



## Community and Wellbeing Scrutiny Committee

**Tuesday 16 April 2024 at 6.00 pm**

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

Please note this will be held as an in person physical meeting which all Committee members will be required to attend in person.

The meeting will be open for the press and public to attend or alternatively can be followed via the live webcast. The link to follow proceedings via the live webcast is 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, Ahmadi 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  
The Venerable Archdeacon Catherine Pickford, Church of England Faith Schools  
Rachelle Goldberg, Jewish Faith Schools  
Sayed Jaffar Milani, Muslim Faith Schools  
Jane Noy, Parent Governor Representative  
Vacancy, 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, Senior Governance Officer  
hannah.o'brien@brent.gov.uk

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### **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
<b>1 Apologies for absence and clarification of alternate members</b>	
<b>2 Declarations of interests</b>	
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.	
<b>3 Deputations (if any)</b>	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
<b>4 Minutes of the previous meeting</b>	1 - 18
To approve the minutes of the previous meeting as a correct record.	
<ul style="list-style-type: none"><li>• 4i. Call-in Minutes – 12 February 2024</li><li>• 4ii. Minutes – 4 March 2024</li></ul>	
<b>5 Matters arising (if any)</b>	
<b>6 Annual School Standards and Achievement Report</b>	19 - 36
For the Community and Wellbeing Scrutiny Committee to receive an update on school standards and achievements during the 2022/23 academic year from Early Years to Key Stage 5.	
<b>7 Implementation of the Brent Carer's Strategy</b>	37 - 116
For the Community and Wellbeing Scrutiny Committee to receive an update on the implementation of the Brent Carer's Strategy.	
<b>8 Brent Reablement Service</b>	117 - 126
For the Community and Wellbeing Scrutiny Committee to receive information detailing Brent's new reablement service.	

## 9 Recommendations Tracker

127 - 140

For the Community and Wellbeing Scrutiny Committee to receive the latest recommendations tracker.

## 10 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Deputy Director – Democratic Services or their representative before the meeting in accordance with Standing Order 60.



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

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Brent

## MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE

Monday 12 February 2024 at 6.00 pm

Held as a hybrid meeting in the Conference Hall – Brent Civic Centre

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

In attendance: Councillors Muhammed Butt, Shama Tatler, and Gwen Grahl

### 1. **Apologies for absence and clarification of alternate members**

- Councillor Matin
- Councillor Begum

### 2. **Declarations of interests**

Personal interests were declared as follows:

- Councillor Mistry – signatory of the call-in

Councillor Sheth highlighted that his register of interest could be found on the Brent website.

### 3. **Call-In: Cabinet Decision (15 January 2024) - Acquisition of a property in Wembley for the Brent Childrens Care Home Project**

In opening the item, the Chair advised that, in accordance with Standing Order 14, the meeting had been arranged to consider a call-in submitted by five members of the Council in relation to a decision made by Cabinet on 15 January 2024 to acquire a property in Wembley for the Brent Children's Care Home Project.

In considering the call-in, the Chair reminded the Committee that the line of questioning must remain specifically within the remit of the call-in and that issues raised on anything wider would not be valid and ruled out for consideration.

Having clarified the basis of the call-in, the Chair then proceeded to invite Councillor Maurice to outline the reasons for the call-in as a representative of the members who had supported the call-in.

In presenting the call-in, Councillor Maurice highlighted the following key issues as the basis for which the decision had been called-in:

Councillor Maurice began by highlighting that, as councillors, members were corporate parents and had a duty to house and help looked after children and young people. He stated that the members who submitted the call-in did support the concept of care homes for looked after children but had been contacted by residents concerned about the impact this care home would have on those in neighbouring properties. He advised the Committee that the property was in a quiet road within the Barnhill Conservation Area, where houses were often double the average price of a property in Brent. As such, it was felt by the representatives of the call-in that money was being spent on an unsuitable and costly

property, where there was existing and more economical Council stock available. There had previously been a care home in Woodcock Hill which residents stated had been the source of drug dealing and anti-social behaviour, which had been sold at a low price to an employee of the Council. The call-in representatives asked why this property was not considered for the care home instead by the Council. Another care home in Barn Way had been felt by residents to be poorly managed and the source of anti-social behaviour, with police attendance on numerous occasions. There had been several complaints made to the Council regarding the care home and it was only with the intervention of MP Barry Gardiner that the care home closed down. Because of this experience, it was felt by residents that the proposed new children's care home would result in anti-social behaviour, affecting the wellbeing and harmony of the residents who lived in the area currently. There was also an already established care home within metres of the proposed new children's care home. The members in support of the call-in had heard there had been no public consultation on the project with residents, although noted that there would be future consultation with neighbours if the purchase was to go ahead. Councillor Maurice highlighted that there had been no planning permission applied for, and those in support of the call-in queried the rationale for that, as it was felt the development would affect the character of the area. In summing up, Councillor Maurice felt that the proposal would have a significant impact on the neighbouring residents, and, as the proposal had not been subject to planning permission or public consultation, asked for the matter to be reconsidered at Cabinet.

The Chair thanked Councillor Maurice for summarising the reasons for the call-in. As no members had questions for Councillor Maurice, he used his discretion as Chair to invite a member of the public to address the Committee.

Ms Ursula Jarocki, a local resident of Barnhill Ward, addressed the Committee in relation to her objections to the purchase of the Wembley property for a children's care home. She explained that residents had previously experienced issues around drug taking, anti-social behaviour and fights, with at least 10 police attendances within 9 months, in relation to the now closed privately managed children's care home in Barn Way. Residents had made complaints to Brent in relation to the issues, and it had taken parliamentary intervention before the care home had been closed. Ms Jarocki noted that Brent was now looking to open a Children's Care Home for looked after children and young people with social, emotional and behavioural needs in the same area, and highlighted that there was already a children's care home less than 15 metres from the proposed property. Ms Jarocki felt that the Council's Care Home plan brought a new meaning to changing the character of an area, and there was a feeling that the proposal had not been disclosed to residents as there had been no consultation. She did not feel that the residents had received assurances from the Council or ward councillors in relation to the project and had concerns that residents would experience similar issues as when the Barn Way care home had been still running. Residents wanted to see a community impact assessment and asked for the rationale as to why the Council would not be seeking planning permission in relation to the proposals. Ms Jarocki expressed that residents appreciated children needed support and care, but there were already residents needing support in the area including children, elderly and disabled residents who had an entitlement to safety, security, respect, stability and peace. Ms Jarocki requested the Council continued to consider existing stock, such as Grove Park Pavilion, which she viewed as a more effective offer for the project.

The Chair thanked Ms Jarocki for her contribution to the meeting. As there were no further members or members of the public wishing to speak, he invited Councillor Gwen Grahl, as Cabinet Member for Children, Young People and Schools, to respond to the issues raised.

In responding to the issues raised, Councillor Grahl highlighted that she was proud to present the Residential Children's Care Home project to the Scrutiny Committee. She felt it was an important initiative that would support the most vulnerable children and young people in the borough whilst also delivering substantial cost savings to the Council. She



hoped to provide reassurance to the residents present at the meeting and work collaboratively with residents to make the project a success, expressing that this was a unique opportunity for residents to welcome looked after children into their neighbourhood and support their journey into adulthood.

In explaining the decision made by Cabinet, Councillor Grahl highlighted that the Council was in urgent need of a Children's Care Home in Brent and currently supported 314 looked after children. Every councillor was a corporate parent and had an obligation to protect and keep looked after children safe. The majority of looked after children would be placed with a local foster carer, but having residential placements available was a vital alternative option. In 2021, the Independent Review of Children's Social Care highlighted residential provision as a key priority for social care reform. The review identified the high costs and profiteering of private companies as one of four significant problems preventing children from growing up in a secure and stable environment, and the review recommended reforms that were deemed urgent and unavoidable. For example, the review strongly advised that children's residential care homes should be under local authority control, avoiding the need for unregulated and expensive accommodation that was sometimes many miles away from the child's community.

Councillor Grahl reassured residents that the care homes they had identified as the source of previous anti-social behaviour issues were not Council owned care homes but privately owned semi-independent homes which were unregulated by Ofsted, and this was what the Council aimed to avoid with the proposal. She expressed that the use of private sector companies for children's social care had not only brought about a deterioration in the quality of care children received, but it also inflicted financial pressure onto Councils. Privatised children's care homes had an average profit margin of 22.6% between 2016 and 2020, which was paid for in part by residents' Council tax. Often, children were not placed in the areas of greatest need but where housing was cheapest, with some children sent over 100 miles away from Brent. The average weekly cost of those residential placements was over £7,000.

In continuing her response, Councillor Grahl highlighted that, often, care experienced young people had experienced significant trauma in their lives, with 66% of care experienced young people having experienced abuse or neglect. She expressed that those children urgently needed a stable and loving environment that was close to their schools, friends and communities. She noted that the residents had described their street as a quiet area and that was exactly where those children would want to grow up as well. Councillor Grahl felt that the call-in text had mischaracterised care experienced young people as a nuisance to society. She highlighted that she worked closely with care experienced young people, and had always been very inspired by their determination and positivity, and felt that they had as much right as any other young person to have a decent and comfortable way of life. She queried whether the residents would respond in the same way if a family of four was moving into the property. As part of the proposal, Michelle Gwyther (Head of Forward Planning, Performance and Partnerships, Brent Council) had been engaging with children and young people so that they could contribute to the design and layout of the building so that it reflected the needs of children and young people and there had been some creative ideas raised.

In relation to concerns raised regarding the financial impact of the proposal, Councillor Grahl highlighted that the proposal was match funded by Central Government's Department for Education (DfE), which had been entirely supportive of the project, with the rest funded through borrowing. The proposal projected savings of approximately £290,000 per year, and those savings had already been factored in to the 2024-25 draft budget.

In concluding her response, Councillor Grahl expressed that she was proud of the initiative for the Council to open a local authority ran residential children's care home, which she

highlighted was a good example of effective financial planning which demonstrated how Brent could be a compassionate borough. She hoped the Committee would recognise the impact the proposal would have on a very vulnerable cohort in need of better care provision. She highlighted the Brent Labour Manifesto 2022 which promised that no child would be left behind and that Brent would be the best borough for young people to flourish which the Council had a democratic mandate to deliver. She felt that to delay the project any further would be to badly let down Brent's children and young people, who were relying on the Council for their future.

The Chair thanked Councillor Grahl for her response and moved on to questions from the Committee. In considering the reasons for the call-in, the contributions from residents, and the response from Councillor Grahl, the Committee raised the following points:

In response to a query about when the children's residential care home project was first proposed, Councillor Grahl confirmed that the business plan for the project had been presented to Cabinet just under 1 year ago, and had been included in the 2022-23 budget approved by Full Council.

The Committee highlighted that the call-in document had questioned whether the proposal provided value for money, and sought reassurance around the financial impact of the decision. Councillor Grahl advised the Committee that the project was designed to save a substantial amount of money, and would save on the 20% the Council paid in profits to privately owned care homes. Currently, the Council spent large amounts of money on residential children's care due to the lack of residential care placements currently available, at an average of £7,700 per week. The proposal would give the Council more control over the placements it gave children and would also save money. The project had been supported and match funded by the DfE, with half the cost provided by the Council and half the cost provided by DfE.

One of the points raised in the call-in document was around planning permission for the care home and the fact it was proposed in a conservation area. The Committee asked whether there was a requirement for planning permission under the National Planning Policy Framework or Brent's Planning Policy. David Glover (Development Management Service Manager, Brent Council) addressed the question, explaining that, in his professional opinion, planning permission was not required. Most property uses were categorised into use classes, and within each use class there were a number of similar uses. Planning permission was not required to change use category within the same use class. For example, if a property was categorised as use class C3, which covered dwelling houses, there were three main categories of use within that use class. One category was homes occupied by individuals or families that were related or cohabiting (C3A). One category was dwellings occupied by up to 6 residents living together as a single household where care was provided for those residents (C3B). The third category was dwellings occupied by up to 6 residents living together as a single household where care was not provided (C3C). Based on the information provided, his view was that the care home fell within the second use class category - dwellings occupied by up to 6 residents living together as a single household where care was provided. In terms of living together as a single household, there was no requirement for those residents to be related. There was no intention to have more than 6 people residing in the children's residential care home at any one time, so the property would fall within use class category C3B. The previous use for the property was a single family dwelling house under use class category C3A. As both use categories sat within the same use class, C3, his opinion was that planning permission was not required. This was based on the Town and Country Planning (Use Classes) Order 1987 (as amended).

Similarly, the Committee asked whether the fact the property sat within a conservation area had any impact on whether the Council required planning permission to proceed. David Glover confirmed that conservation area status was only considered where planning permission was required. The considerations would look at the character of the conservation area and whether a proposal materially affected the heritage significance of that conservation area. Within a conservation area, there were restrictions on what you could do within permitted development, but this did not affect whether you could use a property for different use categories within use class C3, meaning the purchase of the property and use of the property as a children's care home was not affected by Barnhill's conservation area status.

The Committee noted that one of the reasons for call-in was that there had been a lack of consultation with local residents. Members queried whether due process had been followed in this regard. Nigel Chapman (Corporate Director Children and Young People, Brent Council) advised that there was no statutory requirement on the Council to do any formal consultation in relation to the purchase of the property. He highlighted that if a family moved into the local area there would be no requirement to consult residents on whether the family moved in. There was no change of use class so there was no consultation requirements under planning legislation either. As outlined in the report, the Council would want to ensure it worked closely with local residents and neighbours if the purchase went ahead in order to support the development and encourage an effective, strong and positive arrangement for the home. Councillor Muhammed Butt, Leader of the Council, added that the Council followed due diligence and guidance in relation to purchasing properties and was ensuring, through the purchase of the property, that it safeguarded the future of the children and young people it looked after. He added that the purchase was a commercial matter and any leak into the public domain could risk the negotiation.

Further discussing consultation, the Committee raised the guidance on the Local Government Association (LGA) website titled 'Guide to effective engagement'. The guidance stated that, regardless of any legal imperative to consult, engagement with residents was the right thing to do. The Committee queried what considerations were given to consulting at an earlier stage, regardless of the fact it was not required by statute. Councillor Grahl responded that there would not have been an appropriate time or way to consult with residents in the process prior to the purchase of the property, which had not yet been purchased. She highlighted that the Council did not yet own the property and therefore it would not have been appropriate to consult residents regarding a property it did not own, but officers would look to consult in an appropriate way once the property was purchased in order to garner resident views and experiences. Shirley Parks (Director for Safeguarding, Partnerships and Strategy, Brent Council) added that, following the purchase and once the home was open and running, the Council would look to set up a group which included the local Resident's Associations and local residents for regular consultation via a forum. She acknowledged that the care home would only be a success for this group of vulnerable young people if the Council and residents worked together to understand and address concerns. The Council did not want the project to have negative impacts for the residents or the children. She added that a local authority run children's care home would mean the Council had control over the management of the home, unlike the previous private sector care home in the area where the Council had no influence.

The Committee then asked officers and members to address the call-in point regarding the anti-social behaviour residents had experienced with the previous care home. Nigel Chapman explained that close joint working would be done with local safer neighbourhood teams, as any effective registered manager would do at a children's home, to ensure they were aware of the care home. The Council would work in a diligent and supportive way with all partners and local neighbours to ensure a collaborative approach to supporting an effective home.

Another ground for the call-in was that the area should be treated with respect. Councillor Grahl confirmed she could see no reason that housing looked after children would be disrespectful to the area, and highlighted that these were children and young people who needed to be looked after and cared for like everybody else's children.

In response to why the Council had not considered building a larger development that could house more children and young people, Councillor Grahl explained that children wanted to grow up in something resembling a household where they had trusted adults they could turn to. The Council wanted children and young people to grow up in the same type of environment where other children and young people would grow up. It would not be appropriate to build a large development and the need was not there as the Council worked hard to ensure the vast majority of looked after children were placed with a foster carer. It was only in rare cases, such as placement breakdowns or where a child came into care with very short notice, where there was a need for a residential placement, so there was only need for the smaller property. In addition, building a large new development would cost substantially more.

The Committee asked whether any other property options were looked at aside from a larger development. Neil Martin (Head of Capital Delivery, Brent Council) informed the Committee that the Council had looked at a number of properties across the borough and took into consideration factors such as neutrality, transport links, access to schools and access to open spaces. The property the Council was looking to purchase was a good size with over 200 square metres of space, had 6 bedrooms to accommodate for the capacity the Council were looking for, and was a reasonable price. He highlighted that the cost of the property was slightly cheaper than a similar sized property on the same road that had sold 9-10 months previously, therefore there was value for money. Officers also weighed up the cost of the purchase against the level of expenditure required to refurbish the property to make it fire safe and separate rooms.

The Committee asked for clarification on the difference between the adolescent young children in the privately run care home on the same road and the cohort of children the Council would be placing in the Council run residential care home. Nigel Chapman explained that there would be no difference between the type of children who would go to an independent home or a local authority run home. The issue was that the independent market had filled a gap where, on the whole, local authorities had moved away from in terms of providing their own accommodation, but there was a short supply and growth in demand in the market. Having a local authority run home gave a lot more control and flexibility for the Council to make its own decisions for its children. Councillor Grahl explained that a local authority run care home would be of better quality than a privately run care home because there would be permanent quality staff, compared to private companies who often employed staff on temporary contracts with poor wages. The care home would have democratic oversight where residents would be able to raise issues and the Council address them, which was not possible with a privately run care home. In addition, private care homes tended to be very short-term financial projects that would be closed down quickly if they were no longer deemed profitable.

The Committee summed up their views on the proposal for the children's care home and whether the call-in merited referring the decision back to Cabinet. In summing up, they highlighted that bringing children back into the borough instead of placing them in costly out of borough residential homes was a gain for those children and also lessened the financial burden on the Council. Children with social, emotional and behavioural needs would benefit from being nearer to where they could get support. The Committee had heard and understood that planning permission was not required for the property and there was no further considerations required in relation to Barnhill's Conservation Area Status. As such, the Committee was of the view that the Council had not overlooked any statutory requirements to take this decision. The Committee felt that diligent work had been done by

all officers involved and were reassured that the Council would work, consult and engage with residents to ensure the care home was a success. Whilst one Committee member felt that there was a lack of consultation and therefore the decision should be referred back to Cabinet, the majority of the Committee had no objections to the decision that had been made and therefore felt there was no merit in the call-in request to send the decision back to Cabinet for reconsideration.

It was therefore **RESOLVED** as a final outcome of the call-in to confirm the original decision made by Cabinet on 17 January 2024 to agree the purchase of a property in Wembley for the Children's Residential Care Home project with it noted that the decision would therefore take immediate effect following the meeting.

4. **Exclusion of the Press and Public**

There were no items that required the exclusion of the press or public.

5. **Any other urgent business**

None.

The meeting closed at 7:20 pm  
COUNCILLOR KETAN SHETH, Chair

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# Public Document Pack



Brent

## MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE

Monday 4 March 2024 at 6.00 pm

Held as a hybrid meeting in the Conference Hall – Brent Civic Centre

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

In attendance: Councillor Nerva

### 1. **Apologies for absence and clarification of alternate members**

- Councillor Matin, substituted by Councillor Lorber
- Councillor Ethapemi, substituted by Councillor Long
- Councillor Afzal

### 2. **Declarations of interests**

Personal interests were declared as follows:

- Councillor Ethapemi – spouse employed by NHS
- Councillor Rajan-Seelan – spouse employed by NHS
- Councillor Collymore – Member of ICP Board
- Councillor Tazi Smith – employed by health provider

### 3. **Deputations (if any)**

There were no deputations received.

### 4. **Minutes of the previous meeting**

The minutes of the meeting held on 30 January 2024 were approved as an accurate record of the meeting.

### 5. **Matters arising (if any)**

The Committee asked whether the issues with access to the Roundwood School experienced by Roundwood Youth Club to the Club been resolved. Chatan Popat (Strategy Lead – Scrutiny, Brent Council) would follow this up with officers and provide an update to the Committee.

### 6. **Substance Misuse Treatment and Recovery in Brent**

Councillor Neil Nerva (Cabinet Member for Public Health and Adult Social Care) introduced the report, which outlined the work of the substance misuse treatment and recovery service in Brent. The report highlighted the local needs assessment which had been undertaken and the national policy challenge within which this work was undertaken, including details of funding and commissioning arrangements. He highlighted the work of B3, a recovery

service ran by service users, as a fundamental part of Brent's approach to substance misuse.

In continuing to introduce the report, Andy Brown (Head of Substance Misuse, Brent Council) highlighted the following points:

- The importance of viewing the drug and alcohol misuse service in a wider context was highlighted, as the service contributed to a wide agenda for the Council including the borough plan priority 'healthier Brent', with success defined by increasing numbers of local residents engaged with services, and the borough plan priority 'safe and secure borough', as problematic drug and alcohol use was associated with crime and anti-social behaviour with an effective treatment offer contributing to the reduction of that. As part of that, it was important for the service to work closely with the police and criminal justice system.
- The national drug and alcohol strategy, 'From Harm to Hope', was developed in 2021 in response to Dame Carol Black's independent review of drugs and treatment. The strategy focused local activity on 3 key areas; breaking supply chains; delivering a world class treatment and recovery system; and achieving a generational shift in demand for drugs. The report presented to the Committee focused on the second key area, developing a world class treatment and recovery system.
- Brent required its service provider, VIA New Beginnings, to provide a large amount of data to the National Drug Treatment Monitoring System (NDTMS), and through that, the Office for Health Improvement and Disparities (OHID) provided anonymous reports which enabled the Council to monitor and benchmark performance and review insights into local patterns. The report outlined the estimated figures for Brent in terms of number of users of different substances. The most recent NDTMS data showed that there were 1,369 local residents in Brent engaged in structured treatment services, so although the penetration rate appeared low, the services that Brent commissioned were working to full capacity.
- There were no waiting times to access treatment services in Brent and there was a 24-hour helpline available to anyone worried about their or someone else's substance use. The services also continually reached out to registered clinicians and partners to encourage referrals. Referrals into the service were running at over 100 per month, with an average of 50 new residents coming onto the treatment caseload of VIA New Beginnings per month.
- There were many barriers to treatment, notably an individual's willingness to recognise they have a problem and need help, and part of the role of the service was to minimise those barriers.
- A needs assessment had been undertaken in 2023, showing that the prevalence of alcohol misuse was lower in Brent, at 11%, than the London average of 20% and the national average of 22%. In contrast, the prevalence of drug misuse in Brent was estimated to be higher, at 11%, compared to the national average of 8.9%. This would suggest that more people in Brent had an identified problem with drugs rather than alcohol, and there was estimated to be a higher proportion of crack than opiate users. The rates of alcohol related admissions were higher than the national average, however, for young people, alcohol related admissions were lower than the national average.
- White residents made up the largest proportion of those in treatment which could indicate a greater prevalence of substance misuse within white communities,



however, for young people accessing treatments there was a higher proportion of service users of Black Caribbean heritage.

- Within the local treatment population, the prevalence of smoking rates in Brent was lower than the national average.
- Services were provided by VIA New Beginnings in Brent which was funded through the Council's Public Health Grant, the Supplementary Substance Misuse Treatment Grant, and the Rough Sleepers Drug and Alcohol Grant. In 2024-25, the Council would spend £6,450,000 on treatment, with 25% of that funding coming from the Supplementary Substance Misuse Treatment Grant and the Rough Sleepers Drug and Alcohol Treatment Grant.
- The VIA New Beginnings Cobbold Road site was in use by B3 on Saturdays and Sundays to run their services. B3 was fully engaged at all levels of commissioning and the operational management of the VIA New Beginnings contract and worked through a range of planning forums, such as the Treatment Sector Conference and Recovery Planning Workshop as well as the Brent Drug and Alcohol Partnership.
- A key achievement of the service had been the micro-elimination of Hepatitis C in the treatment population, one of only 4 London boroughs to do so.
- It was important to focus not only on treatment but also more extraneous factors in recovery, such as employment and housing, and the Independent Placement Service running across NWL saw more residents in Brent accessing referrals to the employment service and gaining full-time employment.

