



Community and Wellbeing Scrutiny Committee

Wednesday 25 January 2023 at 6.00 pm

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

This will be held as an in person physical meeting with all 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:

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

Councillors:

Kansagra and Maurice

Councillors:

Georgiou and Lorber

Co-opted Members

Simon Goulden, Jewish Faith Schools
Alloysius Frederick, Roman Catholic Diocese Schools
Sayed Jaffar Milani, Muslim Faith Schools
Vacancy, Church of England Faith Schools
Vacancy, Parent Governor representative x 2

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

or

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

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

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Deputations (if any)	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting	1 - 10
To approve the minutes of the previous meeting held on Tuesday 22 November 2022 as a correct record.	
5 Matters arising (if any)	
6 Brent Housing Management Update	11 - 42
The report provides the Scrutiny Committee with an update and overview on the performance of Brent Housing Management (BHM).	
7 Mental Health and Wellbeing Sub Group Update	43 - 56
This report provides the Scrutiny Committee with an update on delivery of the Mental Health and Wellbeing priority as part of the Borough Based Partnership, which brings together commissioning and provider organisations to support the improvement of local health and wellbeing outcomes and reduce inequalities across Brent's communities and residents.	
8 Social Prescribing Task Group Interim Report	57 - 76
This report provides the Scrutiny Committee with an update on progress of the Social Prescribing Task Group.	

9 Any other urgent business

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

Date of the next meeting: Tuesday 7 March 2023



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

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Tuesday 22 November 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), Begum, Ethapemi, Fraser, Kansagra (substituting for Councillor Mistry), Matin, and Smith

In attendance: Councillor Gwen Grahl, Councillor Neil Nerva

1. Apologies for absence and clarification of alternate members

Apologies were received from:

- Councillor Mistry, substituted by Councillor Kansagra
- Councillor Moeen, substituted by Councillor Akram
- Co-opted member Mr Simon Goulden
- Co-opted member Mr Alloysius Frederick

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation Trust and governor of a number of education settings detailed in the [register of interest form](#)
- Councillor Matin – employed by NHS
- Councillor Collymore – member of palliative care and end of life steering groups
- Councillor Ethapemi – spouse employed by NHS
- Councillor Smith – employed by NHS

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting on 22 September 2022 were approved as an accurate record of the meeting..

5. Matters arising (if any)

There were no matters arising.

6. Brent Safeguarding Adults Board Annual Report 2021-22

Fran Pearson (Independent Chair, Safeguarding Adults Board) introduced the report, which presented the Brent Safeguarding Adults Board (SAB) annual report covering the period from April 2021 to March 2022. She highlighted that she started in the role of Independent

Chair on 1 April 2022, following the departure of Michael Preston-Shoot, and therefore would be presenting a report for a year for which she was not present. She expressed thanks for the years of service the previous Chair had provided to Brent.

In introducing the report, Fran Pearson drew the Committee's attention to the similarities between the Adult's and Children's safeguarding arrangements, which involved the role, commitment and accountability of the three statutory partners to the Board – Sue Sheldon on behalf of the Integrated Care Board (ICB), Barry Loader on behalf of the Metropolitan Police, and Claudia Brown (Director Adult Social Care, Brent Council) and Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) on behalf of the local authority. The principle of those three statutory partners being central and equal to each other remained the same for both the children's and adult's arrangements. She concluded by noting that insights and thoughts from previous Scrutiny Committee's had helped inform, shape and make richer the Board's annual report.

Barry Loader (Acting Borough Commander, NWL BCU – Metropolitan Police) agreed with Fran's initial oversight of the cohesiveness of the partnership, and felt the partnership was lucky to have benefited from longstanding membership of each of the statutory partners which was rare amongst safeguarding partnerships. This allowed the partners to have challenging conversations with each other and move forward strategy plans to improve outcomes for victims and vulnerable members of the community. He added that safeguarding adults covered a large age range from 18 until death, and the partnership now saw more cases of younger vulnerable adults. This was attributed to the impact of the cost of living and people living longer. He expressed a commitment to continue identify vulnerable individuals going forward, while highlighting the high demand on the service.

Sue Sheldon (Assistant Director for Safeguarding Adults and Children, NHS NWL) echoed the previous remarks in relation to partnership working. She advised that, following the transition from the Clinical Commissioning Group (CCG) into the Integrated Care Board (ICB), there had been a concern that safeguarding would be lost, but assured the Committee that the ICB were still very committed to safeguarding both adults and children.

In concluding the introduction, Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) highlighted that the report was extensive in detailing the work that the SAB had achieved over the year, and there was now a need to look at the future, ensuring adult safeguarding was not lost amongst NHS re-organisations, which he would be maintaining focus on going forward.

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

The Committee asked Fran Pearson, upon reflecting on her first 100 days in post, what issue was most prominent that she would want to build on going forward. Fran Pearson advised that she would like to focus on the future, and ensure that the Board was agile and reflected context. The SAB had discussed cuckooing as an emerging issue, and were in the process of shaping the priorities for the upcoming year. One priority was self-neglect, including reflecting on the need to be agile, such as considering whether the character of self-neglect had changed, and there was a 2-3 year work programme being put together in relation to that priority. A second priority would be around substance misuse and housing insecurity which would be scoped in the December SAB meeting. She highlighted the importance of not duplicating work already going on, as there were a number of working parties, groups and multi-agency pieces of work being done and the SAB needed to remain high level and strategic.

The Committee asked what had been particularly surprising to Fran Pearson as she started working with the partnership, to which she responded stability. In SABs in other localities,

she had experienced 50% of SAB memberships changing over the course of a year, compared to Brent where there had been longstanding membership, a strong level of consistency, and high levels of trust amongst the partners. Going forward, she would like to further understand the population in a fuller context, including hard to reach communities and issues being faced by Brent's. For example, when looking at self-neglect and hoarding, environmental health colleagues had described them as being owner occupiers, which helped to further understand their lifestyle. In order to do that, triangulation of data from partners was needed and she would look to bring that in where possible.

Responding to the challenges that the SAB foresaw, Fran Pearson highlighted the cost-of-living crisis, which was a live situation impacting on self-neglect and different types of financial exploitation. Fran was keen to carve out time for the SAB to reflect on issues in depth and hear different perspectives on the issues. As Chair, she had introduced executive meetings with the statutory partners, giving them the opportunity to do that reflection and consider possible actions going forward.

Noting the increase in incidents of cuckooing, the Committee queried whether the 25 cases in 2022 also included the 13 cases from 2021. Carolyn Downs (Chief Executive, Brent Council) advised that she would be concerned if the 13 cases from 2021 had not been resolved. She was pleased that the SAB were taking a focus on cuckooing, as it was an extremely complex issue and it was important to take a multi-agency approach in these cases. Often, the cases related to an acute mental health issue and therefore had cross cutting implications for mental health teams, housing, police, and community safety. She hoped that, moving forward, the partnership would approach cases of cuckooing collaboratively. The Committee asked for a case study on cuckooing showing the cross-partnership approach.

In relation to the percentage figures for domestic abuse, self-harm, sexual abuse, exploitation, Female Genital Mutilation, forced marriage and modern slavery, the Committee highlighted they were very low, and asked why that was. Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) advised members that the figures included in the report were in relation to only those adults who had a care and support need as defined by the Care Act, and not the general adult population. There would be higher percentages of those incidences in the adult population that would not be captured in the figures presented to the Committee. Fran Pearson added that it was a particular challenge trying to elicit from those with complex needs what was happening to them and building that relationship with individuals in order to receive that information. The report detailed the need for further communications about referrals in order to reach all sections of Brent's communities, as anyone could refer someone, including the person themselves, and there were underrepresented communities in the figures. Officers were working with the Brent Health Matters team through their close community connections to get that message out, and councillors could also help with that message.

In response to further queries around some of the data in the report, including the pie chart, Fran Pearson advised that they could think about the narrative alongside the data for future iterations of the annual report. The difficulty was that the annual report was only a snapshot of information, with one year of data, therefore she felt it would be useful to look back at trends over a longer period of time to understand if things were going in the right direction. In comparison to other boroughs, she did not think Brent were outliers in terms of 'self-neglect, psychological and emotional abuse' being the largest categories of abuse. Alongside a more detailed narrative, it was agreed that future reports should have firmer details about equalities data, as well as a narrative of what 'other' as a category of abuse meant. In addition, members asked for the details of referrers, such as by agency.

Continuing to consider the data, the Committee queried whether it was possible that there was underreporting due to current service demands and the cost-of-living crisis. They were advised that the report reflected the previous year's data, so any impact from current service demand and cost-of-living would be reflected in next year's report. Barry Loader felt that, in the current context, there were challenges for all public sector services, and reminded the Committee that this data did not include the volume of referrals from outside of Adult Social Care, which was significant. The Police did a lot of training around identification of vulnerability and had a framework for reporting. Phil Porter advised that they had not seen any decline in agencies referring, so there was not evidence to suggest that services were too overwhelmed to refer. In relation to the referral rate and subsequent conversion rate into an enquiry, Brent were not outliers in the numbers, so there was some reassurance in the levels of referrals and concerns.

In relation to the increase of safeguarding concern numbers coming from extra care, the Committee were advised this was because Adult Social Care had increased the volume of individuals in extra care, meaning there would be an increase in safeguarding referrals and as a result an increase in the number of referrals leading to an enquiry.

Members asked how far the zero tolerance to behaviour policy had impacted self-referring. They were concerned that if someone wanted to refer themselves but were not able or willing to articulate their circumstances, or did not approach it with the right attitude, their issues might not be picked up. Phil Porter highlighted the need to push the message that it was safe to refer in, and any referral would be treated anonymously and confidentially.

The Committee asked whether specialists were involved in strategy meetings where agencies decided whether a referral should become an enquiry. Claudia Brown informed the Committee that the strategy meeting included reviewing whether the client was known to any other services, and there would then be a discussion about the best place to move that case forward.

The Committee queried whether the number of bed ulcers being referred as a safeguarding issue was unusual, and Claudia Brown (Director Adult Social Care, Brent Council) advised that this was not unusual. Sue Sheldon added that pressure ulcers were monitored very closely in both a hospital and community setting, and there was work being done across North West London currently looking at pressure ulcers. The increased number of referrals meant that professionals were raising the issue, but they were being screened and did not meet the safeguarding criteria for an enquiry.

In concluding the discussion, the Committee asked how each statutory partner felt the relationship was working. Claudia Brown reflected that there was a general understanding of safeguarding across the partnership, and ongoing improvement in relation to the partnership. Barry Loader felt that all partner agencies needed to be constantly horizon scanning to be aware of emerging issues and the ways vulnerable people could be exploited. Sue Sheldon agreed, highlighting that the ability to discuss and challenge understanding was important for the partnership.

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) That a narrative is further developed to compliment safeguarding data within future Safeguarding Adults Board annual reports, including additional equalities data and referrer data.
- ii) That there continues to be extensive training on adult safeguarding issues amongst partner organisations to improve standards.

- iii) That there be an outline of what successful partnership working might look like, and details on how partners work to improve safeguarding processes in individual agencies in future annual reports.
- iv) That information is shared on areas of improvement for the Brent Safeguarding Adults Board, including the action plan to address those areas.

7. **Brent's Multi-Agency Safeguarding Arrangements for Children**

Carolyn Downs (Chief Executive, Brent Council) introduced the report, which focused on the multi-agency safeguarding arrangements for children in Brent and partner activity over the past year. She explained that, following a review by Sir Alan Wood, all local authority areas were now required to have statutory partners responsible for safeguarding children. In Brent, an Executive Group brought together those statutory partners – Barry Loader as the NWL BCU Borough Commander for the Metropolitan Police, Jennifer Roye as the Chief Nurse for North West London Integrated Care System (ICS), and Carolyn Downs as the Chief Executive of the Local Authority. In attendance at those Exec meetings was also Nigel Chapman as the Director for Children's Services, Councillor Gwen Grahl as the Cabinet Member for Children, Young People and Schools, Mike Howard as the Independent Convener for the Safeguarding Children Forum, Councillor Muhammed Butt as the Leader of the Council, and Wendy Marchese as the Partnership Lead for Safeguarding Children. She advised the Committee that the Executive Group was well supported by Mike Howard and Wendy Marchese and had been in place for some time. The report showed that the group had focused on a large number of rapid reviews throughout the year which had put a large amount of resource pressure on colleagues, but that colleagues had responded well to the challenge.

Mike Howard (Independent Convener, Brent Safeguarding Children Forum) added to the introduction, explaining that the annual report presented to the Committee aimed to illustrate the breadth and complexities of the work the safeguarding partners and forum members undertake. Section 3 of the report was a new section added to show the areas of focus for the Executive Group, Safeguarding Children Forum, and the Case Review Group over the year. He highlighted that there had been a number of extraordinary Forum meetings in the reporting year, focussed on the high profile child deaths of Arthur Labinjo-Hughes and Star Hobson, in order for Forum members to assure themselves of their own safeguarding practices in response to cases of neglect. This had included reviewing the National Panel review of the cases and the Joint Targeted Area Inspection (JTAI) in Solihull. He explained the need for the Forum to be flexible and aware that a safeguarding issue could arise on a national scale that may need to be responded to. In relation to the executive partnership, Mike Howard felt fortunate that, in Brent, there was very stable membership of the partnership, with each partner understanding each other's roles and approaching cases with the right attitude and without defensiveness or judgement. He felt confident that policies and procedures had been put in place following rapid reviews to ensure partners learned lessons, and reassured that the partners worked hard to reduce the likelihood of child death or injury in Brent.

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

The Committee highlighted the recent media coverage of a child in Rochdale who had died as a result of damp and mould, and queried where a case like that would fall within safeguarding criteria as Brent understood it, and what the response across partners would be if this were to happen in Brent. Nigel Chapman (Corporate Director Children and Young People, Brent Council) advised the Committee that if this case was reported to the Brent

Family Front Door (BFFD), it would rely on either a Housing Officer or Health Visitor in the community recognising it as a safeguarding issue first. He would expect that if this was referred to early help, there would be an early help assessment conducted with any serious issues within the housing environment escalated to the relevant housing provider by the early help officer. At the present time, the details of the Rochdale case were not known. Mike Howard added, that because there were questions over what happened in Rochdale, Brent would want to assure themselves that their response would be what the partners would expect should anything similar happen. Due to the age of the child, health visitors may have been involved and so he would expect questions to be directed to the health visitor service around how they were ensuring a safe environment. Sue Sheldon (Assistant Director for Safeguarding Adults and Children, NHS NWL) added that health professionals did enter people's homes and wrote housing letters where necessary.

In response to the Rochdale death, the Regulator for Social Housing had written to all registered social housing landlords in order to seek assurances about damp and mould and whether appropriate action was being taken. Carolyn Downs had asked colleagues in housing to bring a report to informal Cabinet and Scrutiny on the issue of damp and mould and how housing dealt with those issues, in order to get a full and in-depth look at the issue. She had questioned why the case in Rochdale had not been treated as a safeguarding issue and the child taken out of the home, but there was not a full response from Rochdale yet on the further details.

The Committee asked whether, as a consequence of the Rochdale case, there was a need for any additional partners. They were advised that the government had stipulated who the three statutory partners should be via the Care Act which was enshrined in law, but were assured that colleagues with particular knowledge and expertise would be involved in rapid reviews in Brent, such as people from the voluntary sector, British Transport Police, Home Office workers, and specialist health providers. Mike Howard highlighted that this was a particular strength of the process as it helped to go in depth in the case with people who were specialist. Since the case in Rochdale occurred, Mike Howard had spoken with Carolyn Downs about having housing colleagues at the Forum, which would be looked at going forward to ensure the right housing colleagues were attending those meetings.

In relation to staff support, the Committee asked how partners ensured the mental health and wellbeing of staff was looked after. Carolyn Downs advised the Committee that appropriate welfare support was in place. For example, there were mental health champions within each directorate in the Council workforce and an Employee Assistance Programme. She acknowledged that housing officers were dealing with cuckooing cases and finding it stressful and resource intensive, so she highlighted the importance of managers being aware and alert to the fact colleagues could be finding those cases very difficult on a personal level. In response, the Committee asked whether services were being stretched too far for staff to be able to perform their duties fully. Carolyn Downs highlighted that if there was a children's safeguarding issue, every member of staff knew there was a need to refer and escalate that issue and it would be dealt with, including money spent, to resolve. If there was a need to overspend this would be done through reserves to ensure a child was no longer at risk.

The Committee asked how the outcomes of rapid reviews informed future practice to ensure any incident did not happen again. Nigel Chapman advised that, from a local authority perspective, the learning from rapid reviews was fed into children and young people services, with a quality assurance programme of learning and training. The annual report then demonstrated that learning and how it had been put into practice. For example, as a result of learning from rapid reviews, it was now common practice that, wherever possible, health or education colleagues attended strategy meetings which were convened for urgent cases. This helped give a much stronger picture of each case.

Regarding how partners held each other to account, Mike Howard confirmed this was done on a regular basis. For example, during a recent rapid review, the police had expressed concerns about the way a particular case had been dealt with, which was escalated and satisfactorily resolved in a mature way where officers accepted where things could have been done differently. As a result, he felt this was one of the best rapid reviews Brent had conducted. He highlighted the close working of partners, and drew the Committee's attention to page 20 of the report which detailed the learning of partners from multi-agency case reviews, rapid reviews and audits.

The Committee queried how the performance of partners working together was measured. Nigel Chapman explained that each partner agency had its own regulatory and inspection frameworks for performance measuring, and needed to meet certain criteria as part of those inspection processes. In relation to measuring the partnership as a whole, he explained that there were actions attached to the outcomes of rapid reviews, which each partner agency signed up to, and the progress of those actions was measured at the Case Review Group. The partnership was only able to measure activity and output, but hoped that by working together they could reduce the likelihood and risk of Brent children being adversely affected. An example that showed the partnership worked was a recent rapid review where a child had been harmed by mother and stepfather. The case went to prosecution and the child taken into care, however, mother was pregnant with another child, therefore the partnership wrote to the Crown Prosecution Service to outline concerns that they were not taking enough action against the parents of a future child. Police colleagues had helped to apply pressure to the court and eventually those parents were remanded and put in jail, and the new child was taken into care when born. It was felt this demonstrated the difference working as partners could make.

