



Community and Wellbeing Scrutiny Committee

Tuesday 18 April 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 webinar live will be available [HERE](#).

Membership:

Members

Councillors:

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

Substitute Members

Councillors:

Ahmadi-Moghaddam, 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 or trade union).
- (b) The interests of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

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

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

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Deputations (if any)	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting	1 - 12
To approve the minutes of the previous meeting as a correct record.	
5 Matters arising (if any)	
6 Casey Review 1 Years' Update	13 - 46
To provide an update on the progress made by partners on the implementation of the recommendations made by Baroness Casey following the UEFA Euro 2020 Final at Wembley Stadium.	
7 Northwick Park Maternity Improvement Plan Progress Update	47 - 52
For the Community and Wellbeing Scrutiny Committee to receive an update on the delivery against the London North West University Hospitals NHS Trust Maternity Improvement Plan, the Maternity Strategy, and on the Trust's regulatory compliance.	
8 Community Diagnostic Centres in North West London	53 - 66
To provide the Community and Wellbeing Scrutiny Committee with an update on the development of new NHS Community Diagnostic Centres in Brent and North West London.	

9 GP Access Task Group 1 Year Update

67 - 80

To update the Community and Wellbeing Scrutiny Committee on the progress made against the recommendations from the GP Access Task Group over the past year.

10 Community and Wellbeing Scrutiny Committee Recommendations Tracker 2022-23 81 - 101

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

11 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.



Please remember to turn your mobile phone to silent 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
Tuesday 7 March 2023 at 6.00 pm
Held as a hybrid meeting in The Conference Hall – Brent Civic Centre

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair), and Councillors Afzal, Begum, Ethapemi, Fraser, Matin, Mistry, Rajan-Seelan and Smith

Also Present: Co-opted member Mr Alloysius Frederick (remote attendance) and Councillors Mili Patel, Gwen Grahl and Neil Nerva

1. Apologies for absence and clarification of alternate members

- Councillor Moeen

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and North West London NHS Foundation Trust and a number of educational bodies as detailed on the public website
- Councillor Matin – employed by NHSE
- Councillor Ethapemi – spouse employed by NHSE
- Councillor Collymore – member of palliative care end of life steering group
- Councillor Rajan-Seelan – spouse employed by NHS
- Councillor Smith – employed at Royal Free Hospital

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting on 25 January 2023 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Update on School Attainment, including for Black British Boys of Caribbean Heritage

Councillor Grahl (Cabinet Member for Children, Young People and Schools) introduced the report, which provided a summary of school attainment across the Borough and outlined some of the interventions the Council had taken to assist where results were lower than averages. She felt there were a lot of positives, including an above average attainment for

disadvantaged children in the borough. In addition, every Brent school except one had achieved a 'good' or 'outstanding' Ofsted rating. She highlighted the challenges, such as a plateau in attainment in some areas following the pandemic, including the attainment gap amongst Black British boys of Caribbean heritage, and some results below the national average for those on Education Health and Care Plans (EHCPs).

In continuing the introduction, Nigel Chapman (Corporate Director Children and Young People, Brent Council) highlighted that he was confident Brent was one of the best performing local authority areas in the country in relation to Ofsted ratings, which he attributed to the commitment, quality, and strength of school leadership in the borough, despite some of the challenges being experienced within the school system. He listed some of these pressures as the pandemic, workforce issues, additional need demand, and budget pressures. The current focus was on post-covid recovery, including attendance and promoting attendance. The attendance levels of Brent schools were within the top 10 local authority areas nationally, which he believed was a sign of both parental support and school commitment to engagement. There were plans in place to improve those areas of challenge and he felt the overall position was strong.

The Chair thanked Councillor Grahl and Nigel Chapman for their introduction. Several headteachers from different schools were in attendance at the meeting, and the Chair invited comments from them individually to explain what they were doing in relation to attainment within their own schools.

Georgina Nutton (Headteacher, Preston Park Primary School) explained that the main focus at Preston Park Primary School was on the curriculum, ensuring it was effective, fit for purpose, and relevant for all the children at school. This focus included training for staff on subject knowledge and knowledge cascades to ensure that the way the school taught was delivered in a high quality and purposeful way, personalising the learning within the classroom to ensure every child had access to that learning.

Jayne Jardine (CEO and Executive Headteacher, The Rise Partnership Trust) highlighted that all special schools in Brent were rated as 'outstanding' by Ofsted except one, which was being supported to improve by the local authority. The Trust's special schools were offering a highly individualised curriculum for children with complex needs, including providing integrated therapy, with behavioural practitioners working in every classroom to ensure all pupils were able to access the learning. During the pandemic, special schools had remained open as they were offering education to the most vulnerable pupils in Brent, with pupils attending on a full or part time basis. This had enabled a level of continuity for pupils going forward. She concluded by highlighting that special schools were over-subscribed, acknowledging that this was a reflection of the high esteem the local authority held for special schools in Brent.

Judith Enright (Headteacher, Queen's Park Community School) advised the Committee that Queen's Park Community School's focus had also been on having a curriculum that met the needs of all learners. The post-pandemic recovery period had highlighted attendance as a key concern for Brent, but it had been positive that attendance levels were well above national measures. She highlighted some positives within her school such as the full extra-curricular and enrichment programmes that pupils had undertaken, including productions, concerts and work experience. She highlighted that, by secondary school, learners would be looking at 'ultimate destinations' and so these extra-curricular activities were essential, as well as information, advice and guidance on future pathways. The school was still sending a high proportion of learners to Russell Group Universities, but there had been disruption to the broader range of pathways such as apprenticeships during the pandemic. She finished her update by congratulating a learner with an EHCP at Queen's Park Community School who had just achieved four A* grades and an A through the support and joint working across Brent, and four learners who had been accepted into Oxbridge during the Summer.

The Chair thanked headteachers for their updates and invited comments and questions from the Committee, with the following issues raised:

The Committee asked for clarity on why there had been specific focus on Black British boys of Caribbean heritage and whether there had also been specific focus on children of Somali heritage, who had also historically had lower attainment. Nigel Chapman explained that Black British boys of Caribbean heritage had been identified as the most underperforming group in comparison to all other groups, whereas children of Somali heritage, whilst in the past had not progressed as well as all groups, had in recent years made good progress and were now in line with other groups of children in relation to attainment, which was why there was specific focus on that cohort.

In highlighting that the report detailed that lower attainment for Black British boys of Caribbean heritage was a historic issue, the Committee asked why Brent had not moved forward and closed that attainment gap. Jen Haskew (Head of Setting and School Effectiveness, Brent Council) highlighted that the gap had been closing and, had it not been for the disruption in the usual offer caused by covid, then that trajectory would have continued. However, focus and resource had changed to focus on covid delivery and recovery. It had been found that covid had a disproportionate impact for those at risk of lower attainment, due to the need for continuity which was not available during the pandemic. Whilst it was acknowledged that the gap had not continued to close, she felt assured that schools were now in a period showing renewed outcomes as measured by Ofsted, and could now refocus and put resources back into focusing on underperforming groups.

The Committee asked for assurance that there was a school journey mapped out for Black British boys of Caribbean heritage, which was consistent and meaningful from one stage to the next and that was monitored and focused. Judith Enright explained that, in Queen's Park Community School, the work to close the attainment gap for Black British boys of Caribbean heritage began in September 2016, building on previous projects that had a range of successes. The school had the 'Aiming High' project, lead by its Anti-Racism Leader, and the primary starting point of that project had been connection with families and ensuring families were involved in the school experience of their children. That project had been disrupted by the pandemic as there were no face-to-face meetings, trips, visits or shared experiences. Data showed that the gap had been closing in 2019, and any gains made up to 2019 had been set back by the pandemic when the first set of official results were announced in 2022. In terms of how the school knew it was working to significantly address the gap now that schools were business as usual, the Committee heard that the school's Anti-Racism Leader had been delivering a programme of school interventions and monitoring progress there, holding staff to account, and had also been engaging with families such as through a recent trip to see Black Panther with families from the 'Aiming High' cohort. As a result of the 'Aiming High' project, one of the first students who took part in that programme had now started Cambridge University, and she had come back to speak to students about her journey, as a mantra for the school was that 'you can't be what you can't see'. On top of that, Queen's Park Community School was working on its anti-racism curriculum, racial literacy and training for staff. Judith Enright hoped it would be a Brent-wide approach for staff to undertake racial literacy training, as it was not part of initial teacher training.

It was highlighted that section 10.5 of the report stated that the attainment gap for Black British boys of Caribbean heritage was already evident in early years, in comparison to the 1970s and 1980s where Black boys were ahead of their peers when they got to school and that drop in attainment had happened at age 11. This meant teachers were supporting children who were already behind in attainment by the time they reached school. Councillor Grahl acknowledged that was the case, and there were various strategies used by schools

to support pupils already underachieving. From a local authority perspective, the Council were ensuring that they were providing young people with the best start in life. Increasing research showed that school attainment was not just about what happened at school but a multitude of other factors such as quality of housing, poverty and mental health. She pointed to the free school meals provision that was due to start in September, the Resident Support Fund, and the building of council housing as work the Council were doing to build a safety net for young people to get the best start in life.

The Committee highlighted that the report referred to 'disadvantaged' pupils, and asked what the definition of 'disadvantaged' was in the context of the report. Shirley Parks (Director Safeguarding, Partnerships and Strategy, Brent Council) explained that the categories of data within the report referring to disadvantaged pupils were national categories of data used as a deprivation indicator by the DfE, based on children eligible for pupil premium. It was explained that those pupils who were eligible for free school meals previously now attracted additional funding in the school's budget through pupil premium, as it was recognised they may have wider needs than some other children. That additional funding was for schools to deploy, targeted at supporting those particular children, and there was a requirement for schools to evidence how they were putting that support in place and using that funding for those children.

In considering how schools used their pupil premium, the Chair invited headteachers present to explain what support they put in place with that additional funding. Georgina Nutton explained that a major part of implementing that support in Preston Park Primary School was to have a lower teacher to pupil ratio in the classroom, so that those pupils had more interaction with their teacher. The pupil premium also went towards uniform support and enrichment activities, for example supplemented school trips. Within Preston Park Primary School, pupils eligible for pupil premium could learn a musical instrument for free and receive tuition for phonics daily for 10 minutes to close that gap early.

In secondary school, Judith Enright explained that the same approach to using pupil premium funding would apply. Any Brent school was required to have their pupil premium statement on their website to show how that specific school was using that funding to close the gap. As pupils moved from primary to secondary school, the secondary school gathered lots of information, including SAT results, speaking to the year 6 team, and doing their own assessments of reading age, in order to understand the needs of each child. Queen's Park Community School offered literacy and numeracy interventions in small groups and some children may be targeted for urgent intervention to improve reading age, as pupils quickly needed a reading age that mirrored their chronological age at secondary school level. The pupil premium in Queen's Park Community School was also used to support music lessons, trips and visits, and also curriculum entitlement such as art and food technology materials. In addition, Queen's Park Community School had commissioned an intervention recommended by Brent Inclusion called West London Zone, who worked in a holistic way with 30 identified children and their families for 2 years.

In relation to children diagnosed with a learning disability, the Committee asked if there was any data for that, such as timings for diagnosis. Sharon Buckby (Head of Inclusion and Brent Virtual School, Brent Council) explained that diagnosis for neurodiversity, predominantly Autistic Spectrum Disorder (ASD) or Dyslexia, Dyspraxia or Tourettes, was usually around the ages of 3-4 years old in Brent. A significant number of children diagnosed under the age of 5 with ASD then moved on to an EHCP. For the calendar year, 43% had a diagnosis of ASD and an EHCP by the age of 4. 63% of all under 7-year-olds with an EHCP were diagnosed with ASD. In relation to ethnicity data for those with a learning disability, Sharon Buckby explained that she had only recently received that data and would want to analyse it first before sharing wider.

Continuing to discuss diagnosis timings, the Committee queried if it was possible that disabilities were being missed by settings which were then having to be picked up higher in the pathway and individuals subsequently receiving a late diagnosis. Sharon Buckby acknowledged that there would be older young people now who may not have been able to access early intervention and support through the system when they were younger because the system was not as it was now. That would mean there would be greater numbers of neurodiversity identified at University or work now than had been previously. The system in Brent now recognised and diagnosed earlier than every part of the country and there was a much higher rate in Brent compared to nationally and there was a need to understand why that was the case.

The Committee highlighted that there was a lot of data in the report, and some of that data showed variation such as; for some categories girls were performing better than boys; and SEND pupils were outperforming national averages in some categories but below national averages in others. The Committee felt it would be helpful for the Committee to understand why there were disparities in attainment and what strategies were being implemented to address them moving forward included in future reports. Particularly in relation to the data for Black British boys of Caribbean heritage, Shirley Parks explained that the data was not in the public domain but could be provided to the Committee separately.

It was highlighted that, now that traditional exams had returned, the grades for Key Stage 4 students had reduced in comparison to their teacher marked grades. Committee members asked what could be done to level up those students. Judith Enright explained that grades in 2020-21 were differently applied based on teacher judgement, and teachers had been required to provide evidence on the grades they were giving. In 2020, grades had been given based on a ranked order of how well students did, based on all the information teachers had available. In 2021, there was a fuller picture of learning through teacher assessment, and teachers gave grades to Black British boys of Caribbean heritage that were higher across schools than they subsequently achieved in sitting the traditional GCSE exams in 2022. This was being discussed at Judith's school as to the reasons for this, because, through teacher assessed grades, there had been a closing of the attainment gap.

The Committee highlighted that the report referred to schools receiving support and challenge from the local authority to rapidly improve, and queried what specifically that challenge looked like. Jen Haskew explained that a number of officers within her team worked directly with schools, school leaders and governors to represent the local authority around support and challenge. During these directive visits with headteachers, her team would talk about the specific data for that particular school. That may involve speaking to school leaders about particular groups of children or individual children who may not be achieving as well as their peers, and they discussed what leaders were doing to interject and improve outcomes for those pupils. There was also Rapid Improvement Groups where, if a particular school had been identified or had self-identified, they received resources from the local authority and a group convened with school leaders, governors and the local authority to address specific areas that needed to improve rapidly. This could be in a number of areas, such as achievement, finance or attendance. One particular school had been supported by a Rapid Improvement Group where the areas for improvement had been identified by Ofsted. Some of the support offered to that school to improve had been around curriculum developments to ensure it was fit for purpose for the pupils attending that school, strengthening governance, and supporting recruitment to ensure enthusiastic and well qualified staff were being recruited. Jen Haskew felt confident that when the school was reinspected the outcome would be different and the rating would be improved. Of the other 2 schools referenced in the report that had been supported by Rapid Improvement Groups, both of those had seen positive outcomes as judged by Ofsted.

The Committee asked about parent and carer engagement. Georgina Nutton highlighted that, as schools, one thing they had done particularly well pre-covid with Black British boys of Caribbean heritage had been to work in partnership with families, having the child's voice heard, and giving children mentors and coaches. Covid had been disruptive to that process, but schools were building on that good practice and putting it back in to the system, working hard to close the gap and help every child succeed and have a great first start to education.

The Committee queried whether the Ofsted inspection lens was too narrow a focus to measure how schools were approaching attainment. Jayne Jardine explained that she worked as a Lead Ofsted Inspector, and when Ofsted inspected schools they looked at the quality of education, behaviour and attitudes, personal development, safeguarding in its widest sense, and leadership and management. Through that, there was a particular focus on a curriculum that prepared pupils for outcomes at each key stage. In addition, inspectors asked for parents, staff and pupil views to gather a broad range of perspectives, however, the window of time available to gather that feedback was short. This meant some schools had a lot of responses whereas others got very few.

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 to the Committee about the attainment of Black British boys of Caribbean heritage were structured around the journey of the child. In practice, this would consist of outlining educational experiences and outcomes from early years to the end of secondary school.
- ii) To recommend that future reports to the Committee on the issue of attainment include a wider narrative on the reasons for historically lower attainment for Black British boys of Caribbean heritage, to give the Committee a sense of the bigger picture.
- iii) To recommend that future reports include more information on the underlying issues that contribute to lower attainment at school.

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

- i) That the Committee receives a breakdown of ethnicity data for children diagnosed with neurodiversity in Brent.
- ii) That the Committee receives a breakdown of attainment data for Black British boys of Caribbean heritage, including how it has changed since 2019.
- iii) That the Committee receives information on how the Children and Young People's directorate is prioritising attainment for Black British boys of Caribbean heritage and how it is working with other departments to tackle underlying issues that contribute to lower attainment for Black British boys of Caribbean heritage.

7. Children's Mental Health and Wellbeing including CAMHS

Councillor Grahl (Cabinet Member for Children, Young People and Schools) introduced the report, which she highlighted was an area of considerable past challenge and public interest. CAMHS was a relatively new service nationally which had struggled with large

increases in demand, particularly since the pandemic, and long waiting lists in many boroughs. The report highlighted that the waiting list had reduced substantially over the previous few months, and the Thrive model was being implemented to provide early intervention and prevent ill mental health from escalating and affecting other areas of young people's lives. As a Council, Brent favoured this early intervention and multi-disciplinary approach and welcomed feedback from the Committee on working with partners to accelerate the programme. Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that it was acknowledged there were issues with CAMHS waiting lists nationally, but that mental health and wellbeing support was not available via CAMHS only, with many children not requiring that level of intervention.

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

The Chair invited the headteachers present to respond to how schools were implementing their mental health support offer. Jayne Jardine (CEO and Executive Headteacher, The Rise Partnership Trust) highlighted that schools across Brent were doing a lot of work in the mental health and wellbeing arena, including attending national training offered by DfE. Schools were rapidly improving their processes and procedures and recognising the high importance of mental health for pupils and families. She highlighted the national campaign 'no shame, no blame' in supporting the work of schools on mental health.

Georgina Nutton (Headteacher, Preston Park Primary School) advised the Committee that the most prevalent mental health conditions they were seeing at Preston Park Primary School were anxiety and depression. The school were focused on creating the conditions necessary to enable children to talk openly about mental health, which stemmed from its vision for every child to be safe, happy and kind. The school had a strong vision and values running through the curriculum, including the hidden curriculum of pastoral support, emotion coaching, and language and communication with their children. In addition, the school worked with many external agencies, such as 'Place 2 Be', which was the counselling service. In particular, the school was working on upskilling staff and ensuring all staff were trauma trained.

Judith Enright (Headteacher, Queens Park Community School) added that, at Queens Park Community School, since the pandemic, there had been a sense of young people not having a trusted adult in school as that relationship had been disrupted over the 2 periods of lockdown. The school had needed to rebuild those relationships. She also commended the work of Family Wellbeing Centres, acknowledging that parents were in their own mental health crises and Family Wellbeing Centres had been offering parenting courses and support groups which in turn helped young people with their own mental health. Those Centres engaged many stakeholders, such as citizens advice and NHS partners.

In relation to engagement with other stakeholders such as parents, Georgina Nutton highlighted that Preston Park School had done a lot of work to build relationships and host forums for young people, parents and school staff to talk about mental health in an open conversation. There were events at school where families were brought in such as coffee mornings to bring that conversation to the forefront.

Councillor Grahl added that, as well as schools, the Council worked with other stakeholders and partners in relation to children's mental health and wellbeing. The report highlighted the Council's partnership with the Anna Freud Centre, and there was also a project with Barnardo's for looked after children which concerned health and wellbeing. Shirley Parks (Director Safeguarding Partnerships and Strategy, Brent Council) added that health partners had commissioned an organisation to work with young people to understand mental health and wellbeing, called Thrive. The organisation's focus was on empowering

young people to feel safe to talk about their mental health and wellbeing and address stigma. Bespoke mental health first aid training had also been offered to young people to ensure there was peer support, as many young children were more comfortable looking to their peers for support.

The Chair thanked headteachers for their contributions to the Committee meeting that evening and led a round of applause for teachers across the borough. The Committee then moved on to questions for officers.

The Committee noted that the take up of DfE grant funding to support the training of school mental health leads was at 48%, and asked how that could be further increased. Sharon Buckby (Head of Inclusion and Brent Virtual School, Brent Council) advised the Committee that the way in which that support offer had been delivered previously had been viewed by schools as not adding value, but the DfE had subsequently changed direction and were delivering that grant programme differently, so Brent was seeing a slow increase in uptake as a result.

In terms of the waiting lists for CAMHS, the Committee were advised that there were 504 children waiting for assessment at the beginning of 2022, and by December 2022 that number had gone down to just below 100. In December 2022 alone, there had been 157 referrals to CAMHS and then additional referrals in February 2023, meaning that at the beginning of March 2023, the numbers of children that had been assessed and were waiting for CAMHS interventions was 304 children.

The Committee asked at what stage a school would engage the services of a psychologist for a child. Sarah Nyandoro (Head of Mental Health, Learning Disabilities and Autism – All Age, NHS North West London) explained that there had been an increase in the number of referrals going to specialist CAMHS, but it had been identified that some children and young people did not specifically need the type of intervention CAMHS provided, and some of those children and young people had benefited more from talking therapies through IAPT for children. Psychological therapies were being provided for children and young people through the Brent Centre for Young People.

The report noted that Brent had the lowest funding in NWL for mental health services for children despite high demand, and the Committee asked officers to explain the challenges of that lack of funding and its impact on the delivery of services. Sarah Nyandoro highlighted that funding was a historic issue, and that Brent had historically been underfunded across mental health services as a whole, as well as specifically for children. The Integrated Care Partnership (ICP) in Brent had continued to raise the issue at NWL level to ensure Brent received additional investment in order to bring Brent to the same level as the other 7 NWL boroughs. They were looking at this through the lens of levelling up, but did not yet have a definitive answer as to if Brent would receive that levelling up. They were also lobbying for mental health investment going forward. In addition, Brent had been working with different groups to provide additional support. For example, Brent had currently started working with the Young Brent Foundation, which provided education, training, employment, advice and podcasts for young people to share their experiences and get support from other young people. Brent Young People Thrive provided tier 2 counselling support. As such, Brent was not relying solely on specialist CAMHS to support children, but were looking at what other services could be accessed in Brent to support children. In addition to the funding gap, there was also challenges in recruitment for CAMHS being experienced nationally, and therefore Brent had increased capacity within IAPT. In terms of numbers, officers had identified that around £800k would be needed to bring Brent to a levelling up position, not including the additional mental health investment allocated each year for mental health.

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

An information request was raised during the discussion, recorded as follows:

For the Committee to receive data on which mental health conditions were most prevalent in children and young people in Brent, and for this to be included in future reports to the Committee

8. Update on Childhood and Seasonal Immunisations

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report which provided an update on childhood and seasonal immunisations in Brent. She explained that the arrangements for immunisations were national and determined by the Health and Social Care Act 2012. The Joint Committee for Vaccination and Immunisation (JCVI) gave independent recommendations on immunisations schedules, that NHSE then implemented. Dr Melanie Smith believed that the independent advice from JCVI had stood the country in good stead to have a world class immunisations programme.