The Chair thanked colleagues for their introduction and invited colleagues present from B3 to talk about their work. B3 representatives delivered a presentation and highlighted the following key points:

- B3 was designed and ran completely by service users and had been created by individuals who had been through treatment services who had wanted to improve services for themselves and others. From the volunteers to the staff to the trustees, B3 was made up of those who had been through treatment and were now stable in their recovery or at the end of their treatment journey.
- B3 wanted to empower people to move forward and supported service users through training such as first aid, fire marshalling, mental health first aid, health and safety awareness, sexual health awareness and food hygiene, and service users could use that training to volunteer with B3 or to as a stepping stone to further their recovery.
- B3 met every Friday and had guest speakers who attended to present information or to get feedback from B3 on what was working well or not within the sector. B3 could then let others know what was going on in the borough which could enhance recovery. B3 was also involved in consultations.
- There were various incentives for B3 members including volunteering opportunities, support for building CVs, training and education, buddying peer to peer, and group trips with families as it was believed families were essential for recovery.
- B3 also delivered the Recovery Champions Programme, was a 5-week course that ran four times a year, teaching individuals about drug and alcohol advice, support and consultancy, presentation and communications skills, confidence building and self-development.
- Of the 32 people who had graduated in the past year, 8 had already found employment, 20 had gone on to volunteer either with B3 or elsewhere, and 19 had gone on to further education and training.

- B3 also ran a weekend drop-in service providing a warm, safe space to be at the weekend and to be surrounded by others in recovery.
- Once a year B3 celebrated its recovery champions, and the Committee was invited to the next celebration event on Friday 15 March 2024 at the Civic Centre, where B3 would be celebrating those who had graduated from the programme within the last year and 16 years of B3.

The Chair thanked B3 for their presentation and invited comments and questions from the Committee, with the following issues raised:

The Committee began by asking what the desired outcome for service users was in terms of recovery and what was meant by recovery. Dr Melanie Smith (Director of Public Health, Brent Council) explained that the summary measure was successful completions of the programme, but the new national strategy, 'From Harm to Hope', had shifted the emphasis onto not only successful completions, i.e. keeping the people in services until they were ready to leave, but also attracting more people into the service. Currently, it was a balancing act between quality and quantity. Max Griffiths (Service Manager, VIA New Beginnings) added that, for them, successful completion would be when someone had left the recovery system positively, so they had become either an occasional user of a substance that is not an opiate or they were fully abstinent from substances. VIA New Beginnings tailored each recovery plan to the individual and all service users had a 1-1 key worker to ensure they met their plan and goals. In concluding the response, he highlighted that this particular service was not trying to manage demand but encourage it, and it was very easy to make a referral. Currently, the service was assessing in under a week and could get someone into treatment very quickly.

The Committee asked what the drop-out rate of the service was. Andy Brown highlighted that Brent had one of the highest retention rates in the country, with 97% of opiate users remaining in the service, 94% of crack and opiate users, and 96% of alcohol users. This was significantly higher than the national average.

The Committee highlighted that, from the estimates, 1,141 people were not engaged in the service that were estimated to be in need of treatment, and asked who those people were and why they may not be engaged in terms of the barriers. The Committee specifically wanted to know whether all communities were being reached out to so that the service were aware of any unmet need and could begin to tackle that, and whether those within services were representative of the population requiring treatment. Dr Melanie Smith highlighted that the group that was of particular concern was women and there was a workstream around that. The service aimed as much as possible to minimise barriers to services and there were no waiting times for assessment and a 24-hour helpline available for referrals. There was a lot of targeted outreach and one of the reasons for the focus on referrals was because there was an awareness that a lot of service users had contact with other services before someone signposted them to treatment and recovery. The service had now recruited a BME outreach worker specifically dedicated to working with communities across Brent. As Committee members had highlighted that South Asian communities had experienced barriers to accessing services, the service would ensure the work of the BME outreach worker extended to South Asian communities. The service had been doing a lot of engagement with individuals and organisations in order to raise awareness of the offer, and it was believed the service was now starting to see the benefits of that engagement work with various different organisations such as the Asian Women's Centre. As a result, there was now a good sized portfolio of leaders within the community who knew about the offer. There was also a lot of work being done around breaking the stigma of drug and alcohol misuse within every community to empower people to get treatment and engage in recovery. Representatives from B3 emphasised the importance of breaking down stigma in order to encourage people to use the service. It was important for

those approaching people regarding the service to be aware of that internalised stigma in order for people to trust the person offering help.

In terms of whether the treatment population was representative of the communities in need of treatment, the Committee heard that there was monitoring of the diversity of those in treatment and recovery, but it was difficult to know how representative that was because the data used by OHID was estimated. In relation to VIA New Beginnings, service users were relatively diverse. Max Griffiths added that the service was keen to find those communities that were not represented in treatment services and learn from that engagement. There were local data dashboards that gave further breakdowns into service user demographics that could be shared with the Committee, which helped guide the service as to where to engage. The Committee queried whether there were further breakdowns of wards to know where might need to be targeted for outreach. Max Griffiths responded that there could be breakdowns of service users by postcodes, however, given the sensitive nature of the data, care would need to be taken in providing information at too local a level.

In relation to the data of the treatment population in terms of diversity, the Committee heard that the data was only as good as what was reported and could only capture what was disclosed by the service users. In response to how many people of Indian heritage used the service, the Committee were advised that 7% of the treatment population had described themselves as Indian, but that could be higher. As to how that compared across NWL, Dr Melanie Smith advised that, because the data was sensitive, Brent did not have access to other borough's treatment data, and felt it would be more useful to learn from other boroughs how they had effectively reached out to communities and benchmark in that way rather than looking at raw figures.

The Committee asked what measures were taken to reach crack users in the borough as they were a difficult group to engage. Andy Brown explained that it was believed crack users were a population that needed to be contacted through the criminal justice system or mental health services as those in contact with the criminal justice system and mental health services were often not in contact with treatment services. In the latest plan submitted to central government for the service it included a post-criminal justice team and an in-reach team into mental health services.

The Committee noted the report detailed other boroughs placing vulnerable people in Brent and asked whether that had been a problem. Dr Melanie Smith highlighted that there was an issue when someone was placed in Brent by another borough's housing teams and the Council was not told. Andy Brown provided further details, explaining that there had been 4 deaths in hostels over the past 3-4 months involving vulnerable people from other boroughs and those host boroughs were still trying to understand why that had happened with their treatment providers. Brent had targeted hostels by asking VIA New Beginnings to send their outreach workers to ensure those hostels had links to and knew where the local treatment services were, and to get staff in hotels and hostels to check on everybody every day. Brent had also spoken with Hammersmith and Fulham and Hackney and requested that those boroughs let them know if they placed people within Brent and whether those people had treatment needs. Officers added that, in Brent, there was co-location of services with the substance misuse service and the single homelessness service which had a very robust screening process for the drug and alcohol service, so when a Brent resident was placed in a setting like a hostel and had a drug and alcohol problem the Council would know and the relevant referrals would be made.

The Committee highlighted that some people could have multiple addictions, or addictions outside the realm of substances such as gambling, gaming and sex addictions, and asked how the service would deal with someone who had multiple addictions. Max Griffiths responded that VIA New Beginning's speciality was substance misuse, but knew that

behaviour within addiction could extend itself to other areas and this was being seen more in services. He explained that the service would support someone as much as needed to reach their care plan goals, and a lot of the behaviours taught for tackling substance misuse could be mimicked using the advice and professionalism of the key workers supporting service users, but there were growing and improving treatment systems for gambling issues and other addictions not related to substance misuse, for example the CNWL Central Gambling Clinic. VIA New Beginnings would make the referrals to those systems but would not let go of those people until they knew they had the right support from the right service. He highlighted that VIA New Beginnings would always work with professionals working with the service user effectively so that there was no overlap between treatments and clear communications with that individual. It was added that B3 played an important role in the wellbeing of people who were in recovery.

The Committee asked whether the service would treat someone if there was dual diagnosis, such as a mental health condition, and were informed that the service would always treat someone with mental health issues if they had substance misuse issues as well and had a dual diagnosis team working alongside Central Middlesex Hospital in order to support that.

The Committee noted that paragraph 3.25 stated there were many barriers to substance misuse, with a key issue being an individual's willingness to recognise they had a problem. Committee members highlighted evidence that people were most likely compelled to recognise they had a problem when they were in A & E or respiratory inpatients where they were shown the impact substances had on the body, and asked how the service linked with the NHS to support the service. Dr Melanie Smith highlighted that officers had continued to put pressure on the NHS to deliver on its commitment to fund Alcohol Care Teams locally. Max Griffiths assured members that, operationally, VIA New Beginnings were working with all the big hospitals and had an effective outreach worker who completed assessments in Central Middlesex Hospital and Park Royal Hospital, working with A & E departments almost daily. Officers had good relationships with staff in those hospitals so that they could make referrals to the service and they were one of the highest referrers.

VIA New Beginnings confirmed that they did not do testing on behalf of the criminal justice system, as all testing by VIA was for treatment purposes.

The Committee asked what preventative work was done in schools and youth centres to mitigate the increase of drug misuse. Dr Melanie Smith highlighted the specific young people service, Elevate, which was a holistic offer for young people.

The Chair thanked those present for their contributions and drew the item to a close.

Information requests were also made throughout the discussion as noted below:

- i) For a further breakdown of demographics to include which communities were not being reached but identified as needing treatment, and where in the borough those were identified.

## **7. Brent Joint Health and Wellbeing Strategy Update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which provided an update on the Brent Health and Wellbeing Strategy. In introducing the report, she highlighted that the Health and Wellbeing Strategy belonged to the Health and Wellbeing Board which brought together the Council with the NHS and Healthwatch. It was a requirement to have a Health and Wellbeing Strategy, and Brent's earlier strategies were very focused on health and care, but the current strategy reflected a far greater process of

community engagement resulting in a much broader strategy not just covering the work of the Council and NHS but a much wider perspective of action. There were 5 themes within the strategy, and the report updated against those. Brent Health and Wellbeing Board had recently reaffirmed their endorsement of the 5 themes and were now engaged in the process of refreshing the commitments.

The Chair thanked Dr Melanie Smith for her introduction and invited comments and questions from those present, with the following issues raised:

The Committee felt the report was missing information about outreach work in schools which they saw as central to the strategy. An example was given in Kilburn, where Camden's air quality initiative was being introduced in school. Dr Melanie Smith agreed that the approach would fit well with Brent Council's existing air quality strategy and was something that could be explored with the air quality team. She explained that any particular aspect that was felt to be missing could be addressed when officers engaged Brent Children's Trust to reaffirm their commitments and strengthen the input from CYP.

The Committee highlighted that the report gave a raw figure for rates of smoking in the borough and asked whether there was any further breakdown by community, so that the Council could target communities with heavier smokers. Dr Melanie Smith explained that there was not robust data in relation to smoking communities but there was a qualitative understanding of which communities were smoking, with a higher prevalence of smoking in Eastern European communities and Latin American communities as well as mental health service users and B3. In response to that organisational knowledge, engagement was happening with those communities.

The Committee also asked what the strategy would do to support residents chewing tobacco to stop. They were advised that there was a stop chewing service as well as a stop smoking service which had been publicised and officers had tried to educate people in conjunction with an oral surgeon about the dangers of chewing tobacco. Unfortunately, the uptake of the stop chewing service had been disappointing, and members were asked to let officers know of any support they could offer to encourage people to stop chewing.

The Committee was pleased to see the efforts to improve access to toilet provision in the borough and asked what more could be done to improve that. Dr Melanie Smith expressed disappointment that this was a part of the strategy that had not been able to progress due to availability of resource. The Council had explicitly approached the Office for Health Improvement and Disparities (OHID) about whether public health grant funding could be used for the purpose of improving toilet provision and been told it could not, so the Council was looking at alternative ways to move that forward. Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) expanded, informing the Committee that One Kilburn had got a successful community toilet scheme running along the High Road with various outlets signed up to allow access to toilets, and this had been highlighted for potential roll-out in other parts of the local authority.

In relation to Council estates and food growing, the Committee highlighted that many estates in the borough were not Council owned but were owned by Housing Associations, and asked what work was being done with Registered Social Landlords (RSLs) to advance food growing on estates. Dr Melanie Smith advised the Committee that officers would look to explore this through the Food Strategy. Progress with the Council's own estates had been disappointing, and there was a need for the Council to lead by example on this, which it was hoping to progress on St Raphael's Estate. The Council was working with Sufra on the Food Strategy, specifically on growing on estates, and would hesitate to approach RSLs until the Council was in a position of having delivered something akin to what Sufra had done to ensure credibility. Sufra was leading in that space currently and were partners in the Food Strategy. One thing that had been heard clearly from the community was that the Council should be facilitating the work and not driving it, so while it was hoped there

would be progress on this work by summer, it was dependent on the community signing up to that timetable. The Committee added that one way to encourage residents to get involved would be for the Council to publicise the sites and locations that had been identified for the project.

Continuing to discuss food, the Committee asked how the Council would work to increase the sign up of healthy catering considering the high number of fast food outlets on high streets in Brent. Dr Melanie Smith advised that, rather than going out randomly to engage fast food outlets, officers were focusing on particular areas. In Harlesden, there was a fear amongst retailers that if they were the only outlet in a row of fast food outlets offering a healthy option that it would make them less competitive, but evidence and case studies showed it did not harm the bottom line and in some cases could be beneficial, so officers were building relationships and persuading outlets in a geographical approach. The commitment from outlets was variable, and providers who had been supportive could be listed outside of the Committee.

The Committee asked how this work aligned with work around diabetes which Brent Health Matters (BHM) were leading on and were advised that the healthy catering commitment and allied work focused on the supply side, whereas BHM looked at managing demand and consumer education.

In response to how GPs were supported to contribute to the strategy, the Committee were advised that BHM was developing connections with GPs, and the Integrated Care Partnership (ICP) had recently appointed a local GP as the Clinical Lead for BHM, which had resulted in a step-change in the engagement of GPs within the BHM programme.

The Committee asked how officers would measure the impact and outcomes of the strategy and the 5 themes going forward. Dr Melanie Smith highlighted that the first set of commitments of the current strategy had been a narrative which had been right at the time and mostly delivered, but there was currently no quantitative measure of that impact. Going forward, when the commitments were refreshed, officers would be talking to Council departments, Integrated Care Board (ICB) colleagues, other partners, and Brent Youth Parliament about making those commitments measurable, which would be one of the big changes in the refreshed strategy. In response to whether Healthwatch would be engaged in that process, Dr Melanie Smith confirmed they would be, highlighting that the initial engagement for the strategy had been largely delivered by Healthwatch and officers were grateful to them for the work they had done.

Members flagged an issue in Chalkhill Park that had been raised by park users regarding beer cans littering park benches which impacted the commitment to improve usable green spaces in Brent. They also advised of a small allotment in the area which might be a good location for food growing projects. Presenting officers thanked members for the intelligence.

The Chair thanked those present for their contributions and drew the item to a close.

## **8. Social Prescribing Task Group Year 1 Update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which was an update on progress on the recommendations made by the Committee a year ago in the Social Prescribing Task Group report. She highlighted that the report was themed around governance arrangements, where she felt a lot of progress had been made, access to social prescribing, where she felt some progress had been made, and the social prescribing offer, where she felt least progress had been made.

The Chair thanked Dr Melanie Smith for her introduction and invited comments and questions from those present. The following points were raised:

The Committee highlighted examples of patients waiting a long time, sometimes between 8 weeks to 3 months, before they were contacted by a social prescriber, and asked how that issue could be progressed. Dr Melanie Smith advised members that the existing Primary Care Network of Social Prescribers was delivered and directed through the Primary Care Network, and Public Health felt there was the potential for the system to work more efficiently in that space. Social Prescribers within primary care had been largely set up in response to pressures on GPs to alleviate demand, meaning social prescribers were now being asked to do things they had not necessarily set up to do, so Social Prescribers may not necessarily have all of the context and skills needed in order to do that. In response to that, a community of practice was being developed to share good practice, and Public Health was seeking to work across the system to increase efficiency and ensure there were better links between different parts of the system.

In relation to the information in the report, the Committee asked how that was obtained. They were advised that officers were getting data directly from GP staff after approaching Primary Care Networks (PCNs) for the data.

The Committee asked where the main challenges were in progressing social prescribing and how that was being mitigated, as well as how Brent Council was facilitating the process to make better health outcomes. Dr Melanie Smith advised that the current provision of social prescribing was an NHS service, and the task group report had recommended that the social prescribing service should be more widely available. The Council had no direct jurisdiction over PCNs but was seeking to work with them and influence them to improve social prescribing in the borough, particularly around how social prescribers related to Council services. For example, there had been a lot of work done to improve referral routes between social prescribers and Adult Social Care and social prescribers and housing which social prescribers had recognised as beneficial. The Council was also piloting social prescribing principles within Adult Social Care using holistic assessments, signposting and directing to other services. The Council was quite advanced with its implementation of social prescribing principles in Adult Social Care and had an agreed role that was currently going through the HR recruitment process. There were prospects for significant progress in this area over the next 12 months, but Public Health did not foresee an offer where residents would receive the exact same offer in Adult Social Care as they would in primary care because there would always be slight differences between the Council and NHS.

As no further points were raised, the Chair drew the item to a close.

## 9. **Scrutiny Recommendations Tracker**

The Committee noted the recommendations tracker.


## 10. **Any other urgent business**

The Committee heard that this would be Janet Latinwo's final meeting as the Statutory Scrutiny Officer. The Committee thanked her for the work on the Committee and wished her well for the future.

The meeting closed at 8:00 pm  
COUNCILLOR KETAN SHETH, Chair





 <b>Brent</b>	<b>Community and Wellbeing Scrutiny Committee</b> 16 April 2024
	<b>Report from the Corporate Director of Children and Young People</b>
	<b>Cabinet Member for Children, Young People and Schools - Cllr. Gwen Grahl</b>
<b>Annual School Standards and Achievement 2022-23</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Shirley Parks Director Education, Partnerships and Strategy <a href="mailto:shirley.parks@brent.gov.uk">shirley.parks@brent.gov.uk</a>  Jen Haskew Head of Setting and School Effectiveness <a href="mailto:jen.haskew@brent.gov.uk">jen.haskew@brent.gov.uk</a>

## 1.0 Executive Summary

1.1 This report updates members of the Community and Wellbeing Scrutiny Committee on school standards and achievement during the 2022/23 academic year, from the Early Years to Key Stage 5.

## 2.0 Recommendation(s)

2.1 For members of the Community and Wellbeing Scrutiny Committee to note the content of the report.

## 3.0 Detail

### 3.1 Contribution to Borough Plan Priorities and Strategic Context

3.1.1 School standards are a corporate priority for Brent Council as set out in the Borough Plan 'Moving Brent Forward Together for 2023-2027'. The plan sets out five strategic priorities, including: The Best Start in Life – Raised Aspirations, Achievement and

Attainment. Within this strategic priority there is a commitment to support every child and young person to access high quality education.

3.1.2 Within this strategic priority there is a commitment to:

- support the continued improvement of early years provision and schools
- raise the attainment and narrow the gap with their peers for children of Caribbean, Black African and Somali heritage
- make sure access to education is fair and equal.

### **3.2 Accountability for school standards and achievement**

3.2.1 The January 2024 Department for Education (DfE) 'Schools Causing Concern Guidance on Intervention' for local authorities and Regional Directors sets out the factors local authorities and regional directors will consider, and the process they will follow to decide the right approach to support a school to improve. This guidance applies to:

- Schools that have failed to comply with a warning notice
- Schools that have been judged 'Inadequate' by Ofsted
- Schools that are not making necessary improvements (two consecutive 'Requires Improvement' Ofsted judgements)

*NB. The above criteria did not apply to any Brent schools in the 2022-23 academic year.*

3.2.2 Ofsted inspect and regulate thousands of organisations and individuals providing education, training and care. Ofsted report their findings to parliament, parents, carers and commissioners. The primary purpose of inspection under the Ofsted framework is to bring about improvement in education provision.

3.2.3 The period between inspections is normally simple:

- A school judged outstanding or good will usually be inspected within the 4 academic years following its last inspection.
- A school judged requires improvement or inadequate will usually be inspected within two and a half years.

However, the picture is currently more complex because of:

- the pause to inspections during the pandemic
- the government lifted the inspection exemption for outstanding schools; this added 3,000 schools to the schedule, many of which had not been inspected for a decade or more
- the government instructed Ofsted to inspect every school at least once before August 2025

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

**Table 1: Summary of Ofsted state-funded school inspections**

Type of Inspection	Graded	Ungraded	Urgent	Monitoring
<b>Legal Powers for inspection</b>	Section 5 of the Education Act 2005	Section 8 of the Education Act 2005	Section 85 of the Education Act 2005	Section 8 of the Education Act 2005
<b>Schools eligible for inspection</b>	All schools	Schools with an outstanding/good judgement	All schools – triggered by a specific concern	Schools with an inadequate judgement or two consecutive requires improvement judgements
<b>Outcome</b>	-Outstanding -Good -Requires improvement -Inadequate	-Unchanged -Remains the same but next inspection to be a Section 5 -Converted to Section 5	-Report setting out concerns  Or if deemed serious  -Section 5 graded inspection	That the school is, or is not, making progress to improve

- 3.2.5 Section 13A of the Education Act 1996 states that a “local authority must exercise its education functions with a view to promoting high standards”. Brent Council’s Setting and School Effectiveness Service does this in accordance with the Brent Strategic Framework for School Effectiveness 2023-27. The framework recognises that school leaders have the proven expertise and experience to support school improvement, and that collaborative school-led partnerships are a key feature of local education provision with improvement being driven by local schools. The Strategic Setting and School Effectiveness Partnership Board, that includes headteacher and governor representatives, oversees delivery of the Strategic Framework for School Effectiveness and contributes to holding the service to account
- 3.2.6 Where a Brent maintained school is judged less than good by Ofsted or self-categorises themselves as less than good, a Rapid Improvement Group (RIG) is established by the local authority to secure rapid progress and improvement. The RIG ensures that appropriate and co-ordinated support and challenge are provided at all levels: school, local authority and, if appropriate, diocese, foundation or trust. The RIG aims to support the school to build its capacity to sustain and continue the process of improvement. As part of this role, the RIG evaluates the impact of support to ensure that appropriate and sustained progress is made.
- 3.2.7 The DfE Maintained Schools Governance Guide (March 2024) and Academy Governance Guide (March 2024) sets out the key core functions of a school governing body as:
- Ensuring clarity of vision, ethos and strategic direction
  - Holding executive leaders to account for the educational performance of the organisation and its pupils, and the effective and efficient performance management of staff
  - Overseeing the financial performance of the organisation and making sure its money is well spent.

Therefore, school governing boards and their executive leaders are ultimately accountable for the standards and achievement in their schools. For this reason, when the local authority establishes a RIG at a school the Chair of Governors or representative is required to attend meetings. Rapid Improvement Groups are chaired by the Head of

Setting and School Effectiveness Service or the Director, Safeguarding, Partnerships and Strategy.

3.2.8 The School Improvement Monitoring and Brokering Grant has been allocated to local authorities from the DfE since September 2017 to allow them to continue to monitor performance of maintained schools, broker school improvement provision and intervene as appropriate. In January 2022 the DfE announced, following a consultation, that in future these functions will be funded from maintained school budgets, with the grant to be reduced by 50% in the 2022-23 financial year, ahead of full removal in the 2023-24 financial year. The Brent Schools' Forum has agreed to delegate funds to the Setting and School Effectiveness service to fund the continuation of work with schools.

### 3.3 Quality of Provision as Judged by Ofsted

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

**Table 2: Brent Schools by Governance Type**

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

3.3.2 Table 3 shows that Brent is well above the national and London average of 90%, with 95% of Brent schools currently judged Good or Outstanding by Ofsted. Table 4 shows the schools inspected during the 2022/23 academic year. The primary school that was judged less than good in 2022/23 is part of a Rapid Improvement Group (RIG). With the support of the local authority the school is on the journey towards good. The Local Authority initially supported the governors to recruit interim leadership for the school. Since then, in this academic year, a substantive headteacher and deputy headteacher have been successfully recruited.