The Committee asked what strategies were in place to avoid children falling through the net, for example as a result of cultural beliefs, religion or home life. It was highlighted that some people may not report domestic abuse to the police which could impact a child living in the same environment. In response, Nigel Chapman highlighted that safeguarding was everyone's responsibility, and it was important that everyone who worked for children and young people in every single agency should have training to ensure they recognised the signs of abuse and neglect and referral mechanisms for that. He was confident that Brent was recognising abuse and neglect due to the large number of cases referred to the Brent Family Front Door (BFFD) in the past year.

Regarding responsibility for a child when they moved between boroughs, Nigel Chapman advised that there were London Child Protection Procedures covering all London Boroughs. If a child was known to services and receiving services in one borough and the parents moved to another borough, there were clear processes in place to make sure that case transferred to the new authority.

In relation to how the voice of children and young people shaped the direction of priorities and improvements within the partnership, the Committee's attention was drawn to the notes underneath rapid review 1 in the report, which showed there was good evidence the child's views were documented, heard and responded to within interventions. The partnership was keen to ensure the child was heard, and Mike Howard also highlighted the phenomenon of 'invisible fathers'. Brent tried to ensure that wherever possible the father was considered in cases, and some of the rapid reviews recently conducted looked at the father's involvement in the process and how that could be increased.

The Committee queried how the partnership heard the voice of faith communities, highlighting that one delegate from a faith setting had attended multi-agency training. Mike Howard advised that one of the lay members of the forum, who attended as a local resident, was a member of a faith community with strong connections with a local church.

He was confident that with the breadth of representation on the Forum there was engagement as far as possible with various communities, and acknowledged there was always room for improvement.

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

- i) To recommend that more information on the partnerships key achievements is included within future Brent Safeguarding Children Partnership Annual Reports.
- ii) To recommend that more information and details on how learnings from rapid reviews are incorporated into future working of the partnership.

8. Transitional Safeguarding Scrutiny Task Group 6 Month Update

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools) introduced the report, which provided an update on the work across the council and with partner agencies on transitional safeguarding.

The Chair thanked Councillor Grahl for the introduction, and invited comments and questions from the Committee, with the following issues raised:

In response to a query, the Committee were advised that any child in care was classed as a child in care up to the age of 18, after which the council had leaving care responsibilities to care leavers up to the age of 25. The Corporate Parenting Committee oversaw those arrangements.

The Committee highlighted section 4.20 of the report, which detailed an overlap between the Exploitation, Violence and Vulnerability Panel (EVVP) and Community MARAC, and asked whether there were any proposals to stop that overlap. Kibibi Octave (Head of Community Safety and Prevent, Brent Council) advised that both panels currently sat within different directorates and had different focuses. With Community MARAC, there was a very heavy anti-social behaviour element, looking at cases where the person was a risk to both themselves and potentially others. These cases were not bound by age limits, with many cases involving those able to have their own tenancy, shared accommodation or who were owner occupiers. In comparison, the EVVP had a different focus on the younger cohort, looking at criminal and sexual exploitation. When looking at the 18+ year old cohort, officers often dealt with integrated offender management cohorts which included those who were persistent perpetrators as well as people who may be transitioning. Those people may not have a criminal record but were vulnerable and had the potential to be pulled into violent crime and exploitation. For those reasons, she felt the differences between the panels were quite nuanced and that they needed to remain separate.

The Committee asked what officers perceived to be the biggest barrier in transitional safeguarding and in the transition to adult life. Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) felt the biggest barrier was a lack of definition of the cohort involved. Some work had started to address that, with Nigel Chapman and Sonya Kalyniak (Head of Safeguarding and Quality Assurance, Brent Council) analysing the people coming through to understand the risks prior to 18, which would help ensure the support offered met those needs. Sonya Kalyniak added that, from a children's perspective, the more that could be done to support young people as they prepared for turning 18, the more knowledge they would have about the resources they could access post-18.

The Committee highlighted that children leaving care were seen as a vulnerable cohort and asked how they were assisted into adult life. Councillor Grahl explained that the Council

had more statutory obligations that the Council had towards care leavers than some other vulnerable young people. There was a good package of support for care leavers including housing support, employment support and a personal advisers co-designed with children and young people through the Corporate Parenting Committee and Care in Action / Care Leavers in Action. The Committee's attention was brought to the fact that there were many other young people accessing council services, for example those with a Disability or Education Health and Care Plan (EHCP), who had not been in care and did not have the same amount of statutory support from the Council. The report attempted to highlight that large umbrella of different organisations who would try to follow those young people to ensure they had the right support.

The Committee queried whether the voice of young people was extended to those who had transitioned into adulthood already, as the problems young people faced now while transitioning to adulthood may be different from 20 years ago. Phil Porter advised the Committee that the Young Brent Foundation had been commissioned to work with the Council on this aspect of transitional safeguarding, who were proposing to go quite broad with engagement to get the broadest sense of that cohort and look at health and wellbeing, safety and security, education, employment and training, and youth participation and citizenship.

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) added that he would want confidence that the organisations working with people on transitional safeguarding knew who was in the system and who might be of concern, particularly those who may fall through the gaps.

In concluding, the Chair asked officers how the recommendations from the Task Group report were progressing. Phil Porter advised the Committee that the Council agreed with all recommendations and were progressing all of them, with some more progressed than others. The recommendations would form the core part of the plan going forward, with actions against each recommendation.

Having considered the report, the Committee RESOLVED:


- i) To recommend that the Black Community Action Plan (BCAP) Team are consulted about the transitional safeguarding approach to ensure that the voices of young Black people are reflected in the Council's approach.

9. **Any other urgent business**

None.

The meeting closed at 8:13 pm
COUNCILLOR KETAN SHETH, Chair

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 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee 25 January 2023</p>
	<p>Report from Corporate Director Resident Services</p>
<p>Brent Housing Management Update</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
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 1 – Tenant Satisfaction Measures
Background Papers:	None
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1.0 Purpose of the Report

- 1.1 To outline the structure of Brent Housing Management (BHM) and how they contribute to BHM's overall work.
- 1.2 To provide data on the number of tenants and leaseholders broken down by ownership types showing how the number has changed over the previous 5 years.
- 1.3 To provide an overview of responsive repairs including Wates performance outlining any contractual penalties enforced.
- 1.4 To provide reassurance about how BHM deal with Damp and Mould following the tragic death of Awaab Ishak.
- 1.5 To provide an overview of planned and major works including how the service communicates with residents throughout the process.

- 1.6 To outline the role of compliance with communal areas specifically addressing how BHM manage fire safety.
- 1.7 To provide an overview of voids including re-let performance and rent loss.
- 1.8 To provide an overview of current levels of rent collection, arrears, write offs and actions taken including evictions. Highlighting the support available for residents who fall into arrears and how BHM work with residents and other agencies to help sustain tenancies.
- 1.9 To provide an update on resident engagement events undertaken this year and how that has helped the way BHM provides services for residents.
- 1.10 To outline the role of the housing contact centre and provide an overview of performance.
- 1.11 To provide information on the number of complaints received by BHM over the last 5 years.
- 1.12 To provide general updates on the service, not already included in the points above.

2.0 Recommendation(s)

- 2.1 That the Committee note the contents of the report.

3.0 Background

- 3.1 Brent Housing Management (BHM) consists of two main areas, Housing and Neighbourhoods and Property Services, both areas work closely to provide housing management services for Council housing and for the two housing companies Invest for Brent (i4B) and First Wave Housing (FWH).
- 3.2 Housing and Neighbourhoods consists of an Income Collection Team, Rent Accounting Team, Home Ownership Team and Tenancy and Estate Services (Caretaking). Housing and Neighbourhoods has approximately 150 staff members of staff. Property Services consists of the Asset management Team, Planned and Major Works Team, Responsive Repairs Team, Compliance Team and Voids and Lettings Team and has approximately 44 staff members.
- 3.3 The Income Collection Team ensure rent is collected, and support residents to make payments and sustain their tenancies, promoting a rent first attitude and also holistically signposting to other services where they become aware of problems tenants are experiencing.
- 3.4 The Rent Accounting Team set up and manage all rent accounts, including applying rent increases, provide housing support and administration, close down old tenancies where there is a death of a tenant, a relinquished tenancy, or a succession, and are currently promoting tenants to pay by Direct Debit.
- 3.5 The Home Ownership Team support all aspects of leaseholder management and Right to Buy, providing expert services to promote good relations with leaseholders, ensuring that they have a voice in how their homes and communities are managed and improved.

- 3.6 In Tenancy and Estate Services, Housing Officers deal with all aspects of tenancy management, from Anti-Social Behaviour, Domestic Abuse and gang violence, to verifications and tenancy audits, pre tenancy termination visits, process of successions and management transfer requests. As well as generic tenancy support around managing repairs, neighbour disputes, noise complaints and welfare support.
- 3.7 Housing Officers also enforce compliance of the tenancy agreement, seeking possession of properties where there is unauthorised occupation and breaches of tenancy terms and conditions, while focusing on sustaining tenancies with the right support.
- 3.8 The Caretaking staff of 70, manage the internal and external communal cleaning, including; window cleaning, deep cleaning for the blocks, removal of fly tips from the housing sites and secondary monitoring of contracted services (ground maintenance, waste removal, tree maintenance). The Caretakers, since becoming internal staff members, receive consistent compliments about how they manage the cleaning, interact with residents and support other services to carry out works. They engage with residents, members and officers alike to continually ensure the blocks are well maintained safe and cared for.
- 3.9 The Asset Management Team maintains and updates the information on our properties and monitors the lifecycle of components such as kitchens and bathrooms predicting when they are likely to fail. That information will then provide the planned and major works programme for the coming year. This team also leads on our energy efficiency data so we are aware of our worst performing properties to inform funding bids for the Social Housing Decarbonisation Fund and alike.
- 3.10 The Planned and Major Works team manages cyclical replacements, kitchens and bathrooms, windows, roofs. Also major works including currently the four tower block refurbishments to Lodge and Manor Court, Windmill Court and Kilburn Square, which will cover replacement of some of the components mentioned above but include other works like internal and external wall insulation, internal drainage systems, lift replacement and replacing the heating systems.
- 3.11 The Compliance Team's main role is keeping our residents safe in their homes by adhering to our statutory requirements as a landlord. Which includes a regime of cyclical inspection for fire safety, gas, electrical, legionella and asbestos. They also contract manage the mechanical and electrical contractor like Oakray, Equans and Integrated Water Services.
- 3.12 The Responsive Repairs team manage the contractors who undertake responsive repairs on the Council's behalf. They also have a team of surveyors who inspect more complex repairs before issuing works to the contractor and post inspect a proportion of the works carried out by contractors.. The team also deal with legal disrepair, which is where a resident contacts a solicitor to act on their behalf when they are unhappy about the repair service they have received. It is important to note that the volume of responsive repairs is impacted by what the planned and major works team do as component renewals generally mean there are less responsive repairs to be done.

3.13 The Voids and Lettings team manage properties that have been vacated following a termination of tenancy. The surveyors specify the works that are required to bring the property up to a good standard and manage the contractors who undertake the works. The Letting Coordinators then take prospective tenants to view the property and assist the successful tenant in signing the tenancy agreement.

Table shows the number of Active Tenancies and Leaseholds at any point of the reporting year (not tenants)

Report Category	2017-2018	2018-19	2019-20	2020-21	2021-22	2022-23
First Wave	354	353	357	349	346	330
General Needs	8533	8413	8338	8408	8554	8397
Investment for Brent (i4B)	62	195	262	324	516	580
Leaseholders		3777	3797	3807	3826	3846
Totals	8949	12738	12754	12888	13242	13153

*This figure is pre Granville Homes transfer, which has reduced the stock number to 216

Variance year on year

Report Category	2017-2018	2018-19	2019-20	2020-21	2021-22	2022-23
First Wave		-1	4	-8	-3	-16
General Needs		-120	-75	70	146	-157
Investment for Brent (i4B)		133	67	62	192	64
Leaseholders			20	10	19	20
Totals		3789	16	134	354	-89

4.0 Responsive Repairs

4.1 The target for emergency repairs is to attend and make safe within 4 hours, the target for routine repairs is to attend and complete the repair within 28 days. For routine repairs we have asked Wates to aim for a 14 day completion and at present, we are achieving this in 89% of repairs. Emergency repairs can cause danger to people or to property, for example; a blocked and unusable toilet in a home which only has one toilet would be considered an emergency. However, the same issue in a home with another available and working toilet would not be considered an emergency.

4.2 Routine repairs are repairs that do not require immediate attention and can be appointed to reflect the resident's availability, some examples of routine repairs are listed below:

- An ease and adjust to a window that is stiff to open and close
- A garden fence repair
- A dripping tap
- A cracked plug socket
- Repairs that require a surveyors visit

4.3 This year, 2022/23 has been a challenging year with the cost-of-living crisis and inflation impacting on our partnering contractor Wates' ability to source reasonably priced materials and employ and retain operational staff. This is an industry wide issue. As a direct result, this has seen them struggle to deliver the works at the rate with which they are received. This means that for every 100 jobs Wates receive, they have been completing around 70 within the target

completion period as set out below. This has meant that Wates have been operating with a work in progress (WIP) of around 3000 jobs when they should have a WIP of around 1300-1400 jobs. WIP are all jobs raised but not yet completed.

- 4.4 We have a WIP reduction plan that has been in place since August 2022. Brent Repairs Team colleagues and Wates senior management meet weekly to discuss progress. We have seen an increase in completion of jobs in WIP and this currently sits at around 750-800 jobs per week against a current run rate of 600-650 jobs being raised each week.
- 4.5 An important part of the progress is Wates's acknowledgment that they needed to increase the number of trade-based operatives that service their contract with Brent. Wates have increased the number of operatives from 20 to 35 and they have also employed additional supervision and admin staff. Whilst there is some way to go to reduce the number of jobs in WIP the improvement is clear to see, currently there are circa 2600 jobs in WIP, this is likely to fluctuate because of the festive period.
- 4.6 We are preparing a tender for two additional back-up contractors through a framework agreement in conjunction with the procurement team. The invitation to tender will be published at the beginning of January 2023. The aim of the procurement is to be able to separate the smaller 'quick win' jobs from the larger complex work type projects. Wates are able to effectively deliver these 'quick win' jobs and tackle the bloated WIP and the supplementary contractors we aim to procure will be better equipped to deliver the larger more complex projects that often include inherent issues such as damp and mould or structural defects.
- 4.7 We have seen a number of missed appointments as a reason for residents expressing dissatisfaction with Wates and this has also affected WIP numbers. We have embedded a penalty within the contract that will result in £100 compensation payment, if Wates are found to be at fault for the missed appointment. In the year from December 2021 to December 2022 we have seen a reduction in missed appointments from 15 in February 2022 to 2 in December 2023. To date Wates have compensated our residents 12 times.
- 4.8 We are constantly reviewing disrepair cases that were received because of Wates' poor performance or were delayed because of Wates' resourcing issues and where appropriate we will pass on these costs to Wates.
- 4.9 We have also introduced a recharge into our contract with Wates if they fail to carry out all repairs associated with a live disrepair case when a 'Part 36' offer is reached. A Part 36 agreement is a provision in the Civil Procedure Rules (which govern the conduct of litigation in England and Wales). It aims to encourage parties to try to settle their disputes by setting out the costs consequences of offers to settle if they are made in accordance with Part 36. In layman's terms this means that Wates will carry out all repairs deemed to be disrepair on or before an agreed date and if this deadline is not met the contractor (not Brent) will pay further compensation to our resident.
- 4.10 Lastly, we are carrying out telephone integrity checks via a 3rd party, these calls are to residents who have recently received completed job and are to ensure

jobs that are being completed on the system are actually complete and not an attempt to remove the job from WIP.

Count Descriptions	Period				Grand Total
	19/20	20/21	21/22	22/23	
Priority 0					
Total Completed Work orders	2389	2356	2820	2571	10136
Completed on time	2246	2286	2795	2558	9885
Completed out of target	143	70	25	13	251
% Completed out of target	6.0%	3.0%	0.9%	0.5%	2.5%
Priority 1					
Total Completed Work orders	2774	3183	3571	2882	12410
Completed on time	2086	2895	2847	1926	9754
Completed out of target	687	285	722	956	2650
% Completed out of target	24.8%	9.0%	20.2%	33.2%	21.4%
Priority 2					
Total Completed Work orders	10068	7366	6491	3118	27043
Completed on time	7123	4261	3294	1501	16179
Completed out of target	2943	3104	3195	1617	10859
% Completed out of target	29.2%	42.1%	49.2%	51.9%	40.2%
Priority 3					
Total Completed Work orders	6801	9853	12043	7853	36550
Completed on time	5873	8183	9930	5649	29635
Completed out of target	925	1669	2109	2203	6906
% Completed out of target	13.6%	16.9%	17.5%	28.1%	18.9%
Priority 4					
Total Completed Work orders	801	523	215	1952	3491
Completed on time	651	313	157	1932	3053
Completed out of target	150	209	58	19	436
% Completed out of target	18.7%	40.0%	27.0%	1.0%	12.5%
Total Completed on time	17979	17938	19023	13566	68506
Total Completed out of target	4848	5337	6109	4808	21102
Total % Completed out of target	21.2%	22.9%	24.3%	26.2%	23.5%

5.0 Damp and Mould

5.1 Brent has a zero tolerance to damp and mould. In 2021, we made a decision to write to all residents who have reported damp and mould to us in the previous seven years. In total, we wrote to 880 residents. We asked them to advise if they were still experiencing damp and mould. We received responses from 220 residents advising that they were still affected by damp and mould and would welcome a surveyor visit to carry out an inspection. We recognised that the response to the initial letter was low, so we followed up with an email/text message in July.

5.2 Wates have dedicated a supervisor to project manage these works and to date we have issued 145 D&M work orders to Wates with a further 75 inspections

scheduled, these include the initial 220 and some stragglers that have responded since the first letter sent out in April.