In further explaining the arrangements for immunisations, Dr Melanie Smith highlighted that NHSE were responsible for the commissioning of immunisations and providers were generally GPs for both childhood and seasonal immunisations, although recent years had seen an increased role for community pharmacists in delivering immunisations programmes. The exception to that was the school-aged programme for immunisations, which was provided in schools by a specific workforce commissioned by NHSE. Within Brent, that workforce was provided by Central and North West London NHS Foundation Trust. The UK Health Security Agency (UKHSA) were responsible for providing expert advice to NHSE, in particular on outbreaks or potential outbreaks of vaccine preventable diseases such as the case recently with Polio.

At present, the Integrated Care Board's (ICB) role around general practice was largely one of quality assurance and development, and, in time, NHSE's responsibility for commissioning would be devolved to ICBs. There was also the newly established borough-based partnership, which did not have responsibility for immunisations but did have responsibility for addressing health inequalities and who had taken it upon themselves locally to make immunisations and addressing health inequalities within immunisations a priority. The local authority public health role for immunisations was one of independent challenge and assurance, and the Health and Wellbeing Board in Brent had recently discussed immunisations in January 2023 to assure themselves. Dr Melanie Smith summarised the discussion at that meeting, where the Board reflected, with the input of local GPs, on the significant challenges that local primary care services were facing. Local GPs had made developments and initiatives to improve access to vaccination, including weekend clinics. The Board also recognised the shortcomings in the official statistics for childhood immunisations, specifically the fact that the official statistics did not take account of deprivation or ethnicity. The Board had also discussed the variety of experiences and beliefs that communities within Brent held around immunisations, with some views informed by a historic experience of inequalities and structural racism within the provision of public services. Lastly, the Board had looked forward to an increasing flexibility in the local response to immunisations which they hoped to see as a consequence of delegation of the immunisations responsibilities from NHSE.

The Chair then invited Susan Elden (Consultant in Public Health, NHSE) to report the headline findings for Brent. Susan Elden informed the Committee that Brent had similar levels of vaccination rates to the London region, which had been impacted since the pandemic and had declining rates of immunisation. There was now an uptick in particular areas of immunisations. Areas of concern were around the MMR vaccine, where measles needed a very high coverage of immunisations to prevent outbreaks. The flu vaccination for school aged children was also quite low.

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

The Committee noted the challenges listed in the report, and asked how NHSE and local health partners would work to address them. Tom Shakespeare (Integrated Care Partnership Director) highlighted that the Integrated Care Partnership (ICP) were very aware of the challenges in Brent and, following the Community and Wellbeing Scrutiny Task Group on GP access, there had been a lot of work done with the primary care team, GP practices, and the new clinical lead in the borough to look at what more could be done around access. As a result, a significant number of additional appointments had been released, and there had been improved access for online and telephone consultation as well. In relation to staffing, there had been a 100% increase in Additional Roles (ARR) to support GPs and the ICP were looking to use additional funding coming on stream next year to offer more appointments at individual practice level as well as hub level. A communications piece would run alongside that to ensure members of the public were aware of the offer. Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) hoped that, as the Integrated Care Board (ICB) took a greater interest and role in the commissioning of immunisations, NWL as a sector would begin to drill down to locality and, where necessary, GP level, in relation to the uptake of immunisations.

The Committee had concerns that there were still members of the public who were unwilling to take children for immunisations due to fear of a relationship between autism and immunisations. They asked whether there was any work being done around that concern. Dr Melanie Smith agreed that the issue was important to highlight. National communications had taken the view that the argument had been addressed sufficiently, but officers were hearing that was not the case locally for Brent. She felt this highlighted the importance of having both good national communications but then supplementing that with very tailored messages that had generated locally from people within communities that were known and trusted. Brent had done that successfully during Covid and were now looking at repeating that type of communication, including for the linkage between MMR immunisations and autism, which had been discredited. The initial physician who put that theory forward had also since been discredited. The primary aspect of communications about immunisations was done through the NHS, which was done in a number of different language formats and through social media standardised messages, but those were less good at understanding problems and unpicking them. Susan Elden felt it was important not to be overly reductive, but there was a need to understand why certain ethnicity groups had lower uptake of immunisations, which was why the local communications and engagement piece was so important in order to understand what different communities needed.

Susan Elden highlighted that there were a number of local authority areas with persistent issues around inequalities, challenges with access, a need to understand ethnicity data and vaccine hesitancy. On a regional level, it had been found that ethnicity data at GP level was often ticked as 'unknown', so a project to improve ethnicity data collection had been piloted in a few areas and it was hoped this would be rolled out wider so that GPs could get better at collecting ethnicity data. Dr M C Patel highlighted that he would be interested in learning the comparative data of the immunisations take-up of different ethnicity groups compared to their countries of origin, in order to learn from them if they were reaching higher figures.

Committee members observed that there may be cultural and religious reasons that may make parents reluctant to bring their children forward for immunisations. They queried how successful Brent had been in reassuring vaccine hesitant groups and whether there had been any changes in uptake following Brent interventions. Dr Melanie Smith advised that, in her experience, improving vaccine uptake could be done, but there was no one intervention that made a difference because the interventions needed to be tailored to different communities, and a range of different offers needed to be made available. As

such, she felt that Brent had made change but not at scale, and the only way it would change at scale would be to continue to be targeted but at a greater scale.

The Committee asked what awareness was being raised for HPV immunisations. Dr Melanie Smith felt that there had not been enough and a chance had been missed when the vaccine was introduced for boys as well as girls. She highlighted the importance of empowering young people to make their own informed decisions regarding immunisations, as this was a vaccination that had been proven to prevent cancer. In raising awareness of that, she thought it would be useful for young people to lobby the system to make it easier for them to get vaccinated. In considering the HPV vaccine, members highlighted that the uptake in Brent was slightly above the London average, and asked why that was and what learning could be taken from that for other immunisations programmes. Dr Melanie Smith advised the Committee that school-aged immunisations had the advantage of being delivered to large numbers of children very easily. Although she agreed that Brent had done very well, she wanted to be certain that every young person in Brent had received an offer and a repeat offer and been given a chance to make an informed decision.

The Committee asked what work was being done in Brent to ensure children of non-English speaking families did not slip through the gap to access the vaccinations they needed, including amongst emerging communities. Dr Melanie Smith advised the Committee that the approach was 2-fold. The first was ensuring any standard communications were available in community languages, and she commended NHSE and the London Immunisations Board for the work they had done to ensure that. For emerging communities, producing standard information in a suitable language did not necessarily address the specific issues those communities had, so it was about ensuring general information was accessible but also listening to emerging communities to understand their particular issues and tailoring communications to that.

The Chair thanked those present for their contributions and brought the discussion to an end. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that communications and engagement with different communities in Brent is targeted but done at a greater scale to improve the health outcomes of vaccine hesitant and apathetic groups.
- ii) To recommend that a collaborative approach between public health and Brent Health Matters is developed to increase vaccination uptake, including for HPV immunisations.

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

- i) To receive a breakdown of the number of childhood vaccinations by GP practice, to provide a more localised understanding of vaccination uptake across Brent's primary care system, and to inform the NHS's approach to improving vaccination uptake.

9. Social Prescribing Task Group Final Report

The Chair invited Dr M C Patel, member of the Community and Wellbeing Scrutiny Committee Social Prescribing Task Group, to introduce the report. Dr M C Patel began by thanking the members of the group for their contributions and George Kockelbergh (Strategy Lead – Scrutiny, Brent Council) for his support. There were 5 principle recommendations to the report, and he hoped they would help to propose a way forward for how Brent delivered some of the aspirations it had for communities around reducing inequalities in access. The purpose of the task group was so that social prescribing

became embedded in Brent and seen as an integral part of everyone's work. In introducing the report he summarised the 5 recommendations.

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) thanked Dr M C Patel for summarising the work of the Task Group, and highlighted that it had been a very interesting learning experience for himself as the Cabinet Member and for Senior Officers to understand the opportunities for social prescribing.

Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) added that, as Co-Chair of the Brent Integrated Care Partnership Executive, the group that would be overseeing the implementation of the recommendations, he wanted to thank the task group for the work. He highlighted that the ICP was ready and excited to take on the challenge.

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

The Committee highlighted that the report detailed the relative deprivation amongst the different wards and asked whether funding would be allocated accordingly. Tom Shakespeare (Integrated Care Partnership Director) advised that the ICP had been doing a review of services locally and were looking at making a case for levelling up where it felt there was precedent to do so. This was not specific to social prescribers and adjusting the allocation of those, but there was an opportunity to look at Brent's wider services as part of that levelling up agenda and ensure that all staff across the system were trained in social prescribing principles and making every contact count.

While Committee members acknowledged the need for areas of deprivation to have access to social prescribing, they highlighted that there were individuals in more affluent areas that were also in need of social prescribing. Dr M C Patel agreed that the need for access was not limited to areas of deprivation and that affluent individuals could be lonely and isolated as well. The purpose of the exercise was to look at if there were more resources that could be put in and whether the current offer was effective and value for money, as opposed to taking away services from elsewhere.

As no further issues were raised, the Committee **RESOLVED:**

- i) To agree the contents of the report.

10. **Community and Wellbeing Scrutiny Committee Recommendations Tracker**

Noted.


11. **Community and Wellbeing Scrutiny Committee Work Programme 2022-23**

Noted.

12. **Any other urgent business**

None.

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

 Brent	Community and Wellbeing Scrutiny Committee 18 April 2023
	Report from the Corporate Director of Resident Services
The Casey Review of the Final of Euro 2020 - UPDATE	

Wards Affected:	N/A
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 - Baroness Casey Review – One Year On
Background Papers:	None
Contact Officers:	Chris Whyte Director of Environment and Leisure Chris.Whyte@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To provide an update on the progress made by partners on the implementation of the recommendations made by Baroness Casey following the UEFA Euro 2020 Final at Wembley Stadium.

2.0 Recommendations

- 2.1 To note the update with respect to the Council's actions.
- 2.2 To note the overall partnership response to the recommendations as recorded by Wembley National Stadium at Appendix 1.

3.0 Detail

- 3.1 The Euro 2020 Final at Wembley Stadium was blighted by unacceptable levels of casual street-drinking that ultimately led to shocking scenes of fan disorder and anti-social behaviour. These scenes created an unwanted world-wide news story that reflected badly on the organisation of the tournament,

and on the preparations made by key agencies, including the police, the Football Association and Wembley Stadium, and Brent Council as the local authority.

3.2 The FA commissioned an independent review, led by Baroness Casey, to establish the reasons for the disorder and to provide recommendations to ensure there is no repeat in the future.

3.3 A summary of Baroness Casey's findings that are relevant to the London Borough of Brent included:

- There was evidence of overnight drinking as early as 9am on the match day.
- By mid-day over 10,000 fans had arrived in Wembley area, many of whom had travelled in on public transport (buses, national rail and tube).
- Many of the fans were in possession of large amounts of alcohol.
- Some of the fans were already drunk on arrival.
- There was insufficient enforcement of the ban on consuming alcohol on public transport in London.
- There is a lack of enforcement mechanisms available to respond to (and deter) the kind of behaviour witnessed at that Final.
- Planning for crowd control for the Final did not match the 'occasion'.
- The reckless and life endangering anti-social behaviour that ensued was caused largely by people who were under the influence of alcohol / and or drugs.

The Review made five recommendations for national consideration and two specifically for the FA and Wembley and its partners, including Brent.

3.4 Recommendation 1 of the Review required that the Government considers a new category for football matches of 'national significance'. The Review found that the majority of partners treated the Euro final as another match albeit a significant one, rather than an event of national significance. As a result, the security arrangements surrounding the Final were underpowered and public safety was not given the prominence it deserved. The recommendation required that, in the future, there should be a new category for football matches of 'national significance', with the police, and other key partners setting out what steps should be taken for such matches. Importantly for Brent, as the Licensing Authority, this should include enhanced enforcement of bans on alcohol consumption in designated public spaces.

3.5 Recommendation 3 of the Review required that the Sports Ground Safety Authority (SGSA), the events industry, the police and local government agree

on a way forward on who is accountable for Zone Ex (the area of public space around the Stadium used by supporters). The question of who was responsible for public safety on Olympic Way was a contributing factor to the inability to deal with the disorder seen in the build-up to kick-off at the Final. The police and stadium operators have for many years contested the issue of who is responsible for safety and security in Zone Ex and the financing of it remains a contested issue. The recommendation reflected that this should be resolved.

Brent Response

- 3.6 In response, Brent gave its commitment to working with the key neighbouring agencies to ensure these recommendations were complied with in full. A new, energetic and more resilient tri-partite collaboration (known as 'Best in Class') was agreed and activated with the FA and Wembley Stadium, and with Quintain. All parties have agreed joint action was needed to fundamentally improve and coordinate operations in Zone Ex on match days. All are now committed to an ongoing programme of investment in enhanced infrastructure and resources.
- 3.7 Brent's event day operations therefore now assume a very high priority as a consequence of the recommendations of the Casey Review.
- 3.8 A key responsibility for the Council has been to review licensing arrangements with respect to off-sales of alcohol in the local area. These were considered to contribute to problems associated with street-drinking in Zone Ex on match days.
- 3.9 Since July 2021, we have taken forward a robust twin-track approach to review and change, as follows –
- An ongoing approach with the police and partners to prevent alcohol off-sales to street drinkers on event days. This is a statement of intent that has now firmly established a new culture.
 - This has been bolstered by a fundamental revision of the current legislation and the pre-existing Public Spaces Protection Order (PSPO) enforcement framework to change relevant licensing conditions at relevant premises. That has imposed a more resilient and fully consistent set of conditions that prevents alcohol-related ASB over the longer term.
- 3.10 Licensing and enforcement interventions are therefore now imposed by the Council and the partner agencies at each match on a tiered, risk based approach.
- 3.11 The arrangements that are now implemented are set out below –
- A full Council enforcement resource that has successfully exercised new PSPO powers to enforce against street-drinking and urination, ASB, illegal

trading, ticket-touting, and the use of flares/pyrotechnics, by applying a zero-tolerance approach for the first time.

- Enforcement of licensing restrictions on retail premises within the PSPO no-drinking zone.
- Agreement with event partners to provide –
 - Improved signage.
 - Dedicated drinking zones to contain and manage casual outdoors drinking.
 - Pre-messaging to supporters and the general public.
 - A full stewarding and policing resource to support the PSPO approach.
 - Full training for these staff.
 - Bins for can/bottle confiscation
 - A new Zone Ex control room for the events.
 - Full commitment from the police to greater numbers and an earlier deployment compared to the Euro Final
 - Dedicated enforcement against illegal street trading, ticket touting, the use of flares and pyrotechnics, street urination, and ASB
 - A greater number of public toilets
 - Better fencing and segregation
 - Regular tannoy information announcements
 - A commitment from train companies to ban the carriage of excessive alcohol on their trains to London.
 - Ongoing communications by the FA, the clubs, the police, British Transport Police and a commitment to the need to educate and publicise a very clear message on this new approach.

3.12 Brent officers now work successfully with the many off-licence premises in and around Zone Ex to advise on the street-drinking culture at Wembley Stadium events, the problems associated with the supply of alcohol, the effects of this on high levels of street-drinking and also their specific responsibility as retailers under their Premises Licence to assist in reducing this. Any failure by any off-licence to uphold the licensing objectives may result in a review of their Premises Licence, with additional conditions or a revocation of their licence in appropriate circumstances.

3.13 Premises have been advised that since 2017 Brent Council has administered the PSPO across the entire Borough of Brent, which amongst other factors, aims to prevent street-drinking. It's been made clear that the reasonable response to the Casey Review is for the Council to make a commitment to eradicating street-drinking on Wembley Stadium match days by banning the consumption of alcohol in open public spaces.

3.14 Knowingly selling alcohol to customers who consume alcohol in the street is a breach of an off-licence's responsibility to uphold the licensing objectives as there is a clear link between street-drinking and the ASB and criminal and disorderly behaviour we are seeking to remove. In effect, it means that, if they sell alcohol under these circumstances, they would effectively be aiding and

abetting customers in breaching the PSPO. The Council is now properly requiring their full co-operation to assist in guaranteeing a street-drinking-free zone during Wembley Stadium match days. In order to achieve this, we have asked that they only-

- Recognise those customers that are likely to consume alcohol in the street (retail is still possible to other customers).
- Refuse the sale of alcohol to anyone that is likely to drink alcohol in the street
- Refrain from increasing their store set-up to include additional alcohol for the purpose of match days
- Voluntarily cease selling alcohol in glass vessels including all wines, beers and ciders and where possible cease selling any alcohol on match days.

3.15 This requirement has been communicated to all premises and the response remains favourable. The monitoring of compliance on match days is a key task as evidence is necessary for any firmer action to be applied at subsequent matches. Premises are still able to sell alcohol to regular local customers. The ban is on retail to obvious football fans only.

3.16 It is appreciated that this approach may be seen as detrimental to business but we believe that by using it to prevent the scenes of 2021 it is a very positive move overall, with the social and community benefits outweighing any inconvenience to the off-licenses. Our advice to these businesses is that this will help ensure the problems are avoided, it will remove pressures on them from drunken fans and will make Wembley a much more family friendly destination for everyone. That is our clear objective, and is now working every effectively. In order to protect our community, and the visitors to the area, this approach is now applied at every large event.

3.17 The metrics so far around enforcing the PSPO are significantly reduced ASB, reduced disorder, reduced match-day crime, reduced street urination and significantly less litter. These are all issues that the local community had made known they wished to see resolved.

4.0 The Overall Partnership Response

4.1 Notwithstanding the Council's own response, The Football Association and Wembley National Stadium (as the owners of events at the Stadium) ultimately retain overall accountability for satisfying the Casey recommendations and for coordinating the activities of all the relevant partners, particularly Brent and the Police, in response.

4.2 The recommendations made by Baroness Casey have been integral to WNSL's event operations at Wembley Stadium for the 2022/23 calendar season, and 2022 was a very successful year for Wembley Stadium. WNSL hosted 35 events, including, but not limited to, the world-class Women's EURO 2022 Final

and highest attended EURO event on record, the Fury vs Whyte Fight, six 'magic' nights of Coldplay, the 150th Anniversary Emirates FA Cup Final, an exceptional Taylor Hawkins Tribute Concert, and a spectacular NFL Jacksonville Jaguars vs Denver Broncos showdown.

- 4.3 The success of 2022/23 has been significant in consideration of recent years with the challenges of the COVID-19 pandemic, social distancing, and the aftermath of the EURO 2020 Final itself.
- 4.4 Appendix 1 to this report sets out the formal response produced by WNSL to The Casey recommendations, to include a review of the 2022/23 event season at Wembley Stadium, highlighting the mitigations made, the collaborative efforts of all stakeholders, and areas identified for continued improvement, one year on from the Casey Review publication.
- 4.5 This outcome report is broken down into each of The Casey Review recommendations 6-8, made specifically for the FA, WNSL and its partners.
- 4.6 WNSL's report highlights how it has collaborated with its partners to respond to the issues highlighted in the Baroness Casey Review. It is WNSL's intent to use this report as a framework to measure event day operations between partners and Zone Ex stakeholders moving forwards, with a full review to be conducted on an annual basis, ensuring continued compliance with The Casey Review recommendations.

5.0 Financial Implications

- 5.1 The Council's equal contribution to support the continuation of the improved management arrangements with respect to Wembley Stadium event day arrangements is £244k per annum.
- 5.2 Any additional event day costs incurred by the Council are recharged to the Stadium.

6.0 Legal Implications

- 6.1 Section 13 of the Criminal Justice and Police Act 2021 previously permitted Local Authorities to designate public areas through the introduction of Designated Public Place Orders (DPPOs). As a result, a Borough wide Controlled Drinking Zone (CDZ) was enacted from December 2007 until October 2017. DPPOs were subsequently replaced by Public Space Protection Orders (PSPOs) under the Anti-Social Behaviour, Crime and Policing Act 2014, which incorporates the prohibition of 'specified things' above and beyond street drinking.
- 6.2 The Anti-social Behaviour, Crime and Policing Act 2014 permits Local Authority to make Public Spaces Protection Orders if satisfied on reasonable grounds that two conditions are met.

- 6.3 The first condition is that activities carried on in a public place within the authority's area have had (or are likely to have) a detrimental effect on the quality of life of those in the locality. The second condition is that the effect, or likely effect, of the activities is, or is likely to be, of a persistent or continuing nature, such as to make the activities unreasonable and justifies the restrictions imposed by the notice.
- 6.4 A Public Spaces Protection Order is an order that identifies the restricted area and prohibits 'specified things' being done in that area and/or requires specified things to be done by persons carrying on specified activities in that area.
- 6.5 Failure to comply with PSPO prohibitions is a criminal offence subject to up to a level 3 fine on prosecution (up to £1000). In most cases a warning (written or verbal) will be issued upon the first instance of a breach. Further breaches will result in the issuing of a Fixed Penalty Notice (£100), payable within 14 days. If paid within 10 days, a discounted charge of £75 is applied. Payment of the Fixed Penalty Notice discharges liability to conviction for the offence.

7.0 Equality Implications

- 7.1 Improvements to event day arrangements will benefit all visitors to the Stadium and the Wembley area on event days.

8.0 Environmental Sustainability Implications (where relevant)

- 8.1 Enforcement of the PSPO has improved environmental conditions by significantly reducing street urination and also street drinking-related litter.

9.0 Engagement with Ward Members and Stakeholders

- 9.1 Engagement with Members, the community and other stakeholders is principally undertaken by the event owner, Wembley Stadium, via their regularly scheduled 'Wembley Stadium Resident & Business Meetings'. The Council will support their event day messaging via our own communications channels and any further direct 'on the day' liaison (particularly with businesses) is undertaken by all our front-line staff that are present.

10.0 Human Resources/Property Implications (if appropriate)

- 10.1 Enhanced match day enforcement requires a voluntary commitment from staff to participate in good numbers.

Report sign off:

Peter Gadsdon
Corporate Director, Resident Services

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Baroness Casey Review – One year on

WNSL Response

April 2023

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1. Introduction

This report provides a formal response on behalf of Wembley National Stadium Limited (WNSL) to 'The Baroness Casey Review: An independent review of events surrounding the UEFA EURO 2020 Final 'Euro Sunday' at Wembley', hereby referred to as the 'The Casey Review'.

Following the EURO 2020 Final, an independent review was undertaken by Baroness Casey into the causes of the anti-social behaviour that took place and to seek clarity and measures for implementation to prevent a reoccurrence of the day's events.

The Casey Review was published in December 2021, and culminated in five key recommendations for national Government, the Football Association (FA) and the Sports Grounds Safety Authority (SGSA) to take forward consideration, plus three additional recommendations specifically for the FA, WNSL and its partners. The recommendations are as follows:

The Casey Review Recommendations

1. the Government considers a new category for football matches of national significance;
2. the Government consider tasking the SGSA to work with the FA and the event industry to undertake a review of stewarding;
3. the SGSA, the events industry, the police and local government agree on a way forward on who is accountable for Zone Ex;
4. the FA - as the governing body that oversees football - lead a national campaign to bring about a sea-change in attitudes towards supporter behaviours; and
5. the Government consider strengthening the penalties for football-related disorder, particularly behaviours which recklessly endanger lives and these penalties should be well understood and robustly enforced.