3.3.3 One primary school was judged as Inadequate by Ofsted in November 2023 and is subject to an Academy Order. The school will be transferring to the Harris Federation, the multi-academy trust appointed by the Department for Education. In the meantime, the school is part of a RIG and the SSES is continuing to support the school to make rapid improvements. The experience of children is improving. One special school that was judged as Requires Improvement in February 2022 has made good progress with the support of the SSES and is waiting for a re-inspection. The other school judged as

Requires Improvement is an Alternative Provision Free School within the Beckmead Trust (classified below under Special). Although this is not a community school, the SSES is providing some peer support to the school. However, the school improvement work is led by the Trust as is normal practice.

**Table 3: Brent Schools by Ofsted Grading (Accurate March 2024)**

Ofsted Grade By Proportion	Outstanding & Good	Outstanding (1)		Good (2)		Requires improvement (3)		Inadequate (4)	
		No.	%	No.	%	No.	%	No.	%
Nursery	100.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%
Primary	96.7%	10	16.7%	48	80.0%	1	1.7%	1	1.7%
Secondary	100.0%	5	38.5%	8	61.5%	0	0.0%	0	0.0%
PRU	100.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%
Special	60.0%	2	40.0%	1	20.0%	2	40.0%	0	0.0%
All Through	100.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
All Brent Schools	95.3%	19	22.1%	63	73.3%	3	3.5%	1	1.2%
National (as at 05/03/2024)	89.7%		12.7%		77.0%		8.4%		1.9%
London (as at 05/03/2024)	96.1%		23.9%		72.2%		3.6%		0.3%

**Table 4: Brent Ofsted Inspections 2022-23**

Phase of Education	Overall effectiveness	Academic
	Current Inspection	Year
Nursery	O	2022
Primary	G	2022
Primary	G	2022
Primary	G	2022
Primary	G	2022
Primary	G	2022
Primary	G	2022
Primary	G	2022
Primary	G	2022
Primary	G	2022
Primary	G	2023
Primary	G	2023
Primary	G	2023
Primary	G	2023
Primary	G	2023
Primary	G	2023
Primary	G	2023
Primary	G	2023
Primary	G	2023
Primary	R	2023
PRU	G	2023
Secondary	G	2022
Secondary	O	2023
Secondary	O	2023
Special	O	2023

### 3.4 Brent Early Years Settings Ofsted Outcomes

Parents can access funded places at a school with nursery provision, a private nursery, a pre-school or with a childminder. This is known as the Private, Voluntary and Independent (PVI) sector. All providers must be registered with Ofsted. In England, there are three government-funded early education schemes that offer free early education and childcare for children aged two, three and four:

- [15 hours free childcare for eligible 2-year-olds](#)
- [15 hours free childcare for all 3 and 4-year-olds](#)
- [30 hours free childcare for eligible 3- and 4-year-olds](#)

3.4.1 Brent local authority is committed to supporting children to have the best start in life. This includes access to high quality early education and care. As well as receiving funding from the government for places, PVI providers in Brent are supported by the local authority. A training offer is in place as well as specialist support for early years quality and inclusion from specialist officers within the Children and Young People's Department. This investment in Brent's very youngest children will have a positive impact on young children's future life chances and supports families in Brent to feel confident in the care and education their children receive.

3.4.2 The PVI sector is made up of businesses ranging in size including private businesses, voluntary providers and childminders. Ofsted inspects all registered providers. A grading of outstanding, good, requires improvement or inadequate is given when a full inspection, with children present, takes place. When children are not present inspectors will judge to see if the Welfare Requirements of the Early Years Foundation Stage are 'met' or 'not met'. New providers are registered to operate by Ofsted if they meet the prerequisite requirements. They are usually inspected within the first 30 months of operating.

3.4.3 Presently, the local authority is working with early years providers to prepare to implement the expansion of the early years entitlement and wraparound care announced in the Spring Budget 2023. This will mean that by September 2025 30 hours of free childcare will be available for working parents of children 9 months to primary school age and all working parents will be able to access wraparound care, either at their local school or other provider in the local area.

3.4.4 Tables 5 and 6 below show the Ofsted outcomes for PVI settings. The number of settings has remained stable in the last year. The number that are less than good has increased by 4. The PVI sector faces challenges that include:

- Recruitment, retention and staff training – settings are tending to do on-line training to avoid additional staffing costs which is not as effective as LA-run face to face training
- Cost of living increases
- An increase in the number of children with complex needs
- The impact of the pandemic on child development – the LA is supporting settings to access DfE recovery programmes
- Understanding the Ofsted framework and the requirements to reach 'good'
- LA capacity to support providers has reduced

3.4.5 To address the above the local authority are supporting settings to:

- Access the DfE recovery programmes
- Passing on increased funding rates and supporting settings to increase capacity
- Restricting funding to settings that are judged to be inadequate as set out in the provider agreement.

**Table 5: Brent PVI Outcomes**

Ofsted Result	PVIs in Jan 2024	% by Outcomes for all providers	% for providers with Quality Judgement	PVIs in Feb 2024	% by Outcomes for all providers	% for providers with Quality Judgement	Trend compared to previous month (Overall Outcomes)	Trend compared to previous month (Quality Judgement)
Outstanding	7	6.3%	7.4%	7	6.3%	7.4%	⇒	⇒
Good	77	69.4%	81.9%	78	70.3%	83.0%	↑	↑
Requires Improvement	7	6.3%	7.4%	7	6.3%	7.4%	⇒	⇒
Inadequate	3	2.7%	3.2%	3	2.7%	3.2%	⇒	⇒
Met	1	0.9%		1	0.9%		⇒	
Not met	0	0.0%		0	0.0%		⇒	
New Provider	14	12.6%		13	11.7%		↓	
ISI Inspection	2	1.8%		2	1.8%		⇒	
<b>Total</b>	<b>111</b>			<b>111</b>				
<b>quality judgement (Outstanding, Good, Requires Improvement, Inadequate)</b>	<b>94</b>			<b>94</b>				

**Table 6: Brent Childminder Outcomes**

Ofsted Result	Childminders in Jan 2024	% by Outcomes for all providers	% for providers with Quality Judgement	Childminders in Feb 2024	% by Outcomes for all providers	% for providers with Quality Judgement	Trend compared to previous month (Overall Outcomes)	Trend compared to previous month (Quality Judgement)
Outstanding	7	5.4%	8.8%	7	5.4%	8.6%	⇒	⇒
Good	70	54.3%	87.5%	71	54.6%	87.7%	↑	↑
Requires Improvement	3	2.3%	3.8%	3	2.3%	3.7%	⇒	⇒
Inadequate	0	0.0%	0.0%	0	0.0%	0.0%	⇒	⇒
Met	27	20.9%		27	20.8%		⇒	
Not Met	2	1.6%		2	1.5%		⇒	
New Provider	20	15.5%		20	15.4%		⇒	
<b>Total</b>	<b>129</b>			<b>130</b>				
<b>Total providers with quality judgement (Outstanding, Good, Requires Improvement, Inadequate)</b>	<b>80</b>			<b>81</b>				

### 3.5. Pupil Attainment

#### 3.5.1 School key stages are broken down as follows:

- Early Years Foundation Stage (EYFS) – ages 3-5 (Nursery and Reception)
- Key Stage 1 – ages 5-7 (Years 1-2)
- Key Stage 2 – ages 7-11 (Years 3-6)
- Key Stage 3 – ages 11-14 (Years 7-9)
- Key Stage 4 – ages 14-16 (Years 10-11)
- Key Stage 5 – ages 16-18 (sixth form or college)

### 3.6. Pupil Attainment – Early Years

#### 3.6.1 Early Years is defined as provision for early education from birth until the end of the Reception Year in school. On entry to Reception, within the first six weeks, children are assessed to identify their starting point using the Reception Baseline Assessment.



3.6.2 In time the Reception Baseline Assessment will inform school-level progress measures for primary schools which will show the progress pupils make from reception until the end of key stage 2 (KS2). This will be introduced in summer 2028 for pupils who entered reception in the academic year 2021 to 2022.

3.6.3 Children are assessed again at the end of Reception Year across all the areas of learning within the Early Years Foundation Stage. The data in Tables 7 and 8 shows children in Brent that have reached a 'Good Level of Development' (GLD). If a child achieves a GLD it is recognised that they are at an appropriate level to begin the Key Stage 1 curriculum. The Brent score for all children is just below the national score.

**Table 7: Early Years Brent Headline Data**

EYFS - % attaining GLD - 2022				
	Cohort	LA	National	GAP
All Pupils	3610	66.3%	67.2%	0.9%

3.6.4 Table 8 provides an analysis of the data by groups. Table 8 shows that disadvantaged children, children with English as an Additional Language, children on SEN support and children with an EHCP all performed above their national equivalents.

**Table 8: Early Years – Brent Data Headline Summary**

Pupil Groups	Headline
All Pupils	66.3% of children achieved a GLD compared to 67.2% nationally.
Gender	More girls (72.6%) achieved GLD than boys (59.8%). This is a difference of 12.8%
Disadvantaged*	60.0% of disadvantaged children achieved GLD compared to 52.0% nationally.
EAL**	65.1% of children with EA*L achieved GLD compared to 62.7% nationally.
SEN Support***	28.7% of children with SEN Support achieved GLD compared to 24.4% nationally.
EHCP****	5.8% of children with an EHCP achieved GLD compared to 3.8% nationally.

\*Children who qualify for Pupil Premium

\*\*English as an additional language

\*\*\*Children who have support for their Special Educational Need

\*\*\*\*Education Health and Care Plan (legal document which describes a child or young person's needs and support they need)

### 3.7 Pupil Attainment - Phonics

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



**Table 9: Phonics Brent Headline Data**

Phonics Year 1 - % attaining Working At - 2023				
	Cohort	LA	National	GAP
All Pupils	3700	79.1%	78.9%	0.2%

3.7.2 Table 10 provides an analysis of the data by groups. All groups other than children with an EHCP achieved higher than their national equivalents (1% BELOW).

**Table 10: Phonics Headline Summary Table**

Pupil Groups	Headline
All Pupils	79.1% of children passed the phonics test compared to 78.9% nationally.
Gender	More girls (81.8%) passed the phonics test than boys (76.7%). This is a difference of 5.1%
Disadvantaged	75.5% of disadvantaged children passed the phonics test compared to 66.8% nationally
EAL	79.2% of children with EAL passed the phonics test compared to 78.4% nationally.
SEN Support	55.8% of children with SEN Support passed the phonics test compared to 48.5% nationally.
EHCP	18.8% of children with an EHCP passed the phonics test compared to 19.8% nationally.

### 3.8 Pupil Attainment – Key Stage 1

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

3.8.2 Teachers judge the standards children are working at in English reading, English writing, mathematics and science by the end of KS1. To help inform those judgements, children sit national curriculum tests in English and mathematics, commonly called SATs. They may also sit an optional test in English grammar, punctuation and spelling. Results are published for reading, writing and maths (Table 10). There is also a combined reading, writing and maths (RWM) to show children that achieved the expected standard for all three.

3.8.3 Brent outcomes are within a percentage point of national and the Brent combined score is 1.8 percentage points higher than national.

**Table 11: Key Stage 1 Headline Data**

KS1 - % of pupils by gender achieving the expected standard in 2023													
	Cohort	RWM			Reading			Writing			Maths		
		LA	National	GAP	LA	National	GAP	LA	National	GAP	LA	National	GAP
All	3619	57.8%	56.0%	1.8%	68.0%	68.3%	-0.3%	61.1%	60.1%	1.0%	70.3%	70.4%	-0.1%

3.8.4 Table 12 provides an analysis of the data by groups. For Reading, Writing and Maths, all groups other than children with an EHCP achieved higher than their national equivalents (0.4% difference).

**Table 12: Key Stage 1 Summary**

<b>Pupil Groups</b>	<b>Headline – Reading, Writing and Maths</b>
All Pupils	57.8% of children achieved the expected standard compared to 56.0% nationally.
Gender	More girls (62.7%) achieved the expected standard than boys (53.3%). This is a difference of 9.4%
Disadvantaged	48.0% of disadvantaged children achieved the expected standard compared to 40.1% nationally.
EAL	57.2% of children with EAL achieved the expected standard compared to 54.9% nationally.
SEN Support	32.5% of children with SEN Support achieved the expected standard compared to 19.1% nationally.
EHCP	6.1% of children with an EHCP achieved the expected standard compared to 6.5% nationally.

<b>Pupil Groups</b>	<b>Headline – Reading</b>
All Pupils	68.0% of children achieved the expected standard compared to 68.3% nationally.
Gender	More girls (71.9%) achieved the expected standard than boys (64.5%). This is a difference of 7.4%
Disadvantaged	60.1% of disadvantaged children achieved the expected standard compared to 53.8% nationally.
EAL	66.6% of children with EAL achieved the expected standard compared to 64.8% nationally.
SEN Support	46.9% of children with SEN Support achieved the expected standard compared to 32.0% nationally.
EHCP	11.6% of children with an EHCP achieved the expected standard compared to 12.5% nationally.

<b>Pupil Groups</b>	<b>Headline – Writing</b>
All Pupils	61.1% of children achieved the expected standard compared to 60.1% nationally.
Gender	More girls (67.3%) achieved the expected standard than boys (55.4%). This is a difference of 11.9%
Disadvantaged	52.1% of disadvantaged children achieved the expected standard compared to 44.4% nationally.
EAL	60.3% of children with EAL achieved the expected standard compared to 58.8% nationally.
SEN Support	34.7% of children with SEN Support achieved the expected standard compared to 21.7% nationally.
EHCP	8.2% of children with an EHCP achieved the expected standard compared to 7.6% nationally.

<b>Pupil Groups</b>	<b>Headline – Maths</b>
All Pupil	70.3% of children achieved the expected standard compared to 70.4% nationally.
Gender	More girls (71.2%) achieved the expected standard than boys (69.4%). This is a difference of 1.8%

Disadvantaged	62.6% of disadvantaged children achieved the expected standard compared to 55.6% nationally.
EAL	69.7% of children with EAL achieved the expected standard compared to 69.2% nationally.
SEN Support	47.6% of children with SEN Support achieved the expected standard compared to 36.7% nationally.
EHCP	17.0% of children with an EHCP achieved the expected standard compared to 14.6% nationally.

### 3.9 Pupil Attainment – Key Stage 2

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

3.9.2 The headline data shows that Brent children achieved above national in all measures (Table 13)

**Table 13: Key Stage 2 Headline Data**

KS2 - % of pupils by gender achieving the expected standard in 2023													
Cohort	RWM			Reading			Writing			Maths			
	LA	National	GAP	LA	National	GAP	LA	National	GAP	LA	National	GAP	
All	3673	63.6%	59.6%	4.0%	74.1%	72.8%	1.3%	73.4%	71.5%	1.9%	78.4%	73.0%	5.4%

3.9.3 Table 13 provides an analysis of the data by pupil groups. For Reading, Writing and Maths, all groups achieved higher than their national equivalents.

**Table 14: Key Stage 2 Summary Table**

Pupil Groups	Headline – Reading, Writing and Maths
All Pupils	63.6% of children achieved the expected standard compared to 59.6% nationally.
Gender	More girls (68.0%) achieved the expected standard than boys (63.0%). This is a difference of 8.7%
Disadvantaged	53.2% of disadvantaged children achieved the expected standard compared to 44.2% nationally.
EAL	62.8% of children with EAL achieved the expected standard compared to 60.6% nationally.
SEND Support	34.3% of children with SEN Support achieved the expected standard compared to 23.6% nationally.
EHCP	11.7% of children with an EHCP achieved the expected standard compared to 8.4% nationally.

Pupil Groups	Headline – Reading
All Pupils	74.1% of children achieved the expected standard compared to 72.8% nationally.
Gender	More girls (77.6%) achieved the expected standard than boys (70.8%). This is a difference of 6.8%

Disadvantaged	68.5% of disadvantaged children achieved the expected standard compared to 62.4% nationally.
EAL	72.0% of children with EAL achieved the expected standard compared to 69.8% nationally.
SEND Support	49.2% of children with SEN Support achieved the expected standard compared to 45.0% nationally.
EHCP	18.9% of children with an EHCP achieved the expected standard compared to 18.2% nationally.

Pupil Groups	Headline – Writing
All Pupils	73.4% of children achieved the expected standard compared to 71.5% nationally.
Gender	More girls (80.2%) achieved the expected standard than boys (67.0%). This is a difference of 13.2%
Disadvantaged	65.9% of disadvantaged children achieved the expected standard compared to 58.2% nationally.
EAL	72.4% of children with EAL achieved the expected standard compared to 71.5% nationally.
SEND Support	43.9% of children with SEN Support achieved the expected standard compared to 33.9% nationally.
EHCP	17.2% of children with an EHCP achieved the expected standard compared to 12.0% nationally.

Pupil Groups	Headline – Maths
All Pupils	78.4% of children achieved the expected standard compared to 73.0% nationally.
Gender	Less girls (79.7%) achieved the expected standard than boys (77.1%). This is a difference of 2.6%
Disadvantaged	68.2% of disadvantaged children achieved the expected standard compared to 59.0% nationally.
EAL	79.4% of children with EAL achieved the expected standard compared to 77.2% nationally.
SEND Support	55.3% of children with SEN Support achieved the expected standard compared to 42.4% nationally.
EHCP	22.2% of children with an EHCP achieved the expected standard compared to 16.5% nationally.

### 3.10 Pupil Attainment – Key Stage 4

3.10.1 GCSEs: At the end of Key Stage 4 (KS4) pupils take examinations known as GCSEs (General Certificate of Secondary Education). Examinations are taken in National Curriculum subjects. The grade scale runs from a 9 (the highest grade) to 1 (the lowest grade). Table 15 shows the KS 4 Headline data for Progress 8, Attainment 8, English and Maths Level 5+ and the English Baccalaureate. In all measures Brent was above the national average.

**Table 15: Key Stage 4 Headline Data**

KS 4 (Key Stage 4) All pupils 2023													
Cohort	Progress 8			Attainment 8			English & Maths 5+			EBacc APS			
	LA	National	GAP	LA	National	GAP	LA	National	GAP	LA	National	GAP	
All	3227	0.61	-0.03	0.64	50.4	46.2	4.2	64.2%	60.3%	3.9%	4.68	4.05	0.63

### 3.10.2 Key Stage 4 Summary Data

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

**Table 16: Progress 8**

Pupil Groups	Headline – Progress 8
All Pupils	0.6 compared to –0.03 nationally.
Gender	Female 0.76 Male 0.48
Disadvantaged	0.15 compared to –0.57 nationally
EAL	0.74 compared to 0.50 nationally
SEND Support	0.17 compared to -0.45 nationally
EHCP	-0.82 compared to -1.12 nationally

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

Table 17 shows that Brent pupil groups performed above national equivalents.

**Table 17: Attainment 8**

Pupil Groups	Headline – Attainment 8
All Pupils	50.4 compared to 46.2 nationally
Gender	Female 52.7 Male 48.4
Disadvantaged	41.7 compared to 35.0 nationally
EAL	49.1 compared to 48.3 nationally
SEND Support	37.7 compared to 33.2 nationally
EHCP	16.6 compared to 14.0 nationally

- **A grade 5** is a strong pass. Table 18 shows that Brent pupil groups performed above national equivalents.

**Table 18: English and Maths 5+**

Pupil Groups	Headline – English and Maths 5+
All Pupils	64.2% compared to 60.3% nationally
Gender	Female 66.8% Male 61.9%
Disadvantaged	49.5% compared to 38.1% nationally
EAL	61.5% compared to 62.4% nationally
SEND Support	37.6% compared to 32.0% nationally
EHCP	16.1% compared to 10.2% nationally

- **The EBacc** comprises the core academic subjects that the vast majority of young people should have the opportunity to study to age 16. To enter the EBacc, pupils must take up to eight GCSEs across five subject 'pillars'. The structure of the EBacc is English: 2 GCSEs; Maths: 1 GCSEs; Science: 2 or 3 GCSEs; Language: 1 GCSE (modern language or an ancient language) and Humanities: 1 GCSE (History of Geography). This applied to 2129 young people of a total cohort of 3226 in 2022/23.

**Table 19: English Baccalaureate**

Pupil Groups	Headline – EBacc APS
All Pupils	4.68 compared to 4.05 nationally
Gender	Female 4.89 Male 4.49
Disadvantaged	3.81 compared to 2.97 nationally
EAL	4.58 compared to 4.37 nationally
SEND Support	3.30 compared to 2.75 nationally
EHCP	1.39 compared to 1.11 nationally

### 3.11 Pupil Attainment – Key Stage 5

3.11.1 The same level of group analysis is not available for A Level results. However, headline results are favourable compared to national.

**Table 20: Key Stage % GCE/A Levels**

KS 5 (GCE/A Level) All pupils 2023											
Cohort	Best 3 APS			AAB %			A* - C and L3 Maths %			GAP	
	LA	National	GAP	LA	National	GAP	LA	National	GAP		
All Pupils	1131	37.77	34.68	3.09	21.8	15.8	6	38.3	25.3%	13%	0.63

### 3.12 Ensuring education access is fair and equal

3.12.1 The dynamic mix of communities in Brent continues to enrich and inform the social, economic and cultural make-up of the borough. The largest defined ethnic groups of statutory school in Brent age are: Asian Indian (18%), White British (9.2%), White Eastern European (7.3%), Black Somali (6.4%), Black Caribbean (5.9%), Asian Pakistani (3.9%) and Afghan (3%). Undefined ethnic groups include Other – Any Other (5.8%), Asian – Other Asian (4.3%) and White – White Other (3.3%) (Source: January 2023 School Census).

3.12.2 In addition to new arrivals, socio-economic pressures placed on many of Brent's families combined with a housing stock which relies heavily on privately rented accommodation, contribute to relatively high levels of pupil turnover in many of our schools. In 2022/23, the proportion of Brent pupils in primary and secondary schools who are classed as disadvantaged is 21%, below the national figure of 25% and the total London average of 29% (based on free school meals/pupil premium allocations). This is in part because of not all families on benefits whose children are eligible for free school meals apply, which is why officers are currently exploring a system of automatically enrolling eligible children.

- 3.12.3 As the data above shows, there continue to be groups of children in Brent who underachieve compared to measures for all children. The School Effectiveness Service challenges leaders to identify and plan intervention for underachieving groups to lessen the impact of educational disproportionality. This support is focused on children across different pupil groups. The Inclusion Service also provides support to schools for pupils with SEND, which includes support to implement programmes such as the 'Graduated Approach' for children on SEN support and targeted support for children with an EHCP.
- 3.12.4 Brent schools deliver high-quality teaching (as recognised by the number of schools judged good or better by Ofsted) that is differentiated and personalised to meet the needs of their pupils. Additional teaching interventions build on a strong curriculum designed to give pupils knowledge that prepares them for future stages of education and work. Schools also provide a wide range of experiences that allow learning in different contexts and ensure access to a broad cultural capital for all pupils.
- 3.12.5 The Pupil Premium grant provides additional funding for state-funded schools in England to raise the educational attainment of disadvantaged pupils. Every school must publish their Pupil Premium Strategy on their website to show how the money is used to support children and the impact of previous activity funded by the Pupil Premium.
- 3.12.6 Last year the Brent Schools Partnership delivered, 'Leading from the Top: Driving Change with an Anti-racist Approach' to a small group of schools. In the present academic year, a much larger group of school leaders have attended this course, with places for headteachers or deputy headteachers funded by the local authority. 'Leading from the Top' is a ground-breaking six-part course that offers all school and setting leaders free access to training to help share anti-racist knowledge and best practice within the Brent community. It builds on existing work carried out with the focus of raising Black Caribbean achievement over the last few years and takes a more holistic anti-racist approach.
- 3.12.7 Two sessions of 'Leading from the Top' have been delivered to governors. The content will be developed further at the annual conference for Brent governors in June 2024.
- 3.12.8 As identified in the Black Community Action Plan, there remains a need to improve education outcomes for the Black Caribbean population to provide a strong foundation for successful pathways into adulthood. Currently 9.7% of Brent's Black Caribbean population (aged 16-64) are unemployed (Census 2021) and the Council's Moving on Up programme has supported 484 young Black men into jobs and careers.
- 3.12.9 The summary data for Boys of Black Caribbean Heritage 2022-23 shows that they continue to be an underachieving group nationally compared with all pupils. For the period 2017-2019 Brent Schools Forum funded the 'Raising the Achievement of Boys of Black Caribbean heritage' programme led, managed, and administered by Brent Schools Partnership on behalf of the local authority. Outcomes at the end of the 2018-19 academic year showed progress in closing the gap particularly in KS2 reading, writing and maths combined outcomes and in decreasing the Attainment 8 gap in KS4.
- 3.12.10 In 2021-22 the data for this group highlighted that some of the pre-pandemic attainment gains had not been maintained. In 2022-23 there has been improvements in the achievement of this group of children and young people, particularly in early years and primary outcomes:
- In early years attainment improved by 10.9% for BBCH



- In Year 1 4.6% more BBCH achieved the pass mark in the phonics screening check.
- At the end of KS1 BBCH in Brent are achieving better than the same group nationally except in writing.
- At the end of KS2 attainment for BBCH in Brent has improved in all areas except in reading.
- At the end of KS4 outcomes for BBCH were similar to the previous academic year. However, pupils achieving a strong pass in English and Maths increased by 7.8%.

