



Community and Wellbeing Scrutiny Committee

Thursday 22 September 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 will be available [here](#).

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Collymore (Vice-Chair)
Afzal
Begum
Ethapemi
Fraser
Moeen
Rajan-Seelan
Smith
Matin
Mistry

Substitute Members

Councillors:

Moghaddam, Akram, Bajwa, S Butt, Conneely, Long,
Miller, Mitchell and Shah

Councillors:

Kansagra and Maurice

Councillors:

Georgiou and Lorber

Co-opted Members

Vacancy, Church of England Schools
Simon Goulden, Jewish Faith Schools
Vacancy, Parent Governor Representative X2
Alloysius Frederick, Roman Catholic Diocese Schools
Sayed Jaffar Milani, Muslim Faith Schools

Observers

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

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

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **www.brent.gov.uk/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 or trade union).
- (b) The interests of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

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

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

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Deputations (if any)	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting	1 - 10
To approve the minutes of the previous meeting as a correct record.	
5 Matters arising (if any)	
6 Implementation of SEND Review and High Needs Block	11 - 62
To provide an overview of services for Brent children and young people with Special Educational Needs and Disabilities (SEND) and a summary of the SEND Review Green Paper and the new Ofsted / CQC inspection framework. The report sets out Brent's readiness for the implementation of the Green Paper, the new Inspection Framework, the current position of High Needs Block funding for children with SEND, and potential future funding implications in light of future national policy directions.	
7 Early Help and Family Wellbeing Centres	63 - 82
To provide a progress update since the establishment of Family Wellbeing Centres (FWC); to outline current service delivery arrangements and examples of the outcomes and impact achieved for families and to update on the proposed wider changes to the Early Help service to align with the new FWC delivery model and the government's new 'Best Start for Life' programme.	

8 Social Prescribing Scrutiny Task Group Scoping Paper

83 - 92

To enable the Community and Wellbeing Scrutiny Committee to establish a scrutiny task and finish group to review social prescribing in Brent.

9 Any other urgent business

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

Date of the next meeting: Tuesday 22 November 2022

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

The meeting room is accessible by lift and limited seats will be available for members of the public. Alternatively it will be possible to follow proceedings via the live webcast [here](#).

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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 Pembridge, 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

	Community and Wellbeing Scrutiny Committee 22 September 2022
	Report from Corporate Director Children and Young People
Implementation of the SEND Review and the High Needs Block	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	1. SEND Support in Brent 2022 2. SEND Strategy 2021-2025
Background Papers:	https://www.gov.uk/government/publications/send-code-of-practice-0-to-25 https://www.gov.uk/government/publications/opportunity-for-all-strong-schools-with-great-teachers-for-your-child https://www.gov.uk/government/consultations/send-review-right-support-right-place-right-time
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Sharon Buckby Head of Inclusion and the Virtual School Headteacher Sharon.buckby@brent.gov.uk Olufunke Adediran Head of Finance CYP Olufunke.adediran@brent.gov.uk Shirley Parks Interim Operational Director, Safeguarding, Partnerships and Strategy Shirely.parks@brent.gov.uk

1.0 Purpose of the Report

- 1.1 This report provides an overview of services for Brent children and young people with Special Educational Needs and Disabilities (SEND) and a summary of the SEND Review Green Paper and the new Ofsted/CQC inspection framework. It sets out

Brent's readiness for the implementation of the Green Paper, the new Inspection Framework, the current position of High Needs Block funding for children with SEND and potential future funding implications in light of future national policy directions.

2.0 Recommendation(s)

- 2.1 The Community and Wellbeing Scrutiny Committee is asked to note and comment on the content of the report.

3.0 Background: What is SEND?

- 3.1 The Children and Families Act 2014 defines Special Educational Needs and Disability (SEND) in the following way:
- **Special Educational Needs.** A child or young person has special educational needs if he/she has a learning difficulty or a disability which calls for special educational provision to be made for them.
 - **Learning Difficulty.** A child or a young person of compulsory school age has a learning difficulty or disability if they:
 - Have a significantly greater difficulty in learning than the majority of others the same age, or
 - Have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions or in employment without support.
- 3.2 The legal duties introduced in The Children and Families Act 2014 place responsibilities on the local area partnership (the local authority, health partners, settings, schools and colleges) to identify and meet the needs of children aged 0-25 who have SEND. How the Act should be interpreted is set out in the SEND Code of Practice 2015. The duties and reforms to the SEND system introduced in 2014 aspire to achieve an integrated 0-25 system spanning education, health and care, driven by high ambition and preparation for adulthood.
- 3.3 The Bent SEND Strategy 2021-25 (Appendix 1) details the Brent Children's Trust vision, ambitions and current priorities for children with Special Educational Needs and/or Disabilities (SEND). The Strategy was co-created by parents, carers and those who work with them across the partnership. The Strategy is the vehicle for the Partnership to express how it is implementing the Code of Practice 2015 and builds on the work undertaken under the previous 2018-21 SEND Strategy. The SEND Support in Brent Booklet (Appendix 2) provides a useful background to key elements of the local SEND system.
- 3.4 The Government initially launched the national SEND Review in 2019 in response to growing concern about the challenges facing the SEND system in England and the future of the children and young people it supports. Successive public reports, including those from the Education Select Committee, the National Audit Office, and the Public Accounts Committee, highlighted a range of challenges to be addressed. The SEND Review committed to examining how the system has evolved since 2014, how it can be made to work best for all families and how it can ensure the effective and sustainable use of resources. The Green Paper SEND Review: 'Right Support, Right Place, Right Time' was launched in March 2022. The Green Paper consultation concluded in July 2022 and the government response on next steps is awaited.
- 3.5 The DFE recommends that the SEND Green Paper is read alongside reforms to health and social care, including the introduction of Integrated Care Systems and wider reforms to adult social care. The paper also needs to be read alongside the May 2022 Independent Review

<https://childrensocialcare.independent-review.uk/> and the Schools White Paper: 'Opportunity for All' March 2022.

- 3.6 The SEND review identifies three key challenges facing the SEND system nationally:
- a) **Challenge 1:** outcomes for children and young people with SEN or in alternative provision are poor;
 - b) **Challenge 2:** navigating the SEND system and alternative provision is not a positive experience for children, young people and their families;
 - c) **Challenge 3:** despite unprecedented investment, the system is not delivering value for money for children, young people and families.
- 3.7 To address these challenges the SEND green paper signals the intention to:
- 3.7.1 Implement a single national SEND and alternative provision system with proposals for an inclusive system, starting with improved mainstream provision that is built on early and accurate identification of needs, high quality teaching of a knowledge-rich curriculum, and prompt access to targeted support where it is needed.
 - 3.7.2 Implement nationally consistent standards for how needs are identified and met at every stage of a child's journey across education, health and care. All local authorities will be required to introduce a digitised EHCP process, conflict resolution via mandatory mediation rather than the first level tribunal system only and an Inclusion Plan with a tailored list of settings, that are appropriate to meet the child or young person's needs.
 - 3.7.3 Introduce new statutory guidance to Integrated Care Boards (ICBs) to set out clearly how statutory responsibilities for SEND should be discharged, a new performance framework and a new national framework of banding and price tariffs for funding SEND provision.
- 3.8 Ofsted and the CQC are also consulting on a new Inspection Framework for local area inspections of SEND arrangements that aligns with the Green Paper. The aim in introducing a new framework is to promote further improvement in the SEND system. This will be achieved by strengthening accountability and focusing on the features that make local area arrangements most effective in improving the lives of children and young people with SEND, so that they are well prepared for education, employment, independent living and participation in society, and able to have as healthy a life as possible. The new framework is anticipated to come into force from early 2023.

4.0 Brent's readiness for the implementation of the Green Paper and the new Inspection Framework

SEND Prevalence

- 4.1 As at August 2022 there were 3118 children and young people aged 0-25 with an Education, Health and Care Plan (EHCP), 43% of whom are autistic. Table 1 below shows that there has been a year on year increase in the numbers of children and young people that are effectively identified as requiring statutory support through an EHCP. A peak in growth in the SEND cohort emerged in 2020/21 when the number of EHC Plans in Brent rose by 15% compared to the previous year. In 2021/22 the rise in the number of maintained EHC Plans slowed in Brent, growing by 6%, at a time when

England and Brent's statistical neighbours saw larger increases at 10% and 9% respectively.

Table 1

Financial Year	2017/18	2018/19	2019/20	2020/21	2021/22	August 2022/23
Number of EHCPs	2,076	2,173	2,426	2,784	2,938	3118
Brent Year on Year % Increase	6%	5%	12%	15%	6%	6%
National Year on Year % Increase	11%	11%	10%	10%	10%	10%

- 4.2 In 2021/22 the number of initial requests for assessment in Brent reduced by 6% compared to 2020/21 levels. This is primarily due to the steps taken by the SEND partnership to meet the needs of children earlier through activities delivered in mainstream school settings. There were 69% of children and young people issued with an EHCP in 2021 in mainstream settings compared to 48% in 2020. Whilst there has been a 4.6% reduction in the number of children under 5 years old being identified with SEND in 2021/22, this is likely to be a consequence of the pandemic and the real rate is yet to emerge.

Partnership Activity

- 4.3 The SEND partnership is well established in Brent through the Children's Trust and the Inclusion Strategic Board that reports to the Children's Trust. The 2019 Ofsted/CQC joint local area SEND Inspection revisit evidenced good progress had been made to *'fully embrace the spirit of the SEND reforms and (partners had) worked together in partnership to make a positive difference to the lives of children and young people with SEND in Brent.'* There is a strong sense of collaboration across health, education and care, the Brent Parent Carer Forum (that has over 500 members) and a young people's network. Co-production is at the heart of all strategic developments in Brent and operates on a 'nothing about you without you' approach. This is clearly demonstrated in the development of the SEND Strategy 2021-25, the ongoing oversight of the Local Offer/Preparation for Adulthood website and, more recently, in the design of a new neurodiversity pathway. This pathway will look to strengthen the offer in the community, supporting parents to support their children, and strengthen the specialist intervention offer. Neurodiversity refers to Autistic Spectrum Disorder, Attention Deficit Hyper-activity Disorder, Tourette's and special learning difficulties including dyslexia.
- 4.4 Systems for the early identification of need are well embedded. Multiagency decision-making panels and collaborative funding arrangements ensure that children and young people's needs are being met.
- 4.5 Brent Council leads a robust Brent education partnership that works collaboratively to deliver inclusive schools. The main focus over the last two academic years has been on developing the capacity of mainstream schools in Brent to identify pupils with SEN needs early. The Children and Young People Department has led a number of developments to improve the SEND offer. This includes leading a new Graduated Approach (GAF) for children with a SEN need who do not require an EHCP (a way of meeting needs through earlier identification), a SENCO training programme and further investment through the High Needs Block of the Dedicated Schools Grant (DSG) (£0.5m SEND Intervention Fund) in the development of the capacity of school

staff to ensure children and young people with SEND achieve good educational outcomes. The impact of this is beginning to gain traction as the numbers of pupils on SEN support is beginning to increase (evidenced in the School Census); requests for EHCPs rose 5% in 2021 compared to 15% in 2020; and in February 2022 69% of pupils with SEND were in mainstream, compared to 48% in 2020. This work is being extended into early years settings, ensuring that needs are identified earlier than before and specialist place planning can therefore be planned more effectively.

- 4.6 Due to the expansion in the numbers of children and young people identified with SEND over the past few years, there are insufficient local places for Brent children of both primary and secondary age and in the 16-25 age group. In response the Council has developed a capital programme to meet demand and reduce dependence on out-of-borough independent special schools, which are expensive and can long journeys for vulnerable children and limit the access of children and their families to support networks. In January 2022 Cabinet approved £44m of capital investment for 427 additional specialist places across mainstream and specialist provision, including a new secondary special school. The expectation is that the places will be made available over the next two academic years. There is still a need for the borough to develop post-16 SEND provision to meet demand for places for young people with SEND, in particular young people aged 16-25 with complex learning difficulties and work is in development in this area.
- 4.7 In 2019, the Council supported the creation of a new Alternative Provision School – the Roundwood School and Community Centre. The school is run by the Beckmead Trust and was established to respond to an identified need for local alternative provision to meet the needs of local children who cannot settle in mainstream provision. The school received referrals from local schools as well as the local authority.
- 4.8 In March 2022 the Council recognised the need to expand the capacity of SEND services to meet the needs of the increasing number of children being identified earlier with a special educational need. Included within this expansion is a dedicated SEND resolutions officer able to meet the requirement for mandatory mediation meetings expected to be a key outcome of the new statutory duties arising from the Green Paper.
- 4.9 The Council has invested in a digital case management system to make it easier for multi-agency partners (including parents) to share information about individual children. Steps have also been taken to improve collaboration with families to enable a better experience of the SEND system through improved transparency and shared decision making.
- 4.10 A robust multiagency quality assurance and performance framework is in place. Parents/carers and young people regularly provide feedback on their satisfaction with services. This not only ensures improved quality of provision but also the implementation of meaningful and appropriate EHCPs through casework commencing at the point of referral and SMART assessments. An example of responding to feedback from children and young people is the Council's recognition that there is a need to expand the short breaks offer for young people in Brent, through both an increase in targeted and inclusive activities. From October 2022 the Council has agreed to highlight SEND as part of the NCIL grant funding programme, supporting more targeted or inclusive activities for young people with SEND.
- 4.11 The Council, working with anchor organisations, has expanded the offer of supported internships – organisations committed to providing dedicated employment opportunities for young people with SEND. There have been 35 Supported Interns to

date, 12 of whom had placement rotations in the Council and Wembley hotels. The remaining interns were located within the Imperial College Healthcare NHS Trust. The Council is looking to support employers across Brent to be autism aware and to expand the number of employers who are achieving the disability confident standards. Brent Works and CYP lead the supported employment forum and through continued development of the post 16 offer, the Brent Partnership will enable more young people with SEND to secure meaningful employment and improved life chances. The aim is to support young adults to become more independent and economically active, no longer requiring the additional provision of an EHCP.

4.12 Whilst the focus for the last two years has been in strengthening earlier intervention and the quality, impact and experience of the SEND system, there are areas that require further enhancement. This includes;

- a) Enhanced support in early years supporting children to be ready for school and providing the catch up that is required to meet emerging needs as a consequence of the pandemic. Work is underway though the early years graduated approach framework to develop the capacity of early years teams in meeting learning needs. Funding from year two of the SEND Implementation Fund will be used to support this.
- b) The implementation of the neurodevelopment pathway will require the joint commissioning and delivery of targeted and specialist support with health. There is a need to increase the support for families in the community through Brent's new Family Wellbeing Centres (linked directly to meeting the needs of children earlier);
- c) Rethinking how integrated therapies can be delivered is a common theme emerging across all local SEND partnerships, alongside the joint commissioning of the right support at the right time;
- d) Establishing a new approach to supporting vulnerable CYP as a consequence of the changes in school attendance, alternative provision and an improved oversight and transparency of pupil movements including placements into and out of alternative provision; and new exclusions guidance arising out of the SEND Review.

4.13 The Brent SEND partnership are in step with the changes that are likely to result from the Green Paper. SEND is a priority group for the Brent ICP and priorities for action include those identified under paragraph 4.12 (a, b, c). The Council will be leading on the development of an Education Strategy for the borough which will include an Inclusion Plan that will capture the areas for development in paragraph 4.12 (d). These developments will require a change programme that will impact on resources, both funding through the General Fund and the High Needs Block of the DSG. Further developments may be required once the SEND White Paper is published, and/or as a consequence of future inspections.

5.0 High Needs Block (HNB) Current Position

5.1 The consequence of the 2014 reforms has been increasing pressure on resources, not only because of the a wide expansion of duties to ensure children and young people with SEND experience a full, varied and happy life with good educational and health outcomes, but also in the expansion of SEND duties to support young people with an EHCP up to the age of 25 (from 16).

- 5.2 The costs for children with EHCPs are funded from the High Needs Block (HNB) element of the DSG while the care element is funded from the Council's General Fund. The HNB carried forward a cumulative deficit of £15.1m from 2021/22. The 2022/23 Quarter 1 forecast position against the DSG is an in year deficit of £0.5m which brings the cumulative forecast deficit position to £15.6m.
- 5.3 Table 2 below shows the funding allocated to the HNB of the DSG increasing over the years. On average, the funding gap has been in the region of c£5m per annum and this has created a deficit year on year.

