



## Community and Wellbeing Scrutiny Committee

**Monday 28 April 2025 at 6.00 pm**

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

Please note that 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 will be made available [HERE](#).**

### Membership:

#### Members

Councillors:

Ketan Sheth (Chair)  
Fraser (Vice-Chair)

Aden

Afzal

Chohan

Clinton

Ethapemi

Mahmood

Rajan-Seelan

Smith

Mistry

#### Substitute Members

Councillors:

Moghaddam, S Butt, Conneely, Dixon, Kennelly, Long,  
Mitchell, Molloy and Shah

Councillors:

Kansagra and Maurice

Councillors:

Lorber and Matin

#### Co-opted Members

Jane Noy, Parent Governor Representative

Alloysius Frederick, Roman Catholic Diocese Schools

The Venerable Catherine Pickford, Archdeacon of Northolt/Willesden Area, Church  
of England Faith Schools

Sayed Jaffar Milani, Muslim Faith Schools

Rachelle Goldberg, Jewish Faith Schools

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

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

### **Notes for Members - Declarations of Interest:**

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

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

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

### **\*Disclosable Pecuniary Interests:**

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

### **\*\*Personal Interests:**

The business relates to or affects:

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

or

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

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

# Agenda

Introductions, if appropriate.

Item	Page
<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 - 14
To approve the minutes of the previous meeting as a correct record.	
<b>5 Matters arising (if any)</b>	
<b>6 Annual School Standards and Achievement Report</b>	15 - 34
To update the Committee on school standards and achievements during the 2023-24 academic year, from Early Years to Key Stage 5.	
<b>7 Meeting Adult's and Children's Social Care Workforce Challenges</b>	35 - 56
To present an overview of the current workforce practices, challenges and strategic responses relating to the recruitment and retention of social care professionals in Brent Council, including the specific and ongoing challenges for Brent, particularly in relation to recruitment and retention of regulated professionals, and a summary of the measures that have been implemented to address those issues, including planned initiatives for the next 12 months.	
<b>8 Community and Wellbeing Scrutiny Committee Recommendations Tracker</b>	57 - 68
To present the Scrutiny Recommendations Tracker to the Community and	

Wellbeing Scrutiny Committee.

## **9 Any other urgent business**

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

**Date of the next meeting:            Date Not Specified**



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**THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE**  
**Wednesday 5 March 2025 at 6.15 pm**  
**Held as a hybrid meeting in the Conference Hall – Brent Civic Centre**

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Fraser, Afzal, Chohan, Clinton, Ethapemi, Mahmood, Mistry, Rajan-Seelan and Smith, and co-opted members Ms Rachelle Goldberg, Archdeacon Catherine Pickford and Mr Alloysius Frederick

In attendance: Councillor Neil Neva

The Chair led introductions of those present and highlighted he was pleased that part of the meeting tonight would be led by representatives from Brent Youth Parliament - Sherae and Kenechi - who had taken part in the Committee's work programme planning and requested an item on smoking and vaping be brought to the Committee. He also welcomed Councillor Chohan and Councillor Clinton as new members of the Committee.

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

- Councillor Aden
- Observer Jenny Cooper
- Councillor Tazi Smith apologised that she would be joining the meeting late.

**2. Declarations of interests**

Personal interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor of Central and North West London NHS Foundation Trust
- Councillor Ethapemi – spouse employed by NHSE

**3. Deputations (if any)**

None.

**4. Minutes of the previous meeting**

The minutes of the meeting held on 5 February 2025 were approved as an accurate record of the meeting.

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

There were no matters arising.

**6. Order of Business**

The Chair advised that he had agreed to take an urgent item regarding additional beds that had been added at Northwick Park Hospital A&E Department in response to winter pressures as well as an update on the improved services in Northwick Park Maternity Services. As such, he advised that he would be taking item 10 – Any Other Urgent Business – first.

**7. Any Other Urgent Business**

In accordance with Standing Order 60, the Chair agreed to take two urgent items relating to additional beds in Northwick Park A&E and Northwick Park Maternity Services. He welcomed Pippa Nightingale, CEO of London North West University Healthcare NHS Trust, to provide an update.

#### *A&E Winter Pressures and Additional Beds*

Pippa Nightingale began her remarks by reminding the Committee that NWL hospitals were still currently in the winter period, with an outbreak of a new strain of norovirus in the community which was being seen across all hospitals and impacting patients and staff. As a result, the Trust was reminding people not to socialise in public when they were symptomatic. The Committee heard A&E departments had experienced significant pressure this winter, with Northwick Park seeing a 9% increase in attendance to A&E, which had not been the intention with the Out of Hospital Strategies in place. She advised that these strategies did not seem to have been delivered effectively and therefore an increase in attendance to emergency departments had put a strain on the Northwick Park Hospital. She advised, however, that the Trust was fortunate to have two A&E departments through Northwick Park Hospital and Ealing, so had the ability to move ambulances between the two, which was not always ideal for local populations but meant there was a footprint to move patients where one site was busy.

Pippa Nightingale then moved on to highlight some of the positives, which were that the Trust had run all three Urgent Care Centres themselves for the first year, and those centres were operating daily at 99% and achieving the target of seeing, treating and discharging patients within 4 hours, which was highlighted to be very good performance. As a result of that positive performance, more patients could be seen and the Trust could move patients between A&E and Urgent Care Centre pathways in a much more streamlined way than previously when there had been third party organisations running those services. The Trust had also opened additional winter beds this year to deal with the extra demand being experienced. As an estimate, around 130 conveyances of patients by ambulance was seen by Northwick Park daily, but the Hospital usually only needed to admit between 40-45% of those patients, so colleagues felt there was work to be done to remind people when it was the right time to use an ambulance and how to use other parts of the health system. That communications work would be done through Primary Care next year.

The Committee were informed that the Trust was fortunate to have been funded to build an additional 32-bed acute ward, which had opened in April 2024 and had helped demand. Pippa Nightingale expressed that it was a very good facility and had been full from the first day of opening. In addition, the Trust had been fortunate to open some mental health compliance rooms in response to the high numbers of patients in NWL hospitals with a mental health illness, likely because they were waiting for a mental health bed placement or because they had physical health needs as well. She highlighted that this was the first time the Trust had been able to build rooms where staff could safely provide care to them in the new acute medicine ward which had helped the situation.

She concluded her update by highlighting that if Northwick Park had not seen a 9% increase in A&E attendance then it would have the right bed balance, but because of the increase there were still patients being held in temporary escalation spaces with care being provided to them. As such, she advised that the hospital had been challenged but that the teams had done a good job managing demand, and whilst A&E performance was not where colleagues would want it to be, which was the case across London, it had performed better than the previous year.