#### **4.0 Stakeholder and ward member consultation and engagement**

4.1 School leaders and governors were consulted on the formation of the Strategic Framework for School Effectiveness and its strategic priorities. School leaders were also consulted to develop Brent's education vision and key principles.

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

4.3 Parents are also invited to give feedback about their child's school to Ofsted using Parent View during inspections.

#### **5.0 Financial Considerations**

5.1 There are no financial implications from this report.

#### **6.0 Legal Considerations**

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

#### **7.0 Equity, Diversity & Inclusion (EDI) Considerations**

7.1 The Public Sector Equality Duty, as set out in section 149 of the Equality Act 2010, requires the Council, when exercising its functions, to have "due regard" to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited



under the Act, to advance equality of opportunity and foster good relations between those who have a “protected characteristic” and those who do not share that protected characteristic. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

- 7.2 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.
- 7.3 This report outlines the outcomes for pupils across Brent, including differences by gender; disadvantage; special educational needs and/or disabilities (SEND); English as an additional language (EAL). The analysis provided is used to monitor the priority groups for the Strategic Framework for School Effectiveness, and to guide the work of Setting and School Effectiveness Service and its local school improvement partners. Overall, this report shares the positive outcomes for children and young people in education within Brent, demonstrating above average attainment across key stages and assessment criteria compared to the national average. Although it should be highlighted that there are some examples of underachievement for pupils with an EHCP when compared with the national average (e.g. Phonics and some criteria Key Stage 1 outcomes). The quality and assessment of schools in Brent continues to remain high and above the nationally average, indicating a strong compulsory education system in the borough.
- 7.4 An area of concern is the continued disproportionate and lower outcomes and attainment for Black Caribbean boys in Brent schools. Nationally, this cohort have persistently experienced lower academic outcomes in compulsory education and this also applies in Brent. Whilst the Council and Brent's education providers have and continue to implement plans to mitigate these outcomes the data indicates that there is more collaborative work required to improve outcomes and ensure this cohort does not continue to be left behind.

## **8.0 Climate Change and Environmental Considerations**


- 8.1 There are no climate change and environmental considerations related to this report.

**Report Sign-Off:**

*Nigel Chapman*

Corporate Director, Children and Young People

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 <p><b>Brent</b></p>	<p><b>Community and Wellbeing Scrutiny Committee</b> 16 April 2024</p>
	<p><b>Report from the Corporate Director of Community Health and Wellbeing</b></p>
	<p><b>Cabinet Member for Public Health and Adult Social Care - Cllr Neil Nerva</b></p>
<p><b>Implementation of the Brent Carer's Strategy 2024-2027</b></p>	
<p><b>Wards Affected:</b></p>	<p>All</p>
<p><b>Key or Non-Key Decision:</b></p>	<p>Non-Key</p>
<p><b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small></p>	<p>Open</p>
<p><b>List of Appendices:</b></p>	<p>Appendix 1 – Draft Brent Carers Strategy 2024-27 Appendix 2 – Brent Carers Strategy Implementation Plan</p>
<p><b>Background Papers:</b></p>	<p>None</p>
<p><b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small></p>	<p>Sitabile Pswarayi Head of Service, Access Information and Well-Being Services <a href="mailto:sitabile.pswarayi@brent.gov.uk">sitabile.pswarayi@brent.gov.uk</a></p> <p>Lynette Gbedze Service Manager, Direct Services <a href="mailto:lynette.gbedze@brent.gov.uk">lynette.gbedze@brent.gov.uk</a></p>

## 1.0 Executive Summary

1.1 The Community and Wellbeing Overview and Scrutiny Committee has requested a report on the development and implementation of the Brent Carers Strategy 2024-2027. The report sets out the council's responsibilities to carers, provides demographic information on carers in the borough, and carers supported by Adult Social Care. The report also includes information on the engagement work that has taken place to inform and develop the Carer's strategy for unpaid carers and an overview of the draft implementation plan.

## 2.0 Recommendation(s)

2.1 Members are asked to review and comment on the proposed work to improve support for Carers in the Borough and:

- Support the development and implementation of the Carers Strategy 2024 – 2027

### **3.0 Detail**

3.1 Unpaid carers play an essential role in keeping vulnerable residents independent in our communities, often providing support that delays, or prevents admissions to hospitals, or more expensive and restrictive forms of care. As such, supporting people in their caring roles is a high priority not just for Adult and Children’s Social Care, but for all the partners within the Integrated Care Partnership.

### **3.2 Contribution to Borough Plan Priorities & Strategic Context**

3.2.1 Amongst other stakeholders, carers were consulted as part of the development process of the Borough Plan (2023-2027). This report relates to Priority 5 of the borough plan.

A Healthier Brent (Desired Outcome 1: Tackling Health Inequalities)

Informal carers are twice as likely to suffer from poor health compared to the general population. Carers who provide more hours of care a week have poorer health.

The Brent Carers strategy aims:

- To set out a local offer for carers in Brent that includes all the different forms of support across Health & Social Care available to carers in one place, as well as details of how each one can be accessed.
- Continually listen to the challenges that carers tell us they are facing and aim to develop services and resources that will make real, long-lasting differences in their lives.
- Clarify the various elements of our respite offer. This will also include reviewing the respite and short break requests, ensuring that this service responds to carers in a timely manner while supporting their needs.

### **3.3 Background**

3.3.1 The 2021 census estimates that in England and Wales, 5.0 million people aged five years and over provide unpaid care to family members, friends, neighbours, or others in need. Unpaid care is often an expression of unconditional love and respect for the person supported, and as such, it is priceless and difficult to quantify. To raise awareness of the importance of unpaid carers in society, it is essential to assign a monetary value to the care that unpaid carers provide. Carers UK estimates that unpaid care is a cost avoidance to the health and social care system, equivalent to £162 billion a year.

3.3.2 The work of unpaid carers is vital in ensuring the sustainability of the Health and Social Care system. In order for unpaid carers to be adequately supported, the totality of the Health and Social Care system and the wider

community and voluntary sector must come together behind this purpose. As such, the new Brent Carers Strategy 2023-27 for unpaid carers is not solely the Adult Social Care commitment but will be adopted by the Care Health and Wellbeing Directorate in recognition of the need for this to be delivered as a system and community-wide approach to supporting those who provide unpaid care.

### **3.4 Who is Caring in Brent**

- 3.4.1 The 2021 census confirmed that there are 22,845 unpaid carers in Brent. Between the 2011 and 2021 census, there was a significant decrease in the proportion of unpaid carers in the population, but a higher proportion of those who provide care are providing a greater level of care. This may reflect a change to the wording of the question in the 2021 Census or may also reflect an impact of the coronavirus pandemic on people's circumstances or behaviours, such as household mixing rules.
- 3.4.2 Our carer population is ageing, particularly those providing 50+ hours of care each week. Unpaid carers have an older age profile than the general population and are older than in the 2011 census population. 45% of carers 65+ provide 50 or more hours of care a week.
- 3.4.3 Demographic Data from the Brent Carer's Survey 2020 – 2022
- a) Age - Over 50% of Brent's carers are aged above 54. The largest population in Brent is aged between 55 to 64.
  - b) Gender - Three quarters (3/4) of Brent's carers identify as female, and one quarter (1/4) identify as male.
  - c) Ethnicity -
    - 39% of Brent carers are from an Asian or Asian British background.
    - 29% are from a Black or black British.
    - 21% from a White background.
    - 4% from mixed or other background.
    - 7% undeclared.
- 3.4.4 Full details of the Census data can be found in the draft carer's strategy, at Appendix 1.

### **3.5 Development of the Carers Strategy**

- 3.5.1 The Brent Carers Strategy has been informed by and takes into consideration legislative and policy framework. Some policies which outline Brent Council's legal requirements and vision to see all carers recognised include:
- a) The Care Act 2014 - local authorities have a duty to provide preventative support services to carers with a focus on well-being and an emphasis on the needs of Carers through carers assessments.
  - b) The Care Act and the Children and Families Act - should work together to assess and meet the holistic needs of the family to prevent or reduce inappropriate or excessive care for young carers.

- c) The Equality Act 2010 - states that no individuals should be discriminated against in service provision, employment, or education because of any of the protected characteristics under the Act. Carers cannot face discrimination based on their association with or support of a disabled person.
- d) The NHS Long Term Plan 2019 – recognises that many carers are older people living with complex and multiple long-term conditions. It outlines how the NHS will work with Carers to improve recognition and strengthen support services to address the individual health needs of carers.
- e) Carers Act 1995 – states that the right to a carers assessment also applies to carers of disabled children.
- f) Health and Care Act 2022 – provides details of the requirements to consult carers and involve carers in hospital discharges.

3.5.2 The term "carer" is defined in the Care Act 2014. The Brent Carers Strategy recognises carers in a far broader sense. Too narrow a definition risks people not getting the recognition and support they need. A carer is anyone who provides any care or support to an individual, such as a relative, partner, friend, or neighbour, who needs assistance in their day-to-day life and cannot manage without help. Carers do this without payment, and they are not under a contractual obligation to provide care.

3.5.3 The engagement programme for the new Brent Carers Strategy 2024-2027 began in November 2022 and consisted of officers hosting a series of events and attending existing carers groups and forums to undertake focus groups and interviews with both unpaid carers, and relevant professionals.

3.5.4 Throughout the development of this strategy, we have kept the values of the Brent Integrated Care Partnership (ICP) in mind; putting the resident at the heart of its development, working in partnership, and really listening to our community of people who care, to understand what matters to them, and what will have the biggest impact for them, whilst also considering the sustainability of the health and care system. This strategy takes its roots in what carers have told us they want, rather than the vision of what has been set out by the Health and Care system.

3.5.5 Although some of the conversations were hard, they were necessary, given that they highlighted the requirement for Health and Social Care services to do more to support and appreciate carers in Brent. Those conversations helped us to develop a shared vision.

3.5.6 Collectively, we agreed that we want Brent to be a place for people who provide unpaid care are:

- Seen and heard when accessing services
- Supported as individuals, with more opportunities to be themselves
- Valued for the care they provide

- 3.5.7 Feedback from our engagement with carers was very consistent in terms of the challenges that carers felt needed to be addressed most urgently:
- Information is hard to find - both health and care information for the cared-for person, and wider support for carers such as GP appointments, benefits and so on
  - Services are fragmented – creating frustration in continually repeating requests or information.
  - Carers don't feel valued or listened to by some Health and Social Care professionals.
  - There isn't enough support for well-being - there is demand for more and varied respite and more personalised opportunities for self-care.
- 3.5.8 A collection of actions, grouped within six key themes, were developed with carers to address these challenges, and to address the significant gap between the number of carers known to the health and care system, and the number of residents providing unpaid care according to census data.
- 3.5.9 Co-produced to reflect the voices of the carers we spoke with; we have identified 6 key commitments we intend to implement in the next 3 years.
1. Access to information
  2. Partnership working
  3. Supporting wellbeing
  4. Carer awareness
  5. Reaching into communities
  6. Supporting young carers at the start of their caring journey

### **3.6 Carers Strategy Implementation**

- 3.6.1 We are currently developing a Carers Strategy Implementation plan to ensure that the strategy is effectively executed, and the commitments made to carers and young carers are delivered.
- 3.6.2 As there are around 30 activities identified in the strategy, a prioritisation exercise has also taken place involving engagement with carers via the attendance of a listening event and the publication of a survey, to solicit their views on what activities included in the strategy should be prioritised.
- 3.6.3 This plan will include key milestones, actions, and resources required for each of the activities, as well as associated timelines. It will also incorporate project management tools such as a risk register and will ensure accountability by indicating how the impact associated with each activity will be evaluated.

### **3.7 Carers Support Services**

- 3.7.1 Brent Adult Social Care commissioned a Carers Support Service through a contract with Brent Carers Centre. Work on the specification for the newly commissioned service ran alongside the engagement of the new Brent Carers Strategy. Based on feedback from carers, outcome measures were included

in the carer's contract to ensure the new Carers Service can meet the needs of Brent's informal carers and address the key issues highlighted in the Carers Strategy.

3.7.2 Brent Carers Centre provide support to 7199 local informal carers. Services include the following:

#### **Adult Carers**

- Advice & Information
- Benefits Advice, Form Filling & Money Matters
- Carer Assessments (assistance in completing the carers assessment)
- Education and Training workshops
- Peer Support Groups & Activities
- Respite (Sitting service / Short Breaks / Befriending and PA support)
- Quarterly Carers Forum
- Emergency Planning
- Carers Counselling

#### **Young Carers**

- Early Help Assessments
- Information, Advice & Signposting
- Advocacy & Representation
- Young Carers **Support** Group & Forums
- Trips & Activities

### **3.8 Review and Monitoring of the Carers Strategy and Implementation**

3.8.1 The Brent Carers Strategic Board reports to the Health and Well-being Board. It includes membership from Adult Social Care, Public Health, Integrated Care Partnership, Children, Young People and Families, Clinical Commissioning Group, CNWL Mental Health Trust, the voluntary sector, the independent sector, and, most importantly, service users and Carers.

3.8.2 The Carers Strategic Board will oversee the implementation of the actions in the Carers strategy, measuring meaningful outcomes and monitoring impact. The Board will review the Carer's strategy to ensure it responds to changing circumstances and remains relevant to the needs of local carers.

### **4.0 Stakeholder and ward member consultation and engagement**

4.1 There has been significant engagement with Carers, families, community, voluntary sector organisations and care and support agencies in Brent. Officers have organised two carers celebration events at the Brent Civic Centre in November 2022 and June 2023, where we invited the entire carer community in Brent, including providers and unpaid carers. We were able to hear the views and experiences of participants, which helped to shape the development and implementation of the Carers strategy.



- 4.2 In addition to the above events, officers have set aside specific engagement with young carers in the Granville community centre in August 2022 and young carer's social activity events in March 2024.
- 4.3 Significant engagement has been undertaken with a wide range of partners in the development of the development and implementation of the Carers strategy, and gaining commitment to the proposed actions. This has included:
- Regular updates and drafts to the carers board
  - Regular updates to the Lead Member for Public Health and Adult Social Care
  - Presentations to the Integrated Care Partnership Executive
  - Attendance at Mental Health workstream meetings, and the ICP partnership forum
  - A Senior Managers Group (SMG session) to gain Council-wide input
  - 1:1 meetings with relevant service leads from across our provider partners

## **5.0 Financial Considerations**

- 5.1 Adult Social Care commissions an all-ages Carers Support provider on behalf of both Adults and Children's services. Recommissioning of the service was aligned to the strategy development work, to ensure that the contract specification was able to specifically address the challenges being raised.
- 5.2 Three unpaid carers were part of the evaluation panel in May 2023, and the contract was issued to Brent Carers Centre in July 2023. The contract is let on a 2+1+1 term, with an annual value of £224,000 per year, so up to £896,000 over the duration of the contract if it is extended for the maximum term.
- 5.3 While the commissioned provider will lead on many of the initiatives outlined within the strategy, given the importance of unpaid carers to the Health and care system, and the complexity of working across multiple organisations, it is proposed that a "Carers Resources Officer" post is created on a time-limited basis that will support the work of partnership forum, and make a step-change in the provision of accurate information to carers from across the wide range of stakeholders and services.
- 5.4 Carers UK estimates that the cost avoidance to the health and social care system from unpaid carers is £162 billion, so is arguably an area Care, Health & Well-being collectively cannot afford not to invest in.

## **6.0 Legal Considerations**

- 6.1 The Care Act 2014 is regarded as major legislation focusing on increasing the rights of carers. It puts carers on an equal footing with the individual they care for, with statutory entitlements to assessment and support in their own right. There is a clear focus on promoting carers' well-being and taking account of the impact caring has on all aspects of their lives.

- 6.2 The Care Act places “well-being at the heart of care and support”. Councils must promote the principle of well-being in carrying out assessments and providing support services to carers.
- 6.3 Under the Care Act, Local Authorities have a statutory duty to carry out a Carers Assessment, if they believe a carer may be in need of support, or if a carer requests one. Unpaid Carers have a legal right to access services to support them in their caring role where the assessment identifies needs, and the carer meets the conditions of eligibility set out in the Care Act.
- 6.4 This strategy does not seek to discharge the statutory duties of the local authority. What it hopes to do, is improve unpaid carers’ access to universal support services, and improve their overall experience when accessing health and social care services for their loved one. The Council must meet its statutory duties as set out in the Care Act 2014.

## **7.0 Equity, Diversity & Inclusion (EDI) Considerations**

- 7.1 Census 2022 data shows us that the burden of providing unpaid care falls disproportionately on more deprived communities. Given that provision of unpaid care is known to place additional pressure on household finances, and the health of the carer themselves, this will exacerbate existing health inequalities within our communities.
- 7.2 Adopting being a carer as a protected characteristic, as outlined in the strategy, aims to improve our identification of unpaid carers in our communities. It will enable monitoring of equality of access to key Council services and aims to send out a clear message about the Council’s commitment to protecting and supporting unpaid carers in Brent.
- 7.3 The Carers Strategy promotes an integrated approach across the Care Health and Well-being Directorate to advance equality of opportunity to health services and reduce inequalities through accessible health care that achieves outcomes in an integrated way.
- 7.4 In the development and implementation of the Carers Strategy, officers had due regard” to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a “protected characteristic” and those who do not share that protected characteristic. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 7.5 A high proportion of carers face health inequalities. Carers health is known to be worse than that of non-carers due to the pressures of the role and is compounded by many factors, including providing more than 50 hours of care each week. Carers UK reports that caring has been announced as being a social determinant of health recently by Public Health England. Feeling lonely

or isolated is a common experience for carers, as a direct result of their caring role. The impact of isolation on health is wide-reaching, including increased risks of death, cognitive decline, dementia, coronary heart disease and stroke.

- 7.6 The Carers strategy does not disproportionately affect people with a protected characteristic. The strategy aims to remove or minimise the disadvantages suffered by Carers.

## **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 Human Resources/Property Considerations (if appropriate)**

- 9.1 This report does not relate to any HR or property related issues.

## **10.0 Communication Considerations**

- 10.1 A comprehensive Community Engagement and Communications Plan supported carers engagement events, carers week celebration events & Carers Strategy Launch

### **Background**

Carers Week is an annual campaign to raise awareness of caring for others, highlight the challenges unpaid carers face and recognise the contribution they make to families and communities throughout the UK. It also helps people who don't think of themselves as having caring responsibilities to identify as carers and access much-needed support.

### **Aims and objectives:**

The purpose of this community engagement and communications plan is to:

- Raise awareness and provide information on caring.
- Celebrate carers and highlight different services.
- Launch the carer's strategy to the community.

### **Audience:**

The key audience groups we seek to reach and engage with include the following:

- Residents
- Key Community organisations/groups/partners, inclusive of emerging communities
- Internal Staff
- Young carers
- Formers carers
- Parent carers
- Adult carers
- Sandwich carers – those with caring responsibilities for different generations
- Media

**Community engagement methods:**

The engagement methods will include the following:

- Drop flyers across hubs, libraries, children centres, schools and community centres across each Brent Connect area
- Engage with Carers organisations
- Share information with ethnic minority groups
- Multimedia campaign; website, Twitter, Facebook and Instagram
- Share information internally and engage with Brent's internal forums
- Video to be created and circulated highlighting information on carers' experiences.

**Engagement Activity**

The table below sets out the identified engagement groups and the specific methodology that will be applied:

<b>Community Engagement Activity</b>	<b>Dates</b>	<b>Forms of Engagement</b>	<b>Details</b>
Libraries Brent Hubs & Community Centres (Brent Connect Areas)  Kingsbury & Kenton  Willesden  Harlesden  Wembley	Week Commencing <b>1<sup>st</sup> – 12<sup>th</sup> May</b>	Flyers distribution	Flyers will be dropped across hubs, libraries and community centres across the borough to promote the event and new carers strategy.
Community Outreach	Week Commencing <b>8<sup>th</sup> – 19<sup>th</sup> May</b>	Community Outreach	Outreach will be done utilising the follow methods to the community: <ul style="list-style-type: none"><li>• E-mail distribution will be sent to groups inviting them to the event</li><li>• Call will be made to various group leaders encouraging their attendance at the launch event and sharing event info with their network</li></ul>

			<ul style="list-style-type: none"> <li>• Various carers organisations will be contacted via e-mail to share event with their network</li> <li>• Community Engagement officers will distribute flyers of the carers event when participating in community engagement outreach.</li> </ul> <p><b>Ethnic Groups/emerging communities will be targeted.</b></p> <p><b>Community Directory will be utilised to reach these groups.</b></p>
Schools contacted	Week Commencing <b>15<sup>th</sup> May</b>	Sharing information with schools	Information on the Carers strategy will be shared with schools as a way of sharing Carers awareness.
Internal Staff  Carer Partnership Forum  Disability Forum  Black Staff Forum  LGBTQ+ Forum  Asian Staff Forum	Week Commencing <b>8<sup>th</sup> May</b>	Sharing event information	<p>Sharing information on the launch event with various internal forum.</p> <p>This will consist of:</p> <ul style="list-style-type: none"> <li>• Sharing flyer and information about the event including Yammer for local staff</li> <li>• Sharing Carers strategy</li> </ul> <p>A calendar invite will be sent to the Culture and Diversity Network members</p> <p>Chairs of each group will be encouraged to share their event with their members.</p>
Internal Staff	Week Commencing <b>8<sup>th</sup> May</b>	Sharing event information	<p>Staff will be encouraged to attend the launch event by the following methods below:</p> <ul style="list-style-type: none"> <li>• Flyers will be distributed across each council floor</li> <li>• Calendar invitations will be sent out to staff across the council</li> </ul>

**Report sign off:**

***Rachel Crossley***

Corporate Director Community Health and Wellbeing

***Claudia Brown***

Director of Adult social care



# **Brent Carers' Strategy 2024-2027**

# Foreword

Page 50





Before providing the details of this carers' strategy, it is vital that we express our gratitude to Brent's 22,000 unpaid adult and young carers. We have the utmost respect for the work that you do to support those in need, and the borough could not be what it is today without your dedication.

This strategy document aims to raise the profile, recognition and understanding of the invaluable work that all types of carers do, whilst also recognising the struggles they face and how we can support them better.

We hope to make the lives of carers easier, through listening and responding to their needs, so that they can continue to deliver crucial support to their loved ones.

We recognise that we need to work more closely with communities and partners to reach hidden carers, so that we can support their wellbeing and help them to navigate the complexities of the health and care system. We endeavour to do this through the commitments explored in this strategy.

We would also like to thank those who have been involved in the development of this strategy, and once again extend our appreciation to Brent's carers who go above and beyond to help others. We believe that through the implementation of this strategy, we can achieve real and long-lasting change for carers.



