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Community and Wellbeing Scrutiny Committee

Tuesday 7 March 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 live will be available HERE.

Membership:

Members	**Substitute Members**
Councillors:	Councillors:
Ketan Sheth (Chair) Collymore (Vice-Chair) Afzal Begum Ethapemi Fraser Moeen Rajan-Seelan Smith Matin Mistry	Ahmadi-Moghaddam, S Butt, Conneely, Long, Miller, Mitchell and Shah Councillors: Kansagra and Maurice Councillors: Georgiou and Lorber

Co-opted Members
Alloysius Frederick, Roman Catholic Diocese Schools
Sayed Jaffar Milani, Muslim Faith Schools
Vacant, Church of England Faith Schools
Vacant, Jewish Faith Schools (nomination received, appointment to be confirmed at Full Council)
Vacant, Parent Governor Representative X2 (1 nomination received, appointment to be confirmed at Full Council)

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 of trade union).

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

or

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

- You yourself;

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

Agenda

Introductions, if appropriate.

Item		Page
1	**Apologies for absence and clarification of alternate members**	
2	**Declarations of interests** Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3	**Deputations (if any)** To hear any deputations received from members of the public in accordance with Standing Order 67.	
4	**Minutes of the previous meeting** To approve the minutes of the previous meeting as a correct record.	1 - 12
5	**Matters arising (if any)**	
6	**Update on School Attainment, including for Black British Boys of Caribbean Heritage** To provide the Community and Wellbeing Scrutiny Committee with an update on school attainment, including for Black British Boys of Caribbean Heritage.	13 - 26
7	**Children's Mental Health and Wellbeing including CAMHS** To update the Community and Wellbeing Scrutiny Committee on children’s mental health and wellbeing, including an update on CAMHS.	27 - 36
8	**Update on Childhood and Seasonal Immunisations** To present the Committee with an overview for childhood and seasonal immunisations.	37 - 62
9	**Social Prescribing Task Group Final Report**	63 - 98

To present the findings and recommendations of the Social Prescribing Task Group to the Community and Wellbeing Scrutiny Committee.

10 Community and Wellbeing Scrutiny Committee Recommendations Tracker 99 - 116

To provide the Community and Wellbeing Scrutiny Committee with the 2022-23 recommendations tracker.

11 Community and Wellbeing Scrutiny Committee Work Programme 2022-23 117 - 126

To provide the Community and Wellbeing Scrutiny Committee with an update on the work programme for 2022-23.

12 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 18 April 2023

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

- The meeting room is accessible by lift and a limited number of 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
Wednesday 25 January 2023 at 6.00 pm
Held as a hybrid meeting

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair) and Councillors Afzal, Begum, Ethapemi, Fraser, Moeen, Smith, Matin, Mistry and Mr Alloysius Frederick

In attendance: Councillors Promise Knight, Councillor Neil Nerva

1. Apologies for absence and clarification of alternate members

There were no apologies.

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation
- 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
- Councillor Fraser – works with NHS and member of CNWL Carers Council
- Councillor Moeen – works with children and young people's department

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

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

5. Matters arising (if any)

There were no matters arising.

6. Brent Housing Management Update

Councillor Knight (Cabinet Member for Housing, Homelessness and Renters Security) introduced the report, which provided an update and overview on the performance of Brent Housing Management (BHM), most notably how BHM was dealing with damp and mould following the death of Awaab Ishak in Rochdale. The report also provided an update on planned and major works and how BHM communicated with tenants throughout that process. She highlighted that, as the Cabinet Member, she was conscious that

engagement was key, and welcomed the Committee's thoughts on the key engagement activities outlined in section 9 of the report.

In concluding the introduction, Hakeem Osinaike (Director of Housing, Brent Council) highlighted that, while the report detailed what BHM had done and continued to do around damp and mould, he wanted to state this did not mean BHM were in a perfect place for damp and mould because there were still cases that might get missed, such as people who may have damp and mould issues that they had not reported to BHM or anyone else. Publicity and communications were ongoing with all residents to attend to any damp and mould problems.

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 were heartened that the report stated that Brent took a zero-tolerance approach to damp and mould, and that Brent were doing more than employing basic methods to resolve the issues through new technology and tools. They highlighted that there were around 880 households that had been reached out to in relation to damp and mould and, of those, around 440 households had been engaged. Members were concerned about those who had not been reached, as it may be possible that those were vulnerable residents who may have a lack of capacity to respond. Ryan Collymore (Head of Housing – Property Services, Brent Council) informed the Committee that officers were now doing a deep dive into their systems to see whether there were any tenants whose first language was not English, and then writing to those tenants in their preferred language where it was not. Housing Officers were also conducting focused tenancy verification audits on the individuals they had not reached. A damp and mould leaflet had gone to all residents and had now been redesigned with pictures to be sent to all residents. He felt that outreach was being tackled from many different angles, and everyone that would come into contact with residents through their duties were advising them about damp and mould. There was also a damp and mould email address set up for residents and councillors to email, and contractors were doing toolbox talks with their teams about reporting damp and mould to BHM as well as taking mould wash kits to properties when visiting. Councillor Knight reassured the Committee that the stance on damp and mould was had changed to ensure the attitude of staff was not to attribute issues to resident lifestyle, but first and foremost prioritised structural issues. In response to a query, Ryan Collymore confirmed that, as a landlord, BHM had a list of residents with vulnerabilities.

The Committee asked whether there was an overall view of overall performance, taking into account all the relevant different performance metrics. Hakeem Osinaike informed the Committee that, as the Council's landlord, BHM provided numerous services managed by several different teams. For example, repairs was a major service and was the main service residents would come into contact with, but in Ryan Collymore's team there was also planned maintenance, and for Kate Daine's (Head of Housing and Neighbourhoods, Brent Council) team there was tenancy services such as resident satisfaction and dealing with succession, and there was also leaseholder services. If he was asked whether BHM was a good landlord, he would say yes, particularly when the metrics were compared to other similar landlords with the same size and type of stock.

Continuing to discuss performance, Lorna Hughes (Director of Communities, Brent Council) advised that corporate performance sat in her area and there was a view of performance through that, including housing repairs. The corporate performance report was published on a quarterly basis and discussed by Cabinet, and included direction of travel against key performance indicators (KPIs) which was monitored closely. The performance report provided a cumulative conversation around all KPIs on a quarterly basis from Quarter 1 through to Quarter 4, which would show the full understanding of how a particular KPI had performed cumulatively over the year. Where the performance report

highlighted areas of concern, these were escalated to the Council Management Team, who would implement actions to address the performance. The report included a narrative so that members could see those interventions alongside the performance, and included a visual to show direction of travel. In addition, a benchmarking exercise was conducted on a pan London level by London Councils, which showed Brent's level of performance compared to other local authorities. The Committee would be notified when the Quarter 4 performance report was published for Cabinet.

Hakeem Osinaike then provide some individual performance metrics. He felt that responsive repairs were doing well at 89% completed within 14 days, and 75% of residents reported being satisfied with those repairs. He highlighted that this was a good satisfaction rate considering the responsive repairs service delivered over 30,000 repairs a year. He felt that asset management was good, with BHM conducting stock condition surveys on 20% of the stock every year, meaning there was a full view of stock on the whole every 5 years which could inform investment plans. BHM were performing well on compliance, which focused on health and safety including fire risk assessments, gas safety, legionella and asbestos.

In relation to resident satisfaction, the Committee asked how residents felt BHM were performing. Hakeem Osinaike informed the Committee that BHM conducted transactional surveys, where a text message was sent every time a service was delivered asking residents how they found the service delivery. Those surveys were doing well and had high scores. There was also a perception survey, which asked all residents about the service. General satisfaction was around 65%, and the Committee were advised that this may not sound high but was not surprising considering the industry. In addition, in perception surveys, residents who may not have received any service from BHM but may have received another service from a different area of the Council may display how they feel about the Council generally in their response. The Committee were advised that the last perception survey was done two years ago. The housing regulator was introducing new tenant satisfaction measures in April 2023, and BHM would start doing perception surveys again based on those measures formally from April 2023. In preparation for those measures, BHM had conducted some trial surveys.

Continuing to discuss resident satisfaction, and highlighting the general satisfaction score of 65%, the Committee asked whether that was a result of budget restraints and the current economic climate impacting services, such as the rate of repairs. Ryan Collymore felt that there had been a variation, particularly the number of damp and mould repairs. Brexit had also had an effect on contractors' abilities to recruit labour, and rates for materials had increased. However, he highlighted that, for repairs, satisfaction had been 75%, which was good.

The Committee asked what happened when issues were raised on resident walkabouts. Councillor Knight advised the Committee that section 9.4. of the report detailed the list of actions taken as a result of those engagements with residents. Where residents highlighted particular issues, the Customer Experience Manager worked with residents and Resident Associations to resolve. The individual issues raised on walkabouts were not included in the list of complaints outlined in the report, which related only to formal corporate complaints where individuals had gone through the council's complaints process. Instead, issues raised on walkabouts were treated as a service request and would be noted and passed to the relevant service to resolve.

In relation to complaints, the Committee noted that there was no breakdown of types of complaint in the report and no breakdown of leaseholder complaints compared to tenant complaints. They asked how BHM communicated with tenants about the complaints procedure, and whether Resident Associations were offered any training on complaints. Kate Daine advised the Committee that the traditional way to raise a complaint was online, where

there was relevant information there. She was aware that many tenants may not know that, so BHM were currently reviewing this with the Corporate Complaints Team to ensure Brent were in line with the new ombudsman recommendations. Herself and Ryan Collymore were now looking at the different ways BHM could demonstrate to residents how to raise a complaint in various different formats. She highlighted to the Committee that BHM always worked off the basis that any communication could be treated as a complaint, so if a resident made contact via phone with their Housing Officer and it was clear they were unhappy then the Housing Officer would be expected to offer the complaints procedure at that time. Regarding Resident Associations, they had direct contract with the Customer Experience Manager who sets up Resident Associations. Off the back of that, they should have a clear understanding of how to raise complaints.

The Committee highlighted the long void turnaround times, and asked what the main reasons for this were. Councillor Knight agreed that voids were an issue and there was more that could be done to bring void properties back into use, but it was a very complex process that could take up to 6 months. Ryan Collymore provided further details about the complexities of the voids process, explaining that void turnarounds needed the support of three different teams within BHM and there were a lot of handovers within the process. When investigating, he had found that there were difficulties with three of the stages – handover of keys, initiation and completion of void works with contractors, and then nominations. BHM were looking at these issues and working on a process to improve them and make them more fluent. This included upgrading IT systems, and there was now a permanent Voids and Lettings Manager with previous experience of this type of work, following three different managers over the last 6 months.

The Committee discussed repairs, and asked what the categories were for complex issues. Ryan Collymore advised that complex repairs were usually categorised as a P3 or P4, of which 89% were completed within 14 days. P4 repairs had a 90 day target, but it was unlikely a repair would be raised on P4 which was why some P3's went out of target. The Committee would welcome a review on complex repairs that had not been resolved within 2 years to see if there were any recurrent themes, as well as a breakdown of the specific nature of repairs that were not completed on time compared to those which were. They also asked for this information to be provided in future reports. Councillor Knight advised the Committee that she would be happy to return to the Committee in a future meeting to talk about specific areas of interest to the Committee, such as responsive repairs.

In noting the 89% of routine repairs completed within 14 days, the Committee asked whether that related to urgent or non-urgent repairs. Hakeem Osinaike advised that the figure related to urgent repairs, and for emergency repairs there was a statutory response time dictated by law which BHM met. The target of 14 days for routine repairs was set by BHM itself, and most other social landlords had a target of 28 days.

The Committee asked whether BHM could provide any reasons why they were not meeting the ambitious target of 100% for these repairs. Hakeem Osinaike advised that a common reason these types of repairs were not completed within the target of 14 days was because residents were offered an appointment for when it was convenient to them, which may not fall within 14 days of reporting an issue, meaning it was unlikely 100% would ever be reached. In addition, the current repairs contractor, Wates, were struggling to recruit wet trade workers such as plasterers and painters.

The Committee asked when Brent was likely to complete all repairs to buildings and properties that required repairs in relation to fire safety. Ryan Collymore advised the Committee that BHM conducted fire risk assessments (FRAs) on all properties on a yearly basis. From those assessments, actions were picked up, and following completion of the actions from the FRA the property was compliant.

In relation to financial implications, the Committee noted the significant savings required to be made, including the possibility of staff reductions which may impact targets. It was noted that rent had been capped at 7%. Hakeem Osinaike explained that the current inflation rate was approximately 10.1%, and normally BHM would increase the rent cap by inflation plus 1%, meaning it would have been around 11.1%, which is what would be needed to cover the increases in costs associated with the rate of inflation. The government had insisted that rents could only be increased by 7%, which had lead to a savings gap. As the HRA was a ringfenced account, the money would only come from rents, so there was a need to find additional savings. There were efficiencies that BHM could implement but would not cover the gap, meaning there was a need to look at staff reductions. As a result, there was a need to accept that services in some areas may not improve as much as BHM would want.

The Committee asked whether energy companies could force entry to fix a smart metre in a BHM property if a bill had not been paid. Hakeem Osinaike confirmed that if they were the supplier then they could, as the relationship was between them and the person they supplied energy to, and they did not require BHM permission to do that.

The Committee asked how the 17 estates which would see parking enforcement implemented had been selected. Hakeem Osinaike advised the Committee that a consultation had been carried out on each estate in the borough managed by BHM which asked residents to vote yes or no to parking enforcement, and the 17 estates were the ones who had voted yes.

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:

i) To recommend that future reports include a detailed breakdown of the nature of repairs in order to understand what types of repairs are being completed on time compared to those that are not.

ii) To recommend that Council policies are signposted to or included in future reports when they are referenced in reports.

In addition to the recommendations, a number of information requests were raised throughout the discussion, recorded as follows:

i) That the Committee receives details of the Quarter 4 Corporate Performance report when it becomes available.

i) That the Committee receives the results of the latest tenant perception surveys and transactional surveys in regard to satisfaction.

ii) That the Committee receives more information on the nature of outstanding, out of target, complex repairs (P3 and P4) that have taken a year or longer to resolve.

iii) That the Committee receives a breakdown of Brent Housing Management's complaints.

7. Mental Health and Wellbeing Sub Group Update

Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) introduced the report, which provided an update on the mental health and wellbeing Integrated Care Partnership (ICP) subgroup. The Committee heard that mental health and wellbeing was one of the 4 priorities of the ICP, which was now known as the Brent Borough Based

Partnership. Phil Porter and Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) co-chaired the ICP, as well as the mental health and wellbeing subgroup. The subgroup had four priorities; access and demand for services; employment outcomes for those with a mental illness; housing options for those with a mental illness; and children's mental health services. Within those priorities there were programme plans for each, which were all at different stages of development with some more developed than others. In all cases, the subgroup had tried to respond to a mixture of data, evidence and feedback from the voluntary and community sector, the community, and statutory partners, in order to understand where the biggest difference could be made. He highlighted that this subgroup did not look to monitor individual organisation's performance but was focused on working together and looking at what could be done better together. Robyn Doran added that these priorities were also interfaced with the Brent Children's Trust work, inequalities work in the borough, and housing, as mental health interfaced with lots of other aspects of the work being delivered in the borough.

The Chair thanked Phil Porter and Robyn Doran for the introduction and invited comments and questions from those present, with the following issues raised:

The Committee asked who the key stakeholders of the borough based partnership were. Robyn Doran advised the Committee that the stakeholders who were part of all ICP groups included all of the health providers in the borough – Central and North West London University Health Trust (CNWL), Central London Community Health Trust (CLCH), and London North West University Health Trust (LNWUHT) – and primary care partners, as well as voluntary and community sector organisations, community champions, and representatives of the local authority. For the mental health subgroup, the voluntary and community sector organisations who were involved were Ashford Place, Brent Centre for Young People, Hestia, Rethink, and Brent Young People Thrive.

In response to whether there were any representatives from organisations who worked particularly with Black communities on the mental health subgroup, Robyn Doran confirmed that there were no specific organisations focusing specifically on Black communities as part of the mental health subgroup. Each subgroup did not necessarily have every community and voluntary sector partner at the table, but there was a lot of interface work with Thrive, Brent Health Matters, and faith groups, and through those links, who had reach with all communities, the subgroup heard the voices of all communities. For example, Danny Maher, who was the group mental health theme lead and worked with Thrive, engaged a wide range of people with mental illness, and had presented a manifesto to the subgroup on the principles on which mental health services should be done as dictated by service users. In Brent Health Matters, Community Co-ordinators fed back the themes they were hearing from all communities. As a result, it was felt there were a number of ways each community's views were represented and incorporated into the group.

It was agreed that future reports would include breakdowns of the different demographic groups accessing pathways, including ethnicity, gender, and geographical location.

In response to queries about the waiting well initiative, referenced in paragraph 5.4.2 of the report, Sarah Nyandoro (SRO - Mental Health and Wellbeing Esec Group, Brent Borough Based Partnership (ICP)) advised the Committee that this was to avoid children and young people being left without contact or communications when they were waiting for a specialist assessment. The waiting well initiative meant children and young people received contact on a weekly basis to ensure staff were keeping up to date with how they were feeling and if there was any additional support that could be provided for them. Within the initiative, there were links with psychotherapy, so that when children and young people who were eligible

for psychotherapy presented with mental health issues, rather than waiting for an assessment they could be immediately signposted, assessed and given a service. An online and telephone counselling service, Cooth, was also available as a talking therapy for young people to get support any time of the day. Robyn Doran explained that the reason these initiatives had been implemented was because there had been over 400 children on the waiting list for more than 18 weeks for an assessment the previous year, which had been partly attributed to a lack of funding in Brent. The Brent Children's Trust and ICP had made it a priority that the local trust provider, CNWL, put extra resources in, working closely with voluntary and community sector organisations to bring those waiting lists down. As a result, some of these initiatives had been implemented with the third sector to deal with those waiting lists so that children were not waiting for more than 18 weeks for an assessment.

The Committee asked how well connected the ICP and mental health and wellbeing subgroup were with Adult Social Care. Robyn Doran advised the Committee that the teams in the borough were integrated, with a memorandum of understanding between health teams and social care teams, who all worked very closely together on a day-by-day basis.

The Committee felt that there was an overlap between socioeconomic conditions and mental health and wellbeing, and queried why the priorities of employment and housing had been separated and not joined together. Phil Porter advised the Committee that the subgroup brought together and made the connections across all four workstreams, and so they were connected in that sense, but were separated into four workstreams due to the large amount of work under each priority. The people involved in each workstream also crossed over and so connections were made that way. He informed the Committee that those with a mental illness were still the largest growing number of people out of work, so the scale of that was seen by the subgroup to need specific focus. The mental health and housing priority had a strong focus on multiple exclusion homelessness where people with severe and enduring mental illness, or dual diagnosis, or substance misuse, were struggling to maintain their accommodation. Phil Porter agreed that there was overlap, but there was crossover between the workstreams that allowed them to remain connected.

In relation to the priorities, the Committee felt that the fourth priority – managing demand – had a direct impact on the other 3 priorities. They asked how Brent was performing in comparison to neighbouring and similar boroughs in terms of managing demand and if that information could be made available in future reports. Phil Porter advised the Committee that the partnership was trying to work on the principle that communities were not hard to reach, rather that services were difficult to access. There was a strong focus on access and demand, looking at how core mental health and care services could be accessible to all communities in the borough. If people could access services easier and were subsequently able to recover then that would lead to different housing and employment options for them, which was where there was a connection with the other workstreams.

Robyn Doran agreed that benchmarking information on performance in comparison to neighbouring and similar boroughs could be made available, but noted that the demand and complexity within Brent was high in comparison to other boroughs. Phil Porter added that, as a system, the partnership was trying to articulate that need, the scale of that need, the complexity, and the gap in funding, in order to make a joint case about how Brent needed additional funding to meet that need.

Continuing to discuss demand, the Committee asked whether, as a result of successful early intervention and identification, more people would come into the focus which would put further pressure on secured housing accommodation needs for people. The Committee queried whether there was sufficient capacity to cope with that increase as a result of the successful work. Phil Porter highlighted that the partnership did not know the impact the workstreams would have yet, but were aware of those problems within the system. The

partnership and subgroup wanted to see a system that recognised everybody should be on their own recovery journey and on their way to independence. The system was not currently sufficiently aligned to make that happen, as a recovery journey was very complicated and difficult to manage. There were some practical things that the partnership could do, for example the partnership had put some additional resources into mental health acute wards through winter planning, to ensure that when patients were ready for discharge they could go straight into the homelessness service to be worked with directly. Robyn Doran added that, often, people with mental conditions who ended up in hospital lost their housing for the wrong reasons. Part of the plan was about ensuring that, from the moment somebody was admitted to hospital, they were supported to get back out and to maintain their housing, so that when they were ready to be discharged their accommodation was ready for them.

In relation to housing, the Committee asked whether there was a lead partner or organisation seeking or commissioning accommodation for people with a mental illness. Phil Porter highlighted that, for supported living accommodation, the partnership was currently working with severe and enduring mental illness and adult social care commissioners to commission the right kind of supported living with the right type of support, as there were a range of needs requiring bespoke solutions. In terms of general needs housing, whether that was social or private rented, there was further work to do. When someone was referred to housing need, housing need were able to source accommodation, but the partnership wanted to research whether that accommodation was appropriate in the long term and supported their recovery. In terms of the recovery journey, the Committee felt it would be useful to have a visual to sum up what they would expect a recovery journey to look like.

Committee members asked what happened to those patients who accessed IAPT but found that it did not work for them. Robyn Doran advised the Committee that at that point it was important to find out what support was right for that person, whether there were other psychological services they could access, and whether there were circumstances affecting the person's life that needed addressing such as housing and employment that they could be supported with. To do this would require working with the person and referring them to either voluntary sector services or other statutory services. In addition, GP practices now had extra staff resources through the additional role reimbursement scheme to pick up those people and help them navigate through the system.

In response to where the partnership sourced their experts by experience, Phil Porter explained that their first port of call would be Brent Thrive. Danny Maher, who was a subgroup member and worked with Thrive, worked with a number of people who were experts by experience to put together a manifesto of what service users wanted from mental health services. Brent Health Matters also had a range of community organisations involved, and also had Community Champions and Community Co-ordinators who had reach into all communities in Brent, and that infrastructure was used by the partnership. He highlighted that the partnership was relatively new as a system working towards this, so there was still work to do to improve, which the partnership would focus on over the next 12 months.

The Committee noted that the government had promised £150m to go towards mental health support and asked whether Brent had plans to bid for money from that and what the priorities might be. Robyn Doran advised the Committee that the partnership would always bid for money it was eligible for to increase resources and improve services, and would have conversations with councillors, the community, and other stakeholders about the priorities for Brent.

The Committee highlighted that Brent was a diverse borough and there were various reasons a person may not be registered with a GP or come forward to access mental

health support. They asked what the partnership was doing in local communities, via faith groups and community organisations, to reach those individuals. Robyn Doran advised the Committee that she felt proud of the work being done in Brent working with faith groups and communities that had not been served well in the past traditionally. Brent Health Matters was a multi-agency team targeting particularly those communities that health and social care services traditionally had not reached. Within that programme, the team had employed people directly from communities that had not been served well in the past into the multi-agency team. There was also a mental health sub team specifically, led by a Senior Nurse in CNWL, with 6 people from different communities employed to work alongside Brent Health Matters and delivering various events around the borough. She had been in a conversation with the team that week where they had told her about the work they were doing with the Romanian community in Kenton, working with the faith leader and community there about how their needs could be better met, because the community had a lack of trust of health and social care services, many of them were not registered with a GP, and some communities did not recognise mental health in the same way that the Committee were using the terminology. It was agreed that a future report to Committee could focus on Brent Health Matters and the inequalities work being done.

Looking back, the Committee asked whether budget restraints as a result of funding shortfalls had impacted mental health support services, noting that those in poverty were disproportionately represented in people with a mental illness. From a health perspective, Robyn Doran advised the Committee that demand had gone up by approximately 1/3, particularly for inpatient services. However, mental health funding had actually seen a growth over the last 5 years as a result of the national strategy for mental health. She highlighted this was still not enough, but there had been growth and it was expected that growth would continue. Phil Porter added that social care had also had no loss in funding, and one particular area that social care overspent on was mental health. Demand in social care had also seen significant growth over the past few years, particularly home care and supported living. The biggest saving across the last ten years in relation to mental health was to move from a dependence model of patients in residential and nursing care to an independence model through supported living. In cutting back to statutory minimums, there were areas for improvements. For example, as part of Danny Maher's Thrive presentation detailing what service users wanted from mental health services, they had asked for more social, cultural and leisure opportunities to support the recovery pathway. Phil Porter felt there were opportunities to do more across different services, particularly employment, and the work and health programme had been very positive. In concluding, Phil Porter advised the Committee that social care would always meet its statutory requirements, but there needed to be consideration as to whether the national model was sufficiently holistic and preventative to support recovery pathways and avoid escalations, which was difficult to put a figure on in terms of funding.

In response to whether the borough based partnership was pushing for a levelling up in Brent to bridge that inequality of funding in comparison to other NWL boroughs, Robyn Doran confirmed that was the case. In relation to funding for children, a letter had been written to the Integrated Care Board noting that there was not enough funding for children in the borough and demand had increased by up to 30%, pushing for a levelling up there as well.

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

i) To recommend that more detailed statistics on demographics of residents accessing mental health and wellbeing supported are included in future reports, and to ensure these statistics are accessible and easy to understand.

ii) To recommend that a report on the work of Brent Health Matters is brough to the Committee at a future meeting.

In addition to recommendations, a number of information requests were raised during the discussion, recorded as follows:

i) For the Committee to receive information on how the partnership was managing demand for mental health services, and how Brent was performing in comparison to other NWL boroughs.

ii) For the Committee to receive an infographic example of a person's recovery pathway.

