b. Mapping of current service provision and pathways. Update: Completed for HF & gaps identified. c. Develop and agree new pathways and model of care that will improve integration, quality and outcomes for Brent Heart Failure services; such as digital and virtual ward pathways for improvement. Update: LNWH & CLCH have developed virtual ward model, and agreed workforce model to include rotational placements and shared training. Phase I of T&F groups is to develop new pathways & service specs. d. Align Service to NWL CVD Clinical Reference Group and NWL Strategies. Update: HF T&F has representation from NWL CVD CRG e. Co-design Service Specifications that reflect whole system redesign and integration. Update: PCN Clinical Directors sit on the T&F groups and are co-designing the pathways and service specifications with CLCH & LNWHT f. Improve pathways for transition of care between acute and community services to reduce unplanned and avoidable acute activity . E.g Virtual wards and hospital at home. Update: Pathways are being developed in T&F groups and HF	a. November 2021 b. HF - Feb 2022 c. – e April 2022 f. – g. September 2022 Willesden Hublet aims to go live mid-February 2022

			pathway will be integrated working across primary care and secondary care interface g. To develop community respiratory pathways and services including Spirometry Hublets. Update: Spirometry SOP agreed, equipment agreed, staff training in progress. EMIS GP searches are in process of being tested. h. To develop synergies between services and progress towards a cardio-respiratory service model i. CLCH & Brent to review and formalise (service specification) the implementation of Community services, looking at supporting PCNs on Long Covid clinics.	

I. Scheme	II. Description and Goals	III. KPIs/Targets	IV. Deliverables/Actions to support Implementation	V. Milestone Date
2. Unplanned Care				
a) Enhanced care in care homes (framework + DES)	a. To implement the Enhanced care home DES for care homes (and other residential settings), working in partnership with CLCH and PCNs. CLCH to provide the MDT professionals in-reaching to the care homes in Brent, working alongside the PCN GP Practices such as during the MDT meetings. To appropriately implement the use of digital technology to support care home, To include care home residents in any Frailty delivery model	a. To reduce unplanned avoidable admissions to hospitals. b. To improve access to health and social care in care homes.	a. To refresh stakeholders with EHCH aspirations and ambitions in line with the framework (March 2020) ambitions and the Primary Care 'Network DES' targets. Update: Presentation of ECHH Framework to Care Home Forum on 15th December 2021. Stakeholder summit on November 2021 with representation from PCN's, LA, EOL, CLCH, Care Homes, and LAS. b. To Identify gaps / opportunities for improvement through patient-public and wider stakeholders engagement. Update: Stakeholder event August & November 2021, monthly care home forum, Peer support programme to improve CQC ratings c. To work with PCNs to develop and deliver new model. Update: NWL MDT Terms of Reference finalised and sent out to PCN directors and care home lead GPs. d. To monitor progress in achieving EHCH framework aspirations and DES targets and provide support to teams as required. Update: NWL Primary Care DES Gap Analysis was circulated on 12th February 2022 to PCN directors and care home lead GPs. Objective is to establish how care is delivered to care homes across NWL and identify gaps.	November 2021 January 2022 March 2022 March 2022

