



Community and Wellbeing Scrutiny Committee

Tuesday 30 January 2024 at 6.00 pm

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

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

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

Membership:

Members

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

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

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **www.brent.gov.uk/democracy**

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences**- Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

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

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

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Deputations (if any)	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting	1 - 10
To approve the minutes of the previous meeting as a correct record.	
5 Matters arising (if any)	
6 NHS Start Well	11 - 48
North Central London Integrated Care Board and NHS England (London) Specialised Commissioning are consulting on proposed changes to maternity, neonatal and children's surgical services. The report sets out the options and the possible impact of the proposals on Brent residents, and outlines the approach to consultation and how residents, staff and stakeholders can give their feedback.	
7 Adult Social Care Care Quality Commission (CQC) Inspection	49 - 80
This report updates the Community and Wellbeing Scrutiny Committee on the Council's preparations for inspection by the Care Quality Commission (CQC).	
8 Brent Youth Strategy	81 - 104
This report provides an update to the Community and Wellbeing Scrutiny Committee on the delivery of performance, outcomes and opportunities	

identified since the implementation of the Brent Youth Strategy 2021-2023 and outlines the proposed plan for the Brent Youth Strategy refresh (2024-2027).

9 Community and Wellbeing Scrutiny Committee Recommendations Tracker 105 - 116

This report updates members on the Committee's recommendations and information requests and captures any scrutiny activity which may have taken place outside of formal meetings.

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: Monday 4 March 2024



- Please remember to turn your mobile phone to silent during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public on a first come first serve basis. Alternatively, members of the public can view proceedings via the live webcast [HERE](#).

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Wednesday 22 November 2023 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Collymore (Vice-Chair), Fraser, Lorber, Molloy, Mistry, Rajan-Seelan and Smith, and co-opted members Mr Alloysius Frederick and Ms Rachelle Goldberg

In attendance: Councillor Promise Knight, Councillor Muhammed Butt

1. Apologies for absence and clarification of alternate members

- Councillor Matin, substituted by Councillor Lorber
- Councillor Afzal
- Councillor Begum

2. Declarations of interests

None.

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting on 21 September 2023 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Brent Housing Management Update

Councillor Promise Knight (Cabinet Member for Housing, Homelessness and Renters Security) introduced the report, which provided an update on Brent Housing Management performance. In particular, she highlighted the process of preparing for the new Tenant Satisfaction Measures detailed in section 4 of the report and the pilot for those measures which she hoped would be broadly reflective of the tenant population living in Council homes in Brent. Section 4.10 of the report detailed the areas that Brent Housing Management (BHM) was doing well, such as handling Anti-Social Behaviour and complaints, and the areas for improvement such as time taken to complete repairs. The report set out the plans to address those areas not performing as well in section 4.16, which included a remodelling of the repairs contract to include an in-house handy-person service and a cross-party working group to help steer the procurement. Councillor Knight highlighted that the Committee had previously paid significant interest in void turnaround times, which had now significantly reduced. In the previous year there were turnaround

times of 293 days, compared to post-July 2023 where voids were being turned around in an average of 43 days and the backlog of voids had reduced from 1,500 to 203.

In continuing the introduction, Ryan Collymore (Head of Housing – Property Management Services, Brent Council) added that, since BHM had last presented to the Committee, there had been an improvement in compliance and BHM were hitting mainly 100% against all compliance assets. The one challenge in relation to compliance was around EICRs due to difficulties gaining access to properties. Where there were access issues, all were being actioned and legal action was being taken where necessary.

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

The Committee asked, in relation to Tenant Satisfaction Measures, what data was most significant and what was being done to mitigate any causes for concern in relation to tenant satisfaction. Councillor Knight explained that repairs satisfaction, particularly tenants feeling that communal areas were safe and well-maintained, was a cause for concern. The process of re-procuring the repairs contract was one way of mitigating those issues to increase satisfaction, particularly the proposal to contract an in-house handy-person service where staff were routed in the locality and understood the area. That in-house service would also mean broader access to councillors who were aware of some of the cases around disrepair and the length of time residents were waiting for issues to be resolved. The deadline for re-procurement was March 2024, with the expectation to have the new contracts and service running by 1 October 2024. To improve repairs satisfaction, the proposal was to split the borough in half so that one contractor looked after one half of the borough and another contractor had the other half. This meant that if a contractor was not performing well then the work could be passed on to the second contractor. BHM was trying to shape its services to fit with the new contract model, particularly making surveyors more area-based, and so in the meantime there was an upcoming restructure putting housing officers in area patches with surveyors, meaning there would be small area teams liaising with each other and having greater ownership of those areas. The aim was to build a community-based service which was hoped would raise satisfaction, and for the caretakers and handy-persons to work closely together to ensure communal areas were fit for purpose for residents to enjoy. The Committee asked for a further breakdown of satisfaction by ward.

The Committee asked what the timeline was for these improvements around repairs and repairs satisfaction. Members were advised that the Council was currently working towards the new contract. There would be a need to demobilise the Wates contract, which could be a difficult time to keep them motivated. BHM acknowledged this potential for demotivation as the Council came closer to the contract award date, and even if Wates were to bid on and win one contract they could not win both contracts with the new split model. Officers had met with Wates Senior Managers and explained the new contract model and strategy and raised concerns that they would become demotivated, and Wates had given a full commitment to continue their work to a high standard while they were within their contract.

In relation to how tenant and leaseholder views would be included within the repairs re-procurement, the Committee heard that there had been a number of outreach activities, including with councillors. Councillor Knight had organised and hosted cross-party briefings and created a cross-party working group of councillors to look at the repairs contract. Part of the engagement work would involve getting feedback from leaseholders, and Tenant Satisfaction Measures would also feed in to the process.

The Committee asked how BHM worked with the Housing Need Department to incentivise tenants to downsize where appropriate. Laurence Coaker (Head of Housing Need, Brent Council) informed the Committee that there was a dedicated team to liaise with tenants and encourage them to downsize to give the Council access to greatly needed larger

properties. It had been found that it was important to tailor the approach to the individual person or families' needs. The Council had a generous financial incentive package, but the experience was that it was not always about the money but what the family wanted in a property to encourage them to move. This could revolve around location and design, for example, some new builds allowed residents to pick the kitchen design of the property.

Continuing to discuss downsizing, the Committee asked whether the government's succession policy of charging a £20 fee for empty rooms had any impact on incentivising people to downsize. They were advised that the additional fee for empty rooms had not been a significant contributing factor to why people were choosing to downsize.

In considering the succession policy, the Committee asked what influence the Council had on encouraging or enforcing single people succeeding larger properties to downsize. They were advised that this was dependent on the type of succession rights the person had. If the successor was a spouse, they would have a statutory right to that home and the Council would not have any right to enforce them to downsize. Even in those cases, the Council reviewed them individually to consider whether it might be appropriate to encourage them to downsize. For example, if an elderly person was living in a 2-bed property, but that property was adapted to meet their needs, then it would not be encouraged, but if a much younger person succeeded a property then the Council might engage with them to discuss incentives to downsizing, focusing on their individual circumstances. There was also discretionary succession, or discretionary tenancies, which might be awarded to a child, when it was more likely there would be excess rooms. In those types of succession cases then the Council could enforce the person to downsize, and that person would be given Band A priority to bid on an appropriately sized home, or could accept a direct offer. Officers agreed to provide the Committee with the Succession Policy.

The Committee raised the issue of fly-tipping, which they highlighted was an emotive subject for many residents. They asked whether there was any reason behind fly-tipping in particular areas, what proactive action caretakers could take against fly-tipping, and whether residents were motivated to put rubbish in the correct bins. It was highlighted that a reduction in fly-tipping also reduced the Council's financial burden. Kate Daine (Head of Housing – Neighbourhoods, Brent Council) explained that the caretakers' responsibilities were largely around keeping estates clean and tidy, and there was a specific team to deal with dumped rubbish and fly tips reactively. The Council was now initiating a more proactive approach to rubbish, balancing out the costs of dumping rubbish and the cost of the resources involved in that and looking at newer, more innovative ways to work with tenants and residents on those issues. Fly-tipping came from many different sources. Some tenants may not know what fly-tipping was and mistakenly fly tip, which was where further education was needed, but there were also more prolific fly-tippers who knew it was illegal and some fly tipping was associated with businesses and buildings. For that reason, a targeted approach was needed to deal with all the different sources of fly-tipping. A specific Service Manager for Estates Services was now in post and as a Working Group had been set up, jointly with environmental services, to discuss how the Council could educate facets of society about how to dispose of waste and take an enforcement approach in 'hotspot' areas that had been labelled and designated. At present, caretakers did not have the power to issue tickets or enforcement work and were not trained to do that. In order to give caretakers that power there would be a need to change their job descriptions and train them to do that work.

The Committee asked how the Council was currently communicating messages about disposal of waste to tenants and leaseholders. They heard that the Council's waste contractor, Veolia, did proactive education around bin management and recycling. The Council was trying to continually reduce the amount of waste residents produced to improve the carbon footprint on estates. It had also increased estate walkabouts and part

of that involved conversations about fly-tipping and bin management, which often involved educating tenants and giving them better ways to report fly-tipping. In relation to whether this education piece was happening in schools for that early messaging, the Committee was advised that this had not yet been fully detailed. In response to whether CCTV and robust signs were in place to deter big fly-tippers, officers confirmed that this was the case.

The Committee were encouraged by the improvement in void turnaround times and reduction in the backlog. Members asked what the target turnaround time was and what financial impact longer turnaround times had on the Council. Peter Gadsdon (Corporate Director for Resident Services, Brent Council) advised the Committee that the turnaround target for a minor void was 35 days and 72 days for a major void, which were recognised industry standard targets. In relation to the 170 properties that were being tracked as void pre-April in distressed condition, when those properties were eventually let they would show in the performance indicators as red, but since April 2023 BHM had been tracking newly void properties as averaging around 45 days turnaround. BHM now needed a period of time to work through those 170 pre-April voids before performance indicators started to improve. It was highlighted that Wates was performing on voids at the present time and the delays were being caused by issues such as clearing meter debt and arranging for other contractors to inspect properties for asbestos, legionella and other compliance related issues. There had also been issues with residents leaving properties in a poor state, meaning large rubbish clearances were needed before conducting a full specification on a property. The void process had now been improved significantly, with all voids identified and a suited key system to avoid delays accessing properties. It was estimated that the steady state on voids should be around 70 properties at any given time. In relation to the financial impact, the cost was two-fold. Firstly, the cost of losing rental income while the property was void could be significant, and secondly the cost of the void refurbishment itself. In value for money terms, if BHM was getting voids right then it greatly helped with the financing of the Housing Revenue Account (HRA). The Committee requested further details of the financial impact of current voids.

The Committee asked whether there was a policy for pre-allocation of a void property to help reduce the waiting list faster. Laurence Coaker (Head of Housing Need, Brent Council) informed the Committee that the Housing Need Department was involved in that process. It involved close liaison between Housing Need and the Voids and Lettings Team. Housing Need was responsible for Locator, which was the choice based waiting list. The Voids and Lettings Team provided Housing Need with the pipeline of void properties and, when appropriate, the Housing Need Team would advertise those properties. The Committee heard that it was important to get the timing of that right, and once the team knew a property was nearing completion they would advertise, receive bids, verify that people's circumstances had not changed, confirm that they were eligible, and create a shortlist of verified nominations ready to arrange viewings.

The Chair invited representatives from Brent Youth Parliament (BYP) to contribute to the discussion. BYP asked what interventions the Council had in place to prevent young people from becoming homeless. Councillor Knight advised the Committee that BHM worked closely with Housing Need Department and the Children and Young People Department to ensure the Council offered the right assistance to young people who found themselves homeless in a position that was no choice of their own. The Council also worked with external partners and charities, particularly those focused on youth homelessness. Laurence Coaker added that, in relation to care leavers specifically, there were protocols in place to ensure a path for housing for any care leaver. The majority of care leavers went into social housing as opposed to the Private Rented Sector, but that was not a blanket approach and the support was tailored to the need of the young person. For example, if a care leaver was to go to a different part of the country to study and subsequently wanted to settle in that part of the country, then the Council would assist them to access privately rented properties in that area.

Continuing to discuss children and young people, the Committee asked how BHM engaged young people. Councillor Knight highlighted section 4.8 of the report, which detailed that 464 tenants had been surveyed from a broad range of individuals, some of which would be young people, although she felt there was more BHM could do to engage young people. She felt that the work of BYP would be helpful in allowing BHM to engage with more young people, but the challenge was that BHM was focused on the tenant population living in council homes, where oftentimes the tenure would be slightly older.

In relation to compliance, the Committee were advised that BHM checked Fire Risk Assessments, legionella, asbestos, conducted yearly gas checks and domestic electrical checks, and did block electrical checks in all Council-owned properties. The Committee asked what powers BHM had to ensure privately owned or leased properties were compliant with health and safety in blocks where 50% of properties were Council-owned and occupied by Council tenants. Members were advised that the Leasehold Teams and Home Ownership Team handled that side of compliance and should contact leaseholders asking them to provide gas safety and EICR certificates. This may not be done on a routine basis as it was in BHM but it was expected of those teams. There were some private properties that had asked BHM to manage compliance assets on their behalf, where BHM would do those checks routinely.

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 there is liaison between BHM and leaseholder services to ensure there is compliance by private owners and leaseholders in Council blocks, to ensure that all tenants residing in those blocks are safe.

Several information requests were also made throughout the discussion as noted below:

- i) For the Community and Wellbeing Scrutiny Committee to receive an infographic detailing how different services work in a joined up way to ensure repairs work is completed.
- ii) For the Community and Wellbeing Scrutiny Committee to receive information around any recruitment and retention issues within BHM and what impact the savings proposals are having on BHM.
- iii) For the Community and Wellbeing Scrutiny Committee to receive further details on the financial impact of current voids.
- iv) For the Community and Wellbeing Scrutiny Committee to be provided with the Council's Succession Policy.
- v) For the Community and Wellbeing Scrutiny Committee to receive a breakdown of tenant satisfaction by ward.

7. New Single Homeless Prevention Service

Councillor Promise Knight (Cabinet Member for Housing, Homelessness and Renters Security) introduced the report, which set out the rationale for the move of the Single Homeless Service to an in-person, face to face service. The Council had found that the previous online appointments system was unable to cope with the volume of demand, which was unprecedented, and could not meet the needs of single homeless people within the borough. The new face to face service was accessible, better placed to identify immediate need and was within 5 minutes walking distance of key delivery partners such as Crisis, Job Centre Plus and DWP. The Committee was asked to note the importance of

co-location and the wraparound support single homeless people would receive, outlined in section 4.5 of the report.

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

The Committee asked about the £500,000 price increase of the new contract with the Single Homeless Prevention Service, which had been retendered at £2.1m. Laurence Coaker (Head of Housing Need, Brent Council) explained that the contract went through the tender process and the final contract price had increased by £500,000, but the contract was outcome based. Compared to a traditional contract where the Council would commission the service following tendering, then pay for that service and monitor it through KPIs, this contract would only be paid for if the contractor delivered. The paper set out the different delivery outcomes that the specification expected from the service, which were to complete Personal Housing Plans, to prevent and relieve homelessness, and to support tenancy sustainment. If those deliverables were unsuccessful then the contractor would not get paid. The funding for the service came through the Government's Homelessness Prevention Grant which the Council received every year to finance the outcomes of the service. The grant went into the General Fund where the service was then paid for. A written response would be provided in relation to section 8.2 which stated that there would be no grant subsidy as seen in previous years.

The Committee asked for further details on what the factors were resulting in single people becoming homeless. They heard that the number one factor driving homelessness was affordability as a result of the rising cost of living and high cost of housing in Brent, with privately rented properties beyond the reach for a lot of people. In terms of demographics, there were not many young people presenting as a single homeless person, and where there was a breakdown of family relationships causing a young person to want to leave home, the Housing Need Department worked with the Children and Young People Department to mediate and keep the young person at home where appropriate.

The Committee asked for further information regarding the co-location space in Designworks. Laurence Coaker highlighted that Designworks was the name of the building, and the Council had named the service within that building the Turning Point. The Single Homeless Prevention Service (SHPS) was collocated with the Council's Single Homelessness Team, who had also relocated from the Civic Centre to the Designworks building, who were contracted to help with the prevention and relief of single homelessness. In relation to the division of labour between the Council and SHPS, the Committee heard that all presentations of single homelessness came to the Council, who did a triage assessment and determined the circumstances of the individual. Those with higher vulnerability and more need were dealt with by the Council's Single Homelessness Team and SHPS picked up clients with lower vulnerability and lower needs, which helped to free up resource for the Council's team to focus on those with additional support needs.

The Committee asked for assurance that the Council was able to sustain this service and cope with the current demand. They were advised that it was a statutory, demand-driven service so the Council was required to deliver it. The move to Turning Point in Designworks was designed to increase capacity by co-locating the teams and being in close proximity to other service so that the passage for homeless people was smoother and more efficient. The Council was focused on continuing to develop services to make them more efficient to meet demand.

The Committee requested information on what tangible mitigations were being put in place to alleviate the 20-25% increase that the Council had seen in homelessness over the recent period. Laurence Coaker informed the Committee that a big part of moving the Single Homeless Prevention Service to Harlesden and rebranding as Turning Point was to make it better for service users and also for officers. The demand for housing was

unprecedented across the whole of the country, particularly in London, due to the high cost of housing, which was having a real impact on stress and causing issues recruiting and retaining officers. The previous online system was adding to the stress of officers because single homeless people were not able to get an appointment quick enough and were being forced to use an online system that was not suitable for their needs, resulting in many turning up at the Civic Centre in crisis. The new face to face service in Harlesden, co-located with the Council's Housing Need officers and other key services, helped to alleviate that stress. In section 5.2 of the report, it detailed that the Council had now cleared the backlog where there were around 500 cases before. Most recently, the service was seeing an average of about 43 presentations and had an average of 25 referrals, and people were receiving additional support and signposting to other provisions available to single homeless people. As such, the service was seeing some tangible benefits since launching Turning Point in August 2023 and was dealing with people quickly and effectively.

The Committee asked how closely the homelessness teams worked with health services in the borough. Members heard that the health service was coming to deliver the services outlined in section 4.7 of the report.

The Committee asked what happened when someone presented as a single homeless person at Turning Point. Members were advised that the Council would assist in ending the homelessness duty, primary through helping to find suitable accommodation in the Private Rented Sector. For single people, a 1-bed property would be considered suitable. The law set out what was considered suitable and the duty on the Council to end homelessness. There were different duties – the prevention duty, relief duty and main duty. For single homeless people, they rarely reached the main duty as they did not meet the criteria in legislation. The prevention duty would usually be triggered for single homeless people, which ran for 56 days. If the person was not housed within those 56 days then the person would be deemed actually homeless and would enter the relief duty, which stated that the local authority must take reasonable steps to assist in relieving homelessness. If the person's homelessness could not be relieved then the case was closed and the duty was ended as they would not meet the criteria for main duty homelessness as a single homeless person. The main duty stated that the local authority must secure suitable accommodation.

The Committee asked how the service dealt with someone who presented as a single homeless person but was actually pregnant and expecting a child. Laurence Coaker advised that this would be picked up by the Families Team who dealt with single homeless people who were pregnant. Many single people who were pregnant would present at the Turning Point, so they would be included in the self-referral figures, even though at the stage it was discovered they were pregnant, usually at interview, they would be referred on to the Families Team.

The Chair invited representatives of Brent Youth Parliament (BYP) to contribute to the discussion, who asked what was being done to promote this service to young people specifically. Councillor Knight felt that more could be done to engage young people, however, the target cohort for the service and the people who presented at the service were over 18 years old. Young people under the age of 18 who found themselves homeless would be dealt with using a joint approach with the Children and Young People Department. The Committee highlighted that, even though young people might not be users of the service, they may be the best communicators to older cohorts in the community who may be in need of the service. More generally, the service was promoted with large campaign posters across the borough, through the Council's website and through communication channels.

Brent Youth Parliament also asked whether there was guaranteed housing in Brent for Care Leavers who wanted to live in Brent. Officers confirmed that there was a policy with

the Children and Young People Department around accommodation for Care Leavers that ensured suitable accommodation for Care Leavers.

In response to whether there was specialist support for those aged 18-25, who were still considered young people but were adults legally, officers explained that there was a commissioned service to deal with young people and provide that age group with supported housing.

In relation to promoting the new location for services, members highlighted that the public had reported that the recording when using the telephone line still referred people to the Civic Centre for the service. They asked for this to be checked and confirmed that the internal recorded system had now been updated with the new location. Officers confirmed this would be investigated.

The Committee asked what engagement work had taken place with the Black Community Action Plan Champions into an appreciative enquiry approach to understand homelessness and Black households. Laurence Coaker advised members that a lot of the engagement work was done through the Homelessness Forum, chaired by Crisis, which had around 30 different agencies across the spectrum of housing and homelessness agencies in Brent. The Forum was the main form of consultation and planning for the new service and met every 2 months at the Civic Centre. The Forum looked at the details of planning for relocation and the operational details of how things would work practically with the implementation of the new service.

In relation to the number of presentations, the Committee asked how many amounted to referrals and how many of those who presented were subsequently housed. They were advised that performance was detailed in section 6 of the report and was focused on the prevention and relief of homelessness, which was detailed in Table 1. There was confusion in regards to the table in Appendix 1 – the Equality Impact Assessment, where figures for different age groups and ethnicity groups had been merged together. The Committee highlighted that it would be useful for future reports to have more readable, realistic and digestible data.

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, before the contract is due for renewal in 2027, the Council does a viability assessment of the cost and implications of in-housing the Single Homeless Prevention Service.
- ii) To recommend that future reports present demographics data in a more readable, digestible way.
- iii) To recommend that officers ensure that the internal telephone line is signposting people to Turning Point in Harlesden and not Brent Civic Centre.

In addition to recommendations, the Committee made several information requests, as recorded below:

- iv) For the Community and Wellbeing Scrutiny Committee to receive data on how many single homeless people have been discharged on the grounds that they had declined suitable accommodation.
- v) For the Community and Wellbeing Scrutiny Committee to receive further information on what mechanisms are in place to stop single homeless people being discharged for various reasons.
- vi) For the Community and Wellbeing Scrutiny Committee to receive a written response in relation to section 8.2 which stated that there would be no grant subsidy as seen in previous years.

8. New Selective Licensing Scheme

Councillor Promise Knight (Cabinet Member for Housing, Homelessness and Renters) introduced the report, which detailed performance, quality and impact of the new Selective Licensing Scheme, which launched on 1 August 2023 covering the wards of Dollis Hill, Harlesden & Kensal Green, Willesden. She advised the Committee that the scheme was set in the context of the Council's wider priorities to tackle housing need, improve property standards and reduce anti-social behaviour. She felt that improving standards in the Private Rented Sector was essential to the homelessness crisis, and asked the Committee to note the increase in officer capacity of an additional 8 Compliance Officers to help enforce the new scheme.