**Claudia Brown**  
Director of Adult  
Social Care



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

# A word from our Carers Board member

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As a Council, we prioritised taking the time to meet and listen to our Carers of all ages. The stories we heard gave us a good foundation to form our commitments, and so it would only be right to include some of their stories in this strategy.

*"It was really important to us when developing this strategy that we heard from a wide variety of people who care for others in Brent, and we're pleased that carers have been involved in every step of the journey to develop this document. As a result, we believe this document really represents what carers have told us is important and will make a difference. We hope that this document is the start of a journey that gets us to a place where anyone who cares for others can feel seen, valued and supported."*

**Stephan, aged 14**

*“I’ve been caring for my mum for 8 years. My day-to-day role involves helping my mum with whatever she needs. In the morning, this could be making her breakfast or making her a hot water bottle. After my school day, I continue caring for her by helping her with her evening routine. I believe Brent Council could help carers by checking in with them more often – my family can’t always handle mum’s health problems, so it would be good if we could get more support. To all the young carers out there, I want you to know that there’s always someone you can talk to, someone to help you. You’re not on your own.”*

*“Being a carer has been extremely challenging for me as the person I care for, my father, is fiercely independent, challenging, strong willed and stubborn.*

*Brent Carers Centre have been extremely efficient, proactive, empathetic, understanding, and supportive. My support officer Jenice, from Brent Carers Centre, has supported me in various ways with my issues. Solutions were provided to ease my stress, as well as weekly counselling sessions to uplift and motivate me. Undoubtedly, the support has been my safe haven.*

*Moving forwards, I would like to see the council provide additional housing supports for those who are cared for. To use the example of my father, who likes his independence and so does not want to go into assisted living, it would be good if I could have some support and advice as to how to get the best possible outcome for him.”*

**Aisha – Brent Carers  
Centre Member**

### Adult carer, Brent Carers Centre member

*"My caring role is very demanding, since I am a carer to both my husband, who has mental health issues, chronic depression and dementia, and my son who is autistic, has a learning disability and a personality disorder.*

*It's hard since there are four adults living in two bed temporary accommodation, as well as a large problem with mould. I have to sleep on a mattress on the kitchen floor.*

*Brent's ASC coordinator has provided me with support and helped me to arrange my husband to go to day care 4 days a week. This has made a massive difference for me, since now I can have breaks and have time to attend my doctor's appointments. The council also arranged the delivery of a shower stool, which has made the showering process a lot easier for my husband.*

*Although the support from the council has been good, I still don't feel as though I have enough of a break, or time to myself. I hope these change moving forward."*



# Vision/ Executive summary

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Throughout the development of this strategy, we have kept the values of the Brent Integrated Care Partnership (ICP) in mind; putting the resident at the heart of its development, working in partnership, and really listening to our community of people who care to understand what matters to them, and what will have the biggest impact for them, whilst also considering the sustainability of the health and care system. This strategy takes its roots in what carers have told us they want, rather than the vision of what has been set out by the Health and Care system.

The strategy has been crafted following over 150 conversations with dedicated individuals that care for others in Brent. The directions of these conversations were influenced by a group of carers responsible for co-producing this strategy, and so they were vital in giving us direction in terms of the type of questions we asked, the people we spoke to, providing analysis of the information we gathered and forming the commitments we endeavour to make.

Although some of the conversations were hard, they were necessary given that they highlighted the requirement for Health and Social Care services to do more to support and appreciate carers in Brent. Those conversations helped us to develop a shared vision. Collectively, we agreed that we want Brent to be a place for people who provide unpaid care are:

- **Seen and heard when accessing services**
- **Supported as individuals, with more opportunities to be themselves**
- **Valued for the care they provide**

This strategy will play a key role in ensuring that the ambitions set out in Brent's Health and Wellbeing strategy, Adult Social Care Vision and Borough plan are fulfilled.

## Our six key commitments

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Based on this vision, we have crafted **6 key commitments**, which we intend to implement in the next 3 years.

Brent Council's commitments are based around the following themes:

Access to information

Partnership working

Supporting wellbeing

Carer awareness

Reaching into communities

Supporting young carers at the start of their caring journey



# People who care: An overview

A “carer” is defined as anyone of any age who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction, and who cannot cope without their support. The care they give is unpaid.

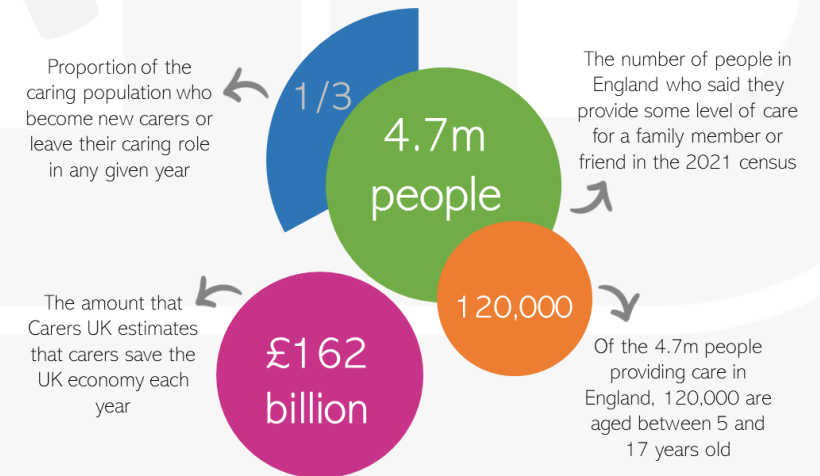
Most individuals will provide care and support for a loved one at a given stage in our lives, but the length and intensity of that experience will vary greatly.

On average, it will take someone two years to recognise that they are a carer, and even after this period of time not everyone will identify with this label. Instead, they see the support they provide as a display of their love for the individual they care for, and as a core aspect of the relationship with their loved one. For some, it is okay that they do not

identify as a carer as they may not need anything more than access to universal services and their existing support network. For others, however, the caring role can have a significant impact on their employment, finances, relationships and their own health and wellbeing. Therefore, it is crucial that we capture the needs of those who may not identify with the term “carer”, but still require that extra support. The role of education is key here, particularly for young carers you may not be aware of the support available to them or the role they are playing.

Carers are so deserving of this support given that they often take on large amounts of responsibility in order for their loved one to be able to maintain a degree of independence, whether that be due to a long or short-term illness. Carers are so important that if they were all to stop working, Carers UK estimates it

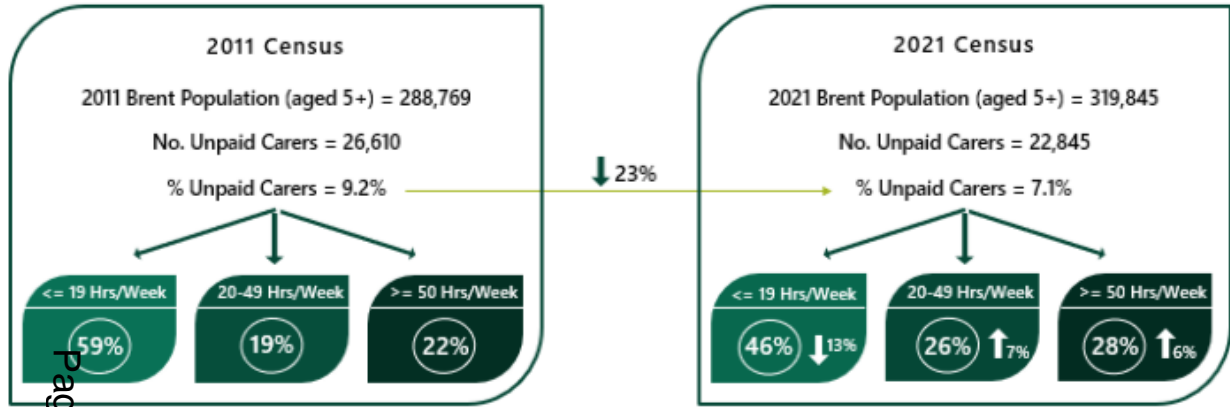
would cost the UK economy an extra £132 billion annually to cover the costs, meaning the Health and Social Care system would simply collapse. This is just one of the numerous figures that demonstrate how vital carers are to keeping society afloat.





# Adult Carers: the facts

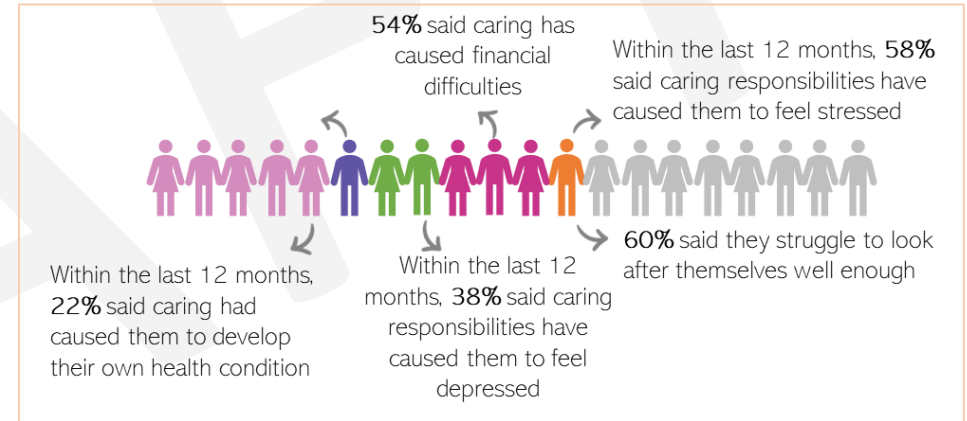
Census data collected in the last decade also highlights some interesting statistics regarding carers:



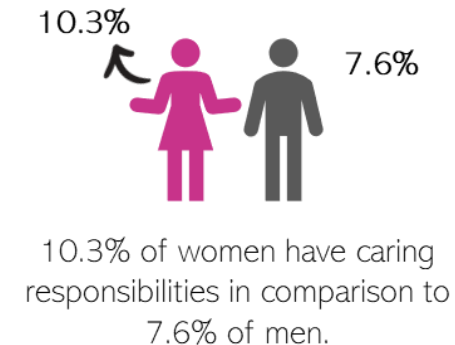
Page 59

Although this data demonstrates a decrease in the number of unpaid carers between 2011 and 2021, it shows that those who are providing care are providing a greater level of care.

The council also carried out a Survey of Adult Carers in 2021, which further confirmed that impact that caring has:



Surveys such as this also reveal that the burden of care does not fall equally on the respective genders:



# Adult Carers: the facts

The theme of inequality prevails with the following statistics:

There is a higher proportion of people providing unpaid care in the most deprived communities (10.1%)...

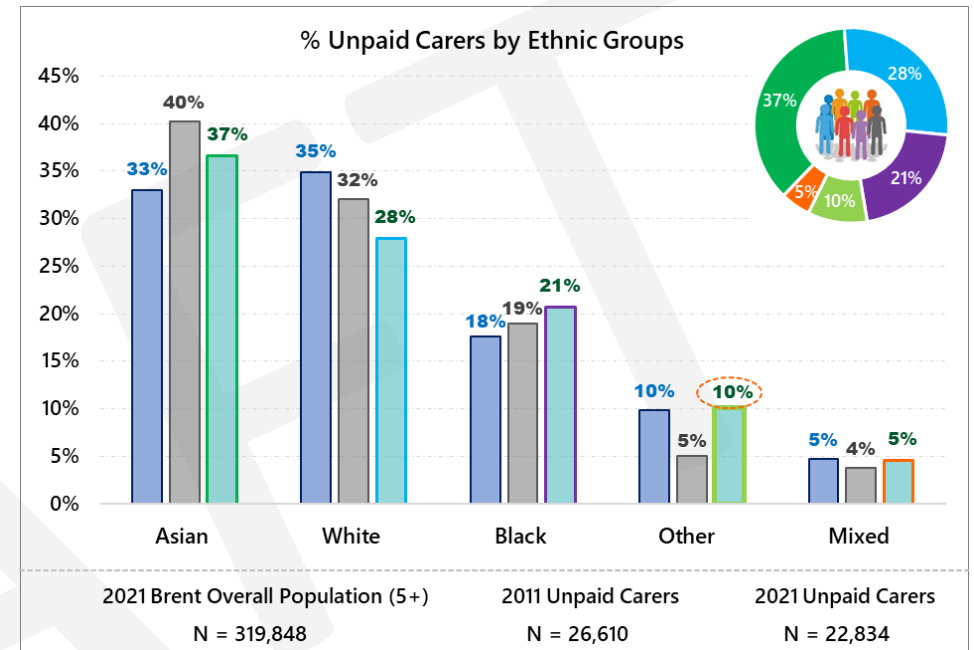


...than there are in the least deprived (8.1%)

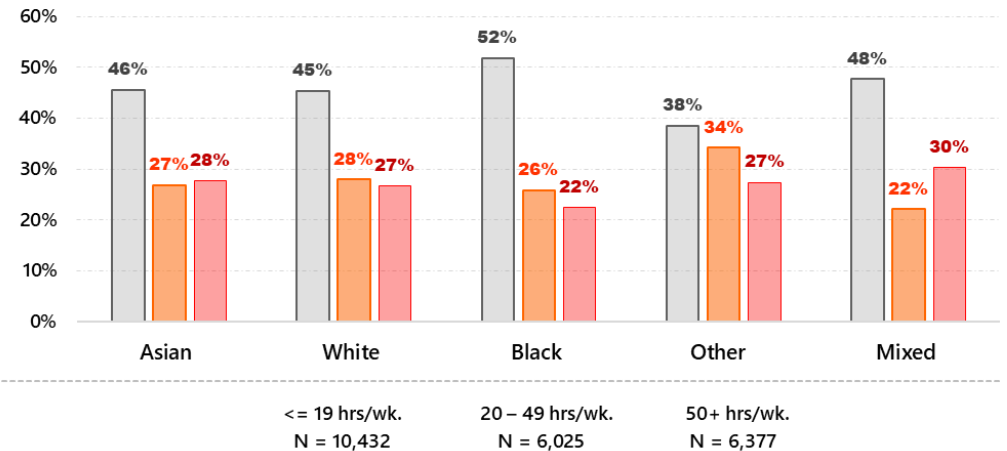
Page 60

Moreover, given the nature of the role, people who care will undoubtedly face additional financial and health inequalities when compared with the rest of the population.

Brent carers are not equally distributed across the ethnic groups, with black carers being over-represented, and on the rise.



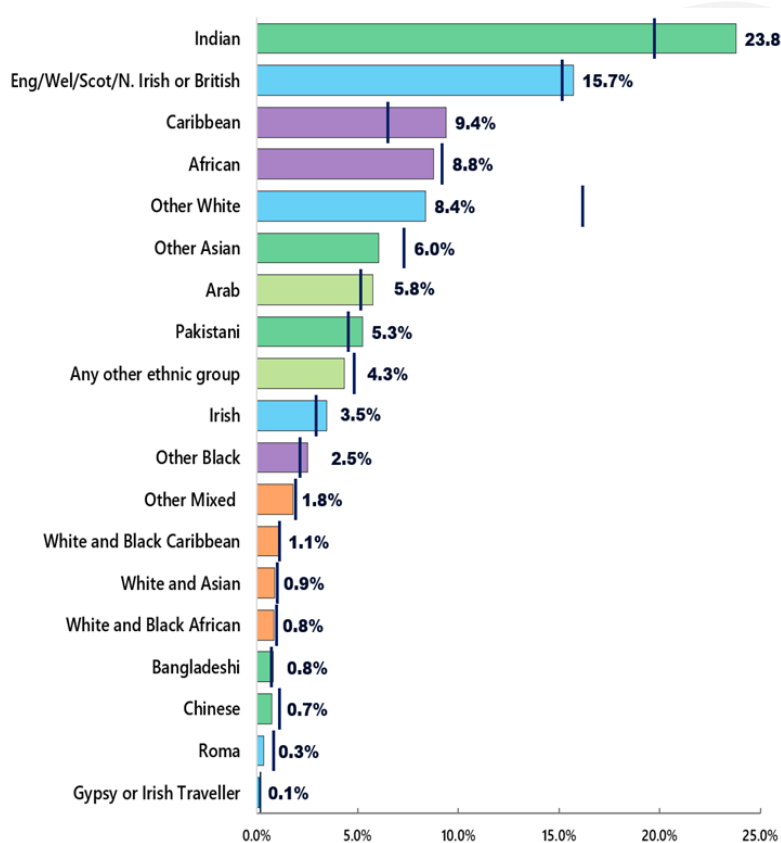
2021 - Unpaid Carer Ethnic Groups by No. Hours of Care Provided a Week



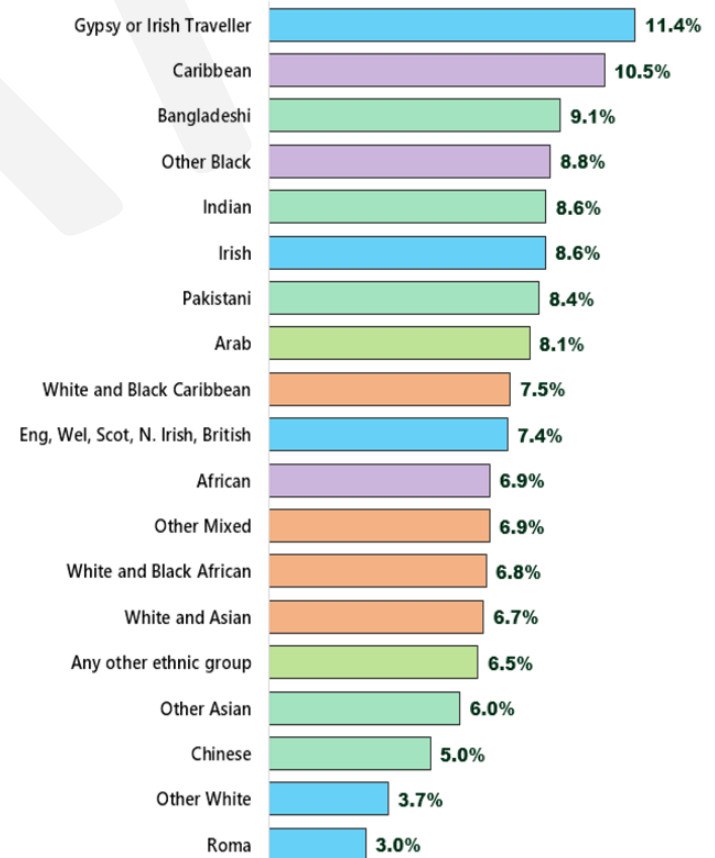
# Adult Carers: the facts

- Indian residents, who are Brent's largest ethnic group (19.6% of the general population) make up almost 1 out of 4 unpaid carers (24%)
- 11.4% of all Gypsy/Irish Travellers in Brent are unpaid carers
- The lowest proportions of ethnic subgroups, who are unpaid carers, are Roma (3.0%) and Other White (3.7%) and those groups also generally have low 65+ age compositions (2% and 5% respectively) in Brent.

Composition of 2021 Unpaid Carers by Ethnic Sub Groups with Brent Overall Population (5+) reference bars



Proportion of Brent's 2021 Ethnic Sub Groups, who are Unpaid Carers



# Young Carers

Page 62

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# Young Carers: the facts

One must also recognise the equally vital role that young carers play in Brent. There are 120,000 young carers across England without whom, the adult care system would undoubtedly crumble.

A Young carer is someone who “cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support”

A young carer’s day to day responsibilities could include tasks such as:

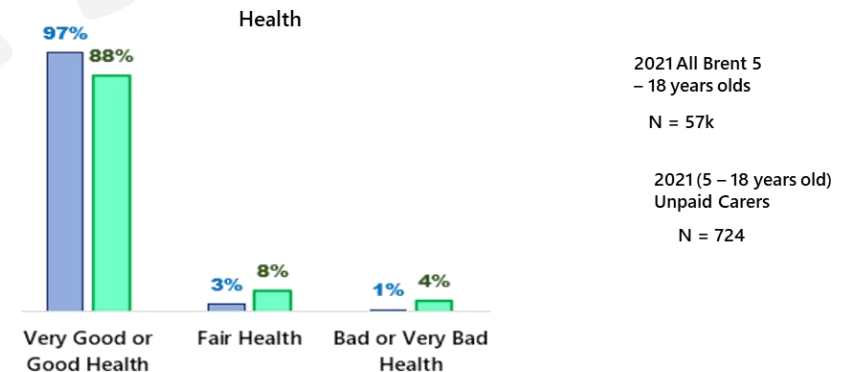
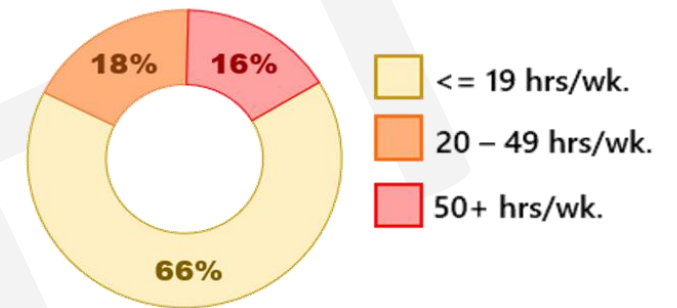
- Cooking, housework and shopping
- Physical care, such as helping someone out of bed
- Emotional support, such as talking to someone who is distressed
- Personal care, such as helping someone get dressed
- Helping to give medicine

A Young Carers in Brent survey was conducted in 2018, the findings of which can be found summarised below:

- 31% of young carers provided care for more than 5 years before they were identified as carers
- 46% of young carers are providing care for more than 50 hours per week
- Only 1% of young carers are identified by teachers and 2% by their GP.
- 20% felt that their teachers had no understanding of their caring role.
- Only 12% had a needs assessment, and 55% didn’t know anything about a needs assessment.

Although young carers typically take on fewer hours of caring per week than adult carers, statistics demonstrate that this role takes a toll on the health of young carers.

Hours of Care Provided each Week



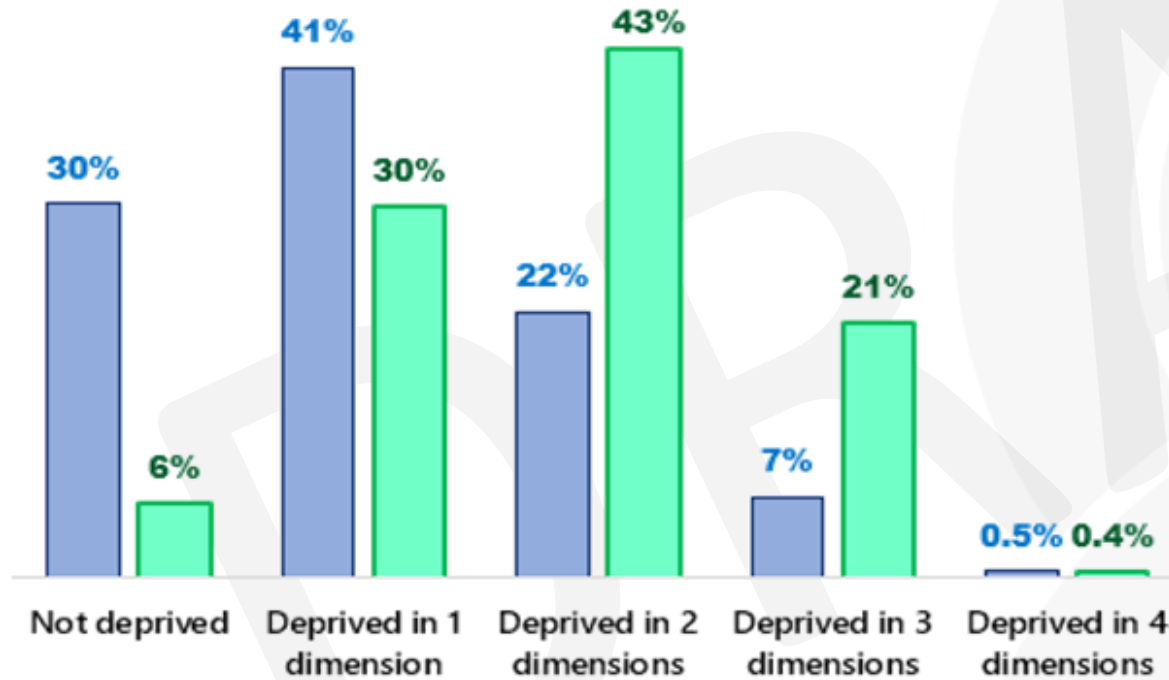
The gap between the population and carers who say they have good health is 9% for both adult and young carers.

