



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Tuesday 5 July 2022 at 6.00 pm
Held as a hybrid meeting

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair), and Councillors Afzal, Akram (substituting for Councillor Moeen), Fraser, Seelan, Smith, Matin and Mistry, and co-opted member Mr Alloysius Frederick

In attendance: Councillor Nerva, Councillor M Patel

1. Apologies for absence and clarification of alternate members

Apologies were received as follows:

- Councillor Begum
- Councillor Ethapemi
- Councillor Moeen (substituted by Councillor Akram)
- Mr Simon Goulden

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation Trust
- Councillor Matin – employed by NHS
- Councillor Seelan – spouse employed by NHS
- Councillor Akram – family member is a service user of a daycare centre
- Councillor Collymore – health educator for Brent Mencap and patient voice member for CNWL and NHS NWL
- Councillor Fraser – adult carer

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting on 14 March 2022 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. End of Life Care

Tom Shakespeare (Director – Brent Integrated Care Partnership (ICP)) introduced the item about end of life care in Brent. He advised that officers had undertaken service user

engagement with events in the borough and were now at a point where there was good understanding of the issues people faced in relation to end of life care. There was now an opportunity to shape the model of care going forward, and as that started to develop there would be a need to engage again with communities as well as councillors more broadly on what those options would look like. As the model developed, officers would want to build on the work of the Brent Health Matters Programme, ensuring that the people using services were representative of local communities and listening and responding to the needs of patients. He acknowledged the concern in Brent around the closure of the Pembridge Unit which had presented a number of challenges, and advised the Committee that he had been assured that the resource that had always been tied within Pembridge had remained within the system and invested in end of life care in the borough.

Jane Wheeler (Director – Local Care, NHS North West London) spoke about the common themes they heard when engaging residents, including the wish for speed, but also to engage with the voice of people that they did not usually hear from and reach communities who were not accessing services. There was a need to balance those two wants together, getting to an end point quickly, but respecting the need to do that in partnership with hyper local communities as well as communities that spanned North West London (NWL). There was now a weekly model of care meeting with an equal number of professionals and residents in the room, made up largely of relatives and carers of service users. The group was working to understand what ‘good’ would look like for the future, ensuring that everyone was using the same language to describe the same issues. It was difficult to quantify need, which meant the work was slow, but they expected to get a shared view of what was needed over the next couple of months. At all stages, the ICP were working in an open and transparent way in informal forums, at borough level, and across NWL to do that options work in collaboration with communities.

Janet Lewis (Director of Operations, Central London Community Healthcare (CLCH)) added information specifically in relation to the Pembridge Unit. The Committee were advised that the unit remained suspended, as CLCH had not been able to recruit consultant support for the unit. A bedded unit like Pembridge required intense consultant support and there had been several rounds of recruitment with limited success, including working with other providers to see if there was cover availability but that had not been possible. A recent recruitment exercise for a Community Consultant Specialist Palliative Care Lead with similar challenges had led officers to believe that they would not be able to recruit to the Pembridge Unit. However, throughout Covid-19 up to now CLCH had been able to maintain its 24/7 advice and support telephone line and keep the Specialist Palliative Community Care Team up and running, who were seeing an increase in activity. They had also continued to work in the south of Brent, with St Luke’s providing a similar Specialist Community Palliative Care Team for the north of Brent.

Councillor Nerva (Lead Member for Public Health and Adult Social Care, Brent Council) concluded the introduction, advising that in his Cabinet role it would be important to consider how the needs of Brent residents were affected in the process.