8. Social Prescribing Task Group Interim Report

Councillor Ketan Sheth introduced the interim task group report. He advised the Committee that the task group had now concluded evidence gathering and thanked the Lead Cabinet Member, Officers involved, and the members of the task group for their assistance. He highlighted that there was good work at a primary care level across the borough in relation to social prescribing, and there was a willingness for the Council and Cabinet Member to take that to the next level and grow social prescribing services so that they were accessible to even more different groups. The task group would now be taking stock of the evidence gathering and formulating recommendations to be brought to the Committee for a future meeting.

The Chair then invited comments and questions from the Committee, with the following issues raised:

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) felt that the task group had been a very useful journey to take services on to learn about social prescribing and the opportunities to integrate those services into the wider Brent health and social care offer.

Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) agreed that there was a solid foundation for social prescribing to build on and an opportunity to take a whole partnership approach to that. Robyn Doran (Director of Transformation and Brent ICP Director) agreed, adding that it was essential Primary Care Networks (PCNs) worked at a neighbourhood level, and she believed that message had came across.

The Committee wanted a focus on carer duties and responsibilities in the list outlined in section 4.1 of the report. Phil Porter reassured the Committee that there was a clear focus on carers, with a discussion with senior managers held recently which focused on how Brent could put together a clear carers offer across health and social care. He agreed elements of that could be done through social prescribing.

The Committee asked whether consideration had been given to outreach, for those people who may not be able to attend hubs or access social prescribing. Robyn Doran advised the Committee that they were working with the principle that services were difficult to access rather than that communities were hard to reach, so were focusing on how to provide services in every place the community might be, such as in a hub, or where people worked, or in a community centre. If services were taken to where people were, people were more likely to engage. Councillor Sheth added that, while residents registered with a GP had been able to access the offer, the task group were aware not all residents were registered with a GP and therefore were not able to access the service, so the task group was looking to see how everyone, irrespective of their GP registration, could access the services.

As no further comments were raised and there were no recommendations, the Chair drew the discussion to a close.

9. **Any other urgent business**

None.

The meeting closed at 8:13 pm

COUNCILLOR KETAN SHETH
Chair

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Brent	**Community and Wellbeing Scrutiny Committee** 7 March 2023
	Report from the Corporate Director Children and Young People

Update on School Attainment (2021/22), including for Black British Boys of Caribbean Heritage

Wards Affected:	All
Key or Non-Key Decision:	Non-key
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Shirley Parks Director Safeguarding, Partnerships and Strategy shirley.parks@brent.gov.uk Jen Haskew Head of Setting and School Effectiveness jen.haskew@brent.gov.uk

1.0 Purpose of the report

1.1 The purpose of this report is to update members of the scrutiny committee about school standards and achievement during the 2021/22 academic year from Early Years to Key Stage 4. Key Stage 5 data has not yet been published by the DfE and are therefore not included in this report.

1.2 School standards are a corporate priority for Brent Council as set out in the Borough Plan 2019-23. The plan sets out five strategic priorities, including: Every opportunity to succeed – working in partnership to support children and young people's educational attainment and training.

1.3 Within this strategic priority there is a commitment to:

- support the continued improvement of early years provision and schools
- Raise the attainment and narrow the gap with their peers for boys of Black Caribbean heritage

2.0 The accountability for school standards and achievement

2.1 In October 2022, the Department for Education (DfE) updated the 'Schools Causing Concern Guidance' for local authorities and Regional Directors on how to work with

schools to support improvements to educational performance, and on DfE intervention powers. Intervention powers can be used wherever a school is judged 'Inadequate' by Ofsted, is not making necessary improvements (two consecutive 'Requires Improvement' Ofsted judgements), or where there is financial mismanagement or failure of governance. These criteria do not apply to any Brent schools.

2.2 Ofsted exists to be a force for improvement through intelligent, responsible and focused inspection and regulation. The primary purpose of inspection under the Ofsted framework is to bring about improvement in education provision.

2.3 The law usually requires the minimum interval for inspections to be within 5 school years from the end of the school year in which the last relevant inspection took place. However, for schools last inspected before 4 May 2021 the legal maximum is up to 7 years. This is due to the disruption caused to inspection by Covid-19. Ofsted returned to a full programme of inspections in September 2021.

2.4 All schools are inspected within the cycle. Between May 2012 and November 2020 maintained primary and secondary schools and academies judged to be outstanding were exempt from routine inspections. This no longer the case.

2.5 There are four types of inspection as set out in Table 1 below. An ungraded inspection differs from a graded inspection, because it does not result in individual graded judgements, but focuses on determining whether the school remains at the same grade as at the school's previous graded inspection. It cannot change the overall effectiveness grade of the school.

Table 1: Summary of Ofsted state-funded school inspections

Type of inspection	Graded	Ungraded	Urgent	Monitoring
Legal powers for inspection	Section 5 of the Education Act 2005	Section 8 of the Education Act 2005	Section 8 of the Education Act 2005	Section 8 of the Education Act 2005
Schools eligible for this inspection	All schools – but most schools with an outstanding/good judgement get an ungraded inspection instead	Schools with an outstanding/good judgement	All schools – but only triggered by a specific concern in a specific school	Schools with an inadequate judgement or 2 consecutive requires improvement judgements
Outcome	A grade (outstanding/good /requires improvement/ inadequate) for the 4 key judgements (quality of education/behaviour and attitudes/personal development/leadership and management) and for overall effectiveness	(1) The school remains good/outstanding (2) The school remains good, but with evidence it may be judged outstanding on a graded inspection (3) The school remains good/outstanding, but with evidence it may receive a lower grade on a graded inspection (4) The inspection was deemed a graded inspection	If inspectors have sufficient concerns about the school, they will deem the inspection a graded inspection and the outcomes will be as for graded inspections. If inspectors do not have serious concerns, they will produce a report setting out their findings in relation to the concerns that triggered the inspection	That the school is, or is not, making progress to improve
Likely timing of inspection after the previous graded or ungraded inspection (not including any COVID-19 delay)	Around 4 years for schools with an outstanding or good judgement and around 30 months for schools with a requires improvement or inadequate judgement	Around 4 years	N/A	Around 12 months for schools with a requires improvement judgement and 3 to 30 months (up to 5 inspections in that period) for schools with an inadequate judgement
Resets the statutory clock?*	Yes	Yes – except in outcome 3 (see above)	No	No

2.6 Section 13A of the Education Act 1996 states that a "local authority must exercise its education functions with a view to promoting high standards". Brent Council's Setting and School Effectiveness Service does this in accordance with the Brent Strategic Framework for School Effectiveness. The framework recognises that school leaders have the proven expertise and experience to support school improvement, and that collaborative school-led partnerships are a key feature of local education provision with improvement being driven by local schools. The Strategic Setting and School Effectiveness Partnership Board, that includes headteacher and governor representatives, oversees delivery of the Strategic Framework for School Effectiveness.

2.7 Where a Brent maintained school is judged less than good by Ofsted or self-categorises themselves as less than good, a Rapid Improvement Group (RIG) will be established by the local authority to secure immediate progress and improvement. The RIG ensures that appropriate and co-ordinated support and challenge are provided at all levels: school, local authority and, if appropriate, diocese, foundation or trust. The RIG aims to support the school to build its capacity to sustain and continue the process of improvement. As part of this role, the RIG evaluates the impact of support to ensure that appropriate and sustained progress is made.

2.8 The DfE Governance Handbook (2020) sets out the key core functions of a school governing body as:

- Ensuring clarity of vision, ethos and strategic direction
- Holding executive leaders to account for the educational performance of the organisation and its pupils, and the effective and efficient performance management of staff
- Overseeing the financial performance of the organisation and making sure its money is well spent.

Therefore, school governing boards and their executive leaders are ultimately accountable for the standards and achievement in their schools. For this reason, when the local authority establishes a RIG at a school because it has concerns about the quality of education provision, the Chair of Governors or representative is required to attend meetings. Rapid Improvement Groups are chaired by the Head of Setting and School Effectiveness Service or the Director, Safeguarding, Partnerships and Strategy.

2.9 The School Improvement Monitoring and Brokering Grant has been allocated to local authorities from the DfE since September 2017 to allow them to continue to monitor performance of maintained schools, broker school improvement provision and intervene as appropriate. In January 2022 the DfE announced, following a consultation, that in future these functions will be funded from maintained school budgets, with the grant to be reduced by 50% in 2022 to 2023 ahead of full removal in 2023 to 2024. The Brent School's Forum has agreed to delegate funds to the Setting and School Effectiveness service to fund the continuation of work with schools going forward.

3.0 Quality of Provision as Judged by Ofsted

3.1 Overview of Brent Schools by governance

There are 88 state funded schools in Brent that are either maintained schools, voluntary aided schools or academies (Table 2). All schools belong to the Brent family of schools and work effectively with the local authority and in partnership together.

Table 2: Brent Schools by Governance Type

Type of school	Nursery	Primary	Secondary	All-through	Special	Pupil Referral Unit	Total
Maintained Community	4	30	0	0	1	2	37
Maintained Voluntary-aided	0	15	2	0	0	0	17
Maintained Foundation	0	2	0	0	0	0	2
Multi Academy Trust	0	8	7	1	3	0	19
Single Academy Trust	0	4	3	1	0	0	8
Free School	0	1	2	0	2	0	5
Total	4	60	14	2	6	2	88

3.2 Brent Schools Ofsted Outcomes

The overall effectiveness of Brent schools has increased. 98.8 per cent of Brent schools are currently judged good or outstanding by Ofsted. Brent is well above the national average of 87 per cent and above the London average of 93 per cent. This means that 99.9 per cent of pupils attend a school that is good or outstanding.

Table 3: Brent Schools by Ofsted Grading

Ofsted Grade By Proportion	Outstanding & Good	Outstanding (1)		Good (2)		Requires improvement (3)		Inadequate (4)	
		No.	%	No.	%	No.	%	No.	%
Nursery	100.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%
Primary	100.0%	13	21.7%	47	78.3%	0	0.0%	0	0.0%
Secondary	100.0%	4	30.8%	9	69.2%	0	0.0%	0	0.0%
PRU	100.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%
Special	75.0%	3	75.0%	0	0.0%	1	25.0%	0	0.0%
All Through	100.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
All Brent Schools	98.8%	22	25.9%	62	72.9%	1	1.2%	0	0.0%
National (as at 31/12/2022)	87.0%		19.0%		68.0%		10.0%		3.0%
London (as at 31/12/2022)	93.0%		30.0%		63.0%		5.0%		2.0%

3.3 Brent Early Years Settings Ofsted Outcomes

Parents can access funded places at a school with nursery provision, a private nursery, a pre-school or with a childminder. This is known as the Private, Voluntary and Independent (PVI) sector. All providers must be registered with Ofsted.

In England, there are three government-funded early education schemes that offer free early education and childcare for children aged two, three and four:

- 15 hours free childcare for eligible 2-year-olds
- 15 hours free childcare for all 3 and 4-year-olds
- 30 hours free childcare for eligible 3- and 4-year-olds

3.4 Brent local authority is committed to supporting children to have the best start in life. This includes access to high quality early education and care. As well as receiving funding from the government for places, PVI providers in Brent are supported by the local authority. A training offer is in place as well as specialist support for early years quality and inclusion from specialist officers within the Children and Young People's

Department. This investment in Brent's very youngest children will have a positive impact on young children's future life chances and supports families in Brent to feel confident in the care and education their children receive.

3.5 The PVI sector is made up of businesses ranging in size, small voluntary providers and childminders. This sector, like many small businesses, was hit hard by Covid-19. Many PVI settings remained open for working families and vulnerable children, but many providers are still recovering. The main challenges are recruitment and ensuring economic viability of all settings in the current economic climate.

3.6 Ofsted inspects all registered providers. A grading of outstanding, good, requires improvement or inadequate is given when a full inspection, with children present, takes place. When children are not present inspectors will judge to see if the Welfare Requirements of the Early Years Foundation Stage are 'met' or 'not met'. New providers are registered to operate by Ofsted if they meet the prerequisite requirements. They are usually inspected within the first 30 months of operating. Early Years in independent schools is inspected by the Independent Schools Inspectorate (ISI).

Table 4: Brent PVI and Childminder Outcomes

	No.	% Outcomes (All)	% Quality Judgement
Total Number of PVIs	110		94
Outstanding	7	6.4%	7.4%
Good	79	71.8%	84.0%
Satisfactory	0	0.0%	0.0%
Requires Improvement	5	4.5%	5.3%
Inadequate	3	2.7%	3.2%
Met	1	0.9%	
Not Met	0	0.0%	
New Provider	12	10.9%	
Independent Schools Inspection	2	0.2%	

	No.	% Outcomes (All)	% Quality Judgement
Total Number of Childminders	134		87
Outstanding	9	6.7%	10.3%
Good	77	57.5%	88.5%
Satisfactory	0	0.0%	0.0%
Requires Improvement	1	0.7%	1.1%
Inadequate	0	0.0%	0.0%
Met	27	20.1%	
Not Met	2	1.5%	
New Provider	18	13.4%	

4.0 Pupil Attainment

4.1 Following the disruption caused to assessments and examinations due to Covid-19, arrangements for the 2021-22 academic year returned to normal. Some interim measures remained in place to recognise the disruption caused to pupils' education. For example, when setting grading boundaries for GCSE, AS and A levels exam boards were directed by The Office of Qualifications and Examinations Regulation (Ofqual) to aim for a grading standard that reflected a midway point between 2021 and 2019. This means that the boundaries were set so that more students could get higher grades in 2022 than before the pandemic. This was intended to provide a safety net for those students who might otherwise just miss out on a higher grade.

4.2 School key stages are broken down as follows:

- Early Years Foundation Stage (EYFS) – ages 3-5 (Nursery and Reception)
- Key Stage 1 – ages 5-7 (Years 1-2)
- Key Stage 2 – ages 7-11 (Years 3-6)
- Key Stage 3 – ages 11-14 (Years 7-9)
- Key Stage 4 – ages 14-16 (Years 10-11)

5.0 **Early Years** is defined as provision for early education from birth until the end of the Reception Year in school. On entry to Reception, within the first six weeks, children are assessed to identify their starting point using the Reception Baseline Assessment. No numerical score is published, and the data will only be used at the end of year 6 from the 2023/24 academic year onwards to form the school-level progress measure.

5.1 Children are assessed again at the end of Reception Year across all the areas of learning within the Early Years Foundation Stage. The data in Tables 5 and 6 show children in Brent that have reached a 'Good Level of Development' (GLD) and that Early Years Foundation Stage outcomes are above national overall and in pupil groups other than for children with an EHCP (Table 6). This indicates that children are ready for the next stage of learning in Key Stage 1 – sometimes referred to as 'school readiness'.

Table 5: Early Years Brent Headline Data

	EYFS - % attaining GLD - 2022			
	Cohort	LA	National	GAP
All Pupils	3610	66.1%	65.3%	0.8%

Table 6: Early Years – Brent Data Headline Summary

Pupil Groups	Headline
All Pupils	66.1% of children achieved a GLD compared to 65.3% nationally.
Gender	More girls (71.8%) achieved GLD than boys (61.1%). This is a difference of 10.7%
Disadvantaged	62.5% of disadvantaged children achieved GLD compared to 49.5% nationally.
EAL	64.1% of children with EAL achieved GLD compared to 60.2% nationally.
SEN Support	32.8% of children with SEN Support achieved GLD compared to 22.9% nationally.
EHCP	2.2% of children with an EHCP achieved GLD compared to 3.7% nationally.

6.0 **Phonics** is defined by the National Literacy trust as a way of teaching children how to read and write. It helps children hear, identify and use different sounds that distinguish one word from another in the English language. Phonics skills are screened in the summer term when children are in Year 1 to see if they have reached the expected standard. Children not reaching the standard are re-screened in Year 2.

6.1 The proportion of Brent pupils working at the required standard for phonics decreased by 5.9 percentage points to 77 per cent compared to 2019 (Table 7). However, the Brent average is above the national average by 1.5 percentage points. Table 7 provides analysis by groups. There is a gender gap of 4.9 percentage points with girls achieving higher than boys.

Table 7: Phonics Brent Headline Data

	Phonics Year 1 - % attaining Working At – 2022			
	Cohort	LA	National	GAP
All Pupils	3635	77.0%	75.5%	1.5%

Table 8: Phonics Headline Summary Table

Pupil Groups	Headline
All Pupils	77% of children passed the phonics test compared to 75.5% nationally.
Gender	More girls (79.6%) passed the phonics test than boys (74.7%). This is a difference of 4.9%
Disadvantaged	70.4% of disadvantaged children passed the phonics test compared to 62.5% nationally
EAL	76.9% of children with EAL passed the phonics test compared to 75.2% nationally.
SEN Support	55.3% of children with SEN Support passed the phonics test compared to 43.5% nationally.
EHCP	22% of children with an EHCP passed the phonics test compared to 18.8% nationally.

7.0 **Key Stage 1** assessments take place at the end of Year 2. When the Department for Education responded to the 2017 primary assessment consultation, it stated that end of Key Stage 1 assessments would become non-statutory once the first cohort to take the statutory Reception Baseline Assessment (RBA) had reached the end of KS1 (Key Stage 1). This was so that end of KS1 assessments could continue to be used as the starting point for primary progress measures in the meantime. The anticipated timelines have changed due to the pandemic and the resultant one-year delay in making the Reception Baseline statutory. Therefore, end of KS1 assessments will become non-statutory from the 2023/24 academic year onwards.

7.1 Teachers judge the standards children are working at in English reading, English writing, mathematics and science by the end of key stage 1. To help inform those judgements, children sit national curriculum tests in English and mathematics, commonly called SATs. They may also sit an optional test in English grammar, punctuation and spelling. Results are published for reading, writing and maths (Table 9). There is also a combined reading, writing and maths (RWM) to show children that achieved the expected standard for all three.

Table 9: Key Stage 1 Headline Data

KS1 - % of pupils by achieving the expected standard in 2022													
	Cohort	RWM			Reading			Writing			Maths		
		LA	National	GAP	LA	National	GAP	LA	National	GAP	LA	National	GAP
All Pupils	3609	53.8%	53.4%	0.4%	67.3%	66.9%	0.4%	57.5%	57.6%	-0.1%	68.3%	67.7%	0.6%

Table 10: Key Stage 1 Summary

Pupil Groups	Headline – Reading, Writing and Maths
All Pupils	53.8% of children achieved the expected standard compared to 53.4% nationally.
Gender	More girls (58.2%) achieved the expected standard than boys (50%). This is a difference of 8.2%
Disadvantaged	44.2% of disadvantaged children achieved the expected standard compared to 36.9% nationally.
EAL	51% of children with EAL achieved the expected standard compared to 53.1% nationally.
SEND Support	24.8% of children with SEN Support achieved the expected standard compared to 17.1% nationally.
EHCP	4.9% of children with an EHCP achieved the expected standard compared to 6.5% nationally.

Pupil Groups	Headline – Reading
All Pupils	67.3% of children achieved the expected standard compared to 66.9% nationally.
Gender	More girls (71.1%) achieved the expected standard than boys (64%). This is a difference of 7.1%
Disadvantaged	56.6% of disadvantaged children achieved the expected standard compared to 51.6% nationally.
EAL	64.4% of children with EAL achieved the expected standard compared to 64.2% nationally.
SEND Support	39.2% of children with SEN Support achieved the expected standard compared to 29.5% nationally.
EHCP	9.3% of children with an EHCP achieved the expected standard compared to 12.1% nationally.

Pupil Groups	Headline – Writing
All Pupils Reading, Writing	57.5% of children achieved the expected standard compared to 57.6% nationally.
Gender	More girls (63.4%) achieved the expected standard than boys (52.3%). This is a difference of 11.1%
Disadvantaged	47.7% of disadvantaged children achieved the expected standard compared to 41.2% nationally.
EAL	55.4% of children with EAL achieved the expected standard compared to 57.1% nationally.
SEND Support	26.9% of children with SEN Support achieved the expected standard compared to 19.6% nationally.
EHCP	6.2% of children with an EHCP achieved the expected standard compared to 7.3% nationally.

Pupil Groups	Headline – Maths
All Pupil	68.3% of children achieved the expected standard compared to 67.7% nationally.
Gender	Fewer girls (67.9%) achieved the expected standard than boys (68.7%). This is a difference of 8.2%

Disadvantaged	57.3% of disadvantaged children achieved the expected standard compared to 52% nationally.
EAL	66.9% of children with EAL achieved the expected standard compared to 67% nationally.
SEND Support	41.5% of children with SEN Support achieved the expected standard compared to 33.1% nationally.
EHCP	12.3% of children with an EHCP achieved the expected standard compared to 13.9% nationally.

8.0 **Key Stage 2** school level data from the KS2 national curriculum assessments for the 2021/22 academic year were not published in performance tables. This was a transitional arrangement for the first year in which primary assessments returned following the Covid-19 pandemic. In the 2022/23 academic year, school level data from the end of KS2 national curriculum assessments will be published and schools will be expected to share this information on their websites. Pupils complete national curriculum tests in English grammar, punctuation and spelling, English reading and mathematics. As there is no test for English writing this will be based on teacher assessment.

8.1 The headline measure of primary school attainment introduced in 2016 is the proportion of pupils attaining the expected standard in reading, writing, and mathematics combined. In 2021, the proportion for Brent decreased by 5.7 percentage points to 62.2 per cent. This is above the national average which also decreased by 6.2 percentage points compared to 2019 (Table 11). Table 12 shows data for groups of pupils.

8.2 The headline Key Stage 2 pupil progress measures compare the progress made by groups of pupils with similar attainment at the end of Key Stage 1 to the national average attainment for the group at the end of Key Stage 2. The national average is benchmarked at zero. A plus score indicates that pupils have made more progress than the national average. Brent pupils' average progress in reading (+0.8), writing (+0.6) and mathematics (+1.7) was above the national average.

Table 11: Key Stage 2 Headline Data

	KS2 - % of pupils achieving the expected standard in 2022												
	Cohort	RWM			Reading			Writing			Maths		
		LA	National	GAP	LA	National	GAP	LA	National	GAP	LA	National	GAP
All Pupils	3670	62.2%	58.7%	3.5%	76.4%	74.5%	1.9%	70.2%	69.5%	0.7%	77.3%	71.4%	5.9%

Table 12: Key Stage 2 Summary Table

Pupil Groups	Headline – Reading, Writing and Maths
All Pupils	62.2% of children achieved the expected standard compared to 58.7% nationally.
Gender	More girls (68.5%) achieved the expected standard than boys (63.1%). This is a difference of 12%
Disadvantaged	50.3% of disadvantaged children achieved the expected standard compared to 42.9% nationally.
EAL	61.8% of children with EAL achieved the expected standard compared to 58.2% nationally.

SEND Support	31.8% of children with SEN Support achieved the expected standard compared to 21.1% nationally.
EHCP	8.5% of children with an EHCP achieved the expected standard compared to 7.1% nationally.

Pupil Groups	Headline – Reading
All Pupils	76.4% of children achieved the expected standard compared to 74.5% nationally.
Gender	More girls (82.8%) achieved the expected standard than boys (70.7%). This is a difference of 12.1%
Disadvantaged	68.5% of disadvantaged children achieved the expected standard compared to 62.4% nationally.
EAL	74.4% of children with EAL achieved the expected standard compared to 73.2% nationally.
SEND Support	55.9% of children with SEN Support achieved the expected standard compared to 43.5% nationally.
EHCP	17.5% of children with an EHCP achieved the expected standard compared to 16.3% nationally.

Pupil Groups	Headline – Writing
All Pupils Reading, Writing	70.2% of children achieved the expected standard compared to 69.5% nationally.
Gender	More girls (77.8%) achieved the expected standard than boys (63.4%). This is a difference of 14.4%
Disadvantaged	59.3% of disadvantaged children achieved the expected standard compared to 55.6% nationally.
EAL	69.7% of children with EAL achieved the expected standard compared to 70% nationally.
SEND Support	43% of children with SEN Support achieved the expected standard compared to 30.4% nationally.
EHCP	12.4% of children with an EHCP achieved the expected standard compared to 10.7% nationally.

Pupil Groups	Headline – Maths
All Pupils	77.3% of children achieved the expected standard compared to 71.4% nationally.
Gender	Less girls (77.9%) achieved the expected standard than boys (70.5%). This is a difference of 8.2%
Disadvantaged	66.5% of disadvantaged children achieved the expected standard compared to 56.4% nationally.
EAL	77.7% of children with EAL achieved the expected standard compared to 75.4% nationally.
SEND Support	53..5% of children with SEN Support achieved the expected standard compared to 39.6% nationally.
EHCP	20.3% of children with an EHCP achieved the expected standard compared to 14.9% nationally.

9.0 Key Stage 4 Data

9.1 GCSEs: At the end of Key Stage 4 pupils take examinations knows as GCSEs (General Certificate of Secondary Education). Examinations are taken in National Curriculum subjects. The grade scale runs from a 9 (the highest grade) to 1 (the lowest grade). Table 13 shows the Key Stage 4 Headline data for Progress 8, Attainment 8, English and Maths Level 5+ and the English Baccalaureate. In all measures Brent was above the national average.

Table 13: Key Stage 4 Headline Data

	KS 4 (Key Stage 4) All pupils 2022												
	Cohort	Progress 8			Attainment 8			English & Maths 5+			EBacc APS		
		LA	National	GAP	LA	National	GAP	LA	National	GAP	LA	National	GAP
All Pupils	3136	0.50	-0.03	0.53	52.4	48.7	3.7	56.6%	49.6%	7.0%	4.87	4.27	0.60

9.2 Key Stage 4 Summary Data

- **Progress 8** aims to capture the progress that pupils in a school make from the end of primary school to the end of KS4. It is a type of value-added measure, which means that pupils' results are compared to other pupils nationally with similar prior attainment. Every increase in grade a pupil achieves in their Attainment 8 subjects counts towards a school's Progress 8 score. A score of zero means pupils, on average, did as well at Key Stage 4 as other pupils across England who got similar results at the end of KS2.