- 5.3 Due to the lack of response, it was decided that we would write to the residents one final time giving them a deadline to respond or they would be removed from the damp and mould programme. Every Monday we post letters to residents, all located in a geographically patch within the borough so the surveyors can manage inspections efficiently. This final letter includes a direct contact number for the residents to call and book an appointment and the fact that we have issued the resident a deadline to respond to has prompted residents to get in touch with us via contacting the dedicated number or emailing our dedicated dampandmould@brent.gov.uk inbox.
- 5.4 There are now circa. 300 residents to contact. We have issued notices to 40 residents and advised of a deadline of 18/11/2022, 48 residents having a deadline of 25/11/2022. A further 70 letters were be posted out on Monday 28th November with a deadline of 02/12/2022. This approach has seen a number of previous uncontactable residents getting in touch and scheduling an inspection.
- 5.5 We are currently reviewing the information we hold on the residents that have not responded to our various attempts to communicate. We will be contacting all residents that have a preferred language other than English and signposting them to a translation service.
- 5.6 We are encouraging all overcrowded families to talk to their housing officer about housing options and are all our staff know how to refer overcrowded families to Housing Options. The Property Services team has arranged training sessions for all officers in BHM who go into people's homes, so that we can offer consistent advice and support when we spot signs of mould and provide the correct advice.
- 5.7 The specification for all homes that have damp and mould is to upgrade the existing extractor fan to a humidity-controlled extractor fan. We also carry out a 3-stage mould treatment and follow this up with a full redecoration of the affected rooms. Wates have dedicated a supervisor to project manage these works and to date we have issued work orders to Wates.
- 5.8 We are also employing technology as a tool in tackling damp and mould. Under the Internet of Thing (IOT) pilot, Brent has partnered with Vericon Systems and UK Bosch to install smart sensors in homes suffering from damp and mould. The sensors measure, heat, humidity and airflow as well as boiler usage and the data is available 'in the cloud'. Initially it was hoped that the data would be able to advise on measures taken to tackle pre-existing issues with condensation such as upgrading all extractor fans to humidity-controlled extractor fans. The data collected was inconclusive in determining the success of the newly installed humidistat fans in the kitchens, we realised that extra sensors are required to track moisture migration. In layman's terms this means we will be able to accurately determine whether moisture is being extracted from kitchens or bathrooms or migrating to the colder parts of homes and providing ideal conditions for further mould growth. Vericon are currently arranging for extra sensors to be installed at Lodge and Manor Court.

- 5.9 Moving forward, in order to ensure that standards are maintained within the housing stock an audit process is being developed. Whilst it will be Council homes that are inspected, the audit function will sit within PHS. The aim will be to inspect in the region of 10% of the housing stock per year, initially focusing on those properties that are known to be more susceptible to damp and mould. The ambition is to have the process and function in place by April 2023.
- 5.10 The IOT sensor pilot started in February 2022, to date sensors have been fitted in twenty properties. The sensors measure, heat, humidity and airflow as well as boiler usage. We would have expected that at this stage we would have trialled these sensors in a higher number of properties. However, not all residents are happy for us to install them. At the moment we ask residents to read and sign a permission and privacy notice to allow us to fit the sensors and monitor the outputs. Some of the reasons resident are reluctant for us to install sensors are the potential costs however the cost to tenants for the use of these sensors approximately 1p a month (post energy price increase). Another reason is privacy, however no individual data is collected only boiler usage and air humidity in the property.
- 5.11 The findings so far from the pilots have been invaluable to establishing the reasons for damp and mould in some of the properties. Of the twenty properties in the trial through external monitoring, five have been identified as being at high risk of damp and mould. The humidity in these properties was 80% for 2 hours on 5 or more days a month. Two of the properties also had average temperatures of below 15 degrees Celsius. Below 18 degrees is recognised as a temperature which will affect an individual's health.
- 5.12 A further three properties were identified as medium risk. The humidity in these properties was 80% for 2 hours on 5 or more days a month. The pilot has also potentially identified the early signs of fuel poverty with one property only heating their property for three days starting on the Friday. This requires further investigation. However, the resident may have topped up their gas on pay day and then run out of gas later in the week.
- 5.13 BHM believe that the installation of the sensors will be ground-breaking in the fight against damp and mould in Council housing. This will enable early intervention without the requirement for residents to contact us when mould becomes an issue.

6.0 Planned Works

- 6.1 Planned maintenance is very different to reactive maintenance, reactive maintenance involves reacting to and fixing any issues as and when they occur, which means that officers don't need to spend time and money planning for maintenance or creating a maintenance schedule. Reactive maintenance is a simple process where officers react to issues as they arise, however this does make it harder to budget manage.
- 6.2 Many building components such as windows and roofs have a finite lifecycle. They can often be repaired when required or as part of an ongoing maintenance regime. However, they will eventually totally fail and / or become uneconomical to maintain. In addition, this may create additional damage to the building or affect resident's enjoyment of the property. Therefore, we operate a planned

work programme with its own budget. This considers the housing stock data held on our asset management system, together with physical site surveys, and referrals from residents and officers. This data is then reviewed, and properties are assigned to a relevant planned programme year based on the urgency of the works and the available budget.

- 6.3 Officers prioritise properties based on existing and potential building damage, volume of associated works required to ensure the efficient use of scaffolding, disrepair, etc.

7.0 Ongoing and pending planned works

- 7.1 The service has focussed on planned maintenance works over the last few years. The key work streams are external building fabric, kitchens and bathrooms, tower block refurbishments and fire safety works. The annual budget on each and is as follows:

Work Programme	2022	2023	2024	2025	2026
External Planned Maintenance Programme	£4,000,000	£1,000,000	£1,000,000	£504,080	£510,000
Kitchen & Bathroom programme	£1,600,000	£500,000	£500,000	£500,000	£500,000
Tower block programme - High Rise retained (Fire Safety/ Climate Emergency)	£650,000	£11,103,543	£22,045,183	£5,851,809	£356,322
Energy Efficiency works	£125,000	£700,000	£1,006,250	£43,750	£0
Fire Safety Works	£1,000,000	£650,000	£650,000	£650,000	£650,000
Total	£7,375,000	£13,953,543	£25,201,433	£7,549,639	£2,016,322

- 7.2 From financial year 2023 / 24 the focus will be on energy efficiency works and major works to tower blocks. The Council will be spending approximately £40M over the next three years on its tower block refurbishment programme. The blocks are Kilburn Square, Lodge Court, Manor Court and Windmill Court. These blocks were built in the late 1960's and whilst they have had repairs and refurbishment undertaken over the last 60 years, there are some significant improvements required to the blocks if they are to continue to provide good quality housing.

- 7.3 The proposed specification is comprehensive and includes repairs to the building fabric; new energy efficient cladding; new windows; roofing; upgraded heating; upgraded mechanical and electrical services; internal refurbishment of the dwellings; and refurbishment of the internal communal areas. These works will ensure that the blocks have at least another 40 years life and that they offer good quality modern accommodation to residents. In addition, the blocks will integrate well with the new build developments.

7.4 The tower block refurbishments are due to commence mid-2023, this will include energy efficiency works partly funded by the Social Housing Decarbonisation Fund (SHDF). Kilburn Square is expected to start on site in June 2023. Lodge Court in Autumn 2023. Manor Court in Jan 2024. Windmill Court in Spring 2024.

7.5 In addition, energy efficiency works will be undertaken to circa 140 dwellings in the next 2 financial years.

8.0 Communication and Consultation with residents

8.1 There is a comprehensive consultation process with residents. At the outset of a project, we identify tenant requirements, specific leaseholder requirements and prepare a consultation plan if necessary. This includes resident consultation and co-design. Involvement of residents, takes place in the form of road shows, community consultations or public enquiries.

8.2 The major works team liaises with the Home Ownership Team regarding the leaseholders and also liaises with Housing Managers regarding (i) Residents Associations of other landlords list (ii) At Risk Tenants List (iii) Anti Social Behaviour Tenants List (iv) Elderly/Vulnerable Tenants List (v) Deceased Tenants List. This information is disseminated as required / appropriate. Ward Councillors are also consulted.

8.3 For each project the contractor sends an introductory letter to all residents. Several further letters are sent throughout the duration of the works ranging from details of the site set up to the striking of scaffolding. An initial resident consultation meeting takes place to present officer's proposals for the property. Residents ask questions and receive answers there and then, or as a follow up communication. These meetings are repeated when required usually at the resident's request.

8.4 A pre-formal consultation meeting takes place to present the final scope of works to residents and the proposed costs. Following any adjustment, the formal Section 20 Leasehold Consultation process is undertaken. Observations are considered and responded to. A start date is then provided to the residents and the works proceed.

8.5 For major works, additional engagement takes place. A detailed consultation and engagement plan will be developed for each block. This will cover:

1. General information about the works.
2. Member's engagement plan.
3. Meetings to review the proposed works and specifications.
4. Leaseholder S20 consultation.
5. Leaseholder payment options.
6. Individual household survey and management plan.

8.6 Works of this nature are complex and of a highly intrusive nature. This involves upheaval in residents' homes, and it is important to understand each household's situation and whether there are any vulnerabilities in terms of health and due to the impact of the works. Each household will be visited and the impact of each key element of the work assessed against the household.

This will identify where residents have either health or other reasons for not being able to remain in their homes for all or some of the works. Officers and the contractor visit each household, discuss the project and identify any issues for the household. A personal management plan is then put in place for each household. This could include respite care, decant or other support measures. This process has commenced at Kilburn Square.

- 8.7 Contact details for both the contractor staff and the major works staff are provided to all residents at the outset. This is both at meetings and via the introduction letter. The Council provides resident liaison officers and tenancy support officers, and the contractor provides resident liaison officers. Contact can be by telephone, email, or personal visits.
- 8.8 Issues can be escalated to both the major works team, and the contractor's management team. Ultimately, the Council's complaints process can also be followed where necessary.

9.0 Resident Engagement & Customer Experience

- 9.1 Overall, we have had a strong emphasis on community engagement with local residents in the last year. Officers have developed excellent processes for Resident Associations to be set up and focused on bringing back to life community rooms and gardens. In addition, warm spaces have been created, action days have been arranged and residents and Members have been involved in Estate Walkabouts to see how we can improve communal areas.
- 9.2 Officers have focussed on maximising social opportunities between neighbours, promoting opportunities to combat loneliness and isolation via our 15 resident associations (RAs).
- 9.3 Along with the RA's officers have concentrated on developing strong community buy in to the long-term maintenance and use of community spaces and events.
- 9.4 Notable projects and events are listed below which have taken place across the last year:

Moatfield garden project

- A Resident Engagement Day delivered
- Clearance work was completed for a topographical survey
- Monthly discussions with key/interested residents regarding next steps for the communal garden and how to deal with ASB issues
- Survey via pop up event and door knocking exercise held on Sunday 11th December 22
- Ideas taken from residents and noted down for the next steps development meeting in the new year
- Works estimated to be completed by Spring 23

Alpha, Gorefield & Canterbury - RA

- Waste consultation to improve the waste disposal programme for the blocks, the outcome was publicised in Oct 22
- Two onsite events arranged and feedback received from residents
- Online feedback was also promoted
- Five walkabouts in 2022 – resident ideas sought and acted on including gardening, repairs, bin placement, signage, ASB incidents to name a few
- An active RA in constant contact
- A gardening day arranged and completed in November 22 as a response to resident requests and ideas

Lodge & Manor Court - RA

- Three pop up action days
- One toy giveaway and action day
- New RA management and improved attendance at RA meetings
- Community Room revamped at residents request – painted and decorated, new equipment provided and the room now in use

William Saville/William Dunbar -RA

- Two open feedback sessions on site this year
- Three walkabouts and open sessions with residents
- Community room revamp currently in progress
- RA re-established – with a new chair vice chair
- Coffee mornings supported and paid for by BHM while the community room is out of action

Fiveways - RA

- Three walkabouts
- One open session with residents
- One event delayed but due to take place early 2023

CAM – Coomber Close – RA

- Three walkabouts
- One open session with RA
- Community room – due for revamp early 2023

St Raphs – no RA but active St Raphs Voice

- Two walkabouts
- One Action day at the children’s centre in March and included physical and mental health advice as well as housing and financial advice

Pharamond – RA

- Two walkabouts

Windmill Court – RA (was handed over to Abi re new builds mid last year)

- Three walkabouts
- Two open sessions with RA and residents early 22
- Pop up support session planned for new year 23

Cavendish - RA

- Two walkabouts

Clarendon Gardens – no RA

- One walkabout
- Community room revamp underway

9.5 Officers currently have two promotion activities ongoing to drum up support to start a resident association and to encourage feedback from residents – these are at Lexington and Clarendon Gardens.

9.6 In addition Officers have created a Leaseholder Panel with initial meetings having taken place and the next one being arranged for January 23.

9.7 Two chair seminars have taken place, promoting cost of living support, and help and advice relating to cold weather, damp and condensation advice. The views were sought from Chairs and Members on what more Brent could do for and with them. Advice was taken on board and more events were arranged for communities; encouraging more socialising, combatting loneliness, and enabling pop up sessions for advice to residents as well as walkabouts for communal estate issues and gardening.

9.8 Officers have reached out to residents via:

- Resident Association meetings including annual AGMs
- Community action days and pop ups (these usually run all day with a selection of professionals on hand to give residents advice and assistance)
- Two consultations online for Alpha and Moatfield Estates
- Emails and posters in blocks promoting feedback and engagement
- Distribution of information sheets with feedback access
- Open online sessions promoted via email and posters in the relevant blocks
- Chair seminars to discuss issues and feedback from residents

10.0 Compliance in Properties and Communal Areas

10.1 BHM have a statutory duty to ensure compliance is met for FLAGE (fire, legionella, asbestos, gas and electrical) within all communal areas of Council housing stock. Non-compliance may likely result in an unsafe environment for residents and visitors to the building, as well as potential enforcement actions taken against the Council.

10.2 FLAGE Compliance in BHM housing stock is currently as follows:

- Fire (84.1% compliance) – Fire Risk Assessments (FRA's) have been completed to all high, medium and low rise blocks. Those outstanding are low risk street properties where the FRA has lapsed. The main issues that are picked up on these FRA's are usually housing management like possessions being left in communal areas, which are also picked up on routine visits by Housing Officers and Surveyors. All outstanding FRAs will be completed by the end of March 2023.
- Legionella (88.4% compliance) – There are only a few remedial actions that have come out of the risk assessments. Mainly bin taps and replacement of pear shaped cold water isolation valves. Contractors will complete by the end of Feb 2023.
- Asbestos - 100% compliance achieved.
- Gas - 100% compliance achieved.
- Electrical (74.9% compliance) - Aiming to complete 200 - 300 electrical installation condition reports (EICRs) per week. However, we have had a high rate of residents not giving us access. We have sent several letters, and now issuing warning cards to those residents who have failed to make an appointment. We have written to and offered an appointment to every property with an outstanding EICR. Remedial actions are 93.3% compliant. All Category 1 remedials were completed at the time of the inspection. The outstanding remedial actions are Category 2s and 3s which the contractor was unable to complete during the initial visit, and Category 2 actions will be completed by the end January 23.

10.3 Early in 22/23, we assessed our performance on compliance, particularly with electrical safety. As the performance was not as high as we would like in this area, we took the decision to self-refer to the Regulator of Social Housing (RSH). RSH responded asking us to provide information on performance in all areas of compliance and our plans to improve compliance. After receiving this information, RSH wrote to say that the Council had not breached any consumer standards. We have an agreed timetable with the Regulator to become 100% compliant in all areas.

11.0 Fire Safety

11.1 The Council is in a relatively strong position with regards to fire safety compliance with our high, medium and low rise blocks This is primarily due to a robust system of Fire Risk Assessments (FRA's) but also due to the fact that we didn't have any high-rise buildings with cladding.

11.2 However, there are new standards and expectations, for example sprinklers, improved fire and smoke alarms systems, emergency lighting, smoke ventilation and resident information communication in the event of a fire.

11.3 Officers are available and regularly speak to tenants, offering an opportunity for them to raise any concerns. Should a customer remain concerned or unhappy

with how the council is dealing with something they can make a formal complaint.

- 11.4 The Fire Safety Act 2021 extended the scope of fire risk assessments to include the building structure and external walls. This includes requiring a Responsible Person to review and update the risk assessment process. The responsible person is the Director of Housing and his delegates.
- 11.5 The Council carries out risk assessments once a year in all of its high-rise residential buildings and every three years in medium and low rise. The Council also has a process in place for Caretakers and Housing Officers to report on any fire safety concerns when they carry out their regular cleaning and inspections.
- 11.6 Where urgent risks are identified in an FRA they are logged and sent to the relevant teams. Where the urgent risk can be repaired it is sent through to the day-to-day responsive team to complete. Where the repair is not urgent and is more specialist, we pass to the contractor who undertakes our fire safety planned work.
- 11.7 Within flats, consideration is given to the integrity of compartmentation around openings in walls and floors for services such as gas, water, electricity, telecommunications and drainage. These may be present where such services enter from the common parts or pass between flats. In most cases, the extent of any openings and the extent of fire stopping may require opening up panels in kitchens, bathrooms and other areas.
- 11.8 This programme of work has started to and will continue to address a number of risks identified in the Housing Scrutiny Report dated 25 April 2019 which was submitted to the then Housing Scrutiny Committee.
- 11.9 The Council has continued to undertake fire safety works within its Housing stock. There has been ongoing works throughout all types of properties including high-rise. The low and medium rise programme commenced in 2019 as these properties had not had work undertaken for some time. The high-rise blocks have benefitted from targeted works over the last few years. Major works to high-rise blocks will commence from later this year. This is due to the large scale and logistics of the works and the corresponding budget that is required.
- 11.10 The low and medium rise fire safety works programme is now nearing completion. This has been a significant investment and has addressed all of the low and medium rise housing stock.
- 11.11 These properties now have a high standard of fire protection and are able to operate as stay put or evacuation properties as relevant.
- 11.12 The Council has undertaken significant fire-safety and internal communal area refurbishment related works to its housing low and medium rise stock. The properties include street conversions and purpose-built blocks. These works included extensive fire compartmentation, emergency lighting, smoke alarms, and the redecoration of communal areas. The Council has undertaken this work to 454 blocks and 654 street properties, to bring them up to modern standards

and upgrade the fire rating of the properties. 6214 number of households benefited from this programme, and circa £5M has been spent.