The Chair thanked Councillor Knight for her introduction and invited comments and questions from those present. The following points were raised:

The Committee asked for further details about the financing of the scheme. Spencer Randolph (Head of Private Housing Services, Brent Council) advised members that the scheme was self-financing, so the money brought in from the licence fee could only be used for the enforcement and administration of the licensing scheme. Landlords were responsible for paying that fee, and the Council tried to keep that fee to a reasonable amount to avoid that fee being passed on to tenants. The cost of the licence was £640 for a 5 year licence, which amounted to a relatively low cost per week and per year and was tax deductible. The license helped to ensure tenants were living in safer accommodation and allowed the Council to enforce a regime to inspect more properties. The aim was to inspect 50% of properties that had a selective licence. It was added that the new scheme started on 1 August 2023 so was still in the stage of processing applications. There had been 3,000 applications received already and 2,000 draft licenses had been processed. The Council had already issued 1,000 full licences.

The Committee asked about the remaining privately rented properties in licensable areas that had not submitted license applications. Spencer Randolph explained that the Council never anticipated that 100% of landlords owning privately rented properties would make license applications within the first few months. In the past, the schemes the Council had implemented had exceeded the number of properties it had expected to be licensed by approximately 135%, so the Council had confidence that with the communications plan those license applications would come in over the period of the scheme. In response to how the Council would motivate less willing or responsible landlords to apply and comply, the Committee was informed that there were various strategies to do that. A 5 year enforcement plan was in place that combined the current scheme and the larger licensing scheme, which would conduct targeted inspections in particular areas where there was the potential for high levels of selective licensable properties. Part of the communications strategy was not just requiring landlords to make applications but also for tenants and neighbours to report properties they thought should be licensed, so there was a multi-faceted approach being taken.

The Committee asked how confident the Council was that Brent would eventually have borough wide selective licensing, and asked why Wembley Park ward was excluded from that ambition. Members heard that there was a strong case for introducing licensing across the borough, but the decision was for central government to make. In relation to excluding Wembley Park, officers advised the Committee that licensing could only be brought in to an area if it met certain criteria. The criteria that would apply in Brent focused on anti-social behaviour and poor property condition. While there were approximately 8,000 privately rented properties in Wembley Park, there should not be any of poor condition because they were all

new properties and were being managed well. There were several properties in Wembley Park that were multiple occupied, and they would require a HMO licence.

In relation to the 8 additional Compliance Officers, the Committee asked whether the Council was confident that this capacity would be enough to meet the demand. Spencer Randolph informed members that there had been 4 Compliance Officers already in post, so with the additional 8 officers there were now 12. The Council had done some forward thinking in relation to the number of officers required if the Council were to receive approval from Central Government to introduce selective licensing across the whole of the borough, and pre-empted that by budgeting for a total of 15 officers to cover the entire borough. It was estimated that would give the Council 15,000 inspections over the life of the 5-year scheme, and the Council was confident that was manageable between 15 officers on the basis of how many inspections officers should be able to complete a week.

Clarification was provided that the Selective Licensing Scheme was different and separate to the Houses of Multiple Occupancy (HMO) Licensing Scheme. Every HMO that was licensed must be inspected, and Brent had licensed more HMOs than any other borough in London. The Council now had the ability to fine landlords in breach of their HMO licence through fixed penalty notices, which had resulted in approximately £900,000 worth of income which could be reinvested into enforcement of the schemes.

The Committee asked what residents should do if they had issues in their property and were in social housing. Members were advised that social housing was exempt from the Selective Licensing regime and if social housing tenants had issues they should go through the complaints process of their Housing Association or Council and if not they were not satisfied with the response then they could go to the Housing Ombudsman.

As no further points were raised, the Chair drew the item to a close. He invited recommendations from the Committee, with the following RESOLVED:

- i) For officers to ensure that ward councillors were well informed on the work being done and that there was a process in place for ward councillors to feed back to constituents on that work.
- ii) Members felt that there were significant issues in relation to Houses of Multiple Occupancy, and recommended that the expanded team concentrate initially on HMOs to find unlicensed properties.

9. Community and Wellbeing Scrutiny Committee Work Programme 2023/24 Update


The Committee noted the recommendations tracker.

10. Any other urgent business

None.

The meeting closed at 7:55 pm

COUNCILLOR KETAN SHETH
Chair

	<p align="center">Community and Wellbeing Scrutiny Committee 30 January 2024</p>
	<p align="center">Report from the Start Well Programme Director – NHS North Central London ICB</p>
<p>Start Well - Proposed changes to maternity, neonatal, and children’s surgical services in North Central London.</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	Appendix 1 - NCL Start Well Programme Presentation
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Anna Stewart Start Well Programme Director, NHS North Central London ICB anna.stewart3@nhs.net</p> <p>Chatan Popat Strategy Lead - Scrutiny, Strategy and Partnerships chatan.popat@brent.gov.uk</p>

1.0 Executive Summary

- 1.1. North Central London Integrated Care Board and NHS England (London) Specialised Commissioning are consulting on proposed changes to maternity, neonatal, and children’s surgical services.
- 1.2. The report sets out the options being consulted on, and the possible impact of these proposals on Brent residents. It outlines the approach to consultation and how residents, staff and stakeholders can give their feedback on the proposals.

2.0 Recommendation(s)

- 2.1 Note the update on the programme and provide feedback on the proposals and input into how to raise awareness with of the consultation with Brent residents and encourage participation.

3.0 Detail

This report relates to the Borough Plan Priority – A Healthier Brent.

- 3.1 The Start Well Programme was initiated in 2021 to ensure maternity, neonatal, children and young people’s services in NCL are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against the ICS’s duties around population health improvement and tackling inequalities.
- 3.2 This is a long programme of work, and no decision has been made on the changes. The ICB Board agreed at its meeting on Tuesday 5 December 2023 to initiate a 14-week consultation period, from 11 December 2023 until 17 March 2024. A decision on the proposals is not expected to be made until Autumn/Winter 2024/25.
- 3.3 The programme has developed a set of proposals to improve maternity and neonatal and children’s surgical services in NCL and for those choosing to use services in NCL. The purpose of the briefing today is to:
- Provide some context on the programme, outline the rationale for change and how the options have been developed.
 - Describe the options being put forward for public consultation.
 - Outline the potential impact these proposals may have on different populations, including Brent.
 - Capture your views and feedback on the approach to consultation and how best to engage with the populations in Brent who may be potentially impacted
 - The link to the consultation website where you can find more information and details about the programme is: nclhealthandcare.org.uk/start-well

3.2 Background

The proposals have been developed with significant service user and clinical involvement, including a 10-week engagement period on a published case for change, a thorough options appraisal process that considered a range of criteria in developing the options put forward for consultation. The options appraisal considered: quality, access, workforce and finance (although this was not a differentiating factor in the proposals that are being consulted on).

4.0 Stakeholder and ward member consultation and engagement

- 4.1 Informal engagement and briefing with the Brent community and wellbeing scrutiny chair prior to consultation, and a briefing at the start of the consultation process for community and wellbeing committee members.

- 4.2 The chair of the community and wellbeing committee / NWL JHOSC attended the NCL JHOSC on 30 November 2023 which reviewed the consultation plan and discussed the approach to public consultation.
- 4.3 Briefing for Leader, Cabinet members and chief officers, immediately prior to consultation launch.
- 4.4 In the first part of the public consultation there has been an all members briefing for all LB Brent councillors on the proposals, this was attended by ICB Executive leads from NCL and NWL, the programme team and clinical leaders from NCL and NWL.
- 4.5 Updates have been given at Brent Connects meetings in January 2024 in Harlesden, Willesden and Kilburn.
- 4.6 Through consultation we are seeking to gain a wider range of feedback on the proposals that have been developed. The report outlines our approach to this and the groups that are being specifically targeted for engagement.

5.0 Financial Considerations

- 5.1 N/A

6.0 Legal Considerations

- 6.1 N/A

7.0 Equality, Diversity & Inclusion (EDI) Considerations

- 7.1 Equality impact Assessments will be carried out by the NHS North Central London ICB in advance of the final decision-making process. An interim integrated impact assessment has already been carried out to explore the possible impact of the proposals which has been published on the website alongside the other consultation materials.

8.0 Climate Change and Environmental Considerations

- 8.1 Impact of the proposals on the environment have been captured through the interim integrated impact assessments that have been carried out.

9.0 Human Resources/Property Considerations (if appropriate)

- 9.1 N/A

10.0 Communication Considerations

- 10.1 N/A

Report Sign-Off:

Anna Stewart

Start Well Programme Director

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NCL Start Well Programme

Context and objectives

- Today's session is an opportunity to brief you on the proposals that have been developed as part of the Start Well Programme. This Programme of work was initiated in 2021 to ensure maternity, neonatal, children and young people's services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities.
- This is a long programme of work, and no decision has been made on the changes. The ICB Board agreed at its meeting on Tuesday 5 December 2023 to initiate a 14-week consultation period, from 11 December 2023 until 17 March 2024. A decision on the proposals is not expected to be made until Autumn/Winter 2024/25.
- The programme has developed a set of proposals to improve maternity and neonatal and children's surgical services in NCL. The purpose of the briefing today is to:
 - Provide some context on the programme, outline the rationale for change and how the options have been developed
 - Describe the options being put forward for public consultation
 - Outline the potential impact these proposals may have on different populations, including Brent
 - Capture your views and feedback on the approach to consultation and how best to engage with the populations in Brent who may be potentially impacted
- The link to the consultation website where you can find more information and details about the programme is: nclhealthandcare.org.uk/start-well

Background and context

The drivers for this programme and the need for change are rooted in our relentless focus on improving outcomes and reducing inequalities within our population

North Central London ICS has an ambition to provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who choose to use our services.

We know that care received at the beginning of life is a powerful force against health inequalities and a catalyst for improved life chances which is why Start Well is a key priority in our Population Health and Integrated Care Strategy.

Central to the Start Well programme are the needs of pregnant women and people and their babies. We want to ensure our services are in the best position to support families through the life changing journey of pregnancy and birth.

We have ten principles which will guide our new ways of working

To make our transition to a population health and integrated care system that is needs-driven, holistic and integrated, we have identified 10 principles to guide us and given examples of what that looks like in terms of changed ways of working.



Source: North Central London ICS Population Health and Integrated Care Strategy

The Start Well programme will support us to tackle inequalities and improve population health outcomes

The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities



Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes



There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others



The quality of services could be improved, and some service users face differential outcomes and experience



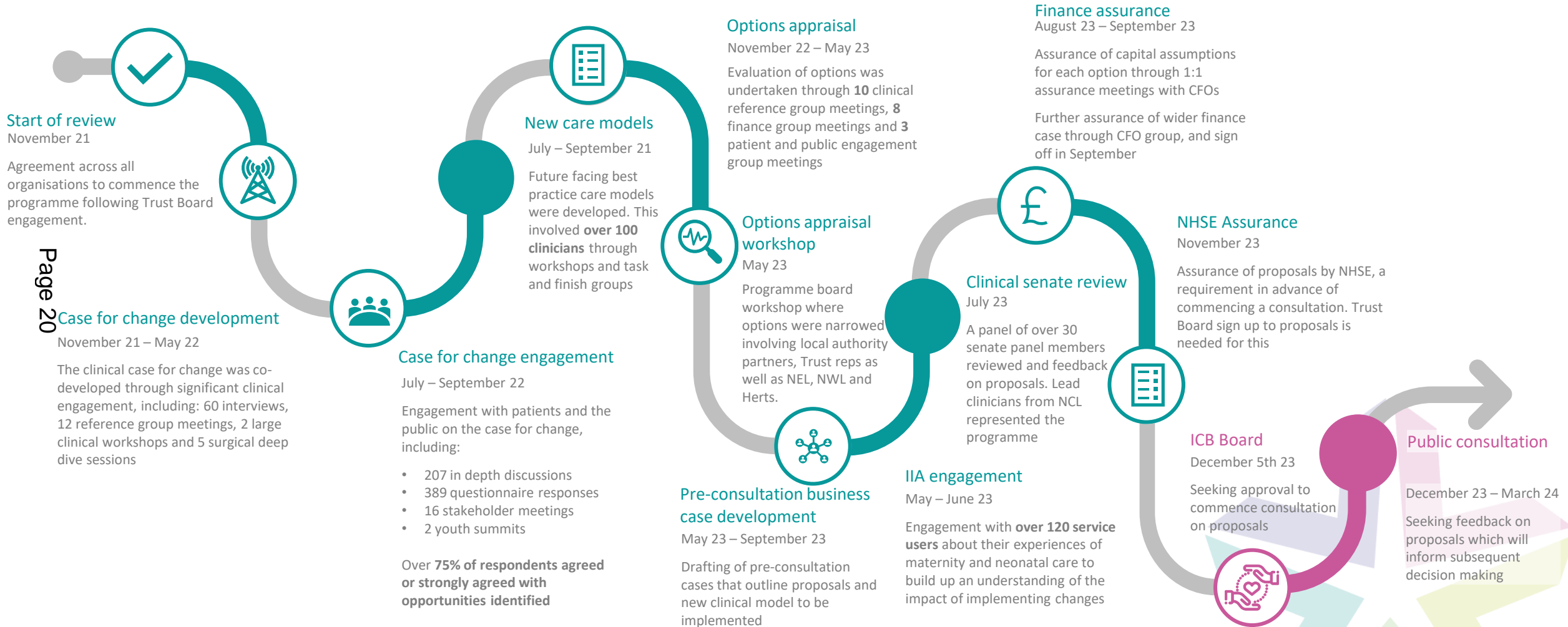
Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care



Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care

The ICS also has a number of other programmes which are aiming to achieve population health improvements and integration of care such as a review into community services, mental health services and the implementation of a Long Term Conditions Locally Commissioned Service for Primary Care.

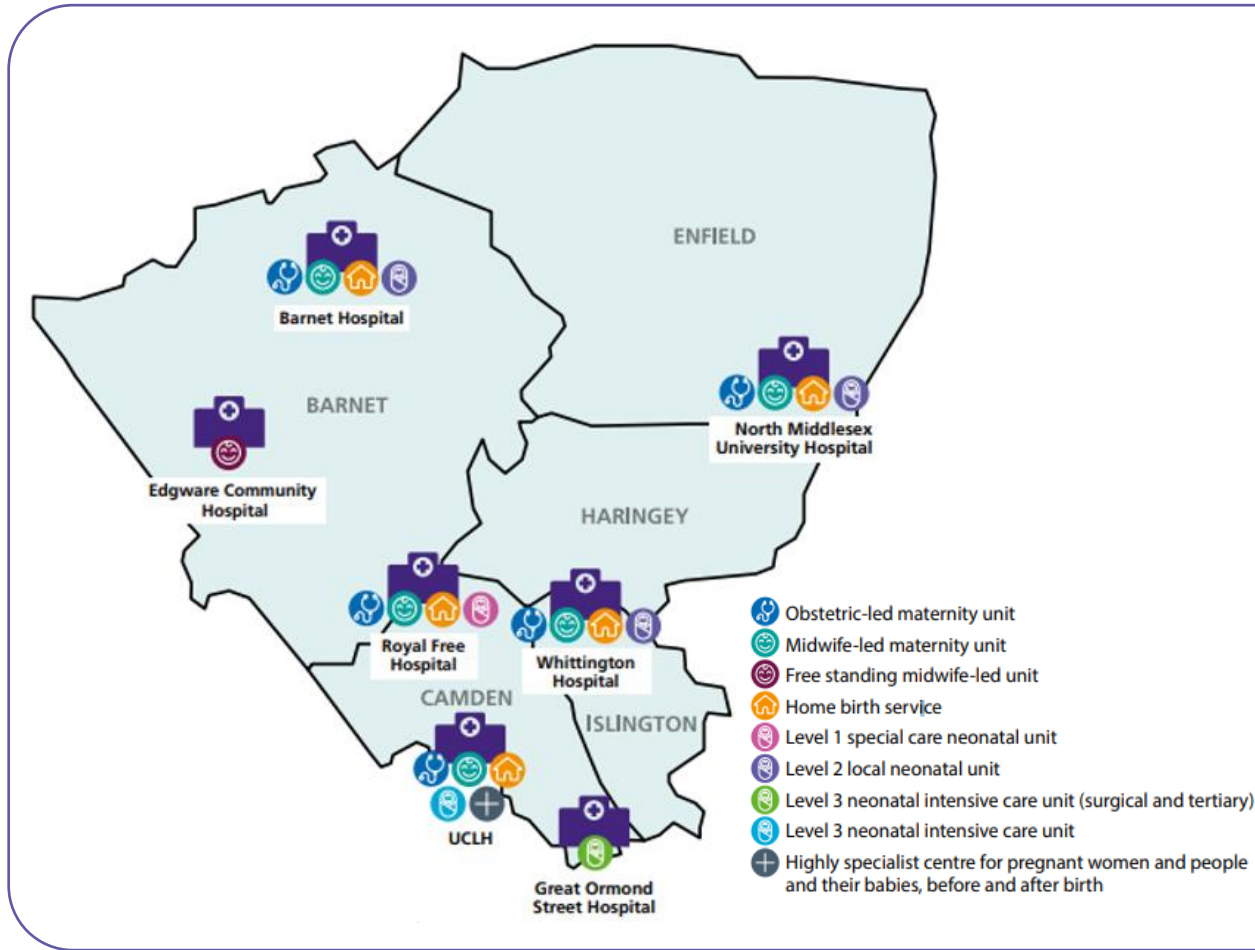
Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners



The programme, which began in November 2021, has benefited from extensive clinical and service user input.

Maternity and neonatal services proposals

How maternity and neonatal care is currently organised in North Central London



In our five boroughs we have **five maternity and neonatal units** and a **standalone midwifery led birth centre**:

- Five obstetric units
- Five alongside midwifery-led units
- One standalone midwifery-led unit at Edgware Community Hospital
- One special care neonatal unit (level 1)
- Three local neonatal units (level 2)
- Two NICUs (level 3 – one of which is at GOSH and out of scope of the proposals)

Pregnant women and people can access maternity care at their unit of choice. This means people who live within Barnet, Camden, Haringey, Enfield or Islington may choose a hospital outside of these area and those who live outside the NCL boroughs can access maternity care at a hospital within NCL.

There are important clinical drivers for change in our maternity and neonatal services



NCL has a declining birth rate, with increasing complexity of service users. There is insufficient activity and staff to sustain five maternity and neonatal units in the long term



Staffing levels do not always meet best practice guidance and there are high vacancy rates which frequently compromise service provision. This often leads to the inability to staff birth centres – meaning the choice of midwifery-led care is often compromised



The level 1 unit at the Royal Free Hospital was only 37% occupied in 2021/22. The number of admissions to the unit have been falling and there are expensive and complex mitigations in place to maintain its safety. This unit does not provide equitable care to service users and it represents a clinical risk, which requires a long-term solution as identified by the London Neonatal operational delivery network and the Trust



The maternity and neonatal estate at the Whittington Hospital does not meet with modern best practice building standards. It has no ensuite bathrooms in its labour ward, its neonatal unit is cramped with risks around infection control. These risks are actively mitigated by excellent staff and clinical processes; however, this does create increased pressure on staff to safely deliver the service.



Maternity CQC re-inspections has identified challenges with maternity services in NCL and there are opportunities to improve their quality

Edgware Birth Centre supports an ever-decreasing number of women to give birth – in 22/23 only 34 women gave birth there. Given the declining birth rate and increasing complexity of births it is unlikely this will increase in the future

Our vision for maternity and neonatal care is delivered through our new care model

The new care model proposes:

- **Bringing together maternity and neonatal care into four units as opposed to our current five**
- **Three level 2 neonatal units as well as the specialist NICU at UCLH**
- **No longer having a level 1 neonatal unit**
- **No longer having a standalone midwifery-led birth centre**



Our vision for maternity and neonatal services



Provision of high-quality equitable care: all units being able to provide the same level of neonatal care will address the current inequity of having a level 1 neonatal unit as local provision for those closest to that level 1 unit is less comprehensive than the local provision for those closer to any of the level 2 centres



Units that provide sustainable activity numbers: through consolidation, we will have larger units which are more clinically sustainable in the long term given the declining NCL birth rate and the need to make best use of our scarce workforce



Workforce resilience: units staffed in line with best practice, supporting our teams to deliver high quality care. Delivering this over four units as opposed to five means increased workforce resilience and units will be less vulnerable to short term closures – ensuring that choice of birth setting can be facilitated in a more consistent way. This may also help deliver greater continuity of care to parents, which is currently a challenge to deliver as our workforce are spread thinly



The right capacity to meet demand: ensuring that NCL has access to the right level of capacity to meet changing needs of our population – including access to specialist care where it may be needed



Environment that provides a positive patient experience: investing in our estate and making improvements that will address current issues. We will invest in making sure we have optimally sized units, meaning better value for money and wider benefits of adopting the new care model

Options for consultation – maternity and neonates

Our preferred option

Option A: UCLH, North Mid, Barnet, Whittington

UCLH

Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service

North Mid

Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service

Barnet

Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service

Whittington Hospital

Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service

Royal Free Hospital

Maternity and neonatal services would cease to be provided

Option B: UCLH, North Mid, Barnet, Royal Free

UCLH

Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service

North Mid

Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service

Barnet

Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service

Royal Free Hospital

Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service

Whittington Hospital

Maternity and neonatal services would cease to be provided

Closure of the birthing suites at Edgware Birth Centre

Both options being put forward for consultation are deemed to be implementable

The status quo is not an option for consultation because:

- The way services are currently set up won't meet the long-term needs of our population and doesn't resolve the challenges identified in our case for change

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- Staffing services across five sites as opposed to four would continue to be a challenge and not make best use of our skilled workforce
- The neonatal unit at the Royal Free Hospital would continue to need support to maintain the skills of staff and this does not represent a long term, sustainable solution

Both proposed options being put forward for consultation have been deemed to be implementable and we are consulting on both options.

Option A has been identified as the preferred option for consultation because:

- it would mean fewer staff needing to move to a new location
- option B would mean some people would need to go to hospitals in North East London that would struggle to have capacity for this because of rising birth rates in some parts of North East London
- while option A would mean some people would need to go to hospitals in North West London, those hospitals have confirmed they have capacity for this as the number of births in North West London is falling

Future flows have been projected for each option, using an approach which considers choice

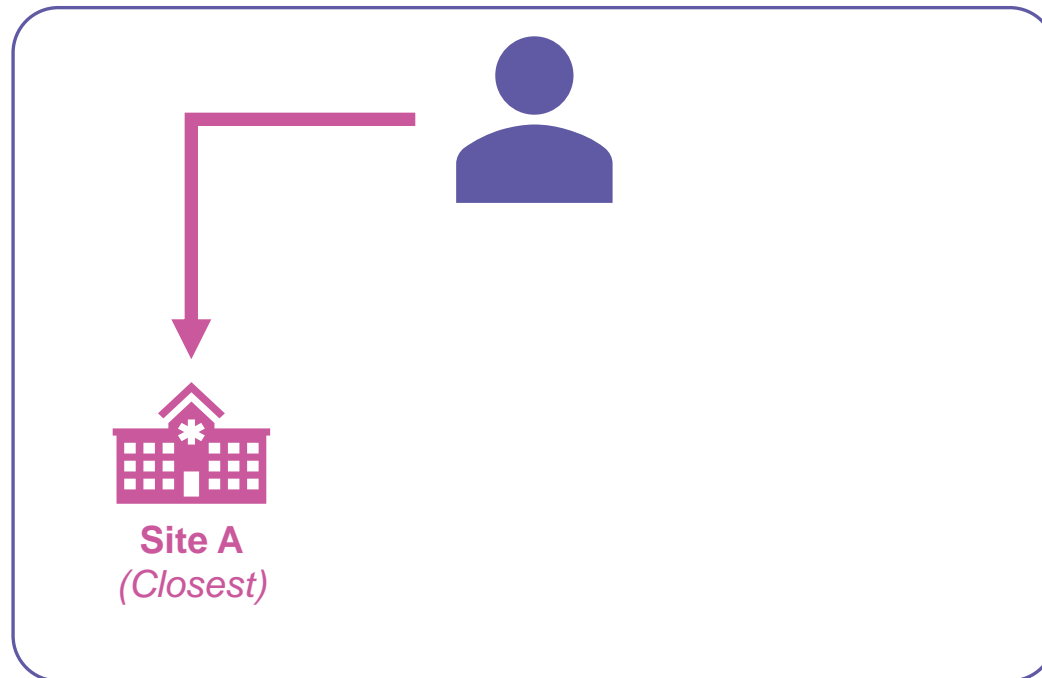
Note: LSOA is a Lower Super Output Area and is the smallest granularity of geography that is used for travel time analysis. Typically, there are 1,000-2,000 residents within an LSOA.