Table 14: Progress 8

Pupil Groups	Headline – Progress 8
All Pupils	0.5 compared to –0.03 nationally.
Gender	Female 0.63 Male 0.37
Disadvantaged	0.03 compared to –0.55 nationally
EAL	0.59 compared to 0.55 nationally
SEND Support	-0.06 compared to -0.46 nationally
EHCP	-1.31 compared to -1.32 nationally

- **Attainment 8** measures pupils' attainment across 8 qualifications including:
  - Maths (double weighted) and English (double weighted, if both English language and English literature are sat)
  - 3 qualifications that count in the English Baccalaureate (EBacc) measures
  - 3 further qualifications that can be GCSE qualifications (including EBacc subjects) or technical awards from the DfE list of technical and vocational qualifications.

Table 15: Attainment 8

Pupil Groups	Headline – Attainment 8
All Pupils	52.4 compared to 48.7 nationally
Gender	Female 54.4 Male 50.4
Disadvantaged	44.4 compared to 37.5 nationally
EAL	50.8 compared to 50.5 nationally
SEND Support	38.6 compared to 34.8 nationally
EHCP	12.0 compared to 14.3 nationally

- **A grade 5** is a strong pass.

Table 16: English and Maths 5+

Pupil Groups	Headline – English and Maths 5+
All Pupils	56.6% compared to 49.6% nationally
Gender	Female 58.7% Male 52.5%
Disadvantaged	44.2% compared to 29.3% nationally

EAL	52.3% compared to 53.1% nationally
SEND Support	31.4% compared to 22.3% nationally
EHCP	8% compared to 6.9% nationally

- **The EBacc** comprises the core academic subjects that the vast majority of young people should have the opportunity to study to age 16. To enter the EBacc, pupils must take up to eight GCSEs across five subject 'pillars'. The structure of the EBacc is English: 2 GCSEs; Maths: 1 GCSEs; Science: 2 or 3 GCSEs; Language: 1 GCSE (modern language or an ancient language) and Humanities: 1 GCSE (History of Geography).

Table 17: English Baccalaureate

Pupil Groups	Headline – EBacc APS
All Pupils	4.87 compared to 4.27 nationally
Gender	Female 5.04 Male 4.70
Disadvantaged	4.09 compared to 3.19 nationally
EAL	4.77 compared to 4.57 nationally
SEND Support	3.30 compared to 2.89 nationally
EHCP	1.0 compared to 1.14 nationally

10.0 British boys of Black Caribbean Heritage

10.1 Boys of Black Caribbean heritage are an underachieving group nationally compared with all pupils. For the period 2017-2019 Brent Schools Forum funded the 'Raising the Achievement of Boys of Back Caribbean heritage' programme led, managed, and administered by Brent Schools Partnership on behalf of the local authority. Outcomes at the end of the 2018-19 academic year showed progress in closing the gap particularly in Key Stage 2 reading, writing and maths combined outcomes and in decreasing the Attainment 8 gap in Key Stage 4. Outcomes at the end of the 2021-22 academic year show that Boys of Black Caribbean heritage are still underachieving nationally and the gains made in Brent before the Covid-19 pandemic have not been maintained.

10.3 During this academic year the Brent Schools Partnership are delivering, 'Driving Change with an Anti-racist Approach'. This has given attendees the opportunity to revisit the successful strategies that had been impactful previously and extend this learning to other underachieving groups.

10.4 The School Effectiveness Service challenges leaders to identify and plan intervention for underachieving groups. Leaders report the impact of the pandemic is still evident, particularly for vulnerable groups. To accelerate progress for underachieving pupils, settings and schools have made excellent use of the Education Recovery resources the DfE funded to support education recovery and children and young people's wellbeing. The local authority also allocated targeted Covid-19 recovery funding for schools to implement strategies to help post pandemic education recovery**.** This has been implemented in local clusters. The aim of the funding is to support Brent children not only to recover to where they were educationally but to support a "recovery for childhood", to help Brent children to progress to where we want all Brent children to be. Outcomes of this work will be measured in this and future academic years.

10.5 **Summary Data for Boys of Black Caribbean heritage**

- In early years an attainment gap is already evident for Boys of Black Caribbean heritage.

- In Year 1 the phonics check is administered. In Brent outcomes were positive and, although there is still some more work to do to fully close the gap, Boys of Black Caribbean heritage are performing comparatively well in this area.

- At the end of Key Stage 1 Boys of Black Caribbean Heritage in Brent are achieving less well than the same group nationally and against all children nationally.

- The summer 2019 Key Stage 2 results showed a reduction in the gap in reading, writing and maths combined for Boys of Black Caribbean heritage to within 7 percentage points of the national average. This improvement has not been sustained. The LA is working with schools to identify strategies to improve outcomes.

- The summer 2019 Key Stage 4 GCSE results showed a reduction in the Attainment 8 gap for Boys of Black Caribbean heritage with the national averages for all pupils down from 13 points to 8 points. This improvement has not been sustained. The LA is working with schools to identify strategies to improve outcomes.

11.0 Parent and pupil views

11.1 The responsibility for seeking the views of parents and pupils in evaluating and improving the quality of education rests with the governing board and a school's executive leaders. The Setting and School Effectiveness Service does not have formal mechanisms for engaging with parents and pupils because these would undermine the statutory roles of governing boards and executive leaders. However, when the service carries out a review of the quality of provision in a school, its officers will always interview groups of pupils to ascertain their views. The School Effectiveness Lead Professionals also speak with individual pupils throughout the review in their classes, and at break and lunch times. The review process also includes an interview with governors and an evaluation of how well the school engages with its parents. The service uses the findings to make recommendations to the school's leaders in the review report. The impact of the actions taken by leaders to address the recommendations is reviewed by the School Effectiveness Lead Professional or by establishing a Rapid Improvement Group when a review identifies concerns about the quality of provision.

11.2 During inspections Ofsted always seek the views of pupils, especially concerning how they are kept safe and how well they are enabled to learn.

12.0 Conclusion

12.1 The quality of setting and school provision across Brent remains very high as judged by Ofsted. The single school and small number of early years settings that are less than good are receiving support and challenge from the local authority to rapidly improve. The headline data for attainment is predominantly above national across all key stages. Underperforming groups are identified and this information is used at local authority and school level to plan interventions and raise outcomes.

13.0 Financial implications

13.1 There are no financial implications from this report.

14.0 Legal implications

14.1 The local authority has a statutory duty (Children Act 2004, 2006) to act as the champion for all children and young people in the borough and is responsible for maintaining an overview of the effectiveness of all schools including sponsored academies, converter academies, free schools, the local college, and registered early years settings and registered training providers. The local authority also has a statutory duty "to promote high standards and fulfilment of potential in schools so that all children and young people benefit from at least a good education." (The Education Act 2011). Brent Council is therefore responsible for maintaining a full overview of the effectiveness of all schools and local education provision.

15.0 Equalities Implications

15.1 This report includes the analysis of gaps between groups of pupils by: gender; disadvantage; special educational needs and/or disabilities (SEND); English as an additional language (EAL). The analysis is used to monitor the priority groups for the Strategic Framework for School Effectiveness, and to guide the work of Setting and School Effectiveness Service and its local school improvement partners.

16.0 Consultation with Ward Members and Stakeholders

16.1 Stakeholders were consulted on the formation of the Strategic Framework for School Effectiveness and its strategic priorities.

Report Sign-off:
Nigel Chapman
Corporate Director Children and Young People

Brent	**Community and Wellbeing Scrutiny Committee** 7 March 2023
	Report from Corporate Director, Children and Young People

Children and Young People's Mental Health and Wellbeing, including CAMHS

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	None
Background Papers:	0
Contact Officer(s): (Name, Title, Contact Details)	Shirley Parks Director - Safeguarding, Partnerships and Strategy Shirley.parks@brent.gov.uk Sarah Nyandoro Head of Mental Health, Learning Disabilities and Autism – All Age, NHS North West London Sarah.nyandoro@nhs.net

1.0 Purpose of the Report

1.1 This report updates members on services that support the mental health and wellbeing of children and young people. This report builds on the detail provided to the Community and Wellbeing Scrutiny Committee on 25 January 2023 on the Brent Borough Based Partnership priority to improve the mental health and wellbeing of adults and children in Brent. Further updates are also provided to the report from 14 March 2022 about the education and wellbeing recovery of Brent children and young people post Covid-19.

2.0 Recommendations

2.1 Members of the Community and Wellbeing Scrutiny Committee are asked to note and comment on the content of this report.

3.0 Detail

3.1 Multi-agency governance boards continue to provide oversight of delivery of mental health and wellbeing services for children and families, including the Health and

Wellbeing Board, the Children's Trust, the Safer Brent Partnership, the Strategic School Effectiveness Partnership Board and the Brent Borough Based Partnership. The Children's Trust is actively monitoring the system wide response for children and young people who have social, emotional and mental health needs. Brent has the lowest access to mental health services for Children and Young People in North West London, despite high demand.

3.2 The report received by the Community and Wellbeing Scrutiny Committee in January 2023 noted the challenges that the Brent health and care system faces to support people's mental health and wellbeing and the need to change how system partners work together to make the most of the resources, with a focus on early intervention and prevention. The Mental Health and Wellbeing Sub-Group of the Brent Borough Based Partnership 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 young people and children of Brent. The Mental Health and Wellbeing Subgroup has a number of roles to ensure that local mental health provision meets local need:

- 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,
- To deal with issues in the wider system by acting 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 children and young people of Brent.

4.0 Development of mental health and wellbeing service for children and young people

4.1 Improving the mental health and wellbeing of children and young people is one of the four Brent ICP priorities. A partnership operational group reports to the ICP Mental Health and Wellbeing Sub-Group and is chaired by the Children and Young People Department's Director of Safeguarding, Partnerships and Strategy. This focuses on work to make system changes to improve services for children and young people. The focus of the operational group has been improving the specialist Child and Adolescent Mental Health Service (CAMHS) and developing and embedding the THRIVE model of mental health and wellbeing services in Brent.

CAMHS

4.2 Demand for mental health and wellbeing services from children and young people in Brent are among the highest in North West London. The Covid-19 pandemic saw an increase in demand for mental health and wellbeing support to children and young people across a range of services, including specialist CAMHS support which in Brent is provided by Central and North West London National Health Foundation Trust (CNWL). This resulted in a list of children and young people waiting for assessment. Fluctuations in waiting lists have continued, and in particular for Autistic Spectrum Disorder (ASD) assessment. This is despite CAMHS putting in place additional measures to reduce waiting lists or to support young people while they wait for assessment, for example through the Waiting List Initiative (which involves waiting list reviews, a waiting well check, resilience support and parenting support). Work has also been done to upskill primary care practitioners in how to support children and young people. To support families waiting for an ASD assessment, the Council has funded a

Pre-Diagnostic ASD Officer within the Inclusion Service. The service currently supports around 150 families and there was a waiting list of 250 children and young people in December 2022.

4.3 As more children have been assessed, this has placed more children on the treatment waiting list. Initiatives to support children waiting for treatment include additional capacity from Healios and the Brent Centre for Young People providing access to CBT and psychotherapy and maximising access to digital developments. CAMHS have expanded their staff by an additional 7 posts. Other CAMHS initiatives include development of a Brent Young Adult pathway for the 16-25 cohort and well as early intervention and support for the 0-5 population.

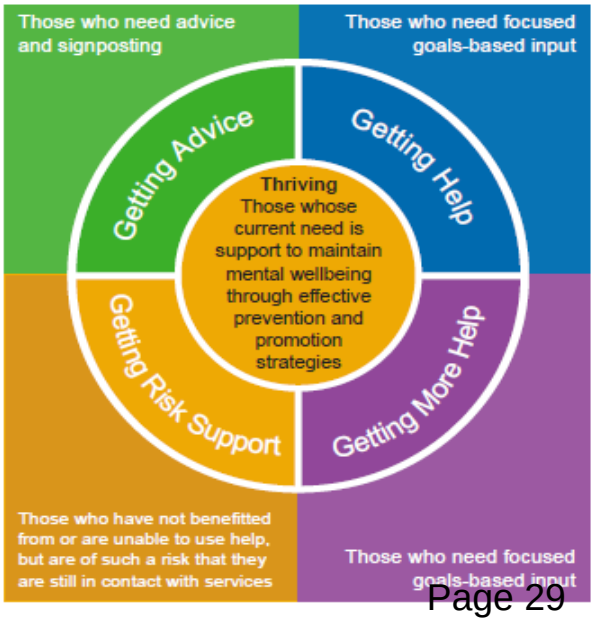
4.4 There is recognition that both additional resources as well as service redesign are essential to addressing the mental health needs of the children and young people of Brent. The Programme Director for Mental Health at NWL ICB has agreed in principle additional investment for 'levelling up' funding to increase CAMHS capacity, so that Brent has the resources to offer the same CAMHS service as other local boroughs. There has not yet been confirmation of the amount of funding nor the timing of the funding.

4.5 Early identification of mental health and wellbeing issues and early intervention are key to ensure that children and young people are supported and managed before they reach a crisis point that leads them to seek referral to specialist CAMHS. A number of services are available to support children and young people to get advice and help about their mental health and wellbeing, but there is a need to increase the capacity and capability of children's community services to provide emotional wellbeing support/ psychotherapy and psychological support to children and young people.

The Thrive Model

4.6 The THRIVE model in NW London is designed for children and young people aged 0-18 and their families and those aged 18-25 who need an alternative approach to 18+ services. The THRIVE model is aimed at effective pathways to support, care and treat, ensuring children and young people experiencing emotional and mental ill-health have access to preventative services, early identification and early intervention. It makes a clear distinction between getting advice, getting help and support and getting access to evidenced-based interventions based.

The THRIVE Model



4.7 The aim is that the THRIVE framework will apply to all professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others). Engagement and co-production with children, parents and carers are key to delivering a local Thrive model to meet local needs. The Thrive framework is centred around intensity of need which leads to the following advantages over the current system of services:

- Barriers between different treatments/intensities are reduced with referrals no longer the main way to navigate the system
- All types of needs can be met – no case in which a patient's needs are too intense or complex for some teams, but not intense or complex enough for all the others
- Services are more efficient and patient access is easier
- There is professional sharing of knowledge, risk and development opportunities across the system.

4.8 The key principles of the Thrive Model are:

- A common language about mental health and wellbeing across professionals, children, parents and carers
- Services are needs-led
- Shared decision making on services
- Proactive prevention and promotion
- Partnership working across partners
- Outcome-informed service development
- Reducing stigma
- Accessibility to the right service at the right time

4.9 Brent Borough Based Partnership, including CAMHS, is working with other NW London authorities that are part of the NWL ICP to deliver the THRIVE framework. System wide change needs to be done at the pace that works for Brent. A project delivery plan has been developed that identifies actions needed to take this work forward. An initial workshop is taking place on Friday 10 March with community and voluntary sector partners to start the process of understanding need and co-designing the 'Getting Advice' area of the Brent THRIVE model.

4.10 The THRIVE Model will ensure that young people can access the right support at the right time through easy access to services and empowering them to do so. For example, children accessing support classified as 'Getting Advice' would typically be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with self-help support. However, children and young people with fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery, may also access these services.

5.0 Emotional wellbeing and mental health support in schools.

5.1 Emotional wellbeing and mental health have been identified by the Department for Education (DFE) and headteachers across Brent as presenting the biggest challenge both in terms of attendance and behaviour in schools. Strengthening the offer of mental health support for children and young people whilst at school is a priority in Brent and a key part of the wider mental health and wellbeing support system.

5.2 Brent Children and Young People's Education Psychology Service provides oversight and coordination of the school facing offer of mental health and wellbeing support. This includes support around Emotionally Based School Avoidance (EBSA), Mental Health Support Teams (MHSTs) based in schools, the Wellbeing and Emotional Support Team (WEST) and training for schools, such as the ELSA programme.

Emotionally Based School Avoidance

5.3 In some cases, children might not be able to attend school due to their emotional wellbeing and mental health. According to research, the percentage of children and young people who are not able to attend school or have extreme difficulties attending school due to emotional factors, is between approximately 1% and 5% of the school population, with slightly higher prevalence amongst secondary school students (Elliot, 1999; Guilliford & Miller, 2015). When children and young people are experiencing anxieties or emotional difficulties that are preventing them from attending school, this is referred to as Emotionally Based School Avoidance (EBSA). In Brent EBSA has become more pronounced since the Covid-19 pandemic. The Children and Young People's Department is committed to supporting schools to identify EBSA and to put support in place for children and young people experiencing EBSA, based on the most recent research into effective practice. An EBSA toolkit has been developed to support schools in their understanding of EBSA and provides a bank of evidence-informed strategies and resources to put into practice. Schools have a responsibility to make reasonable adjustments to support children and young people experiencing EBSA to fully access a suitable education within school. In cases where the EBSA is deeply entrenched and a child or young person is not able to attend school, support is provided through a team of two peripatetic clinicians and suitable short-term education via Ashley College, the medical needs PRU.

Mental Health Support Teams

5.4 The Mental Health Support Teams (MHST) programme in Brent led by CNWL was initiated in 2020, as part of a national programme. There are 21 emotional wellbeing practitioners working across 26 Schools, (8 Secondary Schools, 17 Primary Schools and 1 Pupil Referral Unit (PRU)) as part of the programme. Practitioners work with groups and individual pupils. The two main areas of work that have emerged are an increase in Emotionally Based School Avoidance (EBSA) and emotional dysregulation. For 2022/23 a cognitive behavioural therapy skills project for secondary schools is being developed and trialled in 2 schools. This includes training on dialectical behaviour therapy, which is a form of cognitive behavioural therapy for children and young people who demonstrate intense emotional responses. Working with the Education Psychology Service, a whole school audit tool is being piloted in 3 MHST primary schools. The MHST programme is expected to increase to 40 schools in 2023/4.

Wellbeing and Emotional Support Team (WEST)

5.5 The Local Authority commissions a mental health and wellbeing service for children and young people in targeted vulnerable groups from the Anna Freud Centre, known as WEST. The service supports vulnerable children, including Looked After Children, children with disabilities aged 0-25, children and young people with social, emotional and mental health needs, children and young people at risk of exclusion from school or alternative provisions and children and young people who are at risk of multiple vulnerabilities including child sexual exploitation, gang affiliation and domestic abuse. The service is aimed at supporting children and young people with mild to moderate mental health and wellbeing needs. However, pressures on CAMHS means that the

service often supports children with more complex needs. The contract provides a range of different services, including:

- A clear gateway/triage process to ensure timely access and prioritisation of targeted vulnerable children and young people
- Rapid advice and support and signposting to appropriate services
- A focus on early identification, intervention and prevention, including evidenced based therapies, training continuum, consultation and advice to professionals and carers, including a contact helpline.

5.6 At the beginning of the academic year 2022/23, a total of 151 children and young people receiving an intervention. In the autumn term of 2022/23, the service received 128 new referrals. Therefore, in total, 279 children and young people were accessing the service during autumn 2022/23. Young people's satisfaction with the interventions on average score 8.41 out of a maximum score of 10. There is a measurable improvement in 90% of children and young people who access interventions through WEST (improvement in Strengths and Difficulties Questionnaire scores).

5.7 WEST has worked with 36 looked after children this academic year and 26 young people known to children's social care. In terms of demographics, 70% of referrals were from mixed and non-white ethnic groups and 30% were white groups. The most frequently referred ages were 12 and 13 years old. Reflecting the national and local picture, WEST has seen increasing referrals for EBSA with approximately 29% of cases in the autumn term 2022-23 presenting with difficulties around attending school. Additionally WEST delivers reflective parenting group sessions and sessions for teachers and social workers. 94% of delegates strongly agreed that the training gave them ideas which they could use in their practice. Feedback from a parent highlights the impact of these sessions:

> *'I'm so grateful to have had this opportunity. The strategies I have learnt have already made changes in our family.'*

5.8 During 2021/22 WEST delivered a six-hour specialist training workshop on Understanding Trauma to over 80 Brent professionals, funded through the Council's Covid-19 recovery initiative funding. The course covered exam anxieties, self-harming, eating disorders, sexual abuse and suicide prevention. The training will be repeated this academic year. Feedback was very positive with school staff finding the content beneficial to their role.

5.9 A tendering exercise was recently undertaken for the WEST contract, which resulted in the award of the contract to the Anna Freud Centre, jointly commissioned with CAMHS (CNWL). As part of the new contract, clinical input will be provided for a period of 18 months to a peripatetic delivery model alongside tutors, which will provide targeted support for schools and individual children, which will include; a holistic assessment of young people's mental health and behavioural and emotional needs, with relevant actions, such as support plans or referrals identified; screening for developmental disorders such as ADHD and Autistic Spectrum Disorder and/or post diagnosis liaising with Education Psychologist to enable effective in school support and screening for CMAHS fast-track support; work with the child and family on the most appropriate intervention and support plan and identifying where absence from school is due to wellbeing/health needs, so that tutors can be a bridge for children from home to school to support their regular attendance.

Other mental health and wellbeing support for schools

5.10 The Emotional Literacy Support Assistant (ELSA) provision led by the Education Psychology Service in Brent has expanded to 42 settings with the intention of cascading further across all Brent settings and schools over the next two years. This has been funded by the Council's Wellbeing and Education Recovery Initiative Fund. In addition, 60 settings and schools attended an ELSA conference in July 2022 sharing practice on the impact of behaviour and wellbeing. The impact of the ELSA training on Schools is highlighted in the feedback provided by one Primary School Headteacher:

> *'Teachers and Learning Assistants were supported by the schools four ELSAs with strategies to use in the classroom to support the emotional wellbeing of pupils. This enabled all pupils to be able to access learning and the curriculum. Pupils were given the time, space and vocabulary to express their wants, needs and concerns. Pupils understood their emotions and are now able to use the right vocabulary to express themselves. <u>All</u> pupils that received support from the schools ELSAs made good or better progress in all areas of learning and there was a distinct reduction in persistent disruptive behaviour.*
>
> *Parents felt supported in times of trauma and ELSAs worked together with families to ensure pupils felt safe and happy- which led them to be able to access learning again. ELSAs felt extremely supported by the supervision sessions undertaken by the Education Psychology Service where they got to share and ask for support and advice. Their knowledge enabled them to carry out whole school training for staff on a regular basis.'*

5.11 In 2022/23 the DFE released a grant for all schools to apply for to support the training of School Mental Health leads in every school. As of December 2022, the take up of Brent schools was 48%, compared to 47% across London, and approximately 50% nationally. A Brent MH Leads network, led by the Education Psychology Service, continues to support schools.

5.12 The School Nursing Service provides advice on children identified to have low level mental health needs. Schools also continue to offer established support for pupils' wider well-being e.g. delivering nurture provision, commissioning access to services provided by organisations such as 'Place to Be' and referring children to the WEST service provided by The Anna Freud Centre. The Educational Psychology Service is continuing to support schools to access initiatives aimed at increasing school capacity to support the mental health and well-being of children and staff.

Community based training

5.13 The Council's Covid-19 recovery initiative funding has supported a range of community based mental health and wellbeing training aimed at building peer support. This includes workshops for parents in Family Wellbeing Centres between June 2022 and March 2023. Mental Health First Aid training for young people aged 16-25 and for voluntary sector youth workers working with young people in the community is being delivered from January to March 2023. Primary age and secondary age wellbeing workshops delivered through community and voluntary sector organisations and settings are being rolled out between March and June 2023. These initiatives are training over 150 young people on how to support their peers. A communication and engagement project with young people to review and design how they access information about services is being developed.

6.0 Financial Implications

6.1 All of the work identified above is delivered from within NHS or Council core budgets. The Community and Wellbeing Scrutiny Committee were informed in January 2023 about the ongoing work to secure 'levelling up' funding for Brent CAMHS, given the identified variations in levels of overall mental health funding across NWL boroughs, including CAMHS services. As Chair of the Children's Trust, the previous Corporate Director for Children and Young People wrote to the ICP raising concerns about this disparity given high levels of demand for services from Brent children and young people. In response, the Programme Director for Mental Health at NWL ICB has agreed in principle additional investment for 'levelling up' funding to increase CAMHS capacity, but as yet it is not clear when this will be forthcoming. As noted in the January 2023 report to the Community and Wellbeing Scrutiny Committee, unless this is addressed for the Specialist CAMHS service in particular, demand will continue to outstrip supply. It will also prove difficult to shift the system to a THRIVE model, where additional investment in early intervention services will be required, at least during a period of transition.

6.2 The Council provided Covid-19 recovery initiative funding which has supported a number of the projects outlined above (£270K to commission services that provide mental health support in schools and £180K for community based mental health peer support).

7.0 Legal Implications

7.1 Under Section 10 of the Children Act 2004, local authorities are required to co-operate with others in promoting the wellbeing of children in the authority's area. Under Section 11 of the Children Act 2004 the local authority is required to have regard to the need to safeguard and promote the welfare of children whenever it carries out any act or makes any decision. Statutory guidance for local authorities, Clinical Commissioning Groups (CCGs) and NHS England, March 2015, states that the corporate parenting responsibilities of local authorities include a duty (under section 22(3) (a) of the Children Act 1989) to safeguard and promote the emotional, mental health and physical welfare of the children they look after.

8.0 Equality Implications

8.1 This report focuses on services that support the mental health and wellbeing of Brent's most vulnerable children and young people. Through system leadership, co-production and a partnership approach Brent is focused on addressing health inequalities that impact on this group of children and young people.