- 11.13 The high-rise fire safety works programme. The high-rise fire safety works programme has been driven by the FRA programme and is ongoing. However, the high-rise blocks will be subject to a higher level of fire safety specification once the high-rise refurbishment programme commences. This will include new sprinkler systems.
- 11.14 These works include fire safety compartmentation, fire doors and smoke alarms to the high-rise blocks and are ongoing. It is our intention to continue the investment in our high-rise blocks to extend the life of the blocks and improve the fire safety. Over the next three years, the Council plans to invest approximately £40m in refurbishing high rise blocks. This will include comprehensive refurbishment of all elements in the block but specifically as regards to fire safety, installing sprinkler systems, further fire compartmentation works, and communal fire door replacements.
- 11.15 Electrical upgrades to dwellings. These works are part of an ongoing five-year programme of electrical testing and upgrading to dwellings. We will be spending approximately £1.2M each year on electrical testing. These works are particularly important with regards to fire safety as faulty electrics rank number 4 in the most common reasons for house fires. Faulty sockets, extension leads, and outdated wiring are a few of the reasons why electrical fires start and these will all be identified and remedied as part of the programme.
- 11.16 The current building regulations for new build tower blocks stipulates those buildings over 30m in height are to be fitted with sprinklers in flats. The blocks assessed as part of the type 4 FRA project have each been in excess of 30m in height.
- 11.17 Under the high-rise refurbishment programme, we intend to install sprinkler systems to the following blocks:

High rise block
WINDMILL COURT
KILBURN SQUARE
WATLING GARDENS – 3 BLOCKS
THE OAKS
MANOR COURT
LODGE COURT

- 11.18 The Council has invested in fire safety measures previously with new ‘Gerda’ fire doors being fitted throughout the blocks to flat entrances, cross corridors and stairs.
- 11.19 In addition to the installation of fire doors, certified fire proofing and stopping works have also been carried out to a large majority of accessible risers to corridors and lobbies within communal areas.

- 11.20 The compartmentation in the Common Areas was to a good standard with no major breaches in compartmentation identified to common areas nor any trends in compartmentation deficiencies in the blocks.
- 11.21 What is common throughout the Flats in all blocks, is the high level of fire separation within risers between vertical floor levels. The majority of service penetrations that are in the main cast, steel and copper pipework, between floors have been in-filled by a concrete pour with no major breaches apparent.
- 11.22 However, there is presence of open flues that rise through the height of the building connecting flats below and above, that historically were used to discharge flue gases from former gas fired heating units. A number of the openings were found to be proofed but the majority inspected were open thus providing passage for smoke and fire. Proofing works are ongoing in this area and Council officers hope to complete these works as part of this year's fire safety programme.
- 11.23 The Council will be installing or upgrading to an enhanced Grade D, Category LD2 or LD1 smoke alarm system in each dwelling as part of our electrical testing programme and will also include these as part of our voids specification. These provides additional smoke and fire monitoring within the dwelling and includes the lounge and sometimes the bedrooms in addition to the escape routes and kitchens. This provides early warning to the occupants of the dwelling and means that there is less reliance on higher levels of compartmentation as the occupants would either vacate or raise the alarm as soon as smoke or a fire became apparent.

12.0 Building Safety Act 2022

- 12.1 Going forward, the Council will be focussing on the new Building Safety Act. This will focus on the following:
- A more stringent regime for higher-risk buildings and drive improvements in building safety and performance standards in all buildings.
 - Ensure residents have a stronger voice in the system and establish additional protections for leaseholders in relation to financing remediation works.
 - Additional obligations under The Regulatory Reform (Fire Safety) Order 2005:
 - The Council is in the process of recruiting a building safety team to put a plan together and deliver the requirements of the Building Safety Act.

13.0 Voids

- 13.1 We have 3 types of void property for reporting purposes, a minor void, a major void and an out of management void.

- A minor void property has minor repairs and maintenance and does not require any major component renewals such as a new kitchen or bathroom.
- A major void property may have a number of components renewed such as a new kitchen, a complete electrical or heating installation renewal.
- An out of management void will have significant works such as a structural defect, inherent damp and mould or require works by a third party that are out of Brents control such as gas or electricity supply issues.

Current live voids

<i>Scheme</i>	Major Void	Minor Void	Out of Management	Total
Council Owned	75	25	5	105
First Wave	2	0	2	4
Investment for Brent (incl PRSLBB)	20	10	1	31
Total	97	35	8	140

Average relet times for Council owned properties with major voids

Qtr. 1 2022 – 2023: 2,181/9 = **242.3** days

Qtr. 2 2022 - 2023: 3,791/21 = **180.5** days

Average relet times for Council owned properties with minor voids

Qtr. 1 2022 – 2023: 326/2 = **163** days

Qtr. 2 2022 – 2023: 741/6 = **123.5** days

	YTD	
	Major	Minor
Council	214	121
First Wave	91	71
I4B	84	109

14.0 Rent collection

- 14.1 As at week 37 (ending 18.12.22) BHM were at 95.81% based on the weekly report run by the Performance Team.

At same stage (week 37)

21/22 – 97.81%

20/21 – 98.56%

19/20 – 99.25%

- 14.2 As above there has been a steady decline in income collection over recent years. Work is underway to look across the service at how rent collection can be improved. There are some social and economic issues that can be attributed

to poor rental collection; such as the cost of living crisis, and the changeover to Universal Credit. The change for most residents to Universal Credit from Housing Benefit means that their income is paid in arrears, and when there are any problems with the account being set up it is extremely difficult to recover arrears for that period, as Universal Credit is strict on backdating.

- 14.3 There is however more that can be done to improve and encourage a 'rent first' culture among tenants, and early intervention to ensure there is help and support for those who are struggling.
- 14.4 With targeted use of the Resident Support fund and Discretionary Housing Payments, residents can be supported to clear current arrears and get on top of their payments. Individual portfolios also require different approaches to collection, for example i4B tenants are predominantly working and claiming Universal Credit, whereas residents in Brent owned Ananci and Knowles House are claimants of Housing Benefit.
- 14.5 Projects are being initiated to carry out analysis into current collection rates for the individual portfolios and establish where the blockages are to rent collection and how a supportive and proactive approach can be used to improve rates.
- 14.6 Other than the odd ad hoc cases (where there is a debt relief order) officers have not had a rolling practice of writing off arrears since 2018. At present Brent Housing Management has contracted One Source to chase former arrears debts for former First Wave tenants as a pilot. If successful then this may roll out to former general needs Council tenants.
- 14.7 Currently an exercise is underway by officers to look at the impact of writing off arrears more than 6 years old.

15.0 Tenancy Sustainment

- 15.1 Housing Officers support tenants to help them sustain their tenancies from the start. Tenants' expectations are managed and their obligations made clear at the tenancy sign up and with introductory visits.
- 15.2 BHM support tenants to manage neighbour disputes, report repairs, and carry out audits to trouble shoot. This ensures tenants have early access to supportive services if there are signs that they may not be able to manage their tenancies, or are struggling financially. Referrals are made to Adult Social Care, who provide support with Mental Health Services, Complex Needs and Outreach Teams.
- 15.3 Housing Officers assist with issues of hoarding, cuckooing, and transfers where a property becomes unsuitable to tenants with ill health or who develop additional needs.
- 15.4 Evictions are only used as a last resort, the primary focus for tenancy management is to ensure every opportunity is given to tenants to succeed. Where there are serious breaches of tenancies relating to Anti-Social Behaviour or crime enforcement action is taken with legal advice, support from the Police and Community Protection, and an awareness of any vulnerabilities and the Equality Act 2010.

- 15.5 During Covid there was a ban on evictions. Where a tenancy looks as though it may fail due to rent arrears, officers follow the pre-court action protocol which defines the role that all social landlord providers need to follow in assisting a tenant to sustain their tenancy. These would include measures like making affordable rent arrears payments, signposting to a debt advice agency, contacting support services etc. Ultimately, where engagement fails or is successful then we will proceed to obtain a possession and as a last resort, an eviction.
- 15.6 Where there is no engagement and a Court Order is sought BHM seek suspended possession orders to give tenant an opportunity to sustain the tenancy and recover the debt with minimal financial difficulty to the tenants.
- 15.7 The Homelessness Prevention fund can be used as a last resort to support tenants on the cusp of eviction, but more regularly tenants are assisted to apply for Discretionary Housing Payments and the Resident Support Fund, both of which are non-refundable and can be used to clear arrears.
- 15.8 Where an eviction seems likely officers refer tenants to Brent Hubs for legal advice from the Citizens Advice Bureau, digital and financial inclusion advice and assessment to ensure they are maximising their income and Housing Needs to look at their housing options going forwards, as well as notifying Social Services if there are vulnerabilities or children in the household.
- 15.9 Before an eviction can take place a report must be written detailing the actions taken and support given and be sent to a panel of senior officers to scrutinise to ensure that everything has been done to sustain the tenancy.

16.0 Rent arrears evictions

- 16.1 The number of tenants evicted for rent arrears since 2019 is detailed below. The numbers are extremely low, in part due to the pandemic and ban on evictions, but also demonstrating that Brent adopt a sustainment approach, only utilising an eviction if there is no possibility to sustain the tenancy.
- 16.2 The Council does not evict residents who cannot afford to pay. Officers work with all tenants to offer support and only in instances (which are very few) where tenants refuse to pay or engage is when enforcement action is taken. In the vast majority of instances officers are able to sustain tenancies and utilise the Resident Support Fund or other to keep people in their homes.

Year	Number of Tenants Evicted due to Rent arrears
2019	5
2020	4
2021	4
2022	2

17.0 Partnership working

17.1 BHM necessarily partner with multiple internal and external services to ensure tenants are well and supported.

These services include but are not limited to:

- Interaction with GP surgeries- attending GP forum to discuss damp and mould and the effects on health, what BHM are doing about it and the impact on residents
- Occupational Health for minor changes to the home for medical purposes
- Violence Against Women and Children forum to discuss best practice
- Police and Safer Neighbourhoods Team and Community Protection when there is any concern around Anti-Social Behaviour
- Brent Joint Action Group and MARAC where there is high level Anti-Social Behaviour and the perpetrator or victim may be vulnerable
- Environmental Health and Pest Control
- Social Services in all departments, especially relating to safeguarding of children or vulnerable adults, hoarding or cuckooing
- Domestic Abuse MARAC, where all cases of Domestic Abuse are discussed at a multi-agency meeting to ensure a clear, joined up approach that promotes safety and is person centred
- Veolia to manage grounds maintenance
- Care Leavers Team where there are instances of Care Leavers who may be struggling to maintain a tenancy to optimise their engagement and sustain their tenancy

18.0 Housing Contact Centre

18.1 Overview-

The Corporate Contact Centre (CCC) is responsible for handling all initial contacts from residents by phone and email, acting as the 'front door' for BHM since January 2021.

18.2 The CCC is also responsible for supporting residents to interact via the Council's 'My Account' Portal, which includes encouraging BHM tenants and leaseholders to transact via this channel and providing support for basic IT issues.

18.3 BHM consists of two main service areas, Housing and Neighbourhoods and Property Services and this SLA includes calls to both service areas.

18.4 The CCC holds regular Joint Working Meetings with all stakeholders to facilitate a first touch and responsive service with a focus on understanding and reducing failure demand.

18.5 The CCC acts as the first point of contact for the following areas:

- Responsive Repairs including New Build Defects
- Planned and Major works
- Compliance
- Tenancy Management
- Estate Services (BHM provided only)

19.0 Telephony

19.1 A phone service is provided from 9am to 5pm, Monday to Friday (excluding bank holidays) covering the following telephone line: Brent Housing Management 020 8937 2400. The KPI for call answering is **80%** of all calls received.

20.0 Triage – Emails

20.1 The CCC is required to ensure there are effective processes in place to manage and triage any emails received at HousingManagement@brent.gov.uk. This service is required to operate 9am – 5pm Monday to Friday (excluding bank holidays).

20.2 All emails received for the CCC to action should be actioned within the maximum target or 10 working days but where possible should be responded to at the earliest possible point to ensure a good customer experience.

20.3 Any internal emails that relate to an emergency or priority work must have the words “RED ALERT” in the subject field so as these emails can be identified and processed as they come in.

20.4 Processing times for Triaged emails is 2 working days to allow BHM teams the maximum time to respond.

21.0 Out of Hours

21.1 An out of hours service is provided by officers on a rota between the hours of 5pm to 9am Monday – Friday, and for 24 hours over weekends and all bank holidays and emergency closures. The service offers good value for money and resilience as it operates from two sites.

21.2 The service is contracted to SPS Doorguard, and they consistently meet their target call answer rate of 95%.

22.0 Performance

	<u>Total Calls Accepted</u>	<u>Average Handling Time</u>
Qtr. 1	85.31%	00:07:04
Qtr. 2	80.73%	00:07:20
Qtr. 3	80.18%	00:07:35

- 22.1 Performance data is circulated to BHM Managers on a daily basis and also discussed at Joint Meetings. All calls are coded, and we are able to share this insight with BHM colleagues.
- 22.2 The CCC has exceeded the 80% call answer rate target since taking over the service, however, there have been some recent months where capacity has presented a challenge in terms of managing both phone and email demand due to increased staff turnover, and the inability to fill vacant posts quickly enough. As a result, Triage emails have been processed within 2 - 4 working days some months, however the current processing time is 4 working days, and the service is working towards meeting the 2 working day target within the next few weeks.
- 22.3 The team receive on average 100 emails per day which equates to approximately 2200 per month, based on 22 working days.

23.0 Complaints

Complaints				
	Stage 1		Stage 2	
Year	Total Received	% upheld/ partly upheld	Total Received	% upheld/ partly upheld
2017-18	579	70%	74	76%
2018-19	558	65%	49	67%
2019-20	602	56%	97	72%
2020-21	692	61%	78	71%
2021-22	589	63%	93	77%

- 23.1 Stage 1 complaints are where officers investigate complaints internally and provide a response which details what has happened, the issues identified and how they have been rectified. Any compensation owed will be decided and paid, and remedial actions arranged and monitored.
- 23.2 Should the complainant be dissatisfied with the response or outcome a Stage 2 complaint can be raised which is dealt with by the Corporate Complaints department. They are impartial and able to investigate in detail the specific issues and decide if the measures taken are proportionate. Where they are not corrective actions will be decided and carried out. If a complainant remains unhappy they have recourse at this point to raise a case with the Housing Ombudsman.
- 23.3 Across the social housing sector, there has been a significant increase in the number of complaints received. In a recent benchmarking exercise carried out by London Councils, BHM was only one of two Councils (the other being Hillingdon) where the number of stage 1 complaints for 2021/22 went down. This means for last year BHM not only bucked the trend in London but also nationally as many landlords across the country are reporting high complaint volumes as provided by the Housing Ombudsman. The ombudsman in their annual report on complaints stated that in 2021/22 demand reached unprecedented levels with a 104% increase in all enquiries and complaints compared to the previous year. Housemark also recorded BHM receiving below

average number of complaints when compared to the wider sector in their annual 'pulse report' which takes a temperature check of social landlords performance.

- 23.4 To make performance comparable, benchmarking experts HouseMark and the Housing Ombudsman recommend the measure of complaints per 1,000 homes. BHM has the 3rd lowest number of complaints received per 1,000 homes at 48, with Hillingdon first with 19 and Enfield second with 38. At the other end of the scale is Barnet, Kensington and Chelsea and Homes for Haringey all who have over 100 complaints per 1,000 homes.
- 23.5 For stage 2 complaints, the key measure is the escalation rate, with BHM ranking in line with the group average of 15.48% compared to Enfield, which had the lowest escalation rate at 7.51%, and Barnet at 10.48%. This suggests that whilst Barnet has a high volume of Stage 1 complaints, that the majority of complaints are resolved at Stage 1.
- 23.6 In terms of performance for 2021/22, Housing and Neighbourhoods (Housing Management Customer Services) has seen a reduction of 46% from 306 stage 1 complaints received in 2020/21 to 165 stage 1 complaints received in 2021/22. This reduction in complaints is attributed to the successful embedding of patch-based working for housing officers as previously the majority of complaints were related to tenancy services and a failure to respond.
- 23.7 For Property Services, there has been an increase in complaints, this however is reflective of what is happening in the sector with more national scrutiny on issues such as damp and mould, disrepair and compliance. For 2020/21, Property Services received 327 complaints and in 2021/22 stage 1 complaints, which is an increase of 23%.
- 23.8 Year to date, BHM has received 888 complaints, of which 866 were responded to on time. this is a performance rate of 97.5%, which is one of the highest in the Council.
- 23.9 Going forward, the service is working to continue reducing complaints by continuing to learn from re-occurring issues and making service improvements. This will also reduce the number of complaints that escalate to a stage 2 and could have been resolved at stage 1. The Council's corporate complaints team continue to work closely with BHM to share insights and expertise highlighting areas of improvement and deliver regular training for managers who handle complaints.

24.0 Current work streams

- 24.1 The below are current workstreams relating to Brent Housing Management:
- Tpas (a tenant participation body for tenant engagement which promotes best practice) is being commissioned to drill down into our engagement

with residents and find ways to make sure services are delivered in line with tenants needs

- Leaseholders and tenants alike are already being surveyed to see how we can improve and take action from their feedback, and this will continue
- Every four years a tenancy audits and verification takes place to ensure that tenants are supported at the earliest stage with all aspects of need, that tenancies are being sustained and well managed, and residents have contact with their Landlord
- Managing PEEPS, safeguarding and the risk register; in line with our Landlord obligations officers assess every individual resident and provide information to the fire brigade of every vulnerable person that has been assessed. The information is held in gerda boxes on the ground floor of each block in order that the fire brigade are able to access it and assist those in need in the event of a fire or other emergency
- How Officers across services deal with and respond to instances of cuckooing is being reviewed with a view to developing a protocol between Adult Social Care and Housing services
- The Decant Policy is being developed to ensure all tenants are managed to move as they need and are enabled back into suitable permanent homes promptly and with adequate support
- Creative work is taking place to address arrears in the Housing Revenue Account, drive up Service Improvement and reduce inconsistencies between portfolios
- A review of tenancy processes has been completed and training is taking place to promote consistent best practice
- An update of the CRM is ongoing and is providing opportunities to manage performance and deliver services more efficiently with less duplication and quicker turn around
- A review and monitoring of services delivered by the contractor-Veolia is ongoing
- An ASB policy and procedure has been developed and implemented and training completed, the process will now be monitored and improvements made in an agile way to bed in cross service work
- The service has successfully completed a pilot on 5 estates to stop inconsiderate and unauthorised parking and is now rolling it out to a further 17 Estates
- The repayment options for Leaseholders has been reviewed and will be rolled out, improving the options for resident leaseholders and

differentiating between resident and non-resident leaseholders, ahead of significant bills that are expected with Major Works to several blocks

- Direct Debit payments are being set up for tenants with a focus on improved convenience and efficiency
- A Home Owners panel has been set up and is developing better understanding between the Council and its leaseholders of what is important to them, and giving them a voice

25.0 Regulator of Social Housing

25.1 In December 2021, in line with what was set out in the November 2020 white paper, the RSH launched consultation around their proposal for a new set of regulatory Tenant Satisfaction Measures (TSM). The twenty-two proposed measures are set out in Appendix 1 and consist of 12 satisfaction survey measures and 10 management information indicators. Data for the measures will need to be submitted annually to the regulator. The measures sit across 6 key themes:

- Overall satisfaction with the services provided by the landlord
- Keeping properties in good repair
- Maintaining building safety
- Respectful and helpful engagement
- Responsible neighbourhood management
- Effective handling of complaints.