Approach	Description
<p>1</p> <p>For each LSOA identify the closest hospital for the catchment population</p>	<ul style="list-style-type: none"> The catchment population for the patient flow analysis has been defined as all LSOAs in NCL where there was activity in the 2021/22 baseline year and any LSOAs for whom an NCL site is the closest hospital, this includes any populations living in neighbouring boroughs. The neighbouring ICSs have been defined as all London ICSs plus Hertfordshire and West Essex ICS The closest hospital is found using the Travel Time API (Google), calculating the travel time in minutes at peak time
<p>2</p> <p>Calculate the number of deliveries at each in scope hospital in 21/22 by LSOA</p>	<ul style="list-style-type: none"> The volume of activity at each of the in-scope hospitals has been calculated for each of the LSOAs in the catchment population The hospitals that are in scope of this work are all acute NCL hospitals and the following neighbouring units: St Mary's, Chelsea and Westminster, Northwick Park, Homerton, Whipps Cross, Royal London, Princess Alexandra, Watford General, Newham, Luton and Lister Hospitals
<p>3</p> <p>Understand in each LSOA the number of people giving birth at their closest unit or choosing to give birth elsewhere</p>	<ul style="list-style-type: none"> It is modelled that everyone in an LSOA flows to their nearest unit by travel time (car/driving at peak times). If this unit is modelled as closed, then the population will be modelled as flowing to the next nearest. However, if over 80% of people in any LSOA are currently choosing to go to a unit further away than their nearest by travel time, then everyone in that LSOA is modelled to travel further to the unit of choice. In each option, when a unit closes, everyone who was modelled to go to that unit is then modelled to go to their nearest hospital instead

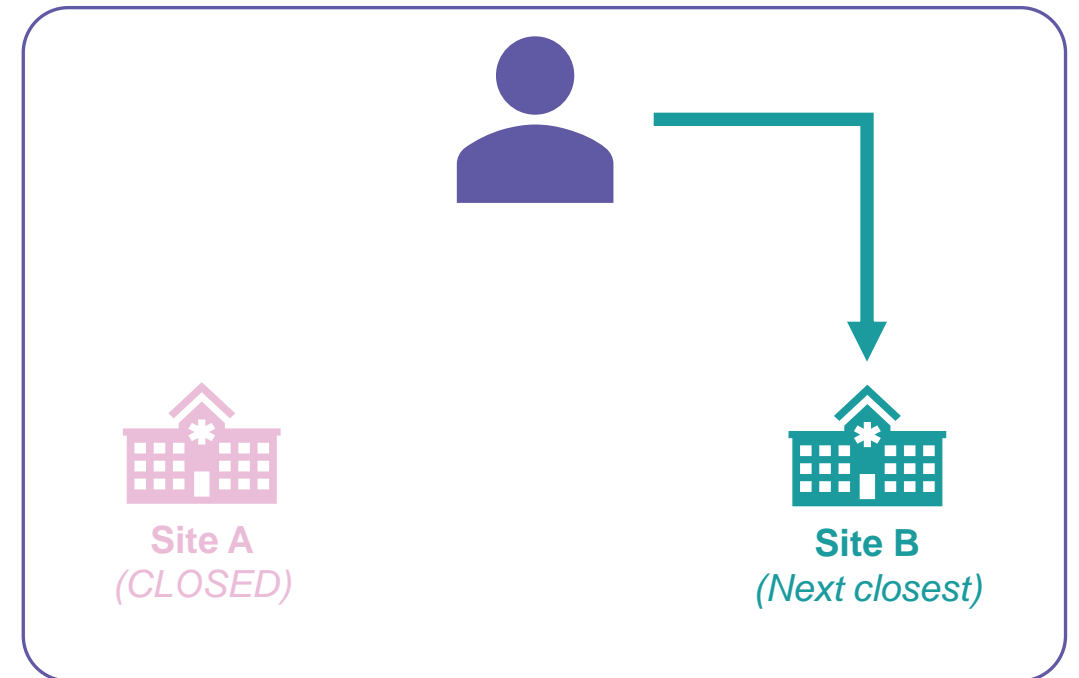
We identified the people who may be impacted by the proposals

- We looked at where people currently live and identified geographies whose closest hospital is Royal Free (option A) or Whittington (option B)
- For the impacted populations we looked at what the next closest hospital would be and projected the activity to the next nearest unit. All activity in that LSOA is flowed to this hospital.
- This modelling is based on historic activity and a set of assumptions and therefore is indicative. Whilst the modelling approach has factored in choice there may be individuals within the impacted LSOAs who choose a hospital that is further away than the closest.

Currently: where people go now (the closest)



Future: Predicted flow if maternity unit at Site A closed

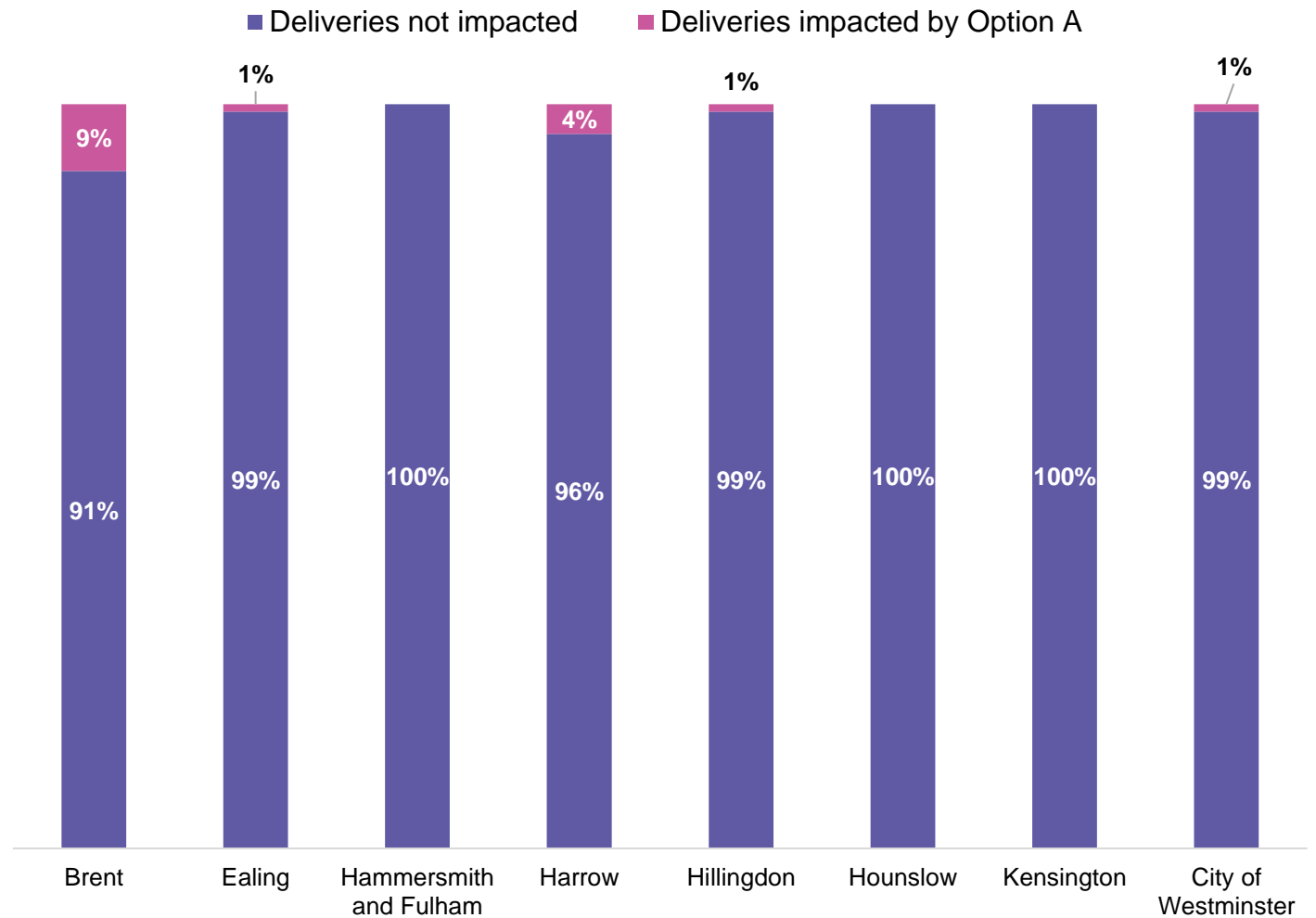




The proposals in option A would result in 2,560 deliveries being moved to another unit

- Based on future activity modelling, in option A, 2,560 deliveries are would be moved from the Royal Free Hospital to another unit. This includes units that may be outside of NCL.
- Of the 2,560, 73% (1,860) are NCL residents and the remaining 27% (700) are non-NCL residents.
- Of the non-NCL residents impacted 558 are NWL residents
- Of the NWL residents impacted:
 - Brent: 380
 - Ealing: 18
 - Harrow: 124
 - Hillingdon: 8
 - Hounslow: 1
 - Westminster: 27
- The proportion of total deliveries impacted by NWL borough is set out in the graph to the right

Proportion of activity which may being impacted by borough



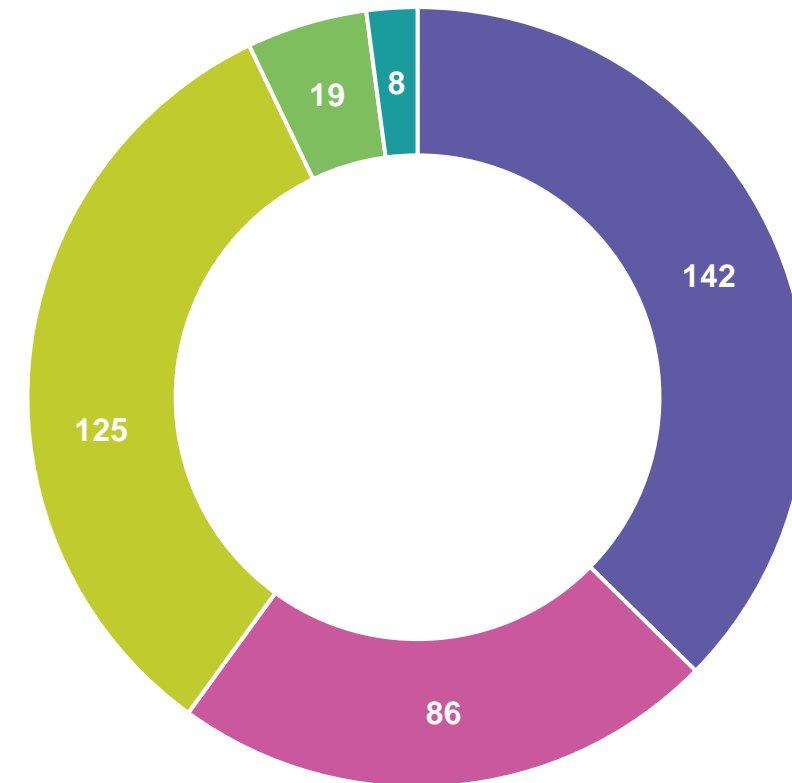


In option A, the majority of impacted residents in Brent are projected to flow to Northwick Park and St Mary's

- Based on future activity modelling, in option A, 2,560 deliveries are would be moved from the Royal Free Hospital to another unit. This includes units that may be outside of NCL.
- Of the 2,560, 73% (1,860) are NCL residents and the remaining 27% (700) are non-NCL residents.
- Of the non-NCL residents impacted 558 are NWL residents
- Of the NWL residents impacted **380 are Brent residents**
- Based on the modelling the impacted residents have been modelled to flow to the next nearest hospital by driving/car at peak times as follows:
 - Northwick Park (142 deliveries)
 - Barnet (86 deliveries)
 - St Mary's (125 deliveries)
 - Watford General Hospital (8 deliveries)
 - University College Hospital (19 deliveries)

Option A: Projected deliveries by site for all impacted Brent residents

- Northwick Park
- St Mary's
- Watford General Hospital
- Barnet
- University College Hospital

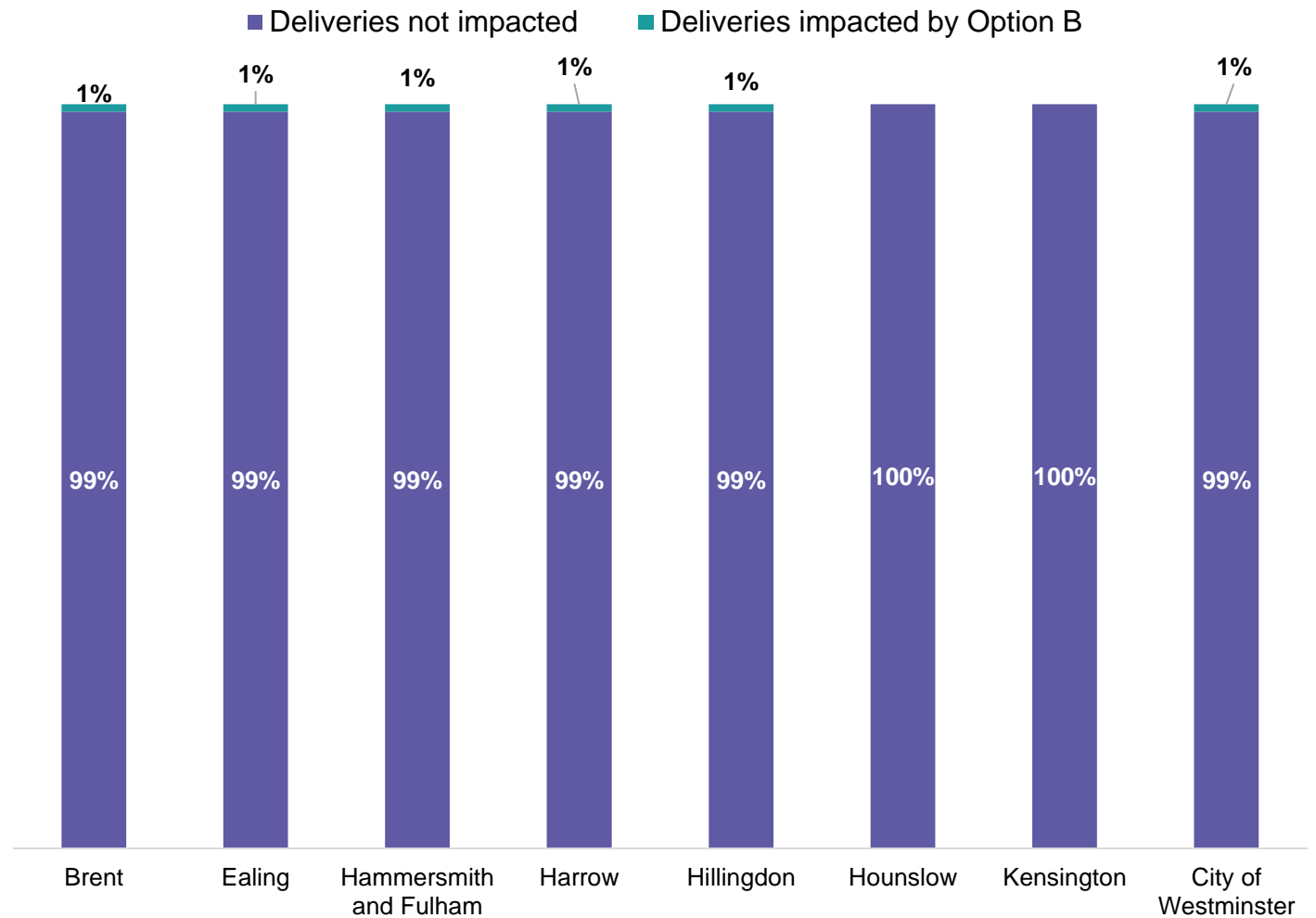




The proposals in option B would result in 3,391 deliveries being moved to another unit

- Based on future activity modelling, in option B, 3,391 deliveries are would be moved from the Whittington Hospital to another unit. This includes units that may be outside of NCL.
- Of the 3,391, 88% (2,978) are NCL residents and the remaining 11% (413) are non-NCL residents.
- Of the non-NCL residents impacted 39 are NWL residents
- Of the NWL residents impacted:
 - Brent: 27
 - Ealing: 2
 - Hammersmith and Fulham: 1
 - Harrow: 1
 - Hillingdon: 2
 - Westminster: 6
- The proportion of total deliveries impacted by NWL borough is set out in the graph to the right

Proportion of activity which may being impacted by borough



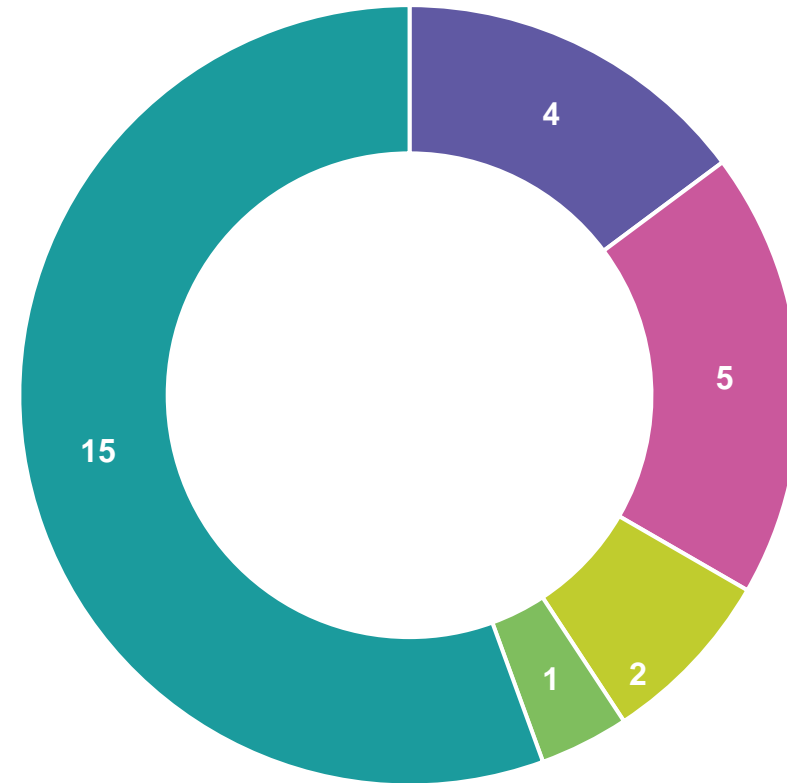
In option B, the majority of impacted residents in Brent are projected to flow to Royal Free Hospital

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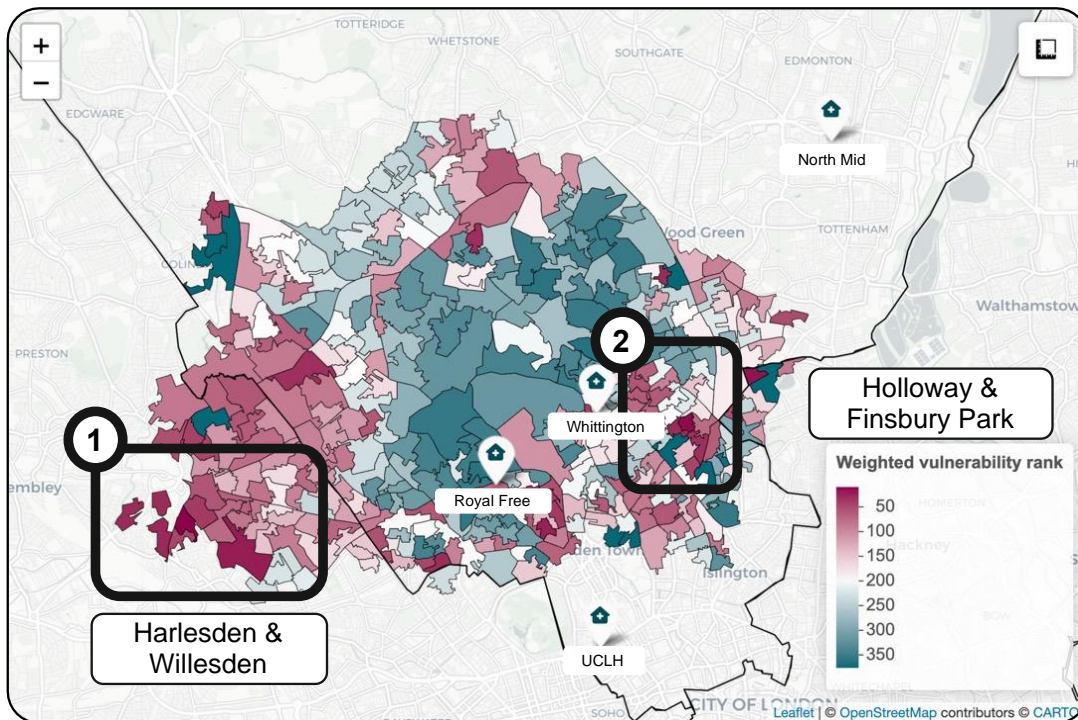
- Based on future activity modelling, in option B, 3,391 deliveries are would be moved from the Whittington Hospital to another unit. This includes units that may be outside of NCL.
- Of the 3,391, 88% (2,978) are NCL residents and the remaining 11% (413) are non-NCL residents.
- Of the non-NCL residents impacted 39 are NWL residents
- Of the NWL residents impacted **27 are Brent residents**
- Based on the modelling the impacted residents have been modelled to flow to the next nearest hospital by driving/car at peak times as follows:
 - Royal Free Hospital (15 deliveries)
 - Northwick Park (4 deliveries)
 - Barnet (5 deliveries)
 - St Mary's Hospital (2 deliveries)
 - University College Hospital (1 delivery)

Option B: Projected deliveries by site for all impacted Brent residents

- Northwick Park
- St Mary's
- Royal Free Hospital
- Barnet
- University College Hospital



Two specific geographical areas were identified as being more vulnerable to the impact of our proposals