8.2 The council's responsibilities under the Public Sector Equality Duty as set out in section 149 of the Equality Act 2010 requires the Local Authority when exercising its functions to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a protected characteristic and those who do not share that protected characteristic. Protected characteristics include ethnic or national origins and colour or nationality. The Council has paid due regard to children and families' protected characteristics in providing targeted and risk assessed support as outlined above.

9.0 Consultation with Ward Members and Stakeholders

9.1 Stakeholders are involved in service evaluation and the development of new services through a co-production approach.

Report sign off:

Nigel Chapman
Corporate Director Children and Young People

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	Community and Wellbeing Scrutiny Committee 7 March 2023
	Report from the Director of Public Health, the local ICB team and NHSE
Immunisations	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 – NHSE Immunisations Report
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Melanie Smith Director of Public Health Melanie.smith@brent.gov.uk

1.0 Purpose of the Report

1.1 The report provides an overview for childhood and seasonal immunisations. It describes current responsibilities for commissioning, delivery, and quality assurance. The paper outlines how immunisation coverage statistics are produced and contains the most recent published data for each programme.

1.2 Immunisation rates in Brent and London have been consistently below those elsewhere in the country.

1.3 The report discusses action underway to improve childhood and seasonal immunisation and to address health inequalities. Action is being taken to improve the service offer, to improve the quality of data recording and to address the acceptability of the different vaccination offers to different communities within Brent.

2.0 Recommendation(s)

2.1 Members of the Brent Community Wellbeing Scrutiny Committee are asked to note and comment upon the work that system partners across London, including NHSE (London) the local authority and the ICB are doing to increase vaccination coverage and immunisation uptake in Brent.

3.0 Detail

3.1 This is contained within the attached report from the NHS

4.0 Financial implications

6.1 There are no financial implications directly arising from this report.

7.0 Legal Implications

7.1 The report describes the legislative arrangements which underpin the commissioning and delivery of childhood immunisations

8.0 Equality Implications

8.1 Local experience and data collection showed significant inequalities in uptake of the COVID vaccination in terms of both ethnicity (lower rates initially in Black and South Asian communities) and deprivation. New ways of working between the NHS, the Council and with local communities including faith organisations have developed in response to these inequalities.

8.2 Unfortunately while local management information systems are increasingly examining health care access and outcomes by deprivation and ethnicity, official immunisation statistics do not report on these variables.
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Report sign off:

Phil Porter
Corporate Director, Adult Social Care and Health

Report to Brent Community Wellbeing Scrutiny Committee

Report on Immunisation Programmes in the London Borough of Brent

Prepared by: NHSE (London) Immunisation Commissioning Team with contributions from the local NWL ICB NHS team

Presented to: Brent Community and Wellbeing Scrutiny

Contents

1. Aim

- The purpose of this paper is to provide an overview of seasonal and childhood immunisation programmes in the London Borough of Brent. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.

- Members of the Brent Community Wellbeing Scrutiny Committee are also asked to note and support the work that system partners across London, including NHSE (London) the local authority and the ICB are doing to increase vaccination coverage and immunisation uptake in Brent.

2. Roles and Responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.

- Under this guidance, NHS England through its 7A Regional Team is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the section 7A agreement. In this capacity, NHS England is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

- The UK Health Security Agency (UKHSA) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Brent this function is provided by the UKHSA North West London Health Protection Team.

- Integrated Care Boards (ICBs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services. ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve immunisation uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, will work to progress supporting ICS in their new functions and responsibilities for direct commissioning of vaccination and screening services. The national aim would be for the first wave of delegation

of the commissioning of immunisation services to take place after quarter 2 of 2024. More information on the process can be found here.

- Across the UK, the main providers of adult and childhood immunisation are GP practices. In Brent, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.

- Central North West London NHS Foundation Trust (CNWL) are contracted by NHSE (London) to provide the school age immunisations and neonatal BCG in Brent.

- Immunisation data is captured on Child Health Information System (CHIS) for Brent as part of the NWL CHIS Hub (provided by InHealth Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system provided by In-Health Intelligence. The CHIS provides quarterly and annual submissions to UKHSA for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics.

- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England and Improvement, UKHSA and providers.

- Directors of Public Health across London also receive quarterly reports from the Association of Directors of Public Health (ADPHs)

3. Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.

- The COVID-19 pandemic in 2020 onwards impacted upon the delivery of section 7A immunisation programmes, pausing some programmes and reducing delivery on others due to non-pharmaceutical interventions, re-deployment of workforce onto COVID-19 pandemic and the introduction of the COVID-19 vaccination programmes.

- Recent changes to health service policy have resulted in the formation of ICBs. Governance processes are still evolving, and system partnerships working across ICBs is key moving forward. NHSE will work closely with local authority and ICB partners to support the new delegated commissioning process for immunisations which is likely to take effect from April 2024.

- The London Immunisation Board paused in 2020 but has recently re-launched. In 2023, the governance arrangements and terms of reference for the Board will be updated to reflect the new structures and partnerships across health and immunisation.

- London faces challenges in attaining high uptake and coverage of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.

- From 1 April 2021, the GP contract agreement has been updated to include new standards for vaccination and immunisation services.

- Five core GP contractual standards have been introduced to underpin the delivery of immunisation services. These are:

    - A named lead for vaccination service.
    - Provision of sufficient convenient appointments.
    - Standards for call/recall programmes and opportunistic vaccination offers
    - Participation in national agreed catch-up campaigns.
    - Standards for record keeping and reporting.

- A single item of service fee has been fully implemented for all doses delivered in vaccination programmes funded through the GMS contract

- The Childhood Immunisation Target DES was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22. The objective of the Quality and Outcomes Framework (QOF) is to improve the quality-of-care patients are given by rewarding practices for the quality of care they provide to their patients, based on several indicators across a range of key areas of clinical care and public health. QOF indicators are currently in place for primary childhood immunisations, for MMR and for the pre-school booster.

4. Routine Childhood Immunisation Programme (0-5 years)

- The routine childhood immunisation programme protects against:
    - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
    - Pneumococcal disease, (PCV)
    - Meningococcal group C disease (Men C)
    - Meningococcal group B disease
    - Measles, mumps and rubella (MMR)

- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.

- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.

- At 2 years and again at 3 years, children are offered annual child influenza vaccine.

- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

5. Seasonal Immunisations

5.1 Influenza vaccination

- The national influenza (flu) immunisation programme offers prevention and protection for those who are most vulnerable from increased risk of illness. Not only is it seen as essential that the associated morbidity and mortality is reduced to protect those most vulnerable, but it is also a critical part of reducing pressures on inpatient hospital stays during a time when the NHS and social care is under increased demand.

- The London Flu Plan reflects the ambitions of the national programme, in relation to the targeted patient cohorts and the desired high vaccine uptake levels. It also refers to the key learning from previous flu immunisation and learning afforded from the successful delivery of the COVID-19 vaccination programme. Vaccinations are provided free to those who are at increased risk from the effects of flu. The eligible "cohorts" are determined based on evidence and published in guidance from the Joint Committee on Vaccination and Immunisation (JCVI)

- The latest available UKHSA published data is for December 2022 – it must be noted that the current 'flu season is still underway with the data collection being completed by end of March 2023. There is data latency with some of the information flows, and therefore over the forthcoming weeks, there will be work underway to ensure GP records are updated with the aim of providing a near accurate picture by the end of the season.

- This season's winter flu vaccination campaign began in September 2022. Flu Vaccine uptake is currently 39% in London, which is below the England average of 54% uptake. Uptake ranges across ICSs from between 36% and 45%. London care home residents (up from 71% to 75%) had the highest uptake of the cohorts.

Table 1
Seasonal Influenza vaccination rates for England and London 2020-2023

	England			London		
	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23
65 and over	80.6	81.6	78.4	71.1	68.9	66.3
Under 65 (at-risk only)	51.7	51.6	60.3	44.0	40.6	38.6
Pregnant	43.4	41.9	33.2	37.0	32.9	28.6
All year groups (age 4-11 yrs.)	55.5	39.5	55.5	44.8	47.1	43.6

Source: UKHSA published data, up to end of December 2022

- For London, the overall percentage of uptake rates to date are lower than the national average, lower than the previous year (2021/22) and lower across the eligible cohorts of: over 65s, the clinical at risk, pregnant women and in children aged 4-11 years.

- At the NWL level (which includes Brent), published figures for the same period were: 65 and over: 68.9%; Under 65 (at risk): 38.8%; Pregnant: 26.6%. The Northwest ICS level is in slightly higher than the London average except for pregnant women which is lower than the London average.

- It should be noted that the under 65 cohort was delayed until mid-October for the 2022-23 season which would have initially impacted activity volumes.

- Further analysis and data can be found here.

5.2 Covid-19 autumn booster

The Covid 19-autumn booster regional uptake as of 26 January 2023 includes:

- Uptake of the Autumn Booster remains low in London at 48.9% compared to other regions and National at 64.1%.

- The number of people aged 50 and over vaccinated with any dose between 0 and 6 months ago in England was 15,157,409 or 65%. At the Northwest ICB level, the total number of people aged 50 and over vaccinated with any dose was 335,454 or 44.1%

- For London update remains highest in the 75-59 (75.8%) and 80+ (75.0%) age group cohorts, in line with other regions.

- Regular regional reporting and updates can be found on NHS website. Disaggregated data at Borough and NWL are not available.

6. Brent and the challenges

- Brent is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include a range of behavioural, social, and structural drivers of vaccination at multiple levels such as trust, complacency, and convenience of access. Some examples include

- Complexities in data collection for COVER statistics. For example, incomplete recording of ethnicity or need for data cleansing.
- London's high population mobility which affects data collection and accuracy.
- Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere).
- Inconsistent patient invite/reminder (call-recall) systems across London.
- Declining vaccinating workforce.
- Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
- Difficulties accessing appointments.
- Large numbers of underserved populations who are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).
- Growing vaccine hesitancy and apathy (i.e. confidence in vaccine, lack of convenience, complacency and saturation of vaccine offer post the COVID-19 pandemic and vaccination programme).

- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Brent's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.

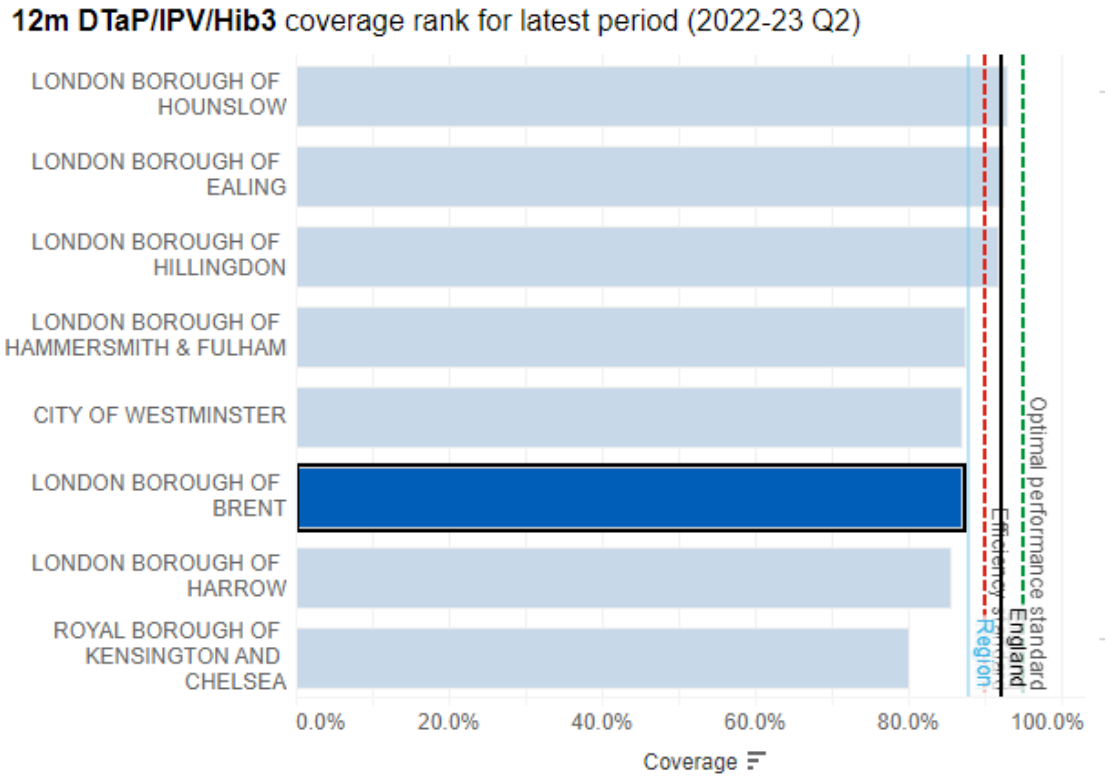
6.1 Brent's childhood immunisation uptake

- Like many other London boroughs, Brent has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e., the proportion of people that need to be vaccinated to stop a disease spreading in the population).

- The full childhood immunisation schedule can be found in the Green Book and any relevant changes to that schedule are reviewed and recommendations made at the UK Joint Committee on Vaccination and Immunisation (JCVI).

- Quarterly rates vary considerably more than annual rates. For the purposes of the Brent Scrutiny Committee the most recent quarterly data available is used in the below figures.

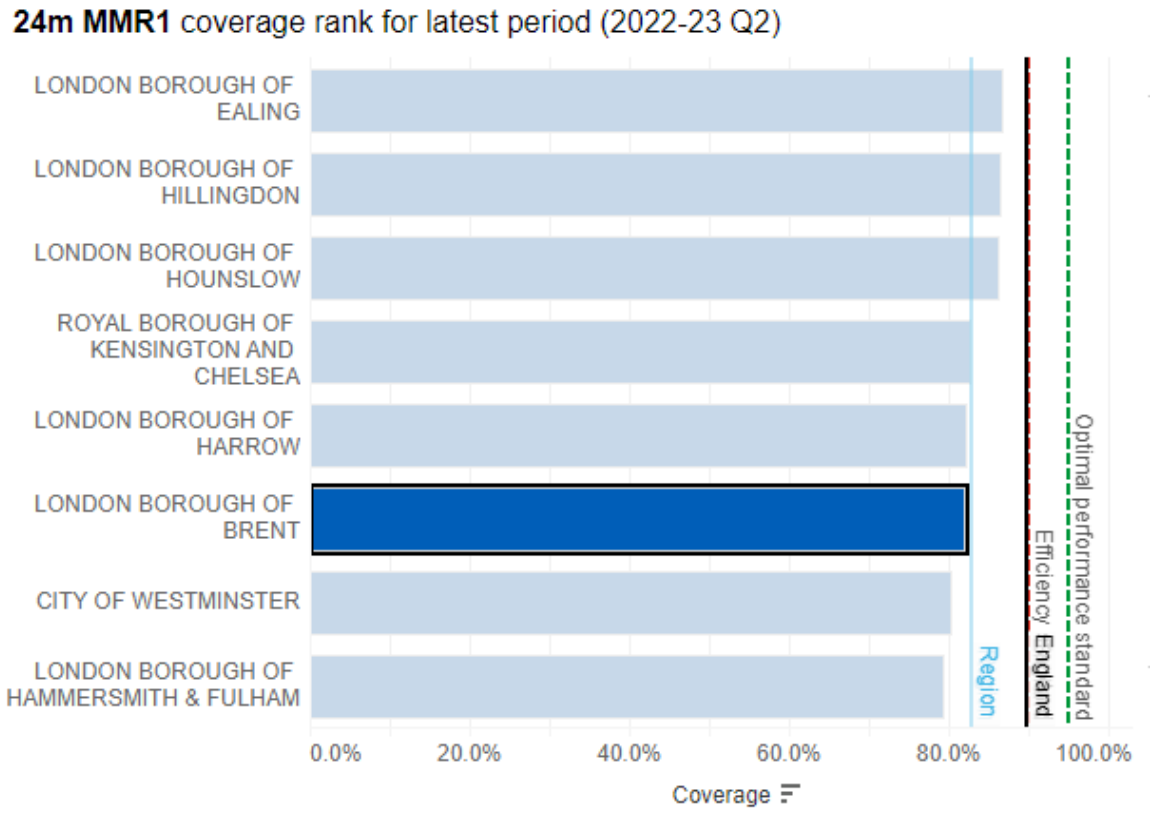
Figure 1: Brent – 12 Month Primary Course (12m DTaP/IPV/Hib3),



Source: UKHSA(2022)

Alongside other London Boroughs, immunisation rates for the childhood primary course in Brent falls below the 90% WHO coverage standard (to control or eliminate the spread of preventable diseases). Brent coverage for the primary childhood vaccination course is 85.2% This is slightly lower than the London average (87.9%) and below the average of the NWL ICS average (88.7).

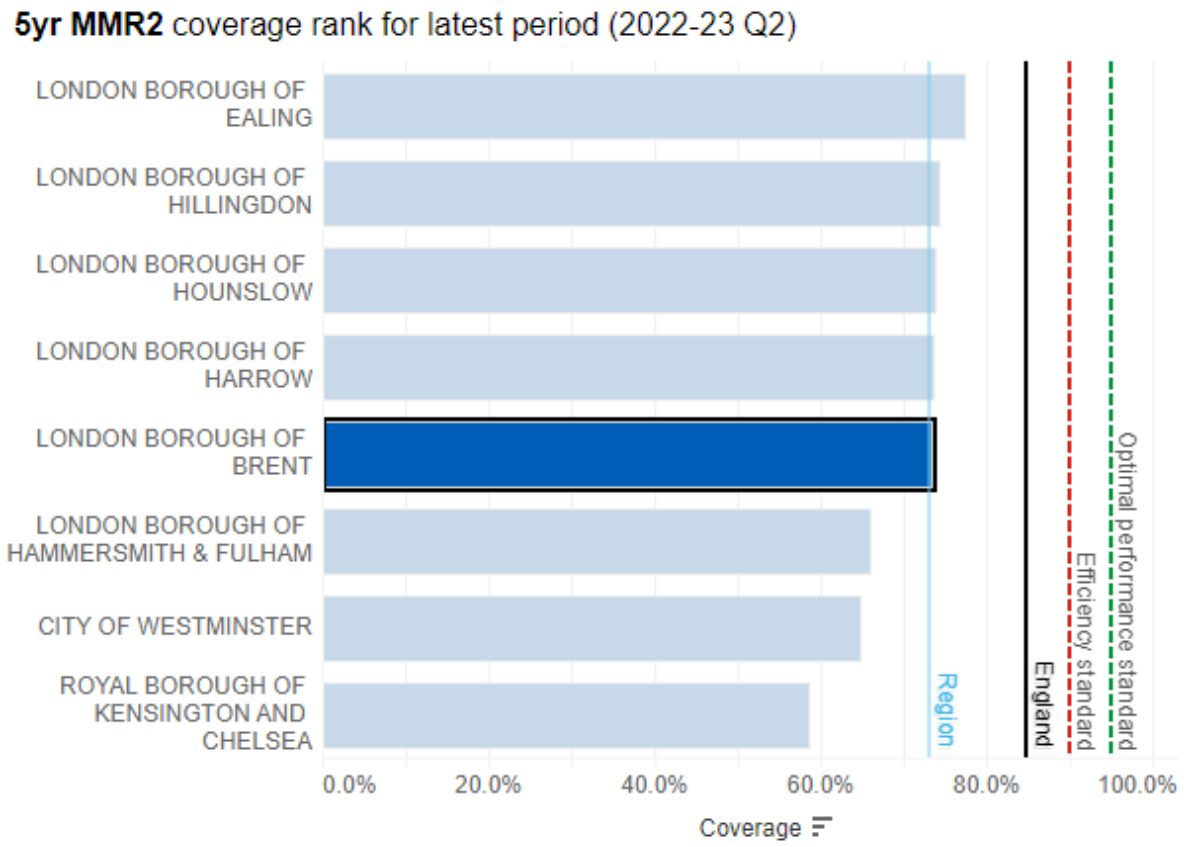
Figure 2: Brent – 24m (Post 1 year) MMR 1, 2022-23 Q2)



Source: UKHSA (2022)

MMR1 rates for Brent (81.8%) are below the England average (92.9%) and Northwest London average (87.2%).

Figure 3: Brent – 5yr (between 3yr4m and 5yr) MMR 2, Quarter 2 2022-23

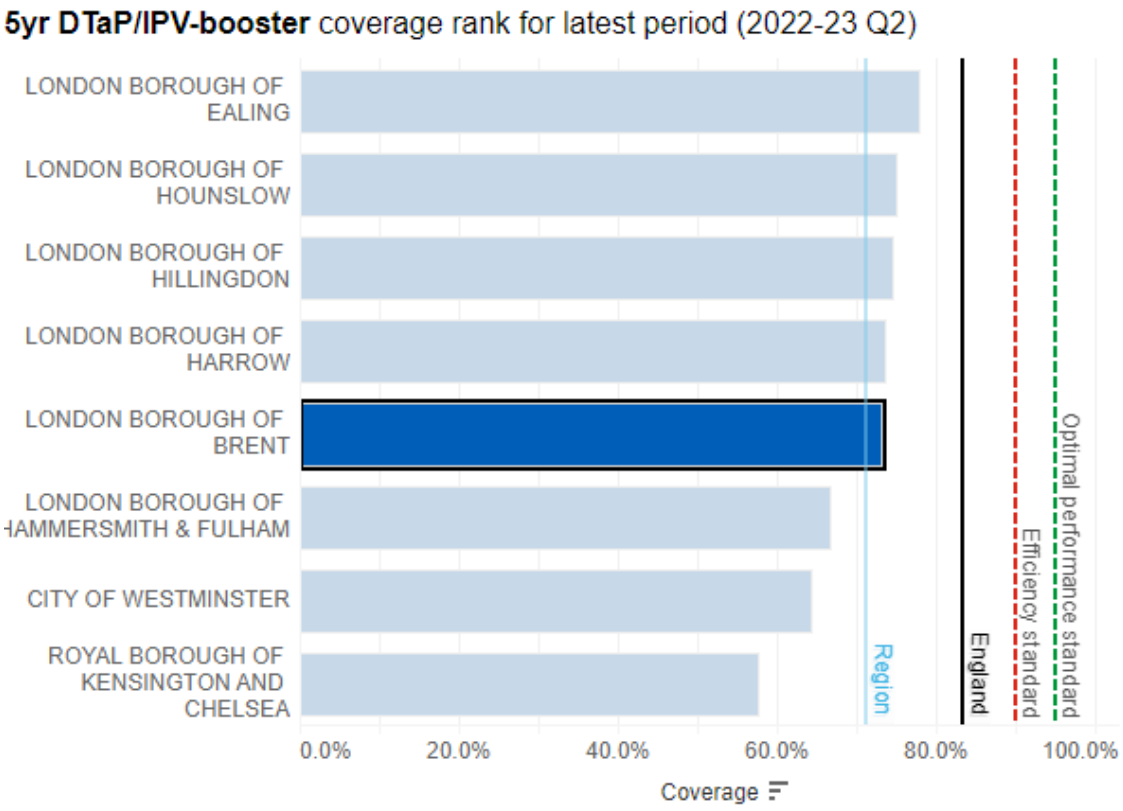


Source: UKHSA (2022)

MMR2 rates in Brent (73.4%) are lower overall than MMR1. They are slightly higher than the London regional average (73.0%) and on average with the North West London regional average.

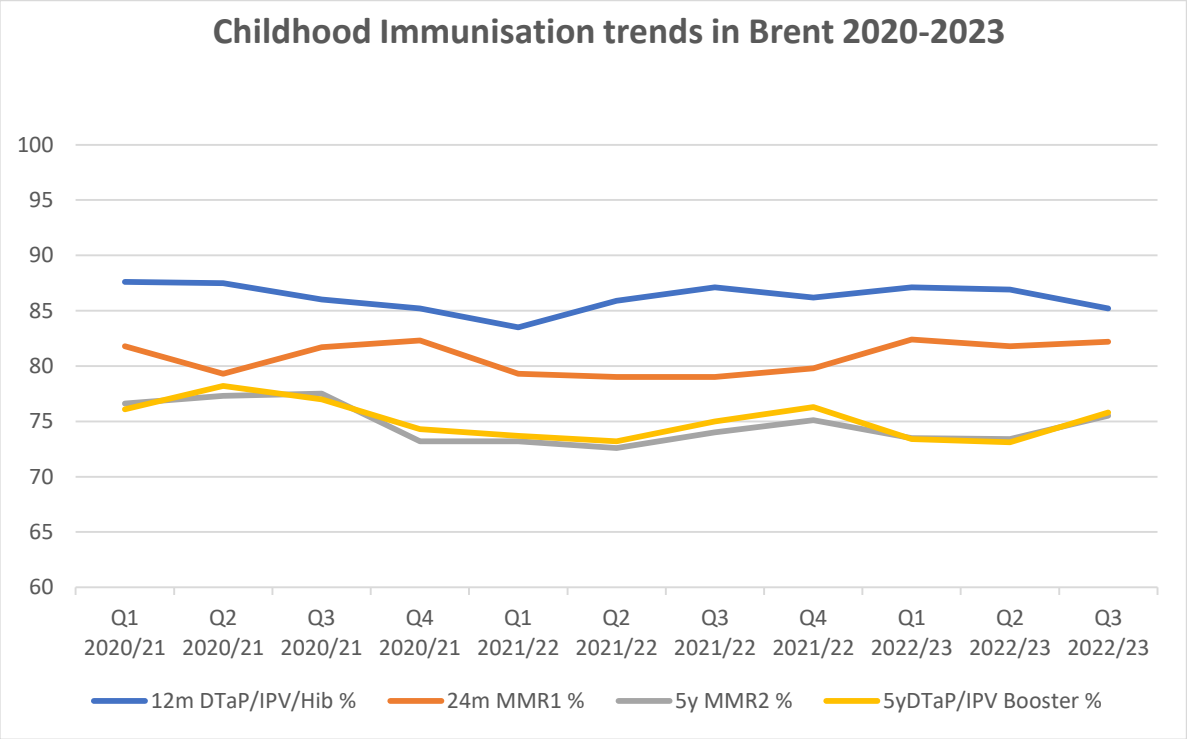
Figure 4: Brent – Pre-School Booster (5yr DTaP/IPV), Quarter 2 2022-23

Source: UKHSA 2022



With a similar pattern to MMR2, Brent coverage of the preschool booster (73.1%) is slightly higher than the London average (71.3%) but remains well below the England average (83.4%)

Figure 5: Time trend across immunisation coverage Q1 2020 to Q3 2023



Source: UKHSA 2022

Time trend data from Brent shows a relatively stable pattern of coverage trends with the primary course having the highest coverage (ranging from 83.5% to 87.6%) but with a slight downward trend. MMR1 coverage remains stable with a slight upward trend (82.2%) in early quarters of 2022-23. However this remains below England average and efficiency standard which increases the risk of vaccine preventable outbreaks in unvaccinated populations. MMR2 and the primary booster show a similar trend but have the lowest overall coverage of the childhood immunisation course. In recognition that many children were missed as a result of service disruptions from the pandemic, NHSE-L and partners are working to catch up missed groups through call and recall approaches, outreach and integrating into future campaigns.