25.2 The regulator has proposed that the 12 satisfaction based measures should be generated from periodic tenant perception surveys rather than interaction-based transactional surveys in order to create better comparability of data across providers. The RSH no longer supports transactional surveys as the default feedback method, despite this being the direction the social housing sector has shifted toward. Instead, the RSH has outlined the importance of retaining perception based feedback, which has resulted in the proposed TSMs. There is however still, a role for transactional surveys according to the RSH and this is as a tool for operational or contract management of services. As outlined in 3.5, BHM will continue to utilise transactional surveys as a tool for service improvement alongside the new TSMs.

25.3 In their published consultation document, the regulator is clear that it would expect the use of a 5-point satisfaction scale, which would be a move away from the 10-point scale BHM has been using over the past two years. The RSH will only require TSMs to be reported on in relation to tenants, not leaseholders and so an approach for measuring satisfaction in leaseholders is left to individual organisations to establish themselves.

25.4 In order to bring BHM's approach to measuring resident satisfaction in line with the new RSH expectations and also place more structure around use of satisfaction data, the following changes are proposed:

- Move from the biennial satisfaction survey to a quarterly perception satisfaction survey, which would be conducted face to face and via telephone using an independent surveying company and use all 12 questions required by the RSH.
- Survey a sample of tenants on an annual basis but using their tenancy start date anniversary to determine which quarter of the year they are surveyed in (to date, all other surveys conducted have been a 10% sample of Council tenants, meaning all tenants having the opportunity to give feedback every year is a significant change).
- Though not a requirement, survey a sample of leaseholders using the same approach for consistency.
- Though not a requirement, adopt the same approach for FWH (landlords with under 1,000 homes are only required to publish data every two years) and i4B (not a social landlord) as per the Board's approval.
- Continue to embed and use the transactional surveys already introduced through CRM as an operational tool for further more in-depth feedback about specific transactions with the service e.g. ASB.
- The RSH requires landlords to publish their TSM data from April 2023, BHM started collecting this data from June 2022 to ensure there was time to refine the methodology and build up data prior to the RSH's deadline.

26.0 Current Financial Position

26.1 Since 2020/21, and originally for the following four years, the Council had the power to increase rents annually up to a maximum of CPI plus 1%. However due to the rapid rise of inflation within the context of the cost of living crisis, the government consulted on introducing a rent increase cap.

26.2 The rent cap was agreed at 7%, which was the higher amount that was consulted upon. The 7% rent increase provides the HRA with an extra £1m per year. However with the current budget pressures BHM will have to find savings to cover the deficit of £1.3m.

26.3 Savings will need to come from a reduction in staff and costs associated with contracts and services. Including a reduction in our Planned and Major Works programme.

27.0 Financial Implications

27.1 The budgets for the Housing Management function are contained within the ring-fenced Housing Revenue Account (HRA), consisting of a balanced budget set for 2022/23, where income from rents and service charges are matched with expenditure on stock maintenance and management at £57.5m.

- 27.2 The HRA is forecasting a break-even position for 2022/23. Within property services, this is a net result of overspends on voids and disrepair claims being offset by underspends due to staffing vacancies and a reduction of the capital programme.
- 27.3 Within customer services, income reductions attributable to major works service charge billing being are offset by additional rental income from new builds. There are also a number of other risks and uncertainties in this area that could pose financial pressures.
- 27.4 High levels of uncertainty around the inflation and rising interest rates pose a financial risk to the HRA. This has an impact on the cost of materials and repairs, as well as the cost of new build contracts. Rising energy costs are to be passed on to tenants and leaseholders resulting in an increased risk of non-collection. Rising cost of living is likely to further impact rent collection rates and consequently result in increased rent arrears. In addition, an increase in service requests relating to damp and mould is likely to put additional pressures on the budgets.
- 27.5 Other pressures involve the capital programme as there is no new government funding having been made available to meet environmental priorities and requirements such as carbon reduction works to homes.
- 27.6 These risks are being continuously monitored and reflected in the HRA Business Plan and the Council's Medium Term Financial Strategy (MTFS).
- 27.7 There are no direct financial implications arising as a result of this report.

28.0 Legal Implications

- 28.1 Since October 2017, the Council's housing management functions have been carried out by the Council's in-house Housing Management Service after they had previously delegated to its then Arms Length Management Organisation, Brent Housing Partnership between 2002 and 2017.
- 28.2 Under section 11 of the Landlord and Tenant Act 1985, the Council as the landlord has a duty to keep in repair and proper working order the structure and the exterior of the residential properties it owns as well as certain installations for the supply of water, gas and electricity. Failure to comply with this duty leaves the Council to be liable to legal action from its tenants for being in breach of the tenancy agreement in relation to housing disrepair.
- 28.3 Issues with damp and mould in the Council's own housing stock and failure to properly address it can, depending on its extent, be a breach of both Part 3 of the Council's tenancy terms and conditions and section 11 of the Landlord and Tenant Act 1985 (LTA 1985). In addition, the Homes (Fitness for Human Habitation) Act 2018 (the 2018 Act), which has applied to all tenancies since March 2020, introduced certain amendments to the LTA 1985. Section 9A LTA 1985 specifically states that there is an implied covenant that a property is fit for human habitation at the time that the lease is granted and will remain fit for human habitation through the term of the lease. Whilst section 10 LTA 1985 sets out the factors that need to be considered in an assessment, as to whether a property is unfit for human habitation. These include "freedom from damp...".

- 28.4 Tenants also take legal action in relation to housing disrepair against their landlords by issuing proceedings in the Magistrates Court where the premises are in such a state as to be prejudicial to health or a nuisance as set out in section 79 of the Environmental Protection Act 1980. In these types of cases, damp, condensation and the presence of mould in the premises are considered to be prejudicial to health and a nuisance. 'Prejudicial to health' is defined as '... injurious, or likely to cause injury, to health' .
- 28.5 The Social Housing Regulation Bill is currently going through the Committee stage in Parliament and if passed, the Bill will aim to improve the regulation of social housing by introducing a number of provisions to enhance the powers of both tenants and the Regulator of Social Housing to drive a stronger and more proactive regulatory regime in respect of consumer standards.
- 28.6 Section 20 of the Landlord and Tenant Act 1985 imposes a requirement on landlords to consult with Leaseholders (as opposed to secure tenants) in respect of qualifying works (e.g. where leaseholder's contribution is in excess of £250 p.a.) or a qualifying long term agreements (ones entered into by the landlord for a period in excess of 12 months which result in a contribution of a leaseholder in a year is in excess of £100). Failure to comply with the consultation requirements will mean that only £250 per leaseholder per financial year can be recovered by the freehold owner in respect of qualifying works and only £100 per leaseholder per financial year can be recovered by the freehold owner in respect of qualifying long term agreements during the duration of those agreements. These various consultation requirements are set out in the Service Charges (Consultation Requirements) (England) Regulations 2003.
- 28.7 In some circumstances, it will not be possible to meet all the necessary consultation requirements (for example, very urgent works on the grounds of safety) and in those circumstances, the landlord can apply to the First Tier Tribunal (Property Chamber) to apply for dispensation from complying with the consultation requirements pursuant to section 20. The Tribunal has discretion to grant dispensation if it takes the view that it is reasonable to do so.
- 28.8 The leaseholder protections in the Building Safety Act 2022 (the 2022 Act) came into force on 28 June 2022 with new financial protections for leaseholders in buildings above 11 metres or five storeys with historical safety defects. The accompanying secondary legislation came into force on 21 July 2022, providing further detail on how the measures in the Act will work and ensuring that the full range of leaseholder protections have their full effect. Qualifying leaseholders are protected from all cladding system remediation costs. Those whose property is calculated as being less than £325,000 in Greater London) or whose building owner has a group net worth of more than £2 million per relevant building, as of 14 February 2022, are exempt from all historical safety remediation costs. The 2022 Act ensures that any contribution required from qualifying leaseholders for non-cladding defects and interim measures (including waking watch costs) is firmly capped and spread over 10 years, with costs already paid out since 28 June 2017 counting towards the cap. If remediation costs exceed the cap, building owners must make up the difference.

28.9 The effect of the Fire Safety Act 2021 is to require fire risk assessments of buildings with two or more sets of domestic premises to be updated to take account of structure, external walls and doors, if they have not already done so - the Fire Safety Act 2021 amends The Regulatory Reform (Fire Safety) Order 2005 to bring this into effect.

29.0 Equality Implications

29.1 This report is an update on the performance of Brent Housing Management Service and therefore, there are no equality implications to note.

Report sign off:

Peter Gadsdon

Corporate Director of Resident
Services

Appendix 1 – Regulator of Social Housing proposed Tenant Satisfaction Measures

	Measure	Comment
TP01	Overall satisfaction with service provided by landlord	
Keeping properties in good repair		
RP01	Proportion of homes that do not meet the Decent Homes Standard	
RP02	Non-emergency (responsive) repairs completed within target timescale	Will be required to also submit our target timescale for context
TP02	Satisfaction with repairs service	Only asked to those who have had a repair within the last 12 months
TP03	Satisfaction with time taken to complete most recent repair	Only asked to those who have had a repair within the last 12 months
Maintaining building safety		
BS01	Proportion of homes for which all required gas safety checks have been carried out	To be measured based on individual properties rather than the check / assessment itself e.g. if a required FRA on a block of 100 flats is outstanding then the TSM would reflect that these 100 homes did not have all required FRA's in place. Also needs to include properties where statutory obligation for these checks sits with a third party e.g. where a BHM home is within a building owned by a third party freeholder.
BS02	Proportion of homes for which all required FRA's have been carried out	
BS03	Proportion of homes for which all required asbestos management surveys or re-inspections have been carried out	
BS04	Proportion of homes for which all required legionella risk assessments have been carried out	
BS05	Proportion of homes for which all required communal passenger lift safety checks have been carried out	
TP04	Satisfaction that the home is well maintained and safe to live in	
Respectful and helpful engagement		
TP05	Satisfaction that the landlord listens to tenant views and acts upon them	
TP06	Satisfaction that the landlord keeps tenants informed about things that matter to them	
TP07	Agreement that the landlord treats tenants fairly and with respect	
Responsible neighbourhood management		
NM01	ASB cases relative to size of landlord	Number of ASB cases opened per 1000 homes by or on behalf of the registered provider
TP08	Satisfaction that the landlord keeps communal areas clean, safe and well maintained	Only asked to those who live in a building with internal and/or external communal areas
TP09	Satisfaction that the landlord makes a positive contribution to neighbourhoods	
TP10	Satisfaction with the landlords approach to handling ASB	
Effective handling of complaints		
CH01	Complaints relative to size of landlord	Number of: <ul style="list-style-type: none"> • Stage one complaints received per 1000 homes during the reporting year • Stage two complaints received per 1000 homes during the reporting year Definitions of 'complaint', 'stage one' and 'stage two' must match that of the Ombudsman's code

CH02	Complaints responded to within the Ombudsman's Complaints Handling Code timescales	Proportion of: <ul style="list-style-type: none"> • Stage one complaints responded to within the Ombudsman's timescales • Stage two complaints responded to within the Ombudsman's timescales
TP11	Satisfaction with landlords approach to handling complaints	
TP12	Tenant knowledge of how to make a complaint	Measured via agreement with the statement: "I know how to make a complaint to my landlord if I am not happy with the service I receive"

	<p align="center">Community and Wellbeing Scrutiny Committee 25 January 2023</p>
	<p align="center">Report from Phil Porter and Robyn Doran (MH and Well Being Sub-Group Co-Chairs)</p>
<p align="center">Update on the Mental Health and Wellbeing Sub-Group</p>	

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:	One Appendix 1 Mental Health & Wellbeing Sub Group Structure
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Sarah Nyandoro Email: sarah.nyandoro@nhs.net

1.0 Purpose of the Report

1.1 Brent has a Borough Based Partnership, which brings together commissioning and provider organisations to support the improvement of local health and wellbeing outcomes and reduce inequalities across Brent’s communities and residents. The Partnership has 4 priorities:

- Priority 1 - Reduce health inequalities
- Priority 2- PCN Development and reduction in practice variation
- Priority 3 - Improve community and intermediate health and care services
- Priority 4 - Improve mental health and wellbeing

1.2 This report sets out the background and context for Priority 4 - Improve mental health and wellbeing.

2.0 Recommendations

For the Community and Wellbeing Scrutiny Committee to note and comment on the contents of this report, in particular the collaborative approach taken by the Brent Borough Based Partnership, which ensures mutual accountability, clear priorities and responds to issues from NWL ICB and from across Brent partners, and is committed to supporting all partners across health, the Council and Community Voluntary Services to work better together.

3.0 Background

- 3.1 The Health and Care Act established a legal framework for collaboration and partnership-working with health and care organisations working together to integrate services and improve population health. At the heart of the Health and Care Act was the formalisation of Integrated Care Systems (ICS). These were setup to bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners. The changes to the Health and Care Act brings greater opportunities to work together in partnership to help shape the future of health and care for the benefit of the people of Brent.
- 3.2 ICSs are made up of two parts, i.e. an NHS Integrated Care board (ICB) and a Borough based Integrated Care Partnership (ICP). NHS ICBs are responsible for the commissioning, oversight, spend and performance of most NHS services and are accountable to NHS England. The ICP known as the Brent Borough Based Partnership brings together a wide range of local partners, to address the broader health, public health, and social care needs of the local population.
- 3.3 The Brent Borough Based Partnership (BBBP) formerly known as Brent Integrated Care Partnership) was setup in April 2021 and reports to the Health and Wellbeing Board (HWBB), so it is still a relatively new partnership. It includes all of the key Brent health and social care organisations, but we have also broadened membership to include a wider range of council services (including housing and employment) and the voluntary and community sector. The partnership is focused on collaborative working to improve the health and wellbeing of Brent residents. It is responsible for addressing health inequalities, responding to immediate health and care needs and addressing the wider determinants of health and wellbeing within the Brent Borough. The Brent Borough Based Partnership uses local knowledge, collective accountability and combined resources to deliver better outcomes and address health inequalities across Brent.
- 3.4 The programme builds on the strong history of partnership working in Brent, and looks at how even better partnership working can continue to deliver improvement and transformation of the health and care system focusing on the 4 priorities: reducing health inequalities, developing primary care networks and reducing practice variations, improving community and intermediate health and care services and improvement of mental health and wellbeing.
- 3.5 The Brent Borough Based Partnership is accountable for delivering the local priorities, but it also provides overarching, collective leadership and

management of the local health and care system, leading clinical and non-clinical services on behalf of the Brent Borough Based Partnership Board. This is to ensure wider culture change and distribution of accountability, focussed on transformation and change. The Board has established a clear governance and accountability framework focused on Priority Executive Groups to oversee four transformation priorities one of which is the Mental Health and Wellbeing Subgroup (Appendix 1 – MH and Wellbeing structure). The BBBP have also put in a place a partnership development programme, which aims to build common values and behaviours to ensure collaborative working is the norm not the exception. This includes bringing together staff from all the organisations and partners on a quarterly basis and more targeted work focused on specific interventions such as system working across Mental Health and Housing partners and developing Integrated Neighbourhood teams.

4.0 The Mental Health and Wellbeing Subgroup Approach and Key Aims and our commitment to System Working

4.1 The challenges that the Brent health and care system faces to support people's Mental Health and wellbeing are immense. The complexity and scale of need in Brent is greater than ever. To tackle this challenge, we cannot simply focus on changes to processes or policy but must fundamentally change how we work in partnership to make the most of the resources we have in Brent.

4.2 Through the Brent BBP's Organisational/System Development programme, partners have started this journey to re-think how partners work together to meet this ever-growing need. The programme is supporting the development of a collaborative culture, that puts the person at the centre, and sees organisations, services and teams work together to make the right decisions that will maximise the outcomes achieved for people in Brent.

4.3 The Mental Health and Wellbeing Sub-Group is responsible for working collaboratively as a system, to co-produce and deliver support for emotional well-being and mental health at the right time and in the right settings for the population of Brent. This necessarily includes integration of mental health, physical health and social care across primary care, specialist care and community care. The Mental Health and Wellbeing Subgroup has a number of roles to ensure that local mental health provision meets the population's needs:

- To drive forward priorities identified by the system which are multi-agency and more complex in nature – where we need to work together
- As part of the wider ICP/BBBP to encourage joint working and collaboration across all services to improve outcomes for individuals, and
- To deal with issues in the wider system – not to ensure it meets need, but to act as a point of escalation / resolution when there are multi-agency blocks or new multi-agency projects, and
- Working with system partners to identify unmet needs and address inequalities, and identifying and developing services that improve the emotional wellbeing and mental health of the local Brent Population.