The following three measures were made specifically for the FA, WNSL and its partners to address:

6. The FA and Wembley should strengthen plans for safety both physical and human, ahead of any matches or events of significant risk. This should include but not be limited to:
 - i. The physical fences and means of separating and filtering un-ticketed fans from those with legitimate access.
 - ii. Particular attention should be made to ensuring those entering through gates provided for wheelchair users and other more vulnerable members of society are not endangered by the reckless actions of others.
 - iii. A staff survey of all those involved with security, stewarding and safety on Euro Sunday so the FA can be doubly sure their views are taken into any future changes.

- iv. Security plans should be regularly peer reviewed by experienced safety and security professionals to ensure rigour.
 - v. The incoming Chair of the FA should take steps to be sure that she and the FA Board have suitable oversight of safety and security at Wembley Stadium.
7. A more joined up approach between Wembley and the MPS is required to managing public safety on match-days, including joint tasking and debriefing of operational teams.
8. The key partners represented on the Wembley SAG, most notably the MPS, the FA and Brent Council, need to make a concerted effort to proactively solicit and listen to each other's concerns and avoid any single agency from becoming too dominant.

The recommendations made by Baroness Casey have been integral to WNSL's event operations at Wembley Stadium for the 2022/23 calendar season, and 2022 was a very successful year for Wembley Stadium. WNSL has hosted 35 events, including but not limited to, the world-class Women's EURO 2022 Final and highest attended EURO event on record, the Fury vs Whyte Fight, six 'magic' nights of Coldplay, the 150th Anniversary Emirates FA Cup Final, an exceptional Taylor Hawkins Tribute Concert, and a spectacular NFL Jacksonville Jaguars vs Denver Broncos showdown.

The success of 2022/23 has been immeasurable in consideration of recent years with the challenges of the COVID-19 pandemic, social distancing, and the aftermath of the EURO 2020 Final in July 2021. Following the publication of The Casey Review in December 2021, WNSL, the FA, Brent Council (LBB), Wembley Park Ltd (WPL) and the Metropolitan Police Service (MPS) have worked hard to meet the recommendations, and to better improve both the local and spectator experience within Wembley on Stadium Event Days.

This report has been produced by WNSL to respond to The Casey Review recommendations, with a review of the 2022/23 event season at Wembley Stadium, highlighting the mitigations made, the collaborative efforts of all stakeholders, and areas identified for continued improvement, one year on from the report publication.

This report is broken down into each of The Casey Review recommendations 6-8, made specifically for the FA, WNSL and its partners.

Report Structure

The remainder of this report is divided into the following key chapters, where this section 'Introduction' forms Chapter 1:

- **Chapter 2:** WNSL response to Recommendation 6: Physical and human safety;
- **Chapter 3:** WNSL response to Recommendation 7 & 8: Joined up approach between Wembley and MPS; and SAG partner cooperation and collaboration; and
- **Chapter 4:** Summary and next steps.

2. WNSL Response to Recommendation 6: Physical and human safety

This chapter sets out the WNSL response specifically to Recommendation 6 of The Casey Review:

Recommendation 6:

“The FA and Wembley should strengthen plans for safety both physical and human, ahead of any matches or events of significant risk. This should include but not be limited to:

- i) The physical fences and means of separating and filtering un-ticketed fans from those with legitimate access.*
- ii) Particular attention should be made to ensuring those entering through gates provided for wheelchair users and other more vulnerable members of society are not endangered by the reckless actions of others.*
- iii) A staff survey of all those involved with security, stewarding and safety on Euro Sunday so the FA can be doubly sure their views are taken into any future changes.*
- iv) Security plans should be regularly peer reviewed by experienced safety and security professionals to ensure rigour.*
- v) The incoming Chair of the FA should take steps to be sure that she and the FA Board have suitable oversight of safety and security at Wembley Stadium.”*

In response to the physical and human safety plans set out under Recommendation 6, this chapter has been divided into a review of:

- WNSL’s Security Perimeter (including accessible entrances and FA oversight);
- Peer Review; and
- Staff Stewarding Feedback.

WNSL’s Security Perimeter (incl. accessible entrances and FA oversight)

Accessible Pass Gates

Following The Casey Review, WNSL undertook an audit of the security barrier systems at Wembley Stadium and across Zone Ex and to ensure a robust and secure barrier deployment for Stadium Event Days.

One of the areas identified by Baroness Casey was the disabled access gates on the stadium concourse, which were targeted and suffered attempted breaches during the EURO 2020 Final; a risk to the stadium

security strategy and to vulnerable spectators using these stadium gate entry points on event days. For the 2022 season, new accessible pass gates were installed on the Level 1 stadium concourse which have since been reviewed and considered 'world-class' by crowd safety experts. The accessible pass gates have been reinforced to prevent unauthorised entry into the stadium building, whilst also designed in compliance with Disability Discrimination Act (DDA) guidance.

External Security Perimeter

Beyond the Stadium Event Day means of separating those without legitimate stadium access, WNSL has submitted a planning application to LBB to strengthen the stadium perimeter by implementing a physical external security perimeter on the stadium concourse access points. The proposed external security perimeter is a measure designed to prevent unauthorised access onto the stadium concourse on non-event days due to recent security breach attempts at the stadium. The measures will remain permanently in-situ on the stadium perimeter, however they are not intended for deployment on Stadium Event Days.

Crowd safety is fundamental to any design or infrastructure changes at the stadium and as such, it was carefully considered for this planning submission. The security perimeter has been through a detailed design process during development to ensure that the measures proposed have minimal impact on crowd flow. All measures have been designed in line with existing Hostile Vehicle Mitigation (HVM) measures on the stadium footprint to prevent any reduction in gate width or capacity at each stadium concourse access point. The measures are not designed to impede on spectator capacity at any location.

Outer Security Perimeter

In 2022, the success of the Women's EURO 2022 tournament nationwide - and spectacular England women's team performance - raised the Final between England and Germany to an event of National Significance. This event, unlike the EURO 2020 Final, was not subject to COVID-19 restrictions, with Fan Zones located across the local footprint and Trafalgar Square in central London for fans to enjoy. In addition, there was no requirement for an Outer Security Perimeter (OSP), a physical fencing measure deployed at the EURO 2020 Final, to mitigate against illegitimate stadium entry.

For future events of National Significance, including the UEFA Champions League Final 2024, a review of any OSP arrangement or requirement is being undertaken between all Zone Ex and Safety Advisory Group (SAG) stakeholders, including but not limited to, WNSL, FA, MPS, BTP, LBB and WPL. The requirement for physical infrastructure at the stadium or across Zone Ex will be discussed and agreed between all parties, for maximum cooperation and full compliance with Baroness Casey's recommendations.

FA Safety and Security Oversight

As set out under Recommendation 6 of The Casey Review, all stadium event safety and security plans and identified risks are relayed and briefed to the Health & Safety FA board representatives in advance for discussion and approval with the FA Chair and Board Members.

Peer Review

As part of the recommended peer review process, WNSL invited a leading crowd safety expert to undertake a Crowd Safety 'health check' of event day processes at the stadium. WNSL scored 94.3% on average across all sections of the process, including briefings, planning, deployment and event day operation. As part of this process, WNSL have taken on feedback to continually better the score as the event season develops, to ensure full compliance and coherence with safety and security guidance.

In addition, two independent reviews of all CCTV coverage between WNSL, LBB, WPL, BTP and MPS and neighbouring developments have been undertaken to identify areas of grey space and vulnerability where

additional security is required, either in the form of event day enforcement / police presence or additional CCTV coverage. The independent reviews have been undertaken by WNSL and MPS respectively, to reinforce the Stadium Event Day measures and ensure all aspects of event day security, safety and counter terrorism have been thoroughly reviewed.

Staff Stewarding Feedback

Staff welfare is a key WNSL priority. Following the EURO 2020 Final, all event day staff had access to WNSL's Mental Health & Wellbeing team for support and assistance where required. Welfare assistance is a resilient part of WNSL's 'business-as-usual' event day operations, where access to mental health and wellbeing services is accessible for all working staff. To ensure continued support and safe working conditions, staffing agencies are also requested to provide feedback to WNSL following each event for continuous improvement.

In addition to the above, following The Casey Review, WNSL has also permanently employed a second Deputy Safety Officer for Stadium Event Days. This Deputy Safety Officer is located 'on-the-ground' as an additional point of contact for event day staff to seek operational, planning or welfare support.

Stewarding salary rates at WNSL have also been increased for the 2023/23 season in recognition of the quality of staff deployed at the stadium, and to future-proof and ensure a full deployment of staff for stadium operation and protection on all Stadium Event Days. This wage is in excess of the London Living Wage and now sets a benchmark for similar stadia nationwide. Wembley Stadium also has a higher deployment of security stewards to date compared to previous years and other stadia, further illustrating the onus on safety, security, and service at Wembley Stadium.

Summary

In response to Recommendation 6 of The Casey Review, WNSL has developed upon the concerns raised, most notably with the upgrade to the accessible pass gates to both improve spectator experience on arrival to the stadium, and to prevent any reoccurrence of tailgating attempts and security breach. WNSL has further developed plans for a concourse security perimeter to aid non-event day security measures, which have been submitted to LBB for consideration and approval.

The safety and security plans produced by WNSL have been fundamental to all Stadium Event Days, prior to The Casey Review, and they remain integral to operations. Full briefings are supplied for FA Board review and approval, with stewarding, staff welfare and deployment as top priorities.

3. WNSL Response to Recommendations 7 & 8: Joined up approach between Wembley and MPS, plus SAG partner cooperation and collaboration

This chapter responds specifically to Recommendations 7 & 8 of The Casey Review, set out as follows:

Recommendation 7:

“A more joined up approach between Wembley and the MPS is required to managing public safety on match-days, including joint tasking and debriefing of operational teams.”

Recommendation 8:

“The key partners represented on the Wembley SAG, most notably the MPS, the FA and Brent Council, need to make a concerted effort to proactively solicit and listen to each other’s concerns and avoid any single agency from becoming too dominant.”

The responses to these recommendations have been grouped due to the overlap of involvement between Wembley and MPS as members of the Safety Advisory Group (SAG) board. This chapter is divided into two main parts:

- Event Planning and Preparedness; and
- Collaborative Zone Ex enforcement.

Event Planning and Preparedness

WNSL, the FA and MPS have a strong working relationship, developed prior to the EURO 2020 Final, to ensure sufficient policing resource on event days and in response to the intel surrounding risk, anti-social behaviour and policing concern for each event.

Risk Rating

Every event is evaluated on an individual basis and given a risk rating from the following:

- **Low** – e.g. non-sporting event;
- **Medium** – e.g. a low to medium risk sporting event with low risk teams / no segregation / low attendance expected or a high risk concert;
- **High** – e.g. a segregated football event with over 60,000 audience; or
- **Event of National Significance.**

Depending on the risk rating, a staff deployment level is applied from each stadium, police and local authority perspective. For example, any event considered 'high' risk will result in an increased deployment of WNSL stewarding, and MPS and LBB enforcement presence on match days. The response from WNSL, MPS and LBB will consider internal and external resources with high coverage across the Zone Ex Estate.

MPS & WNSL Meetings

Regular meetings are held between the MPS, LBB, WNSL and the FA during the planning stages of each event to ensure rigorous review of stewarding, policing and enforcement teams, relevant to the event in question. A summary of the event planning meetings is set out in **Table 3.1** by name, frequency and description.

Table 3.1: MPS and WNSL Calendar Meetings

Meeting	Frequency	Description
Match Commanders Call	Pre-event	Meeting between WNSL, WPL, LBB, MPS and BTP to discuss risk rating and police intel, plus information sharing regarding event operations.
Safety Advisory Group	Pre-event	Meeting between WNSL, WPL, LBB, MPS, BTP, London Ambulance Medical Service (LAMS), London Fire Brigade (LFB), Chiltern Rail, Transport for London (TfL) and SGSA members to consider the safety and security of the event across the stadium and Zone Ex.
Wembley Partners Meeting	Monthly	Meeting between MPS, WNSL, WPL, LBB and BTP for tactical and intelligence sharing, including a review of previous events to capture collective learning and forward look to share relevant intelligence to support operational event planning.
Zone Ex Operations Meeting	Fortnightly	Meeting between MPS, WNSL, WPL, LBB and BTP to discuss operational deployment in Zone Ex including BIC enforcement, quiet zones, toilet installation, traffic management arrangements and pedestrian signage.
Transport Operations Meeting	Monthly	Meeting between all transport stakeholders (including TfL, WPL, LBB, National Highways, Chiltern Rail, MPS and BTP) to discuss upcoming fixtures and identify any challenges / opportunities on the transport network.

Beyond those listed above, the MPS, LBB, WNSL and WPL also meet regularly to discuss any issue or challenge concerning a Stadium Event Day. All parties disseminate key information which may impact a stakeholder counterpart.

Recommendation 8 of The Casey Review specifically mentioned improved SAG partnerships and cooperation. The Wembley Partners meeting was introduced for the 2022/23 season in response to The Casey Review to formalise an opportunity for parties to share intelligence and better communicate outside of the event season, with regular meetings held monthly across the year.

In addition, a new Zone Ex Operations Meeting was also introduced in the 2022/23 season for all Zone Ex stakeholders to debrief and plan accordingly for upcoming events. This includes the MPS, LBB, WNSL and WPL to ensure a coordinated and agreed approach for Zone Ex (as discussed in the following section).

The relationship between the MPS and WNSL (as per Recommendations 7 and 8 of The Casey Review) has historically been strong, even prior to the EURO 2020 Final, and each stakeholder continues to work collaboratively to ensure event day security and safety plans are fully supported and shared with stakeholders.

Collaborative Zone Ex Enforcement

Zone Ex Context

'Zone Ex' is defined by the SGSA as:

"For most spectators travelling to, or exiting from, a sports ground – in order to connect with a public transport hub, a car park or local amenities – their journey will involve passing through routes or areas that lie beyond the outer perimeter of the sports ground. This external zone... is referred to as Zone Ex."

Zone Ex at Wembley Stadium is presented in **Figure 3.1** and encompasses the land between Wembley Park station to the north, Pink Parking to the east, South Way to the south and Empire Way / Wembley Stadium station to the west.

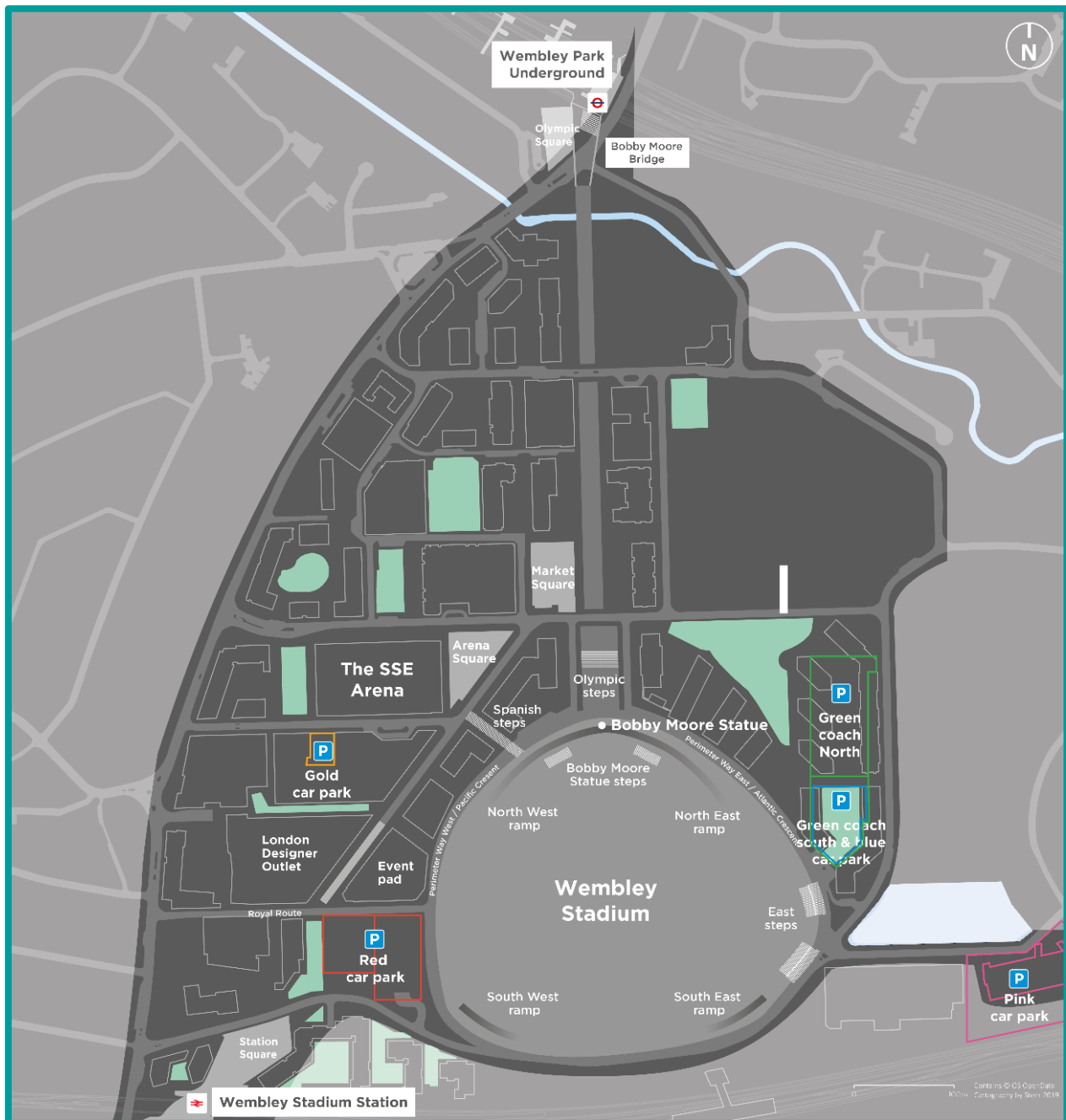
The area identified as Zone Ex at Wembley incorporates land owned by WNSL, WPL and LBB, therefore any activity taking place across this area must involve all party involvement. As such, the 'Best in Class' (BIC) agreement between LBB, WPL and WNSL was drawn up in 2019 to respond to Zone Ex activities and/or initiatives which currently sit outside each partners' statutory responsibilities, and therefore require a collective response from all affected stakeholders. The BIC tripartite agreement corresponds to the following four strategic objectives within Zone Ex:

- enforcement;
- wayfinding;
- traffic management; and
- sustainability.

In relation to the four objectives above, the BIC tripartite agreement better improves the collaboration between all landowners with significant emphasis on Stadium Major Event Days. Event day measures include:

- Hostile Vehicle Mitigation (HVM);
- crowd safety stewarding;
- police resource;
- fencing, barriers and asset protection;
- bin deployment;
- dedicated WNSL and LBB enforcement teams;
- toilet deployment; and
- improved pedestrian wayfinding and highway signage.

Figure 3.1: Zone Ex at Wembley Stadium



WNSL, LBB, MPS and WPL agree that the delivery of Zone Ex operations is best facilitated where possible through the BIC programme and the following workstreams were identified to develop and strengthen Zone Ex operations at Wembley Stadium, following The Casey Review and aftermath of the EURO 2020 Final:

- Command, control, coordination, and communication;
- PSPO enforcement;
- Fan Zones; and
- Action days.

These workstreams have been implemented and reviewed for the 2022/23 season collectively by the BIC stakeholders in relation to The Casey Review, as developed in the following sections.

Command, control, coordination and communication

The findings of The Casey Review illustrated that the channels of communication between stakeholders needed to be reviewed and better streamlined to reduce miscommunication, misinformation or reliance on mobile connectivity.

Zone Ex Coordination Centre

A review was undertaken by the BIC stakeholders and WNSL has built out and developed an in-house Zone Ex Coordination Centre, the first of its kind nation-wide, that provides a control room base for the following stakeholders on Stadium Event Days, and better manages information sharing, and dissemination of key instructions across all stakeholder parties:

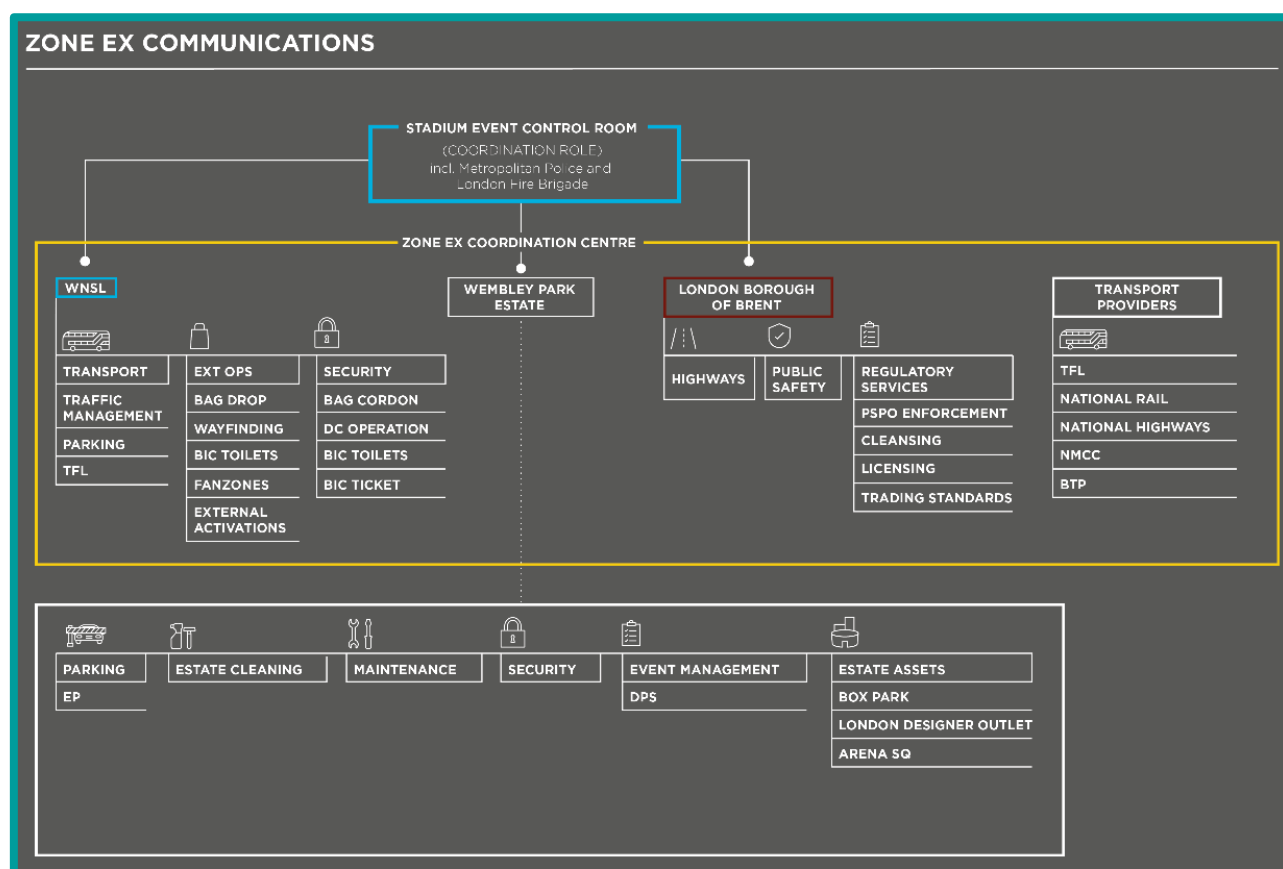
- WNSL
- Brent Highways (HVM and traffic management)
- Brent Enforcement
- TGL (traffic management)
- Event People (HVM deployment, Zone Ex site crew)
- Wembley Park Ltd
- Event Owners
- National Highways
- Transport for London (Surface Events and London Underground)
- Chiltern railways

The Zone Ex Coordination Centre has been active since the start of 2023 and is strategically located adjacent to the Stadium Event Control room and Police Control room for ease of access to MPS, British Transport Police (BTP) and London Ambulance Medical Service (LAMS) if / when required.