#### *Northwick Park Maternity Services Improvement Plan*



Pippa Nightingale then provided an update on maternity services at Northwick Park. She explained that she had attended the scrutiny Committee in 2022 to talk about maternity services and had informed the Committee that she was not satisfied with the maternity services in the Trust she was running, of which she had recently become CEO. At that time, she had asked the Committee for their patience and trust that the hospital would improve services to the right place over time, as the issues were not immediately fixable, and so thanked the Committee for that support and patience, highlighting that the support the Trust had received locally from members and leaders had been exceptional.

She was pleased to inform the Committee that Northwick Park Hospital was now in what she felt was a very good place with maternity. Almost £6m had been invested in estates, including a brand new birth centre which was now open, and a bespoke triage service had been introduced where women and pregnant people were seen promptly when they attended the maternity service. The neonatal service had been renovated and a new bereavement suite had been opened. It was recognised, however, that buildings did not fix every problem, although they had helped make the service feel invested in. In tandem with estates improvements, the hospital had done a lot of work around culture, which Pippa Nightingale felt had been the reason the service in the past had received scrutiny, as the culture had never been addressed. She highlighted that improving culture within the service had been a challenge and had meant that staff had exited the service that she did not feel could work to the standards needed to improve the service to where it needed to get to. As a result, the first year of the improvement plan had focused heavily on managing very long, difficult and complex HR processes.

The Committee were advised that the service had then focused on recruitment, and Pippa Nightingale expressed she was pleased that Northwick Park Hospital now had one of the lowest vacancy rates in midwifery across London at 7%, compared to 2 years ago when it had been at a 48% vacancy rate. With a new and enthused workforce in both the midwifery and medical workforce, this had helped to change the culture, and the service was now on the embedding stage, supporting staff to get the experience they needed, a lot of whom were at the start of their careers.

Pippa Nightingale informed the Committee that, as a result of the improvements made, Northwick Park Hospital now had a stillbirth rate lower than the national average, which had previously been much higher than the national average, and it had been lower than average for over a year. The neonatal mortality rate was also lower than the national average. As such, Pippa Nightingale stated that Northwick Park Hospital now had some of the best and safest mortality ratings across the country. In the recently published Embrace report, which was the national mortality report for maternity, Northwick Park now had a 15% lower than national expected mortality rate for maternity. The service had also met the 10 CNST safety targets for the past 3 years. In addition, friends and family tests showed that 94% of women and pregnant people would recommend the service. Pippa Nightingale felt that these improved figures began to tell a positive story, but reassured members that the service was not complacent and was now ensuring those positive improvements were fully embedded and seen long term.

The Chair thanked Pippa Nightingale for her introduction and invited comments and questions from those present, with the following points raised:

The Committee highlighted that the next part of the improvement plan should be to communicate the improvements to users to instil confidence that the service was where it should be. As such, they asked what communications were planned or already in place to do that. Pippa Nightingale explained that the service had been appropriately cautious to celebrate the successes straight away, conscious that early communications could result in the birth rate suddenly increasing, and she wanted to be assured that the improvements were embedded, the achievements made had been stabilised and that the workforce was fully

equipped before the hospital saw an increase in births. The new birth centre had also only recently opened 6 weeks previously. She added that the majority of promotion of the service came from women and families through word of mouth, and the best thing maternity services could do was deliver a good service that would then cascade through communities via word of mouth. Considering the steady improvements, she felt that the service could now start to think about promoting the improvements made through primary care and GPs, who had already done some of that work, as well as through social media channels. This would be done carefully to avoid flooding activity. She felt that women and pregnant people would naturally start to return to Northwick Park for their maternity care over time, and for the last 6 months the booking rates of women and pregnant people booking to give birth at Northwick Park at the start of their pregnancy had increased considerably.

The Committee asked if the Trust felt the need for a confidence building exercise to be done with the community and asked how councillors could support that. Pippa Nightingale advised that she did think that was needed and the service was now at the point that she felt confident to do that. This would be done through the Trust's Maternity and Neonatal Voice Partnership (MNVP) which had some strong voices and worked with service users and in children's centres to promote the work being done. The Trust was also working with faith groups to communicate with residents. For example, the Trust was looking to partner with Neasden Temple to deliver some antenatal clinics. As such, she felt that working with established community partners was the way to instil that trust.

Noting that the Committee had previously heard about the culture issues within the service and the issues with retention, members asked whether those issues had now gone following the improvements made. Pippa Nightingale advised members that the Trust had recently had the staff survey results returned and they had been the best results the Trust had ever seen. Upon delving further into the figures to look at maternity, that was also very positive. As such, she felt confident that the culture had started to change as a result of dealing with some of the challenging staff who had caused some of those culture issues. She highlighted that sometimes there was a need to create a change in a workforce to create a new culture, and that had taken the first year of the improvement plan. As such, she felt that the challenging actions had now been done and were starting to show a difference in culture within that department.

The Committee queried whether CQC had returned to ratify the improvements made since their last visit. Pippa Nightingale confirmed that they had not yet returned.

The Chair thanked Pippa Nightingale for providing her updates and drew the item to close.

## **8. Maternity Provisions – an Update from North Central London (NCL) on Start Well**

Anna Stewart (Service Development Director, CYP, CAMHS, Maternity and Neonates, NHS NCL ICB) introduced the report, which described the public consultation outcome on the proposed changes to North Central London's (NCL) maternity, neonatal and children's surgical services that took place between 11 December 2023 to 17 March 2024. She highlighted that the Start Well programme was a long-running change programme in NCL that had started with a case for change looking at maternity and neonatal services and some children's surgical services, looking at best practice care models, options appraisals on how best to deliver that care, and then moving through to the public consultation. In introducing the report, she reminded members that she had attended the Committee the previous year to present the options that North Central London Integrated Care Board (NCL ICB) would be consulting on around the delivery of maternity and neonatal care in NCL (inclusive of the boroughs of Camden, Islington, Barnet, Enfield and Haringey). Following consideration of all possible options, two that were seen to be deliverable were then consulted on. The first

option was to close the maternity and neonatal unit at the Royal Free Hospital in Hampstead, which was identified as NCL's preferred option at consultation stage. The second option was to close maternity and neonatal services at Whittington Hospital in Highgate. In both of those options, maternity and neonatal services would be retained at Barnet Hospital, North Middlesex Hospital and UCLH. The second area of the consultation was around the closure of the standalone midwifery-led unit at the Edgware Hospital site in NCL used as a place to give birth, which was being considered given the decreasing number of people using that as a site to give birth with only 28 giving birth there in the last financial year. Although NCL was consulting on closing the birthing suite there, Anna Stewart advised that NCL would retain and enhance the antenatal and postnatal care at the site.