- 4.4 The group works with system partners including experts by experience and carers to co-design and co-produce transformation work, ensuring that local resources are best used to provide outstanding care. It is responsible for managing the allocation of resources for system and joint programmes and monitoring progress of key milestones and actions across system and joint programmes. The Mental Health and Wellbeing Subgroup provides senior operational oversight over key programmes and a key point of escalation for system and joint programmes and escalating risks and issues to the BBBP board if required.
- 4.5 In relation to the first bullet point above, the sub group currently has 4 priorities:
1. Supporting people with mental illness to access employment and training opportunities
 2. Ensuring housing and accommodation provision is accessible and reflects identified needs of those with mental illness
 3. Specialist Child and Adolescent Mental Health Service (CAMHS) and support for Children and Young People (CYP) - Prevention, early identification and early intervention for Children and Young people experiencing emotional and mental ill health
 4. Managing demand, increasing access to support and reducing variation in mental health care for the local Brent communities
- 4.6 These priorities were decided in partnership. The Mental Health and Wellbeing sub-group is keen to work together with partners to deliver and build relationships around the priorities that were identified by the Brent Borough Based Partnership Executive, and checked against wider research (including Health and Wellbeing Board, Joint Strategic Needs Assessment and Public Health team). We also listen to feedback from the CVS partners on the group, the thematic leads, Brent Thrive and Brent Health Matters. We will review this on an annual basis.

5.0 Mental Health and Wellbeing Work-streams

5.1 Access, Demand and Pathways

- 5.1.1 Why this was selected - this was selected to support access to services for Brent's diverse population recognising the diversity of cultures, beliefs, identities, values, race and language used to communicate experiences of mental health conditions, responding directly to the BBBP's focus on health inequalities.
- 5.1.2 Aims of the work-stream - to identify barriers and find solutions to enable access to mental health support for Brent's diverse population. To increase access to psychological support (IAPT), reduce admissions and readmissions to acute mental health services, increase the number of people with severe mental illness (SMI) cared for in the community, increase the number of discharges from statutory and community mental health services, increase community support for local Brent residents experiencing mental health problems.

- 5.1.3 Key deliverables - Deliver parity of esteem so that people with mental illness have the same access to services as those with physical health problems. Raise awareness of mental health services available in Brent. Increase access to IAPT services, increase access to physical health checks for those with mental illness. Reduce the flow of referrals to secondary care and increase support in primary care and in the community settings. Reduce inequalities, morbidity and mortality rates through increased physical health checks for this group.
- 5.1.4 How this is monitored – Through collection and analysis of data of primary and secondary care mental health services looking at referrals, sources of referrals, waiting time, caseloads. This also includes referrals and access to IAPT and recovery rates and numbers of patients with mental illness who have received annual physical health checks and follow-ups
- 5.1.5 Work achieved so far - Recruited IAPT-Community engagement workers to support with raising awareness of IAPT to our diverse communities and facilitate access. Developed IAPT promotion videos in different languages for GP surgeries. Developed leaflets in different languages. There is a plan to expand the languages offer. Developed IAPT community connectors to support with raising awareness of the IAPT service and other mental health support. There is a notable steady increase in numbers of people accessing IAPT.
- 5.1.6 What we are planning to do next:
- Improve % of people accessing IAPT: Building stronger relationships with GPs using the community engagement workers.
 - Improve % of SMI Patients with annual physical health checks: Implement the Make Every Contact Count programme to increase physical health checks.
 - Reduction in admissions and re-admissions (increase in the number of people with SMI cared for in the community): Work with partners to increase community crisis response with an intensive focus on pathways, length of stays, bed management & patient flow

5.2 Employment

- 5.2.1 Why this was selected - this was selected because employment is an evidence based intervention that improves the mental health and wellbeing of people with mental health problems. There is wide recognition that employment is both a critical health intervention and a meaningful outcome for people with mental illness, and employment is also recognised and expressed as a goal by mental health service users. Mental illness is also a key and growing reason for economic activity.
- 5.2.2 Aims of the work-stream - to improve links and communication between key facets of the system (Health, DWP and Service Providers). Support individuals with mental illness to navigate the system and get the right support at the right time. Stimulate business appetite for recruiting and supporting those with mental health conditions in the work-place. Increase the numbers of people

experiencing mental ill health supported into employment. People with mental illness will secure meaningful employment. This will lead to improved quality of life, moving away from the poverty line and giving those with mental illness better financial security. It will improve self-esteem with a sense of purpose and a feeling that they are playing an active part in society.

- 5.2.3 Key deliverables – the establishment of a strategic employment board and a mental health forum with relevant partners to ensure a joined up approach. Development of accessible employment pathways. A newly designed referral pathways with system partners. Promotion of and marketing of the employment referral pathways. Organise employment related events/activities through job fairs, including upskilling and training. Increased accreditation of Disability Confident Employers locally. Increased numbers of people with mental illness supported to access a range of employment opportunities and training opportunities.
- 5.2.4 How this is monitored – this is monitored through attendance at operational/strategic forums, numbers of job fairs and workshops organised for people with mental illness and employers, numbers of people accessing this service, numbers of people supported to find and secure work including numbers accessing employment services through support from secondary care services and numbers / level of disability confident employers.
- 5.2.5 Work achieved so far - A strategic employment board and a mental health forum with relevant partners developed and is fully operational. Employment pathways developed and promoted locally. Communication and engagement plan implemented including with Brent GPs. Joint working with Brent Health matters to promote employment pathways with local Brent communities. Dedicated webinars and seminars, as well as a big job fairs held locally. Work to increase numbers of people with mental illness securing good quality jobs and increasing employers accredited to the Disability Confident charter is on-going. The Employment Team attended a successful Catalyst Housing Wellbeing Hub launch promoting the employment and referral pathways. The team are working closely with Brent Health Matters and Brent Works to share and promote employment pathways. The project ran a successful practitioner event early in the year, showcasing employment support services for those with mental illness and wider barriers to work. A 2nd event was held in the summer 'Let's talk about Mental Wellbeing' for residents to showcase local employment support and wider support services.
- 5.2.6 Employment outcomes from Brent Works and Shaw Trust year –to-date: 40 registrations with health conditions of which 24 have mental illness. We had 8 successfully supported into employment. Data from Twining's not available.
- 5.2.7 What we are planning to do next - We are planning to increase the referral rates of those with mental illness to access support from Shaw Trust/Twinning/Brent Works with preparing and accessing employment. We will be increasing the numbers of people with mental illness who secure employment. We will also embed employment of those experiencing mental illness into businesses and employers hiring practices. We will increase accreditation of Disability

Confident employers locally through a number of Disability Confident Events to promote the scheme to employers. There will be a follow-up presentation to the Brent GP forum.

5.3 Housing and Accommodation

- 5.3.1 Why Housing and Accommodation was selected - Good quality, safe and secure housing is vital to good mental health. Poor housing impacts on mental health in a variety of ways including stress, anxiety, depression, physical health problems, breakdown in relationships and sleeping difficulties among others, all of which impact on mental wellbeing. There is wide recognition that people with mental illness find it harder to both access and maintain their accommodation.
- 5.3.2 Aims of the work-stream – The overarching aim is to ensure a joined up recovery focused pathway which works across housing, health and social care to ensure people can access accommodation which supports their recovery and independence, which includes targeted improvements in the provision of accommodation options for those with mental illness, improved pathways from in-patient to supported and independent accommodation, and improved access to independent housing in public and private sectors. In doing this we will ensure that people with mental illness will have long term accommodation that is secured. Improved quality of life, with safe housing in familiar settings closer to family and friends. Increased numbers of mental health service users with stable tenancies. Reduction in homelessness and rough sleeping for those with a mental illness.
- 5.3.3 Key deliverables - Shared understanding and resolution of the challenges around access to accommodation for those with mental illness. The Mental Health and Wellbeing Subgroup has been working with the Mental Health and Housing project as a pilot project to develop an approach to better system working. This project not only looks at how we need to change the service model, but also how we can work differently to improve the services we have and to tackle the day-to-day operational challenges teams face. Using the learning from this project, a toolkit is being developed that will help leaders, and their teams, implement the approach to system working in their areas. Building the system/managing the system – includes better connections and arrangements for multi-agency discussions and arrangements for commissioning the right services/accommodation requirements. Co-production of end-to-end pathways. Developing greater integration and partnerships of local mental health support with specialist skills and expertise and flexibility of care. Developing more consistent and explicit models of supported housing. Setup of a Portal for housing referrals and redesign of the duty to refer offer form. Reduction in rates of homelessness for people with mental illness. Reduction of numbers of people with mental illness who lose their tenancies. Reduction in numbers of people with mental illness supported in temporary accommodation. Improved and increased numbers of those with mental illness supported to access general needs housing.

- 5.3.4 How this is monitored – this will be monitored through a newly developed portal to collect data on all mental illness referrals by GPs and others. This will enable referrals for those with mental illness to be identified (not previously collected) and declined referrals analysed. This will be monitored through the numbers of referrals, numbers of successful referrals, reasons for unsuccessful referrals as well as numbers of people with mental illness supported into more independent accommodation, and will ensure we have better to ensure we are able to make the case for more, new or different types of accommodation.
- 5.3.5 Work achieved so far - Duty to refer form widely consulted on and socialised with GP practices and other agencies. Mapping and auditing of the local accommodation portfolio. Mental health discharge processes reviewed and additional resources provided to support and facilitate discharges from Park Royal and Northwick Park now in place. There is on-going work supported by PPL to understand needs, the system, managing the system, managing operations and joint commissioning is on-going. A project officer to support the Housing/Accommodation work-streams and a Senior Programme officer to support the Mental Health and Wellbeing priorities both now in post.
- 5.3.6 What we are planning to do next - Building the System/Managing the system – this includes building better connections and arrangements for multi-agency discussions and arrangements for commissioning the right services/accommodation requirements. It also includes improving collaboration arrangements to reduce multiple agency assessment and co-production of end-to-end pathways and to support the system. We will build a system that can share information and supports other parts of the system.
- 5.3.7 We plan to develop greater integration and partnerships of local mental health support with specialist skills and expertise and flexibility of care. This will include developing more consistent and explicit pathways and models of supported housing, and new types of supported housing. We will be collecting and collating Housing Needs data to support analysis of the types of available accommodation, capacity and different models of housing support. We will also align the s117 mental health panel with the local authority's complex needs panel. We will improve engagement with Housing/accommodation system partners and also improve engagement with GPs – strengthen links with Primary Care. (All Brent GP Practices)

5.4 Children and Young People

- 5.4.1 Why this was selected - Children and young people's mental health is a high priority for Brent. Brent is among the most deprived areas in NWL and in the UK. (Gov.Uk Indices of Deprivation in Children and Young People 2019). It also has the highest proportion of BAME children and young people in NWL. Additionally, the COVID19 19 pandemic saw an increase in demand for Mental Health support to CYP including specialist CAMHS support. There is recognition locally for action for both additional resources as well as service redesign essential to addressing the mental health needs of our children and young people.

- 5.4.2 Aims of the work-stream- We will work to reduce the numbers of children and young people waiting for specialist CAMHS support through the Waiting List Initiative and remodelling of community support services for children and young people. Increased recovery from mild to moderate depression and anxiety. We will increase the numbers of people with mental illness accessing IAPT services and those having their physical health checks. We will reduce the flow of patients to secondary care as common complex mental illnesses is supported in primary care and community settings.
- 5.4.3 Key deliverables - Early identification and early intervention to ensure that children and young people are supported and managed before they reach crisis point that leads them to requiring a specialist CAMHS intervention. Increase access in availability for early support for children and young people in the community. Increase capacity and capability of children's community services to provide emotional wellbeing support/ psychotherapy and psychological support to children and young people. Support children and young people and their families early in settings that are closer to home. Reduce the numbers of children and young people waiting and the waiting times for specialist CAMHS assessments with a focus on waiting well. Increased support for children and young people in primary care and community settings. Maximisation of the digital offer.
- 5.4.4 Work achieved so far - The Council delivered a range of one-off school and community mental health and wellbeing initiatives, including rolling out ELSA training across schools, bespoke training for school staff and other professionals on mental health and emotional wellbeing and school avoidance (with over 100 school staff attending) as well as workshops for parents. We increased counselling support for young people from Family Wellbeing Centres. We increased specialist CAMHS support with 7 additional posts. We engaged additional support for our Children and Young People from Healios, Brent Centre for Young People and Brent Young People Thrive to help triage the specialist CAMHS waiting list and support with CAMHS assessments. We increased access to other Vol Sector agencies to support CYP's emotional and mental wellbeing. We developed new models of early intervention and support for our 0-5 population. We developed a quality improvement project with primary care to upskill primary care staff to support low risk presentations in children and young people. Increased Mental Health Support in Schools with more schools on the programme. Reduced the waiting list and waiting times for specialist CAMHS. However, demand for specialist CAMHS service continues to increase. A discussion was held between the ICP Leadership and the Programme Director for Mental Health at NWL ICB in early 2022 where it was agreed in principle that additional investment for "levelling up" will be provided to increase specialist CAMHS capacity. Whilst we have received positive signalling on this issue, we do not yet know the quantum of funding that we might receive or how the 'levelling up' allocation might work. We are seeking further written clarification on this matter.
- 5.4.5 How this is monitored – this is monitored through collection and analysis of specialist CAMHS data and data from commissioned services for children and

young people, looking at numbers of referrals, waiting list and waiting times and treatment outcomes

- 5.4.6 What we are planning to do next - We will develop and implement a local Thrive model for Brent (Getting Help, Getting More Help, Getting Risk Support and Getting advice) to deliver mental health support to our Children and Young People (CYP). We are expanding the Mental Health Support in Schools by identifying more schools to be part of this initiative. There will be additional improvements in care for young people aged 16 to 25 through the new 16-25 offer. We will increase specialist CAMHS Nurse Capacity. Plans are also in place for access and availability of a Brent duty clinician to provide telephone support to parents/carers of CYP with emotional and mental health. We will develop and implement a quality improvement project with primary care to upskill their staff members to be able provide support to low risk CYP. The Council will be recommissioning a contract to provide early identification and intervention for children and young people in target vulnerable groups, which will include a pilot peripatetic service in schools jointly funded by CNWL. We are developing a communication and engagement project with young people to review and design how they access information about services. The results will be discussed at a future mental health and wellbeing SubOGroup meeting and at the Children's Trust Board.
- 5.4.7 There are other initiatives in the process of going live including expansion to the care young people receive, new model for transitioning, pilot schemes with universities and colleges, and a number of schemes commissioned with the third and voluntary sector organisations.

6.0 Differences and similarities in how each of the four areas are being addressed

- 6.1 Similarities in all four work-streams include development of inclusive services. Developing accessible pathways for mental health service users. Improved collaboration arrangements to reduce multiple agency assessment. Improved engagement with GPs, strengthening the links with Primary Care. Joining up the system by developing greater integration and partnerships of local mental health care and support with specialist skills and expertise and flexibility of care. Developing more consistent and explicit models of care and support. Implementing a system wide commitment for recovery based approaches to the services being provided. Simplifying service user navigation and access into support services. Close liaisons and working together with Brent Health matters to engage with Brent's diverse communities. Building a system that can share information and support other parts of the system. Practical training for frontline practitioners to understand the system and work collaboratively. Jointly agreed escalation protocols. More responsive commissioning arrangements.
- 6.2 Differences are that the focus for each work-stream is a speciality area of support for people with mental ill health ranging from housing, employment, access and demand and specific support for Children and Young people. There is also recognition that recovery journeys vary so the system has to be flexible to deal with relapses and the issues this can create. The impact of pressures in

the system, particularly around hospital discharge. We also recognise Non-engagement as service users are distrustful of public services, or cannot engage with them, and we have to build trust.

7.0 Financial Implications

- 7.1 All of the work identified above is delivered from within core budgets. However, earlier in the year, Brent's Director of Public Health, attended a meeting to discuss the NWL Mental Health Strategic Review. A document was presented that recognised the current inequalities in the level of investment across NWL and stated "Protected mental health funding offers resource to address the most extreme variations in investment, provision and outcomes".
- 7.2 The report highlighted that there were wide variations in levels of overall mental health funding, including CAMHS services. Some NWL Boroughs have double the level of funding that Brent currently receives, per head of population. Brent's Place-Based Partner organisations were encouraged by this report. This inequality for Brent had been recognised with plans for a strategy to be developed to address this by NHS NWL ICB. This would mean increased investment in mental health services for Brent prioritised so that "levelling up" of resources could be achieved incrementally over time.
- 7.3 Financial implications at this time are that there has been no levelling up funding to Brent. Unless this is addressed for the Specialist CAMHS service in particular, demand will continue to outstrip supply.

8.0 Legal Implications

- 8.1 There are no legal implications at this time.

9.0 Equality Implications

- 9.1 Through developing local clinical leadership, co-production and a partnership approach Brent is focused on addressing health inequalities.
- 9.2 Brent has adopted the NHS England Core20PLUS5 approach to addressing health inequalities led by Brent's Public Health. This work recognises the complexity of the determinants of health, including the socio-economic status of the local population and deprivation, experiences of protected characteristics under the Equality Act, the geography of Brent as an outer borough, Brent's diverse population and levels of social connectedness among others. Addressing health inequalities is a priority for Brent and the focus is on: -
- Developing a common understanding of health inequalities
 - Engaging with and involving all system partners in the work to systematically address health inequalities
 - Using a collaborative system approach to addressing health inequalities and determining the required benefits locally.

10.0 Consultation with Ward Members and Stakeholders

10.1 Consultation with Ward Members, system partners, Brent residents, mental health service users and carers. Consultation, involvement and inclusion of the Brent population has been supported by Brent's Community Engagement Team. Brent Health Matters and the Brent Mental Health Thrive group.

11.0 Human Resources/Property Implications (if appropriate)

11.1 There are no human resources/property implications at this time.


Report sign off:

ICP Executive Board Chairs and
Mental Health and Wellbeing Sub-
Group Co-chairs: Robyn Doran and
Phil Porter

Brent Based Partnership	Focus	Membership
<p>Reports to the Brent Health Wellbeing Board and NHS NWL ICB</p> <p>Meets Fortnightly</p>	<p>To determine the local priority areas of focus for Brent, based on need and knowledge of our local populations;</p> <p>To develop a Place Delivery Plan to improve services in the priority areas</p> <p>To develop metrics to monitor delivery of the Place Delivery Plan;</p> <p>For each member organisation to take forward the programme of work for their organisation using their own transformation resource;</p> <p>To collectively hold each organisation to account for delivery of its part of the Place Delivery Plan.</p> <p>To realise opportunities for efficiency through system redesign that enables funds to be reinvested back into better quality services</p>	<ul style="list-style-type: none"> • A Director representing Brent Local Authority (including adult social care and children’s services) • A Director of Mental Health services • A Director representing Community Health Services • A Director representing local acute services • The Clinical Chair of Brent CCG • The Lead Borough Director (Brent CCG) and the Director of Integration (Council/ CCG) should be in attendance at each Committee meeting. • A nominated management representative from the primary care networks • Patient rep (TBC)

The Mental Health and Wellbeing sub-group is Co-chaired by Phil Porter and Robyn Doran.