The creation of the Zone Ex Coordination Centre unites all Zone Ex stakeholders in one space to manage activity on the external footprint. All parties have direct means of contact to on-the-ground representatives, and direct liaison with other stakeholder parties within the Zone Ex Coordination Centre to agree a uniform response to any issues, or to enact a multiple stakeholder response to an issue on the ground.

The interconnectivity of the Zone Ex Coordination Centre stakeholders with the Event and Police Control Rooms is illustrated in **Figure 3.2**, and illustrates the coordination and communication between all SAG partners and decision-making process for events in Zone Ex.

Figure 3.2: Zone Ex Coordination Centre hierarchy



Radio Communications

In addition, a new WNSL radio system for all Zone Ex stakeholders has been developed to further strengthen the communication channels between the Zone Ex Coordination Centre and team members deployed across Zone Ex. Coordinating communications through this system will allow for clear instructions and channels, minimising any miscommunication or reliance on alternative technologies. It also increases the interconnectivity between stakeholders in case of issue or opportunity across the Wembley Park Estate.

The Zone Ex Coordination Centre and radio systems was born from The Casey Review recommendations 7 and 8 for improved dialogue, connectivity and cooperation between Wembley SAG partners, with significant impact and efficiency for Stadium Event Day operations.

Public Space Protection Order (PSPO) enforcement

The PSPO has been in operation since 2017 and has had significant impact on Stadium Major Event Days to date. The benefits of the PSPO to Wembley Stadium includes the prohibition of many anti-social behaviours in the borough (and more specifically Wembley Park) which can influence the behaviour of fans and spectators on event ingress and egress. These include:

- no sale / resale of tickets;
- no consumption of alcohol in open spaces other than licenced areas;
- no urinating;
- no flying of drones;
- no unauthorised vehicles; and
- no sale of merchandise.

On reflection over the past few years, the combined PSPO enforcement activity between WNSL, LBB and Wembley Park Ltd has been successful with particular reference to illegal sales of goods, ticket touting and intervention towards unauthorised activity. The implementation of the PSPO has provided a power to enforcement teams to appropriately warn and penalise illegal activity on-street and to better process any misdemeanours through an effective Fixed Penalty Notice (FPN) and subsequent prosecution process for repeat offenders. This in turn, has reinforced the zero-tolerance policy at Wembley Stadium and the surrounding area towards anti-social behaviour.

Prior to 2022, the priority of the PSPO and the larger enforcement effort was to target ticket touting and illegal merchandise sales which was met with successful confiscations, however the enforcement of the PSPO in relation to street drinking was not as prevalent.

Following The Casey Review of the EURO 2020 Final, where alcohol consumption on the Wembley Park Estate was a causing factor of alarming levels of anti-social behaviour, the PSPO has taken on a higher level of importance as a means of enforcement.

The PSPO has become an important tool within the Stadium Major Event Day operation. Without the PSPO, there would be no preventative measure to limit anti-social behaviour on the Wembley Park Estate during stadium ingress and egress. It provides a safer, more welcoming environment for spectators and it reduces pressures on police resource which can be better deployed to respond to incidents and gives civilian Neighbourhood Patrol resources the jurisdiction to intervene instead. Previously, lack of enforcement has led to unruly fan behaviours, issues at stadium turnstiles, businesses and residences, and violence and spectator vulnerabilities.

The following sections set out the work undertaken by all BIC tripartite parties (WNSL, LBB, and WPL) alongside significant support from the MPS to implement a fan behaviour change on approach to Wembley Stadium.

WNSL, LBB and Police enforcement teams

Enforcement deployment on the Wembley Park Estate by LBB has been a staple feature on Stadium Event Days particularly following the introduction of the PSPO in 2017. Since The Casey Review, WNSL and LBB have both increased the deployment of enforcement teams on event days (relative to the risk rating) and emphasised in pre-event communications and across the Zone Ex footprint, the zero tolerance for PSPO offences, namely the consumption of alcohol on-street, ticket touting and sale of illegal merchandise. The PSPO has been an effective measure in allowing civilian and police enforcement teams to efficiently shut down illegal activity through the issue of Fixed Penalty Notices (FPNs). The deployment of enforcement for 2022/23 has included:

- 10 x overt and covert WNSL officers on Stadium Event Days to issue FPNs to any activity outside the confines of the PSPO.
- dedicated LBB Neighbourhood Patrol officers, Licensing & Trading officers, Safety officers and Community Safety officers from LBB to issue FPNs to any activity outside the confines of the PSPO; and
- a dedicated Police enforcement team to support LBB and WNSL overt and covert teams.

In addition, following on from The Casey Review, there has also been an enhanced deployment of MPS Police Support Units (PSUs) across the Wembley Park Estate, for example, the 2022 Carabao Cup Final saw 22 PSUs (equivalent to 400 officers) dedicated to the external footprint of the stadium to respond to any instance of anti-social behaviour, and to provide additional support to LBB and WNSL enforcement officers also located across the footprint. This is a substantial increase in resource, proportionately responsive to the

event risk rating, and a significant enforcement input to support LBB's PSPO, with emphasis on removing alcohol consumption on-street, across the Wembley Park Estate.

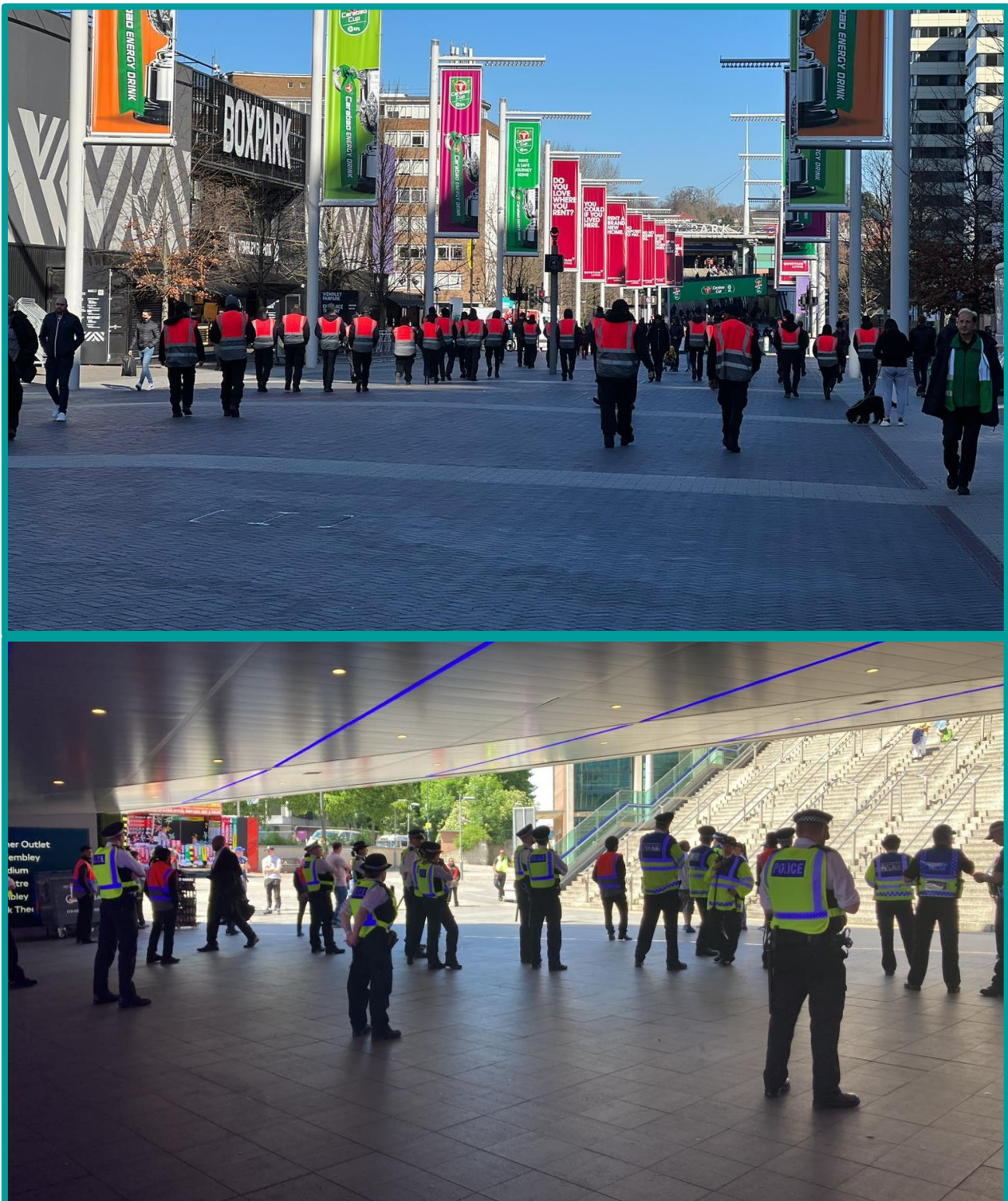
The collaboration between WNSL, MPS, WPL and LBB has been fundamental to the success to the PSPO and reduction in anti-social behaviour across the Wembley area. All parties have invested time and resource into ensuring the PSPO is better enforced, communicated and respected on the external footprint. The 2022 PSPO statistics are included in **Appendix 1** for reference.

In support of the increased emphasis on LBB's PSPO to reduce anti-social behaviours in Zone Ex, WNSL has also deployed stewards on Olympic Way to reinforce the message to spectators on arrival to Wembley, that no alcohol is permitted on-street. Depending on the MPS event risk rating, up to 50 WNSL stewards are deployed on Olympic Way North and South Way to encourage fans to refrain from alcohol consumption on-street and throw away any alcohol that will otherwise result in confiscation. The WNSL steward deployment is supported by additional LBB bin deployment on Olympic Way and South Way for fans to discard their alcohol, plus the dedicated MPS teams and LBB enforcement officers in case of non-compliance, as shown in **Figure 3.3**.

LBB's PSPO order and enforcement deployment has been an integral measure in preventing anti-social behaviour on the Wembley footprint, which following the additional reinforcement from the MPS through increased PSU presence on the footprint, has elevated the power of the PSPO to better enforce and eradicate on-street drinking on the approach to Wembley Stadium. In addition, the persistent presence on each Stadium Event Day, despite different fan groups per event, creates a consistency and precedence to all spectators that Wembley does not tolerate anti-social behaviour.

This illustrates the cooperation between WNSL, MPS and LBB, as SAG partners, to collectively respond to risk across Zone Ex, as per Recommendation 7 and 8 of The Casey Review.

Figure 3.3: WNSL and MPS enforcement measures



Off-Licence alcohol sale restrictions

Better enforcement of the PSPO in minimising anti-social behaviour on-street has been a core component of improvements made following The Casey Review, which required significant support and input from all

licensed premises within the vicinity of Wembley, through off-licence alcohol sale restrictions on Stadium Event Days and the designation of on-licence premises for segregated football events at Wembley Stadium.

The EURO 2020 tournament saw many fans arrive early to the Wembley Park Estate and purchase alcohol from local licensed providers to drink in Zone Ex, notably Olympic Way. Whilst this can in part be attributed to the COVID-19 pandemic with significantly reduced capacities at local pubs / restaurants, and no allowance for Fan Zones, the amplitude of anti-social behaviours was significant and made Zone Ex a vulnerable space for other fans.

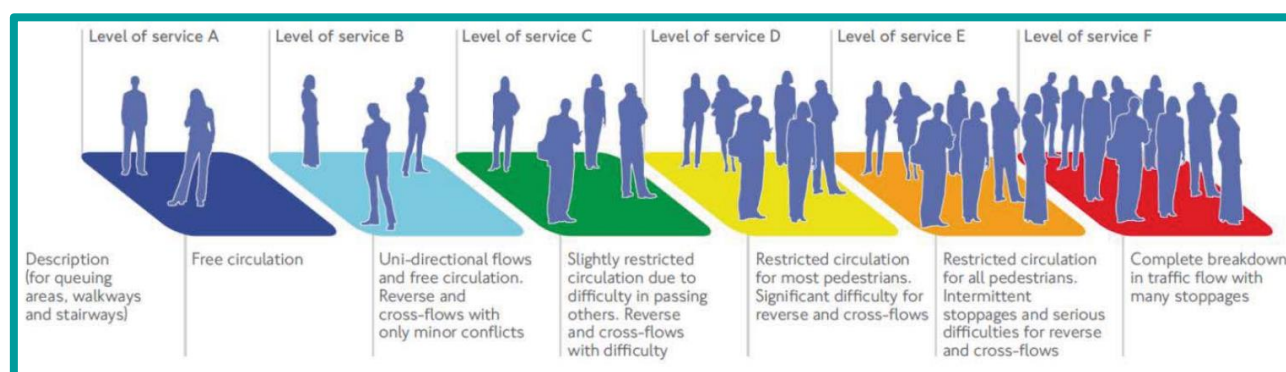
It was agreed between WNSL, MPS, WPL and LBB that restricted volumes or sale of alcohol in the local area on event days, plus the provision of designated Fan Zones, would be key drivers to improve fan behaviours in Zone Ex, with significant benefit to other spectators, local residents and stakeholder groups.

LBB successfully engaged with local off-licences in Wembley to 'turn off the tap' and prevent spectators from being able to purchase alcohol on the approach to Wembley Stadium, for drinking on-street. Consultation took place, and off-licences agreed to voluntarily restrict alcohol sales on Stadium Event Days (relative to the risk rating). As part of the range of measures to minimise alcohol consumption on-street, any inadvertent or attempts by spectators to purchase alcohol on-street, would be met and confiscated by LBB or MPS enforcement officers on-street.

The impact of restricted alcohol sales on-street has been transformative at Wembley Stadium. WNSL has received positive feedback from spectators, for example, unsolicited feedback following the England vs Germany friendly in September 2022, included: *"Fantastic experience. Well done on sorting all the security issues after the EURO Final"* and *"Much better all-round behaviour due to the alcohol restrictions round the stadium"*.

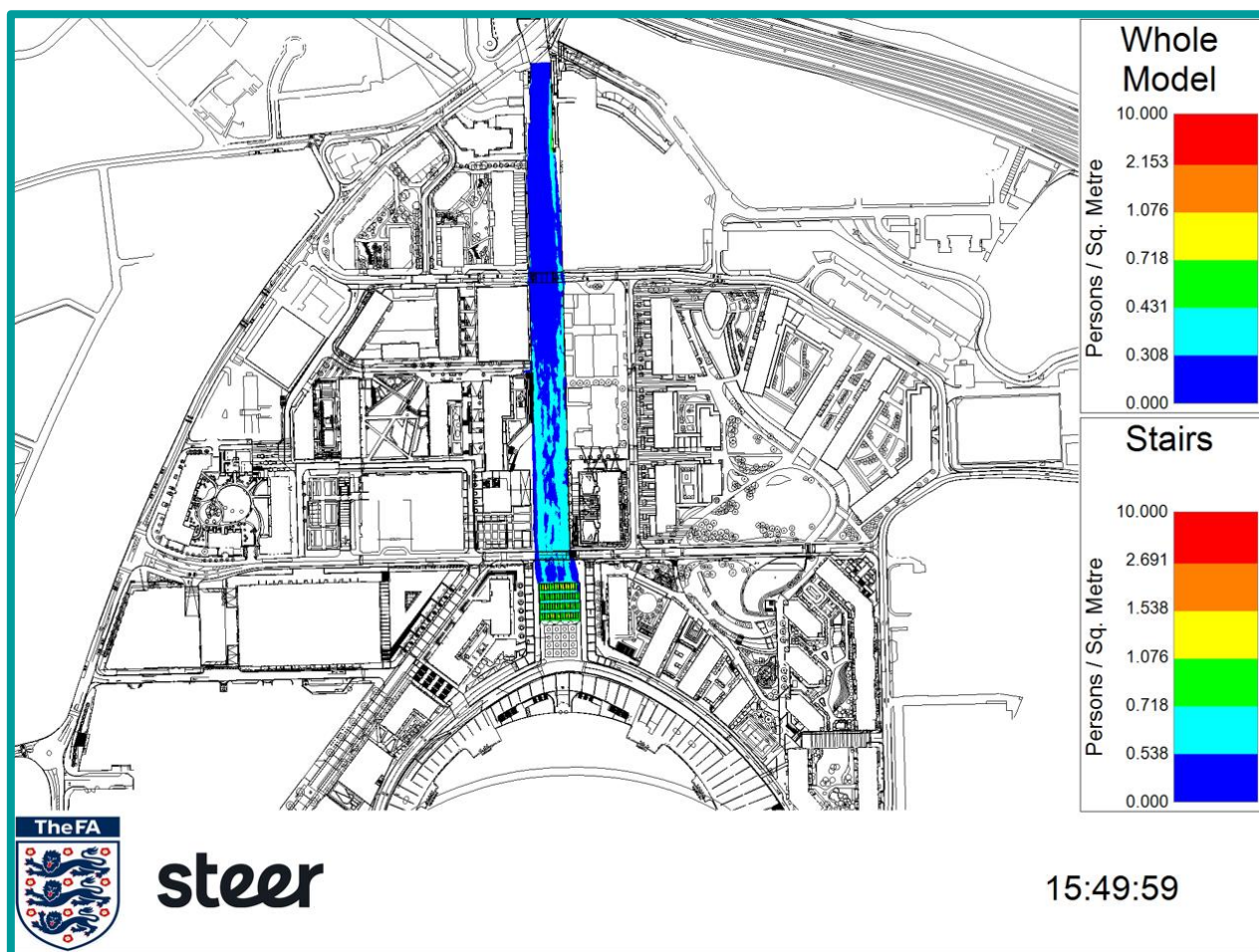
In addition, WNSL commissioned an expert crowd movements consultant to carry out pedestrian counts and analysis for ingress and egress during the Emirates FA Cup Final between Liverpool and Chelsea in May 2022, which illustrated a 'Level of Service' (LOS) for pedestrian comfort on the approach to Wembley Stadium on Olympic Way (as shown in **Figure 3.4**). The LOS is calculated based on crowd density and ability for free movement / circulation.

Figure 3.4: Pedestrian Comfort – Fruin's Levels of Service



Based on the 'peak' ingress counts on Olympic Way, the heat map in **Figure 3.5** indicates that the LOS on Olympic Way was between A-C which demonstrates free circulation and only minor conflict in cross-flow movements. Although not directly comparable with the alcohol / drug use heat maps shared in The Casey Review, the heat maps do demonstrate that spectators were spending less time 'dwelling' in Zone Ex, reducing the time spent on the footprint to engage in anti-social behaviour.

Figure 3.5: Emirates FA Cup Final 2022 - Pedestrian comfort on Olympic Way



These results can also be supported by the FPN statistics in **Table 3.2** for the Emirates FA Cup Final which further demonstrate the reduction in anti-social behaviour with only 80 street drinking warnings issued, and no FPNs relating to street drinking, urination or other anti-social behaviour across the course of the day.

Table 3.2: LBB Emirates FA Cup Final 2022 FPN Statistics – Alcohol, ticket touting, urination and flares

Date	Event	Street Drinking Premises Warning	Street Drinking Warning	Street Drinking FPN	Ticket Tout Warning	Ticket Tout FPN	Urination Warning or FPN	Flares Warning or FPN
14.05.2022	FA Cup Final	-	80	-	-	15	-	-

Similarly, we have collated the Fan Zone turnstile counts for the Emirates FA Cup Final which showed that 4,820 people were able to use the Fan Zone spaces across the match day (3,130 in Liverpool's Fan Zone at Event Pad and 1,690 in Chelsea's Fan Zone in Arena Square), further demonstrating the significance of the Fan Zone operation, as spectators were able to 'dwell' pre-match in these controlled and designated drinking spaces, further mitigating against anti-social behaviour on Olympic Way.

The improvements in fan behaviour across Wembley are significant, and WNSL, LBB and MPS are continuously grateful for the support from local businesses in Wembley for complying with the alcohol sale restrictions.

The collaboration between all stakeholders in Wembley has had an instrumental impact, particularly the support from the licenced premises, which has contributed to a decline in FPN issue for PSPO offences across the year and positive spectator and local feedback on the atmosphere and approach to Wembley Stadium compared to previous years.

Advanced Supporter Communications

The communications between WNSL and spectators at Wembley Stadium have been fundamental to the improvement of fan behaviour. WNSL has worked together with LBB, WPL and MPS and strategic stakeholders including TfL, BTP, National Express and Chiltern Rail to widen the scope of communications and extend the message of zero tolerance for anti-social behaviour at Wembley.

All stakeholders have worked together to issue a shared message across social media, website and communication systems including, but not limited to, on-train or platform Public Address (PA) announcements, twitter posts and retweets, and App push notifications on Stadium Event Days.

For all upcoming football fixtures, LBB has been engaging directly with supporter fan groups through hybrid meetings to consult and push out the 'no alcohol on-street' messaging to fans before arrival on the Wembley footprint. LBB is supported by WNSL and MPS at these sessions to present a united approach against anti-social behaviour on Stadium Event Days.

The combination of advanced messaging and the use of different communication and media platforms across each stakeholders' remit has made a significant impact to event day proceedings. Wembley Stadium is unique to other football stadia, as it does not have a set of 'home' fans who attend on a regular basis, all fans are 'new' to the stadium. Despite this, the advanced communication has had great success with high PSPO compliance across the 2022/23 season.

Signage & Public Address messaging

WNSL, LBB and WPL have provided additional infrastructure measures to emphasise the PSPO messaging to spectators on Stadium Major Event Days across the Wembley Park Estate. This includes updated temporary event day totems which stipulate the PSPO regulations more specific to event days such as 'no alcohol on-street', 'no ticket touting' and 'no sale of illegal merchandise', there are over 60 of these totems located across Zone Ex on Stadium Event Days.