3. Hospital Discharge & Community Bedded Units				
a) Discharge hubs/pathways	a. Improve timeliness of hospital discharge, increasing referrals into pathways 0-2. through effective MDT working.	a. To reduce hospital aLoS – 21 days and over, <14 days, <7 days, at par with the Pan-London average (currently sits at 12%). b. To monitor Hospital Discharge Pathway tracker.	a. Implement a Discharge Hub model. Update: The model has been implemented. b. To promote seamless transfer of care from hospital back into the community. Update: The Integrated Discharged Team provides a more streamlined approach to discharge. The use of having community providers onsite enables more timely progress for discharges, including therapy reviews with patients on the ward as needed. This provides a better overview of complexities to ensure the risks are understood and can be mitigated against.	October 2021 December 2021
b) Rehab and reablement (inc general and neuro beds)	a. Improve effectiveness of service and pathways from hospital, increasing support at home.	a. To deliver an effective Rehab at home Service.	a. To develop and implement models aligned with NWL ICS standards for Bedded Units. Update: The current community rehab bed provision (Aster Unit – Birchwood Grange Care Home) has been re-contracted in accordance with the NWL ICS standards for bedded units (new contract started Dec-21). A test and learn scheme is due to be initiated in April 22 to develop and prototype an integrated therapy at home and reablement pathway for patients with complex needs as an alternative to bedded rehab provision. This work is aligned with the NWL CCG community rehab bed review b. To develop and implement models aligned with NWL ICS standards for Community-based Rehabilitation. Update: A Discharge to Access (D2A) pilot to test the impact of increased access to physiotherapy as part of an integrated Home First/ reablement pathway (Pathway 1) is on track to be completed in March. The output from the complex (Pathway 2) test and learn will inform the blueprint for new models for integrated community rehab and reablement pathways. A separate test and learn scheme is being developed that will focus on prototyping integrated community rehab and reablement provision as part of the community urgent care pathway. The intention is to run this scheme in April/ May alongside the complex rehab and reablement test and learn scheme. The local authority has taken the decision to commission a new reablement service. The new service is not expected to be in place until Oct-22 at the earliest.	31 October 2022 31 October 2022

4.2.1 EMIS Project

In addition to the programmes above, CLCH committed to the transfer of the patient electronic record from System One (S1) to EMIS and have now set up an operations and IT team to deliver the project.

The work to deliver this has commenced with an anticipated completion date of the 1st June 2022.

The benefits of the transfer are that there will be better communication between the community health services and the GP services. This will enable improved patient care and patients will not need to repeat information between services in primary care and community care.

4.3 Aging Well Funds Updates

In September 2021 the NWL CCG allocated funds to all boroughs, the aim of which was to level up service delivery in identified services.

The value given to each borough was based on population and demographic work completed within NWL.

CLCH was requested as the main community provider to detail out a recruitment plan with partner organisations to obtain best value for this funding and deliver the localised transformation plans.

A detailed plan for funding allocation was developed and signed off through the community services executive group.

Recruitment has been challenging, however transformation for Heart failure, Diabetes and care homes services have been maintained whilst recruiting with the support of bank/agency staff.

The investment into Care Homes is including the development of an integrated, enhanced care home team between CLCH and Central and North West London Foundation Trust (CNWL) to support physical, mental health and learning disabilities needs.

On-going investment for a period spanning three years will occur to enable further investment into community services.

4.4 Patient Engagement - Brent Health Matters (BHM)

4.4.1 Brent Health Matters is a joint partnership between Brent Council, NWL CCG, Central and North West London Trust, London North West University Healthcare Trust, Central London Community Healthcare, and most importantly, the community.

4.4.2 The aim of the programme is to reduce health inequalities in Brent. Council and NHS partners are working with the community to tackle the priority issues (see aims listed below) and those raised by the communities themselves. The initial focus was on Alperton and Church End because of the magnitude of impact of Covid-19 (and health inequalities) on those specific communities, however the programme is engaging with communities across the borough to:

- Reduce impacts of Covid-19 on the community
- Increase uptake of vaccinations and health screening
- Reduce variation in life expectancy and long term health conditions (diabetes, hypertension, obesity, mental health and cardiovascular disease).
- Increase community awareness of existing support/services and improve access to health services.
- Increased engagement with GP Practices including an increase in the number of people registered with a GP
- Work with partners to address the wider determinants of health inequalities

4.4.3 The BHM Clinical service consists of a multidisciplinary team that works closely with 10 GP practices to improve health and wellbeing outcomes of high risk patients. The service takes a proactive and flexible approach to engage with patients who have one or more long-term health condition, to support them to manage their conditions and take up flu and Covid vaccinations. Last year, 2,300 patients were contacted which led to 323 given flu vaccinations, 1865 comprehensive health assessments completed, 187 patients with high blood pressure checked, 685 patient care plans updated and 560 patients receiving bespoke health education.