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

The Committee recalled the previous review presented to Committee from NHS colleagues pre-pandemic, regarding end of life care and the closure of the Pembridge Unit, where they had heard emotive discussions from members and residents. They asked for assurance that the learning from that first review would not be lost going forward, and that the residents in Brent and particularly the South of Brent would not be disadvantaged during the ongoing recruitment challenge. Jane Wheeler acknowledged the importance of the previous full borough review and how much time was committed to that. There was a lot of learning that could be taken from the previous review as well as the rest of London around different

models of care and delivery. In the paper online there was a 'you said, we did' section which included resident feedback and what had been done to action that feedback where possible. The section showed very clearly what officers were told in that review and what had been done about it, and how it was being taken forward in a transparent way. In relation to the impact on the south of Brent, the Committee were advised that the funding resource had been used as flexibly as possible to meet those needs. Care in people's homes activity had increased, and funding had been transferred to St Luke's, St John's, and Trinity for patients who did want hospice care. Transport costs had been supported to enable that to happen.

In continuing to discuss the closure of Pembridge, officers advised that they were unable to give a commitment at this stage that Pembridge would reopen, even if that turned out to be the preferred model of care option, due to the work done to date to find a consultant unsuccessfully. During Autumn 2021, work had been done with Imperial College Healthcare to see if there was a way to have a network of consultants across services with Imperial and other providers, but officers were not able to find a way clinicians would sign the proposal off as a safely resourced way of delivering care. Officers concluded by committing to do everything possible to ensure no residents were disadvantaged.

The Committee discussed engagement, and in particular what plans were in place to involve more Black and ethnic minority communities in future events. Andrew Pike (ICS Communications Programme Lead, NHS NWL) advised that officers tried to spread information as far as possible using Newsletters, websites, social media, volunteers in the community, GPs and Next Door. It was difficult to reach all communities and it was recognised that more needed to be done to reach more people, and officers were committed to doing that outreach and engagement. Officers were having one to one conversations with community leaders about ways to engage and asked the Committee for any feedback they had or suggestions for reaching all communities. Elcy Nwokeji (Senior Delivery Manager – Brent Integration and Delivery, NHS NWL) advised that an engagement event on 15 June 2022 had discussed the issue of reaching every community, and herself and the Deputy Director of CLCH had scheduled a meeting to speak with voluntary and community services the following week to ensure the voice of all residents was being heard. In addition, officers reached out to communities via the Brent Stakeholder Engagement meeting, which met bi-monthly, and was made up of representatives from different network groups such as the carer's network. In response to what level of engagement had been had with people with disabilities, officers agreed to come back with a written response.

In relation to the timescales for any consultation process and developing model of care options, Jane Wheeler advised that the aim was to have options ready for consultation by January 2023, although that timeline was slipping following requests for delays from other boroughs due to local elections. The timeline was in the stage of being revised to ensure it was done right, and it was likely there would be options to consult on by next Spring.

The Committee highlighted the ICP's commitment for all residents to receive the same level of care no matter where they lived in the borough, and asked whether there had been any tangible improvements to make it easier for people to access services. Jane Wheeler advised that there were a lot of different service elements within the overall description of Specialist Community Palliative Care and some had seen improvements while others had not. For example, inpatient beds had not seen an improvement in access as Pembridge was suspended, meaning residents from the South of Brent who would have previously gone to Pembridge were travelling longer to access inpatient care. On the other hand, a tangible improvement had been seen in community services, where capacity had been expanded to hold a greater case load and support more people in their own homes. Michelle Scaife (Programme Delivery Manager – Last Phase of Life, NHS North West London) added that St Luke's Community Specialist Palliative Care Team had been able to extend their Mon-Fri 9-5 service to 7-day nursing cover, in operation for all Brent residents. 'Co-ordinate my care' was

in the midst of changing to a new system with an electronic care record that linked to GP records much easier, which would be more user friendly for clinicians to use across the system, and would lead to more care planning for people as they approached dying. Over the past 2 years there had been an increase in the number of care plans and this change in system would make things much easier and more time effective.