In addition, WPL have included PSPO message on their digital wayfinding signage assets on Olympic Way, White Horse Square and Bobby Moore bridge. This provides a visual reminder to spectators that drinking alcohol on-street is prohibited whilst spectators are moving towards the stadium. WNSL has also included PSPO audio messaging on WPL's PA messaging system on Olympic Way to remind fans of the PSPO no street drinking order in Brent.

The use of WPL's digital and audio assets alongside WNSL's temporary totem deployment, help to support the stewarding operation and the enforcement teams for alcohol confiscation, and remind fans not to purchase alcohol in the vicinity. The messaging also informs fans that there is on-licence capacity across Zone Ex to promote Brent's local business where applicable.

Fan Zones

Following the EURO 2020 final, the importance of designated Fan Zones / Fan Areas was highlighted in The Casey Review as a means of crowd and safety to provide a designated and managed space to contain any drinking or entertainment activity.

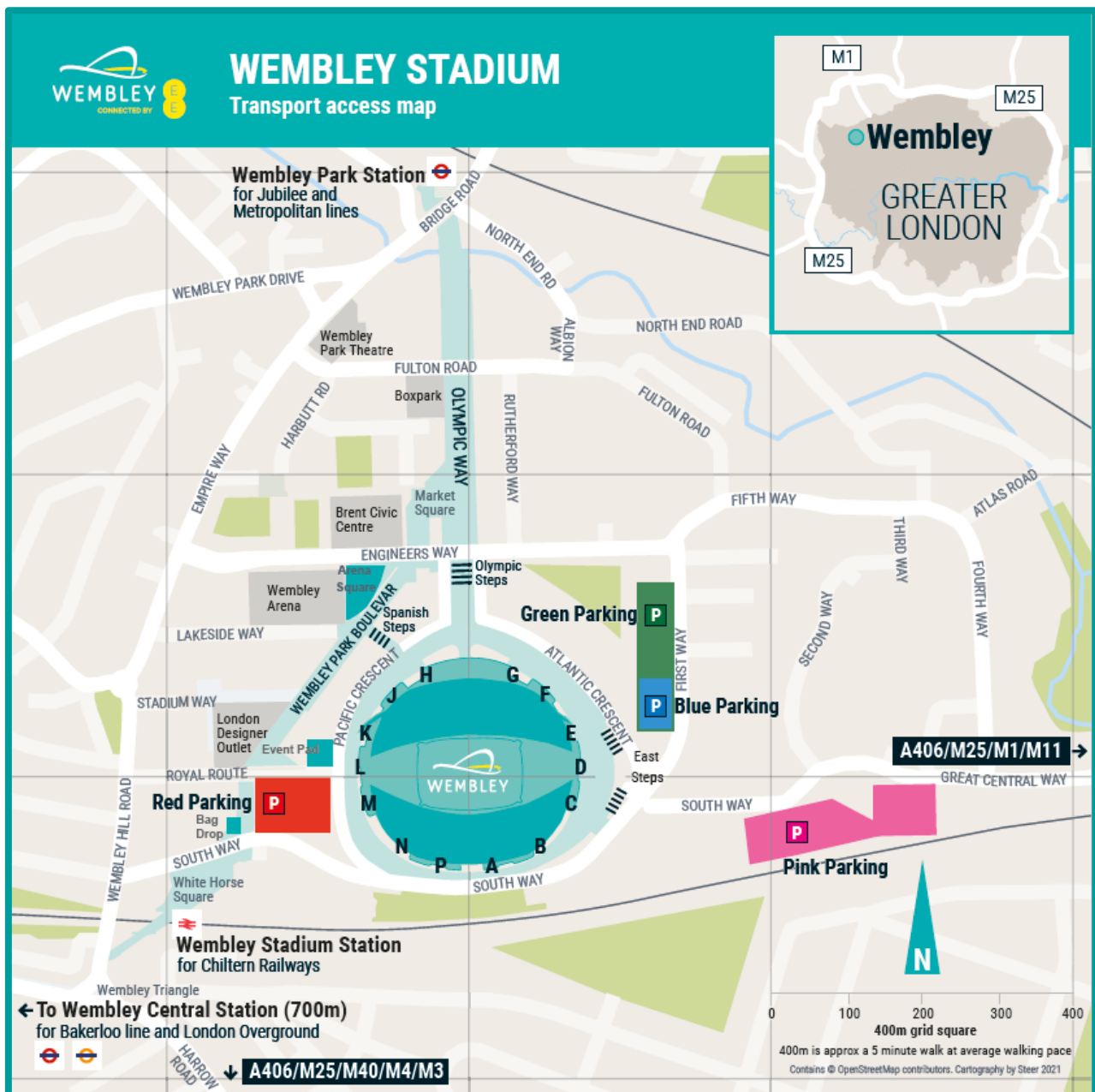
Provision of a Fan Zone (s) has been a permanent presence at Wembley Stadium on Stadium Event Days, however due to COVID-19 restrictions, Fan Zones were not permitted during the EURO 2020 tournament, or for the fateful EURO 2020 Final.

Due to the removal of the COVID-19 restrictions, WNSL and the FA have been able to revert and provide a Fan Zone for all events across the 2022/23 season (irrespective of a sporting vs non-sporting event). Where an event has been stipulated as segregated, two Fan Zones have been provided on the Wembley Park event to ensure separate spaces are provided per fan group at the Stadium.

At the start of the 2022 season, both Fan Zone premises have been on WPL land, at Arena Square and the Event Pad, both illustrated on **Figure 3.6** and described as follows:

- **Arena Square**
Location: North west of Wembley Stadium; occupying the forecourt of the OVO Arena.
Capacity: 2,500 ticket holders (incl. space for activation, food & beverage and seating).
- **Event Pad**
Location: West of Wembley Stadium; occupying the land between Pacific Crescent and the Boulevard Play Park.
Capacity: 1,500 ticket holders (incl. space for activation, food & beverage and seating).

Figure 3.6: WPL Fan Zone Locations



Provision of Arena Square and Event Pad by WPL over the past 6 years has been very successful in ensuring safe and managed spaces for spectators to enjoy pre-match entertainment and responsibly enjoy alcoholic beverages with minimal impact on the surrounding local area. However, due to redevelopment pressures across the Wembley Park Estate, use of the Event Pad is limited until Summer 2023 where this space has been unlocked for redevelopment. Similarly, due to the increased volume of events taking place per annum at the OVO Arena, Arena Square is unavailable for Fan Zone operations if there is an event clash between the Stadium and the Arena.

Due to the strategic importance of Fan Zones in Stadium Event Day operations, as reiterated in The Casey Review, WNSL secured a premises licence in September 2022 for 'the East Village' on the stadium eastern concourse. The East Village has a capacity for up to 4,000 spectators and provides a dedicated Fan Zone on Stadium Event Days with designated drinking areas, and 'have-a-go' space for event activations. The

provision of a Fan Zone space on the stadium concourse successfully moves fans off the Wembley Park Estate prior to General Admission into the stadium, and it helps to control the management of crowd flows. This space is also located within the soft-perimeter check to prevent alcohol being brought onto the stadium concourse and requires a stadium event ticket and bag search for entry.

The East Village has been used for six stadium events to date with great success, and it has received full support by all BIC stakeholders; WNSL, FA, LBB, MPS, and WPL. The use of the East Village on Stadium Event Days has been a significant achievement for WNSL specifically, where its location on stadium-owned land has provided a longevity for WNSL to be able to future-proof the ability to provide Fan Zones for Stadium Event Days without external limitations e.g. event clashes or redevelopment pressures outside of stadium control.

However, the use of the East Village alone as a Fan Zone does not satisfy the requirement for two Fan Zones for segregated stadium events. Whilst still available, WNSL has been able to use either Arena Square or Event Pad to serve as a secondary Fan Zone site, however the temporary availability of these sites has created an urgency to secure a secondary site under stadium land-ownership to preserve WNSL's ability to provide two designated Fan Zones on Stadium Event Days.

A secondary Fan Zone site has been identified to the south of the Stadium; sufficient to provide a spectator capacity that matches the East Village (4,000 spectators), and it is located on the opposite side of the stadium to reinforce a segregation between separate fan groups. To mitigate against the loss of the second Fan Zone in the short-term, and understanding the importance of two designated Fan Zones at the stadium following The Casey Review, WNSL has submitted an application for a temporary premises licence in the existing Outside Broadcast (OB) Compound on the west stadium concourse (by Gate 3). This will provide a Fan Space for the west team on segregated event days, and support an on-licence for up to 800 spectators pre-event (spectator capacity is limited by area size).

The East Village, OB compound and aspirational secondary Fan Zone site are shown in **Figure 3.7**.

Figure 3.7: WNSL Fan Zone Locations (Existing & Proposed)



Following the EURO 2020 Final, the importance of a coordinated response between stakeholders was highlighted in Recommendations 7 and 8 of The Casey Review in response to any incident or issue on the Wembley Park Estate.

Action Days

To strengthen the relationship between WNSL, LBB, WPL and MPS, a 'Zone Ex and Crowd Safety' action day took place at Wembley Stadium on 15th February 2023, hosted by an independent and expert Crowd Safety consultant, which brought together all relevant stakeholders ahead of the 2023 season, to ensure responsibilities and procedures are readily known to respond to a range of different event intel or event day incidents for mitigation.

Representatives from WNSL, the FA, MPS, LAMS, BTP, TfL, TGL, Event People, London Fire Brigade (LFB), LBB and Medical all came together to respond to different scenarios across Zone Ex and the stadium landscape. The scenarios were established to ensure all representatives could demonstrate their responsibilities and matrices for escalation including interdependencies across different stakeholder groups. The action day helped to ensure that all stakeholders are aware of their event day and Zone Ex-specific responsibilities, and that all stakeholders can respond in the most appropriate way to any issues that may arise.

The action day procedures helped to reinforce existing event day operations and ensure maximum coordination between relevant event stakeholders, and will be repeated on a biannual basis to ensure all stakeholders are readily prepared and coordinated across all stakeholder responsibilities on event days.

Summary

In summary, the tremendous impact of the Zone Ex enforcement and efforts to reduce anti-social behaviour across both Wembley Stadium and Zone Ex have had significant success due to the good working relationship between WNSL, MPS, LBB and the Zone Ex Stakeholders. Recommendations 7 and 8 of The Casey Review highlight a requirement for SAG partners to work cooperatively without a single dominant source, which is illustrated by the success of the PSPO and the advent of the Zone Ex Coordination Centre. Each stakeholder has invested time and resource into the operation with positive impact on stadium ingress and egress, as recognised in the spectator feedback.

Similarly, the new Zone Ex Operations and Wembley Partners meetings with the MPS and WNSL have increased the opportunity for collaborative working across the stadium calendar, to ensure a continued working relationship, transparency and secure event day operations and deployment plans.


4. Summary and Next Steps

Safety and security are the forefront of all event day operations at Wembley Stadium. The events of the EURO 2020 Final have been publicly scrutinised, and the recommendations of The Casey Review have provided WNSL, the FA and its partners, notably LBB, WPL and MPS, the opportunity to undertake a detailed review into event day operations at the stadium and across the wider Zone Ex footprint, to ensure maximum safety and security for spectators.

The 2022/23 season at Wembley Stadium has been momentous, with world-class events including the record-breaking Women's EURO 2022 Final, a Fury vs Whyte showdown, the 150th Anniversary Emirates FA Cup Final, a once-in-a-lifetime Taylor Hawkins Tribute Concert, a spectacular NFL Jacksonville Jaguars vs Denver Broncos battle, five nights of a 94,000-strong spectator crowd for Ed Sheeran and six 'magic' nights of Coldplay.

This report illustrates how WNSL has collaborated with its partners to respond to the issues highlighted in the Baroness Casey Review. It is WNSL's intent to use this report as a framework to measure event day operations between SAG partners and Zone Ex stakeholders moving forwards, with a full review to be conducted on an annual basis, ensuring continued compliance with The Casey Review recommendations.

Appendix 1: 2022 FPN Statistics

 Brent	Community and Wellbeing Scrutiny Committee 18 April 2023
	Report from London Northwest University NHS Trust
Northwick Park Maternity Services Progress Update	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	0
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Lisa Knight Chief Nurse, London Northwest University Hospitals NHS Trust Lisa.knight17@nhs.net

1.0 Purpose of the Report

- 1.1 The purpose of this report is to update the committee on the delivery against our Trust Maternity Improvement plan and our Maternity Strategy and update the committee on our regulatory compliance.

2.0 Recommendation(s)

- 2.1 The Committee is requested to note the updates in the report

3.0 Detail

- 3.1 Present Position

In October 2021 the Trust received an unannounced CQC inspection of its maternity services with a resultant rating of 'Inadequate'. The outcome and associated plan were discussed at the Brent Council Community and Wellbeing Scrutiny Committee in August 2021.

The Trust received a subsequent unannounced inspection in October 2021 with an improved outcome of 'Requires Improvement'. Please follow link for full report - <https://api.cqc.org.uk/public/v1/reports/ee6cdf3-390c-4966-a8df-c4e454127adb?20221128141412>

The report remarked on the many improvements in the unit particularly – staff morale, leadership and multidisciplinary team working. It also highlighted that there were ongoing challenges with staffing, mandatory training and equipment management.

In previous discussion with the committee, The Trust highlighted the cyclical nature of the quality of care in the unit over the past 20 years and the desire for a different approach to ensure that changes were sustainable and embedded.

3.2 External Assurance

As a result of the 'inadequate' rating the Trust was placed on the National Maternity Safety Programme. This consists of onsite support from a senior midwife and access to the national support team. Our advisor has supported us with delivering our compliance actions, reviewing meeting and governance structures, and helping the redesign of clinical pathways such as the triage service. The advisor produces monthly reports on progress, which are reviewed both internally and by the national team. The national medical team are supporting us with consultant engagement.

In March 2022 Donna Ockenden released The Independent Report into Maternity Care at Shrewsbury and Telford NHS Trust. As a result, all trusts were asked to undertake a self-assessment of the 10 immediate actions and a series of external peer visits were announced to benchmark those self-assessments.

In August 2022, 14 assessors visited Northwick Park Hospital Maternity Unit to undertake the external assessment. The findings against the 8 benchmarks are detailed below:

Action 1: Enhanced Safety	8/8 compliance
Action 2: Listening to Women and families	6/6 compliance
Action 3: Staff training and working together	5/7 compliance

- The trust did not have in place twice daily consultant ward rounds. The ward rounds commenced in November 2022, and we would now be compliant with this action

Action 4: Managing complex pregnancy	6/6 compliance
Action 5: Risk Assessment during pregnancy	4/4 compliance
Action 6: Monitoring Foetal wellbeing	5/5 compliance
Action 7: Informed consent	4/6 compliance

- The assessors suggested improvements to our website and required us to co-produce an engagement plan with our Maternity Voices Partnership (MVP) both of which have been completed.

Workforce planning and guidelines:

4/5 compliance

- The assessors expressed concerns about the volume of midwifery vacancies that the unit continues to carry

3.3 Update on the Maternity Improvement Plan

The Trust developed a maternity improvement plan to map our development journey and track delivery against our actions.

This action plan has developed into our Maternity Strategy, which was approved by The Trust Board in October 2022. The Strategy builds on the 3 pillars of our improvement plan, whilst also setting the strategic direction for the service. The strategy was developed with input from multiple staff and patient groups. The 3 pillars of the maternity strategy are: Leadership Culture and Workforce, Safe Effective Care and Person-Centred Care

- Leadership Culture and Workforce

The vacancy rate for Band 6 midwives remains over 35% and continues to be our highest rated risk. The turnover rate for the unit has reduced to 10.3% which is presently lower than the general trust turnover rate.

The Trust has increased the number of midwifery students with the local universities and is looking to recruit them once they qualify. The unit is recently in receipt of The Capital Midwife Kite Mark for Preceptorship, a quality mark for the content of our programme for supporting newly qualified midwives and is reflective of the improvement of our preceptorship offer.

The Trust is recruiting overseas midwives and has a solid pipeline of individuals appointed, who will join us over the upcoming year. Even with these actions the shortage of midwives remains a national issue.

Our recruitment and retention working group is piloting self-rostering for all the midwives, to provide ultimate flexibility in shift patterns, and the cultural safety work group is prioritising the implementation of the civility and anti-racism toolkit.

The unit has appointed 3 consultants with specialist interests in urogynaecology, labour ward and fetal medicine. There are presently no consultant vacancies. Considerable work has been undertaken reviewing how we train and look after our junior doctors. Health Education England have noted significant improvements in how we do this and have removed any conditions around our junior doctors.

The Maternity unit has employed its own health and wellbeing advisor who provides positive wellbeing events, refreshments, listening and reflecting events. The feedback from the staff is that this is a highly valued role.

- **Safe Effective Care**

In August 2023 the Trust will go live with our electronic patient record including taking all maternity documentation from paper to digital other than the handheld patient notes. We are taking this opportunity to integrate all our electronic systems with the new record which will provide a safety net on patient information.

The key other areas we are focussing on are Triage and have just introduced Birmingham Symptom Specific Obstetric Triage System (BSOTS). BSOTS enables an initial standardised assessment of each woman, identifying her presenting condition, key clinical symptoms and vital signs. This information is then used to define the level of clinical need using a four-category scale: green (non-urgent), yellow (requires further assessment), orange (priority) and red (emergency).

- **Women Centred Care.**

The Trust has now refurbished the Delivery Suite, antenatal and administration areas, the inpatient ward and is presently redecorating the birthing suite and creating an additional 14 bed unit for early pregnancy and gynaecology. Our final task is to extend the waiting areas to create a light and modern space with additional seating, for which we have received a charitable donation.

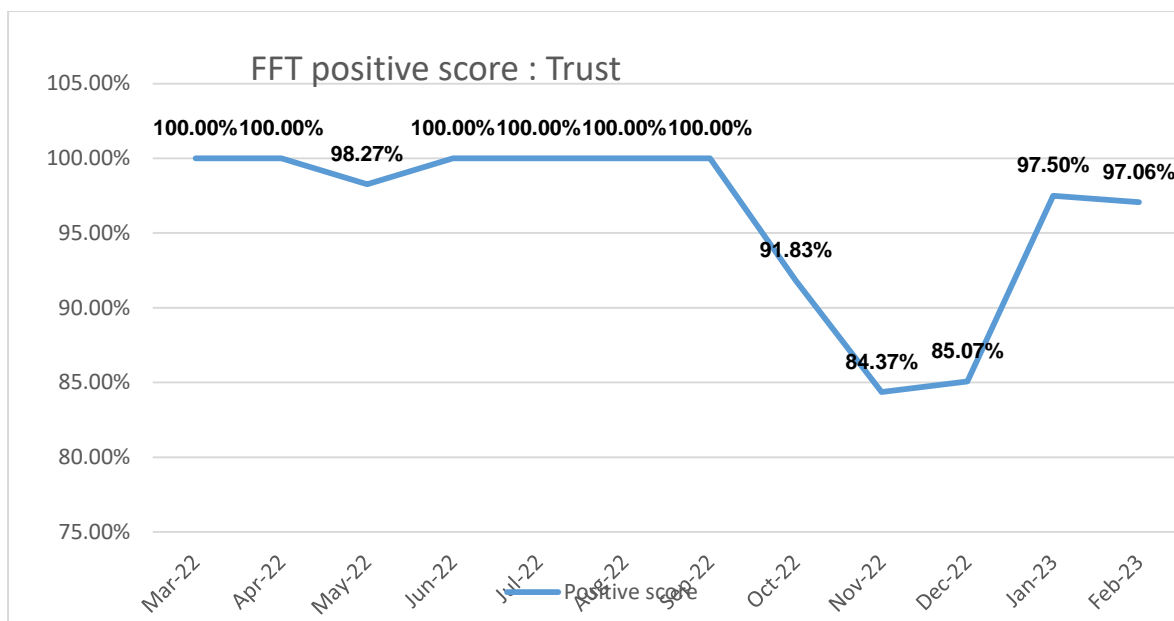
We continue to have weekly Maternity Voices Partnership meetings and this group has been assisting with the designs for the building works and in the design of our new clinical pathways.

The community teams are undertaking a piece of work on prioritising 1st day visits for mothers in the community.

3.4 Patient Feedback

We continue to actively search for and monitor feedback from families who use our service.

The Trust collects and friends and family recommender score data every month which is charted below. The Trust implemented a new electronic system in October and had some data validation issues in the following months. Since this has been resolved the average recommender rate is averaging around 97%. Families also give us experiential feedback - a couple of examples are listed below.



“Amazing delivery suite with professional people who really care We spent 5 days there on New years day with people away from their families to give us their best. The reviews on google are not what you meet there People have big expectations without to look on themselves first. Congratulations to NHS and the good work they do. Thank you for everything”

“” Second pregnancy with twins, truly amazing consultant; Dr Sanaroye, he has a wealth of knowledge and an asset to the trust and NHS. Another member who stands out to me is Teresa at reception, so patient, calm, and positive regardless of the angry patients from the lobby waiting. My 2 midwives Sam and Sarah are fantastic too, very helpful and happy. Occasionally the waiting times can be long and as observer, it seems like the agency isn't full by the staff. I have waited as long as 1.5h in the first time after appointment but since being allocated to medicine it has been a very smooth, efficient journey.”

” We were discharged too quickly in 14 hours after having c section and was told we can come back anytime within the 6 weeks. When we visited the maternity triage due to some concerns the next day, the staff was very rude and told us that I should go to GP and not come to maternity triage.”

3.5 Ongoing Risks and Issues

As previously highlighted the vacancy rate in midwifery remains our highest rated risk. It creates day to day staffing issues for service delivery and increases the risk of staff stress and burnout, continuing the cycle. It has other consequences such as an inability to release staff for training, or to attend meetings or events. As previously highlighted our recruitment and retention group continues to monitor and act to reduce this risk.

4.0 Financial Implications

4.1 Not Applicable.

5.0 Legal Implications

5.1 Not Applicable.

6.0 Equality Implications

6.1 The Trust is actively working to address the known national statistics around mortality and morbidity associated with women of colour in childbirth. An example of this is the work undertaken to improve access to interpretation services.


7.0 Consultation with Ward Members and Stakeholders

7.1 Not applicable.

Report sign-off:

Lisa Knight

Chief Nurse, London Northwest University Hospitals NHS Trust

 Brent	Community and Wellbeing Scrutiny Committee 18 April 2023
	Report from NHS North West London
New NHS Community Diagnostic Centres	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 – New NHS Community Diagnostic Centres
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Mick Fisher Head of Strategic Communications & Stakeholder Relationships, Imperial College Healthcare NHS Trust Mick.Fisher@nhs.net

1.0 Purpose of the Report

- 1.1 This report provides an update on the development of new NHS Community Diagnostic Centres in Brent and North West London.
- 1.2 New Community Diagnostic Centres are a national initiative to build additional diagnostic capacity for planned care, based in the community and separated from urgent and emergency pathways. This 'one stop' approach for checks, scans and tests will be more convenient for patients and help to improve outcomes for patients with cancer and other serious conditions.