Table 2	HNB Funding £m	Recoupment £m	Total HNB Funding after recoupment £m	Year on year % Increases	HNB Overspend £m	Overall DSG Deficits £m
2022/23	75.0	(8.2)	66.8	13%	0.5	0.5
2021/22	66.4	(7.6)	58.8	10%	5.3	4.6
2020/21	60.4	(7.4)	53.0	7%	6.2	5.6
2019/20	56.3	(7.2)	49.1		3.8	4.9
Cumulative Deficit:						15.6

- 5.4 The funding gap has led to year on year deficits since 2019/20. Local Authorities with deficits are expected to have in place a Management Plan to mitigate the deficit over a number of years. Brent has a Deficit Management Plan in place, which has been agreed by the Schools Forum. The Management Plan is reported against three themes namely; Managing Demand; Improving Sufficiency of places and Financial Management. The plan is updated as part of the budget monitoring process and presented at 2 out of the 4 Schools Forum meetings each academic year.
- 5.5 The Local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2021, allows authorities to hold DSG deficits in a separate reserve in the authorities accounts but this accounting treatment is only allowed up to and including the accounts for 2022/23. Due to a number of authorities still holding large DSG deficits, further guidance is expected from the DfE regarding how DSG deficits should be treated after 2022/23.
- 5.6 The actions outlined in paragraphs 4.5 to 4.7 directly link to the managing demand and improving the sufficiency of local places. The increase in SEND places in borough will lead to a reduction in out-of-borough placements and placements in private special schools, delivering an estimated cost avoidance of c£5.9m by 2025.
- 5.7 With regards to financial management a lens has been placed on how funding from the HNB is used. A number of areas that should be funded through other means have been identified, such as medical needs provision, a reduction in additional top up funding and full cost recovery from other local authorities. A review of the health needs offer with the CCG, Public Health and the HNB is also planned. Working with the Integrated Care Partnership (ICP) plans are being developed to jointly commission provision to ensure a system wide approach to meeting needs. Growth funds in 2021/22 have been allocated to increase the Educational Psychology Services establishment and SEND teams enabling the service to both meet its statutory duties as well as provide the additional early intervention required to manage down demand. This will reduce the annual pressure on the DSG by £0.2m. In addition, contributions from the HNB towards the Looked After Children's Placement budget and Transport costs for SEND children have been rebased resulting in a reduction in reliance on HNB funding.

- 5.8 A 0.5% transfer from the Schools Block to the High Needs Block was approved by the Schools Forum to support the HNB in 2021/22 and in 2022/23. It is assumed that this request will continue in the future financial years.
- 5.9 Brent Council, as other local authorities, continues to lobby central government for funding increases, which properly match the levels of need via the Society of London Treasurers (SLT) and London Councils.
- 5.10 Table 3 below summarises the indicative cost avoidance of the actions identified in this report where quantifiable.

Table 3	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000
Managing Demand					
- Assumes slowdown in EHCPs	471	565	565	565	565
Improving Sufficiency of places					
- New secondary special school			576	1,152	1,200
- ARPs and Special school expansion	71	204	725	893	1,037
- Alternative Provision		110	110	110	110
- Post 16 skills resource centre				100	100
Financial Management					
- 0.5% Schools Block transfer	1,185	1,240	1,200	1,200	1,200
- Realign DSG funded SEN support services	270	2,217	2,467	2,467	2,467
- 5% Administrative charges	39	67	67	67	67
- Commissioning Arrangements	126				
Total Indicative cost avoidance	2,162	4,403	5,710	6,555	6,746

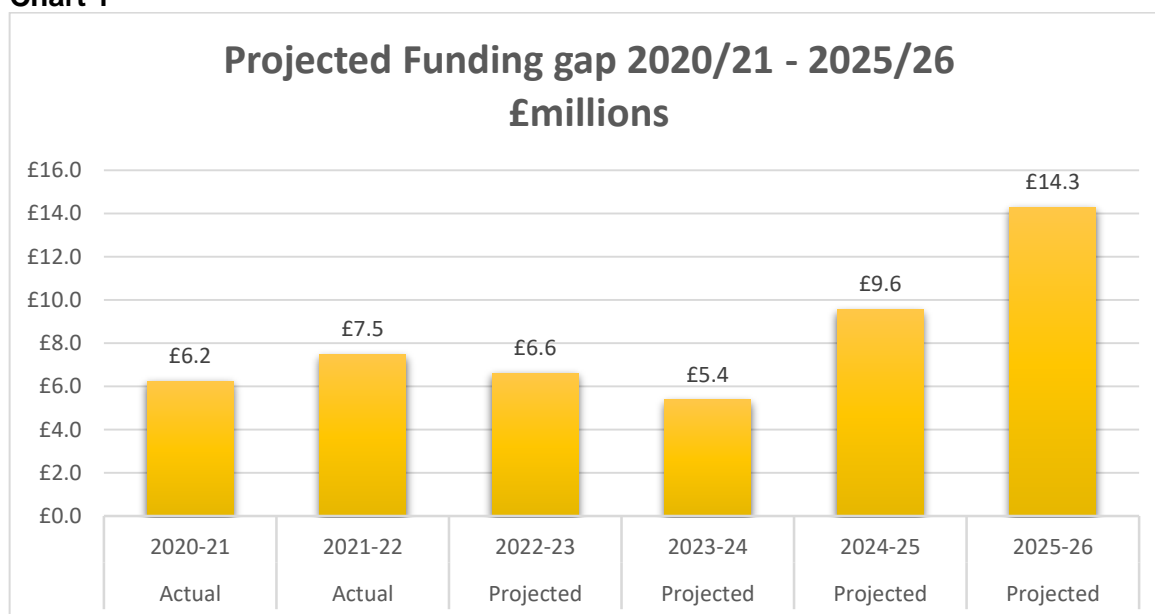
6.0 DFE Funding Update

- 6.1 In 2021/22, the majority of local authorities in London had forecast DSG deficits exceeding £300 million in total. Nationally the pressure exceeded £1 billion in 2020/21. In response to this, the DfE is running three programmes offering support to local authorities to tackle the pressures in the high needs system and for it to be placed on a sustainable footing. The programmes will support the direction of the Brent response to the SEND and AP Green Paper. These are:
- 6.1.1 **Safety Valve programme** – for authorities with very high deficits, there will be a £150m investment and the DfE plan to work with over 30 local authorities to achieve a financially stable system. Brent is *not* part of this programme.
- 6.1.2 **Delivering Better Value (DBV) in SEND programme** - to provide dedicated support and funding to help local authorities reform their high needs systems. Provision of £85m over 3 years from 2022/23 has been made to support 52 local authorities with less severe DSG deficits of which Brent is part of the first tranche of 20 local authorities and the process commenced in July 2022. Brent will receive support to reform the high needs systems with the aim of improving delivery of SEND services for children and young people while ensuring services are sustainable. The Management Plan will also be updated in line with outcomes of the programme.
- 6.1.3 **Education and Skills Funding Agency support programme** – Will support authorities at risk of going into deficits and will reach out to those authorities.

7 Financial Implications

- 7.1 The SEND review will bring about reforms to the funding system, a major part being the introduction of a new national framework of banding and price tariffs for high needs funding. Bandings would cluster specific types of education provision (aligned to need) as set out by national standards.
- 7.2 Brent like most local authorities uses a banding system to allocate funding ranging from on Bands 1 for lower levels of need to Band 6 for the most complex needs.
- 7.3 The introduction of Tariffs, which would set the rules, and prices that commissioners use to pay providers – for example, pricing attributed to specific elements of provision such as staffing, would ensure the right pricing structures are in place, and help to control high costs attributed to expensive provision. Currently providers charge for children placed out of borough and in Independent Non Maintained Schools based on their individual pricing structures, which are also subject to year on year inflationary increases, which could be above budgeted increases.
- 7.4 The proposed national framework of national funding bands has the potential to establish a more consistent basis for the funding of provision and all specialist providers will need to ensure the provision they offer is in line with the national SEND standards. It will be a complex task to achieve. However, the DfE will work with local authorities and provide clarity on the process and will propose pilot approaches on a smaller scale before carefully sequencing implementation on a national scale.
- 7.5 The current Brent Management Plan assumes, based on DfE guidelines, a rate of growth in HNB funding of 5% in 2023/24 and 3% in future years. Chart 1 below models the financial implications if expenditure continues to increase and the funding is not increased in line with the rate of growth. It shows that the annual funding gap could grow to c£14.3m by 2025/26.

Chart 1



- 7.6 The funding gap in the Chart 1 and in Table 4 assumes an average growth in expenditure of 10% as a result of the likely impact of inflationary increases due to the cost of living crisis and forecast demand increases. The table also reflects the impact

of the cost avoidance estimates from actions identified in the Management Plan to recover the deficit.

- 7.7 The working assumption is that the indicative cost avoidance ranges from £2.2m in 2021/22 to £6.7m by 2025/26 and due to planned reduction in the rate of growth for the HNB funding mentioned in paragraph 7.5 above, the deficit is likely to increase and by 2025/26, the cumulative deficit is projected to be c£27.6m.

Table 4	Actual 2020-21	Projected 2021-22	Projected 2022-23	Projected 2023-24	Projected 2024-25	Projected 2025-26
In year Forecast	£000	£000	£000	£000	£000	£000
Expenditure	67,346	73,858	81,410	83,908	90,448	97,620
HNB Allocation	(61,113)	(66,396)	(74,800)	(78,540)	(80,896)	(83,323)
Funding Gap	6,233	7,461	6,610	5,368	9,551	14,297
Forecast Cost Avoidance						
Managing Demand		(471)	(565)	(565)	(565)	(565)
Improving Sufficiency		(71)	(314)	(1,411)	(2,255)	(2,447)
Financial Management		(1,620)	(3,524)	(3,734)	(3,734)	(3,734)
Management Plan		(2,162)	(4,403)	(5,710)	(6,555)	(6,746)
Forecast in year Deficit/(Surplus)	6,233	5,299	2,207	(343)	2,997	7,551

Indicative Cumulative Deficit ALL DSG blocks	10,526	15,181	17,387	17,045	20,042	27,592
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- 7.8 Additional duties arising from the reforms established through the Schools White Paper 'Opportunities for All' and the SEND review are yet to be announced. However, initial discussions with the DfE have indicated that other than the areas identified in paragraph 6.1 there is an expectation for local authorities to meet the new statutory duties within existing funding sources.

8.0 Legal/Equality Implications

- 8.1 The Department for Education (DfE) leads the SEND system for England and defines the legislative, policy and funding arrangements. The DfE's vision is of "children and young people with SEND achieving well in their early years, at school and in college; finding employment; leading happy and fulfilled lives; and having choice and control over their support." (DfE 2015b). The current arrangements for the education and care of children and young people with SEND are largely governed by the Children and Families Act (2014). Part 3 of this requires local authorities, schools and academies, early years providers and NHS bodies to pay regard to the regulations and to the statutory Code of Practice for SEND (DfE 2015a). Duties in the Children and Families Act (2014) include:
- To work across the local authority and health to jointly commission services that deliver integrated support for children and young people with SEND aged 0-25, including arrangements that support personalisation and personal budgets.
 - For the local authority to work with local partners, parents and young people to co-produce and publish a Local Offer of SEND services and to assist young people in finding employment, obtaining accommodation and participating in society.

- For the local authority to provide co-ordinated education, health and care needs assessments for children and young people aged 0 - 25 and issue education, health and care (EHC) plans.
- For NHS clinical commissioning groups (CCGs) to put in place mechanisms to ensure practitioners and clinicians can support the integrated EHC needs assessment process.
- The Care Act (2014) sets out duties local authorities and CCGs must fulfil for children and young people with disabilities and their families, including direct payments and supporting transitions to adult care services. The Government holds the local SEND system to account through Ofsted and the Care Quality Commission (CQC) who have been tasked to carry out evaluations of local areas in England and their support for children and young people with SEND. Inspection teams assess the effectiveness of the local organisations in identifying and meeting the needs of all children and young people with SEND from ages 0 to 25 (Ofsted 2016).

9.0 Consultation with Ward Members and Stakeholders

9.1 The Lead Member for Children, Young People and Schools is regularly updated on SEND related matters as contained within this paper.

10.0 Human Resources/Property Implications (if appropriate)

10.1 Clarity on the duties arising from new legislation will indicate the impact on human resources.

Report sign off:

Nigel Chapman

Corporate Director of Children and Young People

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A woman with long brown hair and a young girl with dark hair are looking at a computer screen. The woman is smiling and pointing at the screen, while the girl looks on with a focused expression. The background is blurred, showing what appears to be a desk with papers.

SEND SUPPORT

IN BRENT



Brent

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North West London
Clinical Commissioning Group



INTRODUCTION

This document has been produced to support people who join a team working with Children and Young People that may have Special Educational Needs in Brent.

This booklet has been designed to aid the following:

- Provide an overview of the type of information that will help you to support Parent's/carers in supporting their child.
- Provide an understanding of SEND Support, EHC Needs Assessment process, EHC Plans, Annual Reviews and other agencies that can support families with or without an ECP Plan.
- To signpost you to a range of resources including the SEND Code of Practice 2015, Children and Families Act 2014 to enable you to develop your knowledge, skills and understanding.

It is beneficial for you to have knowledge of the SEND Strategy 2021-2025 <https://www.brent.gov.uk/children-young-people-and-families/send-local-offer/about-the-local-offer>. It aims to enforce what we want for our children and young people which is to be able to "dream big, achieve well, have choices, control and lead happy fulfilled lives.



DEFINITION OF SPECIAL EDUCATIONAL NEEDS AND DISABILITY

The Children & Families Act 2014 defines Special Educational Needs and Disability (SEND) in the following way:

- **Special Educational Needs.** A child or young person has special educational needs if he/she has a learning difficulty or a disability which calls for special educational provision to be made for them.
- **Learning Difficulty.** A child or a young person of compulsory school age has a learning difficulty or disability if they:
 - Have a significantly greater difficulty in learning than the majority of others the same age, or
 - Have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.



LOCAL OFFER

Each Local Authority must have a Local Offer; you can find Brent's Local Offer here <https://www.brent.gov.uk/localoffer>

A Local Offer is a single place to come to find information and advice for children and young people with special educational needs and disabilities (SEND) aged 0-25, and their families.

We have also worked with Young People to design their own site and which they've called 'Preparing for Adulthood'. Site address is <https://www.brentyouthzone.org.uk/pfa>

Although these sites are for Parents/Carer's or Young People, you may find them helpful for information regarding individual services contact details.

COMMON MISCONCEPTIONS

Without an EHCP settings and schools are not able to meet the needs of children with SEND?

Diagnosis means a child needs an EHCP?

Special Schools are better able to meet the needs of children with a diagnosis or EHCP?

That there is no support in Mainstream schools

You will need to have an EHC Plan in place in order for you to get support from Children and Adolescent Mental Health Services (CAMHS)



SEND SUPPORT

London Borough of Brent has high aspirations for all children and young people with special educational needs and/or disabilities (SEND including pupils identified as SEN support). We are needs-led and follow the ethos of early identification and early intervention. With that, SEND is not a fixed or permanent characteristic and at any given time a child might have additional learning needs that require tailored or additional support to fully participate in everything the school has to offer.

As such pupil's development is not linear. As a child ages, the complexity of their needs will change. Some pupils might not have SEN to begin with but will develop SEN as they mature. Others who are considered to have SEN at the beginning of their lives may no longer have these needs later in life or may have lifelong SEND requirements.

Settings and schools are responsible for the progress and development of the pupils they teach. Teachers differentiate the curriculum and use resources to ensure that all learners can engage in learning. Settings and Schools support their staff to develop the skills and knowledge required to support children with SEN to achieve.

Educational settings and schools must use their best endeavors to ensure the curriculum is accessible for all children on the school roll.

'Best endeavors' is a legal term which means doing everything possible to make something happen. Educational settings and schools should measure the progress of all children and young people with SEND. Decisions about whether special educational provision is needed for a child/young person will be informed by:

- Insights from Parents/Carers and children/young people

- Setting high ambitions, stretching measurable targets within in year achievement and progress measures
- Promoting high standards and the fulfilment of their potential
- Tracking of children/young people's progress towards their goals
- Promoting positive outcomes in the wider areas of personal and social development
- Ensuring the approaches used are based on the best possible evidence
- Having the required impact on progress and development.

Some pupils will require additional support or provision to universal High Quality Teaching. However this will not always mean that a child or young person will require an EHCP as their needs can still be met at SEN support through the graduated approach. These pupils will require more intervention and support that are referred to as targeted interventions. A few children/ young people may also require specialist interventions in addition to targeted interventions and High Quality Teaching. Specialist interventions and/or diagnosis does not mean a child or young person requires an ECHP – their needs can still be met within the graduated approach alongside the specialist interventions.

- The **SEN Code of Practice** defines a 'Graduated Approach' as:

"A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognise that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing."

- The graduated approach also recognises that SEND is not linear
- The Brent Graduated Approach was co-produced with Brent Parent Carer Forum, SEND specialist teams, School Effectiveness Service, Health, Youth Offending Services and Early Help Service, the Graduated Approach Framework is intended to be the blueprint for settings and schools when educating children and young people with Special Educational Needs.

GRADUATED APPROACH

Settings and schools should adopt a graduated approach to ensure that a child or young person's needs are fully understood. It is known as the graduated approach or response because it may take several cycles of intervention and different strategies being tried, before it is possible to identify the ones that work.