In terms of tangible impact for the future, the Committee asked how the local action plan for 2021-2026 would bring that about. Jane Wheeler highlighted that seeing things through the lens of inequalities was an important way to think about it in terms of experience, access and outcomes. The aim was to make those issues consistent and improve on them across NWL. Access would be the easiest to measure but experience was more difficult to measure, and work was being done with providers on how to capture the experiences of users at the end of life. Traditional feedback collection methods were not appropriate for a family who had just used the end of life services and were grieving, so it was important to listen to and hear the stories of people about the challenges they had faced and any positive experiences they had. In relation to measuring outcomes, the national specification set out some of the outcomes that NHS NWL should be striving for, with one key outcome being choice of place of death, as currently there were more people dying in hospital than say they want to die in hospital. In relation to Pembrokeshire, patients had not been asking for more beds but for care responses to individual need. There was a very small percentage of patients supported by specialist community services who were in inpatient beds, with the vast majority of those patients accessing specialist support in their own homes via bereavement services and hospice at home. Patients' experience and outcomes were being looked at in the lens of choice, ensuring engagement was holistic, personalised and culturally competent.

The Chair invited Councillor Long to address the Committee. Councillor Long began by explaining she had been involved in the engagement on this issue since 2018 and attended the previous Committee meeting which focused on this issue. She asked how the ICP would ensure people throughout the whole of Brent received the same level of care, as the care they received was from different service providers depending on where they lived. She also raised the impact of the cost of homecare for carers, highlighting the Marie Curie campaign about poverty in relation to caring for a terminally ill person. She asked what would be done to ensure people doing home care would not get into more poverty.

The Chair thanked Councillor Long for her address and invited colleagues to respond. In response, Jane Wheeler explained that Hospice at Home was provided by St John's in the South of Brent, so there was cover across North and South. The wider point about ensuring there were not differing levels of service, access and outcomes for different populations across Brent and NWL was important and key to why the review was underway with all providers around the table committed to change. In relation to poverty work, officers highlighted that this was a national challenge with no easy answer.

The Chair thanked those present for their contributions and drew the item to a close. He invited the Committee to make recommendations, with the following RESOLVED:

To recommend the following key areas for improvement:

- i) For the Committee to receive a future update on the progress of the end of life model of care.

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

- i) For the Community and Wellbeing Scrutiny Committee to receive further information about the engagement event on 15 June 2022, included how many people attended.

- ii) For the Community and Wellbeing Scrutiny Committee to receive information on how the NHS worked to engage people with disabilities.

7. Update on Adult Day Services

Lynette Gbedze (Market Oversight Manager, Brent Council) explained that there were 13 day opportunity providers in Brent, 2 of which were in-house. The Council were working closely with providers and had done since the start of the pandemic, staying very engaged with them. During the pandemic, day services had paused, but engagement with providers continued through meetings and forums, and the public health team had provided support and local guidance on how to manage infection in local services. Operations had to change as building based services were no longer possible, and day services adopted a creative approach to deliver services with a hybrid offer. This included virtual activities as well as activity packs sent to people in their homes, and providers had assisted service users with practical issues such as shopping and essential needs. Tiffany Adonis-French (Head of Services Access information and Long Term Support, Brent Council) highlighted that the face of day opportunities had changed nationally as a result of the pandemic. The model of delivery was changing everywhere and there were signs of that in Brent too.

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

The Committee asked how easy it would be for a Brent resident, who may not know such services existed, to reach out and get onto the system for day opportunities. They highlighted that the figures in the report detailing total number of service users was quite low in light of the population of Brent. Tiffany Adonis-French advised that the Council were always taking steps to encourage accessibility and visibility of Adult Social Care services in Brent, working closely with community stakeholders and colleagues across the Integrated Care Board (ICB). Most referrals were received through the Brent Customer Service Centre, which was the main point of access for residents in the community. The Adult Social Care team also worked closely with GPs across the borough to encourage them to include information on access to Adult Social Care services in their practices.

Committee members highlighted table 3.3 of the report, which detailed support need figures for learning disabilities / mental health and asked why the 2 were combined. They felt the presentation of data could be interpreted as saying that Brent only provided services for those with learning disabilities if they also had a mental health need. Tiffany Adonis-French confirmed that they were separate, and there was a cohort of residents with a learning disability and a cohort of residents with mental health needs that were supported separately. She also recognised there were a number of residents who had a dual diagnosis of a learning disability and mental health need. It was agreed that the Committee would be provided with the figures for each cohort separately for a truer reflection.