Anna Stewart then moved on to the consultation period, which lasted for 14 weeks. She advised the Committee that NCL had conducted widescale engagement to hear resident views on the proposals and worked closely with both the NWL ICB and NCL ICB teams, receiving guidance and support from the Director of Public Health for Brent. She advised members that NCL had seen very good engagement and wide feedback, with over 3,000 responses to the questionnaire, over 200 meetings which were formally minuted, and some very targeted engagement in areas where NCL particularly wanted to hear people's views on. Those areas were Harlesden and Willesden for the option to close Royal Free Hospital, and Holloway and Finsbury Park for the option to close the Whittington Hospital. To do that, targeted mailing to 1/3 of the residents in those areas was done, alerting them to the consultation and inviting them to feed back, as well as some focus groups.

The outcome of the consultation, which had been published in November 2024, was then outlined. Anna Stewart highlighted that, overall, there was strong agreement in the challenges NCL presented in the case for change, with a clear clinical case made for changing the way services were currently set up in NCL. Nearly 70% of those consulted agreed that something needed to be done to improve the way services were working. There was also strong agreement that NCL should offer a minimum level of neonatal care at all of its sites. Currently, NCL had one site that provided the lowest level of neonatal care, so there was agreement that all sites should offer level 2 neonatal care as a minimum as part of these changes. There were some mixed views about whether the answer to the case for change was to consolidate services, which NCL had expected. Overall, from the questionnaire responses, there were more people who responded favouring the option where services closed in the Royal Free site compared to the Whittington site, but there were strong views in both directions. There was also broad agreement and recognition of the challenges facing the Edgware Birth Centre, with around 3/5s of respondents to the questionnaire agreeing with the proposal to close the birthing suite there.

Providing an overview of the steps that had been taken since the results of the consultation had been published, Anna Stewart advised the Committee that work was now been done to take forward the themes of the consultation, including some very specific feedback from elected members in Brent and other members of the public, incorporating feedback from this Committee, the Cabinet Member, and the local MP and Assembly Member. NCL was in a period of considering carefully the outcome of the consultation and feedback received, refreshing some of the proposals and heading towards a formal decision-making meeting on those proposals over the next month. NCL was working with Brent's Public Health team around incorporating the feedback received into the Integrated Impact Assessment, and with colleagues in NWL Trusts who had joined some of NCL's Clinical Reference Groups to work through some of the very specific feedback received. She concluded by confirming she would be happy to return to the Committee when the formal decision-making process was done and the papers had been published.

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

The Committee asked what NCL had learned from the consultation process about service users, how people experienced the service, and how well service users understood the challenges. Anna Stewart advised members that much of what people wanted to talk about was their overall experience of maternity and neonatal services which was not necessarily confined to the proposed changes. The theme of travel and transport came through, as well as concerns on the impact on NWL hospitals should the Royal Free maternity service close. There were general concerns about the risks there might be for other services and questions about the rationale for the case for change that officers had been able to talk through. Alice O'Brien (Head of Programmes, NCL ICB (Start Well)) added that there had been targeted engagement with groups with protected characteristics and a lot of rich detail had been drawn from that about how the proposals might impact them and how they might be mitigated. The Integrated Impact Assessment would be updated following that engagement to incorporate those considerations and mitigations. Consultation had shown that service users wanted to feel cared for and supported in their maternity journey, with an overall view that travel was important and that mitigations should be in place for service users who may find it more difficult to navigate changes like this.

In terms of whether NCL had heard anything from the consultation that would make it consider changing the preferred option, Anna Stewart advised members that she could not pre-judge the decision-making process on the final business case. Feedback that had been heard ranged from thoughts regarding the headline changes proposed to how people experienced the model of care, how they were communicated with, how they felt cared for, their experience of giving birth and interactions with midwives. Actions to address that specific feedback would be built into all of the maternity and neonatal services delivered in NCL. In relation to feedback from Brent specifically, this followed the general themes around travel and transport, experience of care, and concerns about impact on other services. It was highlighted that less than 1 in 10 women and pregnant people in Brent gave birth at Royal Free hospital, which was the hospital closest to Brent relating to the proposed changes. Most of the service users spoken to in Brent had given birth at Northwick Park or St Mary's, so there was a much smaller proportion of residents impacted by the change and this was only one of the units where women and pregnant people in Brent may choose to give birth.

Members highlighted that for some, particularly in Harlesden, Stonebridge and Willesden, the proposed change would increase their journey time and there was often stress associated with getting to hospital. They asked what thought had been given to those service users in relation to how long it would take them to get hospital through London traffic and how the service might mitigate that. Anna Stewart advised that a technical document known as an Integrated Impact Assessment had been conducted as part of the case for change, looking at all protected characteristics and through the lens of different demographics, including geographical location and levels of deprivation, in order to assess the areas there might be more of an impact. She explained this was how Harlesden and Willesden had been identified as areas to focus on to address any impact of the proposed change. It was added that, for residents in Harlesden and Willesden, they were at the edge of the border for Royal Free, so the vast majority of residents were closer to a unit in NWL. For them, the impact in terms of travel time would be less significant than the other option being consulted on to close the Whittington, where the impacted population from a deprivation lens may be more impacted. Alice O'Brien explained that the interim Integrated Impact Assessment that had been done prior to consultation had identified mitigations around travel times including ensuring care continued to happen in the community and patients were aware of their different routes, making that information available, consistent and accessible. The consultation having now concluded, NCL would be updating the Integrated Impact Assessment based on the feedback received for the full decision-making business case, and the updated document would include

travel time analyses including public transport and private taxi. The updated document would also make patients aware of how they could access travel reimbursement schemes and other financial support available to pregnant people throughout their maternity care.

Noting the comments by presenters and information within the report that very specific feedback had been received from particular communities, the Committee asked whether mitigations would be put in place for those issues. For example, some feedback from Jewish communities highlighted that there were services offered at Royal Free that included Shabat rooms and Kosher food products, and there would likely be other specific needs impacting particular religious groups or groups of people with protected characteristics. As such, the Committee asked if alternative sites would be willing and able to service those particular needs. The Committee was advised that NCL had received particularly detailed feedback from the Orthodox Jewish community in Golders Green and Hendon regarding the nuances of the care they received and how they had built up trust with Royal Free over time, and this type of feedback was why NCL had felt the consultation was essential. There were flows of Orthodox Jewish people who gave birth at some other sites but there was a concentration of that care at Royal Free, so NCL had been doing work on that as part of the Integrated Impact Assessment to support the decision making cases about the list of services that would need to be in place should the decision be to close the Royal Free.