Weightings were used to rank all LSOAs from highest to lowest against a range of metrics including ethnic minorities, deprivation and poor health outcomes where 1 = worst, 400 = best. A weighted average was then developed for each LSOA and used to identify populations who may be more vulnerable to the impact of our proposals

- **Two geographical areas** were identified as having residents who may be more vulnerable to the impact of our proposals because they face barriers to accessing services due to living in areas of deprivation and having high levels of poor general health
- As a result of the proposals, people in **Harlesden and Willesden** (option A), and **Holloway and Finsbury Park** (option B) may need additional support to:
 - **Access the hospital site** if they are disabled/in poor health or are not proficient in English
 - **Travel to hospital by taxi**, if required, as it will cost an additional £4-£5 per journey
 - **Access services online** as they may have lower digital proficiency
 - **Care for other family members** as they may be a lone parent
- **Black African and Black Caribbean** populations are concentrated in these geographies and have poorer maternity outcomes
- Harlesden has a large proportion of **Bangladeshi and Pakistani** populations, who are more likely to have worse maternal health outcomes

We have built up an understanding of the impact of our proposals through our Interim Integrated Impact Assessment

Our IIA draws on multiple strands of work which has supported us to build a picture of what the impact of our proposals could be, and who may be impacted:

1. Our case for change took a population health approach and identified service users with characteristics who may be at risk of health inequalities
2. We undertook a supplementary literature Review to identify inequalities in maternal and neonatal outcomes undertaken by public health professionals
3. We engaged with potentially impacted groups to understand their views on the possible impact of proposals
4. We have undertaken extensive analysis on:
 - Accessibility (travel time, cost, parking, public transport access, car ownership)
 - Population demographics
 - Sustainability impact by looking at carbon emissions

We have identified the following impacts of our proposals:

- **Accessibility:** relatively small average increases in travel time across both options (both by public transport and car)
- **Cost of travel:** additional expenses when travelling by taxi on average of £4, but close to the closing sites up to £11
- **Accessing an unfamiliar hospital site:** changes may mean people having to travel to and navigate around a hospital site which they are unfamiliar with
- **Understanding changes:** service users need to be able to understand their choices of maternity care and what change could mean for them



- 1. Understand proposed service changes**
 - Understand current services and where they are delivered
 - Review the proposed changes to the model of care
 - Understand where services will be delivered for each potential option
- 2. Identify potentially impacted populations**
 - Assess which local people may be impacted by the proposals
- 3. Understand the potentially impacted groups**
 - Understand the demographics and location of the population
 - Understand populations who might be disproportionately impacted by the proposals or who are vulnerable
- 4. Assess impact of proposals on populations**
 - Understand the overall potential impact on moving services on quality, outcomes, patient experience, access, sustainability and geographical areas
 - Assess this impact for those populations who may be disproportionately impacted or who are vulnerable
- 5. Agree mitigations**
 - Agree steps to mitigate against any negative impacts and enhance any benefits

IIA engagement reach

-  38 engagement meetings facilitated
-  124 patients, residents and staff have been involved
-  9 sessions with parents who have recent experience of neonatal care
-  5 meetings with specialist midwives supporting women with complex needs

Start Well

Literature Review to identify inequalities in maternal and neonatal outcomes to support the NCL Integrated Impact Assessment (IIA)

Executive Summary

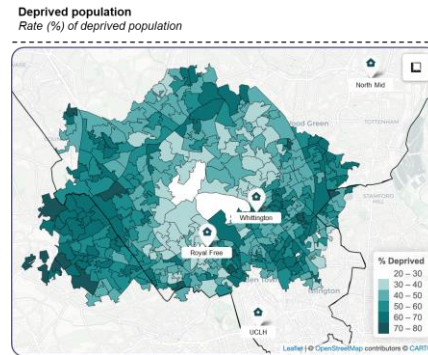
This work involved a review of the literature to identify studies that reported on maternal and neonatal outcomes across several population groups known to experience inequalities. It found the following:

- **Deprivation:** Women living in deprived areas were up to 50% more likely than those in less deprived areas, to experience a stillbirth or neonatal death
- **Protected Characteristics:**
 - o **Age:** Advanced maternal age is associated with a range of adverse pregnancy outcomes including low birth weight, pre-term birth, and stillbirth
 - o **Ethnicity:** Pregnant women in the UK from mixed or multiple ethnic backgrounds experience a mortality rate 1.9 times higher than White women; with Black women having 4.1 times higher mortality rate. Babies that are Black, or Black British Asian or Asian British have a more than 50% higher risk of perinatal mortality compared to White
 - o **Single parent:** For unmarried women there are increased chances of preterm birth, low birth weight and small for gestational age births
 - o **Religion:** Limited evidence is available, but studies available suggest Islamic woman report worse maternal care while Jewish women make late antenatal bookings which itself is associated with poor pregnancy outcomes and poor infant health

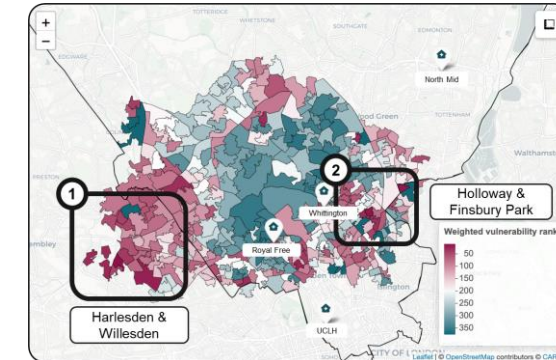
There are a range of population groups who may be impacted if we were to implement either option A or B



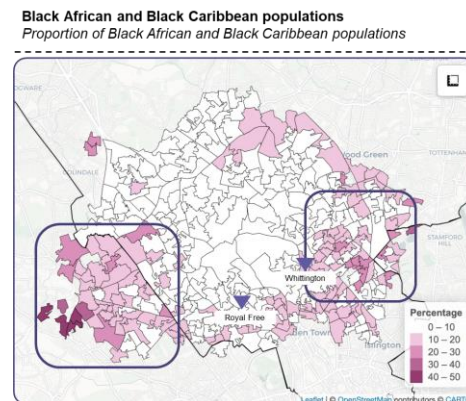
Women and people who live in deprived areas: there is a link between people living in deprivation and adverse outcomes from maternity and neonatal care. People living in these areas may be particularly impacted by increased taxi costs if either option A or B were to be implemented.



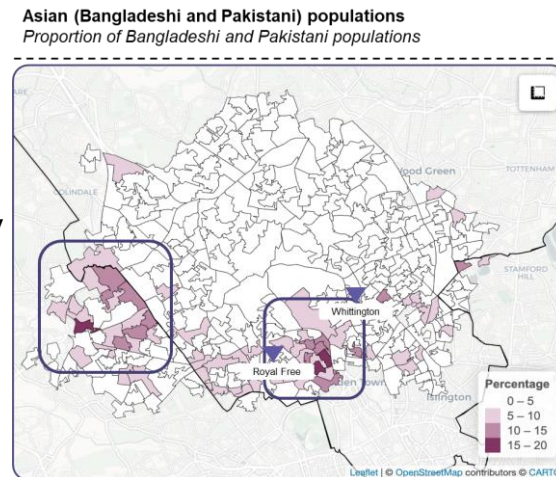
People living in geographic areas who may have vulnerabilities: we identified two neighbouring areas with a higher concentration of people who may be vulnerable to service changes. **Harlesden and Willesden** would be more impacted by option A and **Holloway and Finsbury Park** would be more impacted by option B. The reason that these areas have been identified is due to their higher concentration of people who belong to an ethnic minority, people with poorer English proficiency and areas of higher deprivation. Mitigations for these populations include a focus on continuity of care and ensuring there is integration with other local services



Black African (including Somali) and Black Caribbean women and people of childbearing age: there is evidence that Black African and Black Caribbean women and people may experience poorer maternity outcomes. The impact on Black African and Black Caribbean women of proposed changes may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of their wider health needs during pregnancy.

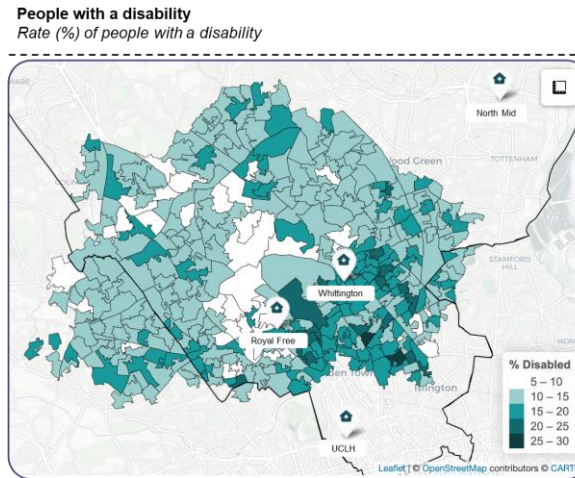


Asian women and people of childbearing age: there is evidence that Asian (particularly Bangladeshi and Pakistani) women and people may experience worse outcomes from maternity care. The impact for them may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of wider health needs given evidence of higher prevalence of conditions such as diabetes.



There are a range of population groups who may be impacted if we were to implement either option A or B

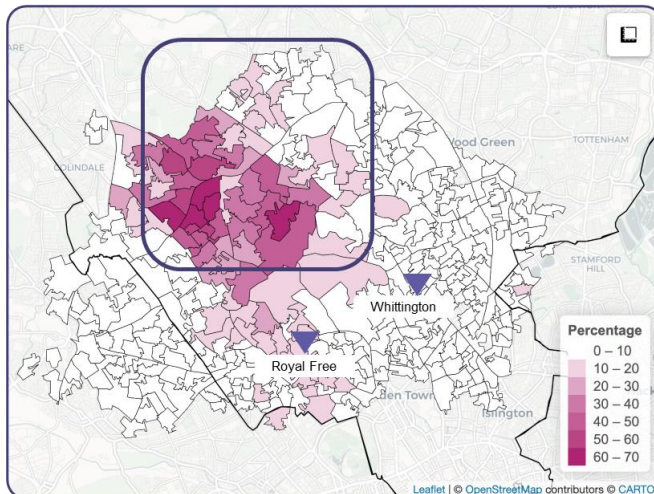
Women and people of childbearing age with disabilities (including learning disabilities): people with disabilities may be more impacted by proposed changes due to challenges navigating to an unfamiliar hospital site, taxi costs due to lower car ownership and the physical accessibility of hospital sites.



Through engagement with service users to date, we have developed mitigations that may need to be put in place to support service users with a range of different needs should a decision be taken to implement proposals. This covers areas such as:

- Communication and information sharing
- Travel and transport
- Ongoing engagement with communities

Jewish Population
Proportion of Jewish populations



Women and people from the orthodox Jewish community: Orthodox Jewish people may be impacted by the proposed changes, particularly around Option A. Consideration may need to be given for the specific needs of this group around maternity care. This includes requirements around Kosher food, observance of Shabbat and the impact on travel and ability to access online or digital materials.

There are a number of other service users who have characteristics that make them potentially more impacted should we implement option A or B which our IIA identifies. This includes older and younger pregnant women and people, people with poor literacy, women and people in inclusion health groups and

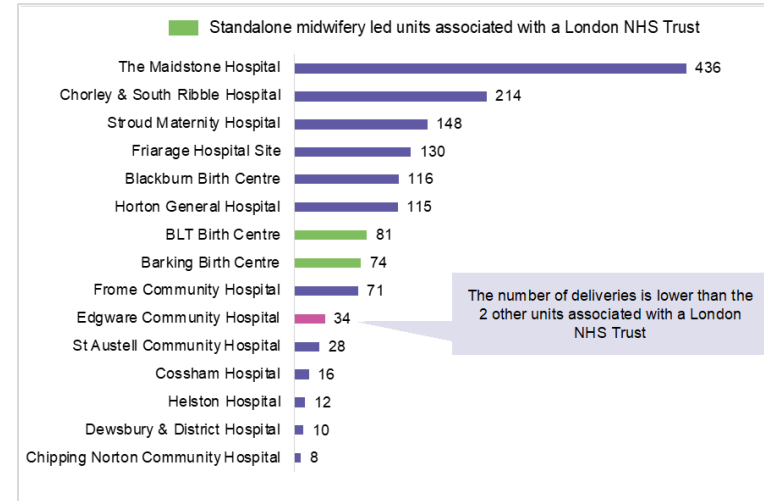
We would seek as a priority to engage with all of these groups during the consultation period.

The birthing suites at Edgware Birth Centre

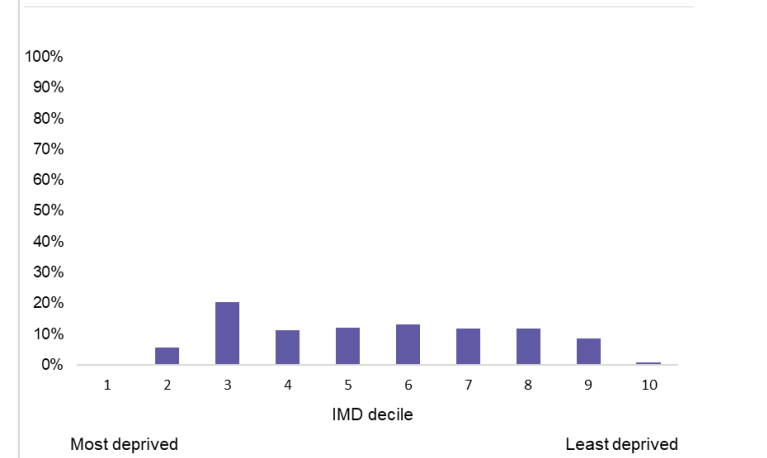
We are also proposing closing the birthing suites at Edgware Birth Centre

Case for change for Edgware Birth Centre

- Edgware Birth Centre does not provide the right type of capacity for our population, with analysis suggesting only 30% of women across NCL would be clinically appropriate to give birth there and an even smaller number of this 30% would be within close travelling distance of the unit
- Births are becoming more complex and anticipated to decline over the next 10 years, meaning it would be very difficult to increase activity numbers at the unit
- The number of births at the unit has been declining every year since 2017 and it is one of units with the smallest number of births in the country, with only 34 births in the last financial year
- We do not have the workforce to support the unit as well as our other alongside midwifery-led units which leads to short term closures of the service
- There are opportunities to use the space at the site in a more efficient way and provide antenatal and post natal services for our local population there that are more in line with their needs



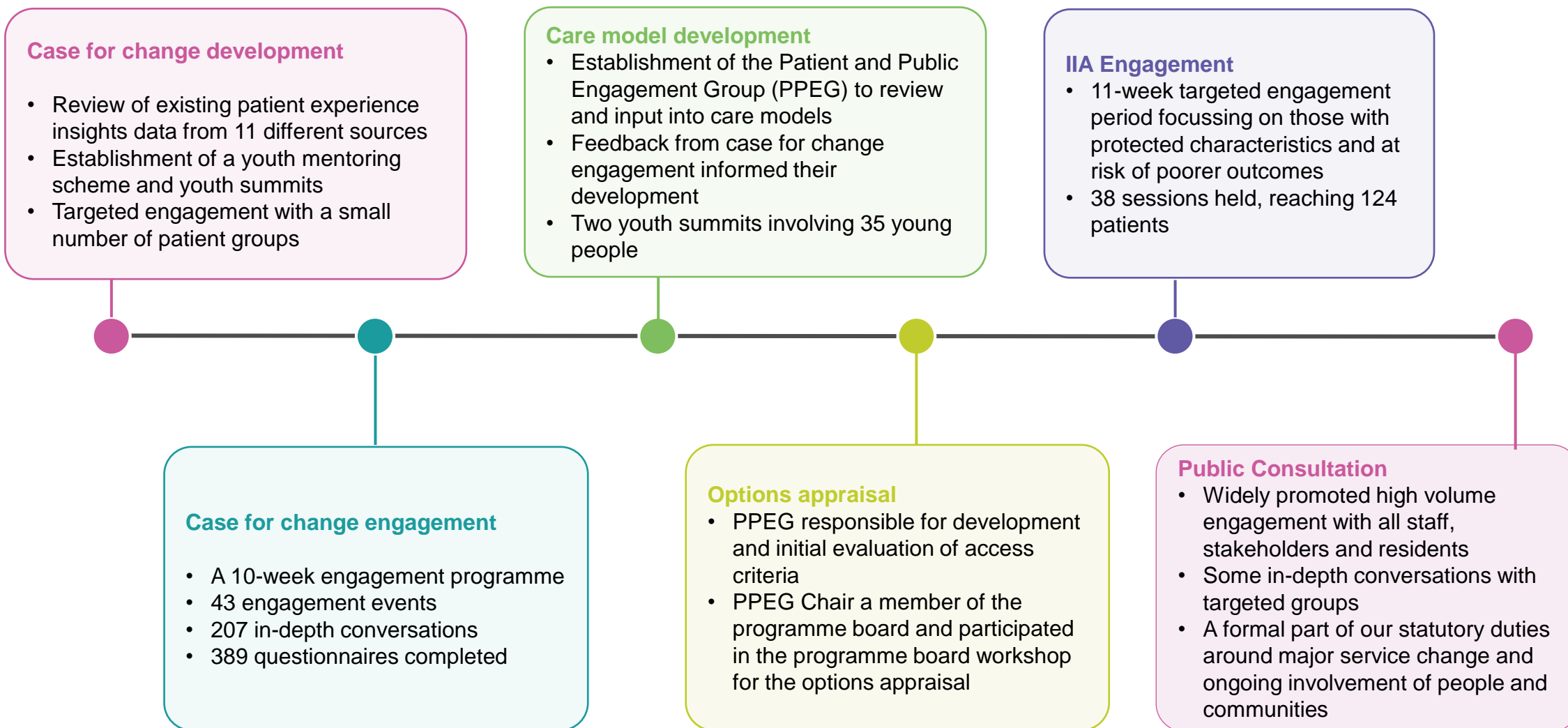
Percentage of deliveries at Edgware in each IMD decile %, 2017/18 – 2021/22 combined



We propose to consult on this as a separate proposal alongside the maternity and neonatal proposals. They are not dependent on one another.

The consultation

The programme has benefited from substantial input from service users and local communities and public consultation will expand the reach of the engagement to date



14-week public consultation from mid-December 2023

Approval given to commence a 14-week consultation to gather views from service users, stakeholders, residents and staff, running from **11 December – 17 March 2024**.

Development of the consultation plan

The Consultation Plan is a working document which details the purpose, scope and plan of how we will deliver this public consultation.

The consultation is being jointly run by NCL Integrated Care Board, on behalf of the Integrated Care System and its partner organisations, and NHS England as the commissioner of some specialised neonatal and surgical services.

The plan has been reviewed by our Programme Board, NHSE at a formal assurance meeting, and Healthwatch representatives. The plan will be iterative, and we will monitor progress throughout the consultation to ensure we are meeting our objectives.

The consultation will be overseen by the Start Well Programme Board, and we will provide regular updates on planning and delivery. Responses will be independently collected and analysed by an external organisation in line with best practice.

At the end of the consultation period, we will have an independently drafted report detailing the feedback received during the 14-week period.

Key Legal Duties

This consultation will fulfil our duty under the

- **NHS Act 2006** (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022)
 - to ensure that people who use NHS services are involved in the development and consideration of proposals for change in the way services are provided and decisions about how they operate
 - to consult local authorities
 - To regard the need to reduce health inequalities in access and outcomes
 - consider the ‘triple aim’ with regard to the health and wellbeing of people, quality of services and efficient and sustainable use of resources
- **Equality Act 2010** (Public Sector Equality Duty) to demonstrate how we have taken account of the nine protected characteristics and given regard to:
 - Eliminate discrimination, harassment and victimisation
 - Advance equality of opportunity
 - Foster good relations
- **The Gunning Principles for a fair consultation**

Through consultation we are seeking to gather views from a diverse range of voices

We will deliver a 14-week formal public consultation, in line with best practice that complies with our legal requirements and duties. Our aims are:

- To inform stakeholders about how proposals have been developed in a clear, simple and accessible way that allows for 'intelligent consideration'
- Provide adequate time and opportunities for staff, residents and stakeholders to give their views on proposals, and the potential impacts
- Ensure a diverse range of voices are heard
- Seek alternative proposals or evidence not yet considered
- Understand the advantages and disadvantages of the proposed change and any unintended consequences
- Explore what mitigations might be used to reduce the impact of disadvantages
- Find out what matters most to patients and how this might affect implementation
- Provide analysis of responses to enable conscientious consideration before a decision is made

Consultation aims



Raise awareness of consultation with staff, patients, service users and residents and encourage to participate



Remind people that their views matter and encourage them to share feedback through direct engagement



Encourage participation from a diverse range of voices by providing adequate time and opportunities for people to respond



Focus resources on hearing from people with protected characteristics and more impacted groups



Provide staff engagement mechanisms all for health and care staff in NCL during the consultation period.



Capture stakeholder attitudes of key groups and influencers on the proposals and the consultation process

Consultation materials and promotion

Consultation materials

We have developed materials that explain the proposals and rationale in a clear and accessible way.

Information is available on our website and in hard copy, with an easy read, different formats and translated versions

In line with best practice, we have commissioned an experienced independent organisation to collate and analyse responses to the consultation.

This includes a questionnaire that will cover the three components of our proposals:

- Maternity and neonatal services proposals
- Edgware birthing suites proposals
- Surgery for babies and children

We are asking for each of these elements:

- To what extent do you agree/disagree with our proposals
- What are the main disadvantages and how could we address these?
- Are there any other solutions or information we should consider?

We will promote and encourage participation in the consultation in several ways:



Displays: in key locations we will promote the opportunity to respond to the consultation such as in NCL hospitals and clinics and other healthcare settings such as GP surgeries and pharmacies



Online promotion: social media channels, such as Facebook, Instagram, X and LinkedIn, will be used to reach out to potential participants in the consultation. Branded graphics will be produced that are aligned with the look and feel of printed materials



Partner channels: all providers and partners such as councils will be asked to profile the consultation on their websites and through newsletters and other public facing channels and drive traffic to the NCL ICB website.



VCSE networks: we will provide content including information and visual materials and ask colleagues in voluntary and community sector organisations to use their channels to promote the consultation.



Media: We will seek to promote the consultation through earned (free) or paid-for content in local newspapers, newsletters and local radio.

