



Community and Wellbeing Scrutiny Committee

Thursday 21 September 2023 at 6.00 pm

Members Suite - 4th Floor, Brent Civic Centre,
Engineers Way, Wembley, HA9 0FJ*

This will be held as an in person physical meeting with all Committee members required to attend in person.

The meeting will be open for the press and public to attend. Alternatively, the link to follow the webcast live will be available [HERE](#).

**Due to access restrictions on the 4th Floor of the Civic Centre, any member of the public wishing to attend the meeting in person is asked to contact Hannah O'Brien (07880 068584) so the necessary arrangements can be made.*

Membership:

Members

Councillors:

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

Substitute Members

Councillors:

Aden, Moghaddam, Akram, 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
Rachelle Goldberg, Jewish Faith Schools
Vacant, Church of England Faith Schools
Jane Noy, Parent Governor Representative
Vacant, Parent Governor Representative

Observers

Brent Youth Parliament, Observer
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 / Tel: 07880 068584

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 Outcome of 2023 Ofsted ILACS and Current Children's Social Care Improvement Activity	13 - 34
To provide an overview of the recent Ofsted Inspection of Local Authority Children's Services (ILACS) and how practice is being improved based on learning from the inspection. The report outlines current workforce challenges and how the service is addressing these.	
7 SEND Strategy Implementation and Readiness for a Joint Ofsted / CQC Inspection	35 - 74
To provide an overview of services for Brent's children and young people with Special Educational Needs and Disabilities (SEND), including Brent's readiness to implement the DfE SEND and Alternative Provision Improvement Plan and Brent's position in relation to a future inspection by Ofsted / CQC on the effectiveness of local SEND partnership arrangements.	
8 Adult Social Care CQC Assurance - Item withdrawn	

Please note that this item has been withdrawn and will no longer be considered during the meeting.

9 Community and Wellbeing Scrutiny Committee Recommendations Tracker 2023-24 75 - 104

To present the Community and Wellbeing Scrutiny Committee recommendations tracker 2023-24.

10 Any other urgent business

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

Date of the next meeting: Wednesday 22 November 2023



- Please remember to turn your mobile phone to silent during the meeting.
- The meeting room is accessible by lift and a limited number seats will be provided for members of the public. Alternatively, it will be possible to follow proceedings via the live webcast [HERE](#).

This page is intentionally left blank



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Wednesday 5 July 2023 at 6.00 pm** **Held as a hybrid meeting**

PRESENT: Councillor Ketan Sheth (Chair), Councillor and Councillors Afzal, Begum, Ethapemi, Fraser, Molloy, Rajan-Seelan, Smith, Matin, Mistry and Mr A Frederick

In attendance: Councillor Neil Nerva and Councillor Mili Patel (online)

The Chair introduced the meeting by wishing a Happy Birthday to the NHS, which was celebrating the 75th Anniversary of its inception. He welcomed NHS colleagues who had attended to discuss a health focused agenda.

The Chair informed the Committee that this would be George Kockelbergh's final meeting as the Strategy Lead for Scrutiny. The Committee thanked George for his dedicated support and wished him well in his new role.

1. Apologies for absence and clarification of alternate members

- Councillor Collymore
- Co-opted member Ms Rachelle Goldberg
- C-opted member Ms Jane Noy

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and North West London NHS Foundation Trust
- Councillor Matin – employed by NHSE
- Councillor Ethapemi – spouse employed by NHS
- 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 18 April 2023 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Tackling Health Inequalities in Brent

Councillor Neil Nerva (Cabinet Member for Public Health and Adult Social Care, Brent Council) introduced the item, highlighting that there was an awareness in Brent that there were significant inequalities in how people accessed care and their wider health determinants. The paper demonstrated a range of initiatives that had been put in place since the formation of Brent Health Matters (BHM) to tackle health inequalities in Brent. In particular, Councillor Nerva highlighted the section in the report detailing the factory interventions that had taken place in the workplace through Brent Health Matters' outreach service, which visited workplaces directly where there were known health inequalities and people at risk. The report detailed some of the learning from those outreach sessions which had found instances of diabetes, heart disease and hypertension and highlighted the need for Brent to have a service that was accessible, informed by issues in the local community, and was able to drill down and work in geographical terms at a micro level to reach the people most in need. He highlighted that, within Brent, the partnership wanted to ensure universal coverage whilst also targeting NHS resources to those with the greatest need and difficulties in accessing mainstream services.

In continuing the introduction, Dr Melanie Smith (Director of Public Health, Brent Council) highlighted that there were 4 pillars to the strategic approach Brent was taking. She explained the term 'proportionate universalism', which meant that there needed to be both a universal and targeted offer, with that targeted offer developed with communities rather than done to them. The second pillar was recognising that there was a need to attend to the wider determinants of health, which she felt was exemplified by the work BHM had done in factories. Co-production formed the third pillar, where there was a need to listen and work with communities to understand and act. The final strand was accountability, with not only the traditional examination of differences of health status by age and sex, but explicit examination of how services were being experienced and accessed differentially according to a residents' ethnicity, deprivation and disability. In relation to what she viewed as unique to Brent, she highlighted a combination of input from the local authority, local NHS, community organisations and the voluntary sector reaching out with a practical and clinical offer which other areas did not offer.

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) explained that an important aspect of the programme, which was different to other areas, was that Brent Integrated Care Partnership (ICP) was employing people directly from the local community into teams. For example, Central and North West London University NHS Foundation Trust (CNWL) had a team of Community Connectors, of which 6 were employed directly from the community to reach those communities that it had not been good at reaching in the past. Brent Health Educators and the BHM team were also employed directly from the Brent community.

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

The Committee was pleased that the report was clear in outlining what health inequalities were and the steps BHM had taken to get to where it was now to address various issues. However, they felt there was a lack of clarity on benchmarking and data around health inequalities and asked for future reports to incorporate information on where Brent had been in relation to health inequalities, where it was now, and where it needed to be in the future, in the context of the 5 key priority areas identified. Dr Melanie Smith agreed that there was a lack of benchmarking, but Brent was now looking at data in a way that many other parts of the system were not. For example, there had always been an awareness, intuitively and at a macro level, that there were inequalities in levels of hypertension, particularly for those of Black and South Asian heritage, but Brent had only recently been able to quantify those differences. Now, BHM was able to know how much more likely a

person was to have uncontrolled hypertension if they were of Black or South Asian heritage and lived in Stonebridge compared to other ethnicities in other parts of the borough. Dr Melanie Smith felt confident that she would be able to return to the Committee in a year having narrowed down those differences to provide further benchmarking and data.

The Committee were advised that the figures in relation to social isolation and loneliness detailed in paragraph 3.16, point 7 of the report were from Census data.

In relation to the data available regarding individual Brent wards, the Committee asked whether there had been any work done to identify 'pockets' of wards as having significant health inequalities, particularly in the North of the borough. Dr Melanie Smith explained that, currently, Public Health used standard available data to determine deprivation, based on generally accepted measures of deprivation. She thought the Committee was right to highlight the issue of very small pockets of deprivation or other disadvantage, and explained that this was where the quality of understanding being developed through the work in communities was essential to supplement that standard quantitative data. BHM was finding that newly emerging communities or communities with whom statutory services had very little contact with were hidden in data. John Licorish (Public Health Consultant, Brent Council) agreed that there were communities hidden in the data. He gave the example of the Brazilian community who had attended the vaccination bus in Harlesden during the early years of Covid. Because the BHM team employed people directly from the community who lived and worked in Brent and spoke community languages, BHM was able to pick up a number of problems that were being presented and address them there and then. As word spread, more people from other communities started coming to the bus for other issues such as GP access, housing issues and access to maternity services. As a result of that, BHM then worked with specific charities and community organisations that worked with these small pockets of communities to reach further within those communities to address health need. John Licorish highlighted that Brent had an ever changing, diverse population so this was a continuous process.

The Committee asked how BHM could demonstrate co-production work and its impact. They highlighted that one of the key learnings around health inequalities was that they were underpinned by medical mistrust, and they asked how that improved trust was being measured. Nipa Shah (Brent Health Matters Director) highlighted that co-production was measured with a participation ladder, ranging from organisations BHM simply provided information for to organisations with whom BHM was genuinely co-producing with. This was shared on a monthly basis with the Executive Group. BHM now had contact with around 400 organisations. In relation to measuring trust, Nipa Shah explained that it had been approximately one year into the BHM programme when the team started looking at particular impacts. She thought that if BHM had done a survey right at the beginning of the programme it would now have some good comparable data and could do another survey to demonstrate that improved trust, but unfortunately this had not been done. Now BHM was planning to send a survey to all community organisations asking whether they believed this was the right way to work with them and if they felt their community's trust in health services had improved.

As the report identified Stonebridge as an area in Brent with one of the highest levels of deprivation, the Committee asked if BHM had a plan to level up Stonebridge through greater allocation of resources, including funding. Robyn Doran explained that Brent ICP was trying to use all the resources within it and its partners to wrap services around communities with high level of deprivation, using its influence to target resource on particular communities.

The Committee identified that the performance of the BHM programme was highly dependent on the reliability and granularity of the data collected on health inequalities. Some members were concerned about data in areas that bordered the borough. For

example, in Kilburn, the ward bordered Camden and Westminster, meaning some residents were in at least 2 Integrated Care Boards (ICBs) and 3 Primary Care Networks (PCNs), which were the principle data collection agencies. For this reason, some Kilburn residents were not being recorded on Brent data which the BHM programme was based on, which members highlighted had implications for funding and service provision. Tom Shakespeare (Managing Director, Brent ICP) reassured the Committee that Brent ICP had access to all GP data across NWL ICS. The particular issue being raised, where Brent ICP would not have access to data, was where Brent bordered other Integrated Care Systems (ICS), such as North Central London ICS in Kilburn where the ward bordered Camden. Brent ICP recognised there was a particular issue there, and had raised the issue at an ICB level and would continue to raise the issue to see what more could be done to gain access to that particular practice data. Operationally, he felt that Brent ICP had a fairly good understanding of the community given the depth of knowledge into communities BHM had developed. Councillor Nerva added that the point about data from the particular medical centre in Kilburn had been raised at MP level.

The Committee asked what happened when the BHM team visited communities and discovered emerging neurological conditions such as dementia and Parkinson's. Dr Melanie Smith advised the Committee that the 5 clinical areas detailed in the report were national priorities, which BHM agreed were important and contributed to the burden of ill health and health inequalities, but the approach locally was to listen to communities and not only to respond to top-down approaches from NHSE. She highlighted that there had not been a large amount of work done looking at neurological conditions, which might be something to address in the future, but there were some good examples of where communities had been listened to and priorities had changed as a result, such as with the men's health work led by John Licorish. John Licorish expanded on that work, explaining that, initially, when Public Health had been researching Covid, they had been looking at risk factors, working with residents and delivering webcasts and talks with various groups to build trust within communities. As that trust developed, a lot of feedback was received and through that feedback the Public Health Team learned of concerns around prostate cancer, particularly for men of Black Caribbean heritage. Men of Black Caribbean heritage felt that the same level of attention had not been given to prostate cancer as, for example, breast cancer, and asked if it was because this cancer was more prevalent within Black Caribbean communities where outcomes tended to be worse. Public Health started to hear those concerns and from that launched a men's health programme, co-produced with men from different communities and working with local charities that had particular focus on prostate cancer. Initially that programme had small numbers, but, over time, the numbers grew, and from that programme there was a very clear demand for the local area to provide PSA testing for prostate cancer. He felt this was a very clear example of how the community were listened to and action implemented following that.

In relation to asylum seekers, the Committee asked if there was any specific work BHM was doing to address their health needs and their ability to portray their health if English was not their first language. Dr Melanie Smith explained through the partnership there was a co-ordinated response from the Council and NHS to address the needs of those living in contingency accommodation.

The Committee noted the ambition to increase the number of children receiving immunisations in paragraph 3.63 of the report, and asked how BHM would approach that, given the mistrust in the community towards vaccinations. Dr Melanie Smith explained that she was a passionate advocate for immunisations, which she felt were fundamental for health improvements worldwide. However, she acknowledged that Brent would not achieve their immunisations ambitions if residents were continuously lectured about immunisations, so she highlighted the importance of truly listening to communities to understand their concerns and being there for them. BHM was trying to persuade the NHS to consistently

come into Brent communities to offer access to immunisations, rather than a one-time offer, which was felt to be key.

The Committee asked what other departments were being engaged in the health inequalities work and how. It was highlighted that the workstream covered class, race, poverty, disability and deprivation levels and looked at housing, social care and fed into the Black Community Action Plan (BCAP) which covered multiple departments. Dr Melanie Smith confirmed that BHM was working across the Council on health inequalities, but there was a particular focus specifically within Care, Health and Wellbeing. BHM was now looking to focus on Children & Young People, subject to a successful funding bid, which would require close working with that department. She felt it was important that joint work encouraged departments to also consider universal and targeted interventions that would help to tackle inequalities. As an example of cross-departmental work, Dr Melanie Smith highlighted the work done with the Parks department which focused on access to green spaces and play facilities and access to green spaces and play facilities for children with disabilities, which was both a universal and targeted approach.

In continuing to discuss cross-departmental working within the Council, the Committee asked whether there were any departments with more appetite than others to work on the health inequalities agenda. Nipa Shah highlighted that there was a lot more work to be done on health inequalities and the social determinants that lead to those health inequalities. BHM had made a start on that through the employment of a Link Worker in the team who linked in with Adult Social Care, Housing, and Employment within the Council. Their role was to develop easier pathways so that, when BHM engaged communities, where there were concerns around housing, employment or care needs, there was a clear pathway they could signpost residents to in order to ensure they went to the best place to serve their needs. Tom Shakespeare added that, across the Council, BHM was strongly advocating for departments to look at how services were delivered from an ethnicity, deprivation and disability lens. In doing so, this would shine a light on what further work needed to be done around health inequalities and strengthen that joint working across departments. In addition, Brent Council had adopted a Joint Health and Wellbeing Strategy with priorities that encompassed activities across the whole Council and local NHS system.

The report highlighted the work done with factories in Brent to reach out to employees in relation to their health. Sandhya Thacker introduced Ian Siddons (HR Business Manager, GreenCore) and Nicola Clifton (HR Business Partner, Bakavor) to speak more about the outreach events that had taken place in their factories.

Ian Siddons explained to the Committee that he had started at GreenCore in 2019, where the Covid pandemic shortly followed. At that point, he started working with the BHM team, and had received some help with vaccinations through the vaccination bus coming onsite to ensure staff received awareness on the vaccination. From that initial visit GreenCore had since had two more outreach events, one taking place on the day shift and one on the night shift. GreenCore had approximately 1,200 employees with a very diverse workforce. Many staff lived in HMOs and had caring responsibilities at home, meaning having the health team on site was a big positive for those staff who may find it difficult to get in touch with health services about their own health. Following the two sessions, 239 employees had been assessed on their health, with doctors and nurses onsite breaking down barriers such as language differences due to members of the health team speaking community languages. The sessions had focused on diabetes tests, mental health, BMI tests, ECGs and spoken about diet. The sessions had helped staff become accustomed to people coming in to the workplace to ask them medical questions. The team was able to identify some staff who were at risk of their health and escalated that within the NHS structure to ensure they received treatment.