Adults are more likely to say their health is fair or bad, but the gap between the general population and carers is much bigger for young people – 5% and 3% compared to only 1% for adults

## 2021 - % Young Carers by Household Deprivation

Young carers are also even more likely to come from deprived backgrounds, in comparison to their peers who are not carers:

Page 64



2021 All Brent 5 – 18 years olds  
N = 57k

2021 (5 – 18 years old) Unpaid Carers  
N = 724

**Our aim to  
commit to a  
“No wrong  
doors”  
approach in  
Brent**

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## 'No wrong doors'

'No wrong doors' is a memorandum that Brent Council intends to commit to and implement in the coming years.

The principle underpinning this nationwide memorandum of understanding is that there should be "no wrong doors" for young carers and their families. Young carers should be identified, assessed and supported regardless of which service is accessed in the first place.

Page 69  
It is necessary given that there is evidence to suggest that the caring role has a negative impact of caring responsibilities on mental health, education and life opportunities for young carers

- 1 in 3 'always' or 'usually' struggle to balance caring with education
- Young carers are significantly more likely to report severe psychological distress, self-harm, and make attempts on their own life
- Young Adult Carers are 38% less likely to achieve a university degree, and significantly less likely to enter employment.





**What has  
been  
achieved  
so far for  
our carers?**

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## What has been achieved so far?

Although we acknowledge that there is still a lot of progress to be made in terms of our identification of and support for carers, it is important to recognise and celebrate the numerous achievements that have been made in recent years with regards to carers.

In 2022–2023 we identified 454 new carers and were able to support them on a range of issues from providing them with carers needs assessments (218 were completed), advising them on things like finances and benefits, linking them in with other services, and providing them with respite opportunities. We also continue to provide a range of activities for carers including cinema trips, guided relaxation, coffee mornings, and days out at places like Kew Gardens.

Page 68

### **Brent's Young Carers report 2022–23 identified the following key successes:**

104 young carers were identified in this year

Young Carers contacts at sessions in Family Wellbeing Centre's have doubled

Young carers continued to receive support from a range of multi-agency professionals, particularly regarding issues such as social isolation

Processes have been implemented to ensure young carers identified in Child and Family Assessments are made aware of the Brent Gateway Support offer.

Moreover, as part of the previous contract arrangements there is a regular programme of support and activities for young carers. Some favourites include movie nights, defensive driving courses and arts-based activities.

# **National policies and legislation underpinning this strategy:**

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This strategy has been informed by and takes into consideration a number of strategic and legal factors. Some policies which outline Brent Council's legal requirements and vision to see all carers recognised include:

- **Care Act 2014** – The Council must identify and provide carers with information, undertake carers assessments and provide preventative support. If statutory carers eligibility is met, support must be provided.
- **Children Act 1989** – Councils must identify and provide information to young carers and parent carers, undertake needs assessments and parent carer assessments, as well as preventative support. (Note – the Care Act 2014 and Children Act 1989 include requirements for NHS bodies to cooperate with local authorities, in relation to their responsibilities to carers and young carers.)
- **Carers Act 1995** – States that the right to a carers assessment also applies to carers of disabled children.
- **Health and Care Act 2022** – provides details of the requirements to consult carers and involve carers in hospital discharges.

We have also written this strategy with the principles of 'Think Local Act Personal' (TLAP) in mind – This is a national partnership of more than 50 organisations, all of which are committed to 'transforming health and care through personalisation and community-based support'

Based on the philosophy of TLAP, we have generated some statements which reflect what "we" as a council will do to support carers, as well as some "I" statements, which will reflect how carers should feel following the implementation of this strategy. These statements were coproduced with carers and can be found woven into our commitments laid out in this document.

# Brent's local plans and policies:

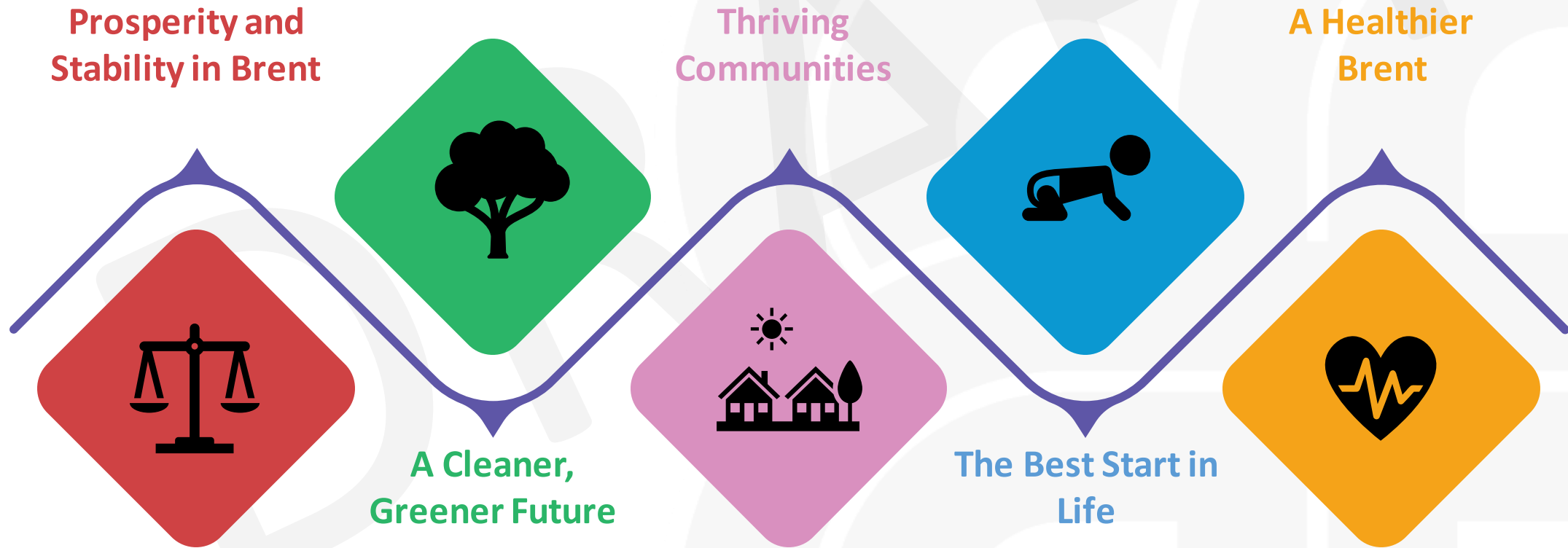
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Amongst other stakeholders, carers were consulted during the creation process of the Borough Plan (2023–2027). This document outlines the council's ambitions for Brent in the coming years. The 5 priorities are:

Page 72



The Brent Health and Wellbeing strategy also directly references caring in its five priorities that will support efforts to reduce health inequalities and wider determinants of health inequalities:

1. Healthy Lives – I am able to make healthy choices and live in a healthy way, for myself and the people I care for.
2. Healthy Places – Near me there are safe, clean places where I, and people I care for, can go to relax, exercise for free, meet with like-minded people, and where we can grow our own food.
3. Staying Healthy – I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it.
4. Understanding, Listening, and Improving – I, and those I care for, can have our say and contribute better to the way services are run; BHWB data are good quality and give a good picture of health inequalities.
5. Healthy Ways of Working – The health, care, and wellbeing force will be happy and strong; and the health and wellbeing system will recover quickly from the impacts of the pandemic.

# What we do for people who care:

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Our previous engagement work as a council led to the provision of services which reflect the needs and wants of carers.

### **Brent Adult Social Care currently provides:**

- Working with multiple stakeholders to identify carers, ensuring that as many are aware of the support that is available to them and that all of their details are up to date on the database.
- Brent Carers' Centre is commissioned to provide direct support to our carers, with their mission being to "ensure that unpaid carers are recognised, valued and supported to live rather than just exist" Their role involves carrying out carers' assessments, advocating for carers across a range of services, and offering wellbeing support such as leisure activities, support groups and (retail) discounts. Brent Carers' Centre also provides tailored support for end of life and loss of loved ones.
- Carers can access Carers' booklets which has been co-written with Primary care to provide the most up to date health information for carers.
- Brent Council will provide respite where an assessment identifies need for it.
- Brent Customer Access provides support for carers to access/ apply for benefits and understand the eligibility criteria.
- Recognition that, for those who are both council employees and carers, the role will place additional strain on these employees when they are 'working from home'. In order to mitigate this, employees are encouraged to take advantage of Brent's flexible working policy, including compressed hours or employment breaks.

## What we do for people who care:



Our London partners, London Northwest Healthcare University Hospital (LNWH) and Central and Northwest London Community Healthcare Trust (CNWL) have also adapted their service and enhanced their offer to carers

### LNWH currently provides:

- Discounted parking and canteen offers at hospital sites for those with a carers card
- 'Conversation cafes', where carers can chat with community partners and councillors and council staff about any barriers they may be facing
- Paid carers' leave for their employees who are carers & recognition that the role will place additional strain on these employees when they are 'working from home'
- Carers' voices are regularly heard in the steering group for patient involvement strategy for the LNWH

### CNWL currently provides:

- Developed consent/ confidentiality training and booklets for their staff, to ensure carers are understood and treated with respect.
- Paid carers' leave for their employees who are carers & recognition that the role will place additional strain on these employees when they are 'working from home'
- Implemented the six standards within the triangle of care in both inpatient and community services. The triangle of care is a therapeutic alliance between carers, service users and health professionals. It aims to promote safety and recovery and to sustain mental wellbeing by including and supporting carers.
- Implemented 'DIALOG+', a therapeutic model that measures and seeks to improve quality of life, and is based upon open dialog and so has helped to build family connection and improve communication and relationships between patients and their carers
- Host support groups for carers
- Resource guides

## What we do for people who care:



In addition to universal services, unpaid carers have the right to an assessment if the local authority or the carer themselves feels as though they need support.

The assessment focuses on aspects of wellbeing that are important to the individual carer. This could include factors such as maintaining a habitable home environment, engaging in work, training, education or volunteering, and developing and maintaining family or other relationships.

Unpaid carers are legally entitled to support services to aid them in their caring role. **This support is granted once the assessment identifies the carer's needs, and the following three eligibility criteria points are met:**

1. The carer's need for support arises because they are providing

2. As a result of their caring responsibilities, the carer's physical or mental health is, or is at risk of deteriorating, or the carer is unable to achieve any one of the outcomes listed in the Care Act.
3. As a result of being unable to achieve these outcomes, there is or there is likely to be, a significant impact on the carer's wellbeing.

If the council has decided that the carer has eligible needs, they must consider what they can do to meet these specific needs.

**Despite the existence of these support services from us and our partners, some issues and challenges have been flagged on the back of these developments:**

- There remains a need to balance

safeguarding with the needs of carers.

- Persisting issues surrounding people not necessarily being aware of their role as a carer, meaning they reach crisis point before they have been reached by us or have accessed support.

**To mitigate these issues, we could:**

- Do more to increase the visibility and awareness of caring as an integral part of many people's lives – this would involve a campaign drive with images and soundbites, promoted widely across the borough e.g. in GPs, council buildings.
- More training for professionals, in order to improve assessments, ensure checklists are being used etc.
- Making sure information is easy to find, so that carers do not have to fight to find it.

# The experiences of people who care

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78

# The experiences of people who care

A consistent theme of the conversations we had was the pride that carers feel to be able to provide care for their loved ones and spoke of the strong bond it creates.

The carers we engaged with were also eager to make it clear that they feel tired, but by the same token are eager to avoid the health and social care system stepping in to take over.

Unfortunately, they feel they have to fight in order to have their voices heard, to have the right support in place for their loved ones, and to find the information they need. These relentless challenges add to the existing exhaustive nature of balancing the role of being a carer, whilst juggling all the other aspects and responsibilities of their life. This means that the first sacrifice they often make is self-care, which is worrisome given that this can lead to a deterioration in their physical and mental health.

In the 150+ conversations we had with carers, a recurring issue that presented itself was the problems they faced in obtaining the information they needed to care effectively for their loved ones. Similarly, they also struggled to seek the support they needed for themselves in their caring role.

Many also spoke candidly about the strain placed on them due to the responsibility of their caring role, which puts extra

pressure on their work and relationships. This led to calls for more frequent and different types of respite being made available to them.

They also spoke about the frustration felt when they are excluded from conversations and decisions surrounding their loved one's care, and the lack of recognition and acknowledgement they receive from some health and care professionals.

## Their feedback has been summarised into four main themes:



Information is hard to find

*"I got bounced around for months before finally finding the right support"*



Carers don't feel listened to

*"Key workers don't understand [his] needs. I am labelled as difficult and anxious."*



There isn't enough support for carer's wellbeing

*"No time to look after yourself. To do things others take for granted like a cup of coffee with friends."*



Services are fragmented

*"The services aren't joined up. You have to keep repeating your story."*

# Commitments

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Following this engagement work, we have identified 6 key commitments, which we believe will help to improve the lives of carers and young carers in Brent. The commitments reflect the voices of the numerous carers we spoke with, and therefore aptly illustrate what carers and young carers need and want. In the section below we explore the commitments in detail.

The commitments we have made as a council are:

Access to information

Partnership working

Supporting wellbeing

Carer awareness

Reaching into communities

Supporting young carers at the start of their caring journey



# Commitment One: Access to Information

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## Commitment One: Access to information



This commitment reflects an issue that we had to address given that in the 2021–22 survey of adult carers, 26% of respondents said that they found information very difficult to find. This figure is higher than the London average of 19%, and also higher than the figure from the 2018–19 Brent survey of 21%. Even when people can get advice, 14% of residents told us that the advice wasn't helpful, which is considerably higher than the London average of 7%.

Carers also told us about the inconsistency of advice and knowledge they were provided with depending on who they spoke with. They also voiced understandable frustration towards the process of being referred to multiple organisations and people before finally being able to obtain the right support. This exasperation led to them being strong advocates for the creation of a single, central resource that outlines the full range of support that is available.

### To achieve this we will:

- Create a single carers resource, that brings together information from health, social care and Brent's communities in one place, which will be communicated in a variety of formats so that it is accessible to all.
- Promote how and where information can be accessed in a wide range of health settings, such as community buildings, libraries, and places of worship.
- Support the maintenance of carer hubs, including young carer hubs spread broadly across Brent.
- Hire a carers engagement officer within the council's Adult Social Care team, who will be responsible for coordinating the resources available to carers and strengthen the community-based offer for them.

### How will we know that we are fulfilling these commitments?

- Our Carers' hub and universal information, advice and guidance will be accessed by carers from a wide range of backgrounds.
- Every public building and community space will have a poster that promotes the carers resource.
- Carers will tell us that information is easier to find and more helpful.
- Carers can get information and advice about their health and how they can be as well as possible physically, mentally and emotionally.

“

*We provide information and advice about health, social care and housing which is tailored to a person's situation without limiting their options and choices.*

”

*Think Local Act Personal 'we' statement*

“

*I can get information and advice about my health and how I can be as well as possible- physically, mentally and emotionally*

”

*Think Local Act Personal 'I' statement*

# Commitment Two: Partnership working

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## Commitment Two: Partnership working



This commitment focuses on the difficulties that carers face when trying to get a sense of all the different services that are available. Professionals across the health and care system also echoed this sentiment, telling us that there is a lot of support and resources available, but no-one seems to have a clear picture of what is available. Different organisations hold different pieces of the puzzle, and we will only be able to deliver holistic support if we bring all those pieces together.

Similarly, many expressed frustrations towards the lack of communication amongst the different parts of the system, saying that they often don't communicate with each other. The result of this is that those who care often have to repeat their story as they move from service to service. Therefore, we must learn to work in a multi-disciplinary way, so that information is shared appropriately. In turn, it should make the move between organisations more seamless for our carers, thus easing the burden on them.

Page 86  
This partnership working must also extend to carers. They voiced irritation towards the fact that we do not utilise the insight they have in terms of delivering care to their loved one, and in the delivery of services more broadly.

For that reason, we commit to improving partnership working across all of health and social care, and the voluntary sector. Services will also become less fragmented through the improvement of information sharing, whilst ensuring that carers are fully involved in shaping and enhancing services.

### To achieve this we will:

- Create a Carers partnership forum, attended by all the organisations who support people who care. Therefore, this will bring together community organisations, health, and social care to share information, access training and opportunities, and work together in new ways to improve services.
- Explore the creation of a "consent passport". With the consent of the individual who is being cared for, this document would allow carers to be involved in conversations regarding their loved one's care, without having to repeatedly justify their right to be so.
- Host quarterly care forums, alongside Brent's health partners, to enable the voices of all carers to be heard.
- Build on the co-production of this strategy to put carers at the heart of service delivery, such as monitoring our new carers contract, and overseeing the delivery of this strategy

## Commitment Two: Partnership working



### How will we know that we are fulfilling this commitment?

- Our Carers partnership forum will have appropriate and representative membership and meet at least four times a year.
  - The four carers forums that will be held each year will be in partnership with health providers wherever possible
- Carers will have an equal footing on our strategy delivery group and contract monitoring group.

Page 87

“

*I can get information and advice about my health and how I can be as well as possible- physically, mentally and emotionally*

”

*Think Local Act Personal 'I' statement*

# Commitment Three: Supporting Wellbeing

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## Commitment Three: Supporting Wellbeing



This commitment addresses one of the biggest strains of being a carer: the toll it takes on an individual's physical and mental health. The time commitment of providing care can make it difficult to balance this role with work and family commitments, making it near impossible to prioritise their own health appointments and care.

A staggering 60% of carers who responded to the 2021-22 survey of adult carers said that they

struggle to look after themselves well enough. Moreover, 33% of respondents said that they didn't "do anything that they value or enjoy" with their time. Although some said they are able to draw strength and support from peer support, they equally voiced that it took them months or even years to find. They also stated the necessity for more accessible respite in more varied forms.

Furthermore, Brent's Young Carers survey (2018) revealed that young carers are also in need of additional breaks and more respite opportunities.

### To achieve this we will:

1. Create a local offer for carers in Brent, that sets out all the different forms of support that is available to carers in one place, as well as details of how each one can be accessed.
2. Continually listen to the challenges that carers tell us they are facing and aim to develop services and resources that will make real, long-lasting differences to their lives.
3. Clarify the various elements of our respite offer. This will also include a review of the respite and short break requests, ensuring that this service responds to carers in a timely manner, whilst supporting their needs.
4. Use the new Carers' hub to deliver a range of support services and wellbeing therapies
5. Develop tailored support to help unpaid carers through transition periods in their caring role, such as the death of their loved one, or the transition to adulthood.
6. We will continue to provide Mental Health First Aid Training -> Carers, and organisations that support Carers are encouraged to apply to attend this free two day training delivered by the Public Health Team. Places are allocated to achieve an appropriate balance of participants, and carers receive priority allocation for places on either of our two MHFA courses (one for people working with adults, and one for people working with 8-18 year olds).
7. Work with Brent Health Matters to offer a 'one stop shop' for health in communities.
8. Develop an improved 'carers card', that enables registered carers to access a wider range of benefits and enhancements which would improve their wellbeing.
9. Utilise the council's position in the local economy/ community to bring in benefits for carers. This will include policies such as social value clauses on contracts and negotiating benefits from businesses.

### How will we know that we are fulfilling this commitment?

- Carers will be provided with coordinated care and support. Everyone works well together, as well as with the carers directly.
- Our new Carers' hub will be in place by December 2023, and will be accessed by carers that are representative of all of our communities.
- Sandy statement
- The new and improved carers card will enable access to a wider range of services and benefits



# Commitment Four: Carer awareness

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## Commitment Four: Carer awareness

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Many carers in Brent feel as though their voices are not being heard when it comes to the care of their loved one. In fact, 15% of adult carers who took part in the adult carers survey in 2021 said that they never felt involved or consulted in discussions about the care and support of their loved one.

They spoke of being excluded from assessments and hospital discharges, of feeling that their input was invalid, and of not being given necessary information with regards to their caring role. Some also told us that they had been labelled as anxious by health professionals for asking questions or raising concerns to health and social care professionals. They also referred to the shame they had felt after losing their temper with some staff after continual “micro-hassles” when trying to get things done. Every conversation with people who care, and partner organisations alike, came back to the same thread: people who care want to be heard and understood.

Page 92

Our aim is to work towards all public services and communities recognising the importance and value of carers, acknowledging the work that they do, whilst giving carers awareness of who they could talk to if needed.

Wherever possible, we want services and professionals to be empowered so that they can be flexible to meet the needs of individuals. To us, this would look like “bending the rules” to get the right outcome for the individual. This could be in the form of longer appointments, more flexible times, or going the extra mile to make accessing a service easier.

**Therefore, we are committing to the creation of a culture in which carers are respected and recognised across the Health and Social Care system. We will celebrate and appreciate people who care, upholding their rights, and give make them feel seen and heard when accessing any services for themselves or their loved one.**

## Commitment Four: Carer awareness

### To achieve this we will:

- The development of a carer awareness course, based upon the principles of our Making Every Contact Count (MECC) approach, that can be delivered by our commissioned provider to community groups, all front-line roles within the council and health and partner organisations.
- Improve our training offer for health and social care staff, which will set standards for adult and young carer assessments, implement the triangle of care, and make best use of tools such as the Carers Trust hospital discharge toolkit

### How will we know that we are fulfilling this commitment?

- Carer awareness training will be delivered to all front line council services, and available to NHS partner organisations and wide variety of community organisations.
- Carers will tell us they feel involved and consulted in conversations about care and support for their loved one.
- Carer awareness sessions are held throughout the year in Brent schools.

Page 93

*We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures*

*Think Local Act Personal 'we' statement*

*I have considerate support delivered by competent people*

*Think Local Act Personal 'I' statement*

# Commitment Five: Reaching into communities

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## Commitment Five: Reaching into communities

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Evidently, there are a large number of people who the system has not identified as a carer. This means they may be missing out on vital universal support and information that could help them in their caring role.

Although not everyone will want, need or be eligible for support from social care services, it is important that we do outreach work to make them aware of what they may be entitled to.

The census revealed that as of 2021, 22,800 people in Brent were providing care for others in Brent. Just 9,112 of these are known to their GP. 503 Adult Carers, and 104 young carers, were identified and supported by Brent's commissioned services, Brent Gateway Partnership, in 2022-23. Only 182 adult carers and 56 young carers had a statutory assessment in that year.

Statutory services cannot reach everyone, so we must ensure that we are promoting information in all our communities, and with all our partners. This means that it will reach all people who care, wherever they are, making them aware of the formal support available.

Nationally, 1/3 of carers start or stop caring in any given year, so it is vital that we reach into communities continuously.

**Therefore, we will work with communities, health partners and our commissioned provider to ensure we reach everyone who has a caring role.**

## Commitment Five: Reaching into communities

### We will achieve this by:

- Changing the language, we use to make it more recognisable, encouraging people who care to seek information and advice at the earliest possible stage in their caring journey.
- Using our local offer to be clear about the benefits of being identified as a carer, to encourage people to come forward and utilise the services available to them.
- Developing a comprehensive communications campaign, that includes proactive provision of information in places carers will be able to access it, such as alongside certain benefits, or when collecting prescriptions for another person etc.
- Working with schools to improve identification of young carers and make sure they are linked in with services.
- Building better connections with community faith groups and raise awareness to disseminate information and identify carers.
- Improving access to local authority carers assessments.
- Building on the success of events such as the Health and Social Care Awards to develop more opportunities to celebrate carers and reduce stigma.
- The council will adopt caring as a protected characteristic, meaning we will routinely identify carers when they access services, assess impact on carers of any policy or service change, and monitor equality of access as we would for any other protected characteristic.
- The Council will adopt a leadership role in setting a standard for recognising carers in the workplace; building a supportive staff network to raise their profile, and ensuring our policies reflect our commitment to flexibility and support for carers' wellbeing at work.