6.2 Poliovirus update

- In 2022, as part of routine environmental surveillance, the virus that causes polio was detected in sewage samples in north-east London. In addition to the inactivated polio vaccine (IPV) which is used as part of the childhood routine schedule, all children aged 1 to 9+364 days, in London were offered a campaign polio vaccine dose or booster.

- Most people have been vaccinated against polio, so the risk to the public is low. However, the Joint Committee on Vaccination and Immunisation (JCVI)

has advised that, to be safe, an inactivated polio vaccine (IPV) booster dose should be offered to all children aged one to nine in London.

- This will help ensure that there is a high level of protection against polio and it will reduce the risk of it spreading through the community.

- The polio booster response for children aged 1 to 9+364 completed in December 2022. An evaluation is currently being conducted which will draw out the key lessons and be shared in the coming months.

- Polio booster data is not included in COVER data analysis, as it is an outbreak campaign. As of 8 December 2022, NHS England data shows that 328,302 vaccinations were provided across London. The data at local authority level is currently being monitored and reviewed but it is not yet published and therefore subject to change.

- Primary care in Brent set up a polio booster vaccination programme, where all eligible children between the ages of 1-9 years were offered the polio vaccine. To support individual practices, additional Health Inequalities Clinics were stood up a maximum of 3 Saturday or Sunday clinics.

- A task and finish group was established with GP network leads and public health colleagues to collaborate to help maximise vaccination rates – this has now merged into the Brent Immunisations Working Group.

- Brent Civic Centre vaccination centre also stepped up to provide the polio vaccine at their current COVID vaccination clinic, thus expanding the offer.

- NHSE-London, UKHSA, local authorities and ICBs are working together to plan a Phase 2 polio booster campaign with a key emphasis on reaching under-vaccinated children and increasing uptake in communities with the lowest coverage.

6.3 School Age Vaccinations

- School Age vaccinations consist of:
    - HPV vaccine for 12-13 year olds (since September 2019 boys receive the vaccine as well as girls).
    - Tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15
    - Meningitis ACWY at age 14/15.
    - Annual child 'flu vaccination programme which in 2019/20 covers Reception to Year 6 in primary schools.

HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer.

- HPV vaccination has been offered to 12–13-year-old girls (Year 8) since the academic year 2008/09, From September 2019 12–13-year-old males became eligible for HPV immunisation alongside females based on JVCI advice.

- By August 31st 2021, Brent's uptake for the number vaccinated with at least one dose for females (Year 8) is 44.9% which is above the London average of 33.7% and lower than the England average of 60.6%.

- By August 31st 2021 Brent's uptake for the number vaccinated with at least one dose for males (Year 8) was 39.1% which is above the London average of 32.2% and below the England average of 54.7%. From September 2023, JCVI guidance has advised that all eligible children will require only one dose of HPV, including those who started the programme before September 2023. Future work will focus on improving uptake and catch up in children who have not had any doses.

Source: UKHSA (2022)

Men ACWY

- This vaccination protects against four main meningococcal strains (A, C, W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.

- The MenACWY programme in 2020 to 2021 was disrupted due to school closures in response to COVID-19.

- The uptake rate for Brent for year 9 was 37.7% which is below London (71.1%) and England (76.5%) average.

- The uptake rate in Brent for year 10 was 74.6% which is below the London (78.6%) and England (80.9%) average.

Source: UKHSA (2022)

Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.
- The uptake rate for Brent for year 9 was 37.7% which is below the London (71.7%) and England (76.4%) averages.
- The uptake rate for Brent for year 10 was 74.5% which is below the London (78.5%) and England (80.3%) averages.

Source: UKHSA (2022)

7. What are we doing to improve uptake in Brent?

- Locally in Brent, ICB, local authority and NHSE London partners and the community and voluntary sector are striving to improve uptake across all areas and there are many routes we use to support our local GP practices, communities and patients with the improvement in uptake, particularly in vaccinations and immunisations.

- Effective partnerships are the cornerstone of improved vaccination uptake. NHSE London is working to improve partnerships, develop new and strengthened relationships at the hyperlocal, borough, and subregional level (North West London Integrated Care Board) to identify missed communities, improve uptake and reduce inequalities. Brent's community and voluntary sector plays a critical role through programmes like Family Wellbeing Centres and Brent Health Matters and more.

Child Imms & Polio

- Improving access to vaccinations is a key priority going forward. Building on the lessons of COVID-19 and the emerging findings from Mpox and polio campaigns NHSE London will work closely with partners to expand access through more targeted outreach and locally available and accessible services through a range of providers and collaborations with community and voluntary groups, pharmacies and other non-traditional sites.

- NHSE London funds Immunisation Coordinators across the region (approximately one for every 2 London boroughs). The North West Immunisation Coordinator works closely with NW ICB leads, Local Authorities and across primary care teams and in partnership with key immunisation programme providers such as GP practices, Primary Care Networks, School Age Vaccinations Services, Health Visitors and Pharmacy) to share best practice, improve data flows and to establish and embed call and recall services.

- Brent's dedicated Immunisation Co-ordinator works across the borough with multiple stakeholders to increase immunisation uptake. A summary of the current work includes:
    - Working with practices to support their adherence to the GP Core Contractual Standards, ensuring effective call/recall standards using different methods and how to optimise it and addressing barriers to uptake with patients and supporting their overall delivery.
    - Encouraging all practice staff to feel confident discussing childhood immunisations with their patient population and understand the benefit of increasing uptake (clinically appropriate to the role). This can include safe clinical practice and safeguarding (as appropriate).

- Supporting practices to support national and local agreed catch up campaigns, such as the London polio response and national MMR campaigns.
- Ensuring practices have knowledge of available resources to support immunisation delivery and how to access them, including those in multiple languages.
- Ensuring GP patient lists are updated periodically including data clearing and clearing any moved, non-existent or “ghost” patients.
- Encouraging attendance for all at UKHSA/NHSE webinars around Childhood Vaccinations as well as any local webinars delivered by NWL ICB.
- Ensuring practices are using the correct and most up to date IT templates to record vaccinations.
- Re-establishing working relationships with 0-19 Team to support vaccination promotion within families.
- Using targeted, local approach based on demographics and vaccine update to link with Community Champions to support outreach to the local population to disseminate appropriate vaccine information.
- Advocating to establish strong working relationships across ICB, NHSE and G.P Practice/Primary Care to support opportunities as well as communicate the challenges with increasing vaccination uptake in Brent.

- Primary care and GP practices are ideally placed to help improving overall vaccination uptake. Some examples of local initiatives in Brent GP practices include:
  - All practices offer and encourage children and parents to have their routine childhood vaccinations, which is essential to ensure protection against harmful diseases circulating in the environment.
  - Outreach work has been taking place at local sites such as Brentfield Medical Centre for all of the children covered by the Harness network, and awareness sessions by the NWL Immunisations lead and the Family Wellbeing Centres.
  - A number of GP practices are offering additional access through evening or Saturday morning surgeries to enable parents, particularly those working, to bring their children in for their immunisations.
  - The SPIN (Salaried Portfolio Innovation) GP at Brentfield Medical Centre has undertaken sessions to improve child immunisation uptake rates. She has presented on Beat Radio on the merits of child vaccinations and has also held two open clinics for parents to come in and speak to her about vaccinations and any concerns they may have. Child immunisation vaccination was offered in the clinics if parents were willing. Uptake was good with 15 families attending the first session.

- Outreach and communications with the local communities is another important strand. Some examples include:

- Local Radio: residents discuss their views and ideas on vaccination alongside providers (GPs, Nurses, Community Leaders).
- Parent Workshops: held at a local GP practice where vaccine uptake is lower than other areas across Brent, parents were able to share concerns, ask questions and get their child vaccinated on site if they were able to do so. Further workshops are being explored.
- Family Wellbeing Centres: These centres support families from pregnancy through to 18 years old. With 8 centres across Brent, information sessions are being explored to offer sessions for parents around childhood immunisations.

- In order to improve MMR1 and MMR2 uptake amongst under-vaccinated populations, a national NHS England initiative has been implemented, that sends letters and text messages to parents of children aged 1-6 who are eligible but have not yet taken up the offer of vaccination for their MMR dose 1 and or dose 2. The letter recommends parents to make an appointment with their GP to discuss vaccinations and take up the offer of vaccination.

Influenza

- The Brent Immunisation Working Group with stakeholders (including Public Health, Community Pharmacy Lead, Federation Leads etc) meets more regularly (every 2-4 weeks) during the annual flu programme.

- This season we piloted a community pharmacy stall at the multi-disciplinary outreach clinics offering both the covid and flu vaccine. We are keen to embed this service within the outreach clinics particularly during the flu season

- A number of GP practices were also offering additional evening and weekend immunisation appointments as part of their improved access

- Catch-up flu clinics at the Brent Civic Centre for school aged children during the holidays – this offered an additional opportunity for those children missed at the school or the parent has subsequently changed their mind.

COVID

- Utilising a number of different delivery models, the local borough teams have been able to support COVID Vaccine delivery, in the following different ways:

    - ***Primary Care Network (PCN) sites*** – Since the beginning and throughout the height of the pandemic, PCNs within Brent have supported the implementation, delivery and ongoing support of a number of sites borough wide, offering the vaccination. Delivery has continued through all campaigns and is still being offered for the entire

population, from 2 sites. Step up of other sites previously used, is available at pace, if and when required.

- ***Brent Civic Centre –*** Brent Civic centre was stepped up as COVID response and has run as a COVID vaccination centre since. With staff provided from the North West London vaccination team, the service has been open and running daily, all doses and involved in all campaigns, as well as stepping up support for reactive work such as Polio vaccinations, when required.
  The centre continues to run a vaccination model.
- ***Outreach –*** Utilising the NWL Roving team, the opportunity arose to offer different avenues of vaccination, for the population who may be harder to reach. This may be a local supermarket car park, a religious building within the borough, local libraries, or even attending local events. Using staffing from the NWL Vaccination team, administrators as well as trained vaccinators went out to the public to offer the vaccination closer to home and in areas where the population may feel more comfortable.
- ***Pharmacies –*** Similarly to the PCNs and Brent Civic Centre, local pharmacies have also stepped up to the COVID response. Supporting both walk in, and pre-booked patients, offering a more local service for patients.

8. Contacts

Name, Role	Contact
Dawn Hollis, Head of ANNB Screening, Immunisations, CHIS, CARS & Digital Transformation NHS England - London Region	dawn.hollis@nhs.net
Rehana Ahmed, Senior Immunisation Commissioning Manager NHS England – London Region	rehanaahmed@nhs.net
Susan Elden, Public Health Consultant – Immunisations NHS England – London Region	susan.elden1@nhs.net
Anne Tunbridge, Commissioning Manager NHS England – London Region	anne.tunbridge@nhs.net
Lucy Rumbellow, Immunisation & Flu Lead NHS North West London	lucy.rumbellow@nhs.net

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

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Brent	**Community and Wellbeing Scrutiny Committee** 7 March 2023
	Report from the Social Prescribing Task Group

Social Prescribing Task Group Final Report

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 – Social Prescribing Scrutiny Task Group Report
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	George Kockelbergh - Strategy Lead – Scrutiny Strategy and Partnerships Communities and Regeneration George.Kockelbergh@brent.gov.uk Tom Pickup – Policy, Partnerships and Scrutiny Manager Strategy and Partnerships Communities and Regeneration Tom.Pickup@brent.gov.uk Janet Latinwo – Head of Strategy and Partnerships Strategy and Partnerships Communities and Regeneration Janet.Latinwo@brent.gov.uk

1.0 Purpose of the Report

1.1 To present the findings and recommendations of the Social Prescribing Task Group to the Community and Wellbeing Scrutiny Committee

2.0 Recommendation(s)

2.1 To discuss and agree the contents of the report, paying particular attention to the recommendations for the Brent Integrated Care Partnership.

3.0 Detail

3.1 The Community and Wellbeing Scrutiny Committee has the power commission evidence reviews of a policy area or function of the local authority, which are led by on-executive members. The Social Prescribing Task Group was established in September 2022 to review how social prescribing is developing in Brent, and to explore options for its future development.

3.2 The Task Group was asked to produce a written report with recommendations to Brent Council's Cabinet and/or local NHS organisations. The Task Group presented its interim report at the 25 January 2023 Community and Wellbeing Scrutiny Committee meeting which included its initial findings. The Task Group has now concluded its work, its report containing the Task Group's findings and recommendations is included as appendix to this report.

4.0 Financial Implications

4.1 It is possible that recommendations made by the Task Group, if accepted and implemented may 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 local NHS organisations.

5.0 Legal Implications

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

5.2 Section 9Fe, duty of authority or executive to respond to overview and scrutiny committee, requires that the authority or executive:
(a) consider the report or recommendations,
(b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,
(c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

6.0 Equality Implications

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

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

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

7.0 Consultation with Ward Members and Stakeholders

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

Report sign off:

Lorna Hughes
Director of Communities

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Social Prescribing in Brent

An Overview and Scrutiny Task Group Report

Chair, Councillor Ketan Sheth

Community and Wellbeing Scrutiny Committee

Members of the Task Group

Councillor Ketan Sheth (Chair)

Dr MC Patel*

Councillor Rajan-Seelan

Councillor Tazi Smith

Anita Thakkar*

*Denotes co-opted member

The task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 22 September 2022.

Contact:

George Kockelbergh, Strategy Lead - Scrutiny, Strategy and Partnerships, Communities and Regeneration, Brent Council, Brent Civic Centre Engineers Way, Wembley, Middlesex HA9 0FJ

020 8937 5477, George.Kockelbergh@brent.gov.uk

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Chairs Foreword

Social prescribing is a non-traditional form of healthcare that uses a holistic approach that deals with residents as a whole person and supports patients to address non-medical factors such as poor-quality housing that may cause medical issues, such as mental ill health through non-medical support in the community. Social prescribing is still in its early stages of its development in England, and it was not until 2014 that the NHS recognised the range of benefits that social prescribing could have on its population's health at a national level. As social prescribing has developed in Brent its focus has had to adapt, with factors such as the 12 years of austerity and the cost-of-living crisis changing the support residents need in the community. It was imagined that residents would be prescribed gym memberships and swimming classes through social prescribing, however, many residents who receive support from social prescribing in Brent are referred to welfare services, food banks and social care support. It is important to note that social prescribing operates within this context in Brent.

Social prescribing has been identified as being potentially key to addressing health inequalities across Brent, as residents who live in areas of high deprivation are more likely to have worse health outcomes due to socio-economic factors. To enable social prescribing to effectively tackle Brent's deeply entrenched health inequalities, its resources and funding must be distributed fairly, so that residents who are more likely to be impacted by health inequalities have sufficient opportunities to access the support they need.

"The key drivers of health inequalities are inequities in the conditions of daily life: the conditions in which people are born, grow, live, work and age. Action at the community level to address these is both necessary and feasible." – Sir Michael Marmot

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The Task Group were encouraged by how social prescribing has developed in Brent so far. The Task Group hopes its findings and recommendations will assist in the development of social prescribing model for Brent that all residents can access fairly and makes a significant contribution to reducing health inequalities in Brent.

I would like to thank all the partners who participated in this process and gave up their time to come together for the benefit of our residents, your knowledge and contributions have been invaluable to the Task Group. I would finally like to thank my fellow Task Group members – Councillor Tazi Smith, Councillor Rajan-Seelan, Dr MC Patel and Anita Thakkar.

Councillor Ketan Sheth,
Chair, Social Prescribing Scrutiny Task Group

Recommendations

The Social Prescribing Task Group makes the following recommendations to the Brent Integrated Care Partnership (ICP). It is imagined that Brent Council's Cabinet will endorse any possible response to these recommendations as part of the executive response.

Recommendation 1: It is recommended that Brent's social prescribing model is widened from NHS primary care settings, to enable ICP partners, front line social care and selected front-line council staff to use social prescribing approaches. The Brent Integrated Care Partnership should lead in developing a social prescribing approach for Brent, where partners work together to ensure that all of Brent's residents have the opportunity to benefit from the holistic approach of social prescribing, as a way of further tackling health inequalities in the borough.

The Task Group recognises the good work in developing social prescribing in primary care and sees the benefits that using a holistic approach can have in improving health outcomes for Brent residents. However, it is known that there are Brent residents who are not registered with a GP and therefore cannot currently access social prescribing services. These residents may not be registered with a GP due to historical barriers to access for residents impacted by health inequalities, or because some Brent residents may be mistrustful of traditional health services.

The Task Group believes that the Brent Integrated Care Partnership should drive the development of a Brent social prescribing approach that is available to all Brent's residents. This would ensure every resident can benefit from the holistic approach used in social prescribing and would help to address the unmet health needs of resident's who are currently excluded from accessing social prescribing. Existing health and social care staff within the Brent Integrated Care Partnership and staff in selected local authority 'access points' should be enabled to use social prescribing approaches in their work as part of the Brent social prescribing approach.

Recommendation 2: It is recommended that there is an equitable social prescribing offer across the borough that explicitly addresses deeply entrenched and intersectional health inequalities, listens to, and responds to communities, and ensures funding is allocated by areas of Brent with higher levels of deprivation.

The Task Group believes that social prescribing resources and funding should be weighted towards areas of Brent with higher levels of deprivation. Throughout the Task Group's work, partners have outlined that social prescribing is particularly important for residents living in areas with high levels of deprivation. The Task Group also recognises that residents living in areas of high deprivation are more likely to be impacted by health inequalities. It is therefore vital that these residents are supported

with sufficient resources, especially in the context of a cost-of-living crisis which is continuing to have a detrimental impact on the health of our deprived residents.

Social prescribing in primary care currently allocates resources based on GP practice need at a Primary Care Network (PCN) level. There is an opportunity for Brent's social prescribing approach to be developed so that it is guided by residents' needs and focuses its resources and funding in areas of the borough with higher levels of deprivation, where residents are more likely to be affected by health inequalities. Ensuring that the approach listens and responds to Brent residents is essential in developing an equitable social prescribing offer that tackles Brent's deeply entrenched health inequalities.

Recommendation 3: It is recommended that the Brent Integrated Care Partnership sponsors a social prescribing working group that brings partners involved in social prescribing together quarterly to develop a Brent approach to sharing knowledge, best practice and working together on social prescribing. This will ensure there is greater shared understanding of all social prescribing opportunities in Brent to increase partners' ability to effectively meet residents' needs.

The Task Group found that there is currently not a comprehensive, real-time picture of all the social prescribing opportunities in Brent. This issue is currently hindering the effectiveness of social prescribing in Brent as not all services are connected into NHS frameworks and social prescribing link workers do not have the time to proactively research opportunities in the community and voluntary sector, which means that suitable opportunities for residents could be missed.

The Task Group believes that in order to develop more joined up working and information sharing on social prescribing between partners, the Brent Integrated Care Partnership should take ownership of bringing partners involved in social prescribing together to share information on social prescribing opportunities, best practice and adopt a shared understanding of how partners will work together on social prescribing. This will foster better information sharing and develop a Brent approach to working together on social prescribing. This will improve residents' experience of social prescribing, giving partners more knowledge on support in the community to refer residents into, therefore enhancing Brent's social prescribing offer by making it more diverse, targeted and community specific.

Recommendation 4: It is recommended that the Brent Integrated Care Partnership develops a Brent approach to capture further activity data and develop an understanding of how resources are distributed. In order monitor behaviour change and the effectiveness of social prescribing in Brent. This approach should complement partners' respective reporting mechanisms and be used by all partners involved in social prescribing. This will further support

the Brent Integrated Care Partnership to develop a joined-up approach to data collection amongst partners in the borough.

The Task Group believe that issues around data collection and evaluation are the key challenge for social prescribing's development locally and nationally. To improve data evaluation there must be sufficient data collected on social prescribing activities in the borough, which would show how social prescribing is developing and allow partners to monitor how social prescribing is contributing to behaviour change in the borough.

The Task Group believe that the Brent Integrated Care Partnership should develop its own approach to collecting further data from all partners on social prescribing activities in Brent. Any further data collected by the Brent Integrated Care Partnership would be separate and additional to the reporting measures that already exist for separate partners. The ICP's additional data collection should complement partners' existing reporting measures and be a standalone measure that develops a shared view amongst partners. This further collection of data, driven by the ICP will develop a joined-up approach to data collection and give the ICP strategic oversight of how social prescribing is evolving and changing resident's behaviour.

Recommendation 5: It is recommended that social prescribing activities are reported quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, to evaluate social prescribing activities for the borough. This will create greater consistency and alignment for social prescribing across the borough.

The Task Group consider a mechanism must be put in place which ensures social prescribing activities are reported across Brent. Currently there is no overall picture of how social prescribing is developing across the borough, which elevates risks of inconsistency in the social prescribing offer across the borough which could negatively impact residents. Reporting social prescribing activities into the Brent Borough Based Partnership (ICP) will allow the ICP to have strategic oversight of social prescribing's development in Brent, which will promote greater uniformity and alignment across the borough.

The Task Group believe that social prescribing activities should be reported into the ICP's Health Inequalities and Vaccinations Executive Group. The Task Group recognises that social prescribing is vital in areas with higher levels of deprivation, as it can play a significant role in improving health outcomes for Brent residents who are impacted by intersectional health inequalities. It is therefore logical that social prescribing activities should be reported into this executive group, so it can review the impact of social prescribing in reducing the deeply entrenched health inequalities that exist in Brent and the rest of the United Kingdom.

Introduction:

Social prescribing is an intervention in healthcare that allows healthcare professionals to refer patients onto a range of local, non-medical services in the community. It seeks to improve health outcomes by addressing a patient's wider issues that may contribute to their overall health. The organisations and activities residents are referred into through social prescribing are varied, some examples of referrals in Brent include to Brent Citizens Advice, dementia support groups, and food banks. Social prescribing uses a person-centred, holistic approach to treating patients, that looks at the whole person to understand possible non-medical issues that contribute to an individual's medical condition. For example, a patient may go 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 contributing to their symptoms such as welfare issues or poor-quality housing. Whilst there are different social prescribing models, a typical social prescribing scheme has three key components: (i) a referral from a healthcare professional, (ii) a social prescriber (link worker), and (iii) a range of local opportunities in the community and voluntary sector that a patient can be referred into.[1]

Social prescribing approaches are not new, since the 1990s schemes have been practiced in the NHS, and the pioneering Bromley by Bow Centre was established in 1984.[2] However, until 2014 social prescribing largely went unnoticed by the NHS at a national level. It was research that was influential in putting social prescribing on the national agenda. The Foresight Capital and Wellbeing Project found that positive mental health and wellbeing was associated with social and economic factors, such as education and social connectivity[3]. The Marmot review of 2010 highlighted the social determinants of health inequality, which meant that wealth, geography and race have an impact on a person's physical health[4]. Furthermore, The World Health Organisation found that stress, unemployment, debt, loneliness, lack of education and support in early childhood, insecure housing and discrimination can impact 30-55% of the health outcomes people experience.[5] Research on the impact of social determinants of health have highlighted the positive impact that social prescribing approaches could have on a population's overall health.

Since 2014 national NHS bodies have committed resources to its national development, multiple NHS forward views have placed an emphasis on the role the community and voluntary sector could play alongside GP services in offering patients community-based support. The NHS long-term plan (2019) incorporated social

[1] University of Westminster (2017), Making Sense of Social Prescribing
[2] The Kings Fund (2020), What is Social Prescribing?
[3] Foresight Mental Capital and Wellbeing Project. (2008). Mental capital and wellbeing: Making the most of ourselves in the 21st century
[4] Michael Marmot (2010) Fair society, healthy lives: Strategic review of health inequalities in England post-2010.
[5] NHS England (2022), Social prescribing as a way of tackling health inequalities in all health settings

prescribing into its comprehensive model of personalised care, as part of this Primary Care Networks with a population of over 30,000 people were reimbursed for the costs of employing a social prescribing link worker.[6] This was instrumental in advancing social prescribing, and it is estimated that there were 2,264 link workers in post nationally in March 2022.[7]

The Social Prescribing Task Group was established in September 2022 to conduct an in-depth review of how social prescribing has been implemented in Brent so far and to evaluate the options for its future development. This was relevant and timely given the move towards further integration of health and social care as a result of the Health and Care Act of 2022[8], which led to Integrated Care Systems (ICS) being formalised as legal entities with statutory powers and responsibilities. These ICS' focus on places and local populations as the driving forces for improvement in health services.[9] A review of social prescribing was therefore considered as it would give the Task Group an opportunity to positively influence the development of social prescribing in the borough in a period of further integration of health and social care.