Nicola Clifton had two similar events at Bakavor on the day shift and late shift. The feedback from employees who had attended the sessions had been exceptionally positive and they had asked for the sessions to happen every 6 months.

The Chair thanked both Ian and Nicola for their presentations and for attending the Committee. He asked if they would suggest something the BHM team could do more of what it would be, with both Ian and Nicola suggesting more health diagnostics with a GP onsite and increasing the frequency of the sessions.

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 cross-council work on health inequalities is strengthened to develop a whole Council approach to further addressing health inequalities.
- ii) To recommend that appropriate Council officers are given training on intersectionality, to further develop the organisation's understanding of intersectionality and its impact on Brent residents.
- iii) To recommend that neurological conditions within the community are considered for inclusions as part of Brent Health Matter's work.
- iv) To recommend that healthcare resources are allocated to areas of Brent with greater need and deprivation, so that more targeted work can be done in those areas.

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

- i) For the Community and Wellbeing Scrutiny Committee to receive the latest data on Brent Health Matters' co-production activity.

7. Local Healthcare Resources Overview

Councillor Neil Nerva (Cabinet Member for Public Health and Adult Social Care, Brent Council) introduced the report, which detailed how local health service resources were allocated. He highlighted that Brent NHS was now part of the Brent Integrated Care System (ICS) and that the formal statutory body for managing health resources was the NWL Integrated Care Board (ICB) within the ICS. He explained that the paper highlighted the challenges within the system regarding how Brent ensured community services were reaching people as early as possible and how that could be maximised, and that there was some equity in the way those services were delivered and the way residents experienced services across NWL. He highlighted that there were no colleagues from the ICS present at the meeting, and it may be a good opportunity for the Committee to invite colleagues from the ICS to a future meeting.

Tom Shakespeare (Managing Director, Brent ICP) continued the introduction, informing the Committee that the starting position in Brent was challenging both in terms of workforce and funding relative to other NWL boroughs. Having said that, there was positive news with the publication of the new National Workforce Strategy, which gave the ICP an opportunity to develop further work around that and the response locally. Brent ICP was using every opportunity to maximise workforce, such as establishing a training hub, which was an important foundation for primary care ensuring significant capacity across a range of professional levels. The ICP provider partners, Central London Community Healthcare (CLCH) and Central and North West London University NHS Foundation Trust (CNWL) had

also been looking at a range of initiatives around recruitment and retention, including 'golden hellos'.

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) expanded on some of the work CNWL was doing on recruitment and retention. She highlighted that one of Brent's challenges was that the NHS had an inner and outer London weighting in terms of NHS salaries, where inner London employees received approximately £2k more per year than outer London. Brent was classed as an outer London borough, compared to Kensington and Chelsea which was a neighbouring borough. This meant that if someone was working in Park Royal Hospital they would only have to move across to St Charles' Hospital, less than 5 miles away, to receive the inner London weighting. The inner and outer London weighting formed part of the national pay award which Brent ICP found challenging due to the impact it had in Brent. CNWL had used 'golden hellos' in the past, giving newly recruited staff £5,000 upfront to bring them in, but had found this had not retained staff. For that reason, there had been a big focus on retention at CNWL, focused on training, further education and personal development plans for all staff members as well as ensuring staff felt valued. The NHS workforce strategy recommended apprenticeships, and CNWL was already doing some of that work, with Occupational Therapist, Nurse Associate and Social Work apprenticeships in Brent. In addition, CNWL was recruiting directly from the Brent community into entry level jobs which were graded at a higher band for their lived experience in the community. Finally, CNWL was running a 'volunteers to careers' scheme, bringing volunteers in and creating a pathway for them to get jobs with CNWL.

In relation to funding, Tom Shakespeare explained that the starting position in Brent was also significantly further behind other NWL boroughs and there were significant historical issues regarding how that had come to pass. The ICP was undertaking some extensive work to build a case for allocating resources on the basis of need, working very closely with the ICB to build that case across a range of focus areas. Alongside that, Brent ICP was taking a pragmatic approach to address resources. For example, where there were new beds coming in for mental health, Brent ICP was supporting the case for those coming to Brent and looking at every other opportunity to make a strong case for provision coming to Brent. There had been some significant levelling up funding for primary care which was good news, but he felt there was further work to do around mental health and some community service areas.

Councillor Nerva concluded the introduction by highlighting that central government was now taking a greater look into health inequalities and it was important for NWL to look at what was happening in Brent in order to radically improve on health inequalities.

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

The Committee noted that the graph in section 3.4.7 of the report was from 2019-2020, and queried whether that investment from various different providers had now improved in 2023. Presenting officers highlighted that funding had not improved significantly and the disparity for Brent still existed. One of the things Brent ICP was doing to respond to some of those challenges was to look at performance data comparatively, to make a case to show where Brent would target investment and how it was using existing capacity within the system. Detailed work with clinical leads and partners was also looking at maximising that capacity in the system to continue to deliver the value of services whilst making the case for further significant investment. Robyn Doran agreed that it was important to look at what could be done locally to fill the gaps where funding was not where it should be and move funding around within local trusts where that was possible. For example, in 2022 the waiting lists for CAMHS had been brought down because CNWL was able to move some one-off money away from Westminster and towards Brent to deal with those waiting lists.

She advised the Committee to invite Brent ICP back together with NWL ICB to talk about the levelling up strategy.

The Committee noted the unique pressures on staff within Brent and patients in the borough, but asked how other boroughs falling within the same pay bracket as Brent was performing with recruitment and retention in comparison. Robyn Doran advised the Committee that both CLCH and CNWL had shared all information together between the boroughs of Harrow, Brent and Hillingdon because the trusts crossed borders, so a lot of what was being done in Brent was being done in those outer boroughs too. She highlighted that outer London boroughs were doing a large amount of work on recruitment and retention due to the salary weighting, and added that Brent had the added pressure of workload. For example, in Brent the CAMHS service had one third of the number of CAMHS workers that Westminster had, with significantly more demand, which had a huge impact on staff. Another way the partnership was focused on recruitment and retention was through schools, with local health and social care professionals visiting schools to talk about the work they did and offer apprenticeships and volunteering placements as a means to get people into the workforce. Those staff were very passionate about their work which proved hugely motivating.

Continuing to discuss staff retention, the Committee highlighted that the NHS National Retention Programme had pointed out that the two key factors for staff retention was targeted interventions at different career stages and people feeling valued, and within that, people feeling stable and safe in their role, leading to people staying. They asked what Brent was doing with regard to targeting interventions at different career stages, making staff feel valued, and routing out instability. Robyn Doran explained that CNWL had developed a Leadership Programme called '21st Century Leadership' where one of the core elements was compassionate based leadership, talking very openly about staff feeling safe and stable in the workplace. She highlighted that in large London organisations that had a higher number of BAME staff those staff did not feel safe that their career was progressing, felt their leaders were not compassionate and thought instability was part of the culture, so CNWL was having honest conversations with Leaders about that. 100 leaders had now completed that training programme and a further 100 were due to complete it.

The Committee further queried what techniques were being employed to prepare people for what it was like to work in Brent so that they were made to feel at home and understood the communities they worked with and served. Tom Shakespeare advised the Committee that the ICP was developing a common induction process so that any member of staff working in the health and care sector in Brent, regardless of the organisation, would receive this induction. This would look at what it meant to work in Brent, what the vision was, what was being done around health inequalities and why Brent was an exciting place to work, and would be tailored differently for different types of staff.

The Committee asked for further details regarding the £2,500 one-off bonus payment for health visitors detailed in the report and questioned what impact Brent ICP expected from that. Robyn Doran highlighted that, from her experience, one-off bonus payments worked for a time but did not tie people into a role long-term unless the organisation also took various other approaches to retain people, such as ensuring staff were managed well, supported, given development opportunities, and felt their jobs were doable. Both CNWL and CLCH was working on those additional steps to retention, but Robyn Doran highlighted the pressure, demand and lack of resources that was specific to Brent. Dr Melanie Smith added that, as the commissioners of the Health Visiting Service alongside CLCH, different service models were being reviewed, because another reason people stayed in Brent was satisfaction from working in a service that delivered. She highlighted that Brent was proud of the MESH service, the targeted health visiting service which worked with the most vulnerable families in Brent with children under 2 years old, and was pleased to be one of the first places in the country that would introduce the successor to MESH, visiting children

who continued to need support from ages 2 – 5 years old. As such, she felt that by creating those more fulfilling professional roles then there was a better chance of retaining health visitors.

The Committee asked how the partnership would escalate the issue around the London weighting and whether there was any concrete outcomes they hoped for. Tom Shakespeare highlighted how difficult it was to influence the London weighting due to it being a national decision. Most of the approaches the partnership had taken were what was available to the partnership as a system, through golden hellos, building the workforce from within Brent, and opportunities to work in different ways. The question for the partnership was how to scale up that work and build it in to everything the partnership did. He highlighted the need to recognise it was a complex system with multiple providers working across different geographical footprints and boroughs and within a national context where the gifts were not entirely within the Brent partnerships' control. However, he did feel that there were opportunities within the context of the new national NHS workforce plan. Councillor Nerva highlighted that the health service consisted of single trusts which covered both inner and outer London, where someone could still be working in the same trust but earn significantly more money depending on where they were based, which was the challenge the new NWL ICS, which covered both inner and outer London, would need to cope with.

The Committee felt that staff must find it difficult to stay resilient at work due to the mental health crisis, where mental health patients were being discharged before they should be due to the number of beds and then returning in crisis again. Tom Shakespeare agreed there was a need to make a case for moving away from dependency on beds, which were a symptom of a problem, and moving downstream towards preventing crisis in the first place by managing people in the community. The timeline for this was being revised currently and the ICP was building its case for investment and transformation for September 2023, with the delivery phase being much longer term. In relation to mental health, Councillor Nerva added that all 8 NWL boroughs had agreed that the first deep dive to take place towards getting a high-level ICS Strategy would centre around mental health. He highlighted there would be evidence gathering around mental health spend and use across the whole of NWL.

The Committee asked how Brent ICP was addressing the £2m funding gap for children's mental health service. Tom Shakespeare explained that the ICP was trying to make a case for further investment from NWL. There had been some successful attempts where the ICP had managed to secure some funding shifted from CNWL to invest in partnership work with the voluntary and community sector, which had seen a significant impact on the CAMHS waiting list. The ICP would like to expand that further, working with clinical leads over the next few months to find what further interventions could be put in place with the resources that were already there whilst lobbying for levelling up. The ICP had very constructive positive engagement from CNWL at a senior level, who were supportive of the ICP making that case, and he felt positive the ICP would come up with some creative solutions with their partners.

The Committee felt that some health areas affecting minorities in Brent were not spoken about prominently, such as Sickle Cell. They queried whether any funding was being allocated to research these types of health issues. Dr Melanie Smith agreed that there were entrenched inequalities within the topics chosen for research and who was included within research. There was some good news that some big national research funders, such as the National Institute for Health and Care Research (NIHR), were now more interested in funding research carried out in conjunction with the wider system, so Brent was being approached by a number of academic institutions looking for its support. One of the criteria Brent had set in agreeing who to partner with was whether that research was relevant to the diversity of Brent's population.

The Committee asked what was being done to maximise the limited pot of funding Brent received and what reassurance could be given to residents that the ICP was doing the best it could to ensure residents were looked after. Tom Shakespeare expressed that he could say with confidence that the ICP was doing everything it possibly could to maximise the resources available in Brent. The impact Brent was having for the resources it had was significantly above other areas. However, he acknowledged there were always areas for improvement. The ICP was aware there was significant underutilisation of crisis response centres in Brent, and there were significant opportunities for better aligning and increasing awareness of that resource and its referral routes, as well as the ongoing work developing neighbourhood teams. He felt there was an opportunity for the ICP to consider how services could be brought together much more effectively, where services could promote other services. Robyn Doran added that the model of BHM focused on getting all agencies to work together as one team, to make it easier for residents to only have to tell their story once.

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 North West London Integrated Care Board (NWL ICB) colleagues are invited for further discussions relating to funding settlements for Brent in relation to NWL.
- ii) To recommend that work to address the inner and outer London pay gap is further escalated and that bolder solutions are utilised.
- iii) To recommend that Brent Integrated Care Partnership (ICP) advocates for further levelling up for children's mental health services in the borough.
- iv) To recommend that NWL ICB commits to a timescale to address the historical underfunding compared with other NWL boroughs and to equalise levels of expenditure.
- v) To recommend that a collaborative approach is taken with staff, the community and managers to co-produce solutions for retention.
- vi) To recommend that the proposed induction for all staff working in Brent should include attending a Brent Health Matters (BHM) community event.
- vii) To recommend that Brent continues to advocate for healthcare funding that is allocated based on need, rather than population.

A number of information requests were made throughout the course of the discussion, recorded as follows:

- i) For the Community and Wellbeing Scrutiny Committee to receive information on how outreach work in schools to promote roles in Brent's health and care sector is aligned with the Greater London Authority (GLA) Academy.

8. **Community and Wellbeing Scrutiny Committee Work Programme 2023/24**

The Committee noted the work programme.

9. **2022/23 and 2023/24 Scrutiny Recommendations Tracker**

Councillor Matin proposed a recommendation in relation to the Community and Wellbeing Scrutiny Committee meeting that took place on 25 January 2023 which looked at issues such as communications to residents around damp and mould. The recommendation being put forward was for all Brent Council communications that specifically focused on health, safety and wellbeing of residents to include an additional section or additional page to indicate the importance of the communication and how to seek support and help. The additional information should be in the top 5 recognised languages in Brent in large print and also braille to ensure all residents were able to access important communications. By way of clarity, Councillor Matin confirmed that this would only relate to communications that were sent in hard copy, and if the Council were able to identify specific residents that required those adapted communications then the accessible information could go to those households only.

The Committee considered the recommendation and the Chair led a vote on the issue. Following the vote, the recommendation was not carried.


10. **Any other urgent business**

None.

The meeting closed at 8:00pm

COUNCILLOR KETAN SHETH,
Chair

This page is intentionally left blank

	Community and Wellbeing Scrutiny Committee 21 September 2023
	Report from the Corporate Director of Children and Young People
	Lead Cabinet Member: Cllr Gwen Grahl
Outcome of 2023 Ofsted ILACS and current children's social care improvement activity (including current workforce challenges)	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	Ofsted Inspection of Brent Local Authority Children's Services (published April 2023) – https://files.ofsted.gov.uk/v1/file/50213625
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Palvinder Kudhail Director Integration and Improved Outcomes Palvinder.Kudhail@brent.gov.uk Sonya Kalyniak Head of Safeguarding and Quality Assurance Sonya.Kalyniak@brent.gov.uk

1.0 Executive Summary

- 1.1 This report provides CWB Scrutiny Committee with an overview of the recent Ofsted Inspection of Local Authority Children's Services (ILACS) and outlines how practice is being improved based on learning from this inspection. It also outlines current workforce challenges and what is being done to address these.

2.0 Recommendation(s)

- 2.1 CWB Scrutiny Committee is asked to note the contents of this report and the 'Good' judgements across all categories.
- 2.2 CWB Scrutiny Committee is asked to note the actions being taken to address the inspection recommendations and next steps to improve practice.