2.0 Recommendation(s)

- 2.1 The Committee is asked to note the update on new Community Diagnostic Centres and consider how the local authority working with NHS North West London can help to promote awareness and knowledge of the new healthcare

facilities located in Willesden and Wembley to maximise their usage by residents of the borough.

3.0 Detail

3.1 This is contained within the attached NHS North West London report.

4.0 Financial Implications

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

5.0 Legal Implications

5.1 There are no legal implications directly arising from this report.

6.0 Equality Implications

6.1 The new Community Diagnostic centres in north west London are designed to help combat health inequalities, improving healthcare for those who need it most.

6.2 The three new Community Diagnostic Centres are strategically located in relation to two clusters of deprivation and disadvantaged communities in north west London. An Equality Health Impact Assessment was completed for each Community Diagnostic Centre business case which demonstrate there are no adverse impacts identified against any protected characteristic groups – conversely, positive impacts have been identified.

6.3 The Community Diagnostic Centres at Willesden Centre for Health and Care and Wembley Centre for Health and Care will work together to serve the deprived and disadvantaged communities of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street.

Report sign off:

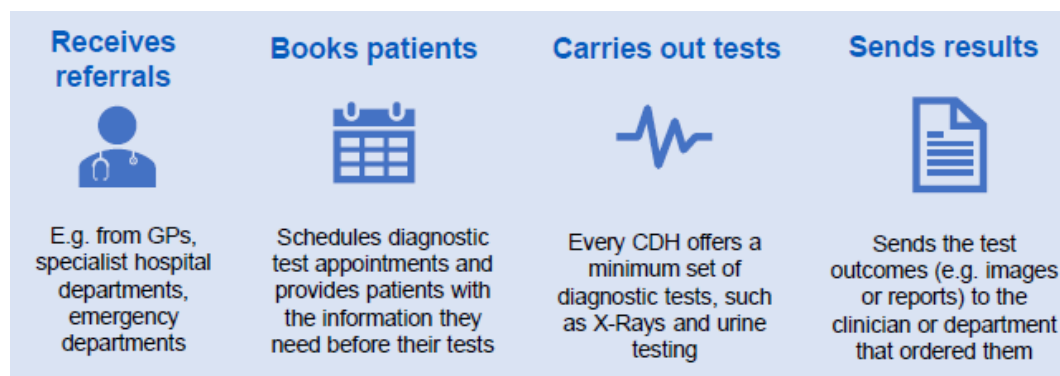
NHS North West London

New NHS Community Diagnostic Centres

Report to the London Borough of Brent Community and Wellbeing Scrutiny Committee

1. Summary

New NHS Community Diagnostic Centres are a national initiative to build additional diagnostic capacity for planned care, based in the community and separated from urgent and emergency pathways. This 'one stop' approach for checks, scans and tests will be more convenient for patients and help to improve outcomes for patients with cancer and other serious conditions.



National funding of £2.3bn has been allocated for developing diagnostic services and a national assurance and business case approval process was issued for schemes. The new Community Diagnostic centres in north west London are designed to help combat health inequalities, improving healthcare for those who need it most.

The NHS is developing three new community diagnostic centres on existing NHS sites situated in two areas of north west London where there are significant clusters of deprivation – the area of Hanwell, Southall and Greenford; and the area of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street in North Westminster.

2. Case for change

Even before the pandemic, the case for change in diagnostics services in the NHS was clear. Covid-19 simply amplified the issue and demonstrated the urgent need for expansion and reform. We need more physical capacity. England has one of the worst diagnostic equipment to population ratios compared to other OECD countries.







Over the last 5-6 years, demand for diagnostic services in England has risen significantly. Increased demand has been outstripping increases in diagnostic capacity leading to longer waiting times:

- CT scans: up 6.8 per cent per year
- MRI scans: up 5.6 per cent per year
- Echocardiogram: up 5.7 per cent per year

Diagnostic services in the NHS were already reaching a tipping point and the pandemic intensified the issue. The need for enhanced infection prevention and control measures, reduced the capacity of existing services and reduced the number of available appointments for diagnostic tests.

The NHS standard for non-urgent diagnostics is a six weeks wait. People should not wait longer than this for a test, but for a growing number patients this target was being missed even before the pandemic.

Several factors played a part in increasing waiting times and creating a backlog:

REDUCED STAFF CAPACITY		LOWER ATTENDANCE & REFERRALS		INFECTION CONTROL MEASURES	
					
Higher levels of staff sickness, self-isolation and shielding	Staff time being redirected towards the Covid effort	Cancer screening services were mostly paused	People avoiding hospitals/GPs for fear of catching Covid	Reduced capacity to allow for social distancing	The need to deep-clean equipment between patients

The pandemic was also a real driver for innovation, with changes previously considered too difficult made within weeks – for example, the shift to virtual consultations.

As we seek to tackle the current challenges there is a unique opportunity to develop new models of service delivery, particularly around where and how diagnostics are delivered. One part of a wider national plan to respond to these challenges is the establishment of new Community Diagnostic Centres (sometimes referred to as CDCs).

Community Diagnostic Centres seek to reduce health inequalities, improve accessibility, improve productivity, support integration of care and deliver a more personalised patient experience.

The new Community Diagnostic Centres for north west London would provide additional diagnostic capacity in more locations for the benefit of the entire regional population. The delivery of high-volume, low complexity diagnostics by the Community Diagnostic Centres, will release additional capacity within existing hospital based diagnostic services, enabling increased capacity to support the provision of more urgent diagnostics, such as cancer.

3. What Community Diagnostic Centres aim to achieve

Community Diagnostic Centres aim to expand capacity of diagnostic provision in England by providing a broad range of diagnostic services at additional sites. The sites are located away from hospitals with urgent and emergency services and closer to communities, providing easier access to patients and reducing hospital outpatient attendances.

Six primary aims of the Community Diagnostic Centres programme	
Improve population health outcomes	Reaching earlier, faster and more accurate diagnoses of health conditions
Increase diagnostic capacity	Investing in new facilities, equipment and training new staff, contributing to recovery from Covid-19 and reducing pressure on acute sites
Improve productivity and efficiency	Streamlining provision of acute and elective diagnostic service, redesigning unnecessary steps, tests or duplication

Contribute to reducing health inequalities	Reducing unwarranted variation in referral, access, uptake, experience and outcomes of diagnostic provision
Deliver better and more personalised experience	Providing a single point of access to a range of diagnostic services in the community
Support integration of care	Supporting integration of care across primary, community and secondary care

4. What tests will be carried out at a Community Diagnostic Centre?

Again, there is a national approach which recommends which diagnostic tests should be included at a minimum within Community Diagnostic Centres:

	Example tests	Examples of related clinical areas
Imaging	<ul style="list-style-type: none"> • X-Ray • Ultrasound • MRI • CT scan 	Chest infection Liver/kidney damage Slipped disc Lung cancer
Pathology	<ul style="list-style-type: none"> • Blood tests – some of which provide results right away • Urine samples • Simple biopsies (tissue samples) 	Anaemia Diabetes Kidney damage Skin cancer
Functional testing	<ul style="list-style-type: none"> • Heart function tests e.g. electrocardiogram (ECG), echocardiogram (ECHO) • Lung function tests e.g. spirometry 	Heart disease Asthma COPD

These types of tests have been chosen because they are felt to best support the main aims of the Community Diagnostic Centres – and because they are required for many priority clinical areas, such as cancer and cardiovascular health.

5. Plan for new Community Diagnostic Centres in north west London

As described above, Community Diagnostic Centres are a national NHS initiative to build additional diagnostic capacity for planned care, based in the community and separated from urgent and emergency services in hospitals. These 'one stop shops' for checks, scans and tests are designed to be more convenient and accessible for patients.

National funding of £2.3bn has been allocated for developing diagnostic services and a national assurance and business case approval process was issued for schemes to deliver new Community Diagnostic Centres.

For north west London, the central capital funding to create new Community Diagnostic Centres is expected to reach £44.3m over three years from 2022/23 to 2024/25.

Using this central funding we are developing three new Community Diagnostic Centres using existing NHS estate and situated in two areas of north west London where there are significant clusters of deprivation:

- the area of Hanwell, Southall and Greenford
- the area of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street in North Westminster

Residents in these areas are more likely to experience poorer health outcomes.

We are developing three new Community Diagnostic Centres on existing NHS sites in north west London:

- a larger facility – located at Ealing Hospital
- and two facilities – one at The Wembley Centre for Health and Care and another at The Willesden Centre for Health and Care – working together to provide the same suite of diagnostic tests as the Ealing Community Diagnostic Centre

An additional 300,000 diagnostic tests per year are planned at the three Community Diagnostic Centres by 2024/25.

The new Community Diagnostic Centres for north west London will be fully integrated into the existing network of diagnostic services across the region.

Diagnostic tests at three Community Diagnostic Centres in north west London		
Ealing	Imaging	CT MRI Ultrasound Plain X-Ray DEXA
	Physiological Measurement	Electrocardiogram (ECG) including 24 hour and longer tape recordings of heart rhythm monitoring Ambulatory blood pressure monitoring Echocardiography (ECHO) Oximetry Spirometry, including reversibility testing FeNO, (Fraction of exhaled Nitric Oxide) Exhaled carbon monoxide for assessing smoking status Full lung function tests (volumes and gas transfer) Blood gas analysis via POCT Simple Field Tests (e.g. six min walk) Issuing of multichannel (>4) equipment for recordings without EEG for home sleep studies
	Pathology	Phlebotomy Point of Care Testing Simple Biopsies NT-Pro BNP Urine testing D-dimer
Willesden	Imaging	Ultrasound Plain X-Ray DEXA
	Physiological Measurement	Electrocardiogram (ECG) including 24 hour and longer tape recordings of heart rhythm monitoring Ambulatory blood pressure monitoring Echocardiography (ECHO) Oximetry Spirometry, including reversibility testing FeNO, (Fraction of exhaled Nitric Oxide) Exhaled carbon monoxide for assessing smoking status

		Full lung function tests (volumes and gas transfer) Blood gas analysis via POCT Simple Field Tests (e.g. six min walk) Issuing of multichannel (>4) equipment for recordings without EEG for home sleep studies
	Pathology	Phlebotomy Point of Care Testing Simple Biopsies NT-Pro BNP Urine testing D-dimer
Wembley	Imaging	CT MRI

The timeline for the three new Community Diagnostic Centres to be established and operational is based on the programme of works necessary at each of the three existing NHS sites, with anticipated opening dates as follows:

- Willesden – June/July 2023
- Wembley – November/December 2023 (subject to planning approval)
- Ealing – December 2023/January 2024

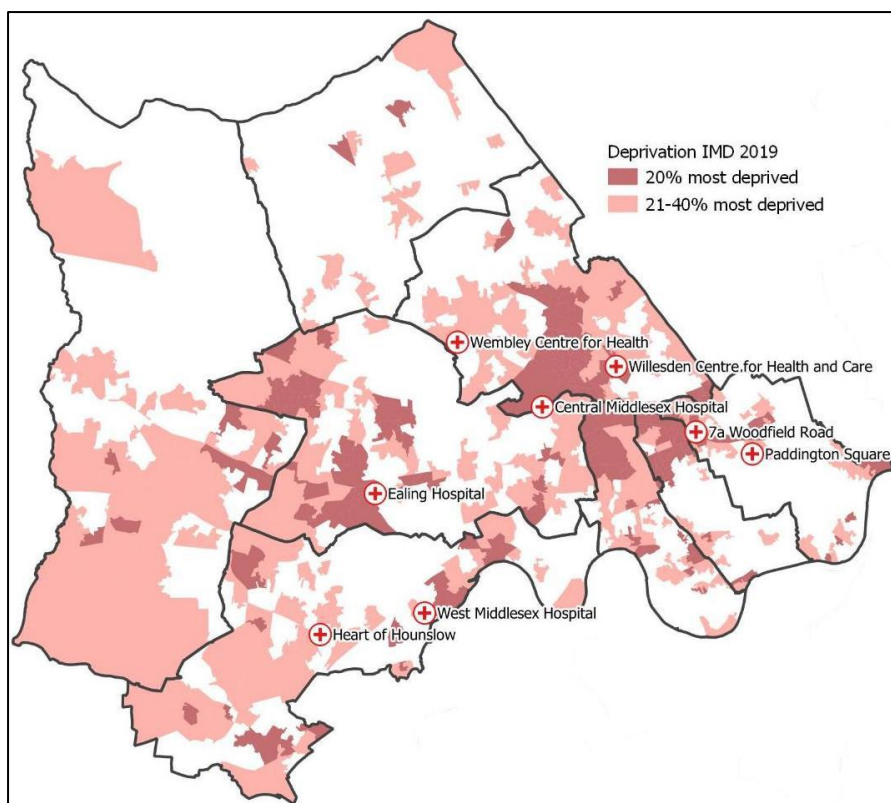
6. Reducing health inequalities and improving access

The new Community Diagnostic Centres in north west London are designed to help combat health inequalities, improving healthcare for those who need it most.

The three new Community Diagnostic Centres are strategically located in relation to two clusters of deprivation and disadvantaged communities in north west London. An Equality Health Impact Assessment was completed for each Community Diagnostic Centre business case which demonstrate there are no adverse impacts identified against any protected characteristic groups – conversely, positive impacts have been identified.

Around 13 per cent of areas in north west London fall into the 20 per cent most deprived nationally. Areas of deprivation have been decreasing over time but remain persistent in two main areas:

- Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street in North Westminster
- Hanwell, Southall and Greenford



Map of Deprivation across North West London (IMD, 2019)

There are a larger proportion of older people in the 'outer areas' of north west London, particularly in the boroughs of Harrow and Hillingdon. While 'inner' north west London boroughs – Hammersmith & Fulham, Kensington and Chelsea, and Westminster – have a larger proportion of working age adults. This has an impact on decisions around provision and placement of a Community Diagnostic Centre:

- A higher activity of X-Rays, CT and PET scans may be required in the outer boroughs, as provision increases with age for these exams
- However, age is less of a factor for the provision of MRI and Ultrasound, where provision is more level across age groups, so provision will be more universal.

The analysis of diagnostic tests uptake and access across north west London can be summarised as follows:

- X-Ray uptake is lower in some boroughs, however waiting times are comparable to London and England
- Ultrasound uptake in some parts is amongst the lowest in England, and in other parts waiting times are comparably longer
- CT uptake and waiting times are comparable with England
- MRI uptake is lower in some parts, but waiting times are shorter, where uptake is high the waiting times are longer.

Population health data highlights that cardiovascular disease (heart disease and stroke) is impacting life expectancy, with five of the eight boroughs in north west London having a higher rate of premature death compared to both the London and national average. The boroughs of Brent and Ealing, where the Community Diagnostic Centres are proposed to be located, have the highest rates of the premature death related to cardiovascular disease than all boroughs apart from Hounslow.

While the generally aging population in north west London is likely to lead to increased demand for diagnostic services, the largest impact on future demand is expected to be from

new housing developments. For example, the Old Oak Common and Park Royal areas are anticipating significant growth in population in the next 15 years with the arrival of new homes and improved transport links. These areas are currently home to some of the most disadvantaged communities within the region of north west London.

Establishing efficient and effective clinical pathways will provide additional capacity in more locations and improve the overall accessibility of diagnostic services. The new Community Diagnostic Centres will be fully integrated into the network of diagnostic services across north west London and fit with the pathway development work being undertaken across London as a whole.

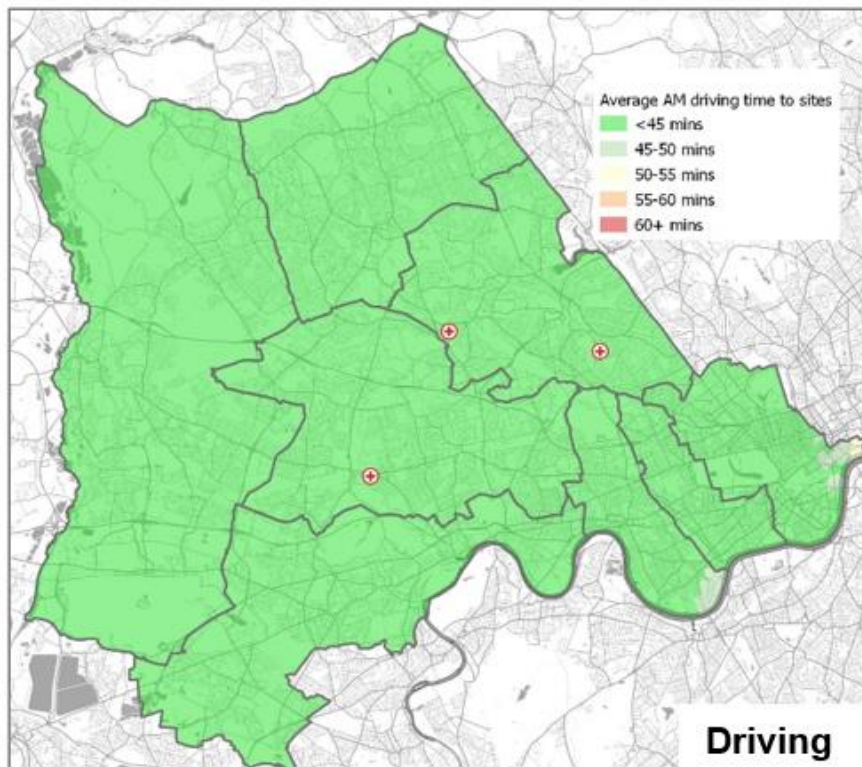
The north west London Community Diagnostic Centres programme is prioritising the following pathways:

Priority Pathways	
Symptoms of possible cancer	<ul style="list-style-type: none"> • Targeted Lung Health Check Programme
Cardiac Symptoms	<ul style="list-style-type: none"> • Chest Pain • Breathlessness
Respiratory Symptoms	<ul style="list-style-type: none"> • Breathlessness • Asthma • COPD • COPD - Emphysema • Interstitial Lung Disease
MSK/Neurological Symptoms	<ul style="list-style-type: none"> • Spinal conditions (back pain)

7. Travel times

The locations for the three new Community Diagnostic Centres are also based on the travel times to each site, projected forecast population growth (new housing developments - such as Park Royal and Old Oak Common) and new transport links (HS2 and Crossrail).

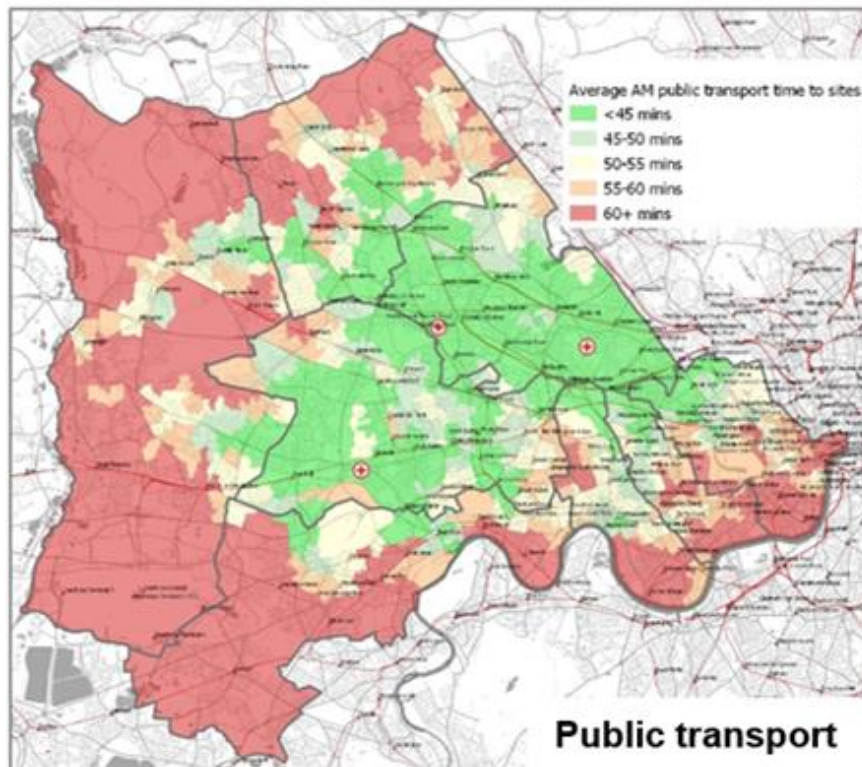
Of the total 2.4m population of north west London, 2,041,294 residents (85 per cent) will be within a 45 minute drive of one of the three new Community Diagnostic Centres.



North west London Driving Travel Times to three new Community Diagnostic Centre Sites

594,362 residents (25 per cent) could access a new Community Diagnostic Centre within a 45 minute journey via public transport.

Locating the three Community Diagnostic Centres at Ealing, Wembley, and Willesden results in around a third of north west London residents being closer to a new Community Diagnostic Centre than their existing diagnostic testing sites.



North west London Public Transport Travel Times to three Community Diagnostic Centre sites

For the catchment area of 45 minutes travel time to a Community Diagnostic Centre, an average 15 per cent of all residents live within a deprived area.

Placing a Community Diagnostic Centre at Ealing Hospital represented the only viable NHS estate option to serve the cluster of deprivation of Hanwell, Southall, and Greenford. Ealing Hospital is the primary healthcare facility in the area and has the greatest catchment for the overall population and improved accessibility to deprived and disadvantaged communities.

The Community Diagnostic Centres at Willesden Centre for Health and Care and Wembley Centre for Health and Care will work together to serve the deprived and disadvantaged communities of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street. The two sites also complement each other – the Wembley site provides the greatest catchment area to the overall population of north west London both by car and public transport – and the Willesden site serves the highest proportion (22 per cent) of deprived residents within its catchment area.

8. Referrals

Patients will be referred to the Community Diagnostic Centres through the centralised referral system for north west London, which receives and processes referrals from primary, community and secondary care. Referral criteria for the agreed diagnostic tests are already in place and the system is already up and running.

Further improvements to the referrals process will be delivered through the introduction of an online healthcare appointment platform.

9. Staff and workforce

The increase in diagnostic capacity through the Community Diagnostic Centres programme requires a substantial increase in the workforce to provide these services. Noting both national and local challenges in the availability of the NHS diagnostic workforce, this remains a significant issue and is likely to mean using new models of working and taking a phased approach to implementation. The introduction of new roles, the clinically effective design of the new facilities and the use of technology to support the effective use of our staff are all examples of how we plan to address this challenge.

10. Digital connectivity

The NHS in north west London recognises the need to improve its digital connectivity and is already working hard to improve its systems.

Digital connectivity is key to successful delivery of each Community Diagnostic Centre particularly in relation to the access and transfer of clinical information and data. Doctors and clinicians across north west London should be able to refer for diagnostics and receive the results.

11. Information and engagement

Early engagement and involvement in the Community Diagnostic Centres programme was led by NHS London who organised experience-based co-design workshops in 2021 with a diverse range of stakeholders, including patients, staff and the public.