Task Group Membership

The Task Group was comprised of the following members:

- Councillor Ketan Sheth (Chair)
- Dr MC Patel*
- Councillor Rajan-Seelan
- Councillor Tazi Smith
- Anita Thakkar*

*Co-opted member

Task Group Terms of Reference

The following Terms of Reference for the Task Group were agreed at the 22 September 2022 meeting of the Community and Wellbeing Scrutiny Committee:

i) To review Brent's current social prescribing offer, including both the infrastructure and attitude to social prescribing and evaluate whether Brent is fully realising the potential benefits of social prescribing.

ii) To understand the opportunities for social prescribing in Brent and what can be achieved through social prescribing locally for all residents.

iii) To consider the most effective ways of further developing social prescribing in Brent in collaboration with the NHS and other partners.

[6] The Kings Fund (2020), What is Social Prescribing?
[7] The Nuffield Trust (2022), How many social prescribing link workers are there in England?
[8] Department of Health and Social Care, Health and Care Act 2022
[9] The Kings Fund (2022), Integrated care systems explained

Methodology

As part of its work the Task Group has collected both quantitative and qualitative evidence which has contributed to the Task Group's report and its recommendations. Between October and December 2022, the Task Group carried out a number of evidence sessions with partners involved in social prescribing. The Task Group thanks all those who contributed to the sessions, a full list of those who participated is included in Appendix A.

The Task Group Members carried out four evidence sessions, during these sessions the task group questioned expert witnesses on issues related to social prescribing in Brent. More detail on the content of these sessions is included in Appendix B. In addition to the information gathered at evidence sessions, the Task Group also requested both qualitative and quantitative data from a number of partners.

The Task Group has developed its recommendations in line with existing local authority scrutiny legislation. Whilst the Task Group recognises that a local authority executive or external body is not compelled to act on a recommendation, a local authority executive must respond within two months and NHS organisations are expected to give a meaningful response with 28 days of recommendations being agreed by a scrutiny committee.[10]

Background:

Social Prescribing in Brent

Much like the rest of England, Brent developed social prescribing arrangements following the commitment of resource to its national roll out by the NHS nationally. Currently social prescribing is delivered as an intervention in primary care, where social prescribing link workers work as part of a multi-disciplinary team within a GP practice. Social prescribing has been located in primary care for multiple reasons, and because one in five GP appointments relate to issues wider than health,[11] social prescribing link workers are well placed in primary care to support patients who have issues that are broader than healthcare alone. Link workers use a person-centred, holistic approach, which involves supporting a patient over an extended period of time to build rapport and trust. This allows a patient to develop confidence and openness with their link worker, which in turn enables the link worker to refer the patient onto the most appropriate support in the community. Using this holistic approach over an extended period of time is the key asset of social prescribing, which can effectively address non-medical issues that contribute to a person's overall health.

Social prescribing has also been used as a way of managing demands on GP practices, given the significant demands and pressures on the health service in 2022,

[10] Department of Health (2014), Local Authority Health Scrutiny
[11] NHS England (2022), Social prescribing as a way of tackling health inequalities in all health settings

social prescribing link workers taking on some patients who have non-medical issues that are contributing to their ill-health reduces pressure on clinicians. This in turn allows clinicians to see more patients who require traditional medical interventions.

Social prescribing link workers have a significant impact within primary care, an example of their role and impact is outlined by a Brent GP Partner below:

> *The Social Prescribing Link Workers offer a monumental holistic support service for our patients. We have a very high prevalence of patients facing major health inequalities, severe deprivation with underlying major social and welfare challenges, including benefits, housing, relationship, cultural and social problems. Many patients are facing extreme cost of living problems and cannot afford to "heat and eat" or make basic healthy food and medical choices. As a result, this leads to major medical/health problems including poor nutrition with health and wellbeing lifestyle challenges, weight problems with earlier onset and prevalence of chronic disease conditions e.g., Type II Diabetes Mellitus, Hypertension, Serious Mental Health problems and worsening complications. The Social Prescribing Link Workers offer an incredible practical support towards tackling some of the mountain of problems faced. As a result, patients report huge benefit in having a service that can help signpost and direct them towards improving their health, wellbeing, financial, social and lifestyle situation.*

In Brent social prescribing is currently delivered differently to residents depending on which Primary Care Network (PCN) their GP practice is part of. 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.[12] Brent has 7 Primary Care Networks; the practices within each PCN are reflected in Table 1. Harness North and South and K&W PCN areas commission Brent Mencap to deliver social prescribing in their GP practices, whereas the Kilburn Partnership PCN has its own arrangements for social prescribing.

Table 1: Brent Primary Care Networks and Practices[13]

PCN Area	GP Practice
Harness South	Forty Willows Surgery
	Church End Medical Centre
	The Stonebridge Practice
	Brentfield Medical Centre
	Freuchen Medical Centre
	Oxgate Gardens Surgery

[12] NHS England, Primary Care Networks
[13] NHS Digital (2023), Patients Registered at a GP Practice – January 2023: Mapping (Commissioning Regions – ICBs-SICBLs-PCNs-GP Practice)

	Walm Lane Surgery
	Hilltop Medical Practice
	Park Royal Medical Practice
	Roundwood Park Medical Centre
Harness North	Willow Tree Family Doctors
	Preston Hill Surgery
	Church Lane Surgery
	Lanfranc Medical Centre
	The Sunflower Medical Centre
	The Surgery
	Preston Medical Centre
	Pearl Medical Practice
	Wembley Park Drive Medical Centre
	Sms Medical Practice
Kilburn Partnership	Mapesbury Medical Group
	Kilburn Park Medical Centre
	Staverton Surgery
	Chichele Road Surgery
K&W North	Uxendon Crescent Surgery
	Jai Medical Centre (Brent)
	The Fryent Way Surgery
	Brampton Health Centre
	Kingsbury Health And Wellbeing
	Neasden Medical Centre
	Kings Edge Medical Centre
K&W South	St Andrews Medical Centre
	The Willesden Medical Centre
	The Lonsdale Medical Centre
	Gladstone Medical Centre
	Willesden Green Surgery
	St. Georges Medical Centre
	Burnley Practice
K&W Central	Ellis Practice
	Chalkhill Family Practice
	Preston Road Surgery
	The Tudor House Medical Centre
	Sudbury Surgery
K&W West	Premier Medical Centre
	The Law Medical Group Practice
	Sudbury & Alperton Medical Centre
	Stanley Corner Medical Centre
	Lancelot Medical Centre
	Hazeldene Medical Centre
	Alperton Medical Centre
	The Wembley Practice

There are currently 32 social prescribing link workers who work across Brent's 51 GP practices.[14] Primary Care Networks are responsible for deciding which GP practices social prescribers are allocated to and the amount of time each practice is allocated with a social prescribing link worker. As social prescribing continues to develop in Brent there has been an increase in the number of referrals made by social prescribers across Brent. Harness North and South PCNs reported 2512 social prescribing referrals in 2021-22, which was a significant increase from the 1,575 referrals made in 2020-21. Kilburn partnership PCN collects data on social prescribing differently to other PCNs in Brent, however the PCNs four practices supported 524 patients through

[14] Evidence session 2

social prescribing from January to October 2022[15]. Whilst this increase may have been influenced by the Covid-19 pandemic in 2020-2021, or population growth in Brent, there is evidence that demand for social prescribing services across the borough is increasing. Due to the nature of social prescribing, for each referral a patient is typically contacted 5 times by their link worker, and if a referral is related to mental health support, social care, housing or welfare benefits link workers will often contact a patient between 8-10 times to ensure they receive appropriate support.

The other aspect of a social prescribing link worker's role is to connect patients with appropriate support in the community. These community led interventions are key in mobilising the power of communities to generate positive health outcomes for local people. Given Brent is one of London's most diverse boroughs it is important that there are culturally specific, diverse and targeted opportunities to refer residents into; otherwise, there is a risk that residents may not receive the most appropriate support in the community. A case study of a typical social prescribing referral in primary care is outlined below.

Case Study: Example of casework undertaken by a social prescribing link worker

Patient A, 57 was referred for social prescribing by his GP as they were struggling to get the right support. On the first initial assessment the social prescribing link worker listened to the patient talk about how they were feeling and why they were struggling. The patient stated that they were going through a difficult time for last few months and had been misusing drugs and alcohol and was gambling for some time. This resulted in that patient accumulating debts of £45,000. This debt issue was giving the patient severe anxiety and struggles with their mental health. The social prescribing link worker discussed different options with the patient to address their debt, alcohol and gambling issues. The patient initially declined the offer to be referred to a gambling clinic, however, on the third appointment the patient agreed, and the referral was made. The patient was also referred to other support services and was given medication by their GP to help with their anxiety. The patient agreed to be referred to Step Change - a debt advice service. Currently the patient is in work and is trying to pay off their debt. They were given advice on how to deal with debt and put in touch with the right services to help them re-pay their debt in instalments and create a budget plan. When the social prescribing link worker follows up with the patient, they check that they are coping well and feeds information back to the practice if required. If any further referrals are needed this will be done, with any clinical concerns being raised with their GP.

[15] Kilburn Partnership PCN (2022), Social prescriber feedback

Brent is fortunate to have a thriving community and voluntary sector that provides a range of support for residents across the borough. The diverse range of social prescribing opportunities allows for residents to be referred into community specific and diverse opportunities. An outline of the type of services social prescribing link workers refer into is provided in Figure 3:

Figure 3: Services/organisations referred to by Harness and K&W Social Prescribing Link Workers (April 2022-Nov 22

Service/organisation referred into:	Number of referrals
Social Services (Care needs assessment, Occupational Health etc)	471
Other Brent Council services (Housing, family wellbeing centre, SEND support, Benefits and Council tax department, Transport etc):	312
IAPT – Improving Access to Psychological Therapies	387
Citizens Advice Brent	325
Brent Hubs	194
Advice for Renters	132
Ashford Place	170
Brent Carers Centre	52
Brent Bereavement Services	47
Brent Mencap	43
Mental Health Services	94
Brent Single Point of Access (SPA)	58
Domestic abuse support services	49
Age UK Brent	86
Elders Voice	112
Cancer support services	54
Other support groups / societies (such as MS Society, Community Action on Dementia etc)	61
AJM Healthcare - Wheelchair services in Brent	45
Thames Reach (Brent Reach)	37
Shaw trust (Employment Services)	49
Twinnings (Employment Services)	52
Hestia (Employment Services)	23
Other employment supply services	17
Sufra NW London	131
Other food banks	61
Brent libraries	56
Community specific groups (Asian Women's resource, Brent Irish Advisory Services, Brent Somali Community Centre)	97

Brent's population & health profile

Brent is the 5th largest London borough by population, which was estimated to be 339,800 people in 2021,[16] its population is also growing more rapidly than the London and national average, increasing by 9.2% since 2011.[17] It is expected that Brent's

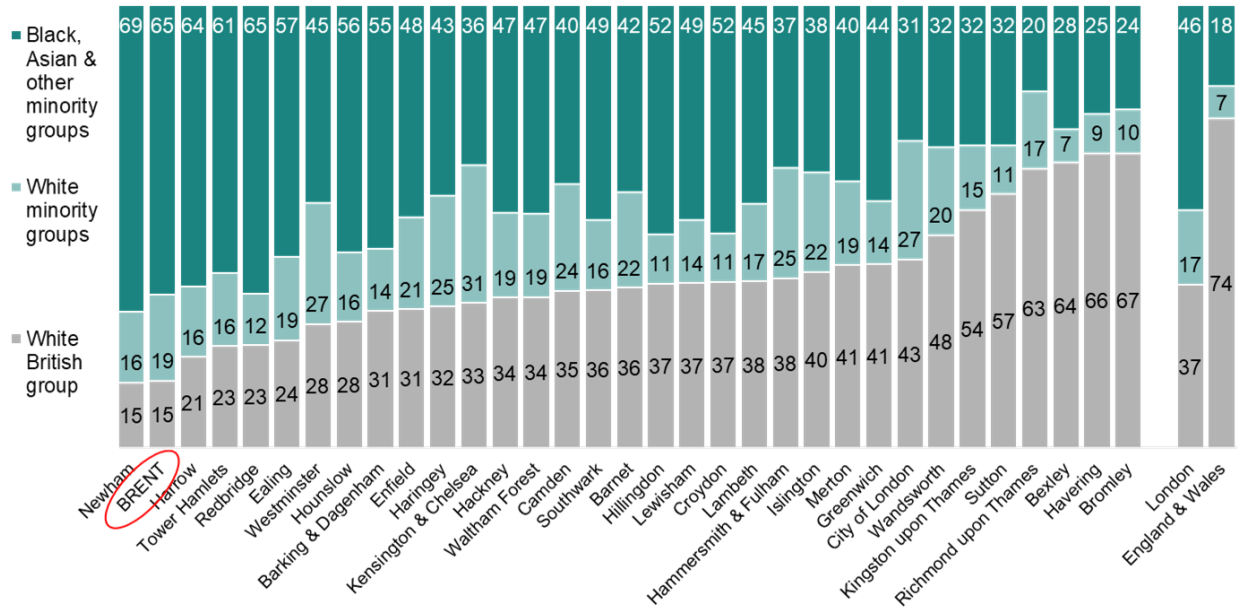
[16] Office for National Statistics, How life has changed in Brent: Census 2021
[17] ibid

population will continue to rise by another 17% between 2020 and 2041.[18] This growth in population is set to place greater demands on Brent's health and social care system. In January 2023, 463,894 people were registered with a Brent GP practice[19], which gives an indication of current demands on Brent's primary care system.

In Brent males have a life expectancy of 80.4, whereas women's life expectancy is 85.0, this is higher than the national average of 79.0 years for males and 82.9 years for females.[20] Brent's Health Life Expectancy figure, which is the number of years a baby would expect to live in a state of 'good' general health was 64.0 years for males and 68.6 for females; higher than London averages of 63.8 for males and 65.0 for females. Whilst this data suggests that Brent's general population is in good health, the local authority knows that there are specific groups of residents who are more likely to have poorer health outcomes and therefore require specific attention and intervention.

Brent has one of the most ethnically diverse populations in the country, the majority of its population (85%) are from ethnically diverse groups, and it has the second highest percentage of BAME residents in London, as highlighted in Figure 4.

Figure 4: Population by ethnicity, London Boroughs & the City, 2021



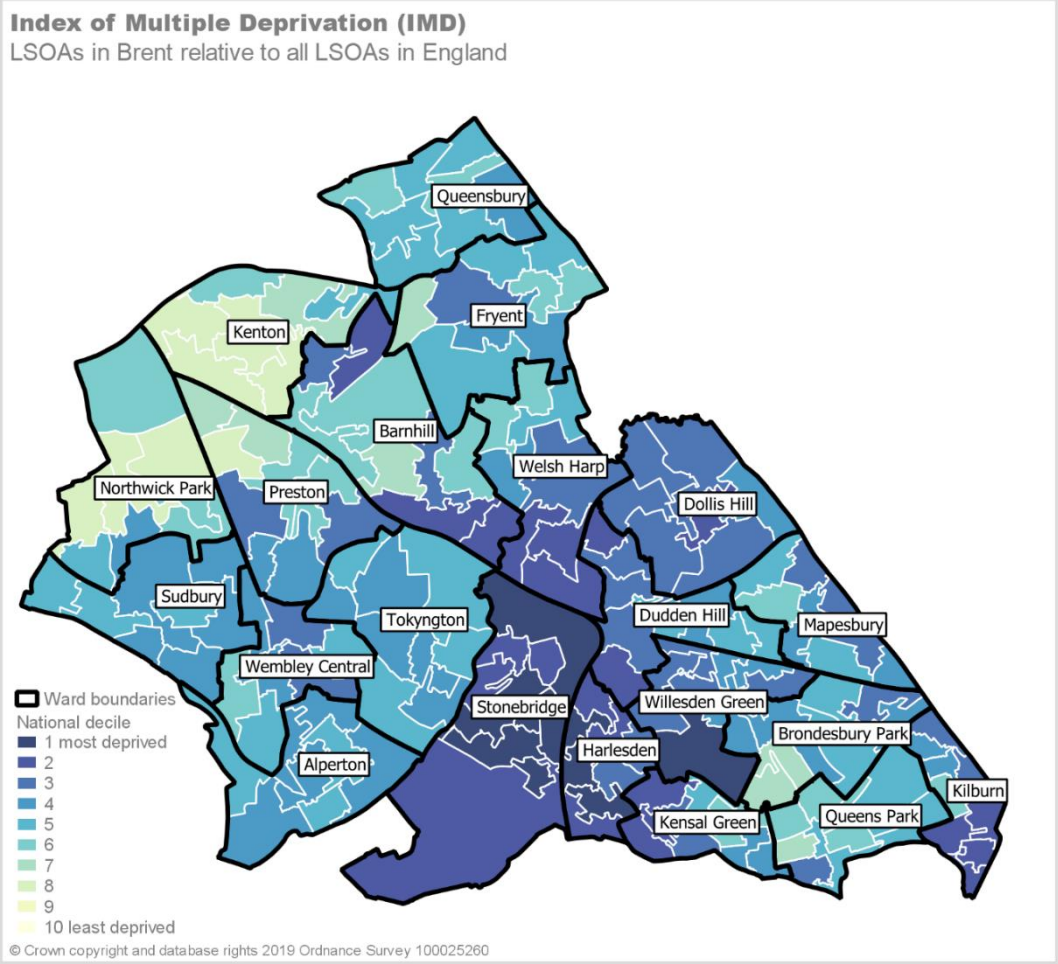
Brent Council recognises that its diversity is one of its key strengths, however it also acknowledges that its residents are more likely to be impacted by health inequalities as a result. Health inequalities are avoidable, and unfair, systematic differences in how groups of people access and experience healthcare. It has been found that a person's ethnic background can impact on their access and experience of healthcare, or cause differences in behavioural risks to health such as smoking, or

[18] Brent Council (2021), Population Change in Brent
[19] NHS NW London (2022), Number of people registered with a Brent GP
[20] Office for National Statistics (2021), National life tables – life expectancy in the UK: 2018 to 2020

their wider determinants of health such as housing, education and employment.[21] The impact of health inequalities on Brent's ethnic communities was highlighted by the Covid-19 pandemic, which saw deprived and ethnic communities overrepresented in Covid-19 mortality rates. Brent Council are proactively addressing health inequalities through its Brent Health Matters programme which works with and in Brent's communities to improve health outcomes for communities impacted by health inequalities. In order for social prescribing to effectively address health inequalities, the community interventions that residents are referred into must be diverse, culturally appropriate and reflect the needs of Brent's diverse population.

Brent is also home to some of England's most deprived communities. According to the 2019 Indices of Deprivation, the most recent measure of deprivation nationally, Brent was the 79th most deprived local authority in England out of 317. However, as shown in Figure 5, Brent has a number of Lower layer Super Output Areas (LSOAs) that are in the most deprived percentile. These areas of high deprivation are concentrated in Stonebridge, Harlesden and Kilburn, and one area in Stonebridge is in the top 5% of the most deprived LSOAs in England. This shows that there are significant levels of deprivation within the borough, and it is likely that deprivation has increased since

Figure 5: Brent Index of Multiple Deprivation Map by Pre-2022 Wards



[21] The Kings Fund (2022), What are health inequalities?

2019, with the cost-of-living crisis impacting significant numbers of the borough's residents.

Research has shown there is a strong relationship between socio-economic factors and health outcomes. The findings of the Marmot Review (2010) were key in highlighting the impact that social factors such as welfare, and housing can have on health outcomes. Socio-economic factors are also key sources of health inequalities, in England the least deprived 10% of men have a life expectancy that is 9.4 years higher life expectancy than the most deprived 10% of men, for women this figure is almost 8 years.[22] There are a number of socio-economic issues in Brent that could be contributing to poorer health outcomes for residents. Firstly Brent, like much of London is experiencing significant issues with housing supply, overcrowding and affordability of housing[23]. It has been shown that poor quality housing can have a negative impact on health outcomes, leading to residents requiring medication for mental health issues, poor sleep, and increases in depression and stress. Rising energy and food costs as a result of the cost-of-living crisis is also negatively impacting Brent resident's health, with many residents not eating enough nutritious food and not being able to stay warm in their homes. The cost-of-living crisis' impact on the population's health is not yet widely known, though it is likely to have a significantly damaging impact on health outcomes for many residents. This is why social prescribing is particularly important in areas with high levels of deprivation, where residents are more likely to present to GPs with welfare, or housing issues that are contributing to their overall ill health. It is therefore important that social prescribing is developed so that Brent's most vulnerable residents are able to access support through social prescribing.

[22] The Kings Fund (2022), What are health inequalities?
[23] Brent Council (2020), Recommendations from the Brent Poverty Commission

Findings

Extending access to social prescribing:

As stated previously social prescribing is currently being delivered in primary care settings in Brent, with a social prescribing scheme consisting of a referral from a GP to a link worker who refers the patient onto non-clinical community services. Whilst primary care patients are benefitting from the holistic person-centred approach of social prescribing, having a solely primary care model reduces the potential impact social prescribing could have for Brent residents. It is argued that a primary care model of social prescribing is not sufficient for Brent as it only allows residents who are registered to a Brent GP to access these services,[24] excluding residents who are not registered with a Brent GP. The exact number of Brent residents who are not unregistered with a Brent GP is not recorded, however as of January 2023 463,894[25] people were registered with a Brent GP, a higher figure than the Census' estimate of Brent's population in 2021 of 339,800.[26] A number of factors could account for this, such as residents from other boroughs registering with Brent GPs and population underestimates in London during the 2021 Census[27]. However, ultimately there are still significant numbers of residents in Brent who are excluded from social prescribing.

Whilst there are multiple reasons why a resident may not register with a GP, the work undertaken in the community by the council's Brent Health Matters programme found there are Brent residents who mistrust Brent's health services, which prevents them from accessing healthcare. Brent Health Matters' work found that some residents who mistrust health services are also more likely to be impacted by health inequalities. It is therefore even more important that these residents can access social prescribing opportunities that are culturally specific and diverse as part of Brent's approach to tackling health inequalities.

The Task Group believes that the Brent Integrated Care Partnership should lead the development of a social prescribing approach for Brent that could be used by all partners involved in social prescribing. As part of this approach, it is important that any widening of social prescribing compliments and supports the excellent ongoing work in primary care. The social prescribing offer in primary care is distinct as link workers can raise any clinical needs back to the patient's GP. Therefore, a widening of social prescribing should focus on supporting residents who are not registered with a GP and require non-clinical support. The local authority knows that these residents go elsewhere to access support within various settings or 'access points' in the borough, so, there is a key opportunity to extend social prescribing into these 'access points' so residents who are not registered with a GP can also benefit from social prescribing. The Brent Integrated Care Partnership believes that ICP partners and health and social care staff should be enabled to practice social prescribing approaches as part

[24] Evidence session 2
[25] NHS NW London (2022), Number of people registered with a Brent GP
[26] Office for National Statistics (2022), How the population changed in Brent: Census 2021
[27] The MJ (2022), Inaccurate Census could cost Londoners

of their work, and within the local authority the Adult Social Care Front Door, Family Wellbeing Centres and Brent Hubs have been identified as key 'access points' where social prescribing should be extended to meet the needs of residents who are not registered with a Brent GP. As part of the development of a Brent social prescribing approach partners should work together to ensure that all residents have the opportunity to benefit from social prescribing.

Depending on how social prescribing develops there is also an opportunity in the future to build social prescribing approaches into other council services, such as customer services and libraries, it is also possible to consider extending social prescribing approaches into softer 'access points' such as community and faith groups, which could address a different group of residents' support needs through social prescribing approaches.

Recommendation 1:

Recommendation 1: It is recommended that Brent's social prescribing model is widened from NHS primary care settings, to enable ICP partners, front line social care and selected front-line council staff to use social prescribing approaches. The Brent Integrated Care Partnership should lead in developing a social prescribing approach for Brent, where partners work together to ensure that all of Brent's residents have the opportunity to benefit from the holistic approach of social prescribing, as a way of further tackling health inequalities in the borough.

The Task Group recognises the good work in developing social prescribing in primary care and sees the benefits that using a holistic approach can have in improving health outcomes for Brent residents. However, it is known that there are Brent residents who are not registered with a GP and therefore cannot currently access social prescribing services. These residents may not be registered with a GP due to historical barriers to access for residents impacted by health inequalities, or because some Brent residents may be mistrustful of traditional health services.

The Task Group believes that the Brent Integrated Care Partnership should drive the development of a Brent social prescribing approach that is available to all Brent's residents. This would ensure every resident can benefit from the holistic approach used in social prescribing and would help to address the unmet health needs of resident's who are currently excluded from accessing social prescribing. Existing health and social care staff within the Brent Integrated Care Partnership and staff in selected local authority 'access points' should be enabled to use social prescribing approaches in their work as part of the Brent social prescribing approach.

Developing an equitable social prescribing offer

Social prescribing as an intervention in healthcare seeks to address a person's non-medical issues that contribute to a person's overall health. Therefore, its ability to make an impact is increased in areas with higher levels of deprivation, as these residents are more likely to need support with welfare and housing. As indicated in the above IMD, Brent has a number of areas with significantly high levels of deprivation; for residents in these areas, it is important that there are sufficient opportunities to access social prescribing services. Furthermore, the significant health inequalities in Brent have highlighted the need for healthcare interventions that are community specific, targeted and diverse for Brent's communities. As health inequalities are often intersectional, residents who experience health inequalities due to their ethnic background are also more likely to be affected by deprivation, which further highlights how vital effective social prescribing approaches are for Brent's communities. It is likely that even more Brent residents will require support as a result of the cost-of-living crisis, so partners must ensure that there is sufficient resource allocated to effectively support these residents.