- 2.3 CWB Scrutiny Committee is asked to note and comment on the activity being taken within the CYP department to address the current workforce challenges as they relate to qualified social workers.

3.0 Detail

3.1 Cabinet Member Foreword

The February 2023 Ofsted ILACS report of our children and young people services demonstrates a continued journey of improvement and reassurance to our community that a good level of early help, child safeguarding and looked after children support is provided for children and their families. I would like to congratulate all staff who were involved in the inspection and commend them for their work with Brent's children and families. I am confident that the learning from this inspection is leading to improvement actions that will further strengthen Brent's children and young people's services over the coming months and years.

Contribution to Borough Plan Priorities and Strategic Context

The Borough Plan Strategic Priority 4 is that our babies, children and young people get the best start in life. The Ofsted ILACS report demonstrates the work of Brent CYP to ensure children and families receive the support they need, when they need it. The report highlighted that,

"Brent's family wellbeing centres provide an extensive range of early help for children and families, including intensive targeted family support. Families have access to universal services and specialist help relating to poverty, domestic abuse and emotional health. Early help assessments draw on a wealth of family and professional information. They are detailed and analytical and lead to multi-agency family support plans that help to improve areas of concern".

The Ofsted inspection provided reassurance that children and families were receiving a good service in relation to safeguarding, including older teenagers who are close to adulthood. This evidences the ongoing work of Brent CYP to ensure children and families receive the right support at the earliest possible time.

3.2 Background

3.2.1 ILACS focuses on the effectiveness of local authority services and arrangements:

- to help and protect children
- the experiences and progress of children in care wherever they live, including those children who return home
- the arrangements for permanence for children who are looked after, including adoption
- the experiences and progress of care leavers.

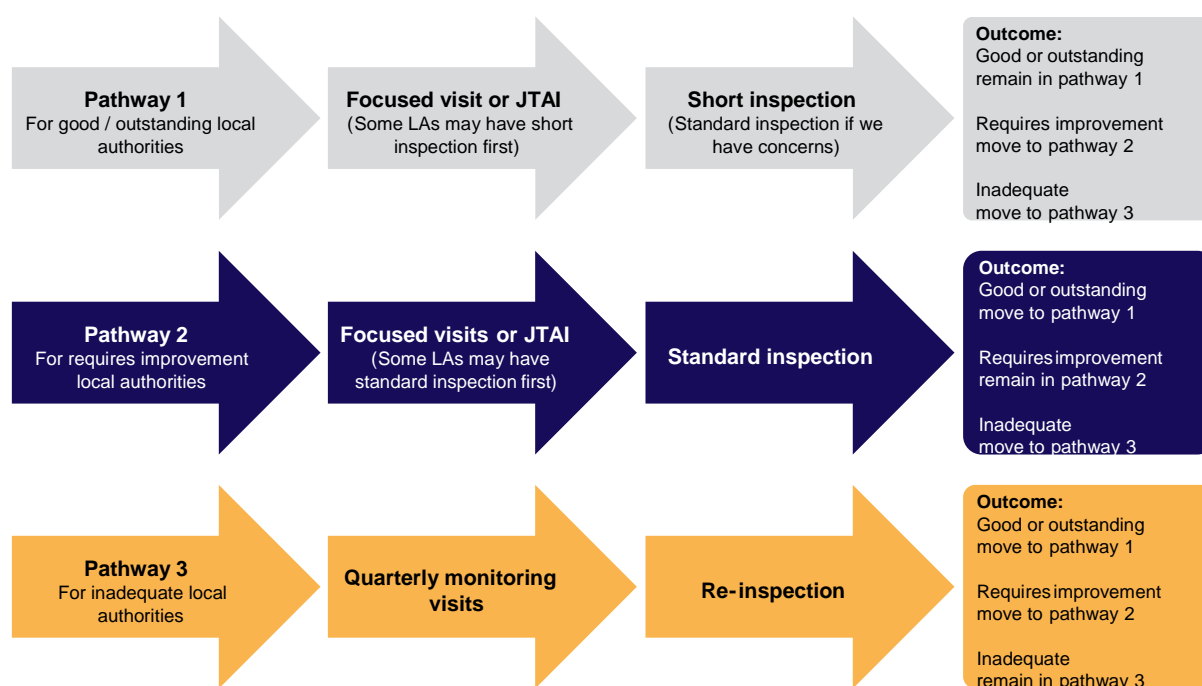
Whilst the framework is primarily focused on social work and the quality of professional practice, the effectiveness of leaders and managers and the impact they have on the lives of children and young people are also evaluated.

3.2.2 ILACS is an inspection 'system', introduced in January 2018 aimed at making inspection risk-based and proportionate through more frequent contact tailored to each local authority. It comprises:

- an annual engagement meeting (Brent's most recent was July 2022) between the local authority and an Ofsted regional representative to reflect on what is happening in the local authority and to inform future engagement
- standard inspections (usually for local authorities judged requires improvement to be good)
- short inspections (for local authorities judged good or outstanding)
- focused visits that look at a specific area of service or cohort of children, taking place over 2 days, usually in between standard / short inspections
- monitoring visits for authorities rated 'inadequate'
- Joint Targeted Area Inspections (JTAI).

Local authorities are also encouraged to participate in activity outside inspection, such as sharing a self-evaluation for discussion at the annual engagement meeting.

3.2.3 The following diagram summarises the three inspection pathways in the ILACS framework. Brent was inspected on Pathway 1, having been graded as 'Good' in the previous ILACS inspection in 2018.



- 3.2.4 Brent was informed on Monday 13 February 2023 that a short inspection would be undertaken, commencing with immediate effect, with inspectors on site at the Civic Centre from 20 to 24 February 2023.
- 3.2.5 Ofsted spent time engaging with the local authority in the week preceding the on-site visit, gathering information and intelligence to inform their key lines of enquiry.
- 3.2.6 As this was a short inspection, Ofsted started with the mindset that the local authority is 'good'. In a short inspection, inspectors sought to answer 3 questions:
- Has the quality and impact of practice been maintained?
 - Are there any areas where the quality and impact of practice have improved?
 - Are there any areas where the quality and impact of practice have deteriorated?
- 3.2.7 The inspection team tested the validity of Brent's most recent self-evaluation (June 2022) with the main focus on social workers' direct practice with families and the impact on outcomes for children. The inspection involved reading case files and supporting documentation, including evaluating individual children's records that had already been audited by the local authority.
- 3.2.8 The inspection identified many strengths within the local authority and overall found that children in Brent benefit from good quality help, support and care from children's services. They found that children are helped by practitioners who are passionate and committed to improving children's lives and futures. Inspectors saw that there is strong political support for improving services and making positive differences to the lives of children and to their futures. They commented that the Borough Plan is informed by children and members of the community and focuses on what matters most to them. They also found that there are robust governance arrangements providing members and senior leaders with a clear line of sight of children's services and relevant scrutiny by council members of the impact of services for children.
- 3.2.9 The inspection report was published on 11th April 2023. The overall effectiveness of the local authority was judged to have remained 'good' overall:

Judgement	Grade 2018	Grade 2023
The impact of leaders on social work practice with children and families	Good	Good
The experiences and progress of children who need help and protection	Requires improvement	Good
The experiences and progress of children in care (and care leavers in 2018)	Outstanding	Good
The experiences and progress of care leavers (new judgement area)	--	Good

Overall effectiveness	Good	Good
-----------------------	------	------

See Appendix 1 for the full ILACS report.

- 3.2.10 The ILACS inspection makes four recommendations for improvement. There is a requirement to submit an action plan setting out how these recommendations will be addressed to Ofsted within 70 days of the inspection report being published and this was submitted within this timescale. A summary of the immediate actions being taken against each of the recommendations is set out below:

Ofsted recommendations	How this is being addressed in the action plan
The compliance with private fostering regulations and the senior management oversight, performance management information and quality assurance of these arrangements.	A report was presented outlining system improvements to ensure compliance with private fostering regulations, including a reviewed pathway for dealing with new referrals. An audit has been undertaken on existing cases and the learning shared with practitioners. An awareness raising plan with partners is in place so that there is a better understanding of private fostering. A specific campaign is being planned with schools in the autumn term to help identify potential private fostering arrangements and facilitate reporting.
The attendance of children in care at their reviews and the quality of information provided to children following their reviews.	The Head of Safeguarding and Quality Assurance met with our commissioned provider to share findings and agree improvement actions. An audit was carried out in March 2023 to further understand practice issues. A learning session took place with all Independent Reviewing Officers to share learning from the inspection and the audit. There are monitoring processes in place to track improvement.
Care leavers' understanding of and access to their health histories.	There is a plan of work underway to ensure that health information that is routinely shared with care leavers when they turn 18 is regularly reviewed as part of their Pathway Plan.
The consistency of management supervision and recording.	A series of actions are being implemented to address this including embedding the consistent use of the agreed supervision template, monitoring supervision timeliness through performance management tools and senior management oversight. Senior leaders observed supervision practice as part of Practice Observation Week (July 2023) and

	have agreed further improvement actions following the learning from this.
--	---

- 3.2.11 The practice improvement plan has been updated to capture all the areas for development identified in the inspection report. This includes feedback during the ‘keeping in touch’ meetings with inspectors (as well as the four recommendations) so that all practice issues are addressed in the next phase of our improvement journey.
- 3.2.12 In preparation for an annual engagement meeting with Ofsted in November 2023, a self-evaluation of Brent CYP is currently underway, providing a comprehensive overview of the position against the Ofsted ILACS framework. This includes capturing progress and strengths alongside areas of ongoing improvement.
- 3.2.13 **Current workforce challenges**
- 3.2.14 There is an ongoing national shortage of social workers and a high number of social workers leaving the profession, coupled with increased demand for services since the pandemic. The Department for Education began collecting a series of national data on social workers in 2017. This data demonstrates that in 2022, there was a 21% increase in social work vacancies (totalling 7,900) compared to 2021. There was also a 13% increase in agency workers (totalling 6,800) in 2022 compared to the previous year¹. At a local level Brent had a 19% increase in vacancies and a 19% increase in the agency workforce during the same period.
- 3.2.15 Across London as a whole, 24% of social work roles were filled by agency staff when the last comparable figures were available as of 30th September 2022. The Brent position was 41.8%. This systemic issue has become unsustainable and inhibits investment in workforce development for the existing permanent workforce and future generations of the profession. The Association of London’s Directors of Children’s Service (ALDCS) launched the London Pledge in June 2022; a memorandum of cooperation committing 32 London local authorities to work collaboratively to avoid rising agency worker costs by agreeing regional pay rates based on evidence and strengthened by multi-disciplined governance structures under Director of Children’s Services control. The London Pledge provides a strengthened platform to enhance quality and capacity while controlling the costs of the social work workforce. Brent CYP is fully engaged in London-wide work to systematically address workforce issues. One of the benefits of the London Pledge has seen a reduction in the turnover of agency workers, with longer levels of retention, supporting longer-term relationships with children and families.
- 3.2.16 Due to national and London-wide issues, significant structural difficulties remain in recruiting and retaining experienced permanent social workers and

¹ <https://www.gov.uk/government/statistics/childrens-social-work-workforce-2022>

first line social work management staff. Despite this, recent recruitment campaigns have attracted a favourable response, particularly for first line managers. However, challenges remain within the Short and Long Term Teams in the Localities Service and Care Planning Teams in the LAC and Permanency Service as a result of permanent social workers leaving Brent to take up employment either in the agency market or to some other London local authorities where there can be a more competitive pay and reward structure.

- 3.2.17 There are a number of approaches being used recruit and retain social workers in Brent CYP. Whilst filling vacant posts with agency workers increases staff budgetary pressures, the decline in the number of agency workers coming forward and the very limited success in recruiting permanent staff through the current recruitment and retention arrangements, is becoming a challenge across all teams with some posts currently vacant. There is an ongoing focus on converting agency workers to permanent staff with 17 social workers converting from agency to permanent workers since the start of 2022.
- 3.2.18 The issue of sufficiency of suitably qualified children's social work staff is recognised as a national issue that the DfE is seeking to address through new routes into social work and better development pathways for future managers. The profession is noted as an occupation that appears on the list of skills shortages. Brent CYP actively recruits and supports new graduates through the assessed and supported year in employment (ASYE) programme. Not only does this help newly qualified social workers develop their skills, knowledge and professional confidence, there is an emphasis on retaining workers to build their career in Brent. The career progression framework in place supports social workers move to more senior roles seamlessly and supports retention. Between May 2022 and May 2023, 23 social workers progressed their career through the progression panel.
- 3.2.19 There have also been successful recruitment campaigns for international social workers who would like to live and work in the UK. International recruitment campaigns have led to social workers relocating to the UK and working in Brent. International recruitment of qualified Social Workers from India and Africa 2019 and 2021, with 16 out of 17 of these workers remaining in role in Brent CYP. A further round of international recruitment is underway from India with 4 appointments already made and 6 applications in progress.
- 3.2.20 In April 2023, a Transformation Team led project, focusing on improving the Brent offer for the recruitment and retention of CYP social workers was completed. This work included reviewing, benchmarking and evaluating incentive packages against other London boroughs, as well as developing options to minimise the disparities in current arrangements in Brent. The issue of workload was also considered with Brent's average caseload for social workers comparable with other London boroughs. High caseloads can be a factor in those authorities where there is high social worker turnover. The findings of this review were considered alongside detailed feedback from

CYP staff and HR. The review was very comprehensive and involved the analysis data and feedback from what staff told us.

3.2.21 As a result of this work an incentive package was agreed by General Purposes Committee in June 2023 and targets the 'hard to recruit' social work teams. This new package involves an additional Council investment of almost £400k, demonstrating the Council's commitment to doing everything possible to support our permanent workforce.

3.2.22 A comprehensive workforce development plan is in place and overseen by the Corporate Director in order to ensure Brent CYP is an attractive place to work.

4.0 Stakeholder and ward member consultation and engagement

4.1 Not applicable.

5.0 Financial Considerations

5.1 There are no financial considerations linked to the content of this report.

6.0 Legal Considerations

6.1 Section 118 and 136 of the Education and Inspections Act 2006 gives the Secretary of State Statutory Powers to direct the Chief Inspector to conduct an inspection of the performance of a local authority's functions, including those functions as it pertains to its Children's Services.

6.2 Further guidance and framework is set out in detail in the Inspecting Local Authority Children's Services (ILAC) Guidance, the recent version of which came into force of 1 January 2023.

6.3 Local Authorities are under a specific duty to ensure a high standard in the delivery of services to children in its area. This is graded as set out within the body of this report and the lowest grading that can be issued by Ofsted being "inadequate", such a grading could invoke further intervention from the Secretary of State hence the importance of maintaining a high standard of service delivery.

6.4 This report is providing an update on the steps being taken to improve standards within Children Services in light of the outcome of the last inspection.

6.5 The recommendations within the report are within the remit and powers of the local authority as mandated by statute.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 This report covers services for children and families in need of help and protection including looked after children and care leavers.

8.0 Climate Change and Environmental Considerations

8.1 There are no climate change or environmental issues relevant to this report.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 There are no Human Resources or property issues relevant to this report.