In relation to performance, the Committee queried how that was measured at a personal level. Lynette Gbedze advised the Committee that the Community and Prevention Team within Commissioning did quality assurance work, where Placement Relationship Officers did reviews, quality checks, reviewed documentation and worked with providers for that level of assurance. There were monthly provider forums looking at a range of issues and social work teams who reviewed day centres. In relation to whether that quality assurance could be tangibly shown through performance data, Tiffany Adonis-French advised that the team wanted to look frequently at the number of people using services, the demographic characteristics of those users, where those users were accessing services and what type of service they were accessing, and the mode of service. The team were looking at a range of different data to tell the story about the level of uptake and quality to feed back into its commissioning intentions. Service user feedback had been gathered by the team which could be provided to the Committee.

Those present highlighted that there were a larger number of people accessing day opportunities pre-pandemic, acknowledging that day opportunity services may not necessarily be needed for life and those people may now be using other services and appearing in other data. However, they queried what plan had been put in place for those residents wanting a phased return following the pandemic. Phil Porter (Strategic Director Community Wellbeing, Brent Council) advised that there were a small group of people for whom Covid-19 was not over who had profound illness and would not be able to access building based services. The services were using technology to ensure those residents engaged. Lynette Gbedze explained that the phased reopening of services was initially done as a trial pilot where a very small number of people attended day services. The pilot focused on infection control and guidance which fed into how providers could open day centres fully and manage Covid-19. Day centres reopened officially in September 2021 with a business as usual approach. The number of service users had dropped but the model of delivery had changed to hybrid, with users attending virtual activities and activities in the community.

The Committee queried whether there was a care pathway for day opportunities that could be shared with the Committee. Tiffany Adonis-French advised that they were able to provide information about what the general customer journey might look like in Brent from the point of contact through to the process of assessment, support planning, service delivery and review. Brent used national guidelines for care pathways and residents did not access services based on their illness but based on the impact an illness had on their ability to carry out the activities of their daily life. In relation to the routes of raising awareness of services available, officers agreed to provide information on the effectiveness of different avenues of awareness.

The Committee queried whether the figures in table 3.3 in relation to support for people with learning disability included people with dyslexia or dyspraxia. They were advised that the numbers related only to those diagnosed with a learning disability from the mild to severe spectrum and would not include those with dyslexia as there were other services they would access.

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

- i) To conduct a visit to day opportunity services.

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

- i) For the Community and Wellbeing Scrutiny Committee to receive information on the care pathway to day opportunities.
- ii) For the Community and Wellbeing Scrutiny Committee to receive information on the effectiveness of different modes of raising awareness of services.
- iii) For the Community and Wellbeing Scrutiny Committee to receive the full figures of those service users with a learning disability and those with a mental health need who required support in section 3.3.

8. Update on Shared Lives Scheme and Tudor Gardens

Martin Crick (Team Manager - Commissioning Contracting and Market Management, Brent Council) introduced the report, focusing on the section on the Shared Lives Scheme. The

scheme was for service users over the age of 16 and aimed to match service user needs with registered carers. The match process considered age, gender, ethnicity, culture and support needs. The service user then lived with the carer and their family. Terryann Ebanks-Thelwell (Direct Services Service Manager, Community Assessment and Well-being, Brent Council) introduced the section on Tudor Gardens; a 24-hour supported living service for people with learning disabilities. The service was regulated by the Care Quality Commission and rated 'good'. Accommodation was purpose built and consisted of 3 separate buildings with 5 self-contained flat lets in each building. The service was currently at full capacity, and all 3 buildings had a mixture of male and female residents between the ages of 32-74.