### How will we know that we are fulfilling this commitment?

- Our Carers partnership forum will include a wide range of community and faith groups, who will disseminate information into their communities.
- The number of carers registered on health and social care systems increases year on year and is representative of all Brent communities.



# **Commitment Six: Supporting young carers at the start of their caring journey**

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## Commitment Six: Supporting young carers at the start of their caring journey



The impact of providing care on young carers is significant. Nearly half of those who responded to the 2018 Young Carers survey were providing care for more than 50 hours per week. The same survey highlighted that nearly a third of young carers had provided care for more than 5 years before they were identified as carers. This suggests that many young carers have significant caring responsibilities but have yet to access the support and information that they are entitled to.

This issue is potentially exacerbated by the fact that only 1% of young carers are identified by teachers and 2% by their GP, two stakeholders that most young people would have regular contact with.

**Therefore, we will work more closely with schools and GP surgeries to identify and support more young carers at the start of their caring journey.**

### **We will achieve this by:**

- Developing an awareness programme to educate teachers, school staff, and healthcare professionals about how to identify young carers
- Adapt our training offer and roll it out amongst teachers
- Establish communication channels and set up regular meetings so that information can be shared, and young carers identified quickly
- Developing a comms campaign and raising awareness amongst students at schools about the role of young carers and the support available to them

### **How will we know that we are fulfilling this commitment?**

- We will see an increase in young carers undertaking a carers needs assessment
- We will repeat the Young Carers survey and see an increase in the number of young carers being identified by their teachers or GPs
- We will gather feedback from teachers and GPs to understand the effectiveness of the awareness programme and associated training



# Our future pathway for people who care

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## Information

- Carers are given the practical information they need in order to carry out their caring role, such as information about their loved one's condition, medication, and care plan, when to expect follow up, and who to contact if there is a problem
- Carers are told where they can find the universal carers resource, and they will be referred to universal services.

Note – some carers will not require an assessment and additional support. They are able to live well and independently in the community, utilising the rich array of universal services available to them in Brent.

## Identification

- Carers are identified at the earliest possible stage of their role.
- Carers' details are consistently recorded on the identifier's system.
- Where necessary, we will share the individual's carer status with relevant services that they or their loved one access.

## Involvement

- Carers are equal partners with health and care workers. Their input and knowledge is valued and they are always involved in discussions regarding their loved one's care.

## Support and review

- In addition to universal services, carers that meet the statutory criteria will have their own care and support plan, which will include respite if needed.
- All carers are offered an annual review.

## Universal support services (can be accessed by anyone)

- Priority GP appointments
- Advice about benefits/ financial support
- Access to peer support and wellbeing activities
- Access to community respite
- Access to training and employment support

## Assessment

- Carers are always informed of their right to a statutory Carers Assessment, which looks at their own needs.
- Assessments are carried out in a timely manner.

# How this strategy will be monitored

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## How this strategy will be monitored

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The Carers Partnership Forum will become an important part of the delivery mechanism for this strategy; bringing different parts of the health and care system together in a more comprehensive manner to deliver the collective improvements in the experience of unpaid carers.

We will also create a Carers Strategy monitoring group, with carers being directly involved in this, who will review our progress towards the goals set out in this document and hold us accountable for its delivery. This group will also play a key role in monitoring carers' services across the partnership. This will involve ensuring that the voices of carers and their lived experience in accessing services has a direct influence on contract monitoring and is used to continually improve services.

<sup>7</sup><sub>89</sub> A Carers Engagement Officer will be recruited to support both of these initiatives, as well as delivering against the commitments of the strategy more broadly.

<sup>10</sup> We will ensure that regular updates are provided at Carers forums, and will develop a short annual report, summarising our performance, achievements, challenges, and joint solutions, which will be given to the Health and Wellbeing Board, and made publicly available.

# Glossary

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- “The Making Every Contact Count (MECC) approach encourages health and social care staff to use the opportunities arising during their routine interactions with patients to have conversations about how they might make positive improvements to their health or wellbeing”.
- “An Integrated Care Partnership (ICP) is a statutory committee jointly convened by Local Authorities and the NHS, comprised of a broad alliance of organisations and other representatives as equal partners concerned with improving the health, public health and social care services provided to their population.”
- “Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe.”
- A Carer’s assessment determines whether an individual is classed as a carer or not, and assesses what the council can do to support them if so.
- “The triangle of care is a partnership between professionals, the person being cared for, and their carers. It sets out how they should work together to support recovery, promote safety and maintain wellbeing.”
- CNWL – refers to the collection of services provided by the Central and North West London Trust, covering community, sexual health, mental health, health & justice and addiction services.
- London North West University Healthcare – Refers to the three North West London hospitals (Central Middlesex, Ealing and Northwick Park) that serve more than one million people. LNWH is also responsible for running sexual health services across Brent, Ealing, Harrow and Hillingdon.

# Carers Strategy Implementation plan



# Background

Brent Council has recently developed a Carers Strategy that outlines a vision for Brent to be a place for people who provide unpaid care are:

- Seen and heard when accessing services
- Supported as individuals, with more opportunities to be themselves
- Valued for the care they provide

We are currently developing an implementation plan to ensure that the strategy is effectively executed, and the commitments made to carers and young are delivered. This is very much a working document and will be finalised in the coming weeks.

As there are around 30 activities identified in the strategy, a prioritisation exercise has also taken place involving engagement with Carers as well as lead officers, in order to help inform its design.

A more detailed plan is also in development which will include key milestones, actions, and resources required for each of the activities, as well as associated timelines. It will also incorporate project management tools such as a risk register, and will ensure accountability by indicating how the impact associated with each activity will be evaluated.



# Implementation Engagement

The strategy was developed alongside significant engagement with carers and young carers. Over 150 conversations took place, via 1:1s, group sessions, and workshops. These conversations were shaped by a core group of carers who coproduced the strategy (who would later become founding members of the Brent Carers Board). So the commitments and activities identified in the strategy and implementation plan have been directly shaped by carers and young carers, but we wanted to do one more round of engagement to give people the opportunity to tell us what we should prioritise.

## Young Carers

- We attended two young carers events (with the support of Brent Carers Centre) that were attended by around 80 young people
- **Our key takeaway is that young people want to live their best life** and it is Brent's duty to do what it can to support them to do so – things that were important to them are important to every young person.
- Young Carers told us that they valued the support provided to them by their friends and families, that fun activities such as playing football or listening to music helped them, and that they wanted to contribute to their local communities

## Listening event and survey

- We also attended a Mental Health listening event where we update Carers about the strategy and asked them what they thought we should prioritise, as well as producing and sharing a survey.
- The top 5 activities that Carers prioritised are (so far):
  - Continually listen to the challenges that carers tell us they are facing and aim to develop services and resources that will make real, long-lasting differences to their lives.
  - Create a single carers resource, that brings together information from health, social care and Brent's communities in one place
  - Improving access to Local Authority Carers Assessments
  - Improve our training offer for health and social care staff
  - Create a local offer for carers in Brent



Our ambition is to ensure that we are hosting an ongoing two-way conversation with carers and young carers, and a number of activities that have been identified in the strategy and implementation plan will support us to do this

# Our six key commitments



Based on the vision in the strategy, we have crafted **6 key commitments**, which we intend to implement in the next 3 years.

Brent Council's commitments are based around the following themes:

Access to information

Partnership working

Supporting wellbeing

Carer awareness

Reaching into communities

Supporting young carers at the start of their caring journey

# Implementation plan: Access to information

6	Next 6 months
6-12	6-12 months
12+	12 months+

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
<b>Create a single carers resource</b> , that brings together information from health, social care and Brent's communities in one place.	6	<ul style="list-style-type: none"> <li>• Desk-based research into understanding what resources and services are currently available.</li> <li>• Working with our community partners to further gather information and advice.</li> <li>• Collating all the information into one helpful resource, which can be accessed via more than one medium, i.e. online and printed copies.</li> <li>• ICP has produced a resource, that needs printing.</li> <li>• Directory has been progressed.</li> </ul>	<ul style="list-style-type: none"> <li>• Carers can get information and advice about their health and how they can be as well as possible physically, mentally and emotionally.</li> </ul>
<b>Promote how and where information can be accessed</b> in a wide range of health settings, such as community buildings, libraries, and places of worship.	6	<ul style="list-style-type: none"> <li>• Production of communication material appropriate to each of the settings.</li> <li>• Create online materials for wide distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Every public building and community space will have a poster that promotes the carers resource. Carers will as a result know where to access information to support themselves physically, mentally and emotionally.</li> </ul>
<b>Hire a carers engagement officer</b> within the council's Adult Social Care team	3-6	<ul style="list-style-type: none"> <li>• Development of a job description for the role.</li> <li>• Advertisement, interview and evaluation of applicants.</li> </ul>	<ul style="list-style-type: none"> <li>• We'll have a new member on the team focussed on engaging with carers and responsible for coordinating the resources available to carers and strengthening the community-based offer for them.</li> </ul>
<b>Support the maintenance of carer hubs</b> , including young carer hubs spread broadly across Brent	6	<ul style="list-style-type: none"> <li>• Commissioned Carers service: Brent Carers Centre(BCC) provides outreach and information stalls at community events around the borough.</li> <li>• BCC operate 5 x weekly Outreach Advice Surgeries in Brent hubs.</li> </ul>	<ul style="list-style-type: none"> <li>• Our Carers' hub and universal information, advice and guidance will be accessed by carers from a wide range of backgrounds.</li> <li>• Carers will tell us that information is easier to find and more helpful.</li> </ul>

6	Next 6 months
6-12	6-12 months
12+	12 months+

# Implementation plan: Partnership working

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
<b>Create a Carers partnership forum</b> , attended by all the organisations who support people who care.	6	<ul style="list-style-type: none"> <li>Developing a stakeholder map to understand in completeness which organisations are currently supporting people who care.</li> <li>Produce a Terms of Reference for the Carers partnership forum.</li> <li>Plan frequency and format of meetings and send invites.</li> </ul>	<ul style="list-style-type: none"> <li>Our Carers partnership forum will have appropriate and representative membership and meet at least four times a year.</li> </ul>
<b>Explore the creation of a "consent passport"</b> .	6-12	<ul style="list-style-type: none"> <li>With the consent of the individual who is being cared for, this document would allow carers to be involved in conversations regarding their loved one's care, without having to repeatedly justify their right to be so.</li> </ul>	<ul style="list-style-type: none"> <li>Consent passport recognised by Brent Health and Social Care services.</li> </ul>
<b>Host quarterly care events</b> , alongside Brent's health partners, to enable the voices of all carers to be heard.	3	<ul style="list-style-type: none"> <li>Planning and delivering quarterly forums attended by Brent's health partners as well as Adult Social Care.</li> <li>This will include venue sourcing, agenda setting, communications, minute capturing and sharing.</li> <li>'What to expect' i.e. a lay TOR</li> <li>ICP and primary care involved in Mental health forum on 4/4, working closely with John Public Health diabetes.</li> <li>Can be themed to meet the needs/wants of carers coproduced as identified via the carers board/carers partnership forum/carers input via forms at centre for example</li> </ul>	<ul style="list-style-type: none"> <li>The four carers forums that will be held each year will be in partnership with health providers wherever possible.</li> </ul>
<b>Build on the co-production of this strategy</b> to put carers at the heart of service		<ul style="list-style-type: none"> <li>Working in partnership with carers and ensuring their voice is sustained in conversation by being present in both the strategy delivery group and the contract monitoring group.</li> </ul>	<ul style="list-style-type: none"> <li>Carers will have an equal footing on our strategy delivery group and contract monitoring group.</li> </ul>

# Implementation plan: Supporting wellbeing (1/2)

6	Next 6 months
6-12	6-12 months
12+	12 months+

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
<b>Continually listen to the challenges that carers tell us they are facing</b> and aim to develop services and resources that will make real, long-lasting differences to their lives.	6	<ul style="list-style-type: none"> <li>Continually engage with carers in Brent to understand in depth their needs and experiences.</li> <li>Use these insights on an ongoing basis to feed into future developments and ensure that the service offering is relevant to their needs.</li> <li>Highlight role of events/forums/spaces for carers to feedback</li> <li>Commitment to spot-surveys periodically to check support</li> <li>This is where ideas for events could come from</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from carers and users of services and resources will reflect that we are making positive differences to their lives.</li> </ul>
We will continue to provide <b>Mental Health First Aid Training</b>	6	<ul style="list-style-type: none"> <li>Continuing to provide our Mental Health First Aid Training.</li> <li>Encouraging carers, and organisations that support Carers to apply to attend this free two-day training delivered by the Public Health Team</li> <li>Details to work out with Brent carer centre, are these at set times? Are they on demand? etc</li> </ul>	<ul style="list-style-type: none"> <li>We will ensure delivery of training continues and monitor uptake and completion of the course.</li> </ul>
<b>Create a local offer for carers in Brent</b>	6-12	<ul style="list-style-type: none"> <li>Mapping exercise to understand all existing support that is available to carers.</li> <li>Building a local offer that sets out all the different forms of support that is available to carers in one place, as well as details of how each one can be accessed.</li> <li>Must include and be specific for young carers</li> <li>Benefits for carers, not a static resource like the booklet directory, can build on and reference that.</li> <li>I.e. will I get prioritised if I phone for an appointment</li> </ul>	<ul style="list-style-type: none"> <li>We will have a complete picture of the Brent offer available and accessible to carers.</li> </ul>
<b>Clarify the various elements of our</b>		<ul style="list-style-type: none"> <li>Working to explain clearly and in straightforward terms, the elements of our respite offer so that everyone can</li> </ul>	<ul style="list-style-type: none"> <li>Carers will have a complete understanding of our respite offer.</li> </ul>

Page 11

6	Next 6 months
6-12	6-12 months
12+	12 months+

# Implementation plan: Supporting wellbeing (2/2)

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
Develop tailored support to help unpaid carers through transition periods in their caring role	12+	<ul style="list-style-type: none"> <li>Working with carers and providers to ensure we can offer tailored support for carers in transition periods, such as the death of their loved one, or the transition to adulthood.</li> <li>Info gathering for next 12 months, so that when resource opens up, can make move</li> <li>Transition and contingency planning. Service or support gap. Adding in tags into Mosaic records?</li> <li>Contingency planning for Young carers might be different for adults.</li> </ul>	<ul style="list-style-type: none"> <li>Carers will feel supported at all stages of their caring journey, knowing where to go for advice or support.</li> </ul>
Utilise the council's position in the local economy/community to bring in benefits for carers.	12+	<ul style="list-style-type: none"> <li>Building on Brent's existing partnerships and connections to develop opportunities for carers.</li> <li>This will include policies such as social value clauses on contracts and negotiating benefits from businesses.</li> <li>Communication offer on what's available as part of Brent's Local offer.</li> <li>Tapping into existing council things, such as gyms</li> </ul>	<ul style="list-style-type: none"> <li>Carers will be able to utilise benefits within their community.</li> </ul>
Develop an improved 'carers card'	12+	<ul style="list-style-type: none"> <li>Understanding what services and benefits are desirable for carers in Brent.</li> <li>Liaising with providers and services in Brent to form partnerships and provision offering.</li> <li>Outlining eligibility criteria and a communications approach to share the new card.</li> </ul>	<ul style="list-style-type: none"> <li>The new and improved carers card will enable access to a wider range of services and benefits</li> </ul>
Work with Brent Health Matters to offer a 'one stop shop' for health in communities	6-12	<ul style="list-style-type: none"> <li>Working with Brent Health Matters to understand which services and providers should be involved.</li> <li>Agree on the frequency of offering, logistics and whether in person or online.</li> <li>Planning and implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Carers will be provided with coordinated care and support. Everyone works well together, as well as with the carers directly</li> </ul>

# Implementation plan: Carer awareness

6	Next 6 months
6-12	6-12 months
12+	12 months+

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
<p><b>Improve our training offer for health and social care staff</b>, which will set standards for adult and young carer assessments, implement the triangle of care, and make best use of tools such as the Carers Trust hospital discharge toolkit</p>	6	<ul style="list-style-type: none"> <li>Carer training needs to be done by all staff</li> <li>Public Health, has been asked to create training.</li> </ul>	<ul style="list-style-type: none"> <li>Carer awareness sessions are held throughout the year in Brent schools.</li> </ul>
<p><b>The development of a carer awareness course</b>, based upon the principles of our Making Every Contact Count (MECC) approach, that can be delivered by our commissioned provider to community groups, all front-line roles within the council and health and partner organisations.</p>	6-12	<ul style="list-style-type: none"> <li>Working to develop a carer awareness course, to help individuals better identify carers and know how to bring them into appropriate conversations.</li> <li>Training commissioned providers on how to deliver the training sessions.</li> <li>Providing a source of support to providers as they deliver the sessions.</li> <li>Carer partnership should receive training</li> </ul>	<ul style="list-style-type: none"> <li>Carer awareness training will be delivered to all front-line council services, and available to NHS partner organisations and wide variety of community organisations.</li> <li>Carers will tell us they feel involved and consulted in conversations about care and support for their loved one.</li> <li>We will monitor uptake of the course and collect feedback on its content.</li> </ul>

6	Next 6 months
6-12	6-12 months
12+	12 months+

# Implementation plan:

## Reaching into communities (1/2)

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
<b>Changing the language that we use</b> to make caring more recognisable	6	<ul style="list-style-type: none"> <li>Engaging with carers to understand the language that they recognise and feel best represents themselves.</li> <li>Updating our communications to include this language.</li> <li>Ensuring that the communications are shared in areas that will reach communities, and that individuals will feel safe to identify as a carer.</li> </ul>	<ul style="list-style-type: none"> <li>The number of carers registered on health and social care systems increases year on year and is representative of all Brent communities.</li> </ul>
<b>Develop more opportunities to celebrate carers</b> and reduce stigma.	6	<ul style="list-style-type: none"> <li>Exploring opportunities, benefits and events that could celebrate carers.</li> <li>Incorporating positive language into the above to try and help reduce stigma.</li> <li>Could be linked into events and forums.</li> </ul>	<ul style="list-style-type: none"> <li>The number of individuals within Brent identifying themselves as a carer will increase.</li> <li>We will seek feedback from carers to understand if they feel behaviours towards and around carers is changing for the positive.</li> </ul>
<b>Developing a comprehensive communications campaign.</b>	6	<ul style="list-style-type: none"> <li>Working with Brent Communications staff to plan and deliver a communication campaign.</li> <li>Considering the language used, the message conveyed the frequency, the type and the format of the communications.</li> <li>Public Health, carer engagement officer, and coproduction officer work together, coproduction champions</li> </ul>	<ul style="list-style-type: none"> <li>Brent carers will be familiar with our campaign and feel recognised and supported.</li> </ul>
<b>Building better connections with community faith groups</b>	6	<ul style="list-style-type: none"> <li>Mapping of community faith groups</li> <li>Understanding how best to communicate with each group, i.e. do they need translated resources?</li> <li>Dedicating time and resource to building and maintaining these connections.</li> <li>carer engagement officer, coproduction officer work together, coproduction champions to support</li> </ul>	<ul style="list-style-type: none"> <li>Our Carers partnership forum will include a wide range of community and faith groups, who will disseminate information into their communities.</li> </ul>



6	Next 6 months
6-12	6-12 months
12+	12 months+

# Implementation plan:


## Reaching into communities (2/2)

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
<b>Improving access to local authority carers assessments.</b>	6-12	<ul style="list-style-type: none"> <li>Carers Assessment training for Brent Carers Centre (BCC) staff</li> <li>A new assessment form linking directly to Brent Adult Social Care systems</li> <li>A new referral form is in the process of creation to enable carers and other organisations to refer carers for Carers assessments or advice and information.</li> </ul>	<ul style="list-style-type: none"> <li>Uptake of local authority carers assessments will increase.</li> <li>We will seek feedback from carers to understand how accessible they found the service and how it could be improved.</li> </ul>
The council will <b>adopt caring as a protected characteristic.</b>	12+	<ul style="list-style-type: none"> <li>Identifying carers when they access services and assessing the impact on carers of any policy or service change.</li> <li>Monitoring equality of access as we would for any other protected characteristic.</li> <li>Review staffing practice?</li> <li>Research and work with HR to understand what implications could be, and recruitment</li> <li>Can highlight who needs to be spoken to initially, HR, recruitment, all departments etc</li> </ul>	<ul style="list-style-type: none"> <li>Access into services will improve for carers.</li> <li>We will seek feedback from carers, both those using services and those not, to understand if they feel services are accessible.</li> </ul>
<b>Using our local offer</b> to be clear about the benefits of being identified as a carer	6-12	<ul style="list-style-type: none"> <li>Updating our local offer to highlight the benefits of being identified as a carer.</li> <li>Sharing our local offer via public communication channels to reach communities.</li> </ul>	<ul style="list-style-type: none"> <li>The number of carers registered on health and social care systems increases year on year and is representative of all Brent communities.</li> </ul>
The Council will adopt a leadership role in <b>setting a standard for recognising carers in the workplace.</b>	12+	<ul style="list-style-type: none"> <li>Linked to protected characteristic. Similar conversations are needed to define what this means in practice</li> <li>Enhanced flexible working.</li> <li>Can highlight milestones and initial conversations to take place. Needs broad buy-in and an understanding of potential ramifications.</li> </ul>	<ul style="list-style-type: none"> <li>Review of HR Policies and procedures</li> </ul>

# Implementation plan: Supporting young carers at the start of their journey

6	Next 6 months
6-12	6-12 months
12+	12 months+

Area	RAG	What we will be doing	How will we know we're fulfilling these commitments?
<b>Establish communication channels and regular meetings</b> so information can be shared, and young carers identified	6	<ul style="list-style-type: none"> <li>Identifying appropriate communication channels to reach young carers.</li> <li>Utilising existing channels where relevant, and/or developing new ones.</li> <li>Setting up regular meetings to share information with young carers.</li> </ul>	<ul style="list-style-type: none"> <li>We will see an increase in the number of young carers being identified.</li> <li>We will see an increase in the number of young carers accessing services and resources.</li> </ul>
<b>Developing a comms campaign</b> and raising awareness amongst students at schools about the role of young carers and the support available to them	6	<ul style="list-style-type: none"> <li>Working with Brent Communications staff to plan and deliver a communication campaign tailored specifically for young carers.</li> <li>Considering the language used, the message conveyed, the frequency, the type and the format of the communications.</li> </ul>	<ul style="list-style-type: none"> <li>We will see an increase in young carers undertaking a carers needs assessment</li> </ul>
<b>Adapt our training offer and roll it out amongst teachers</b>	6-12	<ul style="list-style-type: none"> <li>Reviewing our existing training offer and making appropriate adaptations.</li> <li>Identifying stakeholders suitable for the training offer and issuing invites to them.</li> <li>Again adapting training offer to include teachers</li> </ul>	<ul style="list-style-type: none"> <li>We will gather feedback from teachers and GPs to understand the effectiveness of the awareness programme and associated training</li> </ul>
<b>Developing an awareness programme</b> to educate teachers, school staff, and healthcare professionals to identify young carers	12+	<ul style="list-style-type: none"> <li>Planning, designing and developing an awareness programme.</li> <li>Identifying stakeholders suitable to attend the programme and issuing invites to them.</li> <li>Planning all associated logistics, such as venue hire.</li> <li>Delivering the awareness programme.</li> <li>Can be linked to MECC training- again link with Public Health</li> </ul>	<ul style="list-style-type: none"> <li>We will repeat the Young Carers survey and see an increase in the number of young carers being identified by their teachers or GPs</li> </ul>

	<p align="center"><b>Community and Wellbeing Scrutiny Committee</b> 16 April 2024</p>
	<p align="center"><b>Report from the Corporate Director of Community Health and Wellbeing</b></p>
	<p align="center"><b>Lead Cabinet Member for Public Health and Adult Social Care – Cllr Neil Nerva</b></p>
<p><b>Reablement Service Update</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>List of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	<p>Andrew Davies Head of Commissioning, Contracting and Market Management <a href="mailto:Andrew.Davies@brent.gov.uk">Andrew.Davies@brent.gov.uk</a></p> <p>Sarah Richards Head of Intermediate Care and Principal Occupational Therapist <a href="mailto:Sarah.Richards@brent.gov.uk">Sarah.Richards@brent.gov.uk</a></p>

## 1.0 Executive Summary

- 1.1 This report has been requested by the Community Wellbeing Scrutiny Committee and provides an overview of reablement services in Brent. The reablement service provides support to people to help them regain their skills and independence often after a life-changing event such as a stroke, minimising the need for longer term, ongoing care and support.
- 1.2 Reablement is a vital part of the hospital discharge process, and the council has aspirations for it to become a much more important part of care delivered to people who already have care packages but need assistance in retaining or learning new skills to stay as independent as possible.
- 1.3 The council has a reablement team in the Intermediate Care service in Adult Social Care, that carries out assessments and goal setting with service users who will receive a reablement service. The support service is delivered by care providers contracted by

Brent Council for this specific purpose. New contracts for reablement services went live in February 2024, following the completion of an open tender process.