10.0 Communication Considerations

10.1 A report on the outcome of the Ofsted ILACS has been shared with the Corporate Parenting Committee and multi-agency safeguarding partners.

Report sign off:

Nigel Chapman

Corporate Director Children and Young People

This page is intentionally left blank

Inspection of Brent local authority children's services

Inspection dates: 20 to 24 February 2023

Lead inspector: Kendra Bell, His Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care	Good
The experiences and progress of care leavers	Good
Overall effectiveness	Good

Children in the London Borough of Brent benefit from good-quality help, support and care from children's services. They are helped by practitioners who are passionate and committed to improving children's lives and futures. Since the previous inspection in 2018 and a focused visit in 2019, services for children who need help and protection are much improved. However, the experiences and progress of children in care and care leavers have declined from outstanding and are now good.

Led by a new director of children's services, senior leaders know the strengths of children's services and the areas that need to improve. The consistent evaluation of the impact of services provides leaders with a mostly comprehensive understanding of service delivery and the progress made. Since the last inspection, leaders have increased their focus on help and protection services and they are now good. However, services for children in care and care leavers have declined from outstanding to good, due to reduced oversight in some areas of social work practice and challenges in recruitment and retention of staff. There is strong political support for children's services across the council. Investment to grow the workforce, restructure services and introduce new specialist teams is making a positive difference in improving children's lives. The recruitment and retention of staff and maintaining stable professional relationships for some children is an ongoing

challenge for senior leaders. As a result, a whole-workforce approach features prominently in improvement plans and in improving the experiences and progress of all children receiving services.

What needs to improve?

- The compliance with private fostering regulations and the senior management oversight, performance management information and quality assurance of these arrangements.
- The attendance of children in care at their reviews and the quality of information provided to children following their reviews.
- Care leavers' understanding of and access to their health histories.
- The consistency of management supervision and recording.

The experiences and progress of children who need help and protection: good

1. The integrated Brent family 'front door' (BFFD) is effective in delivering the right response for children at the earliest time. Managers have worked effectively, and with additional resources, to respond to the sustained increase in the volume of contacts. A consultation line provides timely and helpful advice to professionals and a daily multi-agency individual risk management meeting reviews the latest information on highly vulnerable children. These inquisitive professional discussions lead to timely and proportionate actions that support children and keep them safer from harm. Managers and workers clearly identify risks to children, including harm from domestic abuse, neglect and extra-familial harm. Children are quickly referred by BFFD into children's statutory services for an immediate response when there are child protection concerns.
2. Workers gather a wide range of information about children and use this well to evaluate children's situations. Consent is well considered and decisions to override consent are taken appropriately by managers. Management oversight in BFFD is comprehensive and timely. Managers provide clear direction to workers and make informed decisions and recommendations for children. Managers escalate issues quickly if information from partners is delayed. As a result, most children receive the right response to their needs and recommendations for further support and services are appropriate.
3. Children's lives are improved by early help support. Brent's family well-being centres provide an extensive range of early help for children and families, including intensive targeted family support. Families have access to universal services and specialist help relating to poverty, domestic abuse and emotional health. Early help assessments draw on a wealth of family and professional information. They are detailed and analytical and lead to multi-agency family support plans that help to improve areas of concern. Plans are frequently reviewed and updated to reflect the progress children, and their families, make

in reaching their goals. When concerns increase for children, timely and relevant action is taken by early help managers to refer on to statutory services.

4. The emergency duty team responds appropriately to children's situations during evenings and at weekends. Managers hold timely discussions with police to ensure that steps can be taken for the immediate safety and protection of children. The support to children out of hours is strengthened by the work of the accelerated support team.
5. Most strategy discussions are swiftly arranged when there are potential risks of significant harm for children. Discussions are well attended by partners, with good information-sharing and the use of practice tools to help understand children's needs and risks. This leads to informed decision-making and timely action to help and protect children. A small number of strategy discussions are delayed due to police availability. When this happens, social work managers decide quickly if it is appropriate to wait for the strategy discussion or to respond immediately and visit children to ensure that they are safeguarded. Their decision, however, is made without full multi-agency information being available to ensure that there is a proportionate response for children. Subsequent child protection investigations are rightly focused on risk and lead to outcomes and actions that are suitable and protective for children. Professionals work with parents and extended family members at the earliest possible time to create safety plans to safeguard children.
6. Many social workers complete evaluative, thoughtful and strengths-based assessments of children's needs that inform child in need and child protection planning. They understand the impact of neglect and poverty and make good use of early help services to provide additional support to families. Many children's views are consistently captured during assessments through direct work by social workers. However, for a small number of children, assessments are of poorer quality. They are not sufficiently comprehensive and lack strong social work analysis. Management oversight does not consistently challenge poorer practice or clearly record the rationale for decision-making. Higher caseloads for some staff and staff turnover also affect the quality and timeliness of assessments for a small number of children. Senior leaders are aware of these issues and are taking suitable action to address them.
7. Disabled children receive high-quality support and services from well-trained workers. Children's needs are identified well by workers in assessments and result in detailed action plans that help them to make progress. Short-break packages of support are comprehensively monitored and reviewed on a regular basis with children, their family and professionals.
8. Social workers build supportive relationships with children and gain their trust. This helps children to talk openly with workers about their wishes and feelings, their needs, safety and well-being, and the progress they are making. Most

children on child in need and child protection plans receive timely and purposeful visits from social workers and their plans clearly identify risks and vulnerabilities. Actions are clear for families to understand what needs to change to protect their children and improve their lives.

9. Child protection conferences and core groups are mostly well attended and used well to review the impact of changes made by parents and the progress in reducing risk of harm. Parents are helped to improve the quality of their care and to make positive changes that increase safety for their children. These changes are tested over time to ensure improvements are sustained before stepping away from child protection planning. Decisive and timely action is taken by managers to move into the Public Law Outline process and to seek care if risks increase or remain too high for children. The letters sent to parents are clear about what needs to change to ensure that their children remain in their care. The process is used effectively to improve children's situations and divert children and families away from proceedings.
10. The specialist accelerated support team provides effective help for children on the edge of care to remain living with their families. Their work is making a positive difference in rebuilding and strengthening family relationships, and many children remain at home or are supported to return quickly. This includes support to children aged 16 and 17 who present as homeless and those at risk of extra-familial harm.
11. Social workers and managers understand the nature and risk of extra-familial harm for children. They use a range of multi-agency professional meetings, practice tools and specialist risk assessments to explore and understand risk. Targeted multidisciplinary work with youth justice workers and police help to divert and protect many children from harm and keep them safer. Mentors are a valued support for children as trusted adults and play a key role in support and safety plans. When children go missing from home or care, they are consistently offered a return home interview (RHI), although not all are undertaken in a timely manner. RHIs are of good quality, identifying triggers, push/pull factors and locations and they are used well to inform safety plans.
12. The arrangements for a small number of children who are privately fostered do not meet regulation. While children are visited regularly and receive relevant support, the suitability of their care is not thoroughly assessed initially or subsequently reviewed to ensure that these arrangements remain appropriate for them.
13. Robust processes are in place to identify, monitor and review children who are missing education or are electively home educated, to ensure that they are adequately safeguarded.

14. The local authority designated officer is effective in managing allegations against professionals and carers. There is timely action, detailed recording and robust monitoring systems across all activity.

The experiences and progress of children in care: good

15. The decision for children to enter care is made appropriately. Many children in care live in safe and stable homes and receive good care which meets their needs, including complex health needs. They are supported to maintain important relationships with family and friends and enjoy a wide range of fun hobbies and activities that build self-esteem and confidence. Thorough assessments and informed actions support a small number of children to successfully return home to live with their parents.
16. Permanence planning is well considered for most children in care and gives them a sense of belonging and security in their home and care arrangements. A small but increasing number of children are experiencing moves which delay permanence being achieved for them. Senior managers have oversight of these children's arrangements and provide direction to workers on the action needed to prevent further moves.
17. The importance of life-story work is understood well by social workers and is mostly started early with children. However, it is not consistently brought together to form a narrative or completed in a timely way to ensure that children understand their childhoods and the reasons for them being in care.
18. Children's physical and emotional health needs are identified quickly when they come into care and are regularly reviewed. Children access a range of therapeutic services to support their emotional well-being and when waiting for specialist mental health support.
19. Many children in care make good educational progress and are supported well to attend school and to achieve. Personal education plans provide children with realistic and achievable targets and goals. Staff in the virtual school know their children in care very well and encourage them to learn and to have aspirations for their futures. When children need alternative provision, this is arranged quickly to keep them in education. No children in care are permanently excluded from school.
20. A very small number of children live in unregistered children's homes or settings which fall outside regulation. Senior and operational managers have regular oversight of these arrangements to ensure that children are appropriately safeguarded. Managers take timely and relevant action to seek alternative care, to regulate settings or to seek registered children's homes for children as soon as possible.

21. Children in care who go missing and those at risk of extra-familial harm are supported effectively by a range of services and timely interventions that reduce risks and help to keep them safer. This includes return home interviews, which are used well to inform safety plans.
22. Many children in care benefit from frequent and meaningful visiting and direct work from social workers who know them well. Additional funding enables social workers to spend more time with children doing fun activities. Unaccompanied asylum-seeking children receive trauma-informed, sensitive and effective support from social workers, which is making a positive difference. They live in well-matched homes and are supported by a range of specialist services to help them settle into their new lives. However, not all children in care benefit from stability in their relationships with workers, due to staff changes.
23. Most children's care plans comprehensively identify their needs and are regularly reviewed to monitor their progress in all aspects of their development. Social workers and advocates regularly capture how children feel about being in care and what they think about the care they receive. Workers help to share this information for and with children at their review, to inform decision-making and plans. Children are helped to understand their rights and entitlements and how to make a complaint, and have access to independent visiting services. There is a waiting list for independent visitors, which delays this support for a very small number of children.
24. Most independent reviewing officers (IROs) monitor the progress of children's plans well between looked after reviews to ensure that actions are progressed. IROs write letters to children following their reviews. These letters are not consistently of good quality and a small number are not routinely shared with children, their carers or families. While many children are actively and purposefully helped to participate in their reviews, too many children do not directly attend. For these children, the decisions and plans made at the review are made for them and not with them.
25. A small number of children leave care and achieve timely permanence through special guardianship arrangements and adoption. There is good use of foster to adopt arrangements that enable children to live with their forever families at the earliest opportunity. Special guardians receive bespoke support, including financial support, to help them look after children and give them the permanence of a family away from the care system.
26. The fostering panel is diligent in its work to approve and review foster carers. Foster carers speak highly of the support they receive, including out of hours, and they are rightly proud of the progress their children make. There is a wide range of training on offer to carers and many foster carers have completed or are completing the training standards.

27. Adopters benefit from good-quality assessment and training through the regional adoption agency (Adopt London West). Children's plans for adoption are timely and supported by cohesive and effective partnerships that work well to achieve permanence for children through adoption. Good-quality life-story work and later-life letters are completed with all children placed for adoption.

The experiences and progress of care leavers: good

28. Care leavers receive responsive and thoughtful help and support from their personal advisers (PAs). They are helped to make progress in their lives and maintain relationships, and many live successfully independently once they leave care. Care leavers have access to a variety of council and community-based services, including advocates, mentors and mental health workers. Planning for independence starts consistently for children in care when they are 16 and they are introduced to their PA at 17 years six months. They are invited to attend a 'getting to know you' session with the care leavers' teams to help them understand the range of support available to them as care leavers up to their 25th birthday.
29. Care leavers are encouraged and supported to help shape and develop care leaver services. The 'Brent care journey' partnership is focused on working with care leavers to co-design and improve care leavers' services as well as offering opportunities for social events. Care leavers routinely attend the corporate parenting board to share their experiences and influence service design.
30. PAs make every effort to ensure that care leavers know about the local offer, and most care leavers are well informed. The local offer is accessible and sets out the range of financial support and help available. This includes council tax relief and help towards transport costs, but not driving lessons. Not all elements of financial support, such as for Wi-Fi, are made explicit in the offer, so care leavers do not always understand what help can be asked for.
31. Care leavers contribute to their pathway plans, which contain their wishes, goals and aspirations. This places them firmly at the heart of decision-making and planning for their future. However, their identity is not covered thoroughly in plans and is not meaningfully described for them. Pathway plans identify current health needs, but care leavers do not routinely receive their health histories. Therefore, they are missing essential information and an understanding of their childhood health.
32. Many care leavers are in employment, education or training, including a large number at university. They have good support to help them with their studies, future careers and with employment aspirations. There are a range of opportunities to help care leavers return to employment, training or education. These include extra support before starting apprenticeships and specific courses to build confidence and skills. The virtual school and extended duty team continually search for apprenticeships and work collaboratively with businesses

and agencies to find opportunities for care leavers within the borough. They have worked well with several businesses and corporations to establish specific care leaver employment programmes and to guarantee job interviews for them. Support is available to care leavers with special educational and learning needs to ensure that reasonable adjustments are made in education, employment and training arrangements.

33. Many care leavers live in suitable and safe accommodation, including semi-independent living, independent living or with their former foster carers. They are provided with substantial advice, training and practical support to help them gain independent living skills. This includes going on accredited independence programmes, residential weekends, money courses and tenancy preparation. A monthly housing panel considers their readiness for independent living before this is agreed. This support enables care leavers to live in stable homes as young adults and provides them with a sense of security for their future. There have been no tenancy breakdowns for several years.
34. Care leavers who are parents are well supported. A recent parenting programme was extremely beneficial in reducing feelings of isolation and helping care leavers to feel more confident as young parents.
35. Care leavers are helped to stay safe and many are safe. PAs understand the risks to them and their vulnerabilities. When there are risks of extra-familial harm, PAs provide intensive support and take proactive steps to help reduce risks. This helps them to live more safely in the community.
36. Care leavers in custody are mostly well supported and have up-to-date pathway plans. They are visited regularly and helped by PAs and prison staff to feel safe. However, with a small number of care leavers, PAs adopt more of a befriending and support role and do not always sufficiently advocate for them following serious incidents in prison.

The impact of leaders on social work practice with children and families: good

37. There is strong political support for improving services and making positive differences to the lives of children and to their futures. The borough plan is informed by children and members of the community and focuses on what matters most to them. The need for services is increasing and more children and families are needing help and support to manage the impact of growing unemployment levels, adversity and hardship.
38. Robust governance arrangements provide members and senior leaders with a clear line of sight of children's services. There is relevant scrutiny by council members of the impact of services for children. Effective performance management information provides the lead member, chief officer and senior leaders with a comprehensive overview of most aspects of children's services'

delivery, practice and performance. Senior leaders use this information well to identify the strengths of children's services and the areas to improve. However, the systems in place have not identified effectively the shortfalls in practice for children who are privately fostered or in areas of practice for children in care and care leavers that have declined.