4.4.4 The Clinical Service also operate an advice line open to anyone living in Brent, so that Brent residents can contact the team to ask about any clinical or social care concerns or queries, and be signposted or referred to the right support. The team also provides one-to-one support to residents who face barriers registering with a GP.

4.4.5 Mental health practitioners from the BHM Central North West London NHS Foundation Trust (CNWL) team are based in GPs, and work closely with the Clinical Service to provide one-to-one support to patients who have a mental health or wellbeing need. The CNWL team is also made up of 5 Community Connectors who work in the community to engage with voluntary and community organisations and faith leaders, to raise awareness about mental health and wellbeing and co-develop solutions that can improve access for communities in the future.

4.4.6 Five Community Coordinators continue to build community networks by engaging with community groups, voluntary and community sector organisations and the wider community through a range of engagement and outreach activities. Currently, 43 volunteer Community Champions work closely with the Community Coordinators to co-develop and implement local action plans for each Brent Connects area and thematic area, based on the

health inequalities issues raised by communities through the engagement activities.

4.4.7 BHM holds the Community Forum on a quarterly basis to engage with the community groups with 2 facilitators for diabetes and mental health discussions. The aim of this forum is to listen to the concerns raised by the community and feedback on the team's progress of addressing those concerns.

4.4.8 The programme has provided two rounds of grant funding to individuals, community and voluntary sector organisations. In April 2021, £250k was awarded to fund projects that aim to reduce health inequalities in Brent. In February 2022, £117k was awarded to 13 organisations towards projects that will promote uptake of the covid vaccine.

4.4.9 Five large-scale Diabetes events have been held in places of worship and other community spaces since November 2021. The events brought together clinical and engagement teams to offer information, awareness, advice, activities and health checks. The events were received well and the health checks were particularly welcomed by residents. BHM has held 5 large scale community Diabetes events with further the details in the table below and is planning for further events in March and April.

Number of people who attended the events	681
Number of people living in Brent	525
Number of people who are registered with Brent GP	489
Number of people who had health checks	422
Number of people who had Diabetes	171

4.4.10 A range of communications and engagement channels are being used to promote key messages and encourage discussions about key topics such as Diabetes, Covid vaccinations, mental health and others. This includes sharing assets and videos on social media including WhatsApp, a regular phone-in shows on the Beat FM, Your Brent magazine articles, monthly BHM newsletter and the vaccine bus.

4.4.11 30 Health Educators (10FTE) work in the community (through workshops, events and street outreach) to raise awareness of Diabetes and signpost people to the relevant services. Together they have engaged with almost 6,000 residents between June and December 2021.

4.4.12 Since January 2022, 4 Health Digital Champions have been delivering Diabetes digital inclusion classes to patients with Diabetes as part of a pilot

project to help patients manage their conditions online using Know Diabetes. The sessions have been well received by participants to date.

4.5 The engagement of service users and key stakeholders will be built in to individual workstream projects as part of the health Inequalities Assessment and Equalities Assessment requirements. This will also include stronger engagement of the voluntary sector and community groups for locality working.

4.6 Health Watch representation is being sought for the Community Services Executive Meeting.

4.7 The Transformation programme aims to use already established Forums such as GP Forums and those through the local authority to access and involve service users at all levels.

5. Strategy & Drivers

5.1 Brent and CLCH's vision for community health services for adults is that care will be delivered, wherever possible:

- ✓ *At the right time* - ensuring that an appropriate level of support is given, enabling early intervention and averting the risk of escalation.
- ✓ *In the right place* - within the community/locality where the child or young person lives
- ✓ Using the *right approach* - applying the latest evidence of best practice and within legislative guidelines
- ✓ *By the right service* - with specialist services supporting universal services to deliver care, wherever possible.