Acknowledging that the options consulted on would compromise a choice which may have an impact on existing departments, where some women and pregnant people giving birth may be dispersed to other hospitals, the Committee asked whether there would be increased capacity and staffing in those units that continued to remain open. Anna Stewart responded that NCL had worked closely with NWL ICB, who had sat on the Programme Board for Start Well alongside NEL ICB and Hertfordshire ICB to ensure any impact was considered and mitigated. In addition, the modelling done incorporated clinical implications received through clinical representation from Trusts in NWL through Clinical Reference Groups. In doing that clinical analysis, it had been noted that both NWL and NCL had declining birth rates, which had declined further in the time that NCL had undertaken the consultation. In addition, there was a clinical case for having units of a certain size and capacity in terms of meeting safety requirements and standards, so NCL had worked closely with NWL and NEL to look at capacity implications for both of the options consulted on to ensure there would be sufficient capacity to take any flows of patients that would be dispersed. This included building additional capacity in the units that remained open in NCL to ensure it could manage the potential additional numbers, and there were additional physical capacity units that could be used at NWL hospitals if the decision to close Royal Free was made. There were people in NWL and Brent who chose to cross the border to use the Royal Free for their maternity care, so it was anticipated that those patients would choose to give birth at a NWL hospital should Royal Free close. It was highlighted that there were benefits to that in terms of continuity of care, continuity of experience and links into local services. Anna Stewart added that changes would not be implemented immediately but would need an implementation period, lasting for approximately three years for building works to complete and detailed implementation planning with neighbouring partners and NCL Trusts to take place in order to carefully manage that process and transition.

The Committee highlighted that home births was an option for women and pregnant people, which would mitigate the need to travel to appointments, but members highlighted that home births might not be able to deal with emergencies that arose during a birth. Anna Stewart responded that choice was very important in maternity services, including choice of unit and choice of setting, which was complicated from a clinical point of view. There were a range of factors affecting where someone should give birth, incorporating both the person's preferences but also their clinician's advice about their care. Currently in NCL, pregnant people could have a home birth if they met the eligibility criteria, or they could give birth at the standalone midwifery led unit at the Edgware Road Suite which was closer to a home

environment, but there were less women now choosing to do that. Women and pregnant people could also choose to give birth in an 'alongside' midwifery led unit, which was a midwifery led unit on a hospital site, meaning it was close to backup clinical care but had a more homely feel, or there was the option to give birth in an obstetrics led unit, usually for more complex births. In the model of care that NCL had consulted on, the proposed model continued to offer home births alongside midwifery led care and obstetrics led care, and the option that was potentially being removed was the standalone midwifery led unit. NCL wanted to ensure women and pregnant people had a choice all of the time, and the consultation materials had highlighted that when there were staffing shortages it was often the 'alongside' midwifery led units that were temporarily closed to ensure there was adequate staffing on obstetrics led units. Anna Stewart advised members that one benefit of moving to the new model with larger units and more resilient staffing structures was that it would mean NCL would be able to offer that full range of choice all of the time. She did acknowledge that complexities were increasing, which might be one of the reasons less people were opting to give birth at the standalone birthing suite at Edgware Road, but NCL was committed to ensuring choice remained and there was dialogue with the clinician and pregnant person about that.

In terms of birthing before arrival at hospital when the plan had been to give birth at hospital, officers confirmed that they would not want to be in a position of that happening and the system monitored that. In London, there was a very small proportion of this happening compared to other geographic areas where it might happen more frequently, at less than 0.3% in the whole of London. Officers explained that all paramedics and midwives were trained to be able to cope with those situations. They acknowledged that the complexity of birth was increasing, largely because research suggested that delivering babies earlier for a proportion of women and pregnant people was the safer thing to do to reduce still birth rates, alongside the fact that people were having babies at an older age and that pregnant people who previously would not have been able to have children due to medical complications were now able to. This meant that the maternity pathway was becoming more medicalised. As such, officers advised there were many reasons maternity care was becoming more complex which was resulting in a bigger proportion of elective maternity care with approximately 50% of women and pregnant people no longer spontaneously going into labour but being induced or having C-Sections. These complexities had meant that the system needed to change the whole model of care to be able to provide what was required, but the most important part of changing any maternity configuration was ensuring choice remained and that there was not an increase in women and pregnant people giving birth before they got to hospital.

Pippa Nightingale (CEO, London North West University NHS Healthcare Trust) provided a response on behalf of NWL ICB. She explained that, when this work had initially been undertaken, NWL had designed a maternity service that could deliver 38,000 births. NWL was currently at 33,000 births so she highlighted that there was capacity in the NWL maternity system, most of which sat in the North of NWL. As such, the NWL system was set up in such a way as to be supportive to the proposed changes in NCL for maternity and neonatal capacity. She agreed with the advantages in terms of continuity of care as those in Brent would already have their post-natal care provided by NWL. This was highlighted as especially important if a baby needed readmission as they could return to the same unit which had their medical history, helping to streamline the clinical pathway from a patient safety point of view.

The Committee asked what the NWL model of care would be going forward, highlighting that there were 9 appointments in the maternity pathway, and for less advantaged members of the population they were less likely to travel to a maternity service 9 times for that care. Pippa Nightingale agreed that maternity services should be brought into the community where possible, and NWL already had a model of care which it committed to through 'shaping a healthy future' that looked to bring care into the community. As such, NWL now had Midwifery teams providing neighbourhood midwifery care in the community. The benefit of providing care in the community was that midwives could engage women in their own community where they

had other support systems, which was important for the populations that NWL ICS was providing care for. She advised members that if patients were started on a clinical pathway well in the community then they tended to follow that for their child, ensuring their child received their immunisations and were socialised. As NWL already ran that model it would be proposing to expand that further north in Brent so that all women in Brent could receive that care model.

Noting that capacity at other hospitals had been reviewed to ensure the system could withstand the impact of a maternity unit closing, the Committee asked whether this had factored in any hard to predict factors such as a sudden increase in the birth rate, the number of new houses being built in Brent and young families moving to the borough. They asked whether those factors had already been incorporated into the forecasting so that planning was future fit. Anna Stewart confirmed that NCL had done some very detailed modelling as part of the consultation, including modelling a 10-year projection of neonatal usage and demographic factors including the birth rate, which was done at LSOA level which she saw as reasonably granular. She advised members that all change programmes involved multiple layers of assurance and advice before they could be implemented, and this particular business case had received a detailed review by the London Mayor, the recommendations of which had been incorporated into the final decision making business case. As such, she felt as confident as she could be in the modelling that had been done, which had accounted for choice, been done at a granular level, and considered different assumptions, so that there was now a robust model to make a final decision on.