39. Senior leaders have well-established and respectful relationships with partners, the judiciary and schools. The strategic and partnership response to protecting children at risk of extra-familial harm is effective and extensive, and the family court judge commented positively on the quality of children's services' practice in the court arena. These relationships provide a solid foundation for effective and purposeful collaborative working across a range of high-functioning strategic boards and programmes. However, while partnership working is strong and senior leaders have regularly escalated the issue, they have not been able to resolve police delays in arranging a small but significant number of child protection strategy discussions.
40. There is a hands-on approach by senior leaders and managers in improving practice and achieving positive change for children in their lives. A range of multi-agency operational panels review practice efficiently and oversee progress for children. However, during the inspection, senior leaders were made aware of the shortfalls in practice, quality assurance and senior management oversight of children who are privately fostered. The numbers of children privately fostered is very low and this suggests children are not being identified. Immediate steps were taken by senior leaders to address these issues during the inspection.
41. Members of the council and senior leaders are listening, committed and caring corporate parents. Members of the vibrant child in care and care leavers' councils, called 'Care in Action' and 'Care Leavers in Action', attend the corporate parenting board and are actively involved in initiatives and innovative projects that help to improve and strengthen services and support. Co-design with children and care leavers is at the heart of the approach to children's services improvement. Managers are working on plans to increase participation activity and the numbers of children and care leavers who attend these groups.
42. The investment in a highly skilled edge of care team is successfully helping to keep many children at home with their families. The use of foster carers, family and friends carers, independent fostering arrangements and externally commissioned supported accommodation is providing most children with suitable care. However, these homes are not all local, and many children move to neighbouring areas when they come into care. Increasing the number of local foster carers and opening a new children's home is a key focus for senior leaders in providing more local care for children. There is extensive senior management oversight and quality assurance of the arrangements for a very small number of children living in unregistered settings and others which fall outside regulation.

43. A comprehensive framework of regular quality assurance activity places importance on listening to children, families and staff to help shape learning. This is used well to provide the whole workforce with insight into the quality of practice and where practice needs to improve. However, not all audits involve workers and feedback from children and families is not routinely sought. Not all workers benefit from supervision discussions with managers that support them to learn from audits and to make improvements in their work.
44. Senior leaders are acutely aware of and responsive to persistent workforce pressures which are impacting on children and staff. The turnover of staff continues to impact on a small number of children, in their relationships with workers and in the progress of their plans. Higher caseloads for a number of staff are affecting the quality of their practice and the help they provide to children. Senior leaders are taking action to recruit and retain staff, and to stabilise the workforce. Additional staffing, a new recruitment campaign and an enhanced employment and comprehensive workplace offer are in place, and senior leaders are taking measures to strengthen management oversight in several teams. However, senior leaders are not sufficiently sighted or assured of the mitigations in place that help to reduce impact for those children who are most affected by changes of worker.
45. Workers benefit from comprehensive and up-to-date operational policies that promote good practice. They have access to a regular programme of learning and training and opportunities to develop themselves in their careers. Succession planning is used well to retain and progress workers within the organisation. Staff emulate the core values of children's services and feel they 'belong' in Brent. They value the very considered approach and openness of senior leaders and have confidence in their leadership. Many staff are committed to working in Brent and enjoy working in teams who become like a family to them. They have a strong and influential voice and feel listened to in service design and improvement work. They feel well supported and supervised by managers. However, the frequency and quality of supervision is not consistent for all workers. Senior leaders are aware of this, and management supervision is a key aspect of the improvement plan for children's services.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This report is available at <https://reports.ofsted.gov.uk/>.


Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

© Crown copyright 2023

This page is intentionally left blank

	Community and Wellbeing Scrutiny Committee 21 st September 2023
	Report from the Corporate Director of Children and Young People and NHS Borough Director
	Lead Cabinet Member: Cllr Gwen Grahl
SEND strategy implementation and readiness for a joint Ofsted/CQC inspection	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	1. SEND Strategy 2021-2025
Background Papers:	https://www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Shirley Parks Director, Education, Partnerships and Strategy Shirley.parks@brent.gov.uk</p> <p>Sharon Buckby Head of Inclusion and the Virtual School Headteacher Sharon.buckby@brent.gov.uk</p> <p>Jonathan Turner Borough Director, Brent Integrated Care Partnership jonathanturner2@nhs.net</p>

1.0 Executive Summary

- 1.1 This report provides an overview of services for Brent's children and young people with Special Educational Needs and Disabilities (SEND). It provides an update on the report on SEND to the Scrutiny and Wellbeing Committee in September 2022 and recommendations arising from that; Brent's readiness to implement the Department for Education's (DfE) SEND and Alternative Provision Improvement Plan and references our position in relation to a future inspection by Ofsted/CQC of the effectiveness of local area SEND partnership arrangements. The report also includes an update

on delivery of the Delivering Better Value (DBV) programme, aimed at reducing pressure on the High Needs Block of the Dedicated Schools' Grant.

2.0 Recommendation(s)

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

3.0 Detail

3.1 Cabinet Member Foreword

- 3.1.1 This report provides the Committee with a detailed oversight of Brent's readiness to implement the Department for Education's (DfE) SEND and Alternative Provision Improvement Plan and the borough's position in relation to a future inspection by Ofsted/CQC of the effectiveness of local area SEND partnership arrangements. This is an honest reflection of how well Brent is meeting its duties for children and young people with SEND and their families. This is a continuous journey of improvement and the report sets out areas of development. Local families appreciate Brent's 'open door' approach and co-production of innovative solutions to improving the experience and outcomes of children with SEND.

Contribution to Borough Plan Priorities and Strategic Context

- 3.1.2 The work within this area offers a key contribution to Borough Plan Priority The Best Start in Life. The paper details elements of how children and young people with SEND and their families receive the support they need when they need it and in particular steps taken to raise aspirations and achievement. This includes local authority investment in a new special school for children of secondary age with autism on London Road in Wembley and new Additionally Resourced Provisions in mainstream schools.

3.2 Background

- 3.2.1 The Children and Families Act 2014 defines SEND in the following way:
- **Special Educational Needs:** A child or young person has special educational needs if he/she has a learning difficulty or a disability which calls for special educational provision to be made for them.
 - **Learning Difficulty:** A child or a young person of compulsory school age has a learning difficulty or disability if they:
 - Have a significantly greater difficulty in learning than the majority of others the same age, or
 - Have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions or in employment without support.
- 3.2.2 The legal duties introduced in The Children and Families Act 2014 place responsibilities on the local area partnership (the local authority, health partners, settings, schools and colleges) to identify and meet the needs of children aged 0-25 who have SEND. How the Act should be interpreted is set out in the SEND Code

of Practice 2015. The duties and reforms to the SEND system introduced in 2014 aspired to achieve an integrated 0-25 system spanning education, health and care, driven by high ambition and preparation for adulthood.

- 3.2.3 The Brent SEND Strategy 2021-25 (Appendix 1) details the Brent Children's Trust vision, ambitions and current priorities for children with SEND. The strategy was co-created by parents, carers and those who work with them across the local area partnership. The strategy is the vehicle for the partnership to express how it is implementing the Code of Practice 2015 and builds on the work undertaken under the 2018-21 SEND Strategy. The local area partnership has developed an action plan to support the delivery of the ambitions set out in the SEND Strategy 2021-25, which is reviewed regularly by the Children's Trust. Effective progress has been made in delivery of the SEND Strategy 2021-25.
- 3.2.4 The Government initially launched the national SEND Review in 2019 in response to growing concern about the challenges facing the SEND system in England and the future of the children and young people it supports. Successive public reports, including those from the Education Select Committee, the National Audit Office, and the Public Accounts Committee, highlighted a range of challenges to be addressed. The government's SEND Review published in March 2022 committed to examining how the system has evolved since 2014, how it can be made to work best for all families and how it can ensure the effective and sustainable use of resources. The SEND and Alternative Provision Improvement Plan was subsequently launched in March 2023.
- 3.2.5 The DFE recommends that the Improvement Plan is read alongside reforms to health and social care, including the introduction of Integrated Care Systems and wider reforms to adult social care. The paper also needs to be read alongside the Independent Review of Children's Social Care and the new Ofsted and CQC Inspection Framework for SEND.
- 3.2.6 The Improvement Plan identifies three key challenges facing the SEND system nationally that it sets out to address:
- a) **Challenge 1:** outcomes for children and young people with SEN or in alternative provision are poor and young people are not as well prepared for adulthood and employment as they should be.
 - b) **Challenge 2:** navigating the SEND system and alternative provision is not a positive experience for children, young people and their families, who need confidence that their children will get the right support, in the right place and at the right time.
 - c) **Challenge 3:** despite unprecedented investment in the high needs budget, the system is not delivering financial sustainability and value for money in meeting the needs of children, young people and families.
- 3.2.7 To address these challenges the Improvement Plan signals the intention to implement:
- An inclusive single national SEND and alternative provision system, that starts with improved mainstream provision that is built on early and accurate identification of needs, delivers high quality teaching of a

knowledge-rich curriculum and gives prompt access to targeted support where it is needed. This includes establishing a 3-tier alternative provision system that includes targeted support, time-limited placements and longer-term placements.

- Nationally consistent standards for how needs are identified and met at every stage of a child's journey across education, health and care. This will involve development of a national digitised EHCP process, conflict resolution via mandatory mediation rather than the first level tribunal system only and an Inclusion Plan that for each child or young person includes a tailored list of settings, that are appropriate to meet their needs.
- New statutory guidance to Integrated Care Boards (ICBs) that set out how statutory responsibilities for SEND should be discharged, a new performance framework and a new national framework of banding and price tariffs for funding SEND provision

Brent's SEND Inspection History

- 3.2.8 The last SEND Inspection in Brent was in 2017 when a written statement of action was required. The area was revisited in 2019 when it was confirmed that all areas requiring improvement had been addressed. The area partnership is therefore anticipating an inspection visit from CQC and Ofsted in the near future. The inspection will provide the opportunity for the area partnership to demonstrate how the partnership is meeting the expectations contained within the area SEND inspection framework.
- 3.2.9 In the SEND area inspection framework, a local area self-evaluation will take a central role in demonstrating and driving ongoing quality improvement activity. It is important for each local SEND partnership to have a regularly reviewed and updated self-evaluation (SEF) for SEND services. The SEF and supporting action plan will not only be requested ahead of a full inspection as previously, but it will also be required for new annual engagement meetings with Ofsted and CQC and for any monitoring activity. This means that Brent SEND partnership needs to have a current SEF and action plan in place. The Brent SEF was completed in September 2023 and will be kept under review pending notification of an inspection.
- 3.2.10 Three key questions for the local area partnership are to be covered in the SEF:
- a) What do you know about the impact of your arrangements for children and young people with SEND?*
 - b) How do you know what impact your arrangements for children and young people with SEND are having?*
 - c) What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?*
- 3.2.11 The main areas of strength and those in need of further development for the local partnership are set out below.

Brent's readiness for the implementation of the Improvement Plan and the new Inspection Framework

SEND Prevalence

- 3.2.12 There are currently 3368 children and young people aged 0-25 with an Education, Health and Care Plan (EHCP), which at 4.2% of the school population is similar to national. 10.8% of pupils are identified with additional needs that can be met at SEN support where a need is identified but does not meet threshold for an EHCP (compared to 13% nationally). 54% of children and young people with an EHCP are identified with communication and interaction needs (autistic spectrum disorder and speech, language and communication). The average growth in EHCP numbers has been approximately 10% over the last three years, consistent with the national position.
- 3.2.13 Between 2021 and 2022 the number of EHC Plans increased across all age groups, with the highest in the 20-25 age group (40% compared to 3% nationally) and the 16-19 age group (18%). In Brent the age groups with the largest number of EHCPs are the 5-10 age group (37% of cohort) and the 11-15 age group (32%), with the 20-25 age group accounting for 9%. This means that additional local special places in both primary and secondary are needed to respond to increasing demand, as EHCP numbers increase as well as a growing need for provision for young people in the 16-25 age range.
- 3.2.14 As the number of EHCPs has increased, the number of children with an EHCP placed in mainstream schools has increased from 48% in 2018 to over 60% in 2022. 75.6% of children and young people issued a new EHCP in 2022 are in mainstream settings compared to 69.3% in 2021 (national 74%; statistical neighbours 76.3%) and 17.5% are in special schools (national 12%; statistical neighbours 13.3%) (Source: SEN2 January 2023). Schools are being supported to develop staff capacity and resources to meet these children's needs. However, schools are concerned about how to support children with increasing complexity of needs who are being placed in mainstream schools.

Partnership Activity

- 3.2.15 Governance of the Brent SEND local area partnership is through the Children's Trust, chaired by the Corporate Director, Children and Young People. The Inclusion Strategic Board that reports to the Children's Trust brings together partners to review performance and discuss service developments. There is a strong sense of collaboration across health, education and care and a commitment to work in partnership to make a positive difference to the lives of children and young people, building on the progress noted in the 2019 Ofsted/CQC joint local area SEND Inspection. In September 2022, the Community and Wellbeing Scrutiny Committee recommended that a framework be developed for more joined up working with the Integrated Care Partnership (ICP) on SEND. This was progressed in autumn 2022 with a new set of joint priorities agreed, which are being delivered through CYP sub-groups reporting to four ICP Executive Groups¹. For children with SEND, priority areas of focus are:
- To support children and young people to achieve good mental health and resilience through addressing CAMHS waiting times and implementing the 'Thrive' model.
 - To build whole system pathways to support children with Speech, Language and Communication Needs through early intervention, and to manage rising demand at statutory levels.

¹ Tackling Health Inequalities, Strengthening Primary Care, Developing community care and Mental Health and Wellbeing

- To ensure that neurodiverse children and young people and their families and carers, are able to live well and receive appropriate and timely support when required.
- To address health inequalities.

3.2.16 Engagement with families through the Brent Parent Carer Forum, which has over 500 members, is strong and Brent Parent Carer Forum are active participants in the Inclusion Strategic Board. A young people's network provides the opportunity to co-produce services. Co-production is central to all strategic developments and operates on a 'nothing about you without you' approach. This is clearly demonstrated in the SEND Strategy 2021-25, the ongoing oversight of the Local Offer/Preparation for Adulthood (PfA) website and, more recently, in the design of a new neurodiversity pathway and development of the supported employment programme.

3.2.17 In June 2023 the Brent partnership hosted a SEND celebration event at Brent Civic Centre, as recommended by Scrutiny Community and Wellbeing Committee in September 2022. During the week of 26 -30 June the local area partnership celebrated children and young people with SEND through an exhibition of over 200 pieces of artwork and poetry, which have been collated into a virtual book. Over 300 children/young people and their families attended a reception where children and young people nominated by their school were presented with certificates by the Deputy Mayor of Brent, the Corporate Director for Children and Young People and the NHS Borough Director. The Manor School choir performed at the event, as well as Indian drummers from Woodfield School.



3.2.18 Systems for the early identification of need are well embedded. Multiagency decision-making panels that focus on shared responsibilities, such as the Joint Funding Panel, ensure that children and young people's complex needs are being met, including those of children eligible for Continuing Health Care. The Terms of Reference of the Joint Funding Panel are currently being reviewed to ensure alignment across the NWL ICB.

3.2.19 Through the School Effectiveness Partnership Board and regular meetings with headteachers, the Children and Young People's Department leads an effective partnership with local schools to deliver an inclusive agenda. Developing the capacity of mainstream schools in Brent to identify the SEN needs of pupils early so that they can be supported in the most appropriate way continues to be a focus.