6. Financial implications

6.1 There are no financial implications arising from this report.

7. Legal implications

7.1 There are no financial implications arising from this report.

8. Equality implications

8.1 Brent CCG undertook a review of a number of service specifications for their community services to ensure they are in line with new NHS England standards and are inclusive or quality and safety developments. The expectation is that the new provider will be able to deliver the services as specified. The CCG and CLCH will work with stakeholders to develop and agree a service development plan that will seek to ensure continuous improvement in outcomes for our patients.

8.2 The provider will be required to provide holistic and integrated care that empowers people to be in control of their healthcare outcomes, working seamlessly with the local authority, primary, mental health, acute care services and the voluntary sector.

Report sign off:

Fana Hussain – Borough Director NWL CCG Brent Borough

Brent	**Community and Wellbeing Scrutiny Committee** 14 March 2022
	Report from the Strategic Director of Community Wellbeing

Community Engagement for Homeless Families Services

Wards Affected:	ALL
Key or Non-Key Decision:	Non Key
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:	None
Background Papers:	None
Contact Officer:	Laurence Coaker Head of Housing Needs Laurence.coaker@brent.gov.uk

1.0 Purpose of the Report

1.1 To update Community and Wellbeing Scrutiny committee on community engagement for homeless families services.

2.0 Recommendations

2.1 That the committee note the information provided in this report about the community engagement for homeless families in the borough who are homeless, or at risk of becoming homeless.

3.0 Introduction

3.1 The Housing Options Team, within the Housing Needs Service, support families who are homeless or threatened with homelessness. A separate team within the Service specialise in supporting single people, and couples without children.

3.2 The team work within the legal framework of The Housing Act 1996, Part 7 (the Act). The Homelessness Reduction Act 2017 (HR Act); implemented on 3 April 2018, places new duties on housing authorities to intervene earlier to prevent homelessness and to take reasonable steps to relieve homelessness

for all eligible applicants, not just those that have a priority need under the Act. The HR Act does not replace the previous legislation but 'bolts on' new duties, to the main housing duty.

3.3 However, prior to the enactment of the HR Act, the service was already very prevention focused. Therefore, although the HR Act imposed a legal duty to prevent homelessness, the team was already intervening at the earliest possible stage, to support people to retain their current accommodation, and avoid homelessness. By preventing a household from becoming homeless and remaining in their home, they avoid the disruption of having to go into emergency accommodation, and then on to Temporary Accommodation (TA), which is often in another part of the borough or outside of the borough. If it is not possible to keep a household in their current home, the service will help them to secure alternative accommodation, before they become actually roofless

3.4 The service has received an average of 5,700 homelessness applications a year, over the last two years, 55% of whom were from single homeless people, or couples without children. Our prevention-focused approach has contributed to only 17% of homeless households, who approached the Council since April 2021, being accepted under the main homelessness duty. This low level of homelessness is because the majority of issues are resolved through the prevention or relief stage on an application, and is a major contributing factor to the Council's success in reducing the number of homeless households currently living in TA.

3.5 In 2012, Brent had 3,176 homeless households living in TA, which was the largest number in the country. By 2018, this number had reduced to 2,450, which was the 7th highest. The current figure (as at January 2022) is 1,625, so we are now the 18th highest user of TA, having achieved a reduction of 34% since 2018. This is the second highest decrease across all London Councils, and only 9 London Councils have achieved any decrease in their TA usage, with the remaining Councils increasing their TA by an average of 30%.

Duty to prevent homelessness

3.6 The Housing Options team support families who are at risk of losing their home as soon as they are threatened with homelessness within 56 days, by helping them to remain in their current accommodation, if the property is suitable and reasonable for them to continue to occupy.

3.7 The type of support that families receive to prevent them from becoming homeless is tailored to their individual circumstances. The main reason for homelessness is eviction from the Private Rented Sector. Officers engage with the owner to determine why they are evicting the tenant and intervene to negotiate and identify a solution.

3.8 For example, if the tenant is being evicted due to rent arrears, the officer will determine what caused the arrears to accrue. This may have been due to a specific incident, such as the tenant losing their job or it may be that the rent is too high, and so the property is not affordable. If it is determined that the

property is affordable going forwards, but arrears have accrued due to a one off incident, then the officer will negotiate with the owner to clear the arrears, in return for a new 12 or 24 month tenancy being granted. However, if the property is not deemed affordable, then the officer will support the family to secure alternative accommodation that is affordable, before they are evicted.