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

The Committee highlighted the reference in the report to move from a CQC rating of 'good' to an 'outstanding' rating, and queried how that would be achieved and what the timeframes were for that. It was explained that Tudor Gardens had not received a positive CQC report in 2017 but had made huge improvements in 2018 and the inspectors had been very positive about the improvements made. The service was re-inspected in March 2022 and remained at a 'good' rating. A service improvement plan was in place looking at how that rating could increase to 'outstanding'. In order to improve that rating there was a focus on a strength-based approach to promoting what people could do for themselves and there were a number of residents in college and work experience. The service promoted independence and partnership working so that people's lives felt fulfilled. Officers had supported people applying to an NCIL bid to upgrade their homes, and when the service was next inspected officers would be able to show that the service was supporting people, in a person-centred way, to live their lives more independently. The timeframe for improvements was 12 months. Phil Porter (Strategic Director Community Wellbeing, Brent Council) added that the CQC had done a lot of research to understand what drove good performance and improvement and found that continuity of leadership made a big difference, meaning the sustained leadership of the team was important.

One of the challenges faced was recruitment, as while there was good retention of staff in Tudor Gardens, it was a challenge to find qualified staff with specialist expertise of people with learning disabilities.

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

- i) To visit Tudor Gardens to see the improvement being made.

9. **Adult Carers**

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care, Brent Council) introduced the report, which provided an overview of the arrangements in place for carer support in Brent, which was key to ensuring people could be supported in home settings. He acknowledged that many present had declared that they were carers in some way. The report was presented in advance of formal procurement for carer services, and he confirmed there was opportunity for future involvement from scrutiny in the procurement process.

Tiffany Adonis-French (Head of Services Access information and Long Term Support, Brent Council) added to the introduction. The definitions used for 'carer' in the report and the numbers referred to were in relation to the Care Act definition and assessment process,

but she acknowledged the vast number of informal care arrangements happening across Brent. Anyone could be a carer and often people did not recognise themselves as being a carer. Data from the 2011 census showed there were over 26,000 carers in Brent, of which the Council were supporting just over 650. She noted that there would be more up to date information from the 2021 census soon. As such, the Council were recognising the need for higher levels of engagement to give people the opportunity to come forward and be recognised and supported as a carer.

The types of services carers were currently engaging with were respite services, sit-in services and day opportunities, and a number of carers received support through direct payments. The Council was relaunching its Carer's Strategy which would speak to 3-4 strategic objectives to benchmark against. This would include a Carer Strategy Delivery Board made up of local authority officers, community stakeholders, and a range of carers. A carer's forum was also being set up as an opportunity for all adult carers to have a place to go with their particular issues and get assurances that their concerns were being listened to and addressed.

Lynette Gbedze (Market Oversight Manager, Brent Council) concluded the introduction, explaining that the Brent Gateway Support Services contract would be coming to an end during the year, and so a retendering process would happen. Officers were undertaking market engagement events and meeting with carers in the community, the Brent Carers Forum and Ashford Place to get feedback on what had worked well with their support services so far to inform the specification moving forward. Officers would like to come back to the Committee with that new specification for comment.

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

The Committee asked where carers turned to if the behaviour of the person they cared for deteriorated and they did not know what to look for online. They were advised that Gateway had been used all around the borough for carers to access services anywhere in Brent, which is what the specification had asked for. Gateway had a base in Bridge Park and attended different day centres on various days of the week. Other routes carers could use was through the Brent Family Front Door, who would then refer them into Gateway. There were also a range of other community based options such as Brent Hubs and Brent Carers Centre. Officers knew where people were presenting and the source of referrals.

Committee members asked how the Council had been measuring how well Gateway services were doing through covid and whether there were plans to do more analysis and have more data available going forward. Tiffany Adonis-French advised that the Council were looking to achieve transparency with the commissioned service, including referral rates, activity, end-to-end offer, and onward referral data. This would be one of the strategic aims for the Carers Board, to better scrutinise and have a much clearer understanding of the impact and outcomes of the commissioned services.