Currently the ability to make social prescribing referrals is dependent on the availability of a link worker at a GP practice in the primary care model. The time each GP practice is allocated with a social prescribing link worker is decided at Primary Care Network level and is currently being allocated based on needs of the practice. There are currently 32 social prescribing link workers in Brent who work within its 51 GP practices. It is clear that there are large demands on social prescribing link workers which are expected to increase as social prescribing continues to develop. An increased demand on social prescribing link workers could therefore hinder PCNs ability to provide sufficient social prescribing resources to GP practices in areas of high deprivation, as social prescribing is impacted by the same funding and workforce pressures as the rest of the health and social care sector.

To ensure that social prescribing is effective in addressing health inequalities it is important that resources and funding are allocated equitably so residents who are most in need can access adequate support. Partners know that deprived residents and those impacted by health inequalities are the residents who need this holistic and person-centred support the most and will have the most significant positive impact on their health. It is therefore important that social prescribing resources are allocated equitably across Brent and focus attention in areas with the greatest need. NHS guidance on Network Contract Directed Enhanced Service (Network DES) has outlined guidance on promoting proactive social prescribing through community development.[28] It is stated that by 31 March 2023 PCNs must design and put in place a targeted programme to improve access for an identified cohort with unmet needs. This means it must review which residents are part of this cohort and extend the offer of social prescribing based on the cohorts needs.[29] As part of this work in primary care,

[28] NHS England (2022), Network Contract Directed Enhanced Service
[29] NHS England (2022), Network Contract Directed Enhanced Service

there is an opportunity for the Brent's social prescribing approach to be informed by the findings of this piece of work in primary care. This will assist the Brent social prescribing approach in focusing its efforts and resources in areas of Brent with high levels of deprivation, where residents may have unmet needs. The Task Group believe that the Brent social prescribing approach must be more proactive in listening and responding to Brent's communities when allocating funding and resources, which could be implemented through consultations, community engagement and proactive analysis of demographic information to ensure the social prescribing approach adapts as Brent changes. This would be influential in ensuring there is an equitable social prescribing offer across the borough that meets the needs of residents and address the health inequalities faced by Brent's communities.

Recommendation 2:

It is recommended that there is an equitable social prescribing offer across the borough that explicitly addresses deeply entrenched and intersectional health inequalities, that listens and responds to communities, and ensures funding is allocated by areas of Brent with higher levels of deprivation.

The Task Group believes that social prescribing resources and funding should be weighted towards areas of Brent with higher levels of deprivation. Throughout the Task Group's work partners have outlined that social prescribing is particularly important for residents living in areas with high levels of deprivation. The Task Group also know that residents living in areas of high deprivation are more likely to be impacted by health inequalities. It is therefore vital that these residents are supported by sufficient resources, especially in the context of a cost-of-living crisis which is continuing to have a detrimental impact on the health of our deprived residents.

Social prescribing in primary care currently allocates resources based on GP practice need at PCN level. There is an opportunity for Brent's social prescribing approach to be developed so that it is guided by residents' needs and focuses its resources and funding for in areas of the borough with higher levels of deprivation, where residents are more likely to be affected by health inequalities. Ensuring that the approach listens and responds to Brent residents' is essential in developing an equitable social prescribing offer that tackles Brent's deeply entrenched health inequalities.

Developing more joined up working between partners involved in social prescribing:

The Task Group found that there is an opportunity to develop more joined up working between partners involved in social prescribing. Partners identified an issue that the

opportunities in Brent's community and voluntary sector are not always being fully utilised by existing social prescribers. A number of issues could be contributing to this, including a lack of local knowledge amongst some social prescribers, which hinders their ability to learn and acquire knowledge of new opportunities as they arise. This lack of knowledge is likely due to the fact that link workers have busy caseloads and spend the majority of their time with patients, which affects their ability to engage with the community and voluntary sector. Developing greater joined up working would give link workers an outlet to learn more about the opportunities in the community and voluntary sector and communicate gaps within the current offer that could be filed by developing new opportunities.

Brent Council officers also did not think that the local authority was utilising its services as well as it could be for social prescribing opportunities[30], they also questioned whether the council had been proactive enough in thinking about how its services could address current gaps in social prescribing opportunities[31]. There are also some services such as libraries, who are not currently connected to existing NHS frameworks. This hinders link workers' ability to make referrals into these services, which in turn limits link worker's ability to refer patients into diverse and community specific opportunities in the community. It is therefore important that the council works more proactively to connect its services with NHS systems to achieve better outcomes for residents.

In Brent, there have been some good examples of joined up working between Primary Care Networks and council services to share understanding and work more collaboratively; this has enabled link workers to navigate council services more effectively to better advocate for their patients. However, this is not currently standard practice in council services, so there is still work to be done to develop working relationships between partners involved in social prescribing. At the evidence sessions partners expressed a collective view that there is not a complete picture of all the social prescribing opportunities available in Brent. To address this, partners involved in social prescribing should come together to share knowledge on available social prescribing services and develop more joined up working to benefit Brent residents. In practice, the Brent Integrated Care Partnership could lead on bringing partners together by sponsoring a working group that meets to share knowledge on social prescribing opportunities and best practice, and develops a borough-wide approach to working together for Brent residents on social prescribing initiatives.

[30] Evidence Session 2
[31] Evidence Session 2

Recommendation 3:

It is recommended that the Brent Integrated Care Partnership sponsors a social prescribing working group that bring partners involved in social prescribing together quarterly to develop a Brent approach to sharing knowledge, best practice and working together on social prescribing. This will ensure there is greater shared understanding of the numerous social prescribing opportunities in Brent and will increase partners' ability to effectively meet our resident's needs.

The Task Group found that there is currently not a comprehensive, real-time picture of all the social prescribing opportunities in Brent. This issue is currently hindering the effectiveness of social prescribing in Brent as not all services are connected into NHS frameworks and social prescribing link workers do not have the time to proactively research opportunities in the community and voluntary sector, which means that suitable opportunities for residents could be missed.

The Task Group believes that in order to develop more joined up working and information sharing on social prescribing between partners, the Brent Integrated Care Partnership should take ownership of bringing partners involved in social prescribing together to share information on social prescribing opportunities, best practice and adopt a shared understanding of how partners will work together on social prescribing. This will foster better information sharing and develop a Brent approach to working together on social prescribing. This will improve residents' experience of social prescribing, giving partners more knowledge on support in the community to refer residents into, therefore enhancing Brent's social prescribing offer by making it more diverse, targeted and community specific.

Improving data evaluation so that social prescribing develops in an evidence and needs based way

As social prescribing continues to develop nationally, there is a growing body of evidence that social prescribing can lead to a range of positive health and wellbeing outcomes.[32] However, social prescribing continues to be constrained by limitations in its ability to evidence its positive outcomes. Whilst many patients benefit from social prescribing, it is very difficult to attach any improvements in a patient's wellbeing to the impact of social prescribing alone. This is because the methods of measuring outcomes are qualitative and require patients to self-report their outcomes which means that results of social prescribing is subjective and are harder to evidence than outcomes in traditional forms of medicine. Furthermore, a recent study by the

[32] The Kings Fund (2020), What is Social Prescribing?

University of Westminster found that over half of the outcomes social prescribing can deliver are not being routinely measured in evaluation frameworks.[33]

Social prescribing outcomes data in Brent is currently measured using the Office for National Statistics measures of personal wellbeing, often referred to as the ONS4[34]. This measures a patient's personal wellbeing based on four questions, which are scored from 1-10. The four measures of personal wellbeing are outlined in Figure 6 below:

Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".	
Measure	**Question**
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

Figure 6: Four measures of personal well-being Source: Office for National Statistics

Patients are asked the ONS4 questions when they are first referred to a link worker and are then asked again once they have received their social prescribing intervention. The ONS4 data collected from Harness PCN areas indicate that on average a patients' personal wellbeing measures improve after a social prescribing intervention[35], and whilst this shows that social prescribing can improve a patient's wellbeing, it is impossible to attribute social prescribing as the only factor in any improvement. All four of the measures in the ONS4 are broad and can be influenced by external factors which may not be linear, for example, an improvement in a patient's ONS4 score for happiness could be due to them recently receiving good news that is unrelated to their social prescribing intervention. Therefore, whilst the overall improvement in ONS4 measures in the data from Harness PCNs is positive, using the ONS4 in isolation is not adequate in measuring social prescribing's impact.

It is therefore important that partners continue to develop and improve data collection and evaluation of social prescribing in Brent. It is essential as it gives partners insights on where social prescribing methods are working effectively and where it needs further development. For instance, Harness PCNs have identified that Arab patients and patients with disabilities are underrepresented in social prescribing data. They can use these insights to target and address this issue in current service provision. Therefore,

[33] University of Westminster (2020) What does successful social prescribing look like?
[34] Office for National Statistics (2018), Personal well-being user guidance
[35] ONS4 – Harness Data

improving data evaluation will positively impact health outcomes for Brent residents and would contribute to tackling health inequalities in the borough.

There are positive steps being taken to address issues with data evaluation at a North West London level, colleagues from the North West London Integrated Care System advised the Task Group that a new case management system called JOY has been procured which will enable social prescribing link workers to capture more patient data and provide a more comprehensive picture of social prescribing's outcomes in Brent[36]. The new system is being trialled in Westminster, Ealing and Harrow and will be rolled out across North West London. Whilst this will improve case management and data collection, it has its limitations as it would only be available for colleagues in primary care.

The Task Group's view is that more must be done to ensure that social prescribing develops in an evidence and needs based way. During its evidence sessions the Task Group heard that data on social prescribing activities in Brent was not being fully captured[37], it also heard that there was not a culture of information sharing amongst partners on social prescribing which reduces its effectiveness in Brent. There is not currently a borough wide picture of social prescribing's activities and outcomes due partly to the different models of social prescribing used by different PCN areas. However, some of these issues may also be due to a lack of an information sharing culture regarding social prescribing across the borough.

To move towards capturing further data on social prescribing the Brent Integrated Care Partnership should develop a whole Brent approach for collecting additional data from all partners across the borough on social prescribing activities. Collecting further data will enable the Brent ICP to better understand how social prescribing is developing in the borough and monitor behaviour change as a result of social prescribing. This will be key in creating a more joined up approach to data collection and evaluation amongst partners, which will benefit Brent residents and the community as a whole. It is imperative that any approach developed for collecting additional data compliments partners' respective reporting measures and sits alongside them as an additional ICP reporting mechanism.

To further the impact of this approach partners involved in social prescribing should be required to report all of their activity data regularly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, this will develop greater alignment of social prescribing across the borough and provide the Brent ICP with strategic oversight of social prescribing's impact in reducing the deeply entrenched health inequalities in Brent.

[36] Evidence Session 1
[37] Evidence Session 4

Recommendation 4:

It is recommended that the Brent Integrated Care Partnership develops a Brent approach to capture further activity data and develop an understanding of how resources are distributed. In order monitor behaviour change and the effectiveness of social prescribing in Brent. This approach should complement partners' respective reporting mechanisms and be used by all partners involved in social prescribing. This will further support the Brent Integrated Care Partnership to develop a joined-up approach to data collection amongst partners in the borough.

The Task Group believe that issues around data collection and evaluation are the key challenge for social prescribing's development locally and nationally. To improve data evaluation there must be sufficient data collected on social prescribing activities in the borough, which would show how social prescribing is developing and allow partners to monitor how social prescribing is contributing to behaviour change in the borough.

The Task Group believe that the Brent Integrated Care Partnership should develop its own approach to collecting further data from all partners on social prescribing activities in Brent. Any further data collected by the Brent Integrated Care Partnership would be separate and additional to the reporting measures that already exist for separate partners. The ICP's additional data collection should complement partner's existing reporting measures and be a standalone measure that develops a shared view amongst partners. This further collection of data, driven by the ICP will develop a joined-up approach to data collection and give the ICP strategic oversight of how social prescribing is evolving and changing resident's behaviour.

Recommendation 5:

It is recommended that social prescribing activities are reported quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, to evaluate social prescribing activities for the borough. This will create greater consistency and alignment for social prescribing across the borough.

The Task Group believe a mechanism must be put in place which ensures social prescribing activities are reported across Brent. Currently there no overall picture of how social prescribing is developing across the borough, which risks there being inconsistency in the social prescribing offer across the borough which could negatively impact residents. Reporting social prescribing activities into the Brent Borough Based Partnership (ICP) will give the ICP to have strategic oversight social prescribing's development in Brent, which will promote greater consistency and alignment across the borough.

The Task Group believe that social prescribing activities should be reported into the ICP's Health Inequalities and Vaccinations Executive Group, social prescribing is more important in areas with higher levels of deprivation as it can play a significant role in improving health outcomes for Brent residents who are impacted by intersectional health inequalities. It is therefore logical that social prescribing activities should be reported into this executive group, so that it can review the impact of social prescribing in reducing the deeply entrenched, intersectional health inequalities in Brent.

Appendices

Appendix A - Participants

The Task Group thanks the following participants who contributed to the report through their participation in evidence sessions held between October 2022 to December 2022:

- Tiffany Adonis- French - Head of Service - Access information and Long-Term Support, Brent Council
- Peter Baxter - Library Arts and Heritage Manager, Brent Council
- Mehrnoush Bakhasz - Team Manager: Social Prescribing Link Workers, Brent Mencap
- Dr Charlotte Benjamin - Chief Medical Officer, NHS North West London Integrated Care Board
- Yoel Berhane - Community Lead Brent Health Matters, Brent Council
- Germaine Brand - Managerial Lead – Kilburn Primary Care Network
- Claudia Brown – Director of Adult Social Services, Brent Council
- Thomas Cattermole - Director of Customer Access, Brent Council
- Laurence Coaker – Head of Housing Needs, Brent Council
- Caroline Evans - Senior Public Health Analyst – Brent Council
- Lorna Hughes - Director of Communities, Brent Council
- Fana Hussain - Assistant Director of Primary Care Brent Integrated Care Partnership
- Sophia Johnson, Citizens Advice Brent
- Caroline Kerby - Managerial Lead – Harness Primary Care Networks
- Cllr Promise Knight, Lead Member for Housing, Homelessness and Renters Security, Brent Council
- Dr John Liquorish – Deputy Director of Public Health – Brent Council
- Professor Sir Michael Marmot – University College London
- Anne-Marie Morris, Brent Carers Centre
- Ann O'Neil – Executive Director, Brent Mencap
- Cllr Neil Nerva, Lead Member for Adult Social Care and Public Health, Brent Council
- Joe Nguyen – North West London lead for social prescribing, NHS North West London
- Jackie Rosenberg – Chief Executive, One Westminster
- James Sanderson – NHS England
- David Sagman – Senior Social Prescriber, Kilburn Primary Care Network
- Javina Seghal – Director of Primary Care, NHS North West London
- Nipa Shah - Programme Director Brent Health Matters – Brent Council
- Tom Shakespeare - Brent Integrated Care Partnership Director
- Dr Melanie Smith - Director of Public Health, Brent Council
- Kristine Wellington, CVS Brent

Appendix B – Evidence Session Schedule

	Key Themes / Discussion Areas
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
Evidence Session 2 November 2022	The local opportunities for those who socially prescribe Primary care awareness and attitudes towards social prescribing Potential barriers to effective social prescribing for primary care professionals in Brent Equity in delivery of social prescribing in primary care across Brent Ensuring social prescribing is inclusive of vulnerable people, those with disabilities or complex needs Training and development of social prescribing link workers Funding of social prescribing in Brent
Evidence Session 3 November 2022	The local offer of social prescribing opportunities in Brent, including those provided by the local authority Benefits and opportunities for local organisations who receive social prescribing referrals Potential barriers to effective social prescribing in Brent for local organisations Potential barriers to involvement in social prescribing for organisations not currently receiving referrals How attractive and inclusive are social prescribing opportunities for Brent residents? (including vulnerable people and those with complex needs) Communication and awareness raising of social prescribing in Brent
Evidence Session 4	The role and effectiveness of link workers in connecting those who social prescribe with those who offer social prescribing opportunities

November 2022	Assessing the patient pathway in social prescribing How well connected are different aspects of social prescribing How could stakeholders involved in social prescribing in Brent work together more effectively Evaluating and monitoring social prescribing's outcomes Developing social prescribing in Brent with partners to fully realise its potential

Appendix C – Reference List

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https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide

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https://westminsterresearch.westminster.ac.uk/item/qyz67/what-does-successful-social-prescribing-look-like-mapping-meaningful-outcomes

University of Westminster (2017), Making Sense of Social Prescribing
https://westminsterresearch.westminster.ac.uk/download/f3cf4b949511304f762bdec137844251031072697ae511a462eac9150d6ba8e0/1340196/Making-sense-of-social-prescribing%202017.pdf

Brent	**Community and Wellbeing Scrutiny Committee** 7 March 2023
	Report from Communities & Regeneration

Scrutiny Recommendations Tracker

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 - Scrutiny Recommendations and Information Request Tracker 2022-23
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	George Kockelbergh Strategy Lead – Scrutiny, Strategy and Partnerships George.Kockelbergh@brent.gov.uk Tom Pickup, Policy Partnerships and Scrutiny Manager, Strategy and Partnerships Tom.Pickup@brent.gov.uk Janet Latinwo Head of Strategy and Partnerships, Strategy and Partnerships Janet.Latinwo@brent.gov.uk

1.0 Purpose of the Report

1.1 The purpose of this report is to present the Scrutiny Recommendations Tracker to the Community and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 That the progress of the previous recommendations, suggestions, and information requests of the Committee be noted (Appendix A).

3.0 Detail

3.1 The Recommendations Tracker tabled at the 7 March meeting relates to the forthcoming 2022 – 2023 municipal year.

3.2 In accordance with Part 4 of the Brent Council Constitution (Standing Orders of Committees), Brent Council scrutiny committees may make recommendations to the Full Council or the Cabinet with respect to any functions which are the responsibility of the Executive, or of any functions which are not the responsibility of the Executive, or on matters which affect the borough or its inhabitants.

3.3 The Community and Wellbeing Scrutiny Committee may not make executive decisions. Scrutiny recommendations therefore require consideration and decision by the appropriate decision maker; the Cabinet or Full Council for policy and budgetary decisions.

3.4 The Scrutiny Recommendations Tracker (attached in Appendix A) provides a summary of scrutiny recommendations made during the municipal year, in order to track executive decisions and any implementation progress. It also includes suggestions of improvement and information requests, as captured in the minutes of the committee meetings.

4.0 Procedure for Recommendations from Scrutiny Committees

4.1 Where scrutiny committees make recommendations to the Cabinet, these will be referred to the Cabinet requesting an Executive Response and the issue will be published on the Council's Forward Plan. This will instigate the preparation of a report to Cabinet and the necessary consideration of the response.

4.2 Where scrutiny committees develop reports or recommendations to Full Council (e.g. in the case of policy and budgetary decisions), the same process will be followed, with a report to Cabinet to agree an Executive Response, and thereafter, a report to Full Council for consideration of the scrutiny report and recommendations along with the Cabinet's response.

4.3 Where scrutiny committees have powers under their terms of reference to make reports or recommendations to external decision makers (e.g. NHS bodies), the relevant external decision maker shall be notified in writing, providing them with a copy of the Committee's report and recommendations, and requesting a response.

4.4 Once the Executive Response has been agreed, the scrutiny committee shall receive a report to receive the response and the Committee may review implementation of the Executive's decisions after such a period as these may reasonably be implemented (review date).

5.0 Financial Implications

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

6.0 Legal Implications

6.1 Section 9F, Part 1A 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.

6.2 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.

7.0 Equality Implications

7.1 There are no equality implications for the purposes of this report.

8.0 Consultation with Ward Members and Stakeholders

8.1 None for the purposes of this report.

Report sign off:

Lorna Hughes
Director of Communities

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Appendix 1

Community and Wellbeing Scrutiny Committee
Scrutiny Recommendations and Information Request Tracker 2022-23

These tables are to track the progress of scrutiny recommendations and suggestions for improvement made by the Community and Wellbeing Scrutiny Committee, with details provided by the relevant lead departments. It is a standing item on the Committee's agendas, so that the Committee can keep track of the recommendations, suggestions and requests it has made, and the related the decisions made and implementation status. The tracker lists the recommendations, suggestions and information requests made by the committee throughout a municipal year and any recommendations not fully implemented from previous years.

The tracker documents the scrutiny recommendations to Cabinet made, the dates when they were made, the decision maker who can make each decision in respect of the recommendations, the date the decision was made and the actual decision taken. The executive decision taken may be the same as the scrutiny recommendation (e.g. the recommendation was "agreed") or it may be a different decision, which should be clarified here. The tracker also asks if the respective executive decisions have been implemented and this should be updated accordingly throughout the year.

Scrutiny Task Group report recommendations should be included here but referenced collectively (e.g. the name of the scrutiny inquiry and date of the agreement of the scrutiny report and recommendations by the scrutiny committee, along with the respective dates when the decision maker(s) considered and responded to the report and recommendations. The Committee should generally review the implementation of scrutiny task group report recommendations separately with stand-alone agenda items at relevant junctures – e.g. the Executive Response to a scrutiny report and after six months or a year, or upon expected implementation of the agreed recommendation of report. The "Expected Implementation Date" should provide an indication of a suitable time for review.

Key:

Date of scrutiny committee meeting - For each table, the date of scrutiny committee meeting when the recommendation was made is provided in the subtitle header.
Subject – this is the item title on the committee's agenda; the subject being considered.
Scrutiny Recommendation – This is the text of the scrutiny recommendation as it appears on the minutes – **in bold**.
Decision Maker – the decision maker for the recommendation, (**in bold**), e.g. the Cabinet (for Council executive decisions), full Council (for Council policy and budgetary decisions), or an NHS executive body for recommendations to the NHS. In brackets, (date), the date on which the Executive Response was made.
Executive Response – The response of the decision maker (e.g. Cabinet decision) for the recommendation. This should be the executive decision as recorded in the minutes. The Executive Response should provide details of what, if anything, the executive will do in response to the scrutiny recommendation. Ideally, the Executive Response will include a decision to either agree/reject/or amend the scrutiny recommendation and where the scrutiny recommendation is rejected, provide an explanation of why. In brackets, provide the date of Cabinet/executive meeting that considered the scrutiny recommendation and made the decision.
Department – the Council directorate (and/or external agencies) that are responsible for implementation of the agreed executive decision/response. Also provided, for reference only, the relevant Cabinet Member and strategic director.
Implementation Status – This is the progress of any implementation of the agreed Executive Response against key milestones. This may cross reference to any specific actions and deadlines that may be provided in the Executive Response. This should be as specific and quantifiable as possible. This should also provide, as far as possible, any evidenced outcomes or improvements resulting from implementation.
Review Date - This is the expected date when the agreed Executive Response should be fully implemented and when the scrutiny committee may usefully review the implementation and any evidenced outcomes (e.g. service improvements). (Note: this is the implementation of the agreed Executive Response, which may not be the same as the scrutiny recommendation).

Recorded Recommendations to Cabinet from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	Cabinet Member, Lead Officer, and Department	Executive Response	Implementation Status	Review date

Recorded suggestions for improvement from to Council departments/partners

Meeting date and agenda item	Suggestions for improvement	Council Department/External Partner	Response	Status
5 July 2022 – Adult Care Services	To recommend that Adult Social Care embeds a pathway for carers within the Carers Strategy when it was relaunched.	**Adult Social Care & Health – Adult Social Care**	Adult Social Care is currently in the process of redesigning the customer pathway in partnership with colleagues from the transformation service. A revised customer journey map will be available later this year. **March 2023 Update:** A "soft launch" of the Carers Strategy will commence during April 2023. This will include a carer's pathway/journey to ASC services. As part of this work, Adult Social Care colleagues have attended a number of carers engagement sessions over the last three months. This is part of our commitment to co-production/design of carers services in Brent and to support the council to understand the needs of unpaid carers in our community. All contributions will be considered as we work together with the Carers project group to craft the final strategy. The face-to-face engagement sessions have really supported the development of a fuller carers offer.	

	To recommend utilising Community Champions to help with the engagement of different communities within Brent.	**Adult Social Care & Health – Adult Social Care**	Adult Social Care is always looking at ways to utilise community and operational carers champions in engagement and via the carers board and forums. This will be done through adult social care operational carers champions who will strengthen communication, seek to enhance our understanding of the user experience and representation at the carers board, especially for residents and carers of people with mental health support needs and learning disabilities.	
22 September 2022 – Implementation of SEND review	To recommend that an event takes place at the Civic centre showcasing the work on SEND within the council.	**Children and Young People**	There is to be a celebration event of children and young people with SEND in early Spring. This will be coproduced with parents/carers and young people. Along with a celebration of young people the event will offer the opportunity to share the work undertaken to date and establish our priorities based on the expectation of a government White Paper being produced in the coming months. Details on the event will be shared once a date is confirmed.	
	That the SEND green paper is circulated to all relevant stakeholders included all school staff.	**Children and Young People**	The green paper was circulated to settings and schools via the Headteachers' Bulletin and SENCO Forum; to health staff and the parent/carer forum via the strategic partnership board. Links to the green paper are also on the Local Offer which is hosted on the Council's website.	
	That that there is a framework for more joined up working with the ICP / ICS on SEND	**Children and Young People**	The ICP has established the priorities for children and young people for which meeting the needs of children with SEND is a key theme.	
22 September 2022 – Early Help	To recommend that a representative from the parent's forum or steering group attends a relevant scrutiny committee meeting.	**Children and Young People**	Members of the parent forum and members of the FWC local steering groups have been spoken to and they have indicated their willingness to attend scrutiny as and when required.	