Reporting to and Frequency	Focus	Membership overview
<p>The Mental Health and Wellbeing sub-group Reports to the Brent Based Partnership's Executive Group</p> <p>Meets Monthly Last Tuesday or Wednesday of the month, 3.30 - 5pm.</p>	<p>Increase engagement, utilisation and awareness of mental health support services in our local communities</p> <p>Reduce variation in mental health care and support for the local Brent communities</p> <p>Support people with mental illness to access employment opportunities</p> <p>Ensure housing and accommodation provision is accessible and reflects identified needs locally</p> <p>Increase mental health support in primary care and in the community</p> <p>Improve access to IAPT</p> <p>Increase Physical Health checks for those with mental illness</p> <p>CYP/Specialist CAMHS / Transitions – prevention, early identification, early intervention and timely access to support services for children and young people. Ensure that the additional needs of children and young people and identified gaps as a direct result of the pandemic are addressed and aligned to the Children's Trust Board priorities. Align identified areas of mental health inequalities from this work stream to the Inequalities Work-stream</p>	<ul style="list-style-type: none"> • Robyn Doran (Co-Chair) • Phil Porter (Co-Chair) • Dr Sumi Mukherjee (Adults)/Dr Anne Murphy (CYP) • Jonathan Turner – NWL ICB Brent • Sarah Nyandoro – NWL ICB Brent • Kingsley Akuffo - CNWL • Dr Mohammad Haidar • Danny Maher – Voluntary Sector Rep • Marie McLoughlin – Public Health • Shirley Parks – Brent Council (CYP) • Rebecca Byrne – Brent Council (Adults) • Ala Uddin - Employment lead – Brent Council • Steve Inett - Healthwatch - VCS rep • Hinda Mohammed – Brent Health Matters • 2 PCN CD Leads • Community Champion • Patient rep (TBC)

 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee 25 January 2023</p>
	<p>Report from the Social Prescribing Task Group</p>
<p>Social Prescribing Task Group Interim Report</p>	

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:	One Appendix 1 – Task Group Activity
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>George Kockelbergh Strategy Lead – Scrutiny, Strategy and Partnerships - Communities and Regeneration George.Kockelbergh@brent.gov.uk 020 8937 5477</p> <p>Tom Pickup Policy, Partnerships and Scrutiny Manager, Strategy and Partnerships - Communities and Regeneration Tom.Pickup@brent.gov.uk</p>

1.0 Purpose of the Report

- 1.1 To update the Community and Wellbeing Scrutiny Committee on the progress of the Social Prescribing Task Group.

2.0 Recommendation(s)

- 2.1 To note and comment on the body of the report, detailing the progress made by the Social Prescribing Scrutiny Task Group and the activity of the Task Group as set out in Appendix 1 – Task Group Activity.

3.0 Detail

Background Information

- 3.1 The Community and Wellbeing Scrutiny Committee established the Social Prescribing Scrutiny Task Group at its meeting on 22 September 2022. The task group is made up of non-executive members of the council and task group members co-opted by the Chair:
- Cllr Ketan Sheth (Chair)
 - Cllr Tazi Smith
 - Cllr Rajan Seelan
 - Dr MC Patel (Co-opted)
 - Anita Thakkar (Co-opted)
- 3.2 It was agreed that a number of evidence sessions would be held from October 2022 to December 2022, with time allocated after the evidence sessions for the Task Group and the Community and Wellbeing Scrutiny Committee to agree any reports and recommendations for submission to Cabinet in April 2023.
- 3.3 The Task Groups final report with its proposed recommendations are scheduled to be considered by the Community and Wellbeing Scrutiny Committee on 7 March 2023. The report will then be considered by Cabinet and thereafter by the Brent Health and Wellbeing Board.
- 3.4 The following Terms of Reference were agreed by the Community and Wellbeing Scrutiny Committee on 22 September 2022:
- a) 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.
 - b) To understand the opportunities for social prescribing in Brent and what can be achieved through social prescribing locally for all residents.
 - c) To consider the most effective ways of further developing social prescribing in Brent in collaboration with the NHS and other partners.
- 3.5 The Task Group held its first evidence session on 27 October 2022. This session focused on the practice of social prescribing, the key health issues it aims to address and how it is currently delivered in Brent. The session also focused on how social prescribing is developing nationally and in North West London.

- 3.6 The second evidence session was held on 15 November 2022. The focus of this session was on the opportunities to widen how social prescribing is delivered in Brent and the council's role in supporting this. Task Group members also questioned stakeholders on current issues in delivering social prescribing in Brent and how it is funded.
- 3.7 The third evidence session of the Task Group was focused on the role of Brent's community and voluntary sector in delivering social prescribing for residents. The session also reviewed the role that council services can play in delivering social prescribing, and how partners could raise awareness of social prescribing in Brent.
- 3.8 The final evidence session was held on 8 December 2022. During this session the Task Group focused on the opportunities to continue developing social prescribing in Brent. Members also used the session to test their understanding and discuss any emerging findings with the expert witnesses present at the session.
- 3.9 The Task Group has heard from a wide range of stakeholders and expert witnesses during its evidence sessions, a list of evidence sessions held and stakeholders in attendance is provided in Appendix 1. The Task Group thanks all those who have contributed to this process so far.

4.0 Emerging Findings

Introduction – social prescribing in Brent

- 4.1 Throughout the evidence sessions the Task Group heard that social prescribing takes a person-centred approach to treating patients, this means looking at the person as a whole to understand possible non-medical root causes of a patient's medical issues. For example, a patient may present to their GP with symptoms of depression; instead of prescribing anti-depressants, the social prescribing approach will look at the non-medical issues that could be causing their symptoms of depression such as welfare issues or poor-quality housing. One of the key skills of a social prescriber is to be able to listen to a patient for an extended period of time, to build rapport and trust to learn about underlying issues which a patient may not share right away.
- 4.2 A social prescriber will work with a patient over a number of individual sessions to help the patient to address their issues. This person-centred, holistic approach has been key in effectively addressing both medical and non-medical issues that contribute to a person's health.
- 4.3 Social prescribing is currently being delivered in primary care settings in Brent, which are usually GP surgeries, and social prescribers are funded through the NHS's Additional Reimbursable Roles Scheme (ARRS), that was introduced in 2020. Further detail on the funding arrangements of social prescribing is developed later in this report. Social prescribing is currently delivered differently to residents depending on which Primary Care Network (PCN) their GP practice

is located. A Primary Care Network is a group of GP practices that work together to enable residents to receive more proactive health and social care close to their homes.¹Brent has 7 Primary Care Networks, these are:

- 4.4 The Task Group heard that the delivery of social prescribing is particularly important in deprived areas, where more patients are likely to need support with social and welfare issues. The support Brent residents are receiving through social prescribing is different to what many people thought it would be pre-austerity, and it is important to address that this is the position the borough is in. The Task Group noted that the nature of referrals had changed in Brent, and that social prescribers were now referring patients to services for welfare support and food banks much more often than they were referring people to swimming sessions.

Harness North

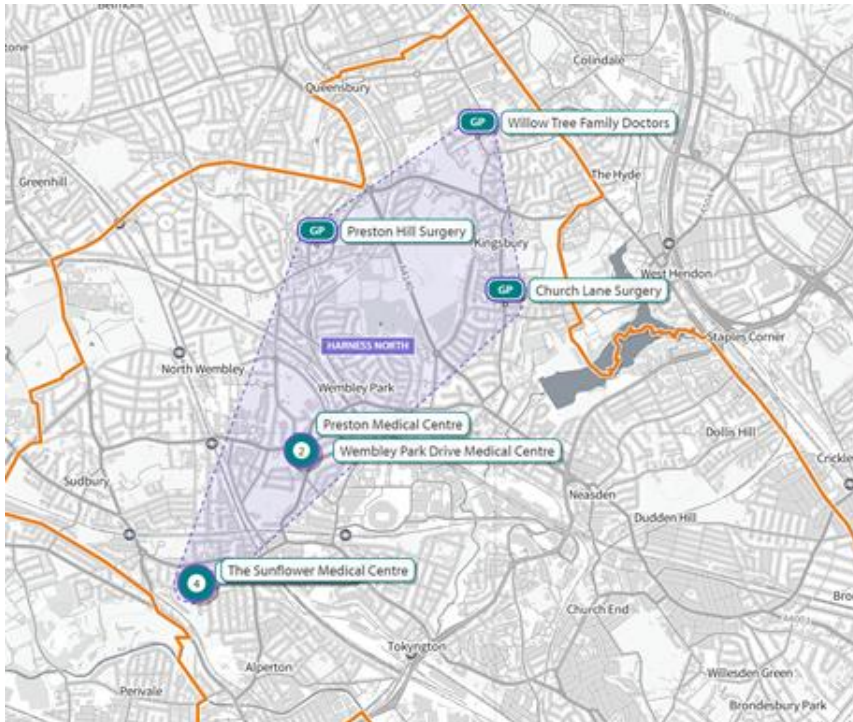


Figure 1: Harness North Primary Care Network

¹ NHS England, Primary Care Networks [NHS England » Primary care networks](https://www.nhs.uk/primary-care-networks/)

Harness South

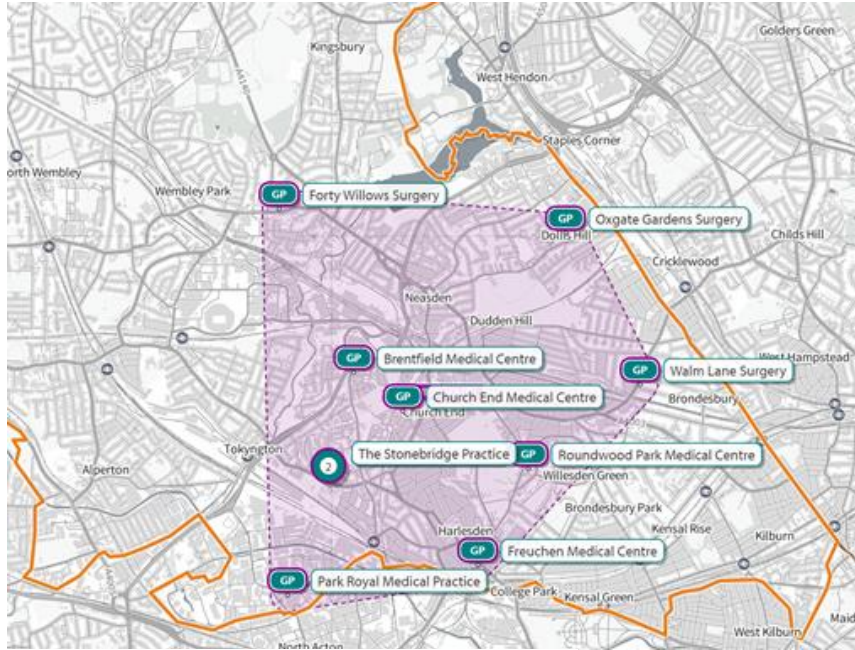


Figure 2: Harness South Primary Care Network

K&W North

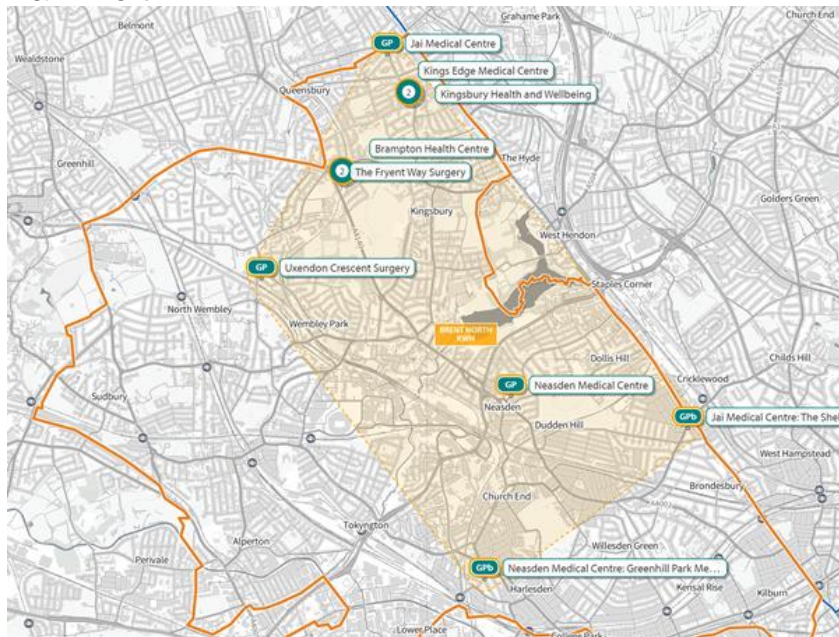


Figure 3: K&W North Primary Care Network

K&W South

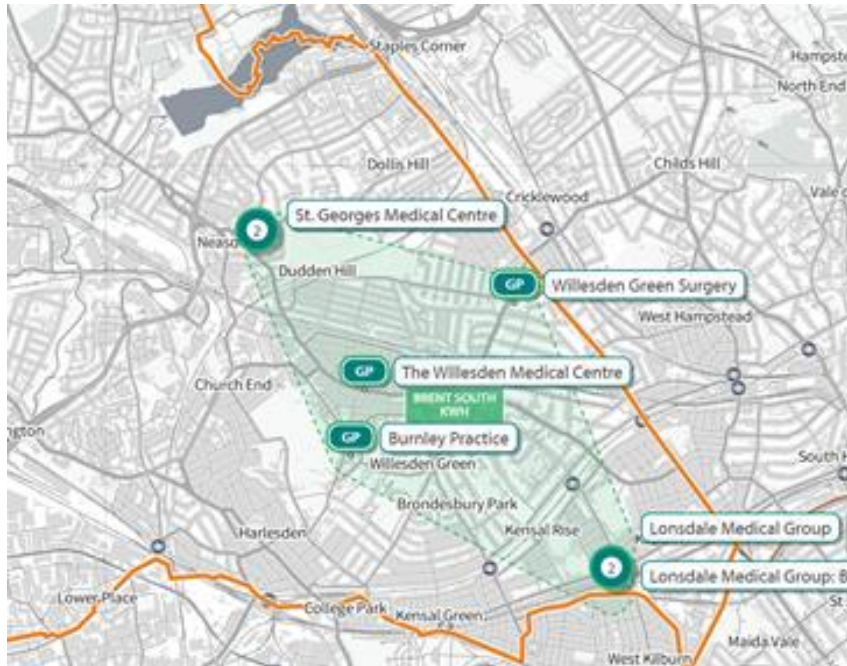


Figure 4: K&W South Primary Care Network

K&W Central

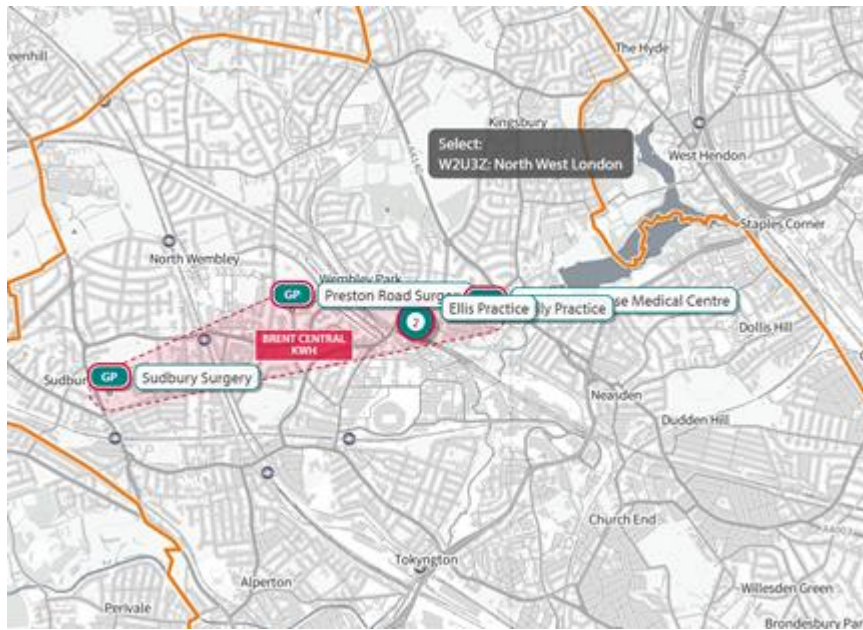


Figure 5: K&W Central Primary Care Network

K&W West

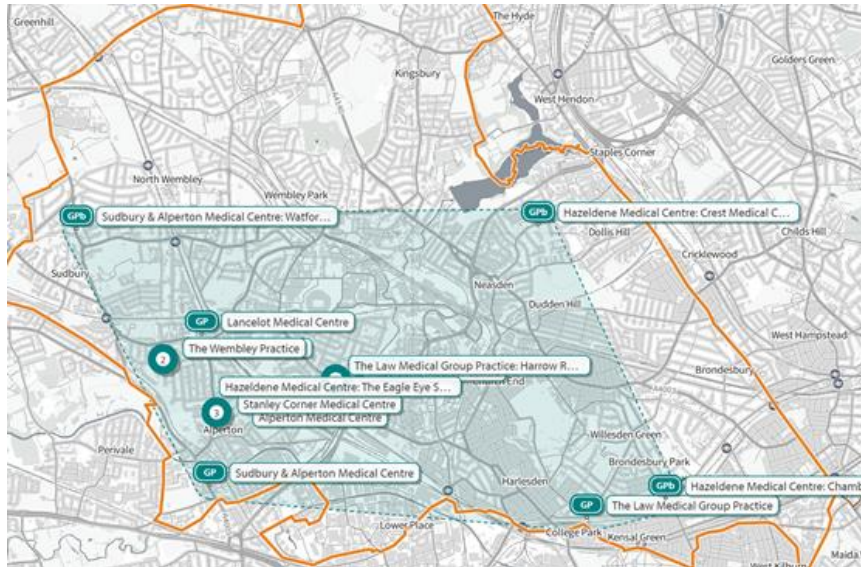


Figure 6: K&W West Primary Care Network

Kilburn



Figure 7: Kilburn Primary Care Network

- 4.5 Harness and K&W PCN areas jointly commission Brent Mencap to deliver social prescribing in their GP surgeries, whereas Kilburn PCN has its own arrangements for social prescribing. There are currently 32 link workers who cover Brent's 51 GP practices², the amount of time each practice is allocated with a social prescribing link worker is decided at PCN level and is based on need. As of November 2022, 453,419 people were registered with a GP practice in Brent,³ which gives an indication of the number of people that are registered to a Brent GP per social prescriber in the borough.