In relation to the Carer Strategy Delivery Board, the Committee asked whether there were plans to continue with a Co-Chair with lived experience. Officers confirmed that there was a commitment to continue with co-production so that the voice of lived experience spoke to the strategy being developed. The Board was being relaunched following Covid-19, ensuring the views of the community were listened to and looking at outcomes from carer's surveys and transactional surveys as well as outcomes from reviews to inform strategic aims. As such, someone with lived experience would continue to co-chair the Board. In response to whether there would be a separate forum for mental health carers, officers confirmed there would be, as well as other community forums to enable people to share their experiences. Those groups were in development as part of the overall strategy development.

The Committee asked how officers were engaging with Black and ethnic minority residents and disabled residents. They were advised that officers had seen the beginnings of some engagement, but recognised more needed to be done in that space when looking at the overall number of carers and considering the ethnic breakdown of the carers registered in Brent. An engagement piece working with faith groups was underway, using vehicles that already existed in communities to help officers reach them. It was recognised that there was an underrepresentation of certain parts of the community regarding carers and Adult Social Care was trying to identify them and find other way to engage with them such as through radio announcements and community leaders.

In relation to the main challenges carers faced, the Committee heard that communication arose heavily in feedback from carers. They felt it had not been clear who Gateway were and where they were based. This would be taken on board as the Council went through the retender process, ensuring communications were widely circulated through various means so people knew who their carer's services were and how to access them. Carers also wanted to be able to access health services through their carers service, and officers would work to integrate that support within the specification for the retendered service. In terms of the main challenges for Adult Social Care in providing support, access to information was one, as it had been a challenge to find ways to engage and have a presence away from the places people may ordinarily look. Another challenge was the need for services to be agile and flexible to meet changing need as people's circumstances changed.

On the issue of communication, the Committee highlighted that the first point of contact for carers was their GPs, but there were rarely posters with information about Gateway. Adult Social Care were working to come up with a shared referral form that could be used and were putting support services into GP practices so that Adult Social Care services, early help and early intervention offers were available at source.

The Committee asked what support was available for children and young people transitioning into being adult carers to ensure they did not slip through the net. Adult Social Care were making a concerted effort to 'facing both ways', asking scheduled review teams to get involved much earlier with people coming through the system and strengthening that link to the Brent Carers Forum which was aligned closely with children and young people. Phil Porter (Strategic Director Community Wellbeing, Brent Council) added that Gateway Services responded to carers of all ages and had done some great work with young carers. It was important to take this into consideration when the service was recommissioned. Committee members asked how the involvement of young people had been prioritised when looking at issues carers face. Officers explained that when officers visited service users within their family setting they looked holistically at a whole family approach, considering the range of needs within that household and making appropriate referrals. So, where officers identified young carers there was an expectation they would make an onward referral to a relevant service.

In relation to the difference the carer support contract had made for Brent residents, Lynette Gbedze highlighted that there had been significant improvement in feedback from children's services from colleagues and those using the service. Gateway had done a lot of engagement with schools also. Adult Social Care were looking to develop ways, using the Performance and Insights Team, to do more transactional engagement asking for feedback from service users, and then using a smaller group of service users to do a deep dive. Kent University had been commissioned to do a detailed analysis of the carer experience in Brent.

The Chair invited a representative of Brent Youth Parliament to address the Committee. They highlighted that Brent had 3,200 young carers, and asked if Adult Social Care were planning to introduce a way young people could promote the youth voice within the carers

sphere. Tiffany Adonis-French advised that there was a young carer representative on the Carer's Strategy Delivery Board, which acted as a vehicle to speak to some of the issues faced by young people. There was also a Brent Parent Carers Forum. It was agreed that colleagues would arrange for the young carer representative to speak to Brent Youth Parliament.

As there were no further questions, the Chair drew the discussion to a close. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that Adult Social Care embeds a pathway for carers within the Carers Strategy when it was relaunched.
- ii) To recommend utilising Community Champions to help with the engagement of different communities within Brent.

10. Community and Wellbeing Scrutiny Committee Work Programme 2022-23

The Committee approved the work programme.

11. Any other urgent business

None.

The meeting closed at 7:58 pm

COUNCILLOR KETAN SHETH
Chair