3.9 If the tenant is being harassed by their landlord or has been illegally evicted, a free Tenancy Sustainment Service is available, provided by Hodge, Jones and Allen (HJA) Solicitors. HJA provide advice and support, and if necessary write to landlords, warning them about their conduct and their tenant's legal rights. HJA receive an average of 17 referrals per month. The most common enquiry concern tenancy matters, or general housing advice, with 48% of enquiries and 22% of the enquiries were in relation to Unlawful Eviction/Threatened with unlawful eviction. 50% of referrals were successfully resolved, with the remainder either ongoing or closed due to clients securing alternative accommodation or loss of contact.

3.10 Another main cause of homelessness is Domestic Abuse. The Housing Options Team, have a dedicated service, which provides housing, financial, practical and emotional advice and support to female, male and transgender victims (both families and singles) of domestic abuse. Officers ensure that the service response is appropriate to the needs of the individual and in line with good practice to provide safe accommodation. The goal is to provide personalised housing options and additional support services for victims/survivors of DA. The service ensures that the right help and support is available so that fewer victims and their children reach crisis point, and the harm caused by DA against everyone is reduced.

Duty to take steps to relieve homelessness

3.11 This duty is triggered when a family are already homeless. The team provide advice and assistance to help people find suitable accommodation in the private rented sector for themselves and their families. Families are supported to find their own accommodation, and if it is suitable, and affordable, the team will assist by paying the owner an incentive payment, to secure the property.

The Main Housing Duty

3.12 After 56 days, the relief duty comes to an end if the family have not been able to secure suitable alternative accommodation. The team will then assess whether or not the main housing duty (under the Housing Act 1996) is triggered. The main housing duty is owed to those families who remain homeless after the relief duty, are in priority need and have not made themselves intentionally homeless. The Council will be under a duty to secure suitable accommodation for the household, which is likely to be in the private rented sector.

3.13 Although we do not have the same level of duty to families who have a priority need but are intentionally homeless, the team is committed to doing what we can to support them. The local authority has a less onerous duty to secure accommodation for those families for a reasonable period, generally a few

weeks to give them an opportunity to secure alternative accommodation; and provide them with advice and assistance in securing accommodation.

3.14 In addition, the local authority has a duty when a family is intentionally homeless and includes a child under 18, to offer to refer the case to social services, (the applicant must consent), and if the applicant has consent, share the facts of the applicant's case and the local authority's decision with social services, Social services has separate duties towards such children which includes the provision of housing so that the family does not become street homeless. Such intentionally homeless families will be referred to Children's Services through the Family Front door.

4.0 Community Engagement

4.1 In law, the duty to prevent homeless is only formally triggered if a family is threatened with homelessness within 56 days. This means that if a family are likely to become homeless within 56 days, there is a statutory duty for the council to intervene and try to prevent them from becoming homeless. However, the Council positively encourages people to seek assistance at the earliest possible stage, so even if they are not likely to become homeless within 56 days, officers will still engage to support the family. This is to allow as much time as possible to engage with the family and prevent them from becoming homeless.

4.2 It is therefore essential that people are aware of the services that are available and community engagement plays an important role in reaching out to families who are homeless, or at risk of becoming homeless, as set out below.

4.3 To help increase awareness and promote the use of available services, there is a dedicated homelessness prevention team, who proactively make contact with residents before they present as being threatened with homelessness. This is so that support and advice can be provided at the earliest possible stage. The team work with a range of voluntary sector and statutory services, to make them aware of the service and encourage referrals. Officers meet with community leaders, places of worship, foodbanks, the Brent Hubs, the DWP, as well as in-house services. The aim is to inform our partners about the service, to raise awareness and enable them to identify people who are struggling financially, or could be at risk of eviction, and so enable officers to intervene at the earliest possible stage.