The Committee recalled the retention and recruitment issues that had been detailed in 2022 when the Northwick Park Maternity Improvement Plan had first come to Committee and asked whether that had improved in order to alleviate any impact on capacity any closures would have. Pippa Nightingale responded in relation to NWL, highlighting there were no recruitment and retention issues currently, with NWL having only 7% vacancy rate in midwifery. She advised members that NWL midwives rotated across all areas now, with very few midwives working solely in one area. Midwives would usually do a year in the community and then a year on the labour ward, as this enabled them to retain their skills in all areas. Some midwives chose to just focus on community midwifery, which was becoming a more popular role now that midwives were being given a specific neighbourhood area to provide care for. As such, there had been no issues in the past year recruiting and retaining community midwives.

As no further issues were raised the Chair thanked officers for their time and responses and drew the item to close.

## **9. Nicotine Addiction and Vaping in Brent**

The Chair opened the item by reminding members of the Committee that this particular item had been brought to the Committee by Brent Youth Parliament (BYP), and therefore he would be inviting them to contribute to the discussion. He then asked officers to introduce the report.

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report, which she advised covered nicotine addiction and vaping in Brent and touched on national policy and legislation as well as providing the local context. She advised members that it was important to recognise that, whilst smoking was the focus for the vast majority of national policy and effort, locally in Brent there were a variety of ways nicotine and tobacco was used, including shisha smoking and chewing tobacco, which the paper drew out. The report also spoke about the health risks, which for smoking were relatively well understood in the community, but for shisha smoking and chewing tobacco, despite the strong evidence base, were generally not well understood by communities. For vaping, research was in its early stages,

and whilst it was clear there were some health impacts, the long-term impacts were not yet known. There was also a gap in knowledge specifically related to the long-term effects of vaping on young people, and research had now been commissioned to address that. She advised the Committee that the data in the report on levels of smoking came from 2 sources – the national survey, which she added was robust at a borough level but not granular enough to see ward level data or different groups, and data from WSIC (Whole Integrated Care System) which used local NHS data derived from GP surgeries, allowing public health to look at subgroups of people in the population, but which could not be taken as the whole truth due to the variance across GPs in terms of timeliness of recording and reporting data. The report then detailed the service response and what was planned moving forward, and the Council had been fortunate in bidding for additional funds for tackling nicotine addiction, some of which had been used to recruit a Smoking and Nicotine Addiction Team who would help people using nicotine to overcome that addiction.

Dr John Licorish (Public Health Consultant) added that there was upcoming legislation relating to smoking and smoking age coming through parliament, with the proposal that no-one born after 2009 would be allowed to smoke. Whilst that legislation was being brought through the parliamentary process, in the short term there was funding to increase the scope, attention and evidence base around smoking and vaping.

Councillor Neil Nerva (as Lead Cabinet Member for Adult Social Care, Public Health and Leisure) thanked Brent Youth Parliament for bringing the item in front of Scrutiny and looked forward to a discussion on how the work could be taken forward in Brent.

The Chair thanked presenters for their introduction and before inviting comments and questions from the Committee he asked Brent Youth Parliament to introduce their anti-vaping campaign. BYP explained that, in 2024, over 2,000 young people in Brent took part in the Make Your Mark Ballot. Crime and safety in Brent had been voted as the top priority, and from that, there had been discussions in BYP about the specific issues affecting young people in the borough. The main concerns were underage vaping, the selling of vapes with illegal substances in them and the accessibility of vapes for young people. Following discussions, BYP had agreed that the issue should be raised with the Community and Wellbeing Scrutiny Committee. BYP had also met with the police on several occasions to see how they could support the campaign, and held a public safety neighbourhood meeting with headteachers, community leaders and the police to raise further awareness of the campaign.

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

The Chair invited Brent Youth Parliament to lead the discussion as the proposers of the item. Brent Youth Parliament (BYP) representatives began by highlighting the details in the report regarding an expansion of support for young people in relation to smoking, vaping and nicotine addiction and asked for further information about that and whether parental consent would be required for young people to participate, acknowledging that some young people would not want their parents to know that they had been using nicotine. Dr Melanie Smith advised BYP that the plan was to locate the new service within a wider young people's service called Elev8, which already provided a range of health and wellbeing services to young people. She advised members that young people were very much a part of the decision-making process within Elev8 and had named the service. The reason the new smoking, vaping and nicotine addiction service for young people was being located within Elev8 was because they were the experts in working with young people and were well versed in dealing with issues of confidentiality and consent.

BYP highlighted that, from the data, it was clear that adults smoked and vaped more than young people, but the report referenced a reduction of harm to adults from vaping as opposed



to smoking, whilst for young people there was a potential for vaping to be harmful for a developing brain. As such, BYP asked that if there was more potential for vaping to harm young people whether there should be a greater focus on young people and further research on the effects of vaping on young people specifically. Dr Melanie Smith agreed, highlighting that national legislation was long overdue on this in terms of the protection it could offer to young people. She felt there had been a missed opportunity when vaping first emerged to help people understand the importance of preventing the acquisition of addictions at a time when they may not be fully aware of the consequences, as many health professionals had seen vaping as a good thing as switching from cigarettes to vaping was much better for health. Professionals had not anticipated how clever industry marketing would be in targeting young people and making their product incredibly attractive to young people, which had subsequently allowed young people in small numbers to develop a nicotine addiction not through cigarettes but through vaping. She saw legislation as the solution to tackling this.

The Committee were pleased to see that the Council was committed to tackling smoking and smoke-free tobacco and nicotine, but felt there was a lack of detail in the report on any engagement or active work being done relating specifically to under 18 year olds. John Licorish felt that it was important to target young people when tackling smoking, vaping and smoke-free nicotine use, and the legislation would support that. He advised that the specific issue relating to young people currently was vaping, and whilst it was true that it was better for a person's health to vape rather than smoke, there was an emerging category of people who had never smoked but now vaped, which was an area of national concern. Due to the emergence of vaping amongst young people who had never smoked, Elev8 had been asked to further develop a young person's smoking and vaping service. Elev8 did already see young people who smoked and vaped, but that work would be expanded. In relation to work in schools, Dr Melanie Smith highlighted that there had been some work in schools although not as much as she would like, and Public Health was open to working more with schools. She highlighted that lecturing children and young people that smoking and vaping was bad for you did not resonate with young people, so a holistic approach was taken, looking at risk taking behaviours with a third sector organisation running assemblies about making choices and risk taking in a broader approach, avoiding 'wagging fingers'. She added that smoking and vaping were not areas schools were asking for interventions in and they had a lot of other pressures they were addressing, particularly around children and young people's mental health. Despite the different priorities of schools, Public Health did have good links with headteachers and was currently working with the Harlesden school cluster around a range of messages and had found that offering a menu of options did increase a headteachers willingness to give that time in the busy school day.