Our consultation approach includes a focus on the groups identified through our IIA

Our approach does the following:

- Build on previous engagement contacts, over 300 VCSE organisations will be contacted to take part in the consultation
- Work with partners, including councils and VCSE organisations, ICBs in neighbouring areas
- Prioritising groups identified by the interim IIA or with protected characteristics or at greater risk of health inequality
- Targeted engagement in geographical areas where there may be particular impact drawn out in the interim IIA, including areas outside of North Central London
- Identify the best ways of reaching and engaging priority groups i.e. through third parties and trusted partners
- Ensure we develop a range of opportunities for stakeholders to respond to the consultation
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Make sure there is equality monitoring of participants to ensure the views received reflect the local population

Resident groups we will be targeting through the consultation

- Black African (including Somali) and Black Caribbean women
- Asian women and people of childbearing age who (with a particular focus on Pakistani and Bangladeshi women)
- People living in areas of deprivation
- Orthodox Jewish women
- People with disabilities
- People living in Harlesden and Willesden
- People living in Holloway and Finsbury Park
- Older women of childbearing age (40+)
- Younger women of childbearing age (under 20)
- Women with mental health problems
- People from LGBTQ+ communities
- People who are carers
- People with poor English proficiency
- People with poor literacy
- People belonging to inclusion health groups such as people who are homeless, dependent on drugs and alcohol, asylum seekers and Gypsy, Roma and Traveller

We will tailor our engagement techniques during the consultation period

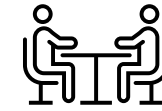
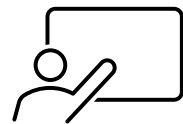
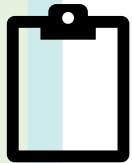
- Broad range of techniques will be used, tailored to each audience and their level of interest.
- Opportunities online and face to face
- Working with third-party advocates (VCSE) to reach communities who may not engage directly
- Materials in accessible formats including Easy Read and translations
- Mechanisms in place to capture and analyse outputs.

Light engagement

Deeper engagement

Survey distributed on email	Drop in event/stall: face to face	Attendance at meeting: short agenda slot	Presentation and feedback: Start Well Team	Presentation and feedback: commissioned	Small group discussion online	Small group discussion: face to face	Interactive workshop: Start Well Team	Interactive workshop: commissioned	Telephone / online interviews
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This type of engagement will be **promoted widely** to allow a **range of people to participate** in the consultation and give their views

This type of engagement will **focus on groups with protected characteristics and those identified by the IIA as potentially being more impacted** to understand their views and impact of the options in a meaningful way

Next steps

Next Steps

Consultation input

- We would welcome your support and suggestions in terms of who we should reach out to and are very happy to come along to meetings and events
- Please share the opportunity to take part in the consultation with your networks


Evaluating responses to the consultation

- We are working with an independent partner to evaluate consultation responses.
- At our mid-way review we will assess our approach and review demographic information on responses to date.
- Following the consultation period, we will publish an evaluation of the responses, in a report produced by this independent organisation, this will include who we reached during the consultation.

After consultation

- Feedback will inform future decision-making, the next steps and how plans would be implemented.
- Following consultation, we expect NCL ICB Board, on behalf of NCL Integrated Care System and alongside NHS England who commission neonatal and specialist surgical services for children, after consideration of the consultation outcome, to make a decision by the end of 2024 or early 2025.

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	<p align="center">Community and Wellbeing Scrutiny Committee 30 January 2024</p>
	<p align="center">Report from the Corporate Director of Care, Health and Wellbeing</p>
	<p align="center">Cabinet Member for Public Health and Adult Social Care – Councillor Neil Nerva</p>
<p align="center">Update on Preparations for CQC Local Authority Assurance</p>	

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:	<p>Appendix 1 - CQC Single Assessment Framework domains and quality statements</p> <p>Appendix 2 - CQC Assurance pilot site reports - https://www.cqc.org.uk/care-services/local-authority-assessment-reports</p> <p>Appendix 3 - DHSC Adult Social Care intervention flowchart – see link at end of document</p> <p>Appendix 4 - Brent Adult Social Care Annual Report 2022/2023 Presentation</p>
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Claudia Brown Director of Adult Social Care Claudia.Brown@brent.gov.uk</p>

1.0 Executive Summary

- 1.1 This paper is intended to update the Community Wellbeing Scrutiny Committee on the Council’s preparations for inspection by the Care Quality Commission (CQC).
- 1.2 Legislative changes mean that local authorities, including adult social care services, are being inspected by the CQC for the first time in over a decade. The CQC will rate the extent to which it feels Brent Council is fulfilling its statutory duties. For the Adult Social Care (ASC) Directorate this primarily constitutes Part 1 of the Care Act 2014.

- 1.3 The CQC has continued to share information on its inspection approach since March 2023, including an updated framework, a programme of pilots, a review of data and documentation across England, and new timelines that have pushed dates for the first tranche of inspections back.
- 1.4 The CQC has introduced a new Single Assessment Framework (SAF) against which the Local Authority, and all other health and care organisations in England, will be assessed. If Local Authorities are found to be performing poorly and fail to address concerns, the CQC has developed an Intervention Framework that will come into effect.
- 1.5 Adult Social Care has developed a comprehensive CQC assurance preparation approach aimed both at ensuring the Directorate is in the best possible position in case of inspection in the short term, and at embedding a dynamic self-assessment and assurance process as business as usual in the Directorate.
- 1.6 CQC assurance preparation work has and will continue to inform the Directorate's refreshed 'Promoting Independence' Transformation Programme.
- 1.7 CQC assurance preparation has already highlighted positive outcomes in some areas and others where improvement plans need to be developed and actioned.
- 1.8 As more information around the CQC's assurance process is shared, our understanding of which senior leaders, members, and teams are likely to be involved when the Council is inspected, as set out in further detail in Section 3.3.7.

2.0 Recommendation(s)

- 2.1 To note the progress on preparing for inspection, and the continued work to integrate CQC preparation work, improvement action, and transformation work within the ASC Directorate.
- 2.2 To consider using the CQC domains and quality statements in setting the committee's work plan, ensuring a clear golden thread between overview and scrutiny and the assurance framework for adult social care items.
- 2.3 To recommend any improvements based on any identified gaps or areas needing enhancement.

3.0 Detail

This report relates to the Borough Plan Priority – A Healthier Brent.

3.1 Context on the Care Act 2014 and CQC assessment

- 3.1.1 The statutory duties of Adult Social Care Services are set out in Part 1 of the Care Act 2014. It places a duty on councils to support and promote the wellbeing and independence of working age disabled adults and older people, and their unpaid carers and gives them more control of their care and support.
- 3.1.2 CQC annual assessments of local authorities were abolished by the government in 2010, and as such the CQC stopped carrying out inspections of adult social care services, which then focused primarily on adult safeguarding. After 2010, local authorities like Brent participated in 'sector-led improvement'. This was typically carried out on a regional basis and involved teams of council practitioners and managers conducting peer reviews of other local authorities.
- 3.1.3 'People at the Heart of Care' white paper, published in December 2021, detailed proposed reforms to Adult Social Care and health and social care more broadly, with a particular focus on integration of health and care services.
- 3.1.4 The subsequent Health and Care Act 2022 placed a duty on the Care Quality Commission (CQC) to assess local authorities' delivery of their adult social care functions under part 1 of the Care Act 2014. It also gave the Secretary of State power to intervene in failing local authorities, more information on which is set out in Section 3.5.

3.2 CQC Single Assessment Framework (SAF)

- 3.2.1 In response to the Health and Care Act 2022, the CQC introduced a new 'Single Assessment Framework' (SAF) in July 2022. The SAF unifies assessment approaches for all health and care organisations in England to make assessment simpler, more dynamic, and more evidence led. This includes care providers, whether run by local authorities or private and third sector providers, who have been continually assessed by the CQC since 2010.
- 3.2.2 The SAF maintains some aspects of previous CQC assessment frameworks (which were of course not applicable to local authorities) including rating health and care organisations based on their quality, from outstanding to inadequate, and the five key questions; whether health and care organisations safe, effective, caring, responsive to people's needs, and well-led.
- 3.2.3 The SAF replaces the old key lines of enquiry (KLOEs) and prompts with nine new 'quality statements' organised into four 'domains' (see Appendix 1). These are referred to as 'we statements' as they're written from the perspective of the organisation being assessed. They draw on previous work

developed with Think Local Act Personal (TLAP), National Voices and the Coalition for Collaborative Care on Making it Real.

- 3.2.4 The SAF also aims to improve consistency of assessment by highlighting six categories of evidence inspectors will collect; people's experiences, feedback from staff and leaders, observations of care, feedback from partners, processes, and outcomes of care.

3.3 Updates on CQC inspection process since March 2023

- 3.3.1 In April 2023 the legislative changes set out in Section 3.1 went live and the CQC's statutory duty to assess Local Authorities came into effect.
- 3.3.2 In April 2023 the CQC began reviewing publicly available data (e.g., Adult Social Care Outcome Framework (ASCOF) scores, Short and Long-Term Data Returns (SALT returns), etc.) and documentary evidence for all local authorities. They described this as their first step towards developing judgements for individual local authorities and provide data for benchmarking, though evidence is intended to be published at a national level rather than for individual local authorities.
- 3.3.3 In June 2023 the Local Government Association (LGA) published their two-part 'Getting Ready for Assurance' guidance, including a three-stage self-assessment template that has formed the basis of our self-assessment process as set out in Section 3.8. This guidance was based on an updated version of the CQC's Assessment Framework.
- 3.3.4 In August 2023 the CQC announced a change to the inspection timeline. The initial intention was that (1) all 153 council adult social care services will be assessed once during a two-year period due to start in September 2023, and (2) twenty assessments would be carried out between September and December 2023 before the full roll out in 2024. An update from the CQC's website in August stated, 'We're constantly evaluating our approach throughout the pilots. We will incorporate any learning into our formal assessments which will start later this year, rather than in September as previously planned.' Therefore, suggests a further delay to full inspection of England's 153 adult social care services.
- 3.3.5 In November 2023 the CQC published outcomes from its five 'pilot' sites, with four achieving a 'Good' rating and one a 'Requires Improvement' rating (see Appendix 2). Reports from these pilots will feed into the CQC assurance preparation approach in Brent.
- 3.3.6 CQC ADASS and LGA guidance, combined with conversations with colleagues in other Councils, and the publication of reports from the assurance of the five pilot sites have together given us a sense of those individuals and teams in the Council that we already know will participate directly in the CQC assurance process:

- Members:

- Council leader
- Overview and scrutiny committee
- Council adult social care portfolio holder
- Corporate leadership:
 - Chief executive
- Council teams outside of the Care, Health and Well Being Directorate:
 - Legal
 - Financial
 - Teams that work closely with Care, Health, and Wellbeing services – This includes Out-of-hours Duty Teams, Housing, Brent Customer Services, and Children’s Services. These conversations could include leaders, managers and/or frontline staff.
- Directorate leadership:
 - Director of adult social services
 - Director of public health
 - Principal social worker (PSW) – The PSW will be engaged with extensively on the quality of practice in Adult Social Care.
 - Principal occupational therapist
- Service managers, team managers, and frontline staff:
 - All managers and frontline staff – There will be extensive engagement focused mainly on frontline staff, starting with areas that inspectors have identified for further investigation as part of their initial pre-inspection review of public datasets.
 - Staff directly involved in cases audited – Staff directly involved in the sample of cases picked for deep-dive audit will be engaged directly on the content of those cases.

3.4 Context on new oversight and intervention powers

- 3.4.1 The Health and Care Act 2022 gives the CQC new oversight powers as part of the inspection process, and a duty to conduct reviews and performance assessments of adult social care providers in Section 46 of the Health and Care Act 2008 and the power to conduct a special review when requested by the Government under Section 48. The CQC also has a duty to inform the DHSC in cases where it believes Local Authorities are failing to meet their statutory duties, and the Health and Care Act 2022 allows the DHSC to intervene in such Local Authorities.
- 3.4.2 In cases where the CQC finds failings but does not consider them substantial enough to merit special intervention, it may instead choose to give notice to the Local Authority about what it considers it is failing to do and the actions CQC decides should be taken to remedy these failings and a time frame within which the CQC thinks the action should be taken. CQC must notify the Government that it has taken such action.
- 3.4.3 In cases where the CQC escalates concerns to the DHSC, and the Secretary of State for Health and Social Care is satisfied that local authorities have failed or are failing to discharge Care Act 2014 functions to an acceptable standard, the DHSC must intervene. In addition to the duty to inform, the CQC

also has a statutory duty to recommend any special measures it considers the Secretary of State should take.

3.5 Updates on new oversight and intervention approaches

- 3.5.1 In August 2023 the DHSC published a full 'Operational Framework for adult social care intervention in local authorities' designed to 'provide local authorities in England with information on the DHSC's approach to enhanced monitoring and support, and statutory intervention in adult social care.' It has been developed with input from the LGA, Association of Directors of Adult Social Services (ADASS), the CQC, and other government departments.
- 3.5.2 The new Operational Framework confirms that intervention powers 'are likely to be used in the most serious cases – for example, where a serious and persistent risk to people's safety has been identified, and other forms of support are insufficient to drive improvement.'
- 3.5.3 According to the new Framework, the decision to intervene will be based on (1) a judgement by the Secretary of State of all available information, and (2) considered engagement with authorities to understand their capacity, capability, and commitment to lead their own improvement.
- 3.5.4 The framework sets out a clear process for support and intervention set out in the flowchart in Appendix 3.
- 3.5.5 The DHSC sets out its offer for supporting improvement in Adult Social Care services where there are concerns. This includes regional sector-led improvement, the Partners in Health and Care programme delivered by the LGA and ADASS, and best practice from the Social Care Institute for Excellence (SCIE) and Think Local Act Personal (TLAP).
- 3.5.6 In cases where the above support does not lead to improvements, DHSC will move to an enhanced monitoring and support approach. In these circumstances, DHSC may appoint an improvement adviser to work with an authority. The improvement adviser will provide support, guidance, and challenge to the authority to develop and deliver a robust improvement plan. DHSC will generally fund the appointment.
- 3.5.7 Once a local authority has been given a reasonable period to improve, the Secretary of State will either lift or scale back enhanced monitoring and support or escalate to statutory intervention.
- 3.5.8 If the Secretary of State decides statutory intervention is appropriate, the Framework sets out requirements for local authorities to implement any plans or directions the Secretary of State deems necessary.
- 3.5.9 The authority under intervention will be directed to provide all resources and support required by a commissioner to carry out their role.

3.6 Readiness for CQC Inspection of Adult Social Services

- 3.6.1 Preparation for inspection began when Brent completed an ASC risk awareness self-assessment tool in January 2022. This tool was originally developed in 2015 by the Towards Excellence in Adult Social Care (TEASC) but was further developed based on feedback from councils in ADASS regions.
- 3.6.2 A range of specific actions were put in place, including the development of a renewed and joined up focus on Carers bringing together the re-commissioning of carers services with a new Carers Strategy, a renewed audit programme, which reports quarterly from October 2022, the high-risk panel and a formal case audit process. We have also updated our practice week activities to incorporate senior managers practical participation in supporting, observing, and monitoring the standard and quality of service delivery across ASC.
- 3.6.3 ASC has set up a program board to deliver the Adult Social Care transformation agenda in a structured way over the next 2 years.
- 3.6.4 The Directorate has since developed and started delivering a more comprehensive CQC assurance preparation approach aimed at:
- Ensuring the Directorate is ready for potential CQC inspection by carrying out a self-assessment against the four domains, gathering as much evidence as possible for good practice, identifying areas for improvement, and ensuring there are plans in place to address those concerns.
 - Embedding assurance into the Directorate's 'business as usual', with dedicated resource and a dynamic, structured approach to maintaining a clear view of the Directorate's performance against the SAF and driving improvement where needed.

3.7 Progress to-date

- 3.7.1 The Directorate has made significant progress in its assurance preparation work, including but not limited to:
- Self-assessment:
 - Performance & Outcomes: Generated a 'data pack'.
 - The collection of evidence.
 - Internal Communications and External Communications:
 - Stakeholder and ward member consultation and engagement

3.8 Linking CQC assurance preparation to our Transformation Programme

- 3.8.1 The Directorate has recently refreshed its improvement and transformation priorities and projects, with a new focus on 'Promoting Independence'.
- 3.8.2 The new Promoting Independence Programme includes improvement projects and workstreams which aim to embed best practice to address the

Directorate's duties under the Care Act 2014. Project initiation documents set out how each project contributes to realising each of the CQC's nine quality statements to ensure the service remains focused on meeting its statutory duties as well as possible. The Transformation Programme includes projects specific to service areas such as strengthening LD and MH transitions pathways, or developing the Reablement and Prevention offer, as well as Directorate-wide initiatives such as re-designing the MOSAIC case management IT system and embedding strong performance and insight reporting processes.

3.8.3 Issues identified as part of the self-assessment process directly informed the actions associated with the Transformation Programme's projects.

3.8.4 The Transformation Programme's activities will also provide input into the CQC assurance preparation process, particularly in terms of developing an evidence database and maintaining the Issues and Improvement log, on a continuous basis.

4.0 Local Account

4.1 The Local account provides an in-depth insight into the delivery of social care services. This report offers a comprehensive overview of the performance, challenges, and improvements within adult social care.

4.2 During CQC inspections, these accounts serve as valuable references, offering contextual information and local perspectives that complement the CQC's own assessments. They help inspectors gain a deeper understanding of the unique dynamics, needs, and successes of adult social care services in a given locality, contributing to a more holistic evaluation and aiding in the identification of areas that may require further attention or support.

4.3 The 2022-2023 Local Account highlights the range of positive work the Department delivered in 2022/23, this can be viewed in appendix 4.

5.0 Financial Considerations

5.1 There are no direct financial or budgetary implications associated with the changes and work set out in this report.

6.0 Legal Considerations

6.1 If the Council is not meeting its statutory duties as set out in the Care Act 2014 and is rated inadequate by the CQC, it may be subject to intervention by the Secretary of State.

7.0 Equality, Diversity & Inclusion (EDI) Considerations

7.1 One of the CQC's nine quality statements relates to equalities, both in terms of equality of access to, experience of, and outcomes from services delivered and commissioned by Adult Social Care, and in terms of the social care

workforce. The self-assessment process will evaluate the Council's performance against CQC guidance and feed any areas of concern into the Directorate's refreshed Transformation Programme.

8.0 Climate Change and Environmental Considerations

8.1 These proposals have no direct impact on the Council's environmental objectives and climate emergency strategy.

9.0 Communication Considerations

9.1 The CQC internal and external communications projects set out future activities for informing, consulting and engaging staff, members, services users, carers, providers, and health partners around the CQC assurance process, self-assessment themes and related improvement activities. These activities include:

- **Briefings:** Regular updates in existing forums (internal and external) to keep stakeholders informed on our assurance preparation process, self-assessment narrative and transformation work, and to seek feedback.
- **Resource packs:** Resource packs have been developed for managers, leaders, and members. These will include key messaging around CQC tailored to different audiences, as well as ready-made CQC comms resources (including flyers and digital assets) for distribution and discussion at briefings, team meetings and consultations with residents.
- **Communications assets:** Development of digital newsletter spotlights (including internal newsletters and the resident magazine) to provide updates on CQC. Posters and flyers for distribution in the Brent Civic Centre and at community events providing key information around CQC.

Appendix 3 Link - DHSC Adult Social Care intervention flowchart:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192151/Indicative-flowchart-1.svg

Report Sign-Off:

Rachel Crossley

Corporate Director Care, Health and Wellbeing

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Appendix 1

1 CQC Single Assessment Framework domains and quality statements:

Domain	Quality Statement
Working with People	We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.
	We support people to manage their health and wellbeing so they can maximise their independence, choice, and control. We support them to live healthier lives and where possible, reduce future needs for care and support.
	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.
Providing Support	We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
Ensuring Safety	We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.
	We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
Leadership	We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.
	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

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Brent Adult Social Care Annual Report 2022/2023

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September 2023

Contents

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3 to 4	Foreword <i>Foreword by Councillor Neil Nerva, Cabinet Member for Public Health and Adult Social Care, and Director of Adult Social Care, Claudia Brown</i>
5 to 9	Overview <i>An overview of the role and approach of Brent Adult Social Care in supporting residents, our impact in numbers, our spending, and challenges faced in 2022/23.</i>
10 to 16	Performance <i>A summary of the Department's performance over 2022/23, including our successes, and our areas for improvement.</i>
17 to 18	Priorities <i>Identifying our priorities in 2022/23 to drive performance and improve our offer to residents.</i>

1. Foreword

Page 2
Councillor Neil Nerva, Cabinet Member for
Public Health and Adult Social Care

Claudia Brown, Director of Adult Social Care



Foreword

Thank you for taking the time to read the Brent Adult Social Care Annual Review for 2022/2023. This document is an account of what we have done to support people across the Borough, how we have invested public money, what we have heard about our services from residents, and our ambitions for 2023/2024.

We are proud of the progress we've made since our last Local Account. Many of the challenges faced by social care departments like ours across the country persist, but we are excited to share how we are building momentum towards creating a better department. Our new vision statement is one that all our people are committed to, and our new Pathways & Practice model translates this into concrete ways of working. A stronger focus on engaging residents, particularly with unpaid carers, represents the start of a journey towards more co-production of services with the people who use them.¹ Finally, we're proud to have commissioned a range of new services, particularly new housing for vulnerable residents on Honeypot Lane. **Our recent peer review has highlighted the significant progress we have made in the past year.**

We know there's still a lot of work to be done if our department is to deliver better outcomes for Brent residents. Growing pressure on the cost of living is driving demand in the short-term, and in the long-term our ageing population need more support for longer. Though we, like social care departments across the country, are working to meet these challenges in the context of tighter budgets and workforce challenges, we know this won't be easy. Upcoming CQC inspection of our department – the first such inspection in over a decade – is another challenge we intend to rise to in the coming financial year.

We want to thank our residents, staff, partners, and providers for all they have done to support us and each other this year, and we hope this report reflects their work and experiences. We can only build on what we've already achieved to meet the challenges of 2023/24 together, and we look forward to doing that with you.

¹ To learn more about our engagement work, or to get involved and make your voice heard, contact santana.rose@brent.gov.uk



Cllr Neil Nerva – Cabinet Member for Public Health and Adult Social Care



Claudia Brown – Director of Adult Social Care

2. Overview

An overview of the role and approach of Brent Adult Social Care in supporting residents; our impact in numbers; our spending; and challenges faced in 2022/23.



About Adult Social Care: An overview

The London Borough of Brent is home to nearly 340,000 residents and is proudly one of the most culturally diverse boroughs in the country. Our population has grown at a faster rate than London and England and we have a relatively young but ageing population.

Adult Social Care works to support Brent residents to live independent, safe, happy, and fulfilling lives, as set out in our Vision for Adult Social Care.

We work with residents who may need support for a range of reasons. Mainly, old age and dementia; physical, sensory, and learning disabilities; mental health issues; and substance misuse. **Demand for Adult Social Care has continued to rise in 2022/23** driven by an ageing population, an increase in residents living with long-term conditions, and growing mental health need.

Our approach seeks to build on residents' strengths and abilities, and aims to prevent or delay increases in need. Care and support offered via Adult Social Care includes help with essential daily activities like eating and washing, or help participating in work or socialising. We provide support in people's homes wherever possible to aid our residents' independence. If that is not possible, we support people to live in high quality supported housing, extra care, residential or nursing homes.

We know Brent Council invests significant resources in Adult Social Care so we recognise the role our work has to play in realising the Council's ambitions and improving quality of life for residents.

Our Vision for Adult Social Care: Working with you to live your best life



We will work with residents and carers, as partners in their own care and support, to live independent, safe, happy, and fulfilling lives.



We will enable and support our staff and partners to meet our community's needs and deliver excellent outcomes for you.

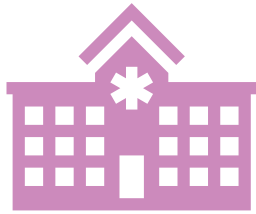


It will be everyone's responsibility to create a culture of continuous improvement, with inclusion, equity, and equality at its heart.