Schools are, however, supporting children with increasing levels of complexity which is placing some pressures on the system. The ongoing support for schools noted in the September 2022 report to Scrutiny and Wellbeing Committee includes implementation of a Graduated Approach (GAF) for children with a SEN need who do not require an EHCP, a SENCO training programme (comprising of Autism awareness in schools, EKLAN, Makaton and Dyslexia), with the addition of a borough wide roll out of SCERTS, an inclusive education evidence-based model that focuses on Social Communication (SC), Emotional Regulation (ER) and Transactional Support (TS). Targeted investment through a £0.5m SEND Intervention Fund from the High Needs Block of the Dedicated Schools Grant (DSG) is supporting training on early identification of children needs early.

- 3.2.20 Whilst initiatives to support inclusive mainstream schools are beginning to gain traction, the impact of the pandemic on the emotional regulation, communication, and interaction skills of children under 7 years of age has seen demand rise. Participation in the Department for Education's Delivering Better Value (DBV) Programme (see High Needs Block (HNB) Current Position section below) has been purposefully targeted in Brent towards developing an area wide response to this, moving towards provision based on intervention first as opposed to an EHCP for young children. A new model of working with schools and partners to deliver early intervention is being piloted during the 2023/24 academic year with the Harlesden cluster of schools.
- 3.2.21 The DBV change programme has two further elements; firstly, consideration of how funding is used in schools and settings to deliver provision to young people at a school/setting and pupil level and secondly developing a model that better uses resources across the system while improving outcomes. For this second element a SEN Commissioner has been appointed to lead on this work across the system working as part of the ICP to review current resources for SEND across the ICP/ICB and the local authority to identify opportunities for aligning funding streams for therapies to deliver a sustainable new targeted support offer (which would be piloted again with the Harlesden cluster). This will be rooted in a needs analysis and analysis of workforce capacity and development and will draw on good practice, taking into consideration the financial envelope.
- 3.2.22 Due to expansion in the number of children and young people identified with SEND over the past few years, there are insufficient local places for Brent children of both primary and secondary age and the 16-25 age group. A capital programme has been developed to meet this demand and reduce dependence on out-of-borough independent special schools, which are expensive and can mean stressful journeys for vulnerable children as well as limit the access of children and their families to local support networks. In January 2022 Cabinet approved £44m of capital investment for 427 additional specialist places across mainstream and specialist provision, including a new secondary special school. The expectation is that the places will be made available by 2025. Despite the planned capital investment, increasing demand means that further local specialist places are needed. This could include additional Additionally Resourced Provision (ARPs) in mainstream schools and special school satellite provision utilising spare primary accommodation. 117 children and young people currently require a placement move from a mainstream school to a special school place as mainstream schools are not able to meet their complex needs. The schools where they are currently placed are being supported with additional resources from the High Needs Block and targeted training and support made from the CYP teams, while appropriate places can be secured.

- 3.2.23 The government drive for improved engagement post-16 in supported employment and more paid employment opportunities has placed an additional focus on local authorities to drive forward an expansion in supported internships and opportunities for young people to prepare for adulthood through employability skills and work experience. As the number of young people with an EHCP continues to grow, the demand in this area will continue. There is an expectation in the Code of Practice that a full range of opportunities must be provided to support young people to become visible, active members of society. This message is both embedded within the Brent Borough Plan 2023-2027 and the SEND Strategy 2021-2025. The Council has recently committed to developing post-16 SEND provision to meet this demand for places for young people with SEND, in particular young people aged 16-25 with complex learning difficulties. A new Post-16 Skills Resource Centre operating on two sites (Welsh Harp and Airco Close) was agreed by Cabinet in May 2023 and is aimed at addressing the current lack of in-borough provision for young people aged 16-25 with complex learning difficulties. To ensure efficiencies in how this is delivered, the Post-16 Skills Resource Centre at Airco Close will operate from the same building that will deliver agreed expansions of places at The Village and Woodfield Schools.
- 3.2.24 A partnership wide Supported Employment Forum has been established to ensure that the offer developed for young people is meaningful and sustainable. The Council, working with anchor organisations, has expanded the offer of supported internships. There have been over 50 supported interns over the last two academic years, 18 of whom had placement rotations in the Council and Wembley hotels. The remaining interns were located within the Imperial College Healthcare NHS Trust.
- After getting a permanent role at Brent Civic Centre a young person who was on the supported internship programme said:
- 'I am really delighted I have been offered a job. When I told my mum she was speechless with happiness! She was really worried about me travelling because I was not an independent traveller, but I am now. I am happy because I will be more independent and will have a job I love.'*
- 3.2.25 The Council is looking to support employers across Brent to be autism aware and to expand the number of employers who are achieving the disability confident standards. Brent Works and CYP lead the supported employment forum and through continued development of the post-16 offer, the Brent Partnership will enable more young people with SEND to secure meaningful employment and improved life chances. The aim is to support young adults to become more independent and economically active so that they no longer require the additional provision of an EHCP. A future focus will be placed on strengthening transitions across the partnership between children's and adult services including adult social care and health services.
- 3.2.26 There is effective oversight of the placement of young people who cannot settle in mainstream in alternative provisions, including Brent's Pupil Referral Unit (PRU) Brent River College and Ashley College, Brent's medical PRU. A panel oversees the referral and placement process for the 6-day statutory exclusions timeline and for health needs provision. To improve decision-making for children with health needs, a separate panel is being established in September 2023 that combines education, health, and care specialists to oversee the placements of children with medical needs. The Council also works closely with Roundwood School and Community Centre – an alternative provision free school established in 2019 and

run by the Beckmead Trust, to respond to an identified need for local alternative provision to meet the needs of local children who cannot settle in mainstream. The school receives referrals from local schools as well as the local authority.

- 3.2.27 In March 2022 the Council recognised the need to increase the capacity of the team supporting children with an EHCP given growth in demand for assessments. The team also includes a dedicated SEND Resolutions Officer to meet the requirement for mandatory mediation meetings that are expected to be a key outcome of the new statutory duties arising from the Improvement Plan. The expanded team has taken some time to become embedded but is now working effectively. However, despite investment in the SEND team, SEND case officers hold 300 cases each (the average in London ranges from 165-325 per case officer). Continued demand for EHCP assessments, places pressure on both the Educational Psychology (EP) service and SEND case officers. Recruiting for the EP workforce has been challenging with reliance on agency staff, given that there is a national shortfall of trained staff. A Brent recruitment and retention strategy is being developed to respond to this. At 53.8% of EHCPs issued within 20 weeks (the agreed measure of timeliness) for the first quarter of 2023/24, Brent is at the national average.
- 3.2.28 Investment in a digital case management system will make it easier for multi-agency partners (including parents) to share information about individual children. The project to establish this has been delayed due to software issues identified by the chosen provider and will be reviewed in six months. It will also be reviewed in the context of the emerging proposed national system for digitising EHCPs.
- 3.2.29 Steps have also been taken to improve collaboration with families to enable a better experience of the SEND system through improved transparency and shared decision making. This includes bi-monthly 'meet the leaders' workshops and in Spring 2023 the Corporate Director for Children and Young People held a workshop with parents of children and young people with SEND at Chalkhill Community Centre. The agenda of the workshops is set by parents and the actions followed up reflect their concerns and priorities. Additionally, all council departments such as Brent Hubs work with the Brent Parent Carer Forum (BPCF) to shape the offer for families with children with SEND. At a case level, BPCF has worked with the SEND management team to draft template letters to families and annual review documentation, and they are now embarking on helping to develop a new EHCP template and guidance notes.
- 3.2.30 Services and systems are designed around the needs of children and young people to achieve the principles in the SEND Strategy. A neighbourhood model of service delivery is established in Brent through Family Wellbeing Centres (FWC) that deliver services in the community and, building on this model, health partners are developing paediatric and health focused hubs. FWC staff have been trained as SEND navigators to help parents access the support they need. FWCs offer a range of co-located multiagency and multi-disciplinary services for children and young people with SEND. From April to December 2022 313 children and young people with an identified disability were registered with a FWC, 114 of whom were under 5s, 109 were 6–11-year-olds, 80 were 12–18-year-olds and 10 were 19–25-year-olds. Ante-natal and post-natal clinics are provided along with healthy living provision and Cygnet and Stepping Stones parenting programmes. The Council outreach teams for autism, early years intervention, deaf and visual impairment services all deliver out of the FWCs as well as in schools and settings. Below is a snapshot of feedback on SEN Outreach Services:

Brent Outreach Autism Team (BOAT)

'I want to thank you for the amazing opportunity to get more information about the transition for secondary school. It clarified many things.' (Parent following training session to support secondary transition)

'I know your involvements with my son will be coming to an end soon, however it would be unfair not to appreciate your extensive support. You have been our lifeline especially when we felt all hope was lost. Your knowledge and honest professional view have helped us made informed decision about our son's progress, future, and right placement.' (Parent)

Early Years Inclusion Support Team (EYIST)

'Thank you to you for all the support, guidance, and advice you have given us over the years. All of it has helped us develop and evolve our practices and provide better support for all children.' (Brent EY Provider email to EYIST March 23)

- 3.2.31 The multiagency quality assurance and performance framework continues to be effective. This has identified a need for further work to be undertaken to sharpen SMART outcomes within EHCPs. Parents/carers and young people regularly provide feedback on their satisfaction with services and the Inclusion Service review tribunals and complaints to understand if there are any recurrent themes in the issues raised that require a systemic response. As a result, guidance has been developed for officers on how to ensure that all processes and procedures and how decisions are made are clearly articulated; a new EHCP template is being developed with input from BPCF and increased training is planned across professional groups on ways to meet SEN needs.
- 3.2.32 The priority since the pandemic has been strengthening earlier intervention and the quality, impact and experience of the SEND system. While progress has been made, there remain areas that require further enhancement. Areas identified for improvement include:
- a) Improving the timeliness and quality of EHCPs to reach a target of 65% issued with 20 weeks (see paragraph 4.5).
 - b) The implementation of the neurodevelopment pathway for the assessment of conditions such as autism spectrum disorder, which will require the joint commissioning and delivery of targeted and specialist support with the Integrated Care Partnership (ICP)/ Integrated Care Board (ICB) and into adult services. A primary focus is on addressing the neurodiversity assessment waiting lists and establishing effective interventions. For example, 302 children under 5 were on the waiting list for a social communication assessment (SOCA), with the average waiting time at 87 weeks in Q1 2023/24.
 - c) Implementation of the Thrive Framework so that there is a no wrong door policy for young people with mental health and emotional wellbeing needs.

This should see a redistribution of resources to early identification and intervention services to prevent escalation to specialist CAMHS, and therefore address current waiting lists for services. There is a need to secure additional appropriate investment in clinical services through the ICB, as Brent is currently underfunded compared to other North West London boroughs. 54% of young people were seen by 4 weeks by and there are 394 waiting for CAMHS treatment, with an average wait of 2 years (Q1 2023/24).

- d) Rethinking how integrated therapies can be delivered via the Delivering Better Value Programme, aligning and streamlining funding across Public Health, ICB and CYP. This will be challenging given new health structures, which have centralised commissioning to the wider footprint of the ICP, away from a borough-level approach, and given health providers are commissioned via the NHSE.
- e) Growing a workforce for the future and designing a whole area partnership workforce strategy for SEND. A significant barrier to accessing services at the right time in the right place is the vacancy rate across health, education, and care services, including educational psychologists, speech and language therapists, occupational health therapists, school SENCOs and specialist SEN teachers.
- f) Ensuring vulnerable children and young people are more effectively supported across the partnership in school attendance and improving oversight and transparency of pupil movements in relation to alternative provision.
- g) A dedicated JSNA for SEND to inform joint commissioning requirements.

3.2.33 The areas for improvement above have been identified as priorities by the local area partnership. Progress is tracked in the Inclusion Strategic Board (reporting to the Children's Trust).

High Needs Block (HNB) Current Position

3.2.34 The costs for children with EHCPs are funded from the High Needs Block (HNB) element of the DSG while the care element is funded from the Council's General Fund. The consequence of the 2014 reforms which expanded the SEND duties to support young people with an EHCP up to the age of 25, has led to increasing pressure on resources. The increasing number of children and young people with EHCPs has led to the overall DSG being in deficit. However, at the end of 2022/23, the DSG outturn returned an in-year surplus of £1.3m with the HNB accounting for £0.3m of the surplus balance and the Early Years Block accounting for £1m. This outturn position is the most favourable since the deficit started in 2019/20. Therefore, the 2022/23 cumulative deficit carried forward 2021/22 of £15.1m was reduced to £13.8m. This is due in part to a larger proportion of children being educated in local, mainstream schools, rather than out-of-borough special schools or independent non-maintained special schools.

3.2.35 Table 1 below shows the funding allocated to the HNB of the DSG increasing over the period 2019/20 – 2023/24. On average, the funding gap had been in the region of c£5m per annum and this has created a deficit year on year. There has been significant investment against the HNB to mitigate further pressures:

Table 1	HNB Funding £m	Recoupment £m	Total HNB Funding after recoupment £m	Year on year % Increases	HNB Overspend £m	Overall DSG (Surplus)/ Deficits £m
2023/24	82.2	(8.8)	73.4	10%	0.0	0.0
2022/23	74.7	(8.2)	66.5	13%	(0.3)	(0.3)
2021/22	66.4	(7.6)	58.8	10%	5.3	4.6
2020/21	60.4	(7.4)	53.0	7%	6.2	5.6
2019/20	56.3	(7.2)	49.1		3.8	4.9
HNB Cumulative Deficit:						14.8
Early Years Block surplus 22/23:						(1.0)
Overall DSG Cumulative deficit:						13.8

3.2.36 The funding gap has led to year-on-year deficits since 2019/20. Local authorities with deficits are expected to have in place a Management Plan to mitigate the deficit. Brent's Deficit Management Plan in place has been agreed by and is monitored by the Schools Forum.

3.2.37 The Management Plan is reported against three themes: Managing Demand, Improving Sufficiency of Places and Financial Management. The plan is updated as part of the budget monitoring process and presented at 2 out of the 4 Schools Forum meetings each academic year. Table 2 below summarises the indicative cost avoidance of the actions identified in this report where quantifiable.