THE ASSESS, PLAN, DO AND REVIEW CYCLE

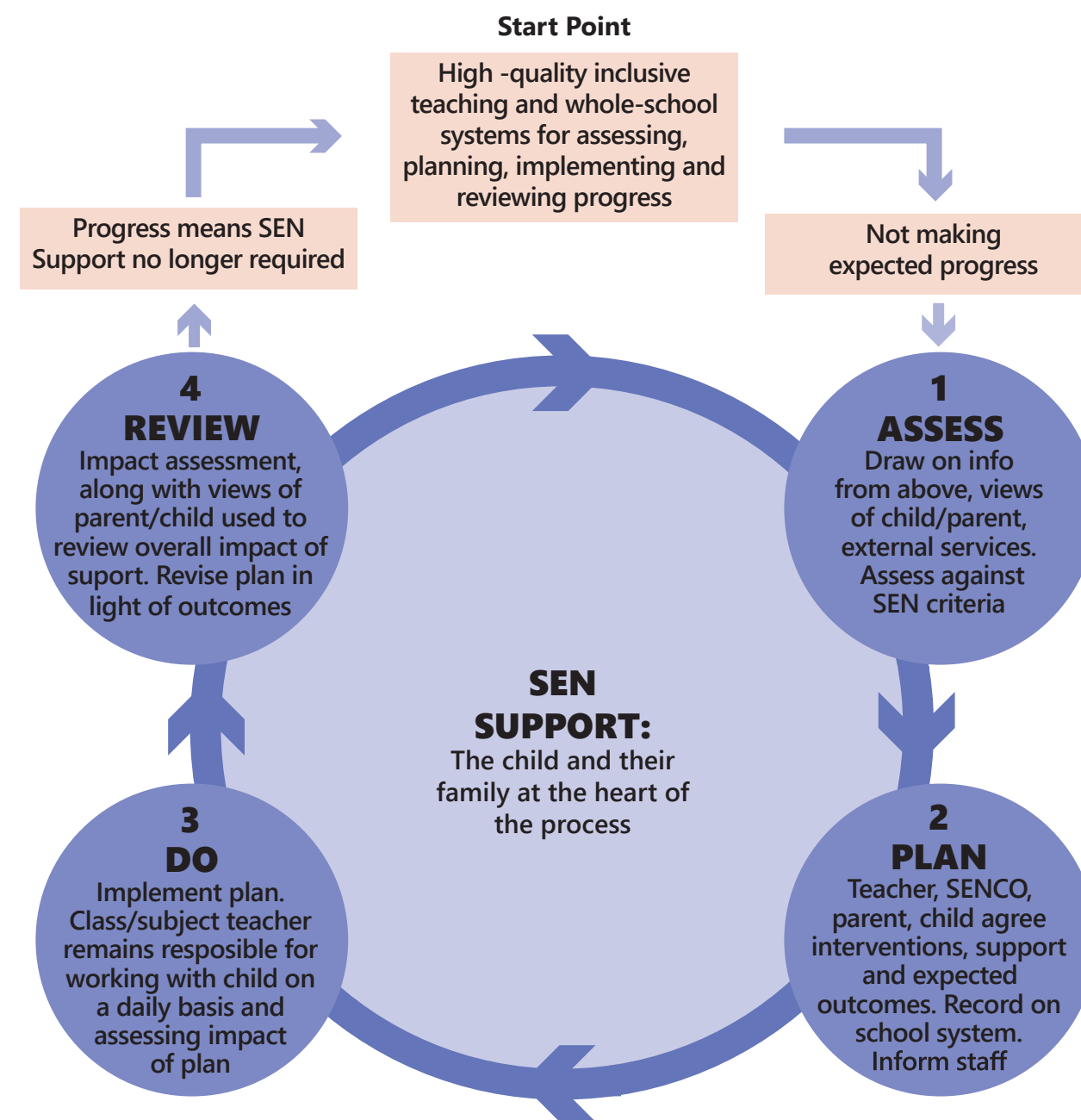
A graduated approach is a four-part cycle - Assess, Plan, Do, Review. It allows decisions and actions to be reviewed and refined as the understanding of the learners needs and what supports them in making good progress and securing good outcomes grows. The graduated approach can encompass a number of strategies, which are underpinned by a number of central principles:

- All children or young people can learn and make progress
- All teachers are teachers of SEND
- A differentiated curriculum is not SEN provision
- Differentiated and adapted learning opportunities should be given the all learners
- A provision for a child or young person with SEND should match their needs
- There should be regular recording of a child's or young person's SEND, of the planned outcomes, of the action that the setting is taking, and of impact of those actions and the outcomes achieved.

High quality teaching ensures that the learning needs of all children are met by schools and settings.

Settings and schools are expected to recognise that many factors can affect the way a child's/ young person's learning ability presents and be responsive to this. The emphasis is on outcomes and not on inputs. Any provision or support should be provided in line with the needs of the child/r young person and is not dependent on any formal diagnosis.

THE GRADUATED APPROACH



The key features of an effective Graduated Approach to SEN Support are as follows:-

- It should be rooted in whole School Approach
- The emphasis is on the teacher's role in driving the Graduated Approach
- There should be a relentless drive to improve the teacher's abilities to adapt teaching to respond to the strengths and needs of pupils

- The SENCO role is to support teachers
- There should be meaningful participation with parents/ guardians/carers and pupils in developing and measuring the impact of additional provision
- Adopting an ethos and set of values that promote high expectations and a drive for inclusivity by the schools' leadership team.



SEND SUPPORT PLANS/PROVISION MAP

To be able to demonstrate the Assess, Plan, Do, Review cycle we recommend that settings produce an SEND Support Plan/ Provision map.

A SEND support plan/provision map can be drawn up by a class teacher, with the advice of a SENCO where appropriate, to help the parent and the school identify the child's/ young person's needs and interventions to meet those needs. This is what schools can offer in addition to the universal offer, to better support those pupils that have additional needs. A provision map is a teaching and learning plan and should set out the goals for the child/young person and the actions to meet those goals that are different from or additional to those that are in place for the rest of the class.

SEND Support Plans are not legal documents nor do schools have to use them.

Information that could be included in a SEND Support Plan might include the following:-

- Any likes, dislikes or anxieties that the child may have
- Assessment information
- Details of any other plans the child may have (e.g. health)
- Details of the child's additional support needs
- Details of who will be providing the support
- How progress will be measured
- What contribution a parent can make
- Information and timescales for reviewing the Plan.

Targets set in the individual plan should be 'SMART'.

The plan should be developed with the child/young person and a copy should be given to all parties involved in the care and support of the pupil.

It is good practice to invite Parents/Carers and the child/young person to give their views at meetings held to review the progress made under the current plan and set/ agree the intended outcomes for the next plan.



BRENT'S GRADUATED APPROACH FRAMEWORK

Brent's Graduated Framework is set out by the four areas of need. You can find more information about the four areas of need as detailed in the SEN Code of Practice – link <https://www.brent.gov.uk/children-young-people-and-families/send-local-offer/identifying-send#typesofsend>

Cognition and Learning

Communication and interaction

Social, Emotional and Mental Health

Sensory and/or Physical

It details what is expected at Universal, Target and specialist

Universal

This is what all schools must do for all pupils with SEND

- Whole school and classroom approach
- High quality teaching
- Differentiation
- Accessibility planning
- Assessment
- Well planned curriculum
- Aspirations
- Target setting

Targeted

This is what schools can do in addition, to better support those pupils that require more interventions to meet their needs e.g.

- SEND Outreach Teams; BOAT,
- Inclusion Support,
- Education Psychologist
- Learning coaches/mentors
- Wellbeing and Emotional Support TEAM

Specialist

This is typically where wider professionals become involved to add further to the support in place e.g.

- Speech and Language Therapy
- CAMHS
- Social Care
- Health weight
- Specialist nurses for Diabetes/epilepsy

SUPPORT SERVICES AVAILABLE AT SEND SUPPORT

If you want to know more about these teams and their referral process then please review here

<https://www.brent.gov.uk/children-young-people-and-families/send-local-offer/send-information-help-and-advice#inclusionservice>

Other services available at SEND Support are Speech and Language Therapy, Occupational Therapy, Physiotherapy, Children and Adolescent Mental Health Service. Welling and Emotional Support Team (WEST), Social Care, School Nurse, Specialist hospital departments such as audiology, Epilepsy, diabetic.

If you want to find out more information on the health and wellbeing services please look here

<https://www.brent.gov.uk/children-young-people-and-families/send-local-offer/send-health-and-wellbeing#servicesforeveryone>





EHC NEEDS ASSESSMENT

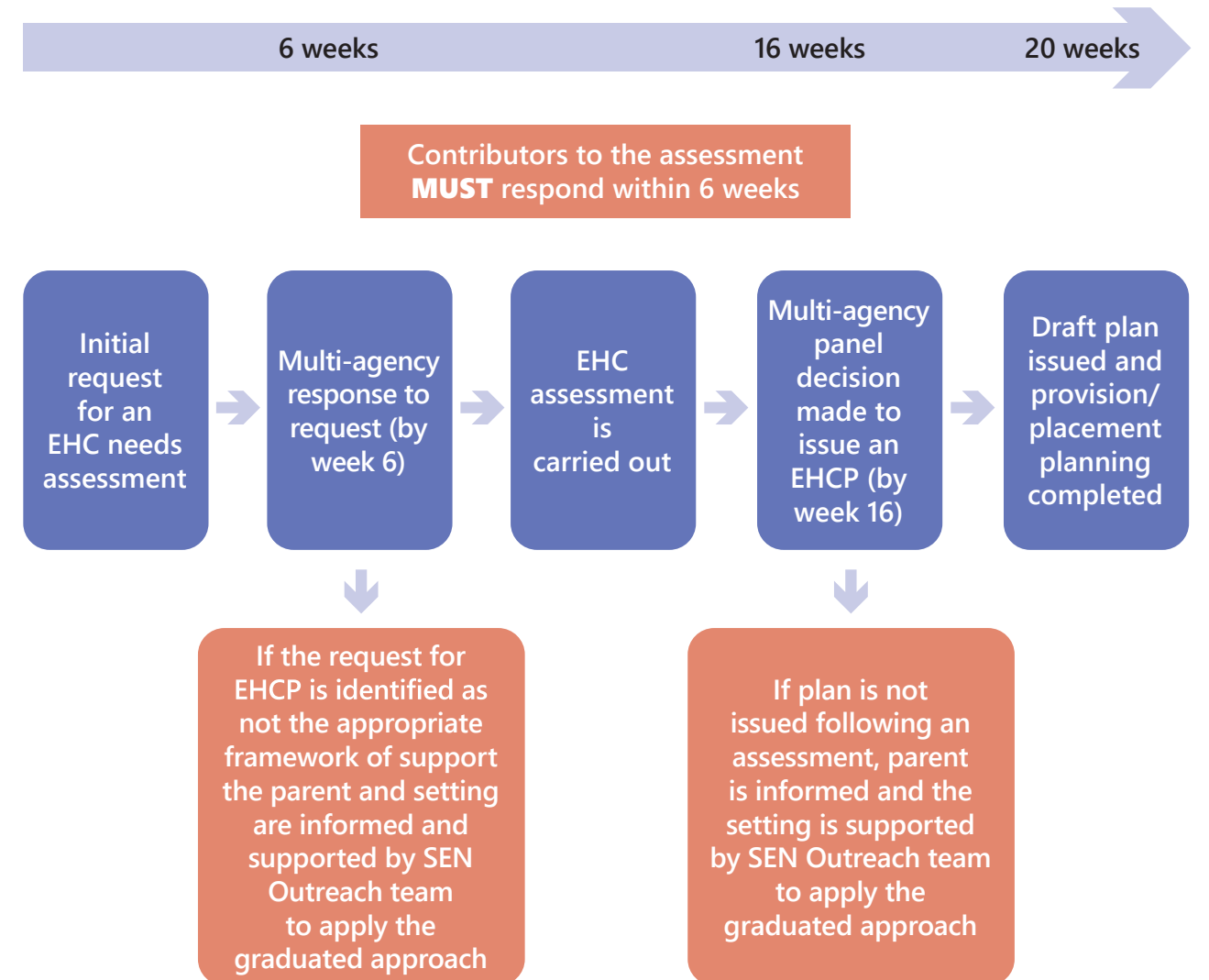
In most cases, the educational setting or other professional will take the referral for an EHC needs assessment.

Parents, carers, or the young person themselves if they are aged 16 to 25, can also ask for an assessment.

How to make a request for an EHC Needs Assessment can be found here <https://www.brent.gov.uk/children-young-people-and-families/send-local-offer/getting-an-assessment#requestinganassessment>

The Local Authority SEND team is responsible in Brent to administer the EHC Needs Assessment Process.

EDUCATION HEALTH AND CARE PLANS: THE PROCESS



The EHC Needs Assessment is a 20 week process. (See diagram above)

Once Brent SEN Team receive a request for an EHC Needs Assessment.

By week 6: Brent's SEND Advisory Panel decides whether the assessment should start or not based on information received.

By week 16: If the decision was to assess, the Local Authority must by this point decide whether or not to issue an EHC Plan. If an EHC Plan is agreed Parents/ Carers and/or

Young person will have 15 calendar days to consider and provide views on a draft EHC plan and let us know their educational setting preference to be named in the EHC Plan.

By week 20: If an EHC plan was agreed, the 'Final EHC plan' is issued after you have had a chance to comment on and agree it.



SEND ADVISORY PANEL

The SEND Advisory Panel is Multidisciplinary Agency Panel consisting of, SEND Service Manager, SEND Team, Designated Social Care Officers, Designated Clinical Officer, Therapy representative, Educational Psychologist, Early Years/School representative, SEND Support Team representative, Early Years Inclusion Support Team.

The SEND Advisory panel will consider

- Yes/No to EHC Needs Assessments
- Yes/No to EHC Plan
- Request for additional funds to plans
- Request for special or ARP

- Request to cease to maintain plans
- Request for personal budgets
- Request and commission assessment of individual need from education, health and social care services
- Review packages options for education provision and consider all options before an independent school place is proposed to Head of SEND and SEND Service Manager

WAY FORWARD MEETINGS ('WFM')

If Brent Local Authority does not agree to an EHC Needs Assessment or an EHC Plan then a Way Forward meeting can be arranged with the Parents/Carers and educational setting.

This meeting is the first informal stage in helping Parents/Carers to understand why their child/young person has not been offered an EHC assessment or EHC plan.

It will:

- give you a chance to ask questions
- explain our decision not to start an assessment or issue an EHC plan
- explain the support your child/young person will receive and how this will be monitored

Attending a WFM does not affect their rights to appeal any decision you do not agree with.



'YES' TO ASSESSMENT

If the SEND Advisory Panel agrees to assess then the SEND Team will ask for advice from professionals to contribute to the EHC Needs Assessment.

Professionals have 6 weeks from the date of the request to complete their information. Templates for the advice has been designed and agreed with the individual professional team.



WRITING ADVICE FOR EHC NEEDS ASSESSMENT

When writing advice please ensure that:

- There must be provision to match each and every one of child's/young person identified needs.
- All advice must recommend provision that will meet the child's/young person's needs.
- All advice should be as clear as possible about provision, specifying what will be done and quantifying how frequently it will happen. This may look different for different types of support.
- Outcomes in EHC plans should be SMART (specific, measurable, achievable, realistic, time-bound).
- Advice should include clear information about the function of the equipment, where and when it should be used, how it will be monitored and responsibility for any upkeep or maintenance.
- Where health professionals have oversight or an oversight role, clinical advice should set out how a condition is currently being managed, and explain how the care plan will be updated, with clear information about the review and update process.
- All recommendations on provision need to be based on clinical judgement, rather than being restricted to currently available services.
- If the Child/Young person is not known to your service responding – responding to the request saying "Not known" or "Unknown" is not acceptable. From the information provided you need to determine if an assessment is needed to that individual.
- If needs can be met by universal services then the response must state this.

APPEAL TO TRIBUNAL

Parents can formally appeal to the First Tier Tribunal if they disagree with a decision taken by the council. This is sometimes referred to as a SEND Tribunal.

The First-Tier Tribunal has powers including ordering local authorities to:

- carry out an EHC assessment
- make and maintain an EHC plan
- maintain a plan with amendments

Extended powers mean the tribunal can also make non-binding recommendations about the health and social care aspects of EHC plans.

If the Local Authority receives an appeal to Tribunal, the SEND Team will review the appeal and see if the additional information has changed their position if not then they will defend the case. The SEND Team representing the Brent Local Authority will call a professional meeting to discuss the appeal and decide on the next actions. At this point, they will call upon the most appropriate professional to support them with the appeal. Professionals may be required to do further assessments and consider the wording on the EHC Plan. Professionals will be also asked to attend the appeal as a witness and to answer questions about their report and the recommendations.



CCG AND HEALTH RESPONSIBILITIES

Duty to collaborate and support education and care providers in identifying and meeting the needs of children with SEND.

CCGs have a duty to secure services to meet the reasonable requirements of those for whom they have responsibility and to jointly commission services for children/young people with SEND.

Appoint a Designated Medical Officer/ Designated Clinical Officer.

Duty to bring children under compulsory school age with possible SEND to the Local Authority's attention and must give parents the opportunity to discuss it.

Contribute to the Local Offer of services.

Have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC Needs Assessment process.

Agree Personal Budget where they are provided for those with EHC Plans.



DYNAMIC SUPPORT REGISTER

Under the Transforming Care Programme (TCP) agenda Brent CCG is required to hold a Dynamic Support Register of all people with Learning Disability and/or Autism who are considered to be at risk of admission to hospital. The register is intended to identify those people who are likely to require a Community Care Education and Treatment Reviews (CETR) or Local Area Emergency Protocol (LEAP) meeting to prevent their unnecessary admission, or to ensure that if admission is required it is for the shortest possible time and has clear outcomes. Fortnightly meetings are held with CAMHS Learning Disability Service, Social Care and SEND Education Services to review and plan effectively for those on the register. A separate Dynamic Support Register process is in place for Adults with Learning Disability and/or Autism.

The Dynamic Support Register provides the following:

A clear, transparent and robust process for decision making regarding Brent Children/ Adults with LD/ASD and behavior that challenges and those known to the criminal justice system /Youth Offending Service and there are concerns about mental health.

To make decisions on assessed needs based on best available evidence and NICE Guidance.

To establish and promote good practice and collaborative decision making across learning disability placement and treatment processes, ensuring adherence to the Transforming Care Programme recommendations, and demonstrating:

- Person centered decisions
- Equitability
- Cultural sensitivity
- Needs led decision making
- Ensure safeguarding responsibility are adhered to.