Continuing to discuss the approach to young people and smoking / vaping, the Committee asked how effective the Council was at speaking to and listening to young people, and whether they were being spoken to in a language they understood. They heard that the Council's third sector organisations were much better at relating to young people and speaking their language, and Elev8 worked specifically with young people to design messages, so it came from young people for young people. Dr Melanie Smith added that it was clear that the messaging and approach needed to be different from that for established smokers, which was why the Council had commissioned and recruited to the new service.

In relation to the accessibility of vapes for young people, BYP representatives highlighted that young people in uniforms had been able to buy vapes in corner shops, and asked whether there was anything the Council was doing or could do to reduce or prevent that. Dr Melanie Smith highlighted that the report was focused on the Public Health element of smoking, vaping and nicotine use from a community health and wellbeing point of view, so had not addressed enforcement, but confirmed that there was a considerable amount of activity happening around enforcement, including mystery shopping where young people went into shops and test purchased. One factor that was influencing the accessibility of vapes was that the financial

penalty of selling to underage buyers was disproportionate to the profit. That would change with the introduction of the new legislation.

Highlighting that the majority of young people engaged in campaigning against smoking and vaping were those who were not smoking and vaping or those who saw the negativities of smoking and vaping, BYP representatives asked how the Council planned to engage young people who saw it as a positive or did not see the negatives of vaping. Dr Melanie Smith agreed that those most willing to have the conversation were those who were probably not vaping or were vaping but wanted to stop, and it was much harder to get through to someone who did not see the negatives or who was vaping. She advised that when Elev8 spoke to young people about vaping it was done with messaging through other activities that young people enjoyed such as drama club, so that they were being engaged about issues Public Health wanted them to be aware of whilst undertaking activities they were interested in, making them more likely to engage in those messages.

BYP noted the government scheme to undertake a 10-year research programme looking at the effects of smoking and vaping, but, considering the increase in vaping from 2022 to now, highlighted that vaping in young people looked set to increase. They asked what data or solutions could be sought in the meantime. Dr Melanie Smith advised BYP that Public Health was hoping to undertake a survey in secondary schools, which other boroughs had done with varying degrees of success. She advised that the success of the survey was dependent on how the school approached the survey and how much faith young people had that their answers would be confidential. The boroughs who had seen a more successful return of the survey had utilised digital technologies to do so. As such, if Public Health could get a critical body of headteachers on board, the group could then look to talk to BYP about what would make the survey effective and what would enable young people to be honest in their answers.

In response to how Public Health planned to collaborate in future with headteachers to create the same standards across schools with regards to tolerance on vaping, BYP heard that it was a challenge to work with headteachers as they all had their own approaches, policies and priorities. If some of the health issues associated with smoking and vaping could be linked to the priorities of headteachers, such as to educational attainment and students' life chances, then there was a better chance of getting headteachers on board.

The Committee asked whether work was being done with the various community leaders in Brent to speak to the community about prevention. John Licorish confirmed that this formed part of the wider work Public Health and Brent Health Matters (BHM) undertook in different areas with faith groups and community organisations. Some focused work on specific issues in the borough was also done working with third sector organisations, such as tackling chewing tobacco and the use of shisha. BHM helped develop materials for the community and messages that helped to deliver that work.

The Committee acknowledged that the focus nationally was on smoking and vaping, but in relation to chewing tobacco there were other parts of the country with similar use to Brent such as Tower Hamlets, Leicester and Birmingham who had used various initiatives to tackle chewing tobacco with varying success. As such, members asked whether Brent had connected with those boroughs to share learning and, if not, whether Brent would commit to doing so. Dr Melanie Smith highlighted Brent's networks in London were very strong. Brent was part of the London Tobacco Alliance and learned from colleagues in London. However, it was acknowledged that this was London-centric and there was an opportunity to look further afield to see what other areas were doing in that space. Councillor Nerva highlighted that there was also high prevalence of chewing tobacco within the NWL ICB footprint including Ealing and Harrow, and hoped to see a NWL-wide focus on reducing that use.

Further detailing the work Brent did to reduce the use of chewing tobacco, John Licorish advised members that colleagues across health and social care and London North West University Healthcare NHS Trust had been checking for risk factors of chewing tobacco, due to the increased risk of head and neck cancers associated with chewing tobacco. This work had utilised the oral health bus and had taken place in Alperton, with an aim to do more of that, testing members of the community and referring them to an onward pathway. There was a focus on the risks of tobacco chewing to the chewer, with 1-1 interventions seeing the most impact. By inviting people to see a dentist for an oral health check through the oral health bus, which had proved popular, this gave the opportunity for some 1-1 counselling about chewing tobacco, with a professional explaining and showing graphic images of the risk of head and neck cancers proving effective.

The Committee asked whether an effort was made to communicate with tobacco chewers in the places where they gathered and in their language to discourage use. John Licorish assured members this was the case, with a factory workstream BHM and Public Health delivered covering a number of health issues. The workstream looking at chewing tobacco had started with one of the larger employers in Park Royal where there was found to be a high prevalence of chewing and smoking. The Council wanted to do more of that work and was looking at doing more work with medium sized employers now that the wider smoking team had been recruited, particularly in factories where the Council knew the levels of smoking and chewing were high. In relation to languages, it was confirmed that wherever possible the Council would speak to individuals in their own language. Across Public Health and BHM, over 50 languages were spoken, so there were a number of people from various communities who helped to tailor resources and communications in that way and work with natural speakers in the community.

In relation to the data in the report, the Committee asked whether the figures for smoking prevalence in Brent included all forms of nicotine use. It was confirmed that the figures were from the national survey which solely measured cigarette smoking. In terms of whether there had ever been an official study looking at what age people started smoking, officers confirmed that 4 out of 5 smokers started before they turned 18. When the Committee queried the figure of between 8-18 years old, officers confirmed that there were people known of locally who were primary school aged and smoking or vaping.