Table 2 Indicative Cost Avoidance	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000
In year Forecast (Deficit)/Surplus *Unmitigated* forecast	(4,601)	(9,251)	(14,876)	(19,366)
Schools Block 0.5% Income Transfer to High Needs Block	1,299	1,299	1,299	1,299
In year Revised Forecast (Deficit)/Surplus *Unmitigated* forecast	(3,302)	(7,952)	(13,577)	(18,067)
Managing Demand				
- EHC Plans ceased to maintain	400	400	400	400
- Impact of the Graduated Approach	177	193	208	223
Improving Sufficiency of places				
- New secondary special school	330	797	1,446	2,259
- ARPs and Special school expansion	649	1,802	2,868	3,816
- Alternative Provision				110
- Post 16 skills resource centre				100
Financial Management				
- Realign DSG funded SEN support services	120			
- 5% Administrative charges	72	77	82	87
Total Indicative cost avoidance	1,748	3,269	5,004	6,995
Net Revised Forecast	(1,553)	(4,683)	(8,573)	(11,072)
Cumulative Forecast Deficit 2023/24 – 2026/27:				(25,882)
Carried Forward DSG deficit 2022/23:				(13,829)
Forecast Cumulative Deficit 2026/27:				(39,711)

- 3.2.38 The increase in SEND places in borough will lead to a reduction in out-of-borough placements and placements in independent non-maintained special schools.
- 3.2.39 With regards to financial management a lens has been placed on how funding from the HNB is used. A number of areas that should be funded through other means have been identified, such as medical needs provision, a reduction in additional top up funding and full cost recovery from other local authorities. A review of the health needs offer between the ICP, Public Health and the CYP Inclusion Service is planned to develop a jointly commissioned system wide approach to meeting needs.
- 3.2.40 Part of the plan includes increased income because of a 0.5% transfer (£1.3m) from the Schools Block to the High Needs Block. This was approved by the Schools Forum to support the HNB in 2023/24 and it is assumed that this request will continue in future financial years to support the pressures in the HNB.
- 3.2.41 Brent Council, as other local authorities, continues to lobby central government for funding increases, which properly match the levels of need via the Society of London Treasurers (SLT) and London Councils, with the Deputy Leader of the Council actively engaged in the lobbying process.

Delivering Better Value (DBV) in SEND Programme

- 3.2.42 As a result of the deficit, in 2022/23 Brent was invited by the DfE to participate in the Delivering Better Value (DBV) in SEND programme. The programme provides dedicated support and funding to help local authorities reform their high needs systems. Brent successfully bid for £1m funding over the two financial years 2023/24 and 2024/25. The DBV programme will not address the historic deficit and the estimated efficiencies as a result of the programme are forecast to be in the region of £1.5m. The current Management Plan and efficiencies identified from the programme may allow funds to be released to address historic deficits. A combination of these longer-term recovery actions and anticipated funding increases will reduce the deficit.
- 3.2.43 The findings from the DBV programme analytical phase identified a number of opportunities to tackle rising demand which included:
- Supporting the goals of the child being achieved without the need for an EHCP, but through targeted support.
 - Ensuring EHCPs are of the right duration (i.e., more time limited EHCPs).
 - Focus on fewer support hours being put in place when children start school and building support over time as needs develop.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 The Lead Member for Children, Young People and Schools is regularly updated on matters related to SEND services.
- 4.2 Sections 3.3.12 to 3.3.33 include examples of stakeholder engagement, including Brent Parent Carer Forum, parents and children and young people to inform service developments.

5.0 Financial Considerations

- 5.1 Nationally the pressures against the HNB have led to local authorities accumulating deficits of about c£1.9bn as at March 2022 and therefore the School and Early Years Finance Regulations 2021 agreed a statutory override which enabled local authorities to carry forward any cumulative DSG deficit to be held in a separate reserve. This arrangement was due to end in 2022/23, but the government has now extended the arrangement for another three financial years from 2023/24 to 2025/26.
- 5.2 As reflected in Table 2 above, the current Brent Management Plan assumes that the deficit is likely to grow with the unmitigated forecast reflecting a funding gap leading to a pressure of £5.6m in 2023/24 and £19.4m by 2026/27. This modelling is based on DfE guidelines with a rate of growth in HNB funding of 3% in 2024/25 and 3% in future years. The 3% funding increase in 2024/25 is the lowest increase the HNB has received compared to previous years and is significantly lower than the cost of inflation. Nor does it consider the inflationary pressures that schools and independent non maintained special schools are facing.
- 5.3 The Management Plan also assumes an average 10% growth in the number of EHCPs in 2023/24 with a 1% reduction in future years, a 6% increase in the costs for placements made in Independent Non-Maintained Special Schools and a 6% increase in staffing costs for 2023/24 with a 1% reduction in future years.
- 5.4 The working assumption is that the indicative cost avoidance in Table 2, which ranges from £1.748m in 2023/24 to £6.995m in 2026/27 would reduce the funding gap, and that if the Schools Forum/Secretary of State continue to agree a 0.5% Schools Block transfer which equates to c£5.2m over four years, the gap would reduce further. However, this will not be enough to secure a balanced in year position and the cumulative deficit would grow to £39.7m. The potential cost avoidance arising from the DBV programme of £1.5m, will reduce the deficit further to £38.2m.
- 5.5 In summary, if the number of children and young people with EHCPs, which is the main cost driver of the deficit, continues to grow and additional HNB funding is not provided in line with the growth and inflationary pressures, the deficit will increase. Also, if the historic deficit is not cleared by 2025/26, there may be a risk to the Council's General Fund balances.

6.0 Legal Considerations

- 6.1 The Children and Families Act 2014 introduced a new legislative framework for children and young people aged 0-25 with SEND. It brought in a single system of integrated Education, Health and Care Plans (EHC plans) to cover all students from 0-25 years of age. The reforms aimed to increase protection for young people with SEND and to promote a greater focus on outcomes and preparing for adulthood. The Code of Practice 2015 (COP) provides statutory guidance on duties, policies and procedures.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 Pursuant to s149 of the Equality Act 2010 (otherwise known as the Public Sector Equality Duty). The Council must, in the exercise of its functions, have due regard to the need to:

- a) eliminate discrimination, harassment and victimisation
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

7.3 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This paper demonstrates activity that positively supports the Council and the local area partnership in meeting this Public Sector Duty and actions that aim to ensure anti-discriminatory practices are in place.

8.0 Climate Change and Environmental Considerations

8.1 The SEND Strategy 2021-2025 supports children and young people to remain in their local communities and engage positively within their communities. Expanding SEND provision in Brent will reduce travel to schools out of the borough and as a result will have a positive impact on the carbon footprint. The development of Welsh Harp as an environmental education centre supports the Council's climate change strategy.

9.0 Human Resources/Property Considerations (if appropriate)

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

10.0 Communication Considerations

10.1 Reports on the readiness of the local area SEND Partnership are regularly shared with Cabinet, the Health and Wellbeing Board, the Executive of the ICP and Brent Children's Trust Board.

Report sign off:

Nigel Chapman

Corporate Director Children and Young People

This page is intentionally left blank

BRENT SEND STRATEGY 2021-2025

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

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

Page 51



INTRODUCTION

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

Page 52

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Gail Tolley
Strategic Director (CYP)



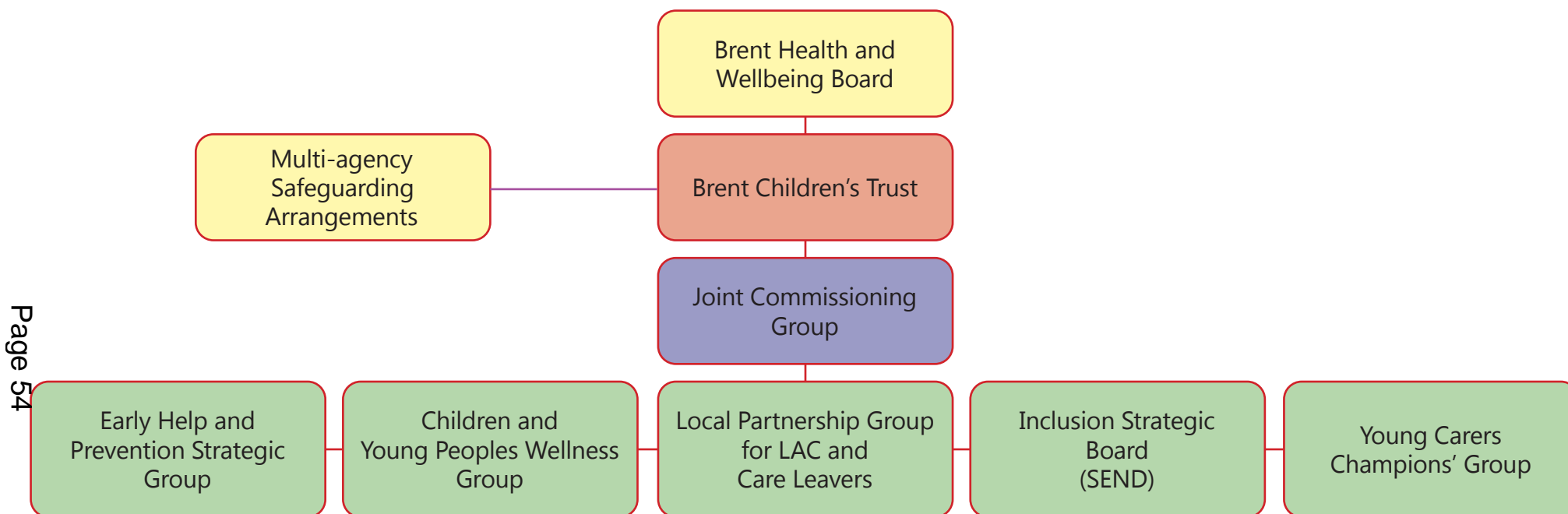
Robyn Doran
Brent Integrated Care
Partnership Director



Amytia Puspawresti
Chair BPCF

STRATEGIC LEADERSHIP

BRENT SEND GOVERNANCE



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

To deliver the vision, Brent Children's Trust is

committed to the following principles:

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

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

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

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

Page 55
Targeted support both in the early years and in universal services is in place to identify and meet a wide range of needs as early as possible. This includes an early years' intervention programme that has supported children of nursery age to access early specialist support. This includes speech, language and communication support.

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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



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

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

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

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

connected to the services.’ (Parent)

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

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

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

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

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

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

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

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

strategies, thereby improving outcomes.

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

The 2021 Brent SEND situation

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

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



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

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

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

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

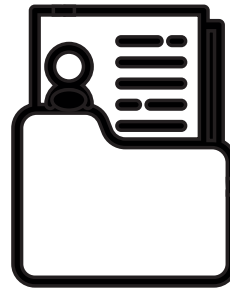
The majority of children and young people with a newly issued EHC Plan in 2020 attended mainstream settings at the point of issue, however compared to national figures Brent has more children attending a special school (23% more as compared to statistical neighbours) as opposed to a mainstream provision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

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

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



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



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



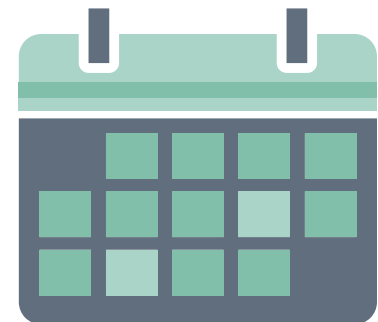
In 2020-21 55% of children and young people accessing specialist CAMHS referral services received treatment within the 18 weeks' target.



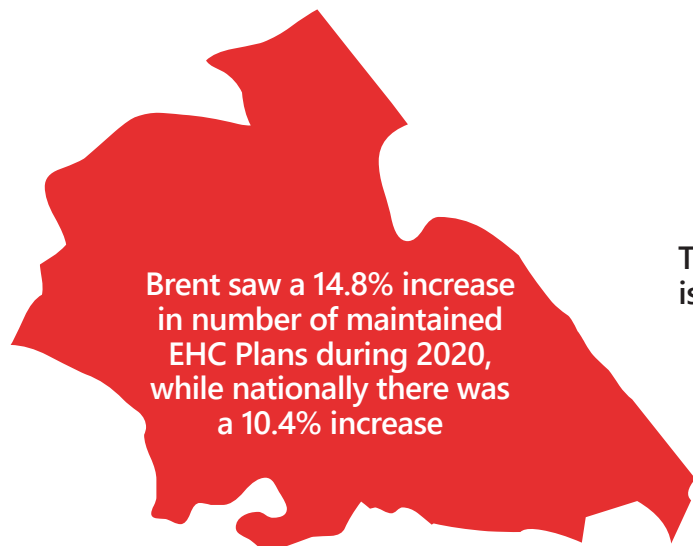
Brent have a higher number of children at SEN support identified with speech, language and communication needs as compared to national. (29% compared to 22%)



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



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

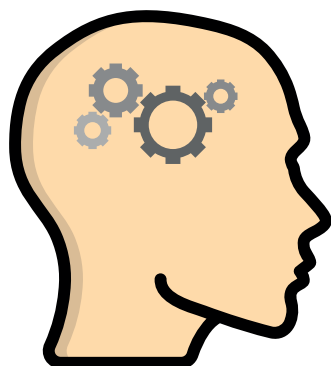


40.4%

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



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



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



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



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



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

SEND PRIORITIES 2021-2025

EDUCATION TRAINING EMPLOYMENT

Young people have said:

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



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

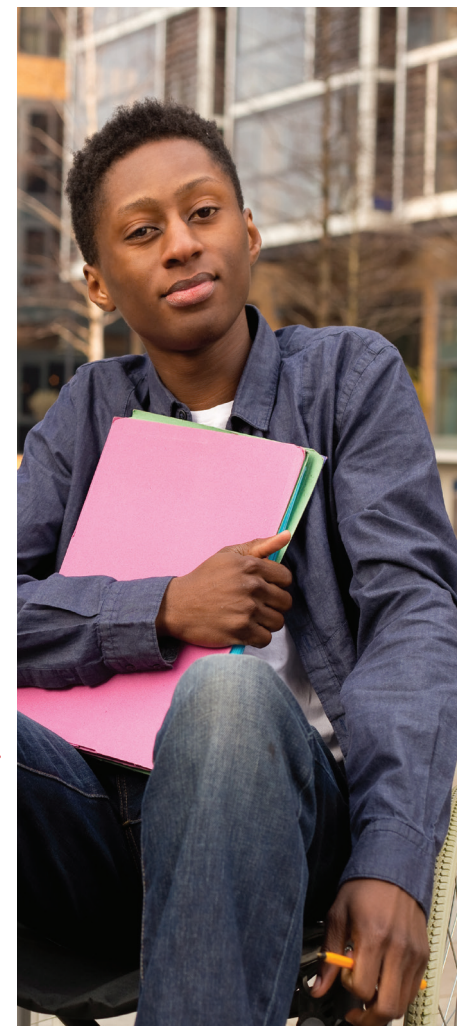
- To get a job and 'contribute to society'.
- To have more supported pathways to access higher education and university.
- To have a full and enriched life where they can live independently and work in their chosen profession
- To receive support from fully qualified staff to look after and care for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

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

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

What does this mean for me?

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



SEND PRIORITIES 2021-2025

HEALTHY LIFESTYLES

Young people have said:

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



Parents, Carers and those supporting young people have said:

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

We will support young people to have healthy lifestyles by:

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

What does this mean for me?

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



SEND PRIORITIES 2021-2025

ACTIVITIES (COMMUNITY PARTICIPATION)

Young people have said:

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



Parents, Carers and those supporting young people have said:

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

We will:

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

What does this mean for me?

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



SEND PRIORITIES 2021-2025

LIVING INDEPENDENTLY

Young people have said:

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



Parents, Carers and those supporting young people have said:

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

We will:

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

What does this mean for me?

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



SEND PRIORITIES 2021-2025

MY BRENT

Young people have said:

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



Parents, Carers and those supporting young people have said:

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

We will:

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



What does this mean for me?

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



Your safety

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

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

HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?

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

Page 72. Young people aged 16-25 are positively participating in education, employment and training (measured by reduction in NEET rate)

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

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

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

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

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

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

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

- Parents/carers

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


children, young people and parents and carers.