To ensure a due diligence framework is applied to the Placement Budgets without compromising quality of care.

To make recommendations for alternative provision of treatment, demonstrating the least restrictive care and treatment option within the community.

To ensure timely and appropriate step-down and smooth transition of clients between health and social care services.

To provide opportunities for future local service development in collaboration with London Borough of Brent and Brent CCG commissioners, to avoid admission to inpatient services and reduce the need for out of borough placements.



CONTINUING CARE ASSESSMENTS

A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

Some children and young people (up to their 18th birthday), may have very complex health needs. These may be the result of congenital conditions, long-term or life limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury.

These needs may be so complex, that they cannot be met by the services which are routinely available from GP practices, hospitals or in the community commissioned by clinical commissioning groups (CCGs) or

NHS England. A package of additional health support may be needed. This additional package of care has come to be known as continuing care.

The continuing care process typically comprises three phases.

The assessment is led by a children and young people's health assessor nominated by the CCG, who will draw on the advice of other professionals. The outcome of the assessment is a recommendation from the assessor as to whether or not the child or young person has continuing care needs.

The second phase, decision-making involves a multi-agency forum or panel considering the evidence and the assessor's recommendation, to reach a decision as to whether or not the child or young person has a continuing care need.

This is followed by the development of a package of care. Decision makers will decide

how the continuing care will be provided, what proportion and level of resource is required to deliver it and how much needs to be specially commissioned, again taking into account the recommendation of the assessor on nature of the child or young person's needs. Costed options may need to be separately considered by a funding panel this is through the Tripartite Panel. These options should always be considered after a decision has been made on whether or not there is a continuing care need. The establishment of a continuing care need should not be determined by the existing package of care a child or young person receives, or who provides or pays for it.

Following agreement on the package of care the CCG and (where relevant), the local authority make the necessary arrangements to deliver the package of care as soon as possible. When determining what the package of care should include, decision makers will consider what additional care might need to be commissioned to fulfil their statutory duty to meet the reasonable needs of an individual.

The Panel is in place to receive written applications and hear presentation for proposals for packages of care with clearly identified outcomes to meet complex care needs which may include social, emotional and mental health needs; severe learning disability and challenging behaviour.

Decisions about some packages of care may require liaison across several health and local authority boundaries and may include Ministry of Justice funding for Tier 4 in-patient care.

Commissioners will also keep the package of care under regular review to ensure the developing child or young person's needs continue to be supported. Any package of care which a CCG agrees should aim to be integrated or aligned with other relevant services, such as primary care.

TRIPARTITE PANEL

Brent Council and NHS Brent Clinical Commissioning Group (CCG) Resource Panel (Tripartite Panel) are responsible for considering and deciding upon the resourcing of placements and other packages for Brent children and young people who have been assessed as having complex needs requiring a combination of specialist Education, Health and Care.

The purpose of the Panel is to make resource decisions with regard to children and young people who may require packages of care and/or placements that are jointly funded by Brent Council and Brent CCG. Where joint funding is sought, the assessment must be presented to the Brent Council and NHS Brent CCG Resource Panel for decision and agreement.



SEND NAVIGATORS

This navigator role is for staff in Family well-being centres, libraries, GP surgeries, CFIS – universal points of access where Parents/Carers might look for support. SEND navigators have day jobs, but their role is to actively listen, to signpost people to sources of information and support, and to help people play an active role in addressing any concerns they have through this information and signposting activity.

- To advise Parents/Carers on the Local Offer and inform them of the provision that is available. Supporting them to navigate the Local Offer
- To advise Parents/Carers on the process for accessing support in school on the graduated approach and how to link with the SENCO
- To advise Parents/Carers on the EHCP process using the Local Offer.
- To advise and signpost Parents/Carers about SENDIASS, BPCF or SENAS
- To listen to concerns and signpost them to SENDIASS/BPCF or SENAS
- To keep abreast of the information updates via the Local Offer – as developments are consistently underway
- To access the SEND newsletter

SOCIAL CARE

Duty to collaborate with Education and Health Care providers in identifying and supporting children/young people with social care needs relating to their SEND.

An Early Help Assessment (EHA) allows professionals, such as GPs, teachers and support worker to refer families to Children and Young People's (CYP) services when support and help is needed.

This assessment helps us to get families the right help, at the right time, as quickly as possible and allows us to:

- Deal with any concerns at an early stage and prevent them from getting more serious.
- Listen to children, young people and their families to identify their strengths and needs at an early stage
- Bring together all of the information about families on the same form so that they do not have to repeat the same story to different professionals.
- Assess the family's needs in a holistic way and help them to set goals.
- Work in partnership with the family and partner agencies to deliver co-ordinated services.
- Review and monitor the family's progress towards achieving their goals.

The EHA process is voluntary and consent is required from parents/guardians or carers for relevant information to be shared between agencies.

For information on completing an Early Help Assessment please find further information here <https://www.brent.gov.uk/children-young-people-and-families/support-for-parents-and-families/early-help-service#completeanearlyhelpassessment>

If you are worried that a child or young person is at risk or is being abused, contact the Brent Family Front door as soon as possible to discuss your concerns:

- Office hours (Mon – Fri 9am - 5pm): Call **020 8937 4300** (option 1)
- Outside office hours: Call our emergency duty team on **020 8863 5250**

SEND CHAMPIONS

The SEND Champions Forum brings together of members from a wide range of services across Brent local area. These services are Children Community Nursing Team, Child and Adolescence Community Mental Health Team, Therapy Services, Special School Nursing Teams, Early Years, 0-19 Services (Health Visiting and School Nursing) Paediatric Services, SENAS Services and Social Care.

SEND Champions will enable the building of knowledge, confidence and skills within teams on SEND health, social care and education provision, outcome and responsibility for Educational Health Care Plans by services. Champions will share information on new developments and service updates.

The SEND Champions are able to further implement the SEND Strategy and embed this within teams.

SUPPORT FOR PARENTS/CARERS

Brent Parent Carer Forum (BPCF)

BPCF is an independent, parent-led organisation that helps bring together parents and carers of children and young people with SEND aged 0-25. It offers regular events and the chance to meet up as well as a helpline.

Phone number: **07305 145167**

Email **admin@brentpcf.org**

Website: **<https://brentpcf.org/>**

Brent SEND Information, Advice and Support Service (SEDNIASS)

SENDIASS offers free and impartial advice and support about education, health and social care issues for Parents/Carers and young people. It offers support by telephone, email, and face-to-face.

Phone number: **020 8937 3434**

Email: **SENDIAS@Brent.gov.uk**

Website: <https://www.brent.gov.uk/children-young-people-and-families/send-local-offer/send-social-care/support-for-parents/sendiass>

Brent Children and Families Information Service (CFIS)

CFIS provides information on a range of services and activities for children and young people aged 0 to 19 years old (up to 25 years for young people with SEND) including childcare, Family Wellbeing Centres, play schemes, leisure and libraries.

Phone number: **020 8937 3010**

Email: **cfis@brent.gov.uk**

Website: <https://www.brent.gov.uk/children-young-people-and-families/childcare-and-early-education>

Brent Carers Centre

Brent Carers Centre offers a range of support services to help with the social, emotional and financial issues that carers experience.

Phone number: **020 3802 7070**

Email: **email@brentcarerscentre.org.uk**

Website: **<https://brentcarerscentre.org.uk/>**

A single point of information and advice for children and young people from 0-25 with special educational needs and disabilities (SEND) and their families.

<https://www.brent.gov.uk/localoffer>

The Brent Preparing for Adulthood Zone, designed by and created for Young People Preparing for Adulthood (PFA)

<https://www.brentyouthzone.org.uk/pfa>



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BRENT SEND STRATEGY 2021-2025

We want our children and young people to be able to:

**'Dream big, achieve well,
have choice, control, and lead
happy fulfilled lives'**

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INTRODUCTION

Brent Children's Trust has developed a vision for children with Special Educational Needs and/or Disabilities (SEND), co-created by parents, carers and those who work with them across the partnership. It is:

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'To ensure that all children and their families have the fullest possible range of support and opportunities available to them in order to improve their life chances and realise their aspirations.'

This vision has never been as important in bringing together all relevant partners, including parents and carers, schools and settings, health providers, commissioners and the local authority to respond to the challenges resulting from the Covid 19 pandemic. The extent to which education, health and care providers in Brent rose to these challenges to meet children and young people's needs was key in helping promote good outcomes. The commitment to school attendance of children and young people with SEND resulted in above national average attendance and where this was not possible, children and young people received good quality remote learning support. Therapeutic services worked hard to ensure continuity of support for children and partners working with clinically vulnerable children met to oversee an effective multiagency response.

This refreshed Brent SEND Strategy sets the route to recovery, building on existing good practice and addressing those areas where services need to be strengthened. This includes:

- improved access to and experience of therapeutic, mental health, and physical health services;
- reinforcing the role the three SEN early years centres have in supporting all children to access an integrated 2.5 year old check;
- supporting more children and young people

to attend an inclusive setting or school in Brent where needs are met earlier;

- and broadening access to a wide range of short breaks and local community activities.

The following set of priorities has been shaped into a clear set of actions co-produced with young person advisers, parents and carers (via the Brent Parent Carer Forum), and Children's Trust partners. The priorities directly respond to the ambitions for children in Brent identified through the consultation undertaken between January and May 2021, involving over 500 children, young people, their parents and carers and those who support young people.

The four preparation for adulthood outcomes as outlined in the Code of Practice 2015 were used as headings in the consultation and form the framework for this strategy. This approach will encourage a smoother pathway into adulthood and enable young people to build on life skills and support their aspirations:

1. Education, employment and training
2. To live a healthy lifestyle
3. To be fully active citizens of Brent.
4. To live independently

In addition a further priority, 'My Brent' was included. The voice of young people has been clear. This is their borough. They want their voices to be heard in shaping the Brent of the future.

This strategy is informed by related key national documents such as the SEND Code of Practice (2015), National Autism Strategy (2021), the National Disability Strategy (2021) and the NHS Long Term Plan. It also takes account of national advocacy campaigns that promote the rights of disabled people.

- The Brent Borough Plan 2018-2023
- Brent Black Community Action Plan 2020
- The Brent Poverty Commission Report 2020 particularly in relation to education, employment and training opportunities for disabled people.
- The Brent Health and Wellbeing Strategy 2021
- The Brent Youth Strategy 2021
- Expectations of Ofsted/CQC following 2019 joint local area SEND revisit
- Priorities identified by the Integrated Care Partnership

The actions identified in this Strategy, under 'We Will' are an expression of the commitments that the Children's Trust has made to children and young people with SEND in Brent.

Through these commitments we will offer opportunities for children and young people with SEND to live, learn and work with others of all abilities in an atmosphere of mutual care and respect.



Gail Tolley
Strategic Director (CYP)



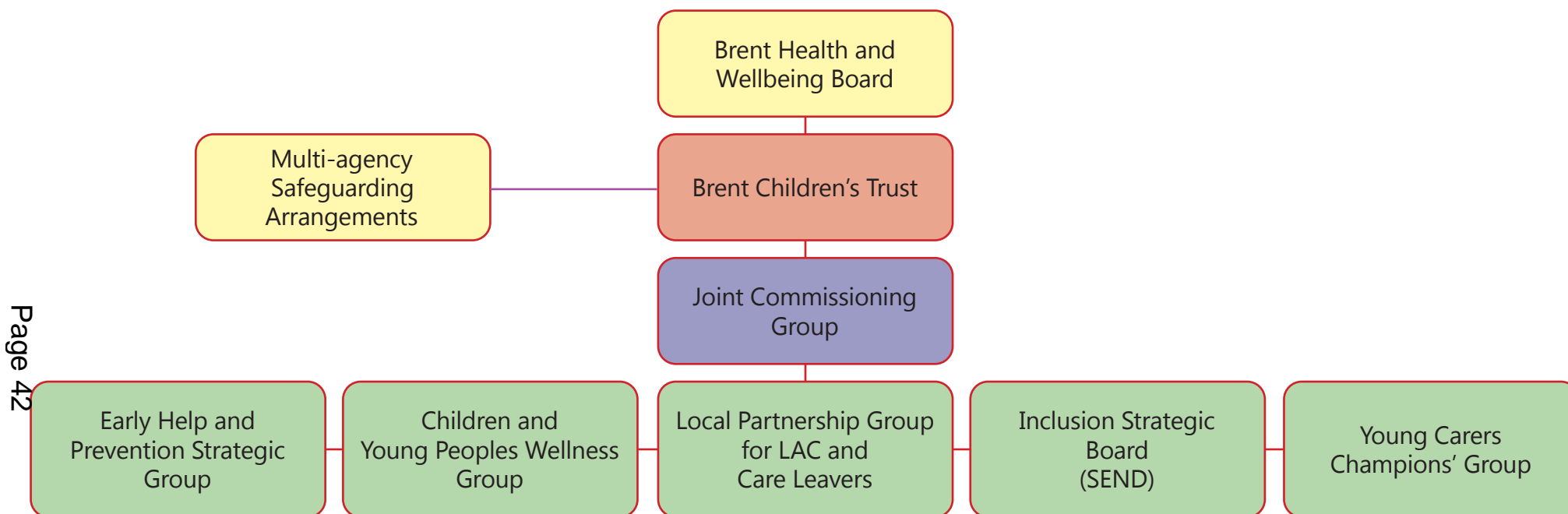
Robyn Doran
Brent Integrated Care
Partnership Director



Amytia Puspawresti
Chair BPCF

STRATEGIC LEADERSHIP

BRENT SEND GOVERNANCE



The above diagram details the strategic leadership and accountability framework for the implementation of the SEND Code of Practice 2015. The Brent Health and Wellbeing Board is the forum that provides accountability, scrutiny and leadership across the health, public health and social care system. The Board discharges its duties under the Code of Practice via the Children's Trust.

To deliver the vision, Brent Children's Trust is

committed to the following principles:

- Putting children and young people and their families at the heart of service design and delivery ensuring a person-centred approach
- Enabling children and young people and their families to only have to tell their story once and be able to rely on long-term relationships with professionals who work seamlessly together
- Breaking down the cultural and structural divisions between agencies in the interest of improving outcomes for children and young people
- Working together to jointly identify, plan, change and improve
- Improving outcomes and life chances for children and young people with SEND.

Brent SEND Strategy 2018-21: How did we do?

Priority 1: Ensure early intervention at all ages and support for children, young people and families to prevent escalation to more specialist services

The 2019 Ofsted/CQC joint local area SEND revisit evidenced good progress had been made to 'fully embrace the spirit of the SEND reforms and (partners had) worked together in partnership to make a positive difference to the lives of children and young people with SEND in Brent.'

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Targeted support both in the early years and in universal services is in place to identify and meet a wide range of needs as early as possible. This includes an early years' intervention programme that has supported children of nursery age to access early specialist support. This includes speech, language and communication support.

Family Wellbeing Centres (FWC) were established in December 2020 to provide multidisciplinary support and drop in for children and young people and their families. This includes accessing hearing and visual services, therapy and pre-diagnostic ASD support for young people with SEND. One FWC was designated a specialist SEND hub to co-ordinate services effectively.

Additionally, pilot mental health support teams in schools have been established (2020), an online counselling service provided as well as interventions to support children and young people with low mood and anxiety needs

Priority 2: Provide integrated and coordinated multiagency services so that families and young people only have to tell their story once.

The 2019 Ofsted/CQC joint local area SEND revisit evidenced that leaders from the CCG had strengthened their engagement at a strategic level, '...successfully improving a variety of services and processes for children and young people with SEND.' Clinic sessions were established in 2019 to ensure children and young people were provided with the opportunity of a 'one-stop' appointment. These appointments offer testing and more specialist interventions, reducing the need for repeat visits and increasing the continuity of care provided.

A focus has been on implementing a person centred planning approach across agencies to education, health and care plans, ensuring they are specific, measurable, achievable, relevant and timely, demonstrating that they make a difference to children's outcomes.

Health partners' engagement in schools has been strengthened. There is a robust multiagency process for supporting young



people with learning disabilities and ASD to remain in the community.

A Disabled Children and Young People's Service (0-25) was created in 2018 in order to ensure that social care needs were considered for the whole period of childhood and early adulthood.

Families are supported by specialist teams, such as the Council's Brent Outreach Autism Team (BOAT), Early Years Intervention Team, Disabled Children and Young People's Service (0-25).

BOAT have been a great support network to me and my family throughout the COVID-19 pandemic. Support for us has meant everything! So thank you, for the lasting effect on the wellbeing of our children, which is most important.'
(Parent of 2 children with autism at mainstream schools, one in primary and one in secondary)

Priority 3: Make provision of the highest possible quality through effective joint commissioning so that children and young people with SEND can have their needs met locally wherever possible

The 2019 Ofsted/CQC joint local area SEND revisit evidenced that 'Local area leaders have an accurate view of the quality of services

provided. They implement a systematic approach to joint commissioning when contracts come up for renewal or when the need for new services is identified. Having prioritised areas for improvement, local area leaders ensure that all commissioning arrangements are conducted jointly. Responsibility for the outcomes of these arrangements is shared between the local authority and health providers'.

The revisit found evidence that joint arrangements were in place for paediatric therapies including occupational therapy (OT), speech and language therapy (SALT) and mental health and well-being services and that local area leaders have strengthened governance arrangements. 'Everybody knows who leads each aspect of the work because leaders have established clear lines of accountability. This ensures that no group of children falls through the net'.