Adult Social Care 2022/23: In numbers



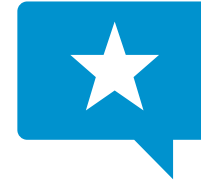
We carried out **8,302 assessments**



We supported **2,295 people out of hospital**, 343 more than in 2021/22



The number of residents in supported living or extra care rose from **542 in March 2022 to 602** by March 2023



We carried out **3,490 reviews**



We carried out **595 safeguarding investigations**, a fall from last year's figure of 658

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As of January 2023, there were **125 CQC-regulated ASC locations and 97 providers** in our Borough



We carried out **639 major adaptations**



We provided for **4,521 service users in March 2023**, a 6% increase on March 2022



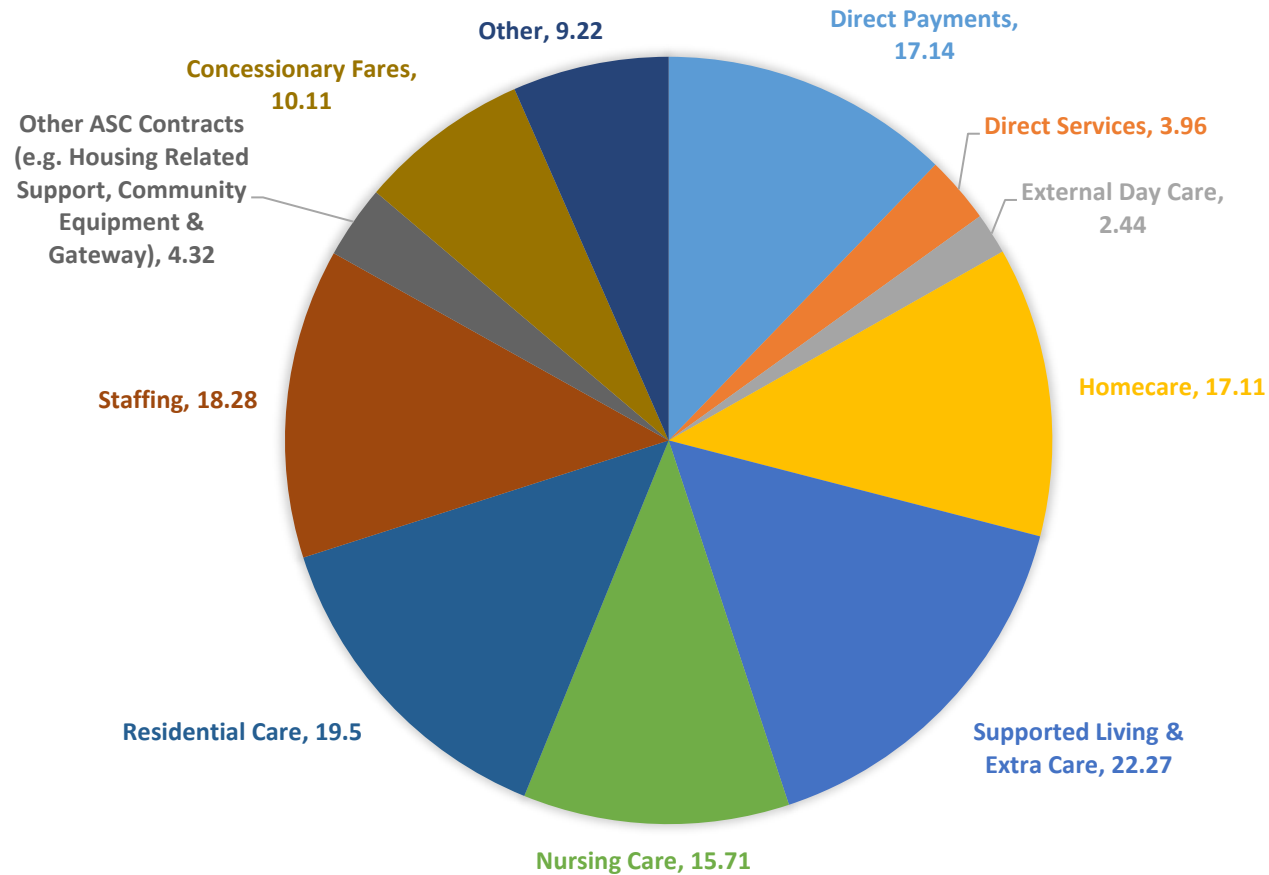
1,485 residents received homecare in 2022/23, a 20% increase from March 2022 to March 2023



We carried out **821 Mental Health assessments**

Adult Social Care 2022/23: Our spending

Adult Social Care spend 2022/23 - £m



Adult Social Care represents a significant investment for Brent Council.

Our gross spend for 2022/23 was roughly £140m. This is in line with our £134m spend for 2021/22 once adjusted for inflation.

As last year, we spent most of our budget on support to keep people as independent as possible – for example home care, supported living, Direct Payments, and equipment.

Like all local authorities, Brent faces significant financial pressures, with savings to make over the coming years.

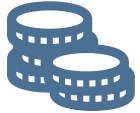
Adult Social Care 2022/23: Our challenges

Adult Social Care has had to deliver in a challenging environment in 2022/23, contending with similar challenges to those faced in 2021/22...



Increasing and increasingly complex demand

- The number of residents accessing Adult Social Care services in Brent rose by 5% over the course of 2022/23 to 4,292.
- The **weekly cost of home care for a resident rose from £362 to £376** from the start to the end of 2022/23.



Limited funding

- **Our gross spending as a Department has remained flat** between 2021/22 and 2022/23, once adjusted for inflation, whilst **demand for our services has continued to rise**.



Workforce

- At the end of 2022/23, 54% of Adult Social Care positions were filled by permanent staff, 28% by agency workers.
- **18% of Adult Social Care positions were vacant** by the end of 2022/23.



Growing mental health need

- Over the last year the number of Mental Health assessments completed have **averaged 69 per month** in 2022/23 compared to an average of 35 based on available data for 2021/22.
- A significant portion of assessments have been for **individuals not been previously known to services**.

We expect these challenges will continue into 2023/24 and beyond.

3. Performance

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A summary of the Department's performance over 2022/23, including our successes, and our areas for improvement.



Adult Social Care 2022/23: Overview of our achievements

Despite the challenges we faced in 2022/23, Adult Social Care have made real progress in a range of areas that take us closer to realising the ambitions set out in our Vision. Realising our Vision also means delivering all our statutory duties under the Care Act 2014. More detail on the achievements summarised below is set out in the following three slides.

Our vision for Adult Social Care

We will work with residents and carers, as partners in their own care and support, to live independent, safe, happy, and fulfilling lives.

We will enable and support our staff and partners to meet our community's needs and deliver excellent outcomes for you.

It will be everyone's responsibility to create a culture of continuous improvement, with inclusion, equity, and equality at its heart.

Our duties under the Care Act 2014

Effectively assesses the needs of those we support	Worked with unpaid carers to understand their unique needs
Support people to live healthier lives	Expanded our reablement team to help people regain independence
Create equity in experience and outcomes	Set up groups to engage with residents from disadvantaged groups
Ensure we deliver safe services, pathways and transitions	Built on our strong record of helping people out of hospital safely
Deal with safeguarding concerns quickly and effectively	Delivered training to refresh our managers' safeguarding skills
Deliver joined up and flexible care that supports choice	Increased the use of direct payments to give residents more choice
Collaborate with public, private, and charity partners	Developed new care services and pathways with our partners
Manage performance and risks at a leadership level	Restructured our leadership team to focus more on performance
Continuously learn, innovate, and improve how we work	Developed and started implementing an Improvement Programme

What have we achieved in 2022/23

Adult Social Care 2022/23: Our key achievements (1/3)

Despite the challenges of the last year, Adult Social Care have made real progress in a range of areas that take us closer to realising the ambitions set out in our Vision and meeting our duties as set out by the Care Act 2014 – our key achievements include...

1. We will work with residents and carers, as partners in their own care and support, to live independent, safe, happy and fulfilling lives.

- 1. Continued strong performance on hospital discharges:** Building on last year's low preventable hospital readmission rates, some of the strongest figures of any London borough, we helped 415 more Brent residents to stay out of hospital post-discharge in 2022/23. Introducing the use of hospital discharge kits this financial year has meant we have been able to prevent more residents from being readmitted to hospitals.
- 2. Increase in number of service users receiving direct payments:** We have continued to offer direct payments to maximise the choice and control service users have over their care. 2022/23 saw an increase in the proportion of service users receiving direct payments from 29% to 33%.
- 3. Laying the foundations for expanded co-production:** We are holding monthly workshops to develop a co-production group for Brent which includes residents, carers and the voluntary sector. These participants, of which we have already recruited ten, will be assigned to projects in the Department based on their needs, wants and suitability to ensure services
- 4. Engagement work with unpaid carers:** We have systematically engaged with a wide range of unpaid carers to understand the specific barriers that prevent under-represented, or "hidden" groups from accessing advice and support, to identify ways to overcome these barriers.
- 5. Expanded Supported Living & Extra Care:** 2022/23 saw improved utilisation of existing Supported Living capacity – numbers in Supported Living rose from 542 to 602 without any additional capacity. We have finalised arrangements for 61 additional units of Extra Care to go live in April 2023 on Honey Pot Lane.
- 6. Expanded HomeFirst & Reablement teams:** Recruited additional physiotherapists, OTs, and social workers to meet increased demand for services focused on supporting residents to regain independence and preventing increases in needs.
- 7. Commissioned safeguarding 'refresher' training:** After a review of our current safeguarding performance we commissioned a 'refresher' training course for our Safeguarding Adults Managers to ensure their skills were as up-to-date as possible.

Adult Social Care 2022/23: Our key achievements (2/3)

Despite the challenges of the last year, Adult Social Care have made real progress in a range of areas that take us closer to realising the ambitions set out in our Vision and meeting our duties as set out by the Care Act 2014 – our key achievements include...

2. We will enable and support our staff and partners to meet the community's needs and deliver excellent outcomes for you.

- 1. Joint mental health and housing pathways:** We are working across agencies within the Department and with our partners in health to better meet mental health need. Our mental health and housing teams have developed a new rough sleepers' pathway due to launch in May 2023, whilst commissioning and mental health teams collaborated to commission a bespoke housing offer that better meets increasing complexity of mental health need.
- 2. Work with Via (formerly the Westminster Drug Project):** Our SMART team hosts a Via practitioner to provide specialist support for those with substance misuse who have a range of complex health and social care needs. The practitioner sits across pathways to deliver patient-centred support.
- Streamlined 'front door' processes:** Referrals to our SMART team are now received through an online portal rather than a word document, and a similar process has been implemented for our Mental Health Act assessments.
- Assessed and Supported Year in Employment (ASYE) programme:** We opened applications for Newly Qualified Social Workers to join our Department and benefit from the nationally-recognised 12-month ASYE programme, designed by Skills for Care to ease the transition from qualification to professional social work. Applications for our first round of new joiners closed in February 2023.
- 5. Social Work Apprenticeships:** We are offering 3-year apprenticeships with an emphasis on 'growing our own' by targeting recruitment within Brent's community. Working in partnership with Middlesex University, apprentices will gain a Level 6 qualification. We closed applications in February 2023, having received roughly 100 applications.
- 6. Practice Development Leads:** We have recruited two additional Practice Development Leads dedicated to overseeing initiatives like the ASYE programme and social worker apprenticeships, and to improving our recruitment offer, training offer, and approach to feedback and supervision.

Adult Social Care 2022/23: Our key achievements (3/3)

Despite the challenges of the last year, Adult Social Care have made real progress in a range of areas that take us closer to realising the ambitions set out in our Vision and meeting our duties as set out by the Care Act 2014 – our key achievements include...

3. It will be everyone's business to create a culture of continuous improvement, with inclusion, equity, and equality at its heart.

- 1. Vision and Pathways & Practice:** All Brent Adult Social Care colleagues have committed to working towards a Vision that sets out our ambitions for what we can do for our residents, and to a Pathways & Practice model that describes what a Department realising that Vision will look like.
- 2. Improvement Programme:** Our Improvement Programme for 2022/23 provided a pathway that will take us from where we are now to where we want to be – a range of improvement projects are already underway, including:
 - A refresh of our staff induction process to ensure all staff understand how we do things in Brent.
 - A safeguarding policy and pathway review to ensure we respond to concerns quickly and effectively.
 - A refresh of our website to ensure information is accessible as possible.
 - Development of a recruitment and retention approach that will reduce staff turnover and our reliance on agency workers.
- 3. OT Forum:** Launched in February 2023, we bring practicing OTs from across the Borough together on a quarterly basis to network, learn about each other's remits, and share resources to improve practice.
- 4. Learning Disabilities Partnership:** We relaunched the Learning Disabilities Partnership in October 2022 in partnership with North West London's health system. We are co-producing agenda items with Brent residents with Learning Disabilities.
- 5. New Management Team meeting structure:** We restructured the way our weekly management team works, with a monthly cycle that reserves one session a month for finance and performance, to monitor spending and key datapoints, and one session a month on projects and improvement, where colleagues delivering improvement work join the meeting to update leaders on progress.

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Though we recognise the Department still has a long way to go to realise its Vision for Adult Social Care, we believe the progress set out in these slides represents progress towards helping Brent residents live their best lives, and will also demonstrate to CQC inspectors that we are continuously working to better perform our duties as set out in the Care Act 2014.

Adult Social Care 2022/23: Actioning our 2021/22 commitments

In our last Local Account, we committed delivering the below actions for 2022/23. We are proud to have made significant progress on all the actions set out last financial year, but we recognise that we must keep these objectives in mind as we move forward.

Commitment from 2021/22 Local Account

Action taken in 2022/23

1

Refreshing our Vision, Strategy, and Pathways Model

We have agreed a **Departmental Vision and Pathways & Practice model**.

2

Preparing for Care Quality Commission (CQC) Assurance

We carried out a **peer-assessment** focused on leadership and how we work with people, and started the process of running a full Department self-assessment.

3

Developing our role in the Integrated Care Partnership

The Department has taken an active role in a range of **Brent Health Matters** initiatives to work with communities and reduce inequalities in health outcomes.

4

Embedding Strengths-based approaches across our pathway

We have been developing **guidance to embed strengths-based practice** across the Department which will feed into our practice week training day in May 2023.

5

Strengthening and co-producing our offer for unpaid carers

We have carried out an **extensive engagement process** with a wide range of unpaid carers which will form the basis of a Carers' Strategy to be published later in 2023.

6

Improving our Reablement offer to keep as many residents as independent as possible for as long as possible

We have **expanded our reablement team**, encouraged a strengths-based approach, and enabled integrated working with our health partners.

7

Improving our supported employment offer

We have **worked closely with Brent Works** to expand the range of supported employment options our teams can draw on for residents.

8

Focusing on high quality recruitment, retention, and workforce development

We have introduced a range of new apprenticeships and training programmes with an emphasis on '**growing our own**' by recruiting from our Brent community.

9

Financial sustainability

Delivering savings is a key part of our Department **Improvement Programme**.

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Adult Social Care 2022/23: Our feedback

We are always looking to improve our services to best meet the needs of our residents – seeking and responding to feedback is crucial to this. Our regular feedback collection, combined with this year’s peer review, have helped us develop a picture of what we are doing well, and where we need to improve.

We are proud of the positive feedback we heard in our **Peer Review** in March 2023 which focused on two of the four domains that we will be assessed against by the CQC – ‘Leadership’ and ‘Working with People’...

- ✓ **Positive working relationships and processes at our ‘front door’.**
- ✓ **Committed, compassionate staff and teams** who put the **person at the centre of their practice.**
- ✓ **Emphasis on flexibly and responsively supporting for people in the community**, including a strong corporate commitment.
- ✓ **Committed and effective support for those with complex needs.**
- ✓ **Robust approach to equality, diversity and inclusion** for staff, people who drawn on care and support, and carers.
- ✓ **Proactive commissioning** that ensures care meets the cultural needs of people who need support.
- ✓ **Safeguarding team have a strong relationship with health partners** and demonstrate **timely and effective screening.**

All our teams have received positive feedback from residents and service users – their efforts have made a real impact and we are proud to recognise that...

*Feedback for our **Commissioning and Quality Unit***

“

I write on behalf of my siblings to say a big, big thank you for all you did for our mom [redacted], to be able to move to [redacted] nursing home. **Your professionalism, empathy, care, love, encouragement, help and support is unique.**

”

*Feedback for our **Reablement Team***

“

When I was discharged I came home, nothing was in place. My dear friend got in touch with [redacted] in your department. She arranged a walking frame, commode and toilet seat. **Her kindness was outstanding.** Please thank her for me.

”

*Feedback for our **SMART Team***

“

I've had to deal with many public civil servants but never in my 22 years in this country have I experienced the **devotion, dedication, untiring, resolute and attention to details** in the service you provided before.

”

*Feedback for our **Complex Care Team***

“

I can't thank you enough for all your hard work, You have worked tirelessly to help me, as soon as you took my case on. You took the time to read my medical notes, learn my name and who I am as a person; **I wasn't just another patient X.**

”

Adult Social Care 2022/23: Areas for improvement

To ensure continuous improvement, we invest resources in developing a detailed understanding of challenges faced by the Department, in addition to those broad long-run challenges outlined on slide 9. Feedback from residents and findings from reports, including our Peer Review, point to areas of our service that require improvement.

We are focussed on collecting, understanding, and taking action to address areas of our service that require improvement

Co-producing with our communities

Engaging with residents' needs and priorities, and meaningfully co-producing our services so they respond to those needs and priorities

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Work more closely with local charities, community services groups, and businesses to ensure all resident voices are heard

Strengthening annual survey of service users and carers

Equality in experience and outcomes

Supporting digitally compromised people to access services

Adapting to cultural needs by offering telephone interpreters and recording and sharing information about residents' cultural needs

Improving our 'front door'

Making sure all residents who we contact are referred to services that help meet their needs

Supporting residents with needs that might not neatly fit into categories like 'mental health', 'housing', or 'social care'

Bringing together and **sharing information on community resources** and other services with residents who could benefit

Improving our case management

Changing our case management systems so **staff do not need to fill unnecessarily long forms**

Make sure the way we sign-off assessments ensures **risks, especially those around resident safety, are appropriately considered**

Improving our offer

Strengthening our prevention and wellbeing offer with **new digital and assistive technology** in the right places

Improving co-ordination between health and social care on reablement

Improving access to the right mental health expertise by working with health partners

Supporting residents to live independently for as long as possible by providing the right accommodation at the right time

Embedding an approach that focuses on building on residents' strengths across all services

Ensuring safety and safeguarding best practice is upheld by all staff in the Department

5. Priorities

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Our commitments for building on last year's work in 2023/24.



Adult Social Care 2023/24: Our commitments for the next year

Looking ahead, 2023/24 is likely to be another challenging year. However, we are determined to continue delivering a high-quality service, driving service improvements, contributing to Council priorities, and responding to changes in legislation and our operating environment. We have identified the below priorities which we think will address concerns, build on successes, and ultimately move the Department closer to realising its ambitions.

Our duties under the Care Act 2014

Effectively assesses the needs of those we support

Support people to live healthier lives

Create equity in experience and outcomes

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Ensure we deliver safe services, pathways and transitions

Deal with safeguarding concerns quickly and effectively

Deliver joined up and flexible care that supports choice

Collaborate with public, private, and charity partners

Manage performance and risks at a leadership level

Continuously learn, innovate, and improve how we work

Our improvement priorities for 2023/24 and beyond

Carry out an **independent review of a random sample of case files** to ensure we are understanding and meeting the needs of our residents.

Developing a consistent **Department-wide co-production approach** that links in with work on engaging residents in the Council more broadly.

Ensure we **collect and monitor data** on ethnicity, deprivation, disability, gender and other key characteristics to address potential inequalities.

Review our internal case management IT system with a focus on **information sharing** to and from our partners to ensure safe transitions.

Make sure the '**Making Safeguarding Personal**' approach, which places clients at the centre of safeguarding concerns, is consistently applied.

Develop a full range of **Assistive Technology** options to provide residents with a range of choice to support their independence.

Develop **more joint pathways with health** for residents who need health and care support by working through Brent's Integrated Care Partnership.

Ensure **leaders have access to the right performance data** to allow them to track improvements and monitor risks.


Survey our staff on their experience of training and development in the Department and use findings **to improve training attendance**.

For inquiries please contact:

Claudia Brown, Director of Adult Social Services for the London Borough of Brent

Claudia.Brown@brent.gov.uk

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 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee 30 January 2024</p>
	<p>Report from the Corporate Director of Children and Young People</p>
	<p>Cabinet Member for Children, Young People and Schools - Cllr Gwen Grahl</p>
<p>Delivery of the 2021-23 Brent Youth Strategy</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	<p>Appendix 1 - Brent Youth Strategy 2021-2023: https://legacy.brent.gov.uk/media/16420126/brent-youth-strategy.pdf?ga=2.240673793.324031284.1705494329-1918829870.1693930795</p> <p>Appendix 2 - Free Text Comments – Brent Youth Survey February 2023</p> <p>Appendix 3 - Brent Youth Survey results, February 2023</p>
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Palvinder Kudhail Director, Early Help & Social Care Palvinder.Kudhail@brent.gov.uk</p> <p>Serita Kwofie Head of Early Help Serita.kwofie@brent.gov.uk</p>

1.0 Executive Summary

- 1.1 This report provides an update to the Community and Wellbeing Scrutiny Committee (CWB) on the delivery of performance, outcomes, and opportunities identified since the implementation of the Brent Youth Strategy 2021-2023 and outlines the proposed plan for the Brent Youth Strategy refresh (2024-2027).

2.0 Recommendation

- 2.1 CWB Scrutiny Committee to note and comment on the progress and impact of the current Brent Youth Strategy (2021-2023) and consider the plans to refresh this for the next three-year period.

3.0 Detail

3.1 Contribution to Borough Plan Priorities and Strategic Context

The Borough Plan Strategic Priority 3 is centred around Thriving Communities working with faith leaders, Brent hubs, and other voluntary and community sector partners to engage with underrepresented groups. Strategic Priority 4 is that our babies, children and young people get the Best Start in Life and receive the support they need to do this.

The Brent Youth Strategy (2021-2023) set out 8 focused themes connected to borough plan priorities – **Engagement and Voice, Activities, Skills and Opportunities, Place and Facilities, Wellbeing and Mental Health, Safety, Access and Awareness, and The Environment.** (See the current Brent Youth Strategy document in Appendix 1) Since the development of this strategy, significant progress has been made across the Borough, outlined in section 5.0 below.

The Youth Strategy refresh seeks to evaluate and build on the progress made to support children and young people in Brent thrive into adulthood.