	To recommend that the council continues to work in partnership with the community and voluntary sector on early help.	**Children and Young People**	All service areas will continue to work in partnership with the community and voluntary sector on early help. The Early Help network includes professionals from all the universal and targeted VCS services for families in Brent.	
22 November 2022 – Transitional Safeguarding Task Group 12 Month Update	To recommend that the Black Community Action Plan team are consulted on within the traditional safeguarding approach. To ensure that the voices of young black people are reflected in the council's approach.	**Adult Social Care & Health – Adult Social Care**	Agreed. As part of the development of the council's transitional safeguarding approach. The council is working in partnership with the Young Brent Foundation to ensure that all communities in Brent are represented in the engagement.	
22 November 2022 – Brent Safeguarding Adults Board Annual Report	To recommend that a narrative is further developed to compliment safeguarding data within future Safeguarding Adults Board annual reports.	**Brent Safeguarding Adults Board**	Additional narrative was added to the current annual report in order to provide clarity on the data contained within it. Greater attention will be paid to the narrative to better explain the data within future annual reports. The link to the amended annual report can be found here: https://brentsafeguardingpartnerships.uk/adults/article.php?id=974&menu=1&sub_menu=9	
	To recommend that additional equalities statistics are include as part of future Safeguarding Adults Board annual reports.	**Brent Safeguarding Adults Board**	Appropriate additional equalities statistics will be included within next year's annual report.	
	To recommend that there is extensive training on adult safeguarding issues amongst partner organisations to drive up standards.	**Brent Safeguarding Adults Board**	The Safeguarding Adults Board has a statutory role in ensuring that lessons are learned. This includes having a learning and development programme. Elected members should note that the SAB has been busy agreeing and scoping its new strategic priorities for the coming years and that the learning and development programme will grow from these priorities. Therefore, the main progress in relation to this area will come after the priorities have been agreed and scoped which will fall just outside the next annual report. However, members can be given an update in relation to this on request.	

	To recommend that there be an outline of what successful partnership working looks like and details on how partners are working to improve safeguarding processes in individual agencies in future Safeguarding Adults Board annual reports.	**Brent Safeguarding Adults Board**	This will be evidenced within future annual reports by highlighting the work of the SAB and its sub-groups and also in relation to Safeguarding Adult Reviews.	
	To recommend that information is shared on areas of improvement for the Brent Safeguarding Adults Board and the action plans to address them.	**Brent Safeguarding Adults Board**	The current period is a time of change for Brent SAB. The new Independent Chair is working collaboratively with partners to continue developing the SAB and its sub-groups. Any changes to the SAB, its constitution and its structures will be reported on within the next annual report.	
22 November 2022 -Brent Safeguarding Children Partnership Annual Report	To recommend that more information on the partnerships key achievements is included within future Brent Safeguarding Children Partnership Annual Reports.	**Brent Safeguarding Children's Partnership**	Agreed. The annual report covering the period 1 October 2022 – 30 September 2023 will include more information on the safeguarding children partnership's key achievements and learning from local partnership reviews of serious safeguarding incidents, where appropriate, giving due consideration to sensitivity and confidentiality.	
	To recommend that more information and details on how learnings from rapid reviews are incorporated into future working of the partnership.	**Brent Safeguarding Children's Partnership**	Agreed. The annual report covering the period 1 October 2022 – 30 September 2023 will include more information on the safeguarding children partnership's key achievements and learning from local partnership reviews of serious safeguarding incidents, where appropriate, giving due consideration to sensitivity and confidentiality.	
25 January 2023 – Mental Health and Wellbeing Subgroup	To recommend that more detailed statistics on demographics of residents accessing mental health and wellbeing support are included in future reports, and to ensure these statistics are accessible and easy to understand.	**Brent Borough Based Partnership (Brent Integrated Care Partnership)**	Representatives from the ICP have confirmed that this can be included in future reports.	
25 January 2023 – Mental Health and Wellbeing Subgroup	To recommend that a report on the work of Brent Health Matters is brought to the committee at a future date.	**Brent Borough Based Partnership (Brent Integrated Care Partnership)**	Representatives from the ICP have agreed to bring a report on the work of Brent Health Matters to a future committee meeting.	

25 January 2023 – Brent Housing Management	To recommend that future reports include a more detailed breakdown of the nature of repairs to understand what types of repairs are being completed on time and those that aren't.	**Resident Services – Housing**	Brent Housing Management will ensure that future reports include a more detailed breakdown of the nature of repairs, so that the committee can better understand what types of repairs are being completed on time	
25 January 2023 – Brent Housing Management	To recommend that council policies are signposted to or included in future reports when they are referenced.	**Governance**	Agreed. The report writing style guide will be updated to include a heading 'Council Policies Referenced' where officers will be advised to add a link to referenced polices (if applicable).	

Information requests from CWBSC to Council departments/partners

Meeting date and agenda item	Information requests	Council Department/External Partner	Response
5 July 2022 End of Life Care	How many people attended the 15 June engagement event?	**Northwest London Integrated Care System**	There were 24 attendees at the Brent engagement event on June 15th, 2022.
5 July 2022 End of Life Care	How does the NHS work to engage with people with disabilities and what are the plans moving forward?	**Northwest London Integrated Care System**	In order to develop our proposals NHS North West London has taken the opportunity to look at the best ways to gather different perspectives and the widest range of feedback and evidence we can to influence discussions on the future model of care. Remembering that palliative care is usually provided when needs of a patient becomes more complex and goes beyond the expertise and knowledge of a patient's generalist and usual care team (e.g. GP and district nurse). This means the patient may have a range of health conditions including many that may fall amongst common definitions of disability which would include a range of learning, mental health and physical disabilities. We have looked at obtaining feedback direct from Brent and North West London residents who have direct experience of community-based specialist palliative care services as well as the wider population. We have also looked to gather views of experts – colleagues working in commissioning and provider organisations as well voluntary, community and faith sectors. We have done so by a range of methodologies, for example: • Webinars involving service users, carers, voluntary, community and faith organisations, and staff • Surveys • Attending meetings of different groups to obtain feedback • 1:1 interviews with individuals and expert representatives • Developing case studies that show the in-depth experiences of people who have used services

			• Using existing research to provide evidence (literature reviews) With regards to people who live with a disability, we have sought to seek people's views and address this using all these methodologies. Further work needs to take place to seek feedback from certain groups including vision and hearing. We welcome further feedback and suggestions from Brent Council on how we can further engage with people living with a disability. Please let us know by emailing nhsnwlicb.endoflife@nhs.net **Literature reviews** We started discussing with experts (commissioners and colleagues in provider organisations who provide care and support) to agree the best approach to gaining feedback. In the case of people with learning disabilities, they advised that that a lot of research had already been carried out which we would be repeating. The decision was therefore made to carry out a literature review using existing research as this would be the best approach in terms of understanding what we need to improve on in terms of community based specialist palliative care for people from a number of different groups and demographics. Once the review was carried out we tested it back with our experts to ensure we had analysed it correctly and made changes according to their advice. The purpose of the reviews was to identify the reasons why people who live with a learning disabilities do not have fair and equitable access to community based palliative care. As part of this we specifically looked at barriers to accessing and improving care, challenges for those working within the healthcare system and how to make improvements. The review outlines a number of recommendations to be taken forward with potential improvements grouped under four headings – education, communication, collaboration and health and social care delivery. A further literature review was carried out for people who are experiencing homelessness. Both reviews can be found at https://www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved/literature-reviews **Case studies** We want to use case studies to illustrate the good experiences and the challenges that people face when using community-based specialist palliative care services so that we can learn from their experiences. The case stories are drawn from people who contacted us via our engagement activity who wanted to tell us about their experiences of services when caring for a loved one. The people covered by the case studies cover a range of health conditions including Creutzfeldt–Jakob disease, cancer, Alzheimer's disease and other health conditions. The model of care working group have fed back that they find the case studies particularly useful in illustrating issues that need to be addressed by the review. The case studies can be found here: https://www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved/case-studies **Interviews** We have used 1:1 interviews as a way of obtaining information from experts and representatives of particular groups including people living with dementia, BAME groups and a group providing a range of services to marginalised groups, including trans, non-binary and gender diverse people. More interviews are planned including experts representing people living with a mental health illness. The interviews can be found within our wider engagement activity report which can be found here: https://www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved **Surveys**

<table>
<tr><td></td><td></td><td></td><td>We used a number of surveys to ask detailed question that could be analysed and fed into the review. In the equality and diversity monitoring form we included a question asking respondents if they had a diversity and giving them an option to indicate their disability if they wished.
Out of a total of 53 responses 20% advised their day to day activity was either limited a lot or limited a little because of a health problem or disability that has lasted or is expected to last at least 12 months.
A survey aimed at community and voluntary sector found that out of a total of 47 respondents advised that 36 % advised their day to day activity was either limited a lot or limited a little because of a health problem or disability that has lasted or is expected to last at least 12 months.
The analysis of the survey can be found online here: https://www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved/surveys</td></tr>
<tr><td rowspan="2">5 July 2022 Update on Day Opportunities</td><td>Adult Social Care to provide a detailed breakdown of the numbers of residents using day opportunities who have mental health issues, disabilities or both.</td><td>Adult Social Care & Health – Adult Social Care</td><td>Some residents receiving support from Brent Adult Social care have a dual diagnosis. We have extracted data from the Brent Adult Social Care electronic Mosaic system where resident's needs are recorded based on their primary support needs.
<table>
<tr><th>Primary Service User Support Need</th><th>Number of people using Day Opportunities</th></tr>
<tr><td>Support with memory & cognition</td><td>12</td></tr>
<tr><td>Sensory Support</td><td>1</td></tr>
<tr><td>Physical Disability</td><td>103</td></tr>
<tr><td>Mental Health</td><td>2</td></tr>
<tr><td>Learning Disability</td><td>204</td></tr>
<tr><td>Total</td><td>322</td></tr>
</table></td></tr>
<tr><td>Adult Social Care to provide data on the effectiveness on different engagement methods in regard to promoting day opportunities.</td><td>Adult Social Care & Health – Adult Social Care</td><td>To date, Adult Social Care Commissioners have organised three information sessions. These sessions are primarily aimed at social care practitioners. This is to ensure that practitioners are aware of the local offer post-pandemic.
These events have taken place both virtually and in-person as detailed below and were well attended by Health & Social care staff.
Day Opportunity providers shared timetables and information packs with attendees. Future events are planned to promote Day Opportunities for residents who are eligible for this offer.
4th August 2021 – Virtual (Learning Disabilities)
2nd February 2022 – Virtual
24th May 2022 – In Person at Brent Civic Centre
With regards to the impact of the work we’re doing to get the number of people using day opportunities to increase, to date we haven’t seen an increase but it’s early days. We will hold another event in September with day opportunities providers and social workers to promote day opportunities and for providers to speak directly to our staff.</td></tr>
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<table>
<tr>
<td>5 July 2022 – Adult Care Services</td>
<td>To provide a demographic breakdown of carers in Brent by age, ethnicity, gender etc.</td>
<td>Adult Social Care & Health – Adult Social Care</td>
<td>A breakdown is provided below: please note that for Gender, the response prefer not to say was excluded from the figures. This means that the gender figures do not fully equate to 100% of Brent carers, but are representative of those willing to state their gender.

<table>
<tr><th>Age
(unknown excluded)</th><th>% of Brent Carers</th></tr>
<tr><td>18 – 24</td><td>1%</td></tr>
<tr><td>25 – 34</td><td>3%</td></tr>
<tr><td>35 – 44</td><td>4%</td></tr>
<tr><td>45 – 54</td><td>17%</td></tr>
<tr><td>55 – 64</td><td>29%</td></tr>
<tr><td>65 – 74</td><td>22%</td></tr>
<tr><td>75 – 84</td><td>18%</td></tr>
<tr><td>85+</td><td>7%</td></tr>
<tr><th>Gender</th><th>% of Brent Carers</th></tr>
<tr><td>Female</td><td>75%</td></tr>
<tr><td>Male</td><td>25%</td></tr>
<tr><th>Ethnicity</th><th>% of Brent Carers</th></tr>
<tr><td>Asian or Asian British</td><td>39%</td></tr>
<tr><td>Black or Black British</td><td>29%</td></tr>
<tr><td>White</td><td>21%</td></tr>
<tr><td>Other Ethnic Groups</td><td>4%</td></tr>
<tr><td>Mixed / Multiple</td><td>1%</td></tr>
<tr><td>Not Stated / Undeclared</td><td>7%</td></tr>
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<tr>
<td>5 July 2022 – Adult Care Services</td>
<td>To provide a breakdown of the number of carers that provide care for each need, i.e. mental health, learning disability, older people/dementia, physical disability</td>
<td>Adult Social Care & Health – Adult Social Care</td>
<td>
<table>
<tr><th>Service User Primary Need Group</th><th>% Of Brent Carers</th></tr>
<tr><td>Physical Support</td><td>57.7%</td></tr>
<tr><td>Learning Disability</td><td>32.2%</td></tr>
<tr><td>Support with Memory & Cognition</td><td>5.7%</td></tr>
<tr><td>Mental Health</td><td>0.9%</td></tr>
<tr><td>Family in Acute Stress</td><td>0.1%</td></tr>
<tr><td>Disability</td><td>1.4%</td></tr>
<tr><td>Sensory Support</td><td>1.0%</td></tr>
<tr><td>Social Support</td><td>0.9%</td></tr>
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<td rowspan="2">22 September 2022 – Implementation of SEND review</td>
<td>The committee to receive the training programme for staff who work with children with autism in additional needs settings</td>
<td>Children and Young People</td>
<td>SEND in schools training offer is attached: SEND in schools Training offer 22-23 c</td>
</tr>
<tr>
<td>The committee to receive data on the diversity in the level of need within those who have EHCP’s</td>
<td>Children and Young People</td>
<td>
<table>
<tr><th>Category of Need</th><th>Count</th></tr>
<tr><td>Cognition And Learning Needs</td><td>861</td></tr>
<tr><td>Communication And Interaction Needs</td><td>1543</td></tr>
<tr><td>Other Needs</td><td>13</td></tr>
<tr><td>Sensory And/or Physical Needs</td><td>225</td></tr>
<tr><td>Social, Emotional And Mental Health</td><td>294</td></tr>
<tr><td>(blank)</td><td>2</td></tr>
<tr><td>Grand Total</td><td>2938</td></tr>
</table>
<table>
<tr><th>Special Educational Need Description</th><th>Count</th></tr>
<tr><td>ASD - Autistic Spectrum Disorder</td><td>1097</td></tr>
<tr><td>HI - Hearing Impairment</td><td>68</td></tr>
<tr><td>MLD - Moderate Learning Difficulties</td><td>506</td></tr>
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<td></td>
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<td></td>
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<table>
<tr><td>MSI - Multi-Sensory Impairment</td><td>7</td></tr>
<tr><td>OTH - Other Difficulty/disability</td><td>13</td></tr>
<tr><td>PD - Physical Disability</td><td>115</td></tr>
<tr><td>PMLD - Profound & Multiple Learning Difficult</td><td>88</td></tr>
<tr><td>SEMH - Social, Emotional And Mental Health</td><td>294</td></tr>
<tr><td>SLCN - Speech, Language And Communication Needs</td><td>446</td></tr>
<tr><td>SLD - Severe Learning Difficulties</td><td>219</td></tr>
<tr><td>SPLD - Specific Learning Difficulty</td><td>48</td></tr>
<tr><td>VI - Visual Impairment</td><td>35</td></tr>
<tr><td>(blank)</td><td>2</td></tr>
<tr><td>Grand Total</td><td>2938</td></tr>
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<td></td>
<td>The committee receive information on how the recommendations of the transitional safeguarding task group feed into the SEND strategy.</td>
<td>Children and Young People</td>
<td>Support for young people with SEND must be provided until they reach the age of 25 where this is agreed within their Education, Health and Care plan (EHCP). These plans will include, as part of the ‘care’ element consideration as to how young people will be encouraged to become more independent, balancing this against how potential risks within the community are to be managed. There are well established links between CYP and Adult Social Care to ensure the transition point for young people with SEND is well managed leading up to their 25th birthday. Learning from good practice in this transition work is being shared more broadly across services to enable new ways of working to be created, consistent with the task group recommendations</td>
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<tr>
<td rowspan="2">25 January 2023 – Brent Housing Management</td>
<td>To receive results of the latest tenant perception surveys and transactional surveys.</td>
<td>Resident Services - Housing</td>
<td>Tenant Satisfaction Measures – Results PowerPoint has been shared with the committee.</td>
</tr>
<tr>
<td>To receive more information on the nature of outstanding, out of target complex repairs (P3, P4) that have taken a year or longer to resolve.</td>
<td>Resident Services - Housing</td>
<td>Below are the contractual repairs priorities including timeframe to complete works

• P1 = 4 Hour Emergencies only
• P2 = 24 hours and complete in 3 days
• P3 = 21 Days
• P4 = 60 Days

There are some orders that take longer that these to be delivered. Having delved into these, they are predominantly large complex works orders, relating to structural works, legal disrepair claims and works of</td>
</tr>
</table>

			multiple trades. There are also a few repairs where materials have been limited in supply such as fence panels for replacement fences. There is also a mixture of non- urgent repairs, which include paving and drainage issues requiring CCTV equipment, but these are in the minority. Following discussions with Wates last year, they have taken the following actions: • increased direct labour operatives from 15 - 20 to 40 directly employed operative and their daily job completion has improved from 1.2 jobs per day to 2.4. • increased their available multi-trade supply chain (subcontractors) who can deliver the larger more complex works such as disrepair, structural and damp and mould works. • completing more repairs weekly than they are receiving, the current overall WIP sits at 2884 down from 3613 in Jan 2023 WIP Reduction Plan (Work in progress), Property Services and Wates meet weekly to discuss progress and WIP recovery profile (this profiles direction based on average number of jobs Wates operatives and supply chain complete per day/week), Wates are currently completing an average of 128 jobs more than they receive. We are exploring other routes to ensuring outstanding repair works are dealt with.
	To receive a breakdown of Brent Housing Management's complaints to help the committee understand which type of residents are making complaints.	**Resident Services - Housing**	We do not hold any personal data on the demographics of the resident's making complaints, so are unable to give additional information about the types of residents making complaints. However, we can detail a breakdown of the complaints received, by how we log them. An excel sheet has been shared, which demonstrates the nature and number of complaints received. We meet quarterly with all Managers, Service Managers and Corporate Complaints Managers to look at trends and identify themes which inform how we should target interventions to reduce issues residents face and make improvements. Senior management also meet with Complaints Managers monthly to discuss any areas which are a risk and look at how we are handling our complaints service in line with the Ombudsman and their recommendations. For example, our response time for complaints will shortly be reducing from 20 days to 10 in line with the Ombudsman's recommendation for best practice, and we are improving the accessibility of the complaints process.
	To receive details of the Q4 performance report when available.	**Communities and Regeneration**	To be shared once published for Cabinet, likely to be June 2023 meeting.

25 January 2023 – Mental Health and Wellbeing Subgroup	To receive information on how we are managing demand for mental health services, and how we are performing in comparison to other NW London boroughs.	**Brent Borough Based Partnership (Brent Integrated Care Partnership)**	To Follow.
	To receive an infographic/ schematic example of a typical person's recovery pathway.	**Brent Borough Based Partnership (Brent Integrated Care Partnership)**	The Brent Integrated Care Partnership have advised this will take longer to create, so will be included at a later date.

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Brent	**Community and Wellbeing Scrutiny Committee** 7 March 2023
	Report from the Corporate Director of Communities and Regeneration

Update to the Community and Wellbeing Scrutiny Committee's Work Programme 2022-23

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 - Community and Wellbeing Scrutiny Committee Work Programme 2022-23
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	George Kockelbergh Strategy Lead – Scrutiny, Strategy and Partnerships George.Kockelbergh@brent.gov.uk Tom Pickup Policy, Partnerships and Scrutiny Manager, Strategy and Partnerships Tom.pickup@brent.gov.uk Janet Latinwo Head of Strategy and Partnerships, Strategy and Partnerships Janet.Latinwo@brent.gov.uk

1.0 Purpose of the Report

1.1 To provide an update on the changes to the Community and Wellbeing Scrutiny Committee's work programme

2.0 Recommendation(s)

2.1 To note the report and changes to the work programme within.

3.0 Detail

3.1 The Community and Wellbeing Scrutiny Committee's work programme sets out the items which the committee will consider during the municipal year.

3.2 A scrutiny committee's work programme is a flexible, living document that can adapt according to the needs of a committee. Changes to the committee's work programme are reflective of this.

3.3 The agenda of the April 2023 meeting has been updated to add items on the 'Northwick Park Maternity Improvement Plan Progress Update' and 'GP Access Task Group 1 Year Update'. These items were moved from the 7 March 2023 meeting to balance agendas so that each item could be reviewed in sufficient detail. The updated work programme is detailed in Appendix 1.

4.0 Financial Implications

4.1 There are no financial implications arising from this report

5.0 Legal Implications

5.1 There are no legal implications arising from this report.

6.0 Equality Implications

6.1 There are no equalities implications arising from this report

7.0 Consultation with Ward Members and Stakeholders

7.1 Ward members are consulted on the committee's work programme through updates to Full Council.

Report sign off:

Zahur Khan
Corporate Director, Communities and Regeneration

Appendix 1: Community and Wellbeing Scrutiny Committee Work Programme

5 July 2022

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors	External Organisations	External participants
Update on Adult Day Care Services	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care		
Update on Shared Lives Scheme & Tudor Gardens	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care		

Adult Carers	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care		
End of Life Care	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care	North West London Integrated Care System	Carolyn Regan – Chief Executive West London NHS Trust Andrew Pike, Assistant Director of Communications NW London CCG

22 September 2022

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors	External Organisations	External Directors
Implementation of SEND Review and High Needs Block	Cllr Gwen Grahl, Lead Member for Children, Young People and Schools	Nigel Chapman, Corporate Director, Children and Young People Minesh Patel, Corporate Director, Finance and Resources	Health	TBC

Early Help & Family Wellbeing Centres	Cllr Gwen Grahl, Lead Member for Children, Young People and Schools	Nigel Chapman, Corporate Director, Children and Young People		
Scoping Paper on Social Prescribing	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care Tom Shakespeare, Integrated Care Partnership Director		Robyn Doran, Borough Director Brent Integrated Care Partnership

22 November 2022

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors	External Organisations	External Participants
Brent Safeguarding Adults Board Annual Report 2022-2023 *with a particular focus on cuckooing	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care	Brent Safeguarding Adults' Board	Independent Chair, SAB
Brent's Multi-Agency Safeguarding Arrangements for Children	Cllr Gwen Grahl, Lead Member for Children, Young People and Schools	Nigel Chapman, Corporate Director, Children and Young People Carolyn Downs Chief Executive, Brent Council	Metropolitan Police Health	Safeguarding Lead, North West London BCU Director of Quality, North West London CCG Independent Convenor, SCF
Transitional Safeguarding Task Group 6 Months' Update	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care		

	Cllr Gwen Grahl, Lead Member for Children, Young People and Schools	Nigel Chapman, Corporate Director, Children and Young People		

25 January 2023

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors/ Director of Public Health	External Organisations	External Participants
Brent Housing Management Update to include: Fire Safety, Resident Engagement, Housing Inspection Framework	Cllr Promise Knight, Lead Member for Housing, Homelessness and Renters Security	Peter Gadsdon, Corporate Director, Resident Services		
Mental Health and Wellbeing Subgroup	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care		Robyn Doran, Borough Director Brent Integrated Care Partnership Sarah Nyandoro, SRO - Mental Health and Wellbeing Exec Group, Brent Based Partnership (Brent ICP) Head of Mental Health, Learning Disabilities and Autism – All Age, NHS North West London
Social Prescribing Task Group Interim Report	Councillor Ketan Sheth, Task Group Chair	Phil Porter, Corporate Director, Public Health and Adult Social Care		

7 March 2023

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors/ Director of Public Health	External Organisations	External Participants
Children's Mental Health and Wellbeing Including CAMHS	Cllr Gwen Grahl, Lead Member for Children, Young People and Schools	Nigel Chapman, Corporate Director, Children and Young People		Trish Davies, Central North West London CAMHS Service manager
Update on School Attainment including for Black British Boys of Caribbean Heritage	Cllr Gwen Grahl, Lead Member for Children, Young People and Schools	Nigel Chapman, Corporate Director, Children and Young People		Head teacher from primary & secondary school in Brent
Immunisation	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care Melanie Smith, Director of Public Health Tom Shakespeare, Integrated Care Partnership Director		Jonathan Turner, Borough Director, Brent Integrated Partnership, North West London Integrated Care System
Social Prescribing Task Group Final Report	Councillor Ketan Sheth, Task Group Chair	Phil Porter, Corporate Director, Public Health and Adult Social Care		

18 April 2023

Agenda Item	Leader/Deputy Leader/Cabinet Members	Chief Executive/Strategic Directors	External Organisations	External Participants
Casey Review 1 Years' Update		Carolyn Downs, Chief Executive, Brent Council Chris Whyte, Chair of Stakeholder Panel	Metropolitan Police Football Association	Tom Legg, Head of Operations, The Football Association Chris Bryant, Head of Tournament Delivery, The Football Association Jim Brockway, Metropolitan Police
Community Diagnostic Centres in North West London		Phil Porter, Corporate Director, Public Health and Adult Social Care Tom Shakespeare, Integrated Care Partnership Director	North West London Integrated Care System	Jonathan Turner, Borough Director, Brent Integrated Partnership, North West London Integrated Care System
Northwick Park Maternity Improvement Plan Progress Update			London North West University Healthcare Trust	Pippa Nightingale, Chief Executive for London North West University Healthcare NHS Trust. Lisa Knight (Chief Nurse NWL ICS)

GP Access Task Group 1 Year Update	Cllr Neil Nerva, Lead Member for Public Health and Adult Social Care	Phil Porter, Corporate Director, Public Health and Adult Social Care		Dr Muhammad Haider, Primary Care Lead Officer Fana Hussain, Head of Planned and Primary Care Jonathan Turner, Borough Director, Brent Integrated Care Partnership

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