Priority 4: Ensure the participation of parents, carers and children and young people in the design and delivery of services.

The 2019 Ofsted/CQC joint local area SEND revisit evidenced that '...a culture of joint partnership with parents has been established and embedded. Steering group members work as equal partners to improve provision and outcomes for children and young people



with SEND in Brent. Leaders now routinely involve parents from the earliest stage when redesigning or creating services and make sure that their views are considered, and their contribution included. Parents have become an integral part of the local area team supporting families in Brent’.

The Brent Parent Carer Forum (BPCF) is an integral member of the strategic partnership group that sets the direction of travel for how we work in the borough. The commitment to inclusion of the parental voice is also evidenced in parent/carer participation in the selection of senior local authority staff responsible for SEND services.

The BPCF has continued to go from strength to strength. It now has over 400 members, a team of parent champions who promote parental participation for parents/carers of children with an education, health and care plan and those being supported at SEN support as part of a successful wellbeing programme. They have held over 20 ‘Big Conversations’ and workshops with clinicians, therapists, teachers and care staff discussing key issues with parents and carers. Some of the feedback from these sessions include:

‘Thank you for putting on such a helpful workshops, I feel much better informed and it was really nice to meet the faces

connected to the services.’ (Parent)

‘We feel so supported and listened to.’ (Parent)

‘It was so nice to be rang up and asked how we were managing.’ (Parent who was called by a Parent Champion)

Progress in ensuring consistent and regular engagement of children and young people has been slower, however in preparing this new Strategy the most significant leaders in the conversation have been young people and also in establishing a new young person advisers network.

Priority 5: Improve outcomes and life chances for children and young people with SEND to enable greater independence and transition into adulthood

All Brent Special Schools are good or outstanding and this was further demonstrated by the recognition schools received for the curriculum delivered during the pandemic. Staff developed new ways of working both in school and online to enable all pupils to access learning. Parents were given online support and training to support their children and families were enabled to access play and recreational facilities to ensure everybody was able to have exercise and fun sessions. Parents found the ongoing home/school

liaison via phone calls, home visits and Zoom calls highly valuable and all pupils accessed in school provision; either full time or part time depending on need/parental preference. All pupils were provided with IT and a variety of equipment/learning packs etc. The DfE identified practice at the Avenue School as being highly effective and used their approach as an example of exemplary practice.

The focus for increased inclusion and improved outcomes in mainstream schools has demonstrated impact. At Key Stage 2, in 2019 (1) Brent pupils with SEND attained the expected standard in reading and writing, with mathematics rising by three percentage points to 26%, above the national average for pupils with SEND (22%). At Key stage 4 in 2019 the Brent average Attainment 8 score for students with SEND (28.1) was above the national average for students with SEND (27.5). For the Progress 8 measure Brent students made more progress at secondary school than students with SEND nationally.

At one primary school the concept of inclusion as a whole school approach is expressed by all children being introduced to sign language techniques from Reception. Special schools and a dedicated SEN outreach team work alongside mainstream colleagues to ensure effective inclusion and teaching and learning

strategies, thereby improving outcomes.

For young adults a comprehensive supported internship scheme with partner colleges, training providers, employers and Brent Works has led to an increase in meaningful employment pathways.

The 2021 Brent SEND situation

A range of information is used to measure how the needs of children and young people with SEND are being met as well as how effective the partnership is working together. The figures below provide key highlights from performance information available to the SEND partners. This data provides local and national benchmarks and enables the Children's Trust to measure progress against the priorities within this Strategy and to hold partners to account. The most recent full year data demonstrated a significant increase in the number of EHCPs, growing by 14.8% (national 10.4%) during the 2020 calendar year (2), with an annual growth rate of 8.4% since 2017. To ensure earlier intervention, preventing the need for an EHCP in some cases, a key priority is to roll out a strengthened graduated approach in schools and settings.

There is a lower rate of Brent pupils needing special educational need (SEN) support (10.7%, compared to the national average of 12.2%). The most common category of need identified in the School Census 2021 at SEN support was



for speech, language and communication with 29% of pupils identified with this need in Brent compared to 22% nationally. A key strategic priority is to ensure special educational needs can be met earlier, through the graduated approach with a clear whole borough strategy for identifying and addressing communication and interaction needs earlier.

The most common type of primary need for children with an Education Health and Care (EHC) Plan is Autistic Spectrum Disorder (ASD). This is also the same as the national position, although in Brent ASD is the most common type of need, accounting for 42.9% of Brent's EHC Plan population compared to 30.5% in England. Through this strategy we will work with parents and carers, education settings, and specialist health providers to understand why this rate is much higher than the national average and consider if the Brent pathway requires amendment.

During 2020 Brent SEND partners responded well to meeting the timeliness target of issuing an EHC Plan, with 80.3% completed in 20 weeks compared to 58% nationally. Brent, as with most local authorities in England, had a lower rate of completions in time compared to 2019, primarily due to the delays in assessments as a consequence of the pandemic but also due to a greater focus on the quality and impact of the assessments. We will continue the focus on quality

ensuring EHC Plans make a positive difference to children and young people's outcomes.

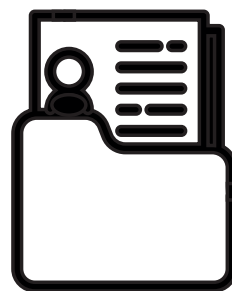
The majority of children and young people with a newly issued EHC Plan in 2020 attended mainstream settings at the point of issue, however compared to national figures Brent has more children attending a special school (23% more as compared to statistical neighbours) as opposed to a mainstream provision and also out of borough provision. Brent has also a third fewer children and young people attending alternative provision as opposed to national figures. As a consequence a significant capital programme is planned to ensure that more children and young people with SEND in Brent can access a local school and therefore be part of local communities. A focus on improving opportunities for young people over the age of 16 is also a priority within this strategy, ensuring there are greater meaningful education and employment opportunities.

In response to the pandemic, education setting staff developed new ways of working both in school and online to enable all pupils to access learning. Parents were given online support and training to support their children and families were enabled to access play and recreational facilities to ensure everybody was able to have exercise and fun sessions. Parents found the ongoing home/school liaison via phone calls, home visits and Zoom calls highly valuable and

all pupils accessed in school provision; either full time or part time depending on need/parental preference. All pupils were provided with IT and a variety of equipment/learning packs etc. The DfE identified practice at the Avenue School as being highly effective and used their approach as an example of exemplary practice.



Brent schools report a lower rate of pupils needing special educational need (SEN) support (10.7%) compared to the national average of 12.2%, but a slightly higher rate of pupils on an EHC Plan 3.9% compared to 3.7%.



In 2020-21 Brent children without an EHC Plan accessing speech and language therapy averaged 1438 sessions per quarter and Children's SALT new referrals seen within 8 weeks, averaged 95%, per quarter.



In 2020-21 55% of children and young people accessing specialist CAMHS referral services received treatment within the 18 weeks' target.



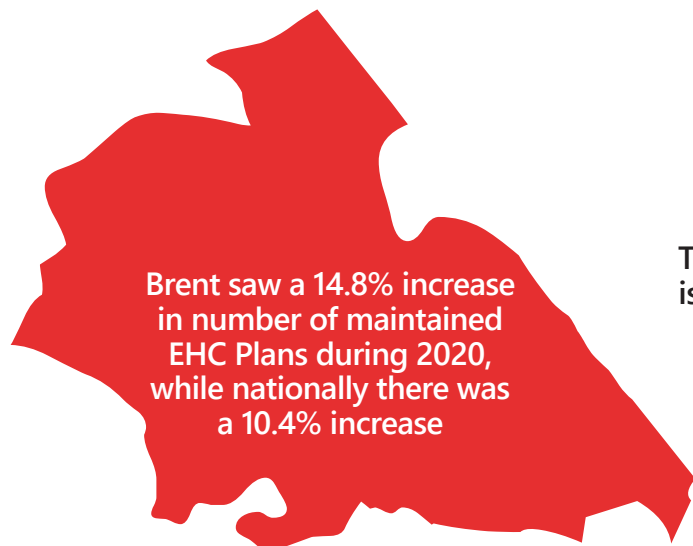
Brent have a higher number of children at SEN support identified with speech, language and communication needs as compared to national. (29% compared to 22%)



Those waiting under the target of 26 weeks for a Social and Communication Assessment averaged 67% in 2020-2021.



In 2020, excluding exceptions, 80.3% of new EHC Plans were issued within 20 weeks, well above the national average.

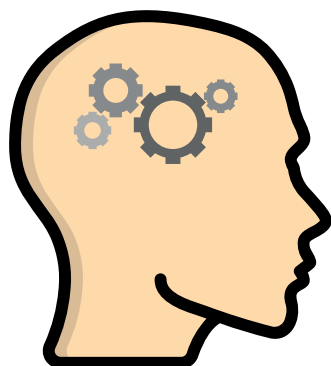


40.4%

The highest number of EHC Plans in Brent is within the 5 – 10 age group, 1124 pupils, which makes up 40.4% of the cohort.



19.9% of Brent's EHC Plan cohort are open to Children's Social Care; 18.1% are CiN; 1.1% are Looked After Children and 0.7% are supported by a Child Protection Plan[‡].



Children and young people with ASD account for 42.9% of Brent's EHC Plan cohort compared to 30.5% in England.



9.2% of young people known to Brent's Youth Offending Service have an EHC Plan (50), 11.4% are SEN Support (62)^{††}.



10.6% (105) of all Fixed Term exclusions from Brent schools in 2020/21 and 9.1% (2) Permanent exclusions were of EHC Plan pupils.



During the January-March 2021 national lockdown average attendance for EHC Plan pupils in Brent was 82.1% compared to the national average attendance of 53.3%.

SEND PRIORITIES 2021-2025

EDUCATION TRAINING EMPLOYMENT

Young people have said:

- I like my teachers and I like to learn.
- I do not like getting in trouble at school or being bullied.
- I want to progress from school to college and from college to university.
- I want a 'good' job, to be 'successful' and 'have money'.
- They are interested in a range of occupations including being a theatre worker, photographer, IT engineer, train driver, builder, aircraft engineer, youtuber, doctor, police officer, dentist, primary school teaching assistant, chef, hair & beauty stylist, receptionist, working outside with vegetables and plants, shop assistant.



Parents, Carers and those supporting young people want children and young people:

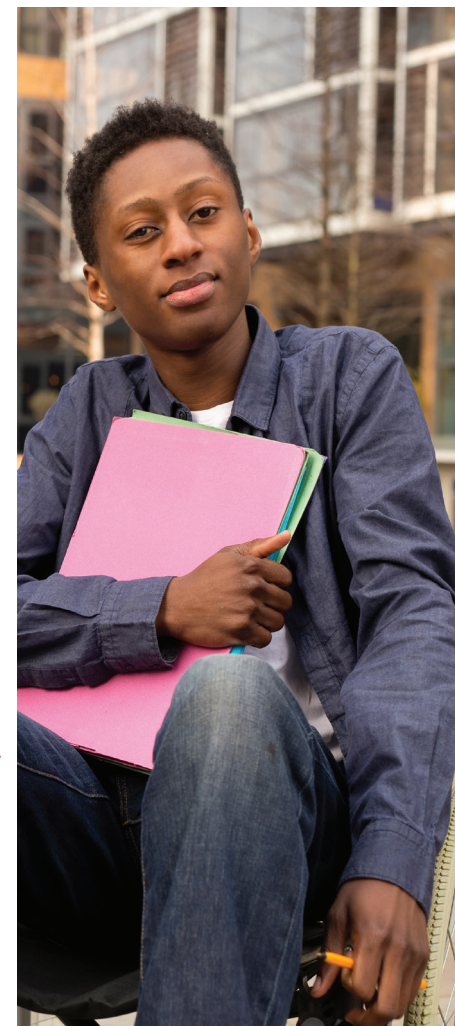
- To get a job and 'contribute to society'.
- To have more supported pathways to access higher education and university.
- To have a full and enriched life where they can live independently and work in their chosen profession
- To receive support from fully qualified staff to look after and care for vulnerable children while in their education setting.
- To have more specialist school provision.
- To know that employers must be more understanding and aware of SEND needs.
- To be aware of their employee rights and where to access help if needed.

We will provide all children and young people with the opportunity to realise their aspirations through:

- Supporting every Brent school and setting to be inclusive.
- Supporting improved educational outcomes for children and young people through increasing specialist SEND teaching and learning in Brent schools and settings including colleges.
- Ensuring early identification of a special educational need.
- An online one stop shop for pathways and routes into education, employment and training.
- Access to a skills resource centre where young people can be supported into meaningful employment.
- Implementing Disability Confident standards across Brent employers and service providers ensuring that employers are SEND aware and SEND friendly.

What does this mean for me?

- I can go to my local nursery, school or college and teachers will know how best to support me to achieve.
- I will be able to achieve good qualifications that help me get a good job or go to university.
- I can access information online about courses, volunteering and jobs and how to get support to access these.
- I can go to a centre that is for me and my friends to see someone who can help me get information on jobs, courses and volunteering opportunities.
- When I get a job my employers will know what it means if I have a learning difficulty or disability and can support me to be the very best I can be.



SEND PRIORITIES 2021-2025

HEALTHY LIFESTYLES

Young people have said:

- I enjoy physical exercise and sports. Sports that are popular include: swimming, football, basketball, dance, and martial arts.
- I enjoy cooking and going to restaurants.
- I did not like the pandemic as it has stopped me from doing the things I like.



Parents, Carers and those supporting young people have said:

- 'Being healthy' is an important aspect of young people's future.
- "There are fabulous pockets of activities. But there needs to be more of them and more visible and integrated with others."
- Brent's outdoor spaces are not SEND friendly. "Most parents of children with SEND rely on these outdoor spaces because they have no access to them at home. These places need to be maintained."
- Young people enjoy sport and physical activity. However, these facilities are not inclusive and staff need to be trained to support SEND needs.
- Mental Health support and care needs to be a priority. The waiting time for young people to be seen and diagnosed is too long e.g. CAMHS. The pandemic has exacerbated this further.
- Young people with SEND should be able to access information on healthy relationships and sex independently.

We will support young people to have healthy lifestyles by:

- Building resilience through good relationships, sex and health education in schools and settings.
- Delivering timely access to emotional health and wellbeing services.
- Having good physical health by being able to access healthcare locally.
- Developing opportunities for young people to eat healthily and to access and enjoy local restaurants.
- Providing access to good therapy and community healthcare services including sexual health.
- Promoting the Active B card so that young people can access sport and fitness opportunities in Brent.

What does this mean for me?

- I will know what a good friendship and relationship is.
- I know how to keep and manage my relationships and feelings with different groups of people including my family, teachers, employers and girlfriends or boyfriends.
- I will feel confident in making decisions about my health.
- If I am unwell, physically or emotionally, I know where to access support.
- I will be able to make healthy meals and enjoy going out to eat.
- If I want to talk to someone about relationships, I know where to go.
- I have an Active B card and use it.



SEND PRIORITIES 2021-2025

ACTIVITIES (COMMUNITY PARTICIPATION)

Young people have said:

- I like spending time with family and friends.
- I like going out to shop, museums, art galleries travelling on trains, visiting places.
- I want more facilities for disabled people.
- I don't want to be bored and feel lonely.



Parents, Carers and those supporting young people have said:

- Brent needs more local activities and "more resources put into activities for young people with SEND."
- SEND specific activities are often hard to access due to factors such as travel, accessibility and price. "Strategies for them to take part in the variety of activities that are available locally but with the extra support which they need to benefit from and be included in fully."
- More opportunities to socialise such as through "youth clubs and activities based on a young person's interests", community centres and weekend activities.
- Society needs to be more inclusive of people with SEND, for people to be 'more accepting and open' and even 'more compelled to include'.
- Staff at activity venues need to be "fully qualified" to understand SEND needs to make these venues inclusive and accessible.

We will:

- Devise 'Ten Top Tips' for being inclusive and SEND aware with young people that can be used as part of the Disability Confident Standards in Brent.
- Offer sufficient short break activities for Brent children and young people, including opportunities to socialise together and with differently abled young people.
- Establish and support Culture SEND challenge - access 25 creative and cultural experiences by the time they are 25.
- Celebrate the excellence of young people in Brent through an annual festival.

What does this mean for me?

- I know that if I go to a shop or a youth club, or leisure centre, staff who work there understand me and know how to communicate with me.
- I am able to choose from a range of activities across Brent that I am interested in.
- I can make friends at youth activities.
- I have taken the 'Cultural Challenge' and have experienced 25 different cultural activities by the time I'm 25; like going to the theatre or museums or concerts, or festivals or events across Brent or elsewhere.



SEND PRIORITIES 2021-2025

LIVING INDEPENDENTLY

Young people have said:

- I want to live independently with friends or have friends nearby, in the future.
- I want to learn to drive in the future.
- I need time on my own.
- I want to live with my family in the future.



Parents, Carers and those supporting young people have said:

- They want young adults to live independently/live a normal life and "achieve their goals" and "be fulfilled."
- Provide workshops for and with parents on how to assist young people in preparing for adulthood and promoting independence.
- It is important to provide young people with the ability to learn life skills such as money management, basic self-care, cooking, booking their own doctor/dentist appointments.
- It is important that staff and schools reinforce transitions in order to reduce young peoples' anxieties around change. This will allow young people to work toward adulthood and independence. For example, 'develop transitions days to secondary school and post 16'.