The Committee highlighted that some young people who smoked also smoked drugs, and asked whether those figures were included in the figures around smoking. They also asked whether there was a joined-up approach between the workstreams tackling smoking nicotine and smoking other drugs. Dr Melanie Smith agreed that often risky behaviours coalesced, but the report deliberately focused on only nicotine use, with the figures included only reflecting the smoking or vaping of nicotine or other nicotine use and not other drugs. She added that the Elev8 Service that would deliver the young persons' anti-vaping and anti-smoking service had two strands, one dealing with substance misuse and the other a more general wellbeing service. The anti-vaping and anti-smoking service would be located in the general wellbeing service, which was seen to be more approachable and accessible, but there was expertise within the service with the other strand for substance misuse so that if a young person came forward for vaping but it was found they were using other substances then the service would be well equipped to explore and address that with the young person.

The Chair drew the item to a close and expressed gratitude to Brent Youth Parliament for bringing the issue to the Community and Wellbeing Scrutiny Committee. He then invited members to make recommendations with the following RESOLVED:

- i) To ensure parents are included in the approach to tackling vaping, smoking and non-smoking tobacco use

- ii) To share information and learning with other local authorities with similar issues, such as Leicester, in relation to non-smoking tobacco use
- iii) To further engage those whose first language is not English and other communities who the Council and partners may not be reaching.
- iv) To ensure targets are set to reduce vaping, smoking and non-smoking tobacco use.
- v) To meet with young people regarding their experience and views towards vaping and smoking to further understand their lived experience and needs.

A specific recommendation was then received from Brent Youth Parliament representatives, recorded as follows:

- i) To lobby for or undertake more research relating to young people vaping and smoking, and to incorporate data into future reports.

The Committee also made an information request, recorded as follows:

- i) To be provided with data on smoking and vaping prevalence by age, with a focus on 8-18 year olds.

## 9. **Recommendations Tracker**

The Committee noted the recommendations tracker and requested that deadlines for action completion were included in the table.


## 10. **Work Programme**

The Committee noted the work programme.

## 11. **Any Other Urgent Business**

None.

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

	<b>Community and Wellbeing Scrutiny Committee</b> 28 April 2025
	<b>Report from the Corporate Director of Children, Young People and Community Development</b>
	<b>Lead Cabinet Member for Children, Young People and Schools - Cllr. Gwen Grahl</b>
<b>Annual School Standards and Achievement 2023-24</b>	
<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	
<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>	
<b>Background Papers:</b>	
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	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 2023/24 academic year, from 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 (*as accurate and relevant for the timeframe of this report*)**

3.2.1 The November 2024 (first published May 2014) Department for Education (DfE) *'Support and intervention in schools'*, statutory guidance for local authorities and Regional Directors set out the factors that should be considered, and the process to be followed, to decide the right approach to support a school to improve. This guidance sets out the factors that make a school eligible for intervention that includes if it:

- has failed to comply with a warning notice
- is judged 'requires significant improvement' or 'special measures' by Ofsted
- is coasting, and the Secretary of State has notified the governing body that it is coasting (known as 'schools not making necessary improvements' or '2RI+' schools)

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.

*Between 8 March 2024 and the 31 May 2024 Ofsted conducted a consultation called 'The Big Listen'. As a direct result of this consultation from September 2024 graded inspections of state-funded schools no longer include an overall effectiveness grade. This report reflects guidance applicable for the academic year 2023-24 before these changes were introduced.*

3.2.3 The period between inspections was set to be as follows:

- 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 was 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. An ungraded inspection 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>	<ul style="list-style-type: none"> <li>- Outstanding</li> <li>- Good</li> <li>- Requires improvement</li> <li>- Inadequate</li> </ul>	<ul style="list-style-type: none"> <li>- Unchanged</li> <li>- Remains the same but next inspection to be a Section 5</li> <li>- Converted to Section 5</li> </ul>	<ul style="list-style-type: none"> <li>- Report setting out concerns</li> <li>Or if deemed serious</li> <li>- Section 5 graded inspection</li> </ul>	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, Education, Partnerships and Strategy.

- 3.2.8 The Brent Schools' Forum has agreed to delegate funds to the Setting and School Effectiveness service to fund the continuation of school improvement work with schools.

### **3.3 Quality of Provision as Judged by Ofsted**

- 3.3.1 Table 2 shows that there are presently 89 state funded schools in Brent that are either maintained schools, voluntary aided schools or academies. Wembley Manor Special Secondary opened in September 2024 at the temporary site within the grounds of Newman Catholic College. Of these 89 schools 87 have been inspected by Ofsted. All schools belong to the Brent family of schools and work effectively with the local authority and in partnership together to provide children and young people with a quality education.

**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	3	0	6
Total	4	60	14	2	7	2	89

3.3.2 Table 3 shows that Brent is well above the national average of schools currently judged Good or Outstanding by Ofsted (98% compared to 90%). One special school that was judged as Requires Improvement in February 2022 was judged Good when re-inspected in June 2024. The other schools judged as Requires Improvement are an Alternative Provision Free School and a Maintained Primary School that are both awaiting re-inspection. Both schools have focused on school improvement since they were inspected. 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.

**Table 3: Brent Schools by Ofsted Grading (Accurate April 2025)**

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	98.3%	6	10.3%	51	87.9%	1	1.7%	0	0.0%
Secondary	100.0%	5	35.7%	9	64.3%	0	0.0%	0	0.0%
PRU	100.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Special	83.3%	3	50.0%	2	33.3%	1	16.7%	0	0.0%
All Through	100.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
All Brent Schools	97.7%	17	19.8%	67	77.9%	2	2.3%	0	0.0%
National 2023/24	90.0%		15.0%		75.0%		8.0%		2.0%

3.3.3 Although outside the timeframe of the report, it is important to note that schools in England no longer receive Ofsted single headline grades. Ofsted describe this as the first step towards delivering a better accountability system which will see School Report Cards introduced from September 2025 (the consultation is currently open), that will provide parents with a complete picture of how schools are performing.

3.3.4 Table 4 shows the schools inspected during the 2023/24 academic year.

**Table 4: Brent Ofsted Inspections 2023-24**

Phase of Education	Number	Overall effectiveness	Academic Year
Primary	6	Good	Autumn 2023
Primary	1	Inadequate"	Autumn 2023
Special	1	Good	Autumn 2023
Primary	2	Outstanding	Spring 2024
Primary	4	Good	Spring 2024
Secondary	2	Good	Spring 2024
PRU	1	Outstanding	Spring 2024
Primary	5	Good	Summer 2024
Special	1	Good	Summer 2024

\* In the academic year 2023-24 Byron Court Primary School that was judged inadequate by Ofsted in November 2023. In line with Statutory Guidance, the school was issued with an academy order by the Secretary of State for Education. The school closed on the 31 August 2024 and re-opened on the 1 September 2024 as Harris Primary Academy South Kenton.