² Evidence session 2, p3

³ NHS NW London, Number of residents registered with a Brent GP.

- 4.6 The task group heard that the demand for social prescribing was increasing in Brent, social prescribing link workers that cover the Harness North and South PCN areas received 2,512 referrals during in 2021-22, this was an increase from 1575 referrals in the previous year⁴, part of this increase may have been due to the impact of the Covid-19 pandemic or other factors such as population growth in this area. For each referral a patient would be contacted by their link worker 5 times on average. Furthermore, when a referral is related to mental health support, social care, housing or welfare benefits, link workers will often contact that patient between 8-10 times. The rise in demand for social prescribing services will likely lead to additional pressures being put on link workers in Brent, who are currently delivering an essential service for some of Brent's most vulnerable residents.
- 4.7 The following sections of this report outline the key findings from the Task Group's evidence sessions, these have been broken down thematically based on the evidence received. It is envisioned that the Task Group's final recommendations will be drawn from these key themes.

Extending Access

- 4.8 Whilst the Task Group were reassured that social prescribing is being delivered effectively in Brent, it also heard that the current model of social prescribing was limited as it required residents to be registered with a GP practice to access social prescribing services. From the work undertaken in the community through Brent Health Matters, the council has heard that there are large number of residents in Brent who are either mistrustful of health services or unregistered with a GP practice, who will be unable to access social prescribing in Brent at this time. It was stated that widening access to social prescribing would be an effective way of allowing all residents to access these essential services.
- 4.9 It is clear that any extension to social prescribing should compliment and support the existing offer in primary care. This extension of access should also consider how social prescribing should be extended to meet the need in the community that is not being addressed by primary care. The local authority knows that residents access services in different places or 'access points'. There is the opportunity to build social prescribing into these access points, so that these access points can begin to look at residents' wider needs and make appropriate referrals. The local authority should also consider how to tailor the social prescribing offer at different 'access points' to ensure that many groups of residents benefit. There are both soft access points such as faith groups and hard access points such as the Adult Social Care front door which could both effectively extend access to social prescribing for different groups of Brent residents.

Empowering staff to adopt a social prescribing approach

- 4.10 The Task Group heard that the ethos, resources and holistic approach used by social prescribers was key in allowing them to address a patient's wider issues.

⁴ Social Prescribing Link Workers Harness North Report

This ethos, resource and holistic approach used by social prescribers is transferable and should underpin any possible extensions to social prescribing in Brent. As part of any extension to social prescribing, those adopting this holistic approach could work closely with social prescribers, to learn about the existing work and good practice taking place within primary care settings.

- 4.11 The Task Group heard that front line local authority staff could be key in the success of extending social prescribing to local authority 'access points' should this happen in the future. Front-line staff could be incredibly valuable assets for social prescribing, as they are often the only staff that residents interact with in the council. Brent Hubs and front-line staff also interact with some of Brent's most vulnerable residents who have the greatest need for support that is offered through social prescribing. So, there would be value in developing existing local authority staff to further adopt a holistic and person-centred approach to supporting residents.
- 4.12 The Task Group heard that workforce development and training on social prescribing in council services could empower staff to adopt the consistent ethos and holistic approach of social prescribers, that was identified as their key point of different. This would benefit residents as staff would be in more informed position to provide support to a resident using a holistic, person-centred approach.
- 4.13 There is not yet consensus on how this workforce development would take place. Whilst a local qualification on social prescribing could be useful the key message is that building consistency in the ethos and approach of those delivering social prescribing to residents is the most important factor in achieving successful outcomes, rather than the exact same training. It is likely that training alone will not be sufficient for existing staff to adopt the same approach to supporting residents as current social prescribers. Existing staff will also require access to comprehensive information on what services are available in Brent, so they make informed choices on what services would best benefit a resident.

Developing more joined up working between the local authority, NHS and the community and voluntary sector on social prescribing in Brent

- 4.14 During the evidence sessions partners questioned whether those involved in social prescribing were making full use of the opportunities available for social prescribing in the community and voluntary sector in Brent. Stakeholders representing Brent Council also questioned whether the local authority was making the most of the opportunities in its services for social prescribing and whether it had been proactive enough in identifying the gaps in social prescribing opportunities that council services could fill.
- 4.15 Task Group members also heard that in some cases there are council services that aren't connected to NHS frameworks such as the libraries service. This can prevent social prescribers from making referrals to these services in some cases, limiting the choice of social prescribers. Taking steps to ensure more joined up working will achieve better outcomes for patients and social

prescribers as there will be greater choice and opportunity for targeted interventions.

- 4.16 There is also in some cases a lack of knowledge or lack of sufficient support for social prescribers to know exactly what opportunities exist within organisations or programmes. A lack of resource can also hinder social prescribers' ability to research and engage with the local authority and community and voluntary sector to discover all the opportunities available to them in Brent. Allowing social prescribers the space and time to engage with its partners would lead to better outcomes for residents, though with demand for services increasing this could continue to be a challenge.
- 4.17 The Task Group heard examples of good practice in information sharing between the council's housing department and social prescribers representing Kilburn PCN. The social prescribers have received guides on how to navigate the housing departments functions which has enabled social prescribers to advocate more effectively for their patients, it is suggested that this could be extended to other council services that social prescribers interact with and be replicated for other primary care networks in Brent.
- 4.18 During the evidence sessions partners expressed the view that there is not currently a comprehensive picture of all the social prescribing opportunities available in Brent that residents could be referred into. As a remedy to this, stakeholders have suggested that a comprehensive and regularly updated directory could be co-produced with the community and voluntary sector and to provide a real-time picture of the social prescribing opportunities in Brent. It was suggested that suppliers could be obliged keep the information up to date in such a directory and that the council could also require commissioned or grant funded opportunities to maintain entries as a condition of their funding.
- 4.19 Throughout the evidence sessions the Task Group heard a number of different terms being used by different agencies to describe the same social prescribing practice. Using different terms for similar practices is confusing and could be acting as a barrier to accessing social prescribing for residents, especially for those who may be mistrustful of health services. Developing a common language on social prescribing could have a beneficial impact on the uptake of social prescribing in our diverse communities.
- 4.20 The Task Group heard that a recent piece of work on the council's response to the cost-of-living in Brent had been an effective way of sharing information on support available for residents that are struggling with the impact of the cost-of-living crisis. There is an opportunity to learn from the success of this work in regard to the methods of information sharing amongst residents and staff. Elements of this approach could be borrowed to highlight existing opportunities available for social prescribing in Brent to our residents.
- 4.21 In the evidence sessions there was an ambition amongst partners to further strengthen the partnership working approach between those involved in social prescribing. Further strengthening this partnership approach would facilitate future conversations about how the social prescribing ethos could be built into

other parts of the health landscape in Brent. This could include the Brent Integrated Care Partnership's emerging neighbourhood teams and the front doors of other health providers in Brent.

Improving data evaluation for social prescribing, to continue developing social prescribing in evidence and needs based way.

- 4.22 The Task Group heard that there is both a local and national drive for data collection and evaluation of social prescribing to be improved. Social prescribing currently has an ongoing challenge with data collection and evaluation compared to traditional forms of medicine, in part due to the somewhat subjective nature of social prescribing's outcomes compared to traditional forms of medicine. For social prescribing to be expanded in Brent, it is essential that partners can evidence the activity and impact of social prescribing in the borough.
- 4.23 Data evaluation gives partners a clear indication of how social prescribing is developing in Brent. This is important as it shows partners what areas of social prescribing need further development and help provide a general understanding of trends within service provision. For example, Harness North and South PCNs have identified that Arab communities and those with learning disabilities are currently underrepresented in social prescribing figures in their practices and are working to address this.
- 4.24 During its evidence sessions Task Group members heard of the ongoing work to address issues with data evaluation in social prescribing. NHS North West London Integrated Care System partners advised that a new case management system for social prescribing had been procured and was currently being trialled in Westminster, Ealing and Harrow⁵ with a view to be used across North West London. Colleagues advised the task group that this would improve social prescribers' ability to collect more comprehensive data from their patients.
- 4.25 Whilst the procurement of a new case management system is welcome, for social prescribing to be developed in an evidence and needs based way there is still work to be done. It was stated that in some cases the data on social prescribing activities is not being fully captured and shared with all those involved with social prescribing, which makes it difficult to understand if services are being duplicated for residents. The lack of information sharing was also highlighted as a borough wide issue which is currently hindering effective data evaluation.
- 4.26 The development of Key Performance Indicators (KPIs) for social prescribing in Brent were suggested as a possibly effective solution for improving data evaluation. These KPIs would need to count proper quality and could be used by all partners involved in social prescribing, so that they highlight areas of challenge for the NHS, social prescribers and the local authority. These KPIs would be essential in evidencing activity and impact of social prescribing, which

⁵ Evidence Session 1, p2

would increase partners confidence of expanding Brent's social prescribing model.

- 4.27 It was suggested that using the North West London EMIS template could provide a basis for developing these social prescribing KPIs, and that the NWL EMIS template could be universally used by professionals across the borough to provide a more uniform and comprehensive picture of social prescribing activity and impact in Brent.

Ensuring social prescribing's funding arrangements are sound so that it can be developed sustainably.

- 4.28 During its evidence sessions the Task Group heard that social prescribing was being funded in a limited way, described as 'seed funding' by NHS colleagues. It was stated that this is so the NHS can test and measure the impact of funding in social prescribing without taking significant financial risks whilst social prescribing is in a developmental stage.
- 4.29 Currently social prescribing link workers are funded through the NHS's Additional Reimbursable Roles Scheme (ARRS) introduced in 2020. Primary care networks are responsible for drawing down funding from the ARRS. Primary care networks use of this funding for social prescribing link workers should reflect the demand for social prescribing in their GP practices. The Task Group have heard that delivering social prescribing is especially important in deprived areas, where residents have greater need for the services link workers refer residents into. It is therefore important that areas of Brent with high levels of deprivation are allocated sufficient link worker resource by their primary care networks to support GP practices in these areas.
- 4.31 The Task Group also heard that for social prescribing to continue to develop sustainably thought needs to be given to the role of Brent's vibrant community and voluntary sector in delivering these social prescribing opportunities. Whilst increased demand for social prescribing may not directly lead to increased costs for the voluntary sector, it is important that the voluntary sector is sustained in Brent through capacity building and funding. The community and voluntary sector has to be effectively supported by its partners in social prescribing. Otherwise, there is a risk that there will be fewer diverse, targeted and culturally specific social prescribing opportunities for Brent residents.
- 4.32 Given the emerging findings that have been outlined in the body of this report, there will need to be consideration given to how any potential developments to social prescribing would be funded. The task group have heard any considerations for additional funding for social prescribing from the local authority as part of its development are dependent on further detailed evidence of social prescribing's activities and impact.

5.0 Forming Recommendations

- 5.1 In the period between discussion of this interim report on 25 January 2023 and the presentation of the final report of the Task Group at the 7 March 2023

Community and Wellbeing Scrutiny Committee the Task Group will develop a number of recommendations.

5.2 These recommendations will be developed by the Task Group and will be based on the evidence it has received so far through: evidence sessions, discussions of the interim report at the 25 January 2023 Community and Wellbeing Scrutiny Committee meeting, and further discussions between the Task Group and key officers and partners.

5.3 These finalised recommendations will be presented as part of the Task Group's final report which will be brought to the 7 March 2023 Community and Wellbeing Scrutiny Committee.

6.0 Financial implications

6.1 There are no financial implications for this report.

6.2 It is possible that some recommendations made by the Task Group in future will have financial implications for the local authority and/or local NHS organisations. Any financial implications will be subject to consideration by Cabinet and, if relevant, by the NHS.

7.0 Legal Implications

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

7.2 Section 9Fe, *duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive:

- (a) consider the report or recommendations,
- (b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,
- (c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

8.0 Equality Implications

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

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

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

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

9.0 Consultation with Ward Members and Stakeholders

9.1 This report has been written in consultation with Task Group members.

Report sign off:

Lorna Hughes

Director of Communications,
Strategy & Engagement

Appendix 1 – Social Prescribing Task Group Activity

Key Lines of Enquiry

The following Key lines of enquiry were identified for the social prescribing Task Group:

- a) 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.
- b) To understand the opportunities for social prescribing in Brent and what can be achieved through social prescribing locally for all residents.
- c) To consider the most effective ways of further developing social prescribing in Brent in collaboration with the NHS and other partners#

Evidence Sessions

A series of evidence sessions have been held by the Task Group from December 2021 to January 2022 with a range of key stakeholders.

	Key Themes / Discussion Areas	Participants
Evidence Session 1 October 2022	Social prescribing and its expected benefits The national direction of travel for social prescribing How social prescribing is being delivered in Brent including the outcomes for delivery and patient pathways How developed social prescribing is in Brent in comparison to other NW London Boroughs The key health issues Brent seeks to address through social prescribing	<ul style="list-style-type: none"> • Dr Charlotte Benjamin - Chief Medical Officer, NHS North West London Integrated Care Board • Javina Seghal – Director of Primary Care, NHS North West London • Joe Nguyen – North West London lead for social prescribing, NHS North West London • Nipa Shah - Programme Director Brent Health Matters – Brent Council • Dr John Liquorish – Deputy Director of Public Health – Brent Council • Caroline Evans - Senior Public Health Analyst – Brent Council • Caroline Kerby - Managerial Lead – Harness Primary Care Networks • Mehrnoush Bakhasz - Team Manager: Social Prescribing Link Workers, Brent Mencap • Jackie Rosenberg – Chief Executive, One Westminster • David Sagman – Senior Social Prescriber, Kilburn Primary Care Network
Evidence Session 2 November 2022	The local opportunities for those who socially prescribe Primary care awareness and attitudes towards social prescribing	<ul style="list-style-type: none"> • Cllr Neil Nerva, Lead Member for Adult Social Care and Public Health, Brent Council • Dr Melanie Smith - Director of Public Health, Brent Council • Tom Shakespeare - Brent Integrated Care Partnership Director • Claudia Brown – Director of Adult Social Services, Brent Council

	<p>Potential barriers to effective social prescribing for primary care professionals in Brent</p> <p>Equity in delivery of social prescribing in primary care across Brent</p> <p>Ensuring social prescribing is inclusive of vulnerable people, those with disabilities or complex needs</p> <p>Training and development of social prescribing link workers</p> <p>Funding of social prescribing in Brent</p>	<ul style="list-style-type: none"> • Nipa Shah - Programme Director Brent Health Matters – Brent Council • Tiffany Adonis- French - Head of Service - Access information and Long Term Support, Brent Council • Fana Hussain - • Caroline Kerby - Managerial Lead – Harness Primary Care Networks • Ann O’Neil – Executive Director, Brent Mencap • Mehrnoush Bakhasz - Team Manager: Social Prescribing Link Workers, Brent Mencap
<p>Evidence Session 3</p> <p>November 2022</p>	<p>The local offer of social prescribing opportunities in Brent, including those provided by the local authority</p> <p>Benefits and opportunities for local organisations who receive social prescribing referrals</p> <p>Potential barriers to effective social prescribing in Brent for local organisations</p>	<ul style="list-style-type: none"> • Cllr Promise Knight, Lead Member for Housing, Homelessness and Renters Security, Brent Council • Dr Melanie Smith - Director of Public Health, Brent Council • Tom Shakespeare - Brent Integrated Care Partnership Director • Lorna Hughes - Director of Communities, Brent Council • Thomas Cattermole - Director of Customer Access, Brent Council • Peter Baxter - Library Arts and Heritage Manager, Brent Council • Yoel Berhane - Community Lead Brent Health Matters, Brent Council • Laurence Coaker – Head of Housing Needs, Brent Council • Sophia Johnson, Citizens Advice Brent • Anne-Marie Morris, Brent Carers Centre

	<p>Potential barriers to involvement in social prescribing for organisations not currently receiving referrals</p> <p>How attractive and inclusive are social prescribing opportunities for Brent residents? (including vulnerable people and those with complex needs)</p> <p>Communication and awareness raising of social prescribing in Brent</p>	<ul style="list-style-type: none"> • Kristine Wellington, CVS Brent
<p>Evidence Session 4</p> <p>November 2022</p>	<p>The role and effectiveness of link workers in connecting those who social prescribe with those who offer social prescribing opportunities</p> <p>Assessing the patient pathway in social prescribing</p> <p>How well connected are different aspects of social prescribing</p> <p>How could stakeholders involved in social prescribing in Brent work together more effectively</p>	<ul style="list-style-type: none"> • Cllr Neil Nerva, Lead Member for Adult Social Care and Public Health, Brent Council • Dr Melanie Smith - Director of Public Health, Brent Council • Tom Shakespeare - Brent Integrated Care Partnership Director • Claudia Brown – Director of Adult Social Services, Brent Council • Nipa Shah - Programme Director Brent Health Matters – Brent Council • Ann O’Neil – Executive Director, Brent Mencap • Mehrnoush Bakhasz - Team Manager: Social Prescribing Link Workers, Brent Mencap • Germaine Brand - Managerial Lead – Kilburn Primary Care Network • David Sagman – Senior Social Prescriber, Kilburn Primary Care Network

	<p>Evaluating and monitoring social prescribing's outcomes</p> <p>Developing social prescribing in Brent with partners to fully realise its potential</p>	
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