In this two-phase process, experience-based co-design workshops were held with a diverse range of stakeholders, including patients, staff and the public from across London:

- Phase 1 – public/patient and staff participants were asked for their current views on diagnostic services in London and their feelings about potential new ways of accessing diagnostic services, through workshops and interviews.

- Phase 2 – this brought together a smaller group from Phase 1 across public/patients, diagnostics staff and advocates to co-create principles for the roll-out of Community Diagnostic Centres, with input from clinical experts to provide check and challenge.

Key findings

Cross-cutting themes from Phase 1:

- Staff and patients emphasised the importance of retaining choice of where to work or access services to fit people's different life situations.
- Waiting times were seen as more important than travel time, but patient advocates highlighted the potential adverse impacts on disadvantaged groups if CDHs were harder to access than current services.

Phase 2 design principles (summarised):



[Note: The abbreviation 'CDH' above has been updated since the co-design workshops were held to 'CDC' for Community Diagnostic Centre]


The outputs of this engagement exercise informed our approach and we are now planning more localised information and engagement activities focused on the boroughs of Ealing and Brent and across north west London ahead of the delivery of the three new Community Diagnostic Centres to assist with finalising the designs and operations.

The objective is to ensure the plans reflect and respond to the needs and views of all users in order to build widespread awareness and knowledge of the new Community Diagnostic Centres and maximise their uptake and usage.

The Community Diagnostic Centres programme aims to achieve a range of benefits as outlined above:

- Improve population health outcomes
- Increase diagnostic capacity
- Improve productivity and efficiency
- Contribute to reducing health inequalities
- Deliver better and more personalised experience
- Support integration of care

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 Brent	Community and Wellbeing Scrutiny Committee 18 April 2023
	Report from Brent Borough Team (NHS)
GP Access Task Group – 1 Year Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key Decision – Progress Update
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 – Response to Task Group's Access and Treatment Standards
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Dr Mike Edbury Clinical Lead for Brent Primary Care m.edbury@nhs.net Fana Hussain Assistant Director Primary Care fana.hussain@nhs.net

1.0 Purpose of the Report

- 1.1 To provide a progress report on improving access to primary care services after the publication of the Brent Community and Wellbeing Scrutiny Committee report 'No one left Behind' GP Access in Brent, July 2022'.

2.0 Recommendation(s)

- 2.1 To note the steps taken to date to improve access to primary care services for patients registered with Brent GPs. The report also sets out progress to date on the Access priorities, the challenges and the planned proposals for improving access to GP led services in Brent in the coming financial year.

3.0 Detail

- 3.1 It is recognised that good access to GP led services in Brent is central to ensuring that all residents receive the right healthcare, in the right setting, at the right time.

The publication of No-one Left Behind, a report on GP Access in Brent highlighted the inequality in access to GP led services. While GP practices remained open during the pandemic of 2020-2021 the model of consultation was adapted to protect both patients and clinicians, a move to telephone consultation, on-line consultations and remote consultations was adapted. The recovery phase, post the pandemic years focused 'recovery', where practices attempted to catch up on services which may not have been fully accessed during the pandemic years e.g. cancer screening and child immunisation. The adaption to consultation forms (on-line, telephone, remote) has been recognised as introducing increased accessibility to certain patient groups, especially the more digitally savvy younger population group. The digital innovations introduced during the pandemic era also introduced inequity in access for the more traditional population group. The report No-one left Behind made a number of recommendations to improve both access to primary care and reduce health inequalities.

- 3.2 While it is recognised that access to health care remains a challenging area, the increasing demand for GP led appointments continues to exceed the capacity within primary care setting. This picture is repeated in Acute Care with increasing Urgent Care Treatment (UTC) attendances and increasing telephone calls to the national NHS 111 service. The focus to address the areas identified in the report to Scrutiny on GP Access has been on
- Increasing capacity in general practice – recruitment of clinical staff to compliment existing teams
 - Increasing hours of operation – extending working day to 8pm and increasing capacity in the Enhanced Access Hubs on Saturdays
 - Reaching out to vulnerable communities and targeted support to high risk patients – out reach work and weekend clinics
 - Integration with Partner organisation – community pharmacies supporting management of minor conditions
 - Introducing efficiency – automating patient registration, on-line triage models, introducing new telephone systems to manage patient flow

The 'Reactive' element of general practice focuses on the day demand from patients. In addition to Reactive care, general practice has made considerable progress in supporting the 'Proactive' Care agenda, which focuses on managing patients with Long Term Conditions (LTC) and preventing deterioration. Focus on Diabetes patients and those with Serious Mental Illness (SMI) have been a key area of improvement in the current financial year.

- 3.3 The recommendation from the No-one left Behind report are set out together with progress on the recommendations.

3.4. Recommendation 1

Brent Council's Cabinet works with NWL ICS to ensure fair funding for local health services.

Representations have already been made through Brent ICP to North West London ICS for a fair funding settlement across a range of health services. This has resulted in a substantial investment of £4.6m into primary care for delivery of Enhanced Services within general practice setting. The aim of this funding will seek to ensure all Brent registered patients will receive enhanced services, such as ECG testing, Ring pessaries, Wound Care services within primary care settings. Further

investment is proposed to enable levelling up of funding for primary care in the financial year 2024-25.

A commitment has also been made to increase the investment into Mental Health services in the Borough. This will help to support the work of the Mental Executive Group and build a stringer more integrated model of care across the Borough. Additional funding released through the ARR (Additional Roles Reimbursement Scheme) has resulted in seven Mental Health Practitioner being jointly appointed and funded by CNWL and Primary Care Networks. Continued discussion are ongoing to address the increasing population needs in the Borough.

3.5 Recommendation 2

Brent PCNs demonstrate a clear career development pathway for health care professionals in order to make best use of professional practice staff that enables greater capacity and more appropriate use of GPs. Brent PCNs should report progress against the development pathway to Brent ICP.

An extensive existing training programme is in place for staff within primary care. The NW London Training Hub which operates across the eight Boroughs commissioned and procures training based on local needs, the economies of scale achieved from this model ensures a more varied and encompassing agenda on training. Training is offered to all professional groups from GPs (who are supported to upskill to manage more complex conditions) to training the new Health Care Assistants (HCA) of the future. The table below sets out some of the focused training undertaken for Health Care Assistants with an aim to create capacity and

<u>Staff group trained</u>	<u>Date course run</u>	<u>Course name</u>	<u>Attendance number</u>
HCA	19 th October 22	Hypertension	19
HCA	2 nd November 22	Heart Disease (Level 3)	18
HCA	22 nd November 22	Hypertension	20
HCA	2022 - 2023	Foundation Programme (3 Cohorts)	12
HCA	19 th January 23	Diabetes Foot Check	25
HCA	30 th March 23	ECG Monitoring	23
<u>Upcoming Training for HCA's</u>			
HCA	1 st May 23	Wound Care Management	23 sign-ups
HCA	19 th & 24 th April 23	Anti-coagulation Monitoring	TBC

Developing professional practice and personal leadership skills for Health Care Support Workers- 12-week course covering:

- Leadership and management
- Coaching in practice and facilitation of learning
- Clinical skills
- An introduction to the Nursing Associate role

The new GP Assistant Rolesⁱⁱ which have been recently introduced are aimed at reducing the administrative burden on GPs and therefore freeing up time for GPs to

focus on clinical workload. Each PCN has/aims to recruit one GP Assistant per practice, with training being offered at PCN/practice level.

The Community Pharmacy Consultation Scheme (CPCS) has also introduced additional capacity within general practice, enabling practices to refer minor ailment conditions to local community's pharmacies. The scheme covers a range of conditions from skin conditions to blood pressure monitoring.

What conditions can be referred?

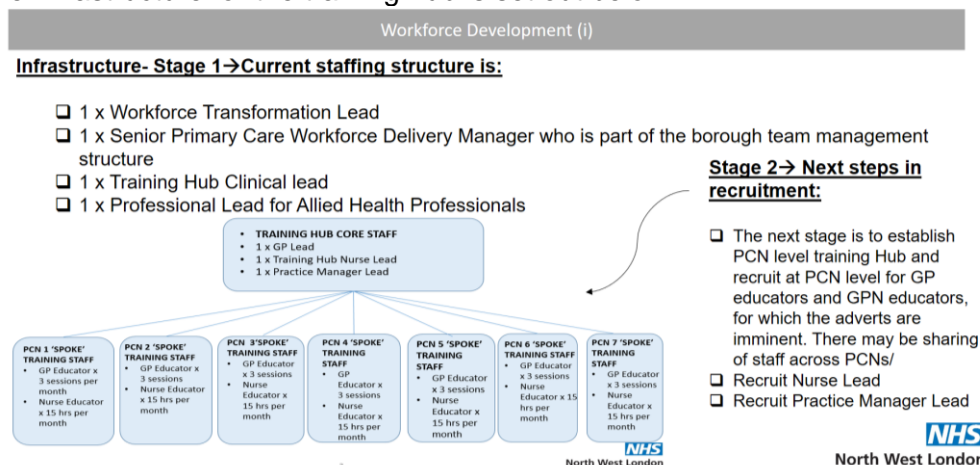
This list is not exhaustive but reflects the expected case mix based on current NHS 111 calls



<ul style="list-style-type: none"> • Acne, Spots and Pimples • Allergic Reaction • Ankle or Foot Pain or Swelling • Athlete's Foot • Bites or Stings, Insect or Spider • Blisters • Constipation • Diarrhoea • Dressing Problems • Ear Discharge or Ear Wax / Earache • Eye, Red or Irritable • Eye, Sticky or Watery • Eyelid Problems • Failed Contraception • Headache • Hearing Problems or Blocked Ear • Hip, Thigh or Buttock Pain or Swelling 	<ul style="list-style-type: none"> • Knee or Lower Leg Pain • Lower Back Pain • Lower Limb Pain or Swelling • Mouth Ulcers • Nasal Congestion • Rectal Pain • Scabies • Shoulder Pain • Skin, Rash • Sleep Difficulties • Sore Throat • Tiredness • Toe Pain or Swelling • Vaginal Discharge • Vaginal Itch or Soreness • Vomiting • Wrist, Hand or Finger Pain or Swelling
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The Training Hub within the Borough team has been strengthened with a dedicated Senior training lead, a GP Training Hub lead and an operational manager. The Nurse and practice manager leads are currently in progress with post holders aimed to be in place in the first quarter.

The infrastructure for the training hub is set out below:



3.6 Recommendation 3

Brent PCNs adopt a GP access and treatment standard that all GP practices sign up to and are accountable to. The standard should describe what services are available and what patients can expect from them. All patient participation groups (PPGs) should be involved in setting this standard, and PPGs should be regularly updated on the performance of the standard.

An Access Task and Finish Group has been established, which has identified five main priority areas for improving access. The priorities include a focus on, ease of registration with GP practices, improving the interface with reception staff, improving telephone access and increasing capacity in general practice.

- 3.7 For ease of reference the five priority areas for access are set out below, please note Priority 1, Access to Primary Care, is further sub-divided into additional four focus areas. The progress to date on the priority areas are also set out below:

3.7.1 **Priority 1 – Access to Primary Care**

This focuses on meeting the needs of an increase in demand for primary care access/ services by identifying initiatives aimed at creating capacity in primary care and enabling clinicians to focus on those most in need. The initiatives include working alongside Community pharmacies, UTC team and patient representative groups to ensure accessibility to services in the right setting. In addition, to improve access to health care there has been a focus on facilitating easier patient registration and upskilling front line staff to co-ordinate patients into the most appropriate setting and also meeting demand by expanding the staff mix in primary care:

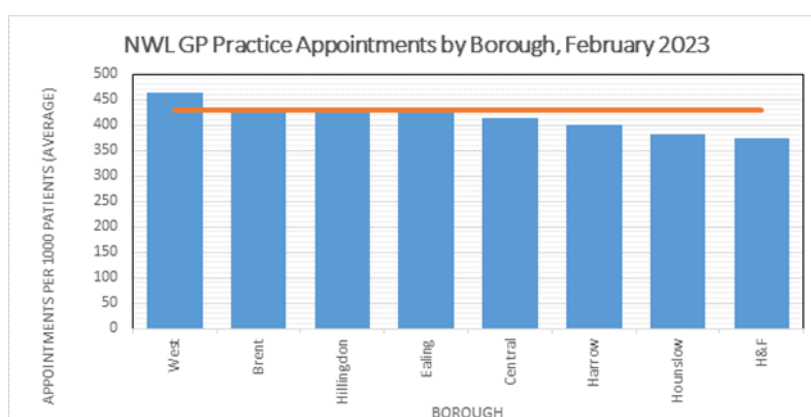
- a. **Safe Surgeries and Digital Registration** – GP practices which commit to taking steps to tackle the barriers faced by patients (particularly migrants) in accessing healthcare is considered a *Safe Surgery*. Across Brent, 40 practices (76%), the highest in NW London, have signed up this initiative and 80 staff have attended a training session on safe surgeries. We continue to engage with practices that are yet to sign-up to this initiative and encourage them to do so. The Safe Surgery training raises awareness at practice level on barriers to patient registration and assists the practice in eliminating or reducing these barriers. Patients requesting registration, whether face to face or on line are able to register more easily.

All practices are encouraged to enable digital online registration on their websites without the need to physically attend the GP surgery. At the time of this report 42 practices (**82%**) have digital online registration. Practices are reminded to provide further information on their websites to explain to patients why an ID may be required in some instances and that this will not be a barrier to registration. Discussions are on-going with the remaining 9 practices to work with them and website providers to offer digital online registration.

- b. **Increase in Appointment Options Through Additional Alternative Staff in Primary Care** – The Additional Roles Reimbursement Scheme (ARRS) is designed to expand the primary care workforce and enable more proactive, personalised and integrated health and social care provision within primary care settings. PCNs across Brent have taken advantage of the scheme and are being supported in the proactively recruiting additional staff. Through active recruitment throughout the year we have seen a **101%** increase in ARRS roles across different disciplines supporting priorities within the Network Contract DES, achievement of QoF indicators and personalised care planning for patients on different care pathways. There are currently 167 (194 staff minus 27 leavers) active ARRS staff in post across the 7 PCNs. Turnover of staff remains high and the capacity for training and development of new recruits remains a challenge. The additional staffing levels increase capacity in general practice which translate to an improvement in access within primary care.

ARRS Roles	K&W Central	K&W North	K&W South	K&W West	Harness North	Harness South	Kilburn Partnership	Grand Total
Advanced Practitioner	1	1						2
Care Coordinator					7	6	4	17
Clinical Pharmacist	11	9	11	14	10	6	16	77
Dietician	1	3	2	2	2	2		12
Digital and Transformation Lead							1	1
First Contact Physiotherapist	5	4	4	6	1	3	1	24
Health and Wellbeing Coach	2			3	3	3	1	12
Pharmacy Technician					1	1		2
Physician Associate		2	1					3
Social Prescribing Link Worker	5	2	5	5	9	14	5	45
Total	24	21	23	30	33	35	28	194

The February GP Appointment dataⁱⁱⁱ shows Brent Borough as providing the second highest numbers of GP led appointment data across NW London.

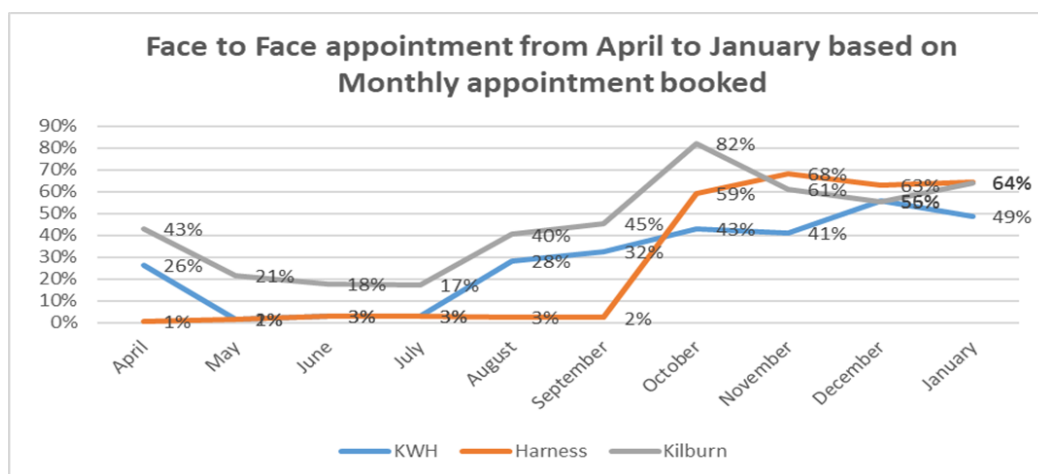


- c. **Upskilling of Reception and Other Admin Staff in GP Practices** – reception and Practice admin staff have all been offered Customer Service Training and Handling of Difficult Conversations Training to give patients the best experience when accessing primary care services and to direct patients appropriately to the right service for care. Initial course offered to 100% of practices with further courses planned. To date 29 staff from 15 practices have attended the Customer Services training and 27 staff from 14 practices attended the Handling of Difficult Conversations training. The development of reception staff into Care Navigation roles is the long terms vision to better managing on the day patient triage.
- d. **Implementation of the Enhanced Access Hub Service** – this service provides additional at scale access to primary care on weekdays from 6.30pm to 8pm and Saturdays from 9am to 5pm. All PCNs have mobilised an Enhanced Access Hub service providing one hour of extended provision per 1,000 patients. This equates to 10,418 appointments per month (>135,000 additional appointments per year). Patients are able to book into the service via their GP or through NHS 111. A direct booking telephone number is also available for patients for Harness and Kilburn PCNs. The table below sets out the Access hubs across the Borough and their hours of opening.

PCN	Enhanced Access Hub	Hub Address	Proposed Standard hub opening hours
Harness South PCN	Central Middlesex Hospital (Park Royal MC)	Acton Ln, Park Royal, London , NW10 7NS	Monday to Friday – 6.30 pm to 8.00 pm
Harness North PCN	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	Saturday 9.00am to 8.00pm

Kilburn PCN	Staverton Surgery	51 Staverton Road, NW2 5HA	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm
K&W PCNs	<i>Wembley Centre for Health & Care</i>	116 Chaplin Road, Wembley, HA04UZ	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm
	Lonsdale Surgery	24 Lonsdale Rd, London NW6 6RR	
	Kingsbury Health & Wellbeing	235 Stag Lane, Edgware, HA9 0EF	

Patients requests for face-to-face appointments within the Access Hubs have increased across all the PCNs. Similarly face to face appointments in general practice have increased to over 60%. The graph below sets out the increased availability of face to face appointments in the Access Hubs, with Harness and Kilburn PCNs providing over 60% of face to face appointments.



3.7.2 Priority 2 – Children and Young People

Improving access to on the day demand for Advice and Guidance (A&G) through closer working with Community Pharmacies and expanding on our Paediatric Hubs to support management of patients in the community. We are working to increase public awareness of the support available through the Community Pharmacy Consultation Service (CPCS) and access to Paediatric Hub GPs. All Pharmacies in Brent offer CPCS and there are two Paediatric Hubs in Brent, with a third hub proposed.

All PCNs have Community Pharmacy Lead who hold regular meetings with the PCN. Community Pharmacy Leads are established and they drive the CPCS and other services that require collaborative work with PCNs to implement. The Pharmacy team have supported PCNs to raise awareness and encourage collaborative working. Two of the four Paediatric Hubs are in place with a Clinical GP in post:

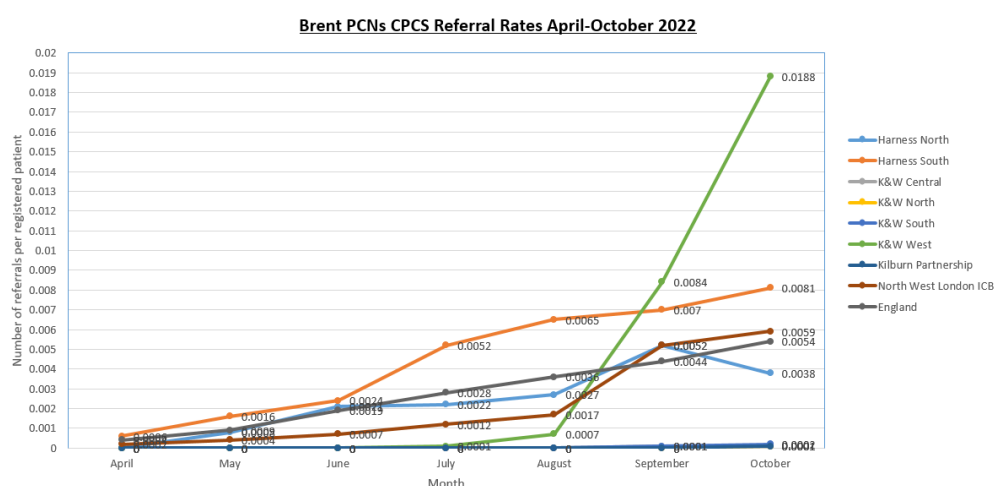
- K&W South – Paediatric MDT established with oversight from Consultant.
- Harness South, focus on prevention, child immunisation & MDT established.
- Clinical lead has identified a third Spin GP for the third hub, focus on UTC integration for paediatric patients.

Community Pharmacy Consultation Service (CPCS)

CPCS aims to relieve pressure on GP surgeries by connecting patients with community pharmacy for low acuity conditions such as bites and stings, coughs and cold and gastric and bowel issues.

CPCS takes referrals from NHS 111 and GP practices, and with most people living within easy reach of a pharmacy, with many open in the evening and weekends CPCS offers patients with improved access. Brent is the highest user of CPCS referrals in NW London with approximately 5000 referrals per month. The integrated model of care enables lower acuity patients to be supported by appropriately trained professional, while working in a co-ordinated and integrated way to support the patient. The model of care enables on the day demand to be better managed with referral back to the GP if required and it seeks to create capacity in primary care.

The graph below shows the increased number of referrals between GP surgeries and community pharmacies under the Community Pharmacy Consultation scheme, leading to a much more integrative way of working across GP and Community pharmacy to manage on the day demand for appointments.



K&W West PCN showing highest management of patients through integration with community pharmacies.

3.7.3 Priority 3 – Integrated Working at Scale

Focusing on wrapping around services based on assessed population health needs and working with Partners to deliver services in the community / neighbourhood areas of Brent, closer to home. Patients will receive improved access to services through partner organisations working in integration, enabled by:

- Resilient (MDT) workforce, who are motivated, engaged and flexible
- Integrated and closer to home “super hubs” across Brent’s 5 connect areas / neighbourhoods
- Inter-operable Information Systems across provider partners providing near real-time information / data.
- More joint up working with Community Pharmacy teams and other community providers to deliver joint initiatives to support patient care.