4.4 Homelessness Services are also promoted at the Brent Homelessness Forum. The forum meets every two months, is chaired by Crisis, and attended by over 30 statutory and voluntary agencies. The Forum is also used by the service to coordinate and collaborate with partners serving families experiencing homelessness. Information about new council initiatives and services is provided at forum meetings, for agencies to disseminate to their communities and clients.

4.5 Services are also promoted through the Council's new website platform, as well as flyers advertising the homelessness prevention service and tenancy

sustainment service. An advert for homelessness services is also currently being aired on The Beat London 103.6fm (formerly known as BANG Radio). This is an urban community radio station, broadcasting live from Harlesden 24 hours a day, 7 days a week via 103.6fm, online via www.thebeat1036.com, and their Apps TheBeat1036 and the Tune In.

4.6 Input from families who are experiencing or have experienced homelessness will be sought through a customer satisfaction survey, as well as the Brent Homelessness Forum and the Temporary Accommodation Forum. A pilot customer satisfaction survey was conducted in 2020, and concentrated on people's experience of seeking assistance when homeless or threatened with homelessness. The survey was sent to 1204 people who had an assessment before August 2020. Unfortunately, only 88 people (7%) responded.

4.7 Therefore, a project commenced to integrate the survey into the CRM, so that it would automatically pop up at the end of an application, to encourage a higher response rate. To date, technical issues have prevented this from happening, so as an interim solution a link to the survey will be emailed to people at the end of their application. This will occur on a monthly basis from April.

4.8 Feedback from the experiences of Councillors, the Homelessness Forum, and Temporary Accommodation Forum as well as the pilot survey have been and will continue to be used to improve service provision. As the Homelessness forum is attended by over 30 organisations as opposed to individuals, we get the benefit of their reflections across everyone they are supporting. For example, one issue that repeatedly came up was people not being able to access the service quickly enough. Appointment slots have therefore been reduced from 90 to 60 minutes to create more capacity to see people earlier.

4.9 Families to whom the main duty has been accepted, and are living in settled TA, which is leased from private owners, attend the Temporary Accommodation Forum. Due to the long waiting times for social housing, these families can remain in these leased properties for many years. Temporary Accommodation Forums are therefore held to keep families informed of latest developments and to receive feedback about their experiences.

4.10 Barriers are identified through feedback from clients, advocates, other services and forums. The Brent Homelessness Forum plays a particularly important role due to having such a cross section of representation, who are able to identify issues and bring them to the Council's attention. Service design is then adapted to address these barriers.

4.11 A recent example of this is how vulnerable people, who may have underlying issues such as mental health, or with drug and alcohol abuse, access services, especially throughout the various lockdowns, caused by the pandemic. As services shifted to online and remote working, homeless people were identified as a cohort who may have more difficulty than most in accessing services. The homelessness service has therefore always been

available for face to face interviews at the Civic Centre, to enable more vulnerable people who may not easily be able to access a computer, to receive support.

4.12 The service is also participating in the pilot redesign of the Customer Service area, where new software is being tested, that will enable people who have come to the Civic Centre as homeless on the day, to be interviewed via a video link

5.0 Financial Implications

5.1 The Housing Needs service sits within the Housing General Fund. The budget for this service is provided through both Council funding and direct grant funding.

5.2 Housing Benefit income is received for eligible households. However, in most instances, this income is subsequently paid out to accommodation providers, so has no net impact on the budget.

5.3 Overall grant funding of £8.5m has been received in 2021/22. Most of this funding is derived from two grants from the Department for Levelling Up, Housing and Communities. The Homelessness Prevention Grant of £7.0m combines what were previously the Flexible Homelessness Support Grant and Homelessness Reduction Grant. The Rough Sleeping Initiative Grant of £1.3m provides support to prevent rough sleeping.

5.4 A variety of COVID-19 related grants were received in 2020/21, totalling £1.0m. This grant funding has not continued in 2021/22. However the funding from the core grants provided above has increased, which has led to overall grant income remaining constant at £8.5m in 2021/22.