### 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 from 9 months to 4 years:

- [For children of working parents aged 9 months to 4 years](#)
- [15 hours free childcare for children of families receiving some additional support aged 2 years](#)
- [15 hours free childcare for all 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, Young People and Community Development Directorate. 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 includes provision ranging in size including private nurseries, 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. Ofsted are currently carrying out a consultation '*Improving the way Ofsted inspects education*' that relates to early years, schools, further education and initial teacher education. As part of the consultation Ofsted are considering introducing report cards that would provide more detailed information on performance across a 5-point grading scale.
- 3.4.3 The Local Authority is working with early years providers 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. In addition, 4 Brent schools are taking part in the Breakfast Club Early Adopter scheme that will inform the roll-out of breakfast clubs in primary schools on a national scale.
- 3.4.4 Tables 5 and 6 below show the Ofsted outcomes for PVI settings. The number of early years settings (excluding childminders) that are judged less than Good by Ofsted has decreased by 7.2% since last year's report. The number of childminders that are judged less than Good by Ofsted has remained similar to last year.

**Table 5: Brent PVI Outcomes**

Ofsted Result	PVIs in Jan 2025	% by Outcomes for all providers	% for providers with Quality Judgement	PVIs in Feb 2025	% by Outcomes for all providers	% for providers with Quality Judgement	Trend compared to previous month (Overall)	Trend compared to previous month (Quality)
Outstanding	7	6.3%	7.7%	7	6.2%	7.5%	→	→
Good	83	74.8%	91.2%	83	73.5%	89.2%	→	→
Requires Improvement	2	1.8%	2.2%	2	1.8%	2.2%	→	→
Inadequate	0	0.0%	0.0%	1	0.9%	1.1%	↑	↑
Met	0	0.0%		0	0.0%		→	
Not met	0	0.0%		0	0.0%		→	
New Provider	17	15.3%		18	15.9%		↑	
ISI Inspection	2	1.8%		2	1.8%		→	
<b>Total</b>	<b>111</b>			<b>113</b>				
<b>Total providers with quality judgement (Outstanding, Good, Requires Improvement, Inadequate)</b>	<b>91</b>			<b>93</b>				

**Table 6: Brent Childminder Outcomes**

Ofsted Result	Childminders in Jan 2025	% 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	6	5.0%	8.1%	5	4.2%	6.8%	↓	↓
Good	66	55.0%	89.2%	66	55.5%	90.4%	→	→
Requires Improvement	2	1.7%	2.7%	2	1.7%	2.7%	→	→
Inadequate	0	0.0%	0.0%	0	0.0%	0.0%	→	→
Met	30	25.0%		31	26.1%		↑	
Not Met	3	2.5%		3	2.5%		→	
New Provider	13	10.8%		12	10.1%		↓	
<b>Total</b>	<b>120</b>			<b>119</b>				
<b>quality judgement (Outstanding, Good, Requires Improvement,</b>	<b>74</b>			<b>73</b>				

3.4.5 As reported to Community and Wellbeing Scrutiny Committee in the report dated 18 September 2024, 'Early years provision and progress towards meeting the expansion of childcare entitlements', PVIs face many challenges in the current climate, including:

- Recruitment and retention of high-quality staff
- Cost of living increases
- An increasing number of children with additional and more complex needs
- Barriers to staff training including the costs associated with releasing staff to attend training
- Understanding the Ofsted framework requirements to reach at least 'good'

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

- Access DfE support and training
- Increase capacity through passing on increased funding rates
- Deliver high quality provision through restricting funding for settings that are judged to be inadequate as set out in the provider agreement.

### 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 (sometimes referred to as 'School Readiness'). In December 2024 the government's 'Plan for Change' was launched. This plan includes the ambition that 75% of children will achieve the GLD by 2028. The Brent score, shown in Table 7, for all children is just below the present national comparator.

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

EYFS - % attaining GLD - 2023/24				
	Cohort	LA	National	GAP
All Pupils	3564	67.0%	67.7%	-0.7%

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 and

children on SEN support all performed above their national equivalents. Children with an Education, Health and Care Plan performed below their national equivalent.

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

Pupil Groups	Headline
All Pupils	67.0% of children achieved a GLD compared to 67.7% nationally.
Sex	More girls (72.6%) achieved GLD than boys (62.0%). This is a difference of 10.6%
Disadvantaged *	57.3% of disadvantaged children achieved GLD compared to 51.7% nationally.
EAL**	65.6% of children with EAL achieved GLD compared to 63.7% nationally.
SEN Support***	29.2% of children with SEN Support achieved GLD compared to 25.0% nationally.
EHCP****	2.3% of children with an EHCP achieved GLD compared to 3.9% 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 for children with SEND

### 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, shown in Table 9, in phonics are 1.4% below the national comparator.

**Table 9: Phonics Brent Headline Data**

Phonics Year 1 - % attaining Working At - 2023/24			
	Cohort	LA	National
All Pupils	3645	78.8%	80.2%
			GAP
			-1.4%

3.7.2 Table 10 provides an analysis of the data by groups. Disadvantaged children and children on SEN support achieved higher than their national equivalents. Children with EAL and children with an EHCP achieved slightly but not significantly lower than their national equivalents.

**Table 10: Phonics Headline Summary Table**

Pupil Groups	Headline
All Pupils	78.8% of children passed the phonics test compared to 80.2% nationally.

Sex	More girls (81.9%) passed the phonics test than boys (75.7%). This is a difference of 6.2%
Disadvantaged *	72.4% of disadvantaged children passed the phonics test compared to 68.2% nationally
EAL**	77.3% of children with EAL passed the phonics test compared to 79.8% nationally.
SEN Support***	62.5% of children with SEN Support passed the phonics test compared to 51.6% nationally.
EHCP****	19.6% of children with an EHCP passed the phonics test compared to 20.2% 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 for children with SEND

### 3.8 Pupil Attainment – Key Stage 1

3.8.1 When the Department for Education responded to the 2017 primary assessment consultation, it stated that end of Key Stage 1 (KS1) assessments would become non-statutory once the first cohort to take the statutory Reception Baseline Assessment (RBA) had reached the end of KS1. 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 became non-statutory from the 2023/24 academic year onwards and are not included in this report as previously.

### 3.9 Pupil Attainment – Key Stage 2

3.9.1 At the end of Key Stage 2 (KS2) pupils complete national curriculum tests in English grammar