We will:

- Create a 'Brent village', a supportive network and community for young adults to live independently including a skills resource centre that:
- Equips young people with the skills to live independently in their own homes or with their parents.
- Provides travel training.
- Provides information, advice and guidance one stop shop for young people, parents and carers on housing, and available support.
- Support parents to be aspirational about their children's level of independence.
- Enable young people to choose and control the services they receive, through personal budgets.

What does this mean for me?

- I will have a network of friends and places in the community and across Brent where I can go so I am not lonely.
- I can go to the Brent Skills Resource Centre to support me being independent whether I live alone or with my family.
- My family will be supported to support me.
- I will know how to manage my money and take care of myself.
- I feel confident to travel safely around Brent, London and anywhere I want to go.
- Being independent is not new to me; I have been learning how to deal with change and making my own decisions since I was at school.



SEND PRIORITIES 2021-2025

MY BRENT

Young people have said:

- I like living in a healthy environment, and enjoy Brent, but I do not like the pollution, traffic and noise in Brent.
- I am worried about crime and danger outside home, in the locality.
- I like Brent's open spaces and parks and would like to spend more time walking and using them, but accessing open spaces, play centres and parks is difficult.
- I want to be safe and happy in the future.
- My house is too small and I don't like sharing bedrooms with brothers and sisters.
- I enjoy travelling but don't like uneven pavements and wheelchair issues.



Parents, Carers and those supporting young people have said:

- The roads "busy and noisy" particularly on "event day" which can cause some young people distress.
- There are problems with litter and antisocial behaviour.
- "I want my child to be able to walk the streets that are safe and clean fresh breathable air instead of pollution every day."
- Housing is a challenge; "housing departments do not seem to have an understanding of how disabilities affect an individual and their immediate family members."
- "Brent should aim high and show how inclusive it can be."

We will:

- Enable our Brent young advisors and parents to engage with Children's Trust partners so they can shape the Brent of the future.
- Work to develop SEND friendly parks and town centres; wheelchair friendly environments; create safe spaces, safety messaging and skills training in how to stay safe.
- Support young people with SEND to stay in Brent through access to better quality housing.



What does this mean for me?

- I will be able to join the young person adviser group for Brent Council.
- I will be asked for my views and be able to change and shape services for me including:
 - Education, training and employment.
 - How to improve where I live
 - How open spaces and parks can be SEND young people friendly.
 - How to create wheelchair friendly environments and disability friendly homes.
- I will be able to access training and information on how to stay safe.
- I will know where I can go for help if I need it when I see this.



Your safety

<https://www.brentyouthzone.org.uk/support-and-advice/your-safety/>

- I can get involved in the Brent Climate Assembly and share my views on pollution.

HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?

- All Children and young people attending Brent schools and settings (including colleges) will have timely access to the SEN support they need to achieve the best educational outcomes (via percentage of young people identified at SEN support or with an EHC Plan, education achievement data, school council feedback)

Page 60. Young people aged 16-25 are positively participating in education, employment and training (measured by reduction in NEET rate)

- Professionals will report they feel more confident in identifying SEND, have the skills to assess need and develop clear outcomes for children and young people

- All EHC Plans demonstrate that parents/carers and young people are actively engaged in the co-production of EHC plans

- EHC plans are holistic in setting out all the needs of the child/young person, and are completed within required timescales (20 weeks) and annual reviews demonstrate impact on outcomes

- Young people report they attend an inclusive educational setting in Brent (school council data)

- Young people with SEND report they have access to community activities to support them to lead independent lives (annual survey)

- The Integrated Care Partnership jointly commission therapy services for children and young people with SEND. Young people and parents report that they have timely access to therapy provision. Waiting times for access to health services are reduced and meet national guidelines

- Parents/carers report they are meaningfully participating in the design and delivery of services – “Do nothing about us without us”. (annual survey)

- Parents/carers

Underpinning the Strategy is a detailed action plan from the Children’s Trust partnership capturing key activity underway and areas that will be focused on over the lifetime of this project. The action plan specifies how impact will be measured through a combination of annual baseline performance data, key performance indicators, measured against national data wherever possible, and feedback from

children, young people and parents and carers.

The voices of children, young people and parents and carers will be captured through feedback received as part of the quality assurance of the EHC assessment, planning and review process, as well as focus group sessions with children and young people receiving both SEN support and support through an EHC Plan. An annual survey and engagement sessions in schools and settings will provide the opportunity to gather evidence of impact on the experiences of children and young people from the commitments we have made in this Strategy.

An annual report to the Children’s Trust will outline our collective achievements as well as any challenges encountered and joint solutions developed and regular updates will be provided to the Health and Wellbeing Board which will be publically available.



	Community and Wellbeing Scrutiny Committee 22 September 2022
	Report from Corporate Director, Children and Young People
Early Help and Family Wellbeing Centres	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	N/A
No. of Appendices:	Appendix 1: FWC Summer Programme Example
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Teni Awoyemi - Acting Head of Early Help Tenidola.awoyemi@brent.gov.uk Zafer Yilkan – Interim Director, Integration and Improved Outcomes Zafer.Yilkan@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To update the Community and Wellbeing Scrutiny Committee on progress since the establishment of Family Wellbeing Centres (FWC); to outline current service delivery arrangements and examples of the outcomes and impact achieved for families and to update on the proposed wider changes to the Early Help service to align with the new FWC delivery model and the government's new 'Best Start for Life' programme.

2.0 Recommendations

That the Community and Wellbeing Scrutiny Committee:

- 2.1 Notes and comments on the current FWC service offer and the new partnerships/ services that could be created to enhance the offer.
- 2.2 Notes the wider planned changes to the Early Help Service to align with the Best Start for Life programme.

3.0 Detail

3.1 What is Early Help?

Early help is an approach to providing services to families that focuses on reducing the likelihood of a problem occurring or becoming worse in the future. The reasoning is that if we can provide the right support at the right time, we can prevent problems such as youth crime, domestic abuse, and substance misuse from becoming complex, ingrained and from reaching crisis point. This would provide a better quality of life for families while reducing public spending on costly crisis intervention services.

- 3.2 The needs addressed through Early Help services can arise at any time in a child/ young person's life – these services are not solely focused on the early years. Early Help consists of universal and targeted services. Universal services are available to all families, and include schools and GPs. Targeted services address specific needs, and include domestic abuse advisors, counselling and therapy services and engagement work with children at risk of school exclusion. The Early Help network includes professionals from all the universal and targeted services for families available in Brent.
- 3.3 Independent reviews and research undertaken over the last 10 years have consistently found that Early Help services are essential to breaking cycles of deprivation and improving outcomes for children and young people, as well as reducing spending on public services. Nationally, most local authorities deliver Early Help initiatives beyond their statutory duties, incentivised by the potential to support families before situations escalation and reduce spending on statutory services.
- 3.4 Policy shifts towards integrated working, most notably the government's Supporting Families (previously Troubled Families) programme, have resulted in the establishment of dedicated teams of keyworkers that coordinate strengths-based, multi-agency support for families experiencing multiple complex problems. The local authority is responsible for ensuring all Early Help providers implement 'whole family working', an approach in which all family members are engaged in support provided to one or more family members, and all family members have their needs considered.

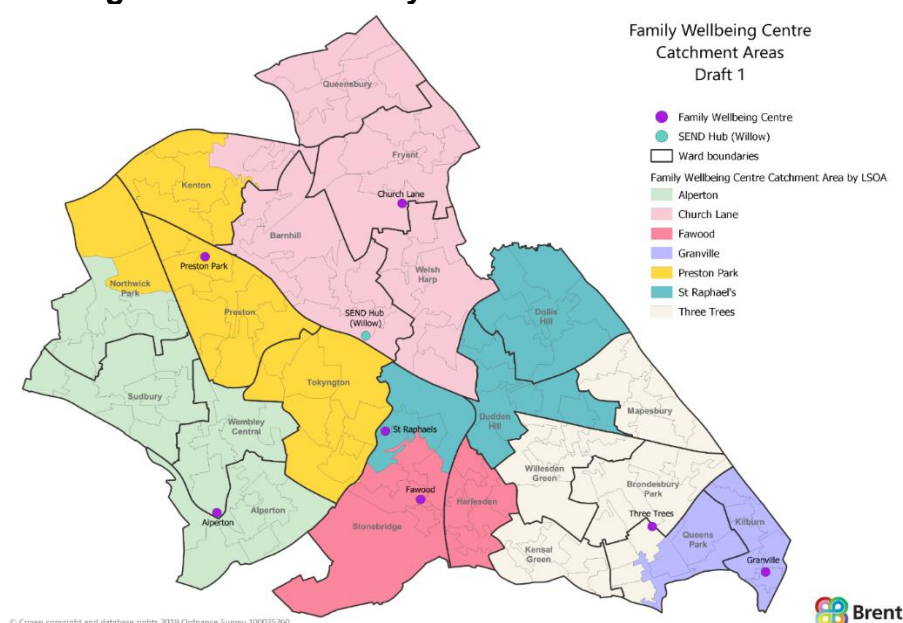
Early Help in Brent

- 3.5 The Brent Children's Trust Early Help strategy provides a common framework for delivering Early Help offer in Brent. Its core is a set of priorities identified and agreed by a large cohort of Early Help practitioners and stakeholders in Brent. Importantly, it also represents a commitment from these professionals to work together to progress them. The priorities include working in a strengths-based, whole family way to ensure families build resilience and achieve long-term sustainable outcomes, with recognition of the impact of adverse childhood experiences and sector-wide buy-in to trauma-informed practice. It includes championing the voice of the children, young people and families who use Early Help services, and continually improving the accessibility of services, including through cultural competence. The Brent Multi-Agency Early Help Strategy

Delivery Plan recognises the wealth of existing and planned activity in the Early Help field and is made up of actions to link with, support and enhance this work, while addressing gaps that the Early Help network have identified.

- 3.6 Brent Council has a well-established Early Help service that includes Brent Family Solutions (Supporting Families keyworkers), Parenting support, an Early Years offer (childcare sufficiency planning, Children and Families Information Service, and Willow Nursery for children with SEND), the Youth Offending Service, support for Young Carers and the Early Help Resources panel. The Early Help service also includes the Accelerated Support Team which works with young people on the 'edge of care' (including an out of hours element) and our 8 Family Wellbeing Centres (launched in December 2020) offering multi-agency support on a neighbourhood level. Brent Early Help works closely with partners in other agencies to deliver these services, including the NHS, Police, Probation Service, education and childcare providers. Complementing and interwoven with these services is a wealth of support and activities for children, young people and families provided by Brent's vibrant and diverse Voluntary and Community (VCS) sector.
- 3.7 FWCs are at the heart of Brent's Early Help community based offer and are a priority in the Borough Plan (2019-23). The creation of FWCs provides an integrated 'whole family' (for children aged 0-18 years old, and 25 for those with additional statutory needs) service, bringing together core health visiting, school nursing, children's centre services and some parenting and family support services into a single offer. This arrangement helps the co-ordination and delivery of services for more vulnerable adolescents using contextual safeguarding approaches. The centres closest to the new Roundwood Alternative Provision School (St Raphael's and Fawood / Curzon) work closely together to ensure family support services are co-ordinated. The FWCs signpost young people to local opportunities as set out in the September 2021, Cabinet approved, Youth Strategy and delivery plan. The FWC initiative responds to the national shift towards hub-based working and comprehensive local consultation. Each FWC is shaped by a steering group of local stakeholders which are integrating working across Brent's Early Help network to efficiently and effectively respond to the needs of local families.
- 3.8 FWCs are delivered from the following locations:
1. Alperton
 2. Church Lane
 3. Granville Plus
 4. Preston Park
 5. St Raphael's
 6. Three Trees
 7. Fawood and Curzon (managed as one centre by the Curzon Crescent and Fawood Partnership)
 8. Willow (predominantly a SEND centre)

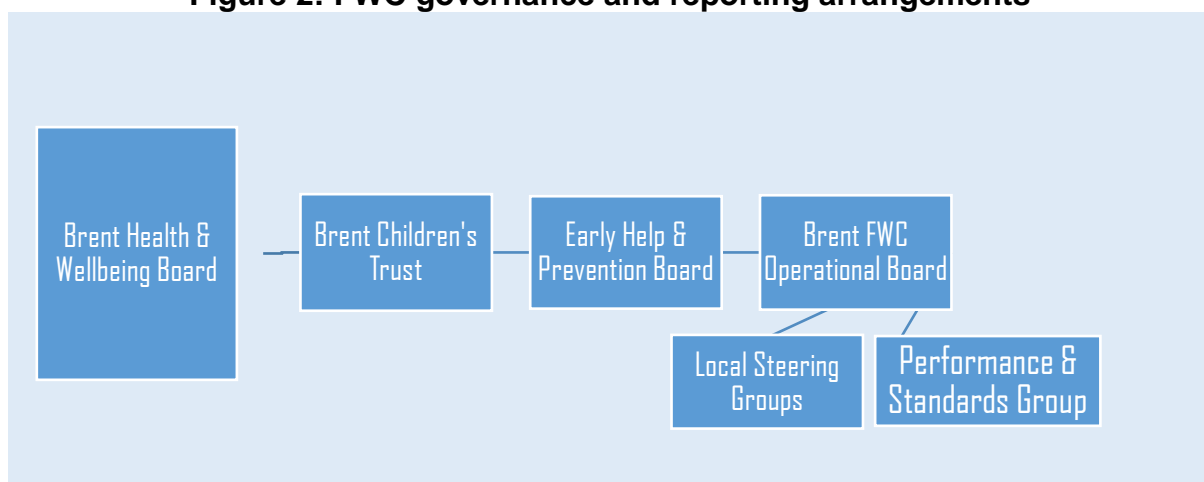
Figure 1: FWC delivery sites and catchment areas



- 3.9 The FWC model built on existing Children's Centre services and the local authority statutory responsibilities regarding the provision of Children's Centres. Cabinet agreed the approach to developing FWCs in October 2019, making a £1.5M saving as a result of implementing the changes to provision, by reducing the number of Children's Centres from 17 to 8 FWCs. One of the key principles endorsed by the Cabinet was that there should be a reasonable geographical distribution of FWCs to ensure that all communities were able to access support as close to home as possible. The formal FWC launch took place on 12th October 2021 at St Raphael's and was attended by key stakeholders.
- 3.10 FWCs operate under a hybrid model, with some core services being delivered in-house. This model was considered as providing the best value and brought back in-house from Barnardo's the operational management of the FWC buildings and delivery of retained services (e.g. parenting programmes, family support and some services for 0-5 year olds and their parents). These services are supplemented by close partnership working with the 0-19 Public Health Service, midwifery services and other appropriate services delivered by council / health teams and Voluntary Community Sector (VCS) partners. The FWCs are a single point of access for families requiring Early Help and support.
- 3.11 In addition, a smaller FWC support services contract was created with Barnardo's, including crèche provision, volunteering programme, Family Support Assistants and Early Years Workers. Barnardo's successfully bid for the 3-year contract to deliver these services. The contract has been successfully mobilised and Barnardo's bring added and social value benefits for vulnerable families including the donation and distribution of white goods, mobile devices and data, gifts for children and access to social trips out.
- 3.12 Governance and reporting mechanism arrangements have been established and are detailed in figure 2 below. The FWC Operational Board's key aims include developing and promoting understanding and ownership of a common

borough-wide vision for FWCs. Local Steering Groups are a Neighbourhood Forum for sharing information, identifying need and support requirements for families and service gaps / pressures, challenging performance and quality of the FWC, acting as local agents for integrating services and drawing in additional resources.

Figure 2: FWC governance and reporting arrangements



- 3.13 FWCs are currently open Monday to Friday, 9am to 5pm as a minimum with several centres offering youth activities until 6.30/ 7pm as well as some Saturday opening on rotation each week to facilitate support for working parents and the Dads programme. Plans are developing to open the centres on rotation to 8pm, Monday to Friday, and extend weekend opening from 10am to 4pm on Saturdays and Sundays.
- 3.14 A digital transformation project took place to enable families to register with the FWCs online through a My Brent Account, book most activities and services online, and then to electronically sign-in for appointments when they arrive at the centres. Families that are digitally excluded can still drop into the FWC, or call a staff member to request support with registration and booking for activities / services to ensure they are not disadvantaged. During 2021-22 financial year a total of 8,514 residents registered with the FWC and in excess of 75,745 contacts were made, most of which were to vulnerable families.
- 3.15 The new triage service, connecting families into appropriate services within 48 hours, has embedded well into the FWC, becoming an integral part of each centre. Partners are fully aware of the service and remit. The triage team uses a model called Outcome Stars to understand what support families need and Early Help Assessments (EHA) are completed when families require help at a higher level. The triage team provide either short term interventions or direct referrals to local services, depending on presenting need. 894 families were triaged during 2021-22 financial year and the common themes presenting to the service were:
- Support for Asylum seekers
 - Debt - utilities
 - Arrears - housing / rent/ Council tax
 - Children not in school

- Families unable to afford food, basic necessities or clothing
 - Housing - over crowding
 - Families with English as an Additional Language (EAL).
- 3.16 There are 22 keyworkers supporting families across the FWCs who deal with more entrenched support issues. Families can receive a wide range of support from a Key Worker ranging in duration from 3 months to 18 months. Key workers helped a total of 1,600 families during 2021-22 financial year and are part of a team that includes Family Support Assistants.
- 3.17 There are over 40 volunteers who support the work of the FWCs. Volunteers support with administration, the crèche, promoting activities/ services, registering new families, English conversation groups, delivering parenting/ Freedom programmes, and outreach to promote the services in the local community. All volunteers go through Barnardo's vetting processes.
- 3.18 The MOPAC funded Parent Champions programme uses volunteer parents on the premise that they are the best people to support other parents to find out about childcare and services for families with children of all ages. The Parent Champions have been supporting the FWC with outreach to refugee families in local hotels to connect them into centre support services.
- 3.19 The core FWC service offer continues to evolve as new partnerships are created, new local needs are identified and services are reviewed to ensure they meet the FWC key objectives such as:
- a) A reduction in referrals to higher level interventions.
 - b) Prevention of family breakdown resulting in entry to care / Reducing Parental Conflict
 - c) Addressing the growing challenge of serious youth violence.
 - d) Building capacity in universal services so that they can support children earlier.
 - e) Successful delivery of the Healthy Child Programme (0-19).
 - f) Successfully discharge statutory responsibilities with respect to children's centres.
- 3.20 The FWC summer term programmes are detailed in appendix 1, with new services being added each term. The children's centre under 5s offer has been retained, as part of Brent's continued commitment to this age range and new partnerships with agencies delivering services for 5-18 year olds continue to grow.