5.5 The Council has continued to seek opportunities to provide services in a cost-effective manner. This has included securing in-house Temporary Accommodation, reducing reliance on external landlords. The Council has also joined Capital Letters, the pan-London non-profit company established by 21 London Boroughs, to co-ordinate the procurement of accommodation at lower cost.

6.0 Legal Implications

6.1 Under the Housing Act 1996 (HA 1996), as amended by the Homelessness Reduction Act 2017 (HRA 2017) all local authorities have statutory duties towards applicants for housing assistance and their households who are either threatened with homelessness under s,195(2) of HA 1996, “the prevention duty”; or homeless under s.189B(1) of HA 1996, (“the relief duty”) and are eligible for housing assistance. Under both duties there is an obligation to carry out an assessment under s,189A of HA 1996, of the reasons for their homelessness, their housing and support needs. They also need to agree with the applicant, the reasonable steps to enable them to secure that suitable

accommodation is available to them for at least six months. These steps are recorded in personalised housing plan, known as a PHP.

6.2 Both the prevention and relief duty are for a period of 56 days and they can be ended in the following circumstances:

- In the case of the prevention duty, if the applicant has been homeless, rather than just threatened with homelessness.
- 56 days have passed and the authority has not yet made a decision or is satisfied that the applicant does not have a priority need or is intentionally homeless.
- the applicant has deliberately and unreasonably refused to take a step in their PHP.
- The applicant has suitable accommodation for at least six months.
- The applicant has refused an offer of accommodation, include a final offer
- The applicant has become intentionally homeless from the accommodation provided under the relief duty.
- The applicant is not longer eligible
- The homeless application has been withdrawn

6.3 Under s.188 of HA 1996, if homelessness has been confirmed and the local authority has reason to believe that an applicant or a member of their household may have a priority need, then, during the relief duty, there is a statutory duty to provide the applicant and their household with interim emergency accommodation, this is irrespectively of whether they have made themselves intentionally homeless.

6.4 In the case of families, there usually will be a priority need if the applicant has dependant children under the age of 18, in addition, there could be additional reasons for priority need in families if a member of the family is vulnerable due to a disability, and following the introduction of the Domestic Abuse Act 2021, the applicant or a member of their household is a victim of domestic abuse.

6.5 At the end of the relief duty, if the homelessness has not been relieved, then it is necessary to make a decision as to whether or not a main housing duty under s.193(2) of the HA 1996 is owed.

6.6 Unless the applicant has made themselves intentionally homeless, if the applicant's family contains a dependant child under the age of 18 or there are other members of the applicant's family household with care needs or disabilities, the applicant will have a priority need under s.189 of the Housing Act 1996 and the main housing duty will be owed.

6.7 If an applicant has made themselves intentionally homelessness under s.191 of the HA 1996, then the main duty is not owed. However the local authority will still owe a lesser duty under s.190(2) to (a) secure that suitable accommodation is available for a reasonable period to give the applicant a reasonable opportunity to secure other accommodation (b) provide advice and assistance, based on the updated PHP to help them secure somewhere to live.

6.8. Local authorities also have duties towards families under s.17 of the Children's Act 1989, which places an ongoing general duty to safeguard and promote the welfare of "children in need" (and those of their families) in their area. This duty can include providing families will accommodation until the child in need reaches the age of 18.

7.0 Diversity Implications

7.1 A full Equalities Assessment has been carried out to determine which groups with protected characteristics under equalities legislation are over or under-represented in terms of being supported by services.

7.2 The "protected characteristics" are: age, disability, race (including ethnic or national origins, colour or nationality), religion or belief, sex, sexual orientation, pregnancy and maternity, and gender reassignment. Marriage and civil partnership are also protected characteristics for the purposes of the duty to eliminate discrimination.

7.3 The outcome of these assessments confirms that the groups with protected characteristics being supported by services, generally matches the groups who apply as for services

Report sign off:

Phil Porter
Strategic Director of. Community Wellbeing