4.0 Background

- 4.1 The Local Authority has a responsibility under section 507b of the Education Act 1996 (as amended by Education and Inspections Act 2006) to secure, so far as reasonably practicable, sufficient educational and recreational activities which are for the improvement of young people's well-being, personal and social development, and sufficient facilities for such activities for young people aged 13 – 19, (or up to 25 for young people with additional needs). There is no requirement to directly fund or deliver services to a particular level (or at all).
- 4.2 In March 2015 the Council agreed to make savings of £900k from the CYP Youth Service budget that resulted in the closure of most youth centres and the activities connected to them the following year. In the context of reduced budgets for non-statutory services and increasing demand within statutory children's services, the council has been reshaping its approach to youth services since this time. This has meant an enhanced focus on work to support the local youth sector, supported primarily by the Young Brent Foundation (YBF), established at the time of funding cuts to the Council's youth services as a means to develop innovative partnerships with the VCS to bring in funding where it was needed.
- 4.3 Activities for young people in the borough are provided by groups, organisations and skilled individuals of all sizes. YBF support the voluntary sector in delivering

youth provision by equipping their 200+ members with training, resources, and financial support. The Local Authority works in partnership with YBF to ensure that there is sustainable youth provision for children and young people.

- 4.4 The drive behind the Brent Youth Strategy (2021-2023) arose from the findings of the August 2020 Brent Poverty Commission, aimed at helping reduce poverty, inequality, and social exclusion across the borough. One of the 40 recommendations was for the Council to bring together a statutory led 'Youth and Community Strategy for Young People' in Brent. The Brent Youth Strategy was aligned with and developed in parallel with the Multi-Agency Early Help Strategy and the Brent SEND Strategy (2021-2025), with Cabinet endorsing the Brent Youth Strategy in September 2021.
- 4.5 In September 2023 there was an update to published statutory guidance for local authorities on services to improve young people's well-being and this will be a significant focus of plans to refresh the Brent Youth Strategy 2024 – 2027. Well-being, as defined in the guidance, relates to physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by young people to society, and social and economic well-being. The age-range covered in the guidance is from 13-19 years or up to 24 for those with a disability.
- 4.6 The Brent Youth Strategy is connected to complementary strategies to ensure consistency in approach, such as the Multi-Agency Early Help and SEND strategies as well as seeking to deliver on the aspirations within the Brent Black Community Action Plan 2020 (BCAP). Some of the BCAP actions, including enabling young people to explore and express their aspirations and make them aware of opportunities available to them, naturally dovetail with and support the goals of the Brent Youth Strategy. To date, 600 young people have been supported, with 21 participants on the BCAP Leadership Development Programme.
- 4.7 By refreshing the current Brent Youth Strategy, we seek to align with and inform the above strategies and plans towards a renewed Brent Youth Strategy, reflecting the post-Covid climate and the new focus and priorities of our young people in Brent. This is in conjunction with the Voluntary and Community Sector (VCS) who we rely on and through whom services are being delivered. Above all, young people will continue to be involved in future planning, promotion, co-design and co-production, and providing assurance that, far from being a lost generation following the aftermath of the Covid-19 pandemic, they are a priority whose voices are valued, respected and heard, and are integral in building a better future for all in Brent.

5.0 Achievements and Progress

- 5.1 There have been significant achievements and progress made in the borough arising from the implementation of the Brent Youth Strategy. By evaluating these against the 8 themes of the existing strategy, in consultation sessions with colleagues, partner agencies and young people, the intention is to identify what remains a priority and where there are additional priorities to be included

in the Youth Strategy refresh. A summary of the key achievements and progress has been outlined below.

- 5.2 **Wellbeing and Mental Health:** To focus on young people's wellbeing and mental health and to mitigate the impact of the pandemic as outlined in the 2021 Princes Trust National Youth index, and in particular on those from disadvantaged backgrounds.

The Youth Justice Board (YJB) funded 'Covid Pathfinder' project (2020-2023) supported young people in Brent significantly impacted by the Covid pandemic, identifying emotional health and wellbeing, education disruption, social isolation and lack of activities as some of the main challenges faced by young people in the borough. Brent Youth and Youth Justice Service worked together with EACH counselling and mentors from Young Brent Foundation (YBF) to support over 400 young people in the three-year period, along with creating a Youth Panel and podcasts, led by the Youth Participation Worker, to provide a platform and a safe space for young people to be heard and for their voices to extend to professionals to improve services for all. Ongoing weekly mentoring and wellbeing support for young people at Roundwood Alternative Education Provision was established as part of the project and continues to be run by a participation worker.

With the formation of Brent Integrated Care Partnership (Brent ICP) in June 2022, stakeholders have worked closely to address health and wellbeing across Brent, with a focus on the emotional health and wellbeing of children and young people. Young people's emotional health is a key priority in 2024 for Brent Health Matters and the refresh of the Youth Strategy will ensure there is cross-referencing to this approach.

- 5.3 **Places and Facilities:** To provide places and facilities for young people to be themselves, develop positive relationships and connect with support when needed. These spaces are vitally important for young people's development and wellbeing and must be inclusive to all, including SEND friendly spaces.

The creation of the eight Brent Family Wellbeing Centres (FWCs) in 2020 enabled young people in Brent to access youth provision in dedicated spaces within their local area, as well as receiving triage care and access to keyworker support and Education, Training and Employment drop-in sessions with the Council's commissioned 16-19 Education, Employment and Training (EET) provider. FWCs have created a welcoming space for young people, showcasing murals and artwork created by children and young people, digital connectivity that has been used to deliver sessions, and more activities for 11+ happening in the centres. All centres have games available, selected by young people. During the school holidays, the DfE Holiday Activities and Food (HAF) programme is an integral part of the FWC school holiday offer. Vulnerable children receive a free place on a holiday play scheme, a free hot meal each day they attend, and their families have access to free healthy eating / cooking sessions and free food parcels via the Felix project.

Brent Council worked with national charity OnSide to explore opportunities to develop a Youth Zone in Brent. Initial discussions were held in early 2018 and were explored further following Cabinet's endorsement in 2021 to support the development of a Youth Zone if a suitable site could be found and government funding was forthcoming for OnSide to deliver the project, matching the Council's capital funding offer. Unfortunately, despite extensive work undertaken, no suitable sites have been identified to fit with OnSide Youth Zone's requirements and the government's youth centre funding criteria did not include Brent as an area that was eligible for funding.

The Council nevertheless remains committed to supporting the youth sector in Brent with the principles established in the Brent Youth Strategy, which is to support a programme of refurbishment of existing voluntary sector youth facilities as well as converting spaces such as empty buildings or office spaces into modern accommodation that the voluntary sector could use for the benefit of young people across the borough. Plans are progressing, subject to Cabinet approval, to channel the previously earmarked capital funding towards improving the physical fabric of youth provision across a number of separate projects in the borough.

In January 2021, Roundwood Youth Centre became Roundwood School and Community Centre, run by the Beckmead Trust. The school caters for up to 50 children and young people aged 11 to 16 who are subject to fixed term exclusions, or whose needs cannot be met in mainstream provision. The Roundwood Park Campus model was funded by Brent Council's Neighbourhood Community Infrastructure Levy (NCIL) fund. In partnership with Brent Council's Early Help and Prevention Team, Beckmead Trust and Young Brent Foundation, The Roundwood Park Campus has provided local provision for young people in a safe and local environment, led by well-known and respected youth organisations from the borough, over a period of two years. The model has not been without some challenges, including managing communication channels and balancing the priorities of consistent youth provision with the specific needs of the school. Ongoing conversations are taking place between Brent Early Help, YBF and the Beckmead Trust to ensure there continues to be consistent youth provision from the centre, in line with the principles agreed at the establishment of the Roundwood School and Community Centre, providing an anchor for young people to engage with positive activities in safe spaces within their own community.

- 5.4 **Activities:** To provide high quality, inclusive and diverse offers that appeal to young people of all backgrounds to enable them to lead happy and healthy lives.

In line with the strategic approach to support the VCS to secure funding for activities across the borough, YBF successfully bid for over £3 million of funding to youth and community groups over the period of the Brent Youth Strategy 2021-2023 covering a wide range of varying activities.

For those young people who required a more targeted approach, the Council secured support for a Mayor's Office for Policing and Crime (MOPAC) funded

'Disproportionality' project (2022-2023) from Brent FWCs, including sports, art, mentoring, emotional health and wellbeing, beauty, music production and photography sessions, co-designed by young people in the community with sessions facilitated by Brent-approved partners of the voluntary sector. This was to support greater inclusion of all young people in the borough. Voluntary sector partners included Sport at the Heart (SatH), Jason Roberts Foundation, Always Furthering and Nurturing Development (AFND), and JKing the Artist. 107 young people were involved in the co-designing and 172 young people across Brent took part in the MOPAC-funded activities over summer 2023 in the Brent FWCs.

A recent bid by the Brent Youth and Youth Justice Service for the National Lottery Million Hours Fund aims to secure additional funding up to £100k to continue these activities until March 2025. The Council's Youth Participation Worker is focused on promoting activities for young people from FWCs. Two of the FWCs now support small groups of young people, under supervision of the Youth Justice Service, to undertake their required work and activities at the centres by assisting with the foodbank deliveries.

In April 2022, 10 young people attended 'youth interview' panel training, co-facilitated by a trained participation worker and a senior representative of the Council's participation group for care experienced young people (CLIA). These panels were a feature for all senior appointments including the Chief Executive, Corporate Director CYP, 2 CYP Directors as well as the Head of Service for LAC and permanency. CLIA members were trained to take part in the tendering process, including evaluating the tenders returned for Targeted Mental Health and Emotional Wellbeing provision. Their feedback influenced the final decision for the award of contract to the preferred provider.

- 5.5 **Safety:** Ensuring safety underpins all aspects of young people's day to day experiences to support development and enable healthy behaviours and lives. To demonstrate the value of a public health approach to improving safety.

Brent's Early Help Service has been delivering two separate, targeted and funded programmes - 'Your Choice' (2022-2024) and 'Turnaround' (2021-2024), focusing on emotional health and wellbeing and improvement of outcomes for young people subject to court orders and Out of Court Disposals in the Youth Justice System. The 'Your Choice' programme partnered with Brent Centre for Young People (BCYP) to provide support for young people using Cognitive Behavioural Therapy (CBT). This included training for selected YJS staff in how to incorporate CBT techniques in specialised sessions with their young people using a trauma-informed and child-led approach. This approach complements the work of the embedded CAMHS worker, the NHS Youth Justice Liaison and Diversion Officer, EACH and Substance Misuse Officers (previously known as Westminster Drugs Project) to address young people's health and wellbeing and provide mental health support within the Youth Justice Service. St Giles Trust and Air Network mentors embedded in the YJS team provide vital support to young people involved in, or at risk of, serious youth violence, from referrals made in fortnightly Exploitation, Violence and Vulnerability Panel (EVVP) meetings. A monthly 'No Knives Better Lives'

event is held at the Old Bailey Court and is a mandatory session for all young people arrested for knife-related offences. In these sessions, young people observe powerful presentations from a trauma surgeon, an ex-gang member, and the parent of a teenage victim of knife crime. The young people then engage in the Brent YJS-developed Weapons Awareness Programme, working through this with their YJS Case Managers on a weekly basis for an 8-week period to learn about the law and the dangers of knife crime, and explore alternative strategies to preventing or resolving conflict without violence. 'Unlocking Your Potential' is a monthly programme for up to 10 young people from the YJS cohort to attend motivational sessions with guest speakers from the local area to inspire young people with entrepreneurial skills towards achieving their ambitions. At the most recent session a local author spoke about his journey of growing up on the Chalkhill estate and being involved in the criminal justice system at the age of 17 years. The key message from this workshop was helping young people to see that they are authors of their own story, and they must take ownership rather than allowing someone else to write their stories.

The Brent Youth Strategy refresh will work closely with the Council's Community Safety team to address the ongoing safety needs of children and young people across the borough, overseen by the Safer Brent Partnership.

- 5.6 **Skills and Opportunities:** To provide opportunities for young people to develop life skills and readiness for further education and employment. Fundamental skills towards wellbeing, confidence and personal development with a focus on mitigating the impact of the pandemic on young people achieving their ambitions.

YBF's work with Brent has led to involvement in many projects and relationships developing with a wide variety of voluntary sector youth organisations. The Roundwood Youth Campus (2021-2023), managed by YBF and in partnership with Roundwood School and Community Centre, provides after-school youth provision for young people in the school and the wider community during term times and school holidays. This includes theatre workshops, sports activities, and comic book creative sessions. YBF's 'One Flow One Brent' programme received £744k funding through the MyEnds London Violence Reduction Unit (VRU) programme to support 3,000 young people living on the three largest estates in Brent – Chalkhill, Church End and Stonebridge, over a three-year period running to April 2024. Activities are held for local children in their youth club and events and workshops are organised over the holidays to bring the young people in the communities together, safely, with opportunities to build skills. In collaboration with the Raheem Sterling Foundation, YBF have created 'Brent Goes Global', a three-year volunteer scheme in which 15 young Brent people aged 17-21 fundraise towards travel costs and produce an international social action project with groups of young people in various countries, including Brazil and Jamaica. Three young people known to Brent Youth Justice Service, Early Help and Social Care were selected for the process. YBF have recently confirmed three years of funding via the John Lyons Foundation for the supplementary education sector for enrichment programmes delivered by local

members in Brent. Further development of this opportunity is underway with YBF.

- 5.7 **Engagement and Voice:** For young people to play active roles in influencing decision making and tackling the issues that matter to them. To engage young people in detached outreach work, to connect with more young people and to understand their needs and aspirations. To increase participation and amplify voices that may otherwise not be heard.

Brent Youth Parliament (BYP) meets monthly and represents schools and youth groups for young people aged 10-19, (up to 25 with SEND), with 63 members in 2023 attending nine BYP meetings and five Council meetings, including Community and Wellbeing Scrutiny Committee, Full Council and Budget Task Force. The young people lead on discussions about the issues they want to look at, and then work with Councillors and council officers to create change for the improvement of young people's services in Brent. Young people have the opportunity to gain skills in debating, public speaking and campaigning in a safe, positive environment. BYP members represented young people in Brent locally in council meetings, asking questions about mental health, employment opportunities and support for young people with special educational needs. Three young people have represented Brent nationally as Members of the UK Youth Parliament (MYPs), in which they have spoken in the House of Commons, attended All Party Parliamentary Groups and worked with MYPs from across the UK on the Food for Learning national campaign. BYP has participated in the London Youth Assembly, representing Brent's young people in discussions about the GLA's budget and plans for young people. They have worked on several campaigns, including their own Education for Life campaign for more life skills to be taught at schools and BYC's Food for Learning campaign for universal free school meals. The UK Youth Parliament's Make Your Mark national youth ballot launches on 29th January 2024 and BYP members will be reaching out to all young people in Brent to vote. The top voted issue in Brent will be the focus of BYP's next campaign.

Junior Care in Action (Junior CIA), Care in Action (CIA) and Care Leavers in Action (CLIA) are the Children in Care Council for Brent Council. They work to make sure children and young people in care and care leavers have the chance to be involved in making decisions and in sharing views about the services and support received and report back to and influence the Council's Corporate Parenting Committee.

- 5.8 **The Environment:** Young people deserve a clean and sustainable environment. In 2019 Brent Council declared a Climate and Ecological Emergency and began a ten-year Climate Emergency Strategy for everyone living, working and studying in Brent to contribute towards tackling the climate crisis. This theme aligns the two strategies.

Young People have been engaged in various programmes and events led by the Brent Climate team in response to the climate emergency. Within the period of the Youth Strategy a Climate Showcase was held with students from Kingsbury Green Primary School, St Gregory's Catholic Science College, and

Roe Green Junior School hosting stalls where young people were selling sustainable Christmas decorations, informing members of the public about the climate emergency, showcasing their climate action work, and helping members of the public make Christmas cards with reused materials. Students from St Gregory's Catholic Science College, The Village School and Preston Manor provided entertainment pieces that were related to the climate emergency. The Brent Climate team worked with children and young people on 'What Does Climate Action Mean to You?' This is an artwork competition for 8 winning entries to be featured in the upcoming Brent Schools Climate Action Guide, and the other 203 entries will be collated in a flickbook which will be hosted on the Brent website. The artwork competition received over 200 entries. Over 600 Young people have been reached in schools via assemblies on the importance of climate action.

- 5.9 **Access and Awareness:** To extend the reach of youth provision and connect with Brent young people of all backgrounds. To increase awareness and understand and overcome barriers to access.

The Brent Youth Zone website promotes Brent Youth Parliament, as well as being a platform for Brent young people to access universal information about employment, learning, support and advice and activities to get involved with. The Brent Youth Zone website is also used as an engagement tool for young people by providing online access to youth surveys to gather the voice and views of young people. Additionally, the strong relationship with YBF has provided access to their digital comms to further promote and give young people access to support. Work has been undertaken with secondary schools as another route to reach young people to increase access and further raise awareness. This work has targeted the secondary schools that are geographically closest to the FWCs, with plans to roll out presentations across all secondary schools throughout this academic year. Work is also being done with the Brent Communications team in order to strengthen approaches and explore ways in which young people can be more strongly engaged via social media platforms.

- 5.10 A Brent Youth Survey in line with the 8 themes of the strategy was undertaken in spring 2023 to gain interim insight into the initial impact of the Youth Strategy in the previous year. Over 300 fully completed surveys were submitted. It focused on how involved young people felt in decision-making, their awareness of emotional and wellbeing services, extra-curricular activities, accessible parks and sporting facilities and environmental activities, whether they attended activities in Brent, how prepared they felt in terms of life skills and how safe they felt in the borough. The majority of respondents were positive about their awareness of accessible parks and sporting facilities, although the majority had not attended any activities in Brent since the strategy was launched. This figure may have been impacted by Covid measures and their ongoing impact, leading to the reduction of in-person activities at the time. Positively, the majority of respondents indicated feeling more rather than less safe in Brent. The survey provided helpful information to contribute to the development of the strategy refresh. The data and comments can be reviewed at Appendices 2 and 3.

6.0 Planning for the refresh of the Brent Youth Strategy

- 6.1 There is a planned timeline of activity for a refresh launch by the end of Q2 (2024/25) following Cabinet approval, with activity taking place over the coming months to consult with a wide range of young people, building on the extensive youth engagement that took place when the current strategy was developed and taking into account the February 2023 survey results. As this is a refresh of the existing Youth Strategy, the engagement is not likely to be as extensive as was previously, however the voice of young people will continue to be central to the formation of the strategy, including young people with Special Educational Needs and Disabilities (SEND), Looked After Children and young people in alternative education provision.

7.0 Governance

- 7.1 The Youth Provision Strategic Steering Group will continue to help drive, coordinate, and ensure successful implementation of the refreshed strategy and delivery plan. This group will also be responsible for empowering young people from all backgrounds to become actively engaged with the strategy, including co-design and co-delivery opportunities. Strategic oversight and accountability for the strategy sits with the Brent Early Help and Prevention Group – a council-led group, chaired by the Director for Early Help and Social Care, including lead officers for Children and Young People, Public Health, Community Safety and Employment and Skills services, alongside key representatives from partners including the Police, Health and the VCS.

8.0 Stakeholder and ward member consultation and engagement

- 8.1 The Lead Member for Children and Young People will be updated and kept informed with the progress of the refresh of the strategy as part of stakeholder engagement.

9.0 Financial Considerations

- 9.1 There are no financial implications arising as a result of this report, however the achievements and progress to date have been delivered using existing General Fund budgets within the Early Help service and grant funding received from e.g., MOPAC and the YJB. There is also a £2m SCIL capital investment secured to improve the infrastructure of Youth Provision buildings in Brent.

10.0 Legal Considerations

- 10.1 As described in paragraph 4.1 above. The recommendations within the report are within the remit and powers of the local authority as mandated by statute.

11.0 Equality, Diversity & Inclusion (EDI) Considerations

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

12.0 Climate Change and Environmental Considerations

12.1 A section within the Youth Strategy connects young people's aspirations and demands related to climate justice. The Council and partners will continue to prioritise responding to this issue in the refresh of the strategy.

13.0 Human Resources/Property Considerations (if appropriate)

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

14.0 Communication Considerations

14.1 There are no communication issues relevant to this report.

Report sign off:

Nigel Chapman
Corporate Director
Children and Young People

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Appendix 2: Answers to Free Text questions from Brent Youth Survey February 2023

There were many comments thanking Brent Council for asking the opinion of children and young people, and stating they would like the Council to continue asking them questions of this nature to help improve youth services.

A summary of the free text comments from the Brent Youth Survey are included below:

The purpose of this survey is to check in with young people across Brent on the year of 2022.

Your views should lead the direction of the current Brents Youth Strategy; therefore, we need your insights and opinions to improve services. Any recommendations on how to improve services for young people is greatly appreciated, and your time dedicated to completing the survey is valued. Please note that all survey submissions are anonymous, and the data gathered will not be publicly shared.

THANK YOU

Q3- Do adults (teachers, youth workers, the police) in Brent involve young people (under the age of 18) in decisions that impact young people?

Free text- Any comments on why and what you like to see different?

We had a range of comments from children and young people (CYP) saying that they do think their voices are heard in some cases, but others have said they don't feel like they have the opportunity to do so and an environment where their voices are valued.

There was a feeling through this question that this quote expresses: *"Most of the decisions are made by yourself, and a few are made with the advice of teachers rather than decision."* There was a common theme that CYP would like more support in making important decisions and that they would like more programmes and opportunities like one young person put that they want *"More ways of young people getting involved in leadership and more young representatives"*.

"I would like more support done towards those who are less academic and need more support".

Q4- As a young person how aware are you of after outside school/holiday activities available to you in Brent?

Free text- What outside of school/holiday activities would you like to see? where would you look for them?

"As a young man, I have a certain understanding of Brent's extracurricular activities/holiday activities. Brent has many colourful extracurricular activities/holiday activities, including sports, art, learning, music activities, etc. At school, young people have the opportunity to participate in various extracurricular activities and meet friends from different backgrounds."

"Honestly, I would like more women only clubs considering that I'm a Muslim hijabi and am not comfortable with doing certain things with men around like playing"

sports. I'm really into basketball so I'd love for a women's basketball club, and I like reading so a book club in the library would be pleasant".

"Brent website as it's not publicised as much".

"More work experience services for everyone"

Overall, these questions had many entries relating to more outdoor cultural activities. Many wrote that they would like to do outside of London trips and go swimming. There were many calls from young people to have SEND friendly activities. Many had said that the publicising of what is on offer isn't good and that they are unsure about where to go to.

Q5- As a young person (under the age of 25) how aware are you of the emotional wellbeing and mental health services there are on offer for young people in Brent?

Free Text- Any comments or services you would like to see in Brent?

"I have a certain understanding of Brent's emotional and mental health services for young people. Brent provides many services, including psychological support, chat support, emotional support, family counselling and career counselling. At the same time, Brent also has many informal support activities, including art, sports, innovation, and social participation projects."

"I hope Brent can provide more mental health service support to help teenagers solve their emotional and mental health problems. In addition, I also hope Brent's emotional health and mental health services can cover more young people to ensure that more young people get the necessary support and help."

"More therapy around trauma"

"They aren't really well known and people who do know about it have a negative mindset about it."

"More mentors, counselling for young people, more activities for disabled young people which is affordable".

"My sister has autism and even though we have asked to install some things to make life easier for her we haven't received anything for two years so I would like to have more reliable service".

"Not much communication between council and the citizens."