- 1.4 This report sets out information on the reablement service in Brent, including the key challenges that impact provision and service delivery within the borough.

## **2.0 Recommendation(s)**

- 2.1 The Community Wellbeing Overview and Scrutiny Committee is recommended to –

(i). Note the contents of this update report.

(ii). Question officers and the Lead Member for Public Health and Adult Social Care on reablement services in Brent.

## **3.0 Detail**

### **3.1 Contribution to Borough Plan Priorities & Strategic Context**

- 3.1.1 Strategic Priority 5 of the Borough Plan, *A Healthier Brent* says that the council will make sure that health and social care services meet local needs.

- 3.1.2 In particular, the council will ensure that adults with care and support needs are able to access support services that are responsive to their needs and will work with residents as partners in their own care and support.

- 3.1.3 The reablement service supports Brent residents to maximise their independence by using a strength based approach when working with service users to regain their skills and independence.

### **3.2 Background**

- 3.2.1 Reablement services are provided by Brent Council to deliver short term, time limited support to people who require a service to help re-learn or regain skills to enable them to remain independent or less reliant on ongoing care and support. Reablement services are an important preventative service that has become a core component of social care support across the UK.

- 3.2.2 Reablement services are different from the delivery of standard homecare, in that the focus of the support is to help someone regain their skills and independence – it is short term support, for up to six-weeks, to give time to meet agreed goals that are set at the start of the reablement service. Reablement is a vital part of the hospital discharge process, and the aim in Brent is that it becomes a much more important for people who have a long-term care package, to try and reduce the need for permanent care and support, or at least delay an increase in ongoing care and support through supporting people to retain or learn new skills to stay independent.

- 3.2.3 A successful reablement service has two main benefits – service users benefit from maintaining their independence and by being less reliant on ongoing care and support. The council benefits because it does help to save money on ongoing care, which can then be used on other services.

- 3.2.4 There are two core elements of the reablement service – the assessment and care planning arm, which is delivered by the Reablement Team in the Intermediate Care

service in Adult Social Care; and the delivery of reablement support, which is commissioned from external care providers by the council.

- 3.2.5 Both of these elements have been through significant changes in the recent past. Work has been done to review the reablement assessment function and to work more closely with NHS rehabilitation services. At the same time, the reablement care contracts have been re-tendered and new lead providers appointed to deliver the reablement service starting in February 2024. This report sets out in more detail some of these key changes and the impacts expected as the new working arrangements are implemented.

### **Reablement Assessment Team**

- 3.2.6 The Reablement assessment team is made up of social workers, care assessors, occupational therapy assistants and occupational therapists. Physiotherapy is provided through CLCH who are Brent's community health partners. The team work closely with enabling carers with a remit to assist residents regain function and independence. All referrals to reablement are screened by the team for appropriateness for reablement intervention, if appropriate an assessment will take place to put in place to determine the level of support needed. Reablement is a time limited service provided for up to six weeks or 72 hours worth of intervention. The majority of referrals are received through the ASC hospital discharge team and the ASC front door team and work is ongoing to expand the pathways through which the service can be accessed and to extend it to more cohorts of residents.

- 3.2.7 In December 2023 the Adult Social Care Reablement team were awarded winter pressures funding to employ additional staff to support the Reablement assessment service. This allowed ASC to employ additional therapists to strengthen the principles of rehabilitation in the service and to increase capacity. The additional funds supported the skilling-up of staff, development of pathways, determine outcomes and goals as well as enabling service design. The changes have meant the service is therapy led inline with the recommendations made in the [Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge \(england.nhs.uk\)](https://www.england.nhs.uk/reablement-recovery/) and that residents in the service receive rapid access to rehabilitation. This team has been successful with the latest figures indicating 73% of residents have their care needs eliminated at the end of the Reablement period, an increase from 65%. This is indicative of improved long-term outcomes for residents such as improved quality of life, independence and a lower rate of hospital readmission.

- 3.2.8 In partnership with the ICB and with CLCH there has been significant work conducted to design a fully integrated Reablement team. The long-term vision includes extending the professional capabilities of the team to incorporate other disciplines such as district nurses. Capacity and demand work has been completed and work is being undertaken to investigate which shared care records system could be utilised. Discussions are underway with partners to determine a funding stream for this work to be progressed.

### **Reablement Provider Services**

- 3.2.9 Prior to tendering for lead reablement providers, reablement services in Brent were spot purchased from a range of providers. Although reablement services had a positive impact on the care costs and led to better outcomes for service users, it was felt that more could be done via reablement to improve the quality of life for service users and reduce ongoing spend on care for the council.

3.2.10 There are a number of changes that the council wants to make to its reablement provision through the newly commissioned service providers -

- Complex Needs: The previous reablement offer was not able to support people with complex needs. Development of a reablement service that has the skills and capability to support people with complex needs to live more independently in their own homes and reduce the requirement for double handed care and ongoing support represents a significant savings opportunity.
- Existing clients in the community who already receive a care package: The reablement offer is mainly focused on supporting hospital discharge pathways. Development of a reablement response offer to people already receiving care at home that can provide intensive support in a crisis and help to rebalance their situation will reduce demand for an increase in ongoing care and support.
- Dynamic reablement offer: Reablement was a one-sized offer that did not have the flexibility to adjust to the pace and rate of progress a person is making in achieving their reablement goals. A more dynamic offer would achieve better outcomes more quickly for the person.
- Alignment with Community Rehab And Rapid Response: The previous reablement service was not delivered as part of a coordinated rehab and reablement offer. The opportunities to maximise the benefits of support for people to apply the learning and skills gained from their therapy sessions from coordinated therapy and reablement goal plans and provision do not exist in the current set up. There is no reablement wraparound offer for people with urgent health care needs seen by the rapid response team. This will be taken forward with the Brent ICB as part of an integrated health and social care system and is an ambition for the new reablement service.
- Equipment and Assistive Tech: The current reablement service offer is not geared towards supporting people to try out equipment and assistive technology and develop the skills and confidence to use these options as an alternative to traditional homecare support. Again, this is an area that the new providers will start to focus on.
- Services for people with a learning disability or mental health problem: This was a gap in provision. The new providers will be expected to provide reablement support for people with learning disabilities and mental health issues, particularly to aid hospital discharges, but also with people in receipt of care packages in the community. Demonstrating competence in this area was an important part of the tender evaluation.

3.2.11 Prior to the reablement tender Brent was commissioning around 800 hours of reablement services per week. Around 25% of new adult social care service users were receiving a reablement package based on current commissioning levels. Brent's intention is to increase this over the life of the contract to 1,400 hours per week, so that reablement becomes a stepping-stone to receiving homecare. Ahead of the tender modelling had shown that in Brent 65% of people who receive a reablement service do not go on to receive a homecare service. Of those that do go on to receive a homecare package, costs are around 19% lower for those receiving single-handed care and 16% lower for those receiving double-handed care. This was achieved even though Brent did not have an optimum reablement offer, and it is only being used consistently to support people being discharged from hospital. By making reablement a more integrated part of our offer to people receiving care services, officers are of the view that more people can re-learn the skills and gain the independence they've lost, at the same time helping the council to achieve ongoing efficiencies in care costs.

3.2.12 To prepare local providers for the reablement tender opportunity the council funded capacity building work with local businesses that was carried out by the Procurement Service, with a focus on bid writing, social value and preparing for tenders such as the homecare and reablement contracts. Four capacity building workshops took place with 50 providers taking part in total. The workshops covered the following topics -

- Engaging with Adult Social Care Procurement – with tender work packages
- Introduction to Bid Writing – Foundation
- Improve Your Bid Response – Advanced
- Circular Economy & Developing Key Partnerships

3.2.13 As well as attendance at the workshops, a further 20 Brent based businesses have received 1:1 support a business support consultancy on bidding for tenders, comprising of two separate sessions with each company, for an hour at a time. This support was bespoke to each organisation to help them prepare for tenders. Telephone and email support was offered to providers ahead of the tender opportunities to give local companies additional assistance in preparing for tender processes.

3.2.14 There were also two specific market warming events held with providers to prepare for the tender. 190 providers attended both events (which was combined with the homecare tender market warming). The market warming events were an opportunity to brief providers on the process and expectations from their bids for the reablement contracts. Officers also used the market warming events to finalise the reablement model that was used to commission services going forward.

3.2.15 Feedback from the market warming events was clear on the establishment of geographically contained patches. Providers were much keener on this approach than commissioning three reablement providers to cover the whole borough. There are a number of reasons for this –

- Delivering a dedicated reablement service spread over a wide geographical area is an inefficient use of valuable care staff, who will spend more time travelling if the service was commissioned to cover the whole borough.
- Due to the spread of clients across the borough it will be difficult for providers to develop a stand-alone reablement service. Giving certainty as to the area that clients will live will help with planning rotas and in the delivery of care.
- Field supervisors and other support staff will have less distance to travel, helping with quality assurance work and oversight of care delivery.
- Reablement packages are short-term but still require a lot of administrative work (care and risk assessment, monitoring and reporting, rostering and people management etc). This will be easier to manage in a smaller geographical area.

3.2.16 The tender for reablement services was completed in February 2024, with three new lead providers appointed. Reablement services are now delivered on a patch-based model. The borough has been split into three reablement patches – North, Central and South, using the old council wards to create the new patches. This is so the reablement patches could align with the lead provider patches for homecare, which were commissioned before the new ward configuration was implemented.

3.2.17 The tender evaluation was carried out by a panel of officers from Adult Social Care, including social workers from the Reablement Team and Safeguarding Teams. The bids from providers were evaluated based on the following criteria. Price was not a criteria, as the hourly rate was fixed. The contracts are London Living Wage compliant and let under the Council's contract terms and conditions for a three year period with the option to extend for a further two years.

<b>Award criteria</b>	<b>Weighting</b>
Quality	90.00%
Comprised of:	
Q1 Independence	20%
Q2 Diversity	15%
Q3 Complex needs	11%
Q4 Staffing and capacity	7%
Q5 Innovation	15%
Q6 Safeguarding	15%
Q7 Quality assurance	7%
Social value	10%
Total	100%

3.2.18 The reablement patches are –

<b>Patch</b>	<b>Wards / Homecare Patches covered</b>	<b>Lead Provider</b>
North	1. Northwick Park and Preston 2. Sudbury 3. Tokyngton 4. Wembley Central and Alperton 5. Stonebridge	MNA Home Care Serviced Ltd
Central	6. Queensbury and Kenton 7. Barnhill 8. Welsh Harp and Fryent 9. Dudden Hill and Dollis Hill	Supreme Company and Sons Ltd
South	10. Harlesden 11. Willesden Green and Kensal Green 12. Mapesbury and Brondesbury 13. Queens Park and Kilburn	KT's Care Angels Ltd



- 3.2.19 Of the successful providers, all have an established working relationship with Brent – KT's Angels has delivered homecare and supported living services; MNA Homecare was a previous reablement provider; and Supreme Company and Sons have also delivered homecare services for Brent.
- 3.2.20 It is important to emphasise that going forward there is going to be a clear separation between reablement and homecare services. The new providers appointed to be lead reablement providers are not lead homecare providers. They will not be able to continue delivering homecare to a service user at the end of the reablement period. There is no incentive for reablement providers to retain a care package at the conclusion of the reablement episode. There will be a clear separation between the two services, which has been made clear to our lead providers now that contracts have been awarded.
- 3.2.21 The council has started work with the successful reablement providers to ensure that staff working on the reablement contract are fully trained and supported to deliver reablement services. It is vitally important that this staffing cohort have the skills to deliver a service that promotes independence and maximises peoples' abilities to re-learn and use the assets they have to reduce the need for ongoing care. In this respect the approach is different to delivering a homecare service. We will also be challenging providers to ensure that their staffing cohort is as stable as possible, so that Brent benefits from a well trained and experienced workforce.
- 3.2.22 The new reablement contracts have a more collaborative approach that will result in changes in the current delivery of the service and the outcomes we expect from the successful providers. Whilst the previous reablement service had seen some good outcomes and had a positive impact on the cost of care, the council can use reablement to improve the quality of life for service users, improve clients' outcomes and reduce ongoing spend on care for the council.
- 3.2.23 Since the contracts went live in February 2024 there have been regular joint meetings with reablement providers and the Reablement team to develop processes and expectations between the providers, assessors and the Commissioning Service. Through discussion with providers, we have identified a skills gap so we are currently in discussion with training providers to deliver bespoke training for the providers. Training will include use of low level equipment such as working aids, slide sheets, and motivational interviewing, which will be delivered in the coming weeks.
- 3.2.24 The new reablement model will be delivered as an "Integrated Reablement" service which means providers will work alongside Physiotherapists and Rehabilitation teams to provide a holistic reablement service. Enablers will follow a specific support plan and goals for each person receiving support and work daily with the person receiving the reablement service.
- 3.2.25 It is premature to evaluate the successes of the new provider contracts, as they only went live in February 2024. However, a report can be brought back to the Overview and Scrutiny Committee later in the year with some analysis of the benefits of the new approach to reablement and the impact that the new lead providers have had on peoples' care and support.

#### **4.0 Stakeholder and ward member consultation and engagement**

4.1 The reablement service and contract has borough wide implications, but specific consultation has not been carried out with ward councillors for this report. However, ASC did engage with the homecare market and social workers to garner their views and experiences and understand where improvements could be made to services ahead of the reablement contract tender.

## **5.0 Financial Considerations**

5.1 There are no financial implications arising from the report.

## **6.0 Legal Considerations**

6.1 The remit of the Reablement Service is consistent with the Council's duties under Section 2B National Health Service Act 2006 and Care Act 2014, and is operating in accordance with The Care and Support (Preventing Needs for Care and Support) Regulations 2014

## **7.0 Equity, Diversity & Inclusion (EDI) Considerations**

7.1 Reablement services are for vulnerable people who are disadvantaged due to their disability and/or health conditions. An Equalities Impact Assessment was completed ahead of the service tender and there were no negative impacts identified.

7.2 The service is expected to deliver improved quality of service and service user experience, and to establish a more productive working relationships with providers. Impacts will be monitored throughout the implementation period and beyond via ongoing service user and provider engagement.

## **8.0 Climate Change and Environmental Considerations**

8.1 The reablement service will be delivered using a patch-based model which divides the borough into three patches. Reablement providers are expected to operate within their patch rather than delivering services across the entire borough, with providers operating in a smaller geographical area an enabler will be travelling shorter distances which will promote environmentally friendly ways to travel to their visits such as walking and cycling.

## **9.0 Human Resources/Property Considerations (if appropriate)**

9.1 None.

## **10.0 Communication Considerations**

10.1 None.

**Report sign off:**


***Rachel Crossley***

Corporate Director of Community Health and Wellbeing

***Claudia Brown***

Director of Adult social care

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 <b>Brent</b>	<p align="center"><b>Community and Wellbeing Committee</b> 16 April 2024</p>
	<p align="center"><b>Report from the Corporate Director of Law and Governance</b></p>
<p align="center"><b>Scrutiny Recommendations Tracker</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	Appendix 1 – Recommendations Tracker
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Chatan Popat Strategy Lead - Scrutiny, Democratic Services <a href="mailto:chatan.popat@brent.gov.uk">chatan.popat@brent.gov.uk</a>  Amira Nassr Deputy Director, Democratic Services <a href="mailto:amira.nassr@brent.gov.uk">amira.nassr@brent.gov.uk</a>

## 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 Equity, 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:**

**Debra Norman**

Corporate Director, Law and Governance

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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	Accepted. Further updates will be made available as developments are confirmed.	
	That work to address the inner and outer London pay gap is further escalated, and that bolder solutions are utilised.	Brent ICP	Accepted. Further updates will be made available as developments are confirmed.	
	That the Brent Integrated Care Partnership advocates for further levelling up funding for children's mental health services in the borough.	Brent ICP	Accepted. A further update is to follow in 2024/25 once discussions have taken place.	

	That the North West London ICB commits to a timescale to address the historical underfunding compared with other North West London boroughs and to equalise levels of expenditure.	Brent ICP	Accepted. A further update is to follow in 2024/25 once discussions have taken place.	
	That a collaborative approach is taken with staff, the community and managers to co-produce solutions for retention.	Brent ICP	Accepted. A further update is to follow in 2024/25 once discussions have taken place.	
	That Brent continues to advocate for healthcare funding being allocated by need, rather than population.	Brent ICP	Accepted. A further update is to follow in 2024/25 once discussions have taken place.	
	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	Accepted. A further update is to follow in 2024/25 once discussions have taken place.	
30 Jan 2024 – NHS Start Well	For future reports to detail assurances that, as a result of the increase in demand in consolidated services, mitigations were in place against staff fatigue, human error, and overcrowding of facilities.	NHS North Central London ICB	Accepted. Further updates will be provided in 2024/25 once the final consultation has been concluded.  NHS Start Well to re-visit the North Central London JHOSC in July 2024 to provide the promotion and reach report as well as a paper that outlines the emerging high-level themes from the consultation responses.  Feedback from this meeting will be taken into considerations for the next steps in the Decision-Making Business Case (DMBC). It is not anticipated asking commissioners (North Central London Integrated Care Board and NHS England) to consider the DMBC and take a decision on whether to proceed with the proposals until December 2024 or January 2025.	


30 Jan 2024 – NHS Start Well	That the impact of cost to prospective parents in relation to patient choice is considered in the final business case.	NHS North Central London ICB	<p>Accepted. Further updates will be provided in 2024/25 once the final consultation has been concluded.</p> <p>NHS Start Well to re-visit the North Central London JHOSC in July 2024 to provide the promotion and reach report as well as a paper that outlines the emerging high-level themes from the consultation responses.</p> <p>Feedback from this meeting will be taken into considerations for the next steps in the Decision-Making Business Case (DMBC). It is not anticipated asking commissioners (North Central London Integrated Care Board and NHS England) to consider the DMBC and take a decision on whether to proceed with the proposals until December 2024 or January 2025.</p>	
30 Jan 2024 – NHS Start Well	That the ICB consult a wider geographical area of residents and ensure interpretation services are available in a wide variety of languages to undertake that consultation.	NHS North Central London ICB	<p>Accepted. Further updates will be provided in 2024/25 once the final consultation has been concluded.</p> <p>NHS Start Well to re-visit the North Central London JHOSC in July 2024 to provide the promotion and reach report as well as a paper that outlines the emerging high-level themes from the consultation responses.</p> <p>Feedback from this meeting will be taken into considerations for the next steps in the Decision-Making Business Case (DMBC). It is not anticipated asking commissioners (North Central London Integrated Care Board and NHS England) to consider the DMBC and take a decision on whether to proceed with the proposals until December 2024 or January 2025.</p>	
30 Jan 2024 – NHS Start Well	That post any changes that are implemented, the ICB take a view as to the impact they have made.	NHS North Central London ICB	<p>Accepted. Further updates will be provided in 2024/25 once the final consultation has been concluded.</p> <p>NHS Start Well to re-visit the North Central London JHOSC in July 2024 to provide the promotion and reach report as well as a paper that outlines the emerging high-level themes from the consultation responses.</p> <p>Feedback from this meeting will be taken into considerations for the next steps in the Decision-Making Business Case (DMBC). It is not anticipated asking commissioners (North Central London Integrated Care Board and NHS England) to consider the DMBC and take a decision on whether to proceed with the proposals until December 2024 or January 2025.</p>	

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	Senior Leadership Team session on health inequalities held. Local operational model to address health inequalities, as developed through Brent Health Matters, presented. Attention to health inequalities introduced into 24/25 Service Planning.	
	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.	
	That emerging neurological conditions within the community are considered for inclusion as part of Brent Health Matter's work.	Care, Health and Wellbeing	BHM and public health continue to explore with communities their health concerns and tailor their work accordingly. Work on men's health including mental wellbeing and prostate cancer and on women's health issues has commenced in response to communities' priorities. Neurological condition have not emerged as a priority within the more vulnerable communities reached by BHM and public health outreach.	
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	The BHM team have limited capacity to accommodate (and supervise for those without DBS clearance) staff attending community events to observe. It has not proved possible for provide induction opportunities for all Brent staff. However, staff joining public health and the ICP are expected to attend. Invitations have been extended and taken up by senior staff in the Council and partner organisations.	
30 Jan 2024 - Brent Youth Strategy and Provision	That young people were represented as part of the Youth Strategy Steering Group. As part of this, the Committee recommended there was representation from across the sector and geographical areas in the borough so that all areas were represented.	Children and Young People	To follow.	

30 Jan 2024 - Brent Youth Strategy and Provision	That a more specific engagement target was set for the number of young people reached when developing the strategy.	Children and Young People	To follow.	
30 Jan 2024 - Brent Youth Strategy and Provision	That officers continue to think creatively about solutions to funding of current provision.	Children and Young People	To follow.	
30 Jan 2024 - Brent Youth Strategy and Provision	To recommend that the Council communicates its communications strategy publicly so that it is widely available to young people.	Children and Young People	To follow.	

**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	1. BHM work with community organisations is measured using the ladder of participation:

			<p><b>The Ladder of Participation</b></p>  <p>The diagram illustrates the Ladder of Participation with five levels, each represented by a horizontal bar. From bottom to top, the levels are: Informing (Telling the community about the plans), Consulting (Seeking and taking account of their views.), Involving (Running events like workshops and charrettes to involve the community in the development), Co-Creating (Devolving a degree of decision making to the community.), and Empowering (Community controlled development). An upward-pointing arrow on the right side of the bars is labeled 'Rising citizen control'.</p> <p>At present,</p> <ul style="list-style-type: none"> <li>➤ Community organisations that are at empowering or partnership stage is 30</li> <li>➤ Co creating- 40</li> <li>➤ Involving- 51</li> <li>➤ Consulting- 62</li> <li>➤ Informing is 160</li> </ul> <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>
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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	Further updates from ASC and NHS will be provided as the GLA Academies do not include public health.  In so far as the request speaks to a general interest in how CHW are promoting roles in health and care to local young people, the public health degree apprenticeship is relevant. Now in its second year, five local young people are currently undertaking apprenticeships within public health and studying for a degree at Coventry University. Public health is working with HR to review our work experience and placement offer as we receive far more requests to join the department than we can accommodate and provide a meaningful experience.
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 the latest data and historic data on the Brent CAMHS waiting list, including comparison with other local areas.	Children and Young People	To follow once most recent data is available.
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	That the Committee heard directly from a member of the Harlesden cluster and 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.
30 Jan 2024 - Brent Youth Strategy and Provision	For future reports to detail performance data so that the committee could compare how well the Council was doing in this area.	Children and Young People	Accepted by the department. Future updates to the committee will include relevant performance data.
30 Jan 2024 - Brent Youth Strategy and Provision	For future reports to be clearer about the impact of cuts and how the department mitigates against them to ensure good youth provision.	Children and Young People	Accepted by the department. Future updates to the committee will include relevant information on impacts of further cuts and subsequent mitigation.