Some examples of the wide range of the current offer includes:

- Support with asylum seeking, debt, arrears, overcrowding and housing through information, advice, and guidance services such as Citizens Advice Brent, Fairer Housing, Advice-4-Renters, and Salusbury World.
- Support with escalating energy costs through Step Change, Home Energy Advice, fuel vouchers and Citizens Advice Brent.

- Access to food through foodbank vouchers, the Felix project (over 4,500 meals provided during school holiday periods), signposting to local faith/ church groups.
 - Access to clothing, beds, and white goods through charities such as Barnardo's, BBC Children in Need, Wembley Compassionate Fund and the Resident Support Fund.
 - Families receiving free holidays through grants provided by the Family Holiday Association and access to free concerts and events through Wembley Stadium and Barnardo's.
 - Programmes delivered to improve health outcomes include healthy eating, weight management, oral health, family exercise programmes; families access health services on site.
 - Improved mental health through emotional health and wellbeing workshops, counselling support and diversionary activities.
 - Families reducing risk of Domestic Abuse (DA) through the Freedom programme, RISE perpetrator programme, Independent Domestic Violence Advisor and Chrysalis programme (DA one-stop-shop delivered from Curzon Crescent FWC).
- 3.21 Parents of older children are supported by a mix of parenting programmes (Strengthening Families / Strengthening Communities, Triple P), direct work delivered by key workers, access to advice services (such as Citizens Advice Brent) and specialist services for people affected by domestic abuse (RISE male perpetrator programme, the Freedom Programme for female survivors).
- 3.22 The Public Health 0-19 service is an integral part of the FWC delivery model providing Health Visiting, Infant feeding, Brent4Life and School Nursing services. Public Health introduced the Henry programme and is co delivered by FWC and CLCH staff to support families with young children to improve health and wellbeing outcomes.
- 3.23 Midwifery services are providing both ante and post-natal support at centres; plans are in development to offer integrated preparation for parenthood programmes (midwifery, health visiting service, FWC and Early Years staff). The Perinatal mental health service provides support in FWC for any woman with mental health problems, who is planning a pregnancy, pregnant, or who has a baby up to one year old.
- 3.24 The FWC run programmes during the school holidays. The DfE Holiday Activities and Food (HAF) programme is an integral part of the FWC school holiday offer. Vulnerable children receive a free place on a holiday play scheme, a free hot meal each day they attend, and their families have access to free healthy eating / cooking sessions and free food parcels via the Felix project.
- 3.25 A key priority for the FWC is to support children to be school ready and support families with the transition process. This includes ensuring children have well developed emotional, social, physical and cognitive skills in preparation for school. Early Help commissions Speech and Language Therapy (SLT) to deliver a preventative and early intervention service to support children's

Speech, Language and Communication Needs (SLCN). Early Years workers provide crucial sessions for children under 5 years old. They offer a mix of targeted (Busy Feet/ HENRY – linking to healthy lifestyles) and universal, baby and messy play sessions. This approach enables young children to be identified who may be at risk of poor outcomes and appropriate referrals made, i.e. to SLT, Health Visitors, and community paediatricians.

- 3.26 The Willow FWC is predominantly a SEND hub providing support services to families of children with SEND using an approach to identify children's needs early and putting in place interventions to prevent an escalation of need and additional pressure on the High Needs Block (HNB) deficit. This is a key part of the HNB deficit recovery plan.
- 3.27 The FWC work closely with Brent's Community Hubs to ensure there are effective working relationships in place to support all of Brent's residents. Managers from the respective services meet periodically to review service delivery, update on developments and address any partnership working challenges.
- 3.28 Central government have been interested in learning about the progress made in Brent to deliver FWCs as both the DfE and DLUHC develop policy options to support the roll out of family hubs nationally. Brent has received visits from the DfE, DLUHC, National Centre for Family Hubs and the Family Hubs Network and officers have been asked to speak at national and pan London conferences on various aspects of Brent's FWC journey.
- 3.29 The FWC initiative responds to the national shift towards hub-based working and comprehensive local consultation. Each shaped by a steering group of local stakeholders, the FWC are integrating working across Brent's Early Help network to efficiently and effectively respond to the needs of local families.

Outcomes and Impact

- 3.30 The key objectives of FWCs when they were established were:

1. A reduction in referrals to higher level interventions – early intervention and preventative work across FWCs and wider Early Help service prevents families' problems escalating and becoming more complex.

Progress:

- The number of families completing parenting programmes improved from a 73% completion rate in 20/21 to 82% in 21/22. Families will receive follow up calls this autumn to check in on the sustained impact of the programmes.
- New triage workers provide a rapid response at the first point of contact, by either providing information, guidance or direct work or by making an

appointment with the most relevant agency to provide the support needed. From December 2020 to April 2022, 895 families were worked with; only 13 of these families required higher level intervention (referral to social care or key worker in FWC). An increase in activity from April to June 2022 (433 referrals) has only seen one case step up to a higher level of intervention.

2. Prevention of family breakdown resulting in entry to care – a strong focus on family support delivered at FWCs and wider Early Help Service.

Progress:

- From December 2020 to June 2022, the Accelerated Support Team (who work with children who are on the edge of entering the care system) prevented 86% of 285 of the most vulnerable young people they worked with and identified as being on the edge of care from entering the care system.
 - The number of cases being 'stepped down' from children's social care teams to Early Help services increased by 54% from 2020/21 to 2021/22. This indicates level of risk has reduced and is safely managed by key workers in the FWCs. The number of cases open to key workers in the FWCs has been increasing steadily, with an additional 50 cases allocated to the teams since March 2022.
3. Addressing the growing challenge of serious youth violence – FWCs host activities and support for young people and signpost to opportunities elsewhere, linked to the Brent Youth Strategy and delivery plan.

Progress:

Young people have told us that although they wanted to access youth friendly spaces, they were reluctant to attend, if they were unfamiliar with them. To this end, FWCs have been working with local schools to meet young people and work together to co-design activities. This has seen an increase in young people attending FWCs and engaging in a variety of activities. As a result 13% of children's registrations are young people aged 12- 18 years. A number of activities aimed at older children were delivered over the recent summer holidays as part of the Holiday Activity and Food Programme (HAF). The current offer for young people includes: sports and sports leadership; arts workshops (animation, photography, comic books, murals); dance and drama workshops; Global Thinking intended to increase confidence in young women, build resilience and develop life skills. Young women attending report developing new friendships and better coping skills in stressful situations. A young people's survey was launched late August to update their views on the priorities of the

Youth Strategy and to capture their voices on what they would like to see delivered in the FWCs.

4. Building capacity in universal services so that they can support children earlier – strong partnerships and commitments are in place with the statutory and third sector to work together to achieve positive outcomes for families via the Early Help strategy and common framework to deliver early help across Brent using a whole family approach.

Progress:

Citizen's Advice Brent are commissioned to work across the FWCs to provide support to families experiencing a variety of financial difficulties. Financial gains of £1,804,539 were achieved for families last financial year and 2,435 families were supported, 354 families secured or were clearer about their immigration status and/or that of family members, 234 parents received advice relating to employment, 744 families were supported to secure accommodation, and 194 families were referred onto other support services.

The contract in place with Barnardo's brings added value by providing families with access to white goods (fridges, freezers, kettles, toasters), food donations and other donations such as concert tickets, mobile phones, tablets, data dongles, clothes and 'Driving Healthy Futures' support (healthy eating/cooking sessions where families get food vouchers for participating). Barnardo's have also made a number of £100 vouchers available to refugee families.

5. Successful delivery of the Healthy Child Programme (0-19) – health visiting and school nursing services are commissioned by Public Health and delivered across the FWC and other sites.

Progress:

With the changes and the expansion of the FWCs, it has improved access for families to the 0-19 Healthy Child Programme. The services include:

- 0-19 public health service (health visiting, infant feeding team, Brent4Life and school nursing) have worked with FWCs to obtain UNICEF Baby Friendly Silver Award and the health visiting team have also achieved Gold, leading to improved breast feeding rates
- The HENRY (Health, Exercise, Nutrition for the Really Young) programme was introduced by Public Health and is being co-facilitated by 0-19 staff and FWC staff. 4 pilot programmes ran in the summer term and retention is approximately 65%
- Introduction to solids and weight management clinics have started during the summer.
- Safeguarding clinics are carried out by the 0-19 service face-to-face.

- MECSH families (vulnerable families) are seen by a health visitor on a 1:1 basis more often to offer more support. There is a firm evidence base of the impact of this service to support vulnerable children.
 - FWCs are being used for delivering vaccinations to children including a BCG programme was delivered to children under 1 at Fawood and Curzon Crescent FWC. Uptake was very good as this prevented families having to travel longer distances.
 - Ante-natal and postnatal midwifery - is provided across 6 centres, at least twice per week. When concerns present, midwives are referring families to the triage worker for additional support which includes family support and access to CAB.
 - Perinatal mental health service – provided in 6 centres, the service is supporting families to access under 5s activities such as baby massage, emotional wellbeing programme for parents to improve outcomes for their families.
6. Improved school readiness for children when they enter Reception (aged 4/5 years).

Progress:

- CLCH are commissioned to work across the FWCs to provide Speech and Language Therapy (SLT) support to children. Outcomes include:
 - promoting age appropriate development of children's (0-5 years old) Speech Language and Communication (SLC) skills
 - early identification and intervention to prevent children's SLC needs escalating
 - improve children's school readiness with respect to their SLC skills
 - increase the skills and confidence of parents, staff and volunteers to encourage children's SLC development, particularly for parents of children with additional needs
 - enable families of children with additional needs to have timely and properly coordinated access to specialist and/ or early intervention services.
- In the 2020-21 financial year through FWC and linked settings 2,879 under 5s received universal SLT support, 1,221 received targeted support and 237 were identified as needing specialist SLT support.
- New initiatives such as the 'Best Start for Life' programme, funded by DLUHC will enhance the current offer – focusing on supporting a home learning environment. Health partners will introduce 2 year-old integrated development checks from autumn 2022 from FWC. Related outcome measures are in development.
- There is a continued focus on improving the take-up of the free nursery education grant in the borough to encourage more children to take advantage of nursery and childminding provision.

- CAMHS under 5s – a new CAMHS under 5s service has been established at Willow FWC and will provide support to families across the FWCs. Families will receive support to address issues for their children such as tantrums, sleep problems, behaviour difficulties, separation anxiety, developmental difficulties, parenting difficulties and family relationship issues.
- There is a continued focus on improving the take-up of the free entitlement to early education in the borough to encourage more children to take advantage of nursery and childminding provision. Research has shown that high quality early childhood education and care can have positive and long-lasting impacts on children's educations, cognitive, behavioural and social outcomes and play a positive role in raising attainment and closing the gap between outcomes for children from disadvantaged backgrounds and other children. Take-up of free entitlement places in 2022 has increased compared to last year. While still below both the London and national averages, the take up in 2022 of the 2 year entitlement is 57% (compared with 49% in 2021) and the take up of the 3 and 4 year entitlement is 77% (compared with 74% in 2021).
- Work is ongoing to raise awareness of the free entitlements to all communities, using a range of marketing / promotional strategies and in particular to reach the 43% of eligible 2 year olds and 23% of 3 and 4 year old who are not accessing the places that they are entitled to. Strong links have been made with partner agencies including health and the voluntary sector to increase reach within the community.

3.31 The new FWC system is still developing, 12 months into full operation and outcome indicators will continue to be developed over time.

Service user feedback

3.32 Service user feedback and engagement with families is used to co-produce the FWC delivery model to ensure that services and support offered actively engages families and meets their wide ranging needs.

Feedback from the Incredible Years parenting programme

- 'I now know the importance of being a good role model to my children'.
- 'Made me really confident about myself and being a parent. I now know what my child needs. Really good programme'.
- 'I feel very confident about raising my daughters in a positive way and improve our mother-daughter relationship'.

Feedback from the Freedom Programme (for women who have been or are in an abusive relationship)

- 'The knowledge that the abuser has many faces and I know what signs to look for'.

- 'The programme has made me stronger as I was at home and isolated'.
- 'The programme has made me stronger and more confident and I know that knowledge is power'.

Feedback from the Young Carers group at the FWC

- 'I haven't been bowling before, thank you for letting me come.'
- 'I like coming to group with other young carers, it's fun.'
- 'I tried what you said and it helped. I managed to fit more revision in by making myself a timetable.'

Figure 3: Parents attending the I Am Remarkable workshop linked to International Women's day



Feedback from Health Visitor

'A mother previously walked one and half hours to attend a clinic and being based at Preston Park FWC has ensured easier access to the service.'

Feedback from a parent regarding triage

'I have received support from the Triage Worker in various ways that were much needed for me and my family. Just to name the support: I received food voucher, help with free school meal application, clothing for me and my family, help with getting school uniform for my son, toys and a kettle. The Triage Worker would also call to check on us every so often, we appreciate all that she has supported us with, she did a great job'.

Key Workers ask families to complete an exit interview when closing the case. Families overwhelmingly strongly agreed with the statements below:

- The Key Worker listened to what your family had to say.
- Your family's ethnicity, culture and religion were considered and respected.
- The actions expected of you and your family were made clear.
- Your family was involved in making decisions through-out the process.
- If there were challenges with your child/ young person in future how confident would you be able to deal with these?

Local and national initiatives

Local initiatives

- 3.33 The Early Help service as part of CYP recognises the importance of developing and maintaining robust internal and external partnerships. Collegiate cooperation and relationship building based on trust and a sense of shared objectives with senior officers from other teams in the council (for example public health) central government departments, NHS, elected members, schools, private providers and voluntary sector provider are essential. Going forward this approach will be strengthened further.
- 3.34 The government's '**Supporting Families**' (formerly 'Troubled Families') programme is embedded and aligned to the FWC delivery model. The new framework goes 'live' in October 2022. The programme has been expanded for the next 3 years with stable funding indicated that will enable medium-term planning. Brent's performance on the Supporting Families programme has been consistently strong.
- 3.35 **Health services for pre-school age children** plan to introduce integrated 2-year checks in Brent, and FWCs will be an integral part of the process. This will help to identify the most vulnerable families at an early stage and target support as necessary. A pilot will be delivered during the summer and the learning used to improve the programme before it is fully implemented.
- 3.36 Work is currently under way to offer new birth registrations at the FWC starting in the autumn term. The aim is to make the service more accessible so parents don't just have to come to the Civic Centre to register the new birth. It is also one of the recommendations in the Government's Best Start for Life programme.

National initiatives

- 3.37 FWC are at the heart of the **DWP Reducing Parental Conflict** programme and will offer relationship support for families ranging from universal to specialist interventions. The LA will receive £44k this financial year to improve relationship support services and raise awareness of the negative impact of intense and sustained parental conflict on child outcomes.
- 3.38 The Best Start for Life report sets out the Government's vision with family hubs, (in Brent, the FWC) as the key delivery point for integrating support services from maternity through the early years. Local Family Hub networks will consist of both physical and virtual places where services to support families come together, from birth registration to midwifery, health visiting to mental health support and parenting courses to infant feeding advice. This programme of work by the Government to ensure that the best support is available to families in the first 1,001 days, identified within the report as 6 actions areas, has started

and local authorities are expected to implement the recommendations within each action area.

- 3.39 Brent has been identified as one of the 75 Local Authorities across England to receive funding for the government's **Family Hubs and Best Start for Life programme**. The programme is due to start in the autumn following receipt of the programme guide from the DfE. Officers are mapping the current FWC offer to the Best Start for Life offer in order to identify gaps, improve coordination and planning of service delivery between partners. The draft programme guide was received from the DHSC in August as well as a letter confirming that Brent will receive an indicative funding of £4.15M - £4.35M over 3 financial years (2022/23, 2023/24, 2024/25).
- 3.40 In August 2022, MOPAC awarded £150,000 to Brent for a one-year programme that tackles over representation of BME children and young people in the youth justice system. This broadly consists of cultural competency training for Brent professionals supporting young people vulnerable to poor crime and disorder outcomes, and coproducing a range of youth provision across FWCs with young people receiving YOS. There are other opportunities on the horizon and because Brent FWCs are now well established Brent will be in a good position to apply for opportunities to pilot programmes and access any related funding
- 3.41 The Independent Review of Children's Social Care (May 2022) put forward the need for a 'fundamental shift' in the way children's social care responds to families who need help, confirming that identifying risks earlier and preventing problems from needlessly escalating will reduce the need for 'less dignified and more costly intervention' later. The review identifies family hubs as one of the possible settings for delivering help to families. Brent will therefore be well placed for the integration of place based early intervention services for families should the DfE accept this element of the review. A DfE response is expected by the end of the calendar year.