"More eco-friendly events"

Overall, this question had a mixed response regarding the awareness of services and mainly the service that they were aware about was offered in school and not a borough

wide provision. We got a couple of entries asking for services around sexual health and that they would like a place that they can go to in order to ask question without fear of judgement. Communication is another running theme within this question. Young People have expressed that if there are services that they are not advertised.

**Q7 How prepared are you on life skills after school?
e.g., Housing options, paying tax, career options and managing money for
example?**

Free Text- Any comments or suggestions on what life skills you need?

*“How to make a CV, how to apply for a job, how to pay tax, how to get a mortgage
The only actual support I know is because of my school but otherwise it's just
useless in my opinion. It is harder for us to feel like we can gain money what with
increasing tax prices, cost of living crisis and jobs like NHS not paying well teach us
about things like tax and how to deal with money once we start earning money”.*

*Learn to cook learning cooking skills can help you get better nutrition and save the
cost of buying takeout food. 2. Driving: learning to drive can make you travel flexibly
and save travel time. 3. Financial management: learning to make reasonable
financial plans.*

*“I feel like there needs to be life sessions in school where we learn life skills such as
managing money and career advice and paying your taxes.”*

“Life skills I'd need is calming myself more and not being stressed out all the time.”

“Self-love and mental health”

The themes across these comments selected are the most common ones. This free text section has highlighted what many children and young people in Brent believe they need, and what they want, to excel in adult life.

Q8- How safe do you feel in Brent as a young person?

***Free Text - Please tell us what doesn't make you feel safe, what does make you
feel safe and what would make you feel safer?***

*“As a young man in Brent, I feel safe. However, there are different risks in different
places, especially at night, so I am always cautious. What can't make me feel safe is
that strangers gather and uncontrolled criminal activities occur; What will make me
feel safe is the sound community safety system, the regular inspection of police
personnel and the rapid response of firefighters. If it is safer, I will add more security
facilities, such as closed-circuit television and smart home equipment, to reduce the
occurrence of criminal acts.”*

“The crime rate makes me feel unsafe”.

“Learning pressure makes me feel uneasy”.

“The camera and the light make me feel safe, and the police make me feel safer”.

“Knife Crime”

“A lot of drunk people on the streets, especially going outside at night-time I feel like someone may attack me or harass me so I'm always aware and precautious of my surrounding and try to not go outside at night”.

“Walking in the park”

“School makes me feel safe.”

“I feel safe when I close to my family and friends. Also, the brent library is a safe space for when I go study there.”

“Sexual harassment and Assault situations”

“Wembley Park I feel safe as it is bright.”

There were many entries indicating that CYP felt unsafe in certain areas. The most common themes were gangs, Anti-Social Behaviour, and Youth Violence. Lighting was amongst one of the most common topics in the entries. Furthermore, the areas that were highlighted multiple times as places where CYP felt unsafe were Neasden, Kingsbury, Harlesden and Kilburn High Road.

Q9

As a young person are there environmental / green activities on offer for you in Brent?

Free text- Any comments or suggestions?

“At Preston we have an environmental club”.

“There should be emails and letters sent to families.”

“I don't hear about any of these if there even are any.”

“I do garden with my parents on our allotment.”

“At my school we have sustainability club, a club about saving the environment. We could have something like this outside of school for everyone to join.”

“What parks are you talking about and do you have any suggestions for improvements?”

“Yes, I know Brent's barrier-free park and sports facilities nearby. The net on the basket is indeed enough, but I suggest that the basket be sealed with harder materials around it to protect it, to reduce the possibility of damage. In addition, it is also necessary to add some chairs in the park for everyone to rest and add some plants to make the park more ornamental.”

“More football pitches.

“More basketball Courts with nets

“Free cricket nets near Wembley high in the fields such as the one in Alperton Overall, majority of the responses were around maintenance of outdoor facilities and that they were not aware of activities outside of school that green.

Q11- Have you attended any activities offered in Brent in 2022? e.g., Sports, youth clubs or mentoring?

Free Text- If yes what did you attend and where?

“Football”

“Connect stars”

“Church road youth club and roundwood youth club”

“BYP”

“Youth club in Chalk Hill”

“Steering group meetings,”

“SATH”

“FWBC”

“Brent Goes \Global”

“Volunteering”

“Willesden sports centre”

“Mentoring”.

“Start Easy”

“Brent Music Service”

Q12- Do you have any other comments or suggestions about youth services in Brent or on the survey?

Free Text Comments -

“They are not representatives of the young people in Brent it is often assumes all young people have same needs and interests”.

“Youth service is definitely increasing more than in the past, but I feel as if it doesn't get enough publicity”.

“Youth service is definitely increasing more than in the past, but I feel as if it doesn't get enough publicity”.

“I would love to have much more services the promote health, fitness and well-being for children in Brent. I would definitely attend many if so and would even recommend it to my friends”.

“Services should be a little bit kinder”.

“Need more publicity via local schools and media.”

“Update your website”.

“We could add some more ways to promote diversity”.

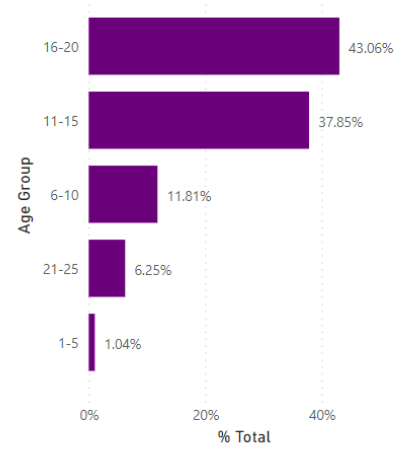
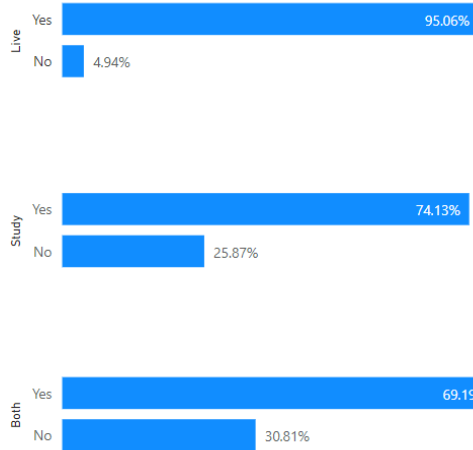
Appendix 3: Results from the Brent Youth Survey, February 2023

YOUTH STRATEGY SURVEY 2023

In total 726 surveys were done out of which 344 were fully completed

344
Total

1. Do you live or study in Brent?	2. How old are you?
3. Do adults (teachers, youth workers, the police) in Brent involve young people (under the age of 18) in decisions that impact young people?	4. As a young person how aware are you of after outside school/holiday activities available to you in Brent?
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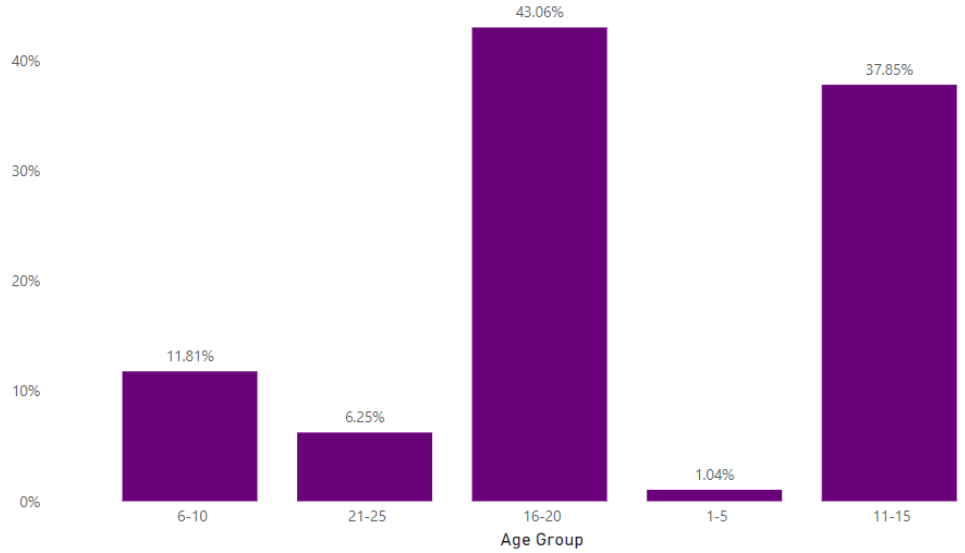


YOUTH STRATEGY SURVEY 2023

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344
Total responses



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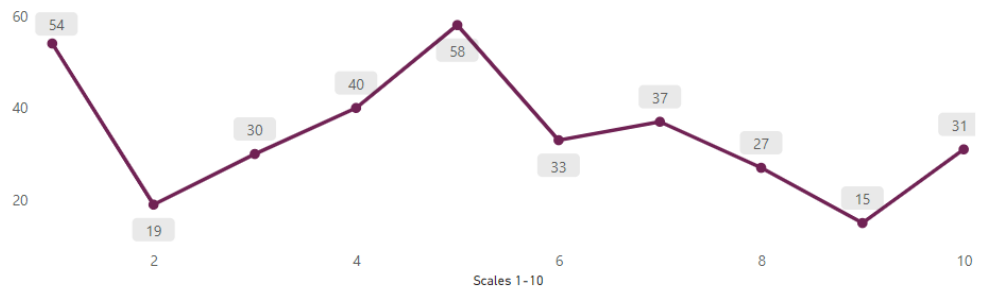
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Total

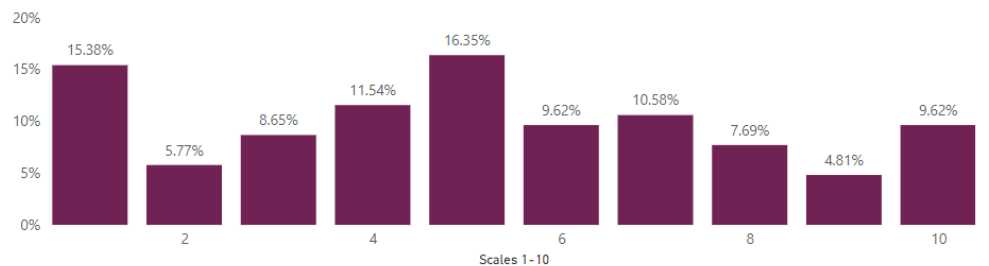
344
Response count

3.1. On a scale of 1-10 of being involved, 1 being not at all and 10 being heavily involved.

Response count by Scales 1-10



% Response count and Total by Scales 1-10



YOUTH STRATEGY SURVEY 2023

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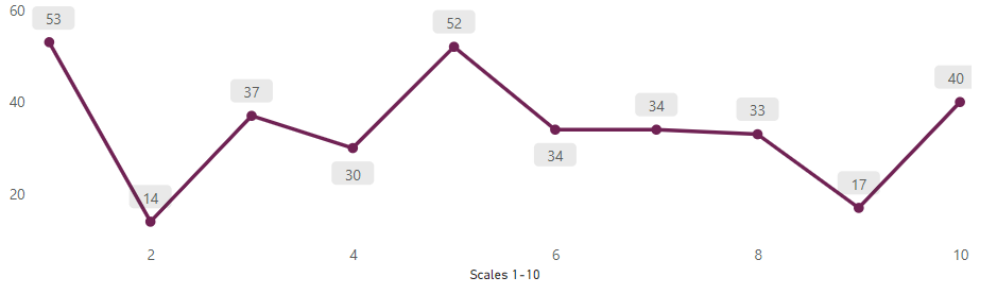
344

Response count

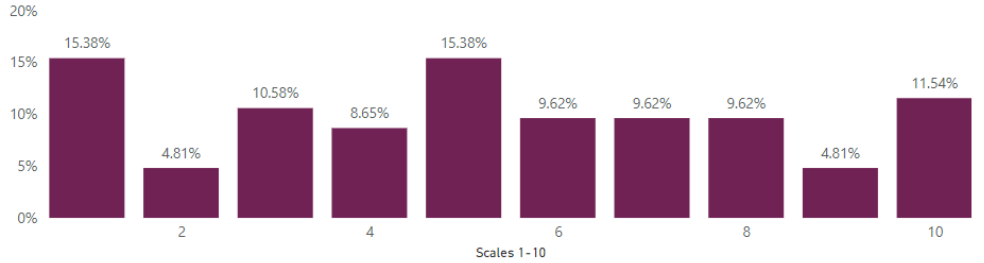
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5.1. On a scale of 1-10 of awareness, 1 being not knowing at all and 10 being I am fully aware of the services.

Response count by Scales 1-10



% Response count and Total by Scales 1-10



YOUTH STRATEGY SURVEY 2023

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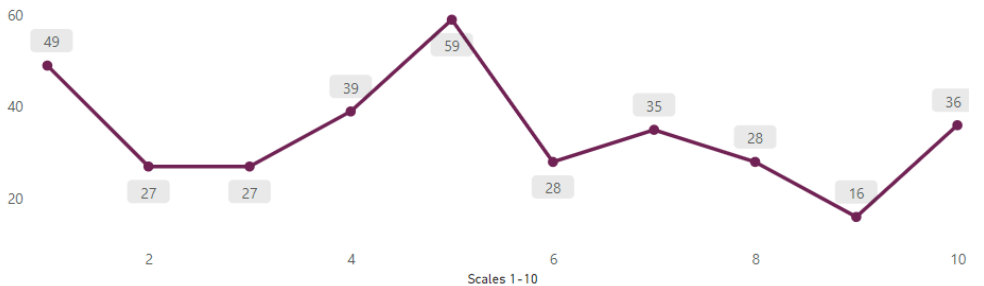
344

Response count

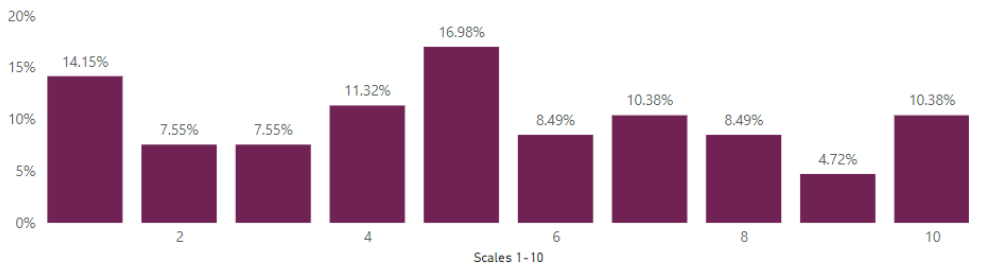
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6.1. On a scale of 1-10, 1 being not prepared at all and 10 feeling very prepared.

Response count by Scales 1-10



% Response count and Total by Scales 1-10



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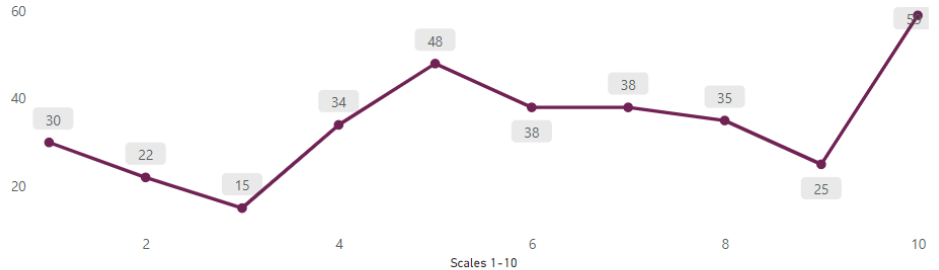
344

Response count

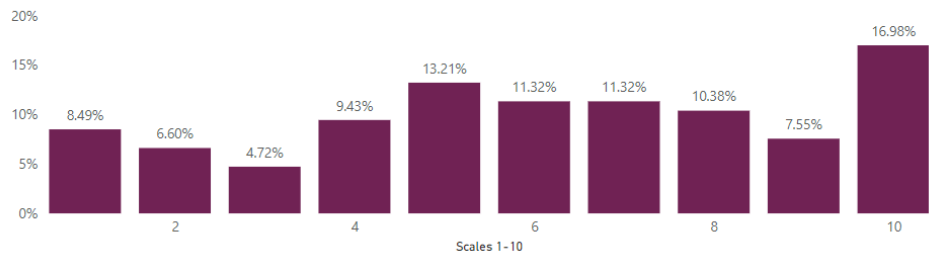
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7.1. On a scale of 1-10, 1 being not feeling safe at all and 10 being that you feel very safe?

Response count by Scales 1-10



% Response count and Total by Scales 1-10



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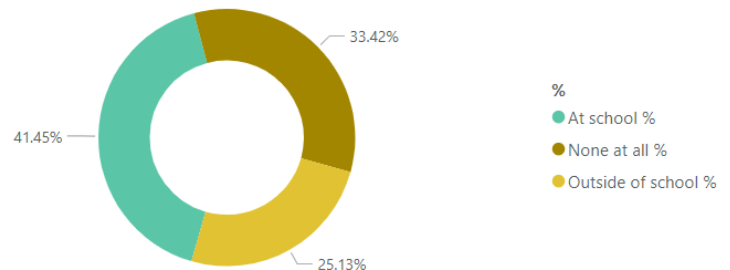
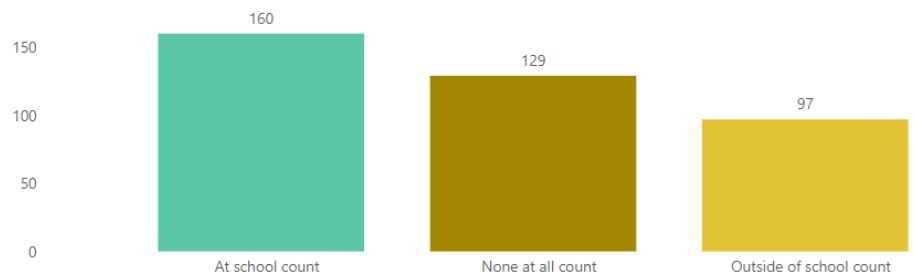
Total

386

Response count

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8.1. Out of these choices what would you say?



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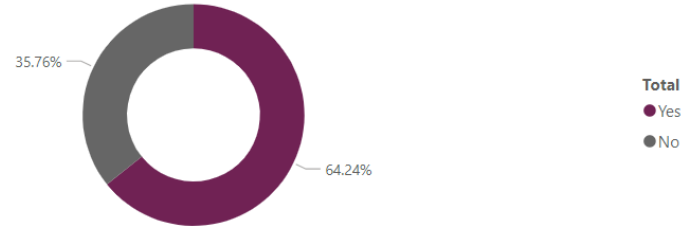
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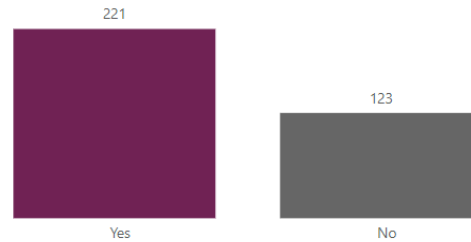
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9. Are you aware of accessible parks and sporting facilities in Brent near where you live? Are there enough e.g. nets on basketball hoops?

Yes/No by Total



Total by Yes/No



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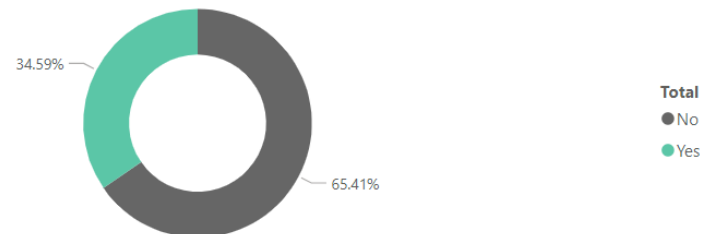
344

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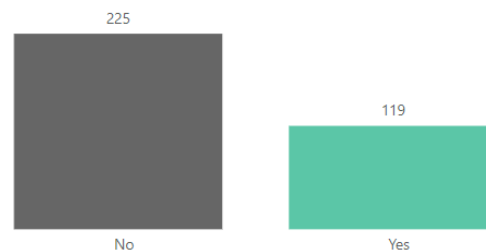
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Yes/No by Total



Total by Yes/No



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	<p align="center">Community and Wellbeing Committee 30 January 2024</p>
	<p align="center">Report from the Corporate Director of Communities and Regeneration</p>
<p align="center">Scrutiny Recommendations Tracker</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	Appendix 1 - Scrutiny Recommendations and Information Request Tracker 2023-24
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Chatan Popat Strategy Lead - Scrutiny, Strategy and Partnerships chatan.popat@brent.gov.uk</p> <p>Janet Latinwo Head of Strategy and Partnerships, Strategy and Partnerships Janet.Latinwo@brent.gov.uk</p>

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 relates to the 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 2023/24 scrutiny recommendations tracker, outlined in Appendix 1 provides a summary of the scrutiny recommendations made during this municipal year, in order to track executive decisions and any implementation progress. It also includes suggestions of improvement and information requests, as captured in the minutes of the committee meetings.

4.0 Procedure for Recommendations from Scrutiny Committees

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

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

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

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

5.0 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:

Alice Lester

Corporate Director, Communities and Regeneration

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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 Healthcare Resources 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 in March 2024.	
	That work to address the inner and outer London pay gap is further escalated, and that bolder solutions are utilised.	Brent ICP	To follow in March 2024.	
	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 in March 2024.	
	That the North West London ICB commits to a timescale to address the	Brent ICP	To follow in March 2024.	

	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 in March 2024.	
	That Brent continues to advocate for healthcare funding being allocated by need, rather than population.	Brent ICP	To follow in March 2024.	
	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 in March 2024.	

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 have started to explore actions to address these and a full response will be provided by the Care, Health and Wellbeing directorate by the end of the municipal year.	
	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	Actions to address training needs is underway and discussions are taking place between the departments for arrangements and delivery. A full update on progress will be provided by the end of the municipal year.	

	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 have started to explore action to address these and a full response will be provided by the Care, Health and Wellbeing directorate by the end of the municipal year..	
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 have started to explore action to address these and a full response will be provided by the Care, Health and Wellbeing directorate by the end of the municipal year.	

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>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 have started to explore action to address these, and a full response will be provided at a later meeting by the Care, Health and Wellbeing directorate.
21 September 2023 – Outcome of 2023 Ofsted ILACS Inspection and Current Children's Social Care	For the Community and Wellbeing Scrutiny Committee to receive the latest data and historic data on the Brent CAMHS waiting list, including	Children and Young People	To follow once most recent data is available.

Improvement Activity	comparison with other local areas.		
21 September 2023 – Outcome of 2023 Ofsted ILACS Inspection and Current Children’s Social Care Improvement Activity	For the Community and Wellbeing Scrutiny Committee to receive an update within the next 6 months on the response, improvements and outcomes made in relation to the Ofsted ILACS Inspection recommendations.	Children and Young People	To follow - a full response will be provided at a later meeting once all relevant data is available.
21 September 2023 – SEND Strategy Implementation and Readiness for a Joint Ofsted / CQC Inspection	The Community and Wellbeing Scrutiny Committee heard directly from a member of the Harlesden cluster and for the Committee to receive a report detailing the success of the activity of the Harlesden cluster and how that was being replicated across the Borough.	Children and Young People	To follow at a later meeting.

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