Progress:

- Workforce and OD Action Learning Sets 1, 2, 3 and 4 were successfully completed with over 250+ participants from partners representing the NHS, Council, VCSEs and wider community. The next stage is to operationalise themes captured through structured facilitation in all (5) neighbourhoods, starting from end of April. / early May

- b. On-going ocular site visits to further 11 sites across the Borough. Completed 24 ocular site visits out of 35 identified sites to date. Created a local catalogue of estates to assist in matching supply with partners' needs / demand, i.e. community clinics for heart failure, retinal screening, audiology, IAPT, CYP assessment for ASDs, carers programme, etc. Brent Strategic Estates Group (SEG) has its inaugural meet last 8th of March 2023.
- c. NWL NHS ICT, Digital and Data Strategy has been refreshed and shared locally to the ICP. DHSC Digital strategy is available too. We will look to identify synergies with the Council's digital strategy alongside other partners in the Borough as well as its alignment with the national DHSC digital ambitions.

3.7.4 Priority 4 – Population Coverage of Local Enhanced Services

The expansion of services provided within primary care is aimed at reducing attendance within secondary care setting for diagnostic services. The focus has been on ensuring all patients have access to the same range of enhanced services from their registered practice. Where a practice is unable to provide a service PCNs are encouraged to provide and deliver at scale to ensure equity in service provision. The aim is to have a 100% coverage of ECG, ABPM and Paediatric Phlebotomy and the remaining enhanced services, to ensure all patients in Brent have access to the same services at the same standard, irrespective of where they are registered. The Enhanced Service contract is currently in mobilisation phase and implementation has commenced from April 2023.

PCNs will continue to refer to a Phlebotomy walk-in service where the service is not provided at a Practice level. Practices are also encouraged to inter-refer for ABPM and ECG where this is not provided in-house. Improvement in quarterly activity through continued efforts with practices to ensure accurate coding and in-house monitoring. PCNs continue to explore at scale delivery for services which require specialist staff, e.g. Spirometry. PCNs have been equipped with the necessary equipment to enable them to provide ECG, Spirometry and 24-hour blood pressure monitoring in the community.

3.7.5 Priority 5 – Workforce Development

Establishing a Training Hub structure and supporting PCNs to develop into Learning Environments, to enable them to provide on the job training for future healthcare staff. The Clinical Lead and managerial lead have recently been recruited. The Workforce Transformation Lead (short-term contract) and the Training Hub Lead all in post. Portfolio supported with Integrated Neighbourhood Teams and Professional Lead for AHP. Harness South and Harness North are on track to become Learning Environments with the K&W PCNs exploring integrated working with UTC teams.

The treatment standard is being taken forward at local level alongside the access standards being developed at NW London level and those directed through national contract changes. Appendix 1 sets out the suggested treatment standards – these have been annotated show current delivery and proposed plan for delivery

3.8 Recommendation 4

Brent PCNs widely communicate the GP access and treatment standard and information on patients' rights to access and treatment including registration, appointments and prescriptions

Significant work has been undertaken and continues to be undertaken through Brent Health Matters and other programmes to improve community awareness of GP access. This has included development of communications materials in different languages, the establishment of a dedicated phone line to support with any health and care queries, and also outreach events in different community settings to support GP registration. There is a large pool of volunteers and staff who are available to support people in community settings. Regular bi-monthly community forums are held with faith leaders and community teams to share information on GP access and the Enhanced Access Hubs.

Practices continue their communication with registered patients through Patient Participation Group, GP Website and directly with community groups. Most practices in Brent have installed cloud based telephony systems that enable practices to assess demand on call volumes and allocate staff accordingly. Customer Care training is ongoing to further develop front line staff.

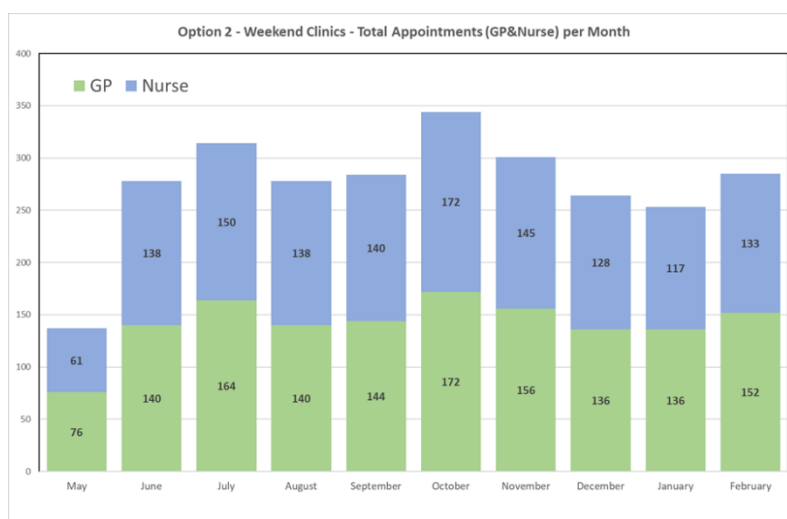
3.9 Recommendation 6

Brent PCNs demonstrate that the configuration of their services does not disadvantage patients based on where they live.

The Brent Health Matters teams has undertaken numerous out reach events, (from 8 to 12 outreach events per month) particularly focusing on those communities who may not be accessing services or have experienced difficulty in navigating the system. The out reach work ensures patients are supported to register, they receive a health check and are supported to access onwards treatment if required. Practices are also adopting this model and working alongside the Brent Health Matters team to deliver services in community settings, including one stop Diabetes clinics which includes Retinal screening, phlebotomy, foot checks etc. Summary of the 77 outreach clinics are tabled below.

Health and wellbeing events - data			
No. of Attendees registered	5043	No of Attendees with BMI > 30 (Obese/Severely Obese)	883
No. of Attendees living in Brent	2897	No of Patient Escalations to Brent Registered GP	1017
No of Attendees registered with Brent GP	2793	No of Smokers Attending	142
No. of health checks completed	4278	No of People with Eye Test within the last Year	345
No. of attendees with diabetes	871	No. of attendees seen by podiatry	116
No. of non diabetic hyperglycaemic	360	No. of attendees seen by Dietitian	496
No of Hypertensive Patients Identified NOT on Medication	372	No. of attendees seen by MH team	798
No of Tachycardic Patients Identified	198	No. of attendees seen by Pharmacy	267
No. of Attendees with an Abnormal Atrial Fibrillation Result	137	No. of attendees seen by PH	377
No unwell patients escalated to Local event GP	278	No. of attendees seen by Health Educator	455
No of Hypertensive Patients Identified	141	No. of attendees seen by Xyla Health	198
No of Non Diabetic Attendees with Completed Diabetic Risk Scores	2551	No. of attendees seen by Eye Screen	155
No of Diabetic Hyperglycaemic Attendees	296		

In addition, GP practices have held Saturday clinics specifically aimed at patients who may not be engaging with their health needs. The table below provides a summary of numbers of GP and Nurse appointments provided during the weekend clinics.



While there have been PCN changes, the Brent Health Matters teams and the NHS team have continued to communicate with patients and their representatives on changes to the PCN landscape including new services and accessing current services

3.10 Recommendation 7

Brent PCNs implement a SMART action plan to reduce the barriers experienced by patients when accessing GP services, with a focus on deprivation, ethnicity, disability and other protected characteristics. Brent PCNs should report progress against the action plan to Brent ICP and Brent Community and Wellbeing Scrutiny Committee.

The focus support for asylum seekers, homeless, patients whose first language may not be English, including outreach work, working with local community leads has been strong in the previous financial year. Work is on going with a greater focus in the coming year on Carers, Housebound patients, those living in sheltered accommodations and continued work with homeless charities. The Equality and Quality Impact assessment documents, which form part of the commissioning documents, provide a format to ensure the interest of patients with protective characteristics are foremost in commissioning decisions. Two recently recruited analysts are supporting the work of the teams in assessing barriers to health.

3.11 Recommendation 8

Brent ICP should work alongside Brent Children's Trust to conduct further research into the experience of children and young people in accessing GP services and take any action as identified.

Two Paediatric hubs have been established with Consultant support from Imperial College to delivery a Multi-disciplinary model of care within community settings. This model proactively manages paediatric conditions with the assistant of the lead consultants and enables shared learning across primary care. The limited capacity of consultant support has hampered further paediatric hub development.

The Enhanced Access Hub now provide double the capacity of appointments and are recommended as first point of call with parents with young children. The Hubs work alongside UTC and 111 teams to enable patients to be seen in local settings.

4.0 Financial Implications

- 4.1 No direct financial implications. Investment is provided from Integrated Care Board in the form of levelling up funding totalling £4m for 2023/24 and £133K for current financial year for Medical devices.

Direct funding from NHS England for GP Contractual changes for financial year 2023/2024 of 8% across England.

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 Ongoing engagement with councillors and Partner organisation to address health inequalities in Borough

Related documents:

Community and Wellbeing Scrutiny Task Group Report: No-one Left Behind – GP access in Brent

<https://democracy.brent.gov.uk/documents/s120898/6.2.b.%20Appendix%20%20-%20GP%20Access%20Scrutiny%20Task%20Group%20Report.pdf>

Report sign off:

Phil Porter

Corporate Director Adult Social Care
and Health

ⁱ Brent Community and Wellbeing Scrutiny Committee report ‘No one left Behind’ GP Access in Brent, July 2022

<https://democracy.brent.gov.uk/documents/s119673/10a.%20Appendix%201%20-%20GP%20Access%20Task%20Group%20Report.pdf>

ⁱⁱ GP assistants role <https://www.hee.nhs.uk/our-work/gp-assistant>


ⁱⁱⁱⁱⁱⁱ NHS England, GP appointment data <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

Appendix 1

The Task Group has identified the following access and treatment standards based on the experience of patients, which should be used as a minimum:

- i. Reception and telephone access for all patient needs during opening hours
Contractually all GP practices are required to provide access during core hours of operation Mon-Fri: 8am to 6.30pm except Bank Holidays
- ii. Agreed arrangements for evening and weekend access communicated to patients
Practice telephone messages have been audited and provide clarity on accessing services outside core hours
- iii. Reception telephone answered within a maximum time frame or call back facility available (subject to the move to cloud based telephony systems)
Recent installation of cloud based telephony has enabled practices to better assess call volumes and allocate staff accordingly.
- iv. Appointment and prescription requests addressed within a maximum time frame – regardless of whether request is made via telephone, online or in person
Prescriptions issued within 72 hours of request is a standard requirement in general practice. Practices will be focusing on same day assessment models from June 2023.
- v. Patients make one call only to make an appointment during core hours (subject to the move to cloud based telephony systems)
Practices are able to directly book patients into Enhanced Access Hubs
- vi. Appropriately trained clinicians should be involved in all stages of the triage process
On-going training and development in place to support upskilling of staff
- vii. Patients updated on all further action taken in respect of requests, appointments and/or treatments where these are carried out by the practice
Patient empowerment will form basis of action plan for 2023. Access to patient notes and two way communicating through IT systems aimed at ensuring patients are kept informed
- viii. Referrals to secondary care are clinically appropriate and in accordance with any agreed clinical pathways and referral protocols – patients are updated at each stage of the referral
As above – where information is available patients will be able to access own notes.
- ix. For rapid access - conversation with registered clinician within fixed period in advance; emergency and urgent needs triaged within four hours. Practices clearly set out the process for routine, rapid and emergency access by agreement with NHS 111 and PPGs – this should be made clear on practice websites
Emergency and urgent needs triaged by 111 – who are able to book patients into patients own GP practice
- x. Flexible appointment types should be offered and booked in line with clinical need and patient's preference, including face-to-face, telephone, remote/digital and home visits – the range of appointment types should be made clear on practice websites
Practices on average offer two thirds face to face appointment, with one third remote. NHS E publish monthly statistics on mode of consultation.
- xi. Bookings available to patients up to four weeks in advance for routine care and patients are made aware of process for cancelling and rebooking routine care appointments
Advanced booking in place and patients are also able to book appointments online or within Access Hubs in advance.
- xii. Registration at any GP practice, where this is possible with no requirement for address, immigration status, identification or NHS number – with digital and face-to-face registration options for new patients

- Patients are able to register without need for documentation, the NHS App 'Register with a GP Service' (<https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>) further simplifies the registration process.*
- xiii. *Patients have their digital literacy and access to digital devices recorded on their patient file and taken into account when treatment is given
In development – Snowmed code awaited*
 - xiv. *Consent for digital communication and services and recorded in patient file
Recorded informally currently at practiced level*
 - xv. *Guidance on online consultation service and digital communication on practice website in easy to use language
Speech to text recently introduced for Patchs on line consultation platform. Further ease of use of digital platforms planned for 2023.*
 - xvi. *Patients to be able to communicate with GP practice via online consultation system and secure online messaging
In place through EMIS and Patchs on line systems*
 - xvii. *Each practice works towards developing consultant nurse practitioner and prescriber skills
Recruitment issues and suitable trained staff for nursing roles previously highlighted.*
 - xviii. *Non-clinical staff should be available at each GP practice e.g. social prescribers – availability made clear on practice websites
Staff employed at practice are recorded on GP websites*
 - xix. *Treatment plans for all patient care agreed with and shared with patients
High risk and those patients requiring Care plans receive care planning*
 - xx. *Prescription medicines issued where clinically effective and cost-effective, ensuring patients are engaged in the process at each stage by their clinical team
The Prescribing team work closely with GP practices to support effective and cost efficient prescribing*
 - xxi. *Newly registered patients should receive information on GP practice and NHS England complaints procedures, as well as local complaints and advocacy services
Greener agenda supports the publication of complaints and advocacy services on line through GP and NHS E websites*

 Brent	Community and Wellbeing Scrutiny Committee 18 April 2023
	Report from Communities & Regeneration
Scrutiny Recommendations Tracker	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 – Recommendations Tracker
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	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 18 April 2023 meeting relates to the 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 A

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

Page 87

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	<p>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.</p> <p>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.</p>	

	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 to include a heading 'Council Policies Referenced' where officers will be advised to add a link to referenced policies (if applicable).	
7 March 2023 - Update on school attainment, including for Black British boys of Caribbean heritage	To recommend that future reports to this committee about the attainment of Black Caribbean Boys to be structured around the journey of the child. In practice this will consist of outlining their educational experiences and outcomes from early years to the end of secondary school.	Children and Young People	The Children and Young People's department accepts this recommendation which will be taken forward in future reports.	
7 March 2023 - Update on school attainment, including for Black British boys of Caribbean heritage	To recommend that a future report highlights the specific challenges that are addressed at Early Years stages in relation to school attainment.	Children and Young People	The Children and Young People's department accepts this recommendation which will be taken forward in future reports.	
7 March 2023 - Update on school attainment, including for Black British boys of Caribbean heritage	To recommend that future reports on this issue include a wider narrative on reasons for historically lower attainment for Black British boys of Caribbean heritage, to give the committee a sense of the bigger picture.	Children and Young People	The Children and Young People's department accepts this recommendation which will be taken forward in future reports.	


7 March 2023 - Update on school attainment, including for Black British boys of Caribbean heritage	To include more information on the underlying issues that contribute to poor school attainment for this cohort in future reports.	Children and Young People	The Children and Young People's department accepts this recommendation which will be taken forward in future reports.	
7 March – Mental Health and Wellbeing for Children and Young People including CAMHS	To receive data on which mental health conditions are most prevalent in children and young people in Brent, and for this to be included in future reports to this committee	Children and Young People	Provided within a confidential briefing to the committee due to sensitivity.	
7 March 2023 - Immunisations	To recommend that targeted engagement and work with communities in Brent is accelerated to improve health outcomes of vaccine hesitant groups of residents	Adult Social Care & Health - Health	Recommendation accepted (and welcomed). The work of Brent Health Matters and Public Health in outreaching to communities has shown impact in reducing inequalities in COVID vaccination. The ICP has agreed to extent this approach to inequalities to children and young people's health issues with immunisation as a priority within this. A business case to expand the BHM model to include children is under development.	
7 March 2023 - Immunisations	To recommend that NHSE works in partnership with local authorities to ensure that targeted and community specific council communications compliment national messaging.	Adult Social Care & Health - Health	Recommendation accepted (and welcomed). Council communications colleagues and public health have made contact with NHS communication leads to develop a local plan.	
7 March 2023 - Immunisations	To recommend that a collaborative approach and joint working between public health and Brent Health Matters is developed to increase vaccination uptake, including for HPV.	NHS England	Agreed to be provided W/C 17 April.	

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>We have done so by a range of methodologies, for example:</p> <ul style="list-style-type: none"> • 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) <p>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</p> <p>Literature reviews</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

			<p>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</p> <p>Case studies</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The case studies can be found here: https://www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved/case-studies</p> <p>Interviews</p> <p>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.</p> <p>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</p> <p>Surveys</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The analysis of the survey can be found online here: https://www.nwlondonics.nhs.uk/get-involved/cspc/how-get-involved/surveys</p>										
5 July 2022 Update on Day Opportunities	Adult Social Care to provide a detailed breakdown of the numbers of residents using day opportunities who have mental health issues, disabilities or both.	Adult Social Care & Health – Adult Social Care	<p>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.</p> <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></table>	Primary Service User Support Need	Number of people using Day Opportunities	Support with memory & cognition	12	Sensory Support	1	Physical Disability	103	Mental Health	2
Primary Service User Support Need	Number of people using Day Opportunities												
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			<table><tr><td>Learning Disability</td><td>204</td></tr><tr><td>Total</td><td>322</td></tr></table>	Learning Disability	204	Total	322												
Learning Disability	204																		
Total	322																		
	Adult Social Care to provide data on the effectiveness on different engagement methods in regard to promoting day opportunities.	Adult Social Care & Health – Adult Social Care	<p>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.</p> <p>These events have taken place both virtually and in-person as detailed below and were well attended by Health & Social care staff.</p> <p>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.</p> <p>4th August 2021 – Virtual (Learning Disabilities)</p> <p>2nd February 2022 – Virtual</p> <p>24th May 2022 – In Person at Brent Civic Centre</p> <p>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.</p>																
5 July 2022 – Adult Care Services	To provide a demographic breakdown of carers in Brent by age, ethnicity, gender etc.	Adult Social Care & Health – Adult Social Care	<p>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.</p> <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></table>	Age (unknown excluded)	% of Brent Carers	18 – 24	1%	25 – 34	3%	35 – 44	4%	45 – 54	17%	55 – 64	29%	65 – 74	22%	75 – 84	18%
Age (unknown excluded)	% of Brent Carers																		
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75 – 84	18%																		

			<table><tr><td>85+</td><td>7%</td></tr><tr><td>Gender</td><td>% of Brent Carers</td></tr><tr><td>Female</td><td>75%</td></tr><tr><td>Male</td><td>25%</td></tr><tr><td>Ethnicity</td><td>% of Brent Carers</td></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></table>	85+	7%	Gender	% of Brent Carers	Female	75%	Male	25%	Ethnicity	% of Brent Carers	Asian or Asian British	39%	Black or Black British	29%	White	21%	Other Ethnic Groups	4%	Mixed / Multiple	1%	Not Stated / Undeclared	7%	
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Mixed / Multiple	1%																									
Not Stated / Undeclared	7%																									
5 July 2022 – Adult Care Services	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	Adult Social Care & Health – Adult Social Care	<table><tr><td>Service User Primary Need Group</td><td>% Of Brent Carers</td></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></table>	Service User Primary Need Group	% Of Brent Carers	Physical Support	57.7%	Learning Disability	32.2%	Support with Memory & Cognition	5.7%	Mental Health	0.9%	Family in Acute Stress	0.1%	Disability	1.4%	Sensory Support	1.0%	Social Support	0.9%					
Service User Primary Need Group	% Of Brent Carers																									
Physical Support	57.7%																									
Learning Disability	32.2%																									
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Sensory Support	1.0%																									
Social Support	0.9%																									
22 September 2022 – Implementation of SEND review	The committee to receive the training programme for staff who work with children with autism in additional needs settings	Children and Young People	<div><p>SEND in schools Training offer 22-23 c</p></div> <p>SEND in schools training offer is attached:</p>																							

	The committee to receive data on the diversity in the level of need within those who have EHCP's	Children and Young People	Category of Need	Count
			Cognition And Learning Needs	861
			Communication And Interaction Needs	1543
			Other Needs	13
			Sensory And/or Physical Needs	225
			Social, Emotional And Mental Health	294
			(blank)	2
			Grand Total	2938
			Special Educational Need Description	Count
			ASD - Autistic Spectrum Disorder	1097
			HI - Hearing Impairment	68
			MLD - Moderate Learning Difficulties	506
			MSI - Multi-Sensory Impairment	7
			OTH - Other Difficulty/disability	13
			PD - Physical Disability	115
			PMLD - Profound & Multiple Learning Difficult	88
			SEMH - Social, Emotional And Mental Health	294
			SLCN - Speech, Language And Communication Needs	446
			SLD - Severe Learning Difficulties	219
			SPLD - Specific Learning Difficulty	48
			VI - Visual Impairment	35
			(blank)	2
			Grand Total	2938

	The committee receive information on how the recommendations of the transitional safeguarding task group feed into the SEND strategy.	Children and Young People	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
25 January 2023 – Brent Housing Management	To receive results of the latest tenant perception surveys and transactional surveys.	Resident Services - Housing	Tenant Satisfaction Measures – Results PowerPoint has been shared with the committee.
	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.	Resident Services - Housing	<p>Below are the contractual repairs priorities including timeframe to complete works</p> <ul style="list-style-type: none"> • P1 = 4 Hour Emergencies only • P2 = 24 hours and complete in 3 days • P3 = 21 Days • P4 = 60 Days <p>There are some orders that take longer than 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 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.</p> <p>Following discussions with Wates last year, they have taken the following actions:</p> <ul style="list-style-type: none"> • 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 <p>WIP Reduction Plan (Work in progress), Property Services and Wates meet weekly to discuss progress and WIP recovery profile (this profile's direction based on average number of jobs Wates operatives and supply</p>

			<p>chain complete per day/week), Wates are currently completing an average of 128 jobs more than they receive.</p> <p>We are exploring other routes to ensuring outstanding repair works are dealt with.</p>
	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	<p>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.</p>
	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.
7 March 2023 - Update on school attainment, including for Black British boys of Caribbean heritage	To provide a breakdown of children diagnosed with neurodiversity by ethnicity in Brent	Children and Young People	This information has been shared with a committee as part of a confidential briefing, owing to sensitivity.
7 March 2023 - Update on school attainment, including for Black British boys of Caribbean heritage	To provide the breakdown on attainment data for Black British boys of Caribbean heritage, including how this has changed since 2019.	Children and Young People	This information has been shared with a committee as part of a confidential briefing, owing to sensitivity.
7 March 2023 - Update on school attainment, including for Black British boys of Caribbean heritage	To receive information on how the Children and Young People's directorate is prioritising this issue and how it works with other departments to tackle underlying issues that contribute to lower attainment for Black	Children and Young People	This information has been shared with a committee as part of a confidential briefing, owing to sensitivity.

	British boys of Caribbean heritage		
7 March 2023 – Immunisations	To receive a breakdown of the number of childhood vaccinations by GP practice, to provide a more localised understanding of vaccination uptake across Brent's primary care system to inform the NHS' approach to improve vaccination uptake.	ASC & Health - Health	This information has been provided to the committee separately.

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