4.0 Financial Implications

- 4.1 In 2021/22, the management and service delivery of FWCs was funded from the budget available of £1.8M, funding from the Public Health grant of £0.75M to support the Early Help aspirations for the FWCs and DWP grant funding from the DWP for the Reducing Parental Conflict programme of £22K. In 2022/23, this grant increases to £44K. There has also been agreed capital investment to undertake enhancement works at the FWC sites of c£0.7M.
- 4.2 The new government programme of Family Hubs and Start for Life *could* mean further investment into the borough over the next 3 financial years from 2022/23 to 2024/25 of up to c£4M in total dependent on the final planned programme.

5.0 Legal Implications

- 5.1 The statutory obligations in the Childcare Act 2006 ('the 2006 Act') concern '*young children*', which essentially are those aged between 0-5. Section 1 of

the 2006 Act imposes on local authorities a general duty in relation to the well-being of young children to:

- (a) improve the well-being of young children in their area, and
- (b) reduce inequalities between young children in their area in relation to:
 - Physical and mental health and emotional well-being
 - Protection from harm and neglect;
 - Education, training and recreations;
 - The contribution made by them to society; and
 - Their social and economic well-being.

5.2 S.3 of the 2006 Act sets out specific duties the council has in relation to early childhood services which includes early years provision and provides that the council must make arrangements to secure that early childhood services in their area are provided in an integrated manner which is calculated to facilitate access to those services, and maximise the benefit of those services to parents, prospective parents and young children. In discharging its duties, the council must have regard to any guidance given from time to time by the Secretary of State.

5.3 Section 5A of the 2006 Act provides that:

(1) *Arrangements made by an English Local Authority under section 3(2) must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need.*

(2) *'Local need' is the need of parents, prospective parents and young children in the authority's area.'*

6.0 Equality Implications

6.1 The public sector equality duty, as set out in section 149 of the Equality Act 2010, requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a 'protected characteristic' and those who do not share that protected characteristic. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

6.2 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.

- 6.3 There is no prescribed manner in which the Council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary.
- 6.4 An Equality Impact Assessment in relation to FWC was completed as part of the Cabinet report submitted in October 2019.

7.0 Human Resources/ Property Implications












- 7.1 Responsibility for the FWC buildings, with the exception of Fawood/ Curzon, returned to the Council on 1st December 2020. A new contract with Facilities Management was set-up commencing 1 July 2021 to maintain the buildings and this included cleaning services from 1 December 2021. There was a delay to cleaning services to allow for TUPE arrangements to be progressed with the previous cleaning provider.
- 7.2 Staff assigned to activities covered by the FWC support services contract which commenced 1 December 2021 are employed by Barnardo's.
- 7.3 Given the reduction in the number of centres and new working model, there were more staff in scope to transfer to Brent than there were roles available when the children's centre contract with Barnardo's ended in November 2020. As part of this change process 25 staff TUPE'd to Brent, 4 staff took redundancy and 2 were redeployed. The process was managed in line with the relevant council policies.

Report sign off:

NIGEL CHAPMAN

Corporate Director, Children and Young People

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July August 22 V3.	MONDAY 25 July 1/8/15/22 August 22	TUESDAY 19 TH & 26 TH July 2/9/16/23 August 22	WEDNESDAY 27 TH July 3/10/17/24 August 22	THURSDAY 21 ST & 28 TH July 4/11/18/25 August 22	FRIDAY 29 TH July 22 5/12/19/26 August 22	SATURDAY 30 TH July 22
Summer Youth Activities www.brent.gov.uk/familywellbeingcentres  	11.00- 3.00pm FOOTBALL CAMP WEUROS 25 th -28 th July 22 Lunch Provided 8-18 years old  9.30am- 3pm KIDZPLAY 8 years plus Lunch Provided 1 st Aug-25 th August 22 Activities include arts & crafts, games & trips 12-2pm FAMILY HEALTHY COOKING 4-12 years old 15 th & 22 nd August 22 Booking required	10am -12pm JAYS ART CLUB 7years old plus Booking Required 11.00- 3.00pm FOOTBALL CAMP WEUROS 25 th -28 th July 22 Lunch Provided 8-18 years old 9.30am- 3pm KIDZPLAY 8 years plus Lunch Provided 1 st Aug-25 th August 22 Activities include arts & crafts, games & trips 	10am -12pm JAYS ART CLUB 7years old plus Booking Required 11.00- 3.00pm FOOTBALL CAMP WEUROS 25 th -28 th July 22 Lunch Provided 8-18 years old 9.30am- 3pm KIDZPLAY 8 years plus Lunch Provided 1 st Aug-25 th August 22 Activities include arts & crafts, games & trips 3.30-5pm Multi Sports 11-18 years old. Booking required	11.00- 3.00pm FOOTBALL CAMP WEUROS 25 th -28 th July 22 Lunch Provided 8-18 years old 9.00-4.00pm HEALTH VISITING 1&2 year old Development reviews Appointment only 9.30am- 3pm KIDZPLAY 8 years plus Lunch Provided 1 st Aug-25 th August 22 Activities include arts & crafts, games & trips 	9-4pm Weight Management Clinic Appointment only 10-12pm REGISTRATION DROP IN Come and get help to register at the FWC No appointment necessary 	KIDZPLAY FOR INFORMATION CONTACT: ABBEY 07977681977 OR KIDZPLAYHAF@GMAIL.COM TO BOOK USE THE QR CODE BELOW   FOOTBALL CAMP For more information contact Sachaatsport@the heart.org Sacha 07534 269921
Summer Early Years Activities Registration link:  St Raphael's Family Well Being Centre Rains Borough Close NW10 OTS 020 8937 3620	9.15-10.45am CHILD TALK Learn about your baby's growth and speech development, social and emotional needs 0-5 years Booking required 9-4pm Midwifery Team Appointment only	10-11am BABY TALK 0-12 months Booking Required 10-11.30AM BEST START FOR LIFE STORY EXPLORERS BOOKSTART LIBRARY EVENT 19 th July 22 Ages 1-4 years Explore books through storytelling and puppets. Book Trust packs will be explored and given to each child ages 1-2or 3-4 years 9-4pm Midwifery Team Appointment only	9.30-3.00pm (Every 2 weeks) CITIZENS ADVICE BRENT (CAB) CAB offer good quality independent Advice on issues such as benefits housing Welfare rights. LET'S TALK. Parents can learn how to support their children's language development through activities and singing. In addition parents can Get advice to support your child's from the Speech and Language Team. 0-5 years Booking Required 3.30-5pm Family Fun Fitness 4-12 years old. Booking required 9-4pm Health Visitors Appointment only	10.15-11.45 BEING WITH YOUR BABY Babies 6-12 months 3 SESSION Share songs play together and explore your & Baby's wellbeing 21/28 July & 4th August 9.00-4.00pm SMALL TALK SLT One to One Individual appointment only 9-4pm Health Visitors Appointment only	9-4pm Weight Management Clinic Appointment only 10-12pm REGISTRATION DROP IN Come and get help to register at the FWC No appointment necessary 	10.00 - 11.30am FATHER'S SESSION (male carers only) Covers different topics every session. Booking Required 

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 Brent	Community and Wellbeing Scrutiny Committee 22 September 2022
	Report from the Head of Strategy & Partnerships
Social Prescribing Scrutiny Task Group	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix One - Scope of Scrutiny Task Group Review
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	George Kockelbergh Strategy Lead – Scrutiny Strategy & Partnerships George.Kockelbergh@brent.gov.uk Tom Pickup Policy, Partnerships and Scrutiny Manager Strategy & Partnerships Tom.Pickup@brent.gov.uk Lorna Hughes Head of Strategy & Partnerships Lorna.Hughes@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To enable the Community and Wellbeing Scrutiny Committee to establish a scrutiny task and finish group to review social prescribing in Brent.

2.0 Recommendation(s)

- 2.1 To note the contents of the report and scoping paper attached in Appendix 1.

- 2.2 To agree to establish a scrutiny task and finish group with the terms of reference and membership outlined in Appendix 1.

3.0 Detail

- 3.1 The Community and Wellbeing Scrutiny Committee can commission evidence-based reviews of a policy area or function of the local authority, which are led by non-executive members. During the work programming session of this municipal year, members also discussed a number of areas that they would like to examine in greater detail through a scrutiny task and finish group. It was agreed that the first task group of this municipal year would focus on social prescribing, which is outlined in more detail in Appendix 1.
- 3.2 The evolution of healthcare practice nationally towards using more holistic approaches to address people's health needs has made social prescribing increasingly prominent. Social prescribing is a means of allowing health professionals to refer people to a range of local, non-clinical services. The creation of a scrutiny task group on social prescribing is therefore timely and will enable members to review how effectively social prescribing is addressing the health needs of Brent residents, and the opportunities to further develop social prescribing further in Brent.
- 3.3 As set out in Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Community and Wellbeing Scrutiny Committee can review or scrutinise any matter relating to the planning, provision and operation of the health service in the borough. It can also make reports or recommendations to the relevant NHS bodies or relevant health service providers.
- 3.4 The work of the task group will include producing a report with recommendations to Cabinet or other relevant authorities which are focused on areas that the Cabinet or relevant authorities are responsible for. Making recommendations is one of the most important powers that overview and scrutiny has in a local authority. It is considered good practice that recommendations are SMART (specific, measurable, agreed, realistic and timed) and limited in number, this is to ensure that scrutiny achieves the greatest possible impact.
- 3.5 The task group will collect evidence for its report through the use of evidence sessions. Evidence sessions are designed to provide task group members with information from witnesses called to give evidence. There is not an exhaustive list of who can be called to give evidence, but witnesses in the past have included: council officers, Lead Members, witnesses from relevant external organisations i.e. the NHS, service users and subject matter experts. Members will be expected to develop lines of questioning to check their understanding, question witnesses at sessions and weigh-up evidence that is presented to them. It is considered best practice for members to prepare for these sessions by considering all available data available to them. This is to

give them a complete overview of a subject, so that any views developed are grounded in evidence.

- 3.6 Membership of the scrutiny task group has to be drawn from non-executive members. However the Lead Member for Public Health and Adult Social Care will take part in the evidence sessions alongside other key stakeholders. Details of these sessions will be detailed in a project plan, once the task group is established.

4.0 Financial Implications

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

5.0 Legal Implications

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

6.0 Equality Implications

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

7.0 Consultation with Ward Members and Stakeholders

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

Report sign off:

Lorna Hughes

Head of Strategy & Partnerships

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APPENDIX 1

Scope of Scrutiny Task Group Review

Background

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses.¹

Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. It is one of a suite of approaches, sometimes called community-centred approaches, which aim to mobilise the power of communities to support and enable good health.

A social prescribing scheme usually has three key components:

- i) **A referral from a healthcare professional:** most often General Practices are involved in making referrals. Referrals could be made by a practice nurse, or nurse specialist or a consultant, or an allied health professional such as a physiotherapist.
- ii) **A consultation with a link worker:** A link worker may be situated within a GP surgery, in the local community, or a mix of these. Their role is to understand the patient's needs, by some form of assessment and to link them with appropriate support. The social prescribing scheme also collaborates with local partners to help community groups be accessible and sustainable and support people starting new groups.
- iii) **An agreed referral to a local voluntary, community and social enterprise organisation:** Schemes delivering social prescribing can involve a range of activities that are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical wellbeing. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, people with complex needs, people who are socially isolated and those with multiple long-term conditions who frequently attend either primary care settings such as GP Practices or secondary care such as hospitals.

¹ Kings Fund (2020) – What is social prescribing? <https://www.kingsfund.org.uk/publications/social-prescribing>

There is a growing body of evidence that social prescribing can lead to a range of positive health and wellbeing outcomes (as shown in figure 1 below)². Studies have pointed to improvements in quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety.

Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nuture community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Community-centred ways of working can an effective way of improving the health and wellbeing of marginalised and vulnerable groups. For this reason, they are an essential way of reducing health inequalities within a local area or community.

There are a number of issues surrounding social prescribing schemes that can have a significant influence on its effectiveness within a local authority:

- What are the costs of Social Prescribing related to staffing, venues, administration and delivery? What are the associated costs in raising awareness and orienting the system towards a social model of health? Is there appropriate funding levels for social prescribing to effectively achieve its aims?
- What work needs to be done to avoid traditional siloed service provision for social prescribing schemes that require more holistic methods to be effective? How can health organisations work in partnership to achieve this?
- What engagement is taking place with the community and voluntary sector in Brent to ensure there is access to inclusive, community specific and effective social prescribing opportunities in Brent? Are these organisations supported to enable them to deliver these opportunities?
- What work needs to be done to educate and support healthcare professionals to ensure social prescribing works effectively like any other service?

² The Low Commission (2015). The role of advice services in health outcomes: evidence review and mapping study. Available at http://www.lowcommission.org.uk/dyn/1435582011755/ASA-report_Web.pdf

When increasing the number of people that are using local community and voluntary, community and social enterprise organisations, it is particularly important that the organisations receiving referrals can sustain their income and service provision.

For social prescription to work like any other service, the referrals of patients to link workers are important, however, not all healthcare professionals have time to get up-to-date with recent developments in social prescribing.

Making time and resource available to educate and provide for continuous professional development for healthcare professionals on aspects of social prescribing is therefore very important. Social prescribers need support to aid their development, but others also need to be educated so social prescribing's benefits are understood more widely.

Social prescribing in Brent is current embedded in general practice and Primary Care Networks, all practices in Brent have allocated link workers as part of their team. The development of social prescribing in the borough has been a collaboration between Primary Care Networks for the past six years. Social prescribing link workers all share a team leader who works with the NHS to ensure aligned delivery across Brent in partnership with Brent Mencap.

There is a key opportunity for the Community and Wellbeing Scrutiny Committee to establish a scrutiny task group to conduct an in-depth review into social prescribing in Brent. With the continued implementation of social prescribing nationally and locally, there is a strong argument for reviewing the extent to which social prescribing is delivering on its intended outcomes. The creation of the task group will allow members to get a detailed insight into how effectively social prescribing is being delivered in Brent, and enable NHS partners to develop a strategy to fully realise the benefits of social prescribing in the borough.

Objectives

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

The methodology will be to gather qualitative and quantitative evidence to help develop its recommendations. In particular, it is proposed that the scrutiny task group will undertake a number of interviews with a range of stakeholders involved in social prescribing including: primary care clinicians, link workers, social workers, community and voluntary groups, and patients and residents in Brent.

Terms of Reference

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

- (i). To review Brent's current social prescribing offer; including both the infrastructure and attitude to social prescribing, and evaluate whether Brent is fully realising the potential benefits of social prescribing.
- (ii). To understand the opportunities for social prescribing in Brent, and what can be achieved through social prescribing locally for all residents.
- (iii). To consider the most effective ways of further developing social prescribing in Brent in collaboration with the NHS and other partners.

Timescale

It is proposed that the scrutiny task group will report back to the Community and Wellbeing Scrutiny Committee on its progress on 25th January 2023, and will present its final report on 7th March 2023. It is envisaged that the report would be presented to Cabinet for consideration on 17th April 2023.

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

Membership

The following membership for the Task Group is proposed:

Councillors

Cllr Ketan Sheth (Chair)
Cllr Rajan Seelan
Cllr Tazi Smith
Dr MC Patel – co-opted
Anita Thakrar – co-opted

Other key stakeholders to be invited as appropriate

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

Representative(s) from the North West London Integrated Care System and Brent Integrated Care Partnership including those leading on Primary Care in Brent
Representative(s) from Primary Care Clinicians and other relevant health professionals in Brent
Representative(s) from organisations involved with social prescribing, including link workers.
Representative(s) from Brent's Community and Voluntary Sector
Representative(s) from Service User Cohort and Brent residents

Evidence Sessions

It is proposed that there will be 4 evidence sessions for the scrutiny task group. The proposed structure for the meetings is detailed below:

Evidence Session 1 October 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • What is social prescribing and its expected benefits • The national direction of travel for social prescribing • The Brent context: how social prescribing is delivered in Brent currently, including the outcomes of delivery. • The Brent context: what key health issues does social prescribing seek to address in Brent 	Attendees/Organisations <i>As appropriate</i>
Evidence Session 2 November 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • The opportunities locally for those professionals who socially prescribe • Current attitudes towards social prescribing in Brent among primary care professionals • Potential barriers to effective social prescribing in Brent for primary care professionals 	Attendees/Organisations <i>As appropriate</i>
Evidence Session 3 November 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • The local offer for social prescribing opportunities in Brent • What do local organisations who are offering social prescribing opportunities see as the benefits and opportunities in Brent? • What barriers are currently in place for organisations who offer social prescribing opportunities in Brent? • How attractive and inclusive are social prescribing opportunities for Brent residents? 	Attendees/Organisations <i>As appropriate</i>
Evidence Session 4 December 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • The role of link workers in connecting those who socially prescribe with those who offer social prescribing opportunities i.e. Primary care colleagues and voluntary organisations • How well connected are different aspects of social prescribing in Brent • How could stakeholders involved in social prescribing in Brent work together more effectively • Evaluating & Monitoring 	Attendees/Organisations <i>As appropriate</i>

	<ul style="list-style-type: none"> • Developing social prescribing in Brent with partners to fully realise the potential opportunities for social prescribing 	
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