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

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





 Brent	Community and Wellbeing Scrutiny Committee 21 September 2023
	Report from the Corporate Director of Communities and 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
List of Appendices:	2 Appendix 1 – Scrutiny Recommendations and Information Request Tracker 2022-23 Appendix 2 – Scrutiny Recommendations and Information Request Tracker 2023-24
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Tom Pickup Policy Partnerships and Scrutiny Manager, Strategy and Partnerships Tom.Pickup@brent.gov.uk Janet Latinwo Head of Strategy and Partnerships, Strategy and Partnerships Janet.Latinwo@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To present the latest scrutiny recommendations tracker to the Community and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 That:

The committee note the recommendations, suggestions and information requests.

3.0 Background

Contribution to Borough Plan Priorities & Strategic Context

- Borough Plan 2023-2027 – all strategic priorities

- 3.1 The Recommendations Tracker tabled in Appendix 1 and Appendix 2 at the 21 September 2023 meeting relates to the both the 2022/23 and 2023/24 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 2022/23 and 2023/24 scrutiny recommendations tracker, outlined in Appendix 1 and 2 provides a summary of the scrutiny recommendations made during those municipal years, 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 Stakeholder and ward member consultation and engagement

- 5.1 The recommendations, suggestions for improvement and information requests are established by the Community and Wellbeing Committee. Beyond this there is no formal consultation or engagement.

6.0 Financial Considerations

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

7.0 Legal Considerations

- 7.1 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.
- 7.2 Section 9FE, *Duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive;-
- (a) consider the report or recommendations,
 - (b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,
 - (c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

8.0 Equality, Diversity & Inclusion (EDI) Considerations

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

9.0 Climate Change and Environmental Considerations

- 9.1 None for the purposes of this report.

10.0 Communication Considerations

- 10.1 None for the purposes of this report.

Report sign off:

Lorna Hughes
Director of Communities

This page is intentionally left blank

Appendix 1

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

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

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

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

Key:

Date of scrutiny committee meeting - For each table, the date of scrutiny committee meeting when the recommendation was made is provided in the subtitle header.

Subject – this is the item title on the committee's agenda; the subject being considered.

Scrutiny Recommendation – This is the text of the scrutiny recommendation as it appears on the minutes – **in bold**.

Decision Maker – the decision maker for the recommendation, (**in bold**), e.g. the Cabinet (for Council executive decisions), full Council (for Council policy and budgetary decisions), or an NHS executive body for recommendations to the NHS. In brackets, (date), the date on which the Executive Response was made.

Executive Response – The response of the decision maker (e.g. Cabinet decision) for the recommendation. This should be the executive decision as recorded in the minutes. The Executive Response should provide details of what, if anything, the executive will do in response to the scrutiny recommendation. Ideally, the Executive Response will include a decision to either agree/reject/or amend the scrutiny recommendation and where the scrutiny recommendation is rejected, provide an explanation of why. In brackets, provide the date of Cabinet/executive meeting that considered the scrutiny recommendation and made the decision.

Department – the Council directorate (and/or external agencies) that are responsible for implementation of the agreed executive decision/response. Also provided, for reference only, the relevant Cabinet Member and strategic director.

Implementation Status – This is the progress of any implementation of the agreed Executive Response against key milestones. This may cross reference to any specific actions and deadlines that may be provided in the Executive Response. This should be as specific and quantifiable as possible. This should also provide, as far as possible, any evidenced outcomes or improvements resulting from implementation.

Review Date - This is the expected date when the agreed Executive Response should be fully implemented and when the scrutiny committee may usefully review the implementation and any evidenced outcomes (e.g. service improvements). (Note: this is the implementation of the agreed Executive Response, which may not be the same as the scrutiny recommendation).

Recorded Recommendations to Cabinet from CWBSC

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

Recorded suggestions for improvement from to Council departments/partners

Page 81

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.	
18 April 2023 – Casey Review 1 Year Update	To recommend that there is consideration of the impact of event days on the wider borough in further updates on the implementation of the Casey Review recommendations.	Brent Council	All areas beyond the Zone Ex area (i.e. the area immediately surrounding Wembley Stadium) are being taken into consideration during routine event day planning and event activities delivered on the day. This includes areas such as Wembley Park, Wembley Central and even Kilburn where we officers have been made aware that there may be a high number of visitors and therefore potential fan related ASB issues. The council's PSPO, CCTV	

			Control Room and relationship with our partners such as the Metropolitan Police now extends across the whole borough in order to address the wider event day impact on the area by assisting us in monitoring and managing event related ASB as it occurs in the outlying areas as well.	
18 April 2023 – Casey Review 1 Year Update	To recommend that the FA involve local Brent residents and infrastructure within national FA anti-racism campaigns, and for future reports to include a wider view of the campaigns currently underway to change fan behaviour.	The Football Association	Love Football Protect the Game will be activated around matches towards the end of the 2023/24 season and the campaign then relaunched for the 2024/25 season. The FA will look into ways of engaging Brent communities in the relaunch for the new season or any activations around the stadium.	
18 April 2023 – Casey Review 1 Year Update	To recommend that communications on restrictions on street drinking in surrounding areas of Wembley, outside of event zones are developed to encourage good behaviour on event days in these areas.	Brent Council	The council has put in place a boroughwide PSPO which amongst other things, prohibits street drinking. The communication for the PSPO includes signage placed on the public highway and in parks. The council is also currently in communication with all premises responsible for the supply of alcohol and works closely with them to ensure that at high risk events, alcohol is not supplied. This communication also includes the risk rating of each event, giving businesses the opportunity to put measures in place where necessary and meetings with the relevant football clubs prior to each event, who in turn advise their fans of what is expected of them when they attend Wembley. Officers are also in the process of developing a program of education and engagement across the borough, specifically around PSPO awareness.	
18 April 2023 – Casey Review 1 Year Update	To explore possibilities to widen police presence further than Wembley Park on event days.	Metropolitan Police	For each fixture, the police review the deployments and the resourcing numbers. They are constantly looking to review the police numbers on football and ensuring they perform core policing roles. Within each operation there is always mobile asset that will respond to intelligence on where fans will gather and respond proportionately. Examples beyond Wembley Park include the focus around The Torch Public House when Man Utd are playing and the Kilburn areas.	

18 April 2023 – Casey Review 1 Year Update	To explore the impact of online delivery alcohol vendors on fan behaviour and street drinking.	Brent Council	Evidence has shown that alcohol being surrendered at Wembley Stadium events predominantly comes from fans who bring it into the area via public transport or private coaches or at times, from local businesses outside of the Wembley Park area. Officers involved in event working are not currently aware of and have not seen evidence of online delivery alcohol vendors supplying alcohol to fans in the area, but recognise this as a potential future risk as officers continue to enforce the PSPO. Officers will therefore monitor closely, raise awareness with partners and consider in advance options to tackle the issue should it arise.	
18 April 2023 – Casey Review 1 Year Update	To recommend that policing continues to be evidence led on match days and that effective communication between branches of the police is continued to ensure event days at Wembley Stadium are safe and can be enjoyed by all, including with British Transport Police.	Metropolitan Police	The MPS planning for Wembley events starts many weeks and often months (when teams are known) in advance. Crucial to this is the intelligence picture. MPS intel staff link in with the dedicated football officer for the clubs playing at Wembley. Sharing of information and intelligence happens early and plans are set based upon the threat, harm and risk for each fixture. Information from many stakeholders helps build the picture for the event. Consistency in command teams is also key to planning and successful delivery. BTP are part of the planning meetings early on. On match day they work with our Vulcan Units to ensure the early 'heads up' on groups travelling towards the footprint or in central London. Handing over risk groups from BTP to the MPS at transport hubs is a smooth process and we constantly review our tactics.	
18 April 2023 – Northwick Park Maternity Improvement Plan Progress Update	To recommend that inequalities in maternity care and racism within the system must be tackled as a priority at both system and place levels.	London North West University Healthcare NHS Trust	To follow.	
18 April 2023 – Community Diagnostic Centres	To recommend that groups who are more likely to be impacted by health inequalities will be engaged with and will have more opportunities to access these services.	London North West University Healthcare NHS Trust	The committee will be aware that the new Community Diagnostic Centres (CDCs) in Wembley and Willesden will be strategically located in relation to clusters of deprivation and disadvantaged communities in north west London. The triple aim of these CDCs is to increase diagnostic capacity, reduce health inequalities, and improve the health of the entire population of north west London.	

			<p>The two centres will be fully integrated into the existing network of diagnostic services across north west London, and referral to a CDC will result from a GP or hospital doctor requesting one or more diagnostic tests in the usual way.</p> <p>A range of explanatory information and advice for patients, GPs and other stakeholders is in preparation. As these additional diagnostic services bed-in, we will engage with patient groups to ensure all information and advice on CDCs remains clear and accessible, with alternative languages provided as required. There will be additional ongoing engagement with diverse communities through the Integrated Care Board engagement teams.</p>	
--	--	--	--	--


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

		<ul style="list-style-type: none"> • 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><tr><td>Learning Disability</td><td>204</td></tr><tr><td>Total</td><td>322</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	Learning Disability	204	Total	322
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																
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><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>	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%	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%
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%																																								
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%																																								

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	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%																								
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> SEND in schools Training offer 22-23 c</div> SEND in schools training offer is attached:																										
	The committee to receive data on the diversity in the level of need within those who have EHCP's	Children and Young People	<table><tr><th>Category of Need</th><th>Count</th></tr><tr><td>Cognition And Learning Needs</td><td>861</td></tr><tr><td>Communication And Interaction Needs</td><td>1543</td></tr><tr><td>Other Needs</td><td>13</td></tr><tr><td>Sensory And/or Physical Needs</td><td>225</td></tr><tr><td>Social, Emotional And Mental Health</td><td>294</td></tr><tr><td>(blank)</td><td>2</td></tr><tr><td>Grand Total</td><td>2938</td></tr></table> <table><tr><th>Special Educational Need Description</th><th>Count</th></tr><tr><td>ASD - Autistic Spectrum Disorder</td><td>1097</td></tr><tr><td>HI - Hearing Impairment</td><td>68</td></tr><tr><td>MLD - Moderate Learning Difficulties</td><td>506</td></tr></table>				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
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</p>	

			<p>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 profiles direction based on average number of jobs Wates operatives and supply chain complete per day/week), Wates are currently completing an average of 128 jobs more than they receive.</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	<p>To be shared once published for Cabinet, likely to be June 2023 meeting.</p>

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 British boys of Caribbean heritage	Children and Young People	This information has been shared with a committee as part of a confidential briefing, owing to sensitivity.
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.
18 April 2023 – Northwick Park Maternity Improvement Plan Progress Update	To receive details on the complaints to investigations ratio for midwifery services at Northwick Park	London North West University Healthcare NHS Trust	To follow

18 April 2023 – Northwick Park Maternity Improvement Plan Progress Update	To receive details on the staffing numbers in Northwick Park Maternity Services broken down by band over the past 5 years.	London North West University Healthcare NHS Trust	To follow
--	---	--	-----------

Appendix 2

Community and Wellbeing Scrutiny Committee Scrutiny Recommendations and Information Request Tracker 2023-24

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 Recommendations to external partners from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	External partner	Response	Status
5 July 2023 - Local Healthcar Resource s Overview	That North West London ICB colleagues are invited for further discussions relating funding settlements for Brent in relation to North West London.	Brent ICP	To follow.	
	That work to address the inner and outer London pay gap is further escalated, and that bolder solutions are utilised.	Brent ICP	To follow.	
	That the Brent Integrated Care Partnership advocates for further levelling up funding for children's mental health services in the borough.	Brent ICP	To follow.	
	That the North West London ICB commits to a timescale to address the	Brent ICP	To follow.	

	historical underfunding compared with other North West London boroughs and to equalise levels of expenditure.			
	That a collaborative approach is taken with staff, the community and managers to co-produce solutions for retention.	Brent ICP	To follow.	
	That Brent continues to advocate for healthcare funding being allocated by need, rather than population.	Brent ICP	To follow.	
	That healthcare resources are allocated to areas of Brent with greater need and deprivation, so that more targeted work can be done in these areas.	Brent ICP	To follow.	

Recorded suggestions for improvement from to Council departments/partners

Meeting date and agenda item	Suggestions for improvement	Council Department/External Partner	Response	Status
5 July 2023 - Tackling Health Inequalities in Brent	That cross-council work on health inequalities is strengthened to develop a whole council approach to further addressing health inequalities.	Care, Health and Wellbeing	To follow – Public Health and Brent Health Matters are started to explore action to address these and a full response will be provided for the next meeting.	
	That appropriate council officers are given training on intersectionality, to further develop the organisation's understanding of intersectionality, and its impact on our residents.	Governance	To follow.	

	That emerging neurological conditions within the community are considered for inclusion as part of Brent Health Matter's work.	Care, Health and Wellbeing	To follow – Public Health and Brent Health Matters are started to explore action to address these and a full response will be provided for the next meeting.	
5 July 2023 - Local Healthcare Resources Overview	That the proposed induction for all staff working in Brent should include attending a Brent Health Matters community event.	Care, Health and Wellbeing	To follow – Public Health and Brent Health Matters are started to explore action to address these and a full response will be provided for the next meeting.	

Information requests from CWBSC to Council departments/partners

Meeting date and agenda item	Information requests	Council Department/External Partner	Response
5 July 2023 - Tackling Health Inequalities in Brent	To provide the latest data on Brent Health Matters' co-production activity, through community engagement in the borough.	Care, Health and Wellbeing	<p>1. BHM work with community organisations is measured using the ladder of participation:</p> <p>The Ladder of Participation</p> <p>The diagram illustrates the Ladder of Participation with five levels, each in an orange box, connected by a vertical arrow on the right pointing upwards, labeled 'Rising citizen control'.</p> <ul style="list-style-type: none"> Empowering: Community controlled development Co-Creating: Devolving a degree of decision making to the community. Involving: Running events like workshops and charrettes to involve the community in the development Consulting: Seeking and taking account of their views. Informing: Telling the community about the plans <p>At present,</p>

			<ul style="list-style-type: none"> ➤ Community organisations that are at empowering or partnership stage is 30 ➤ Co creating- 40 ➤ Involving- 51 ➤ Consulting- 62 ➤ Informing is 160 <p>2. Events Data: Since November 2021- July 2023, we have done 136 outreach events which were attended by 7,022 people and we carried out 5,986 health checks. We have a breakdown of people seen by other teams and the findings of health checks if you need</p> <p>3. In terms of whole council approach to tackling Health Inequalities, Our current Brent Inequalities policy is due for renewal and the group is starting in October. Public Health colleagues have asked to be part of this group so we can ensure tackling health inequalities is part of this policy. This will ensure buy in at whole council level to develop action plans</p> <p>4. In line with BHM clinical priorities, there are plans to focus BHM work in our most deprived areas mainly Harlesden, Willesden and south Kilburn</p>
5 July 2023 - Local Healthcare Resources Overview	To receive information on how outreach work in schools to promote roles in Brent's health and social care sector is aligned with the Greater London Authority's academy.	Care, Health and Wellbeing Department and Brent ICP	To follow – Public Health and Brent Health Matters are started to explore action to address these and a full response will be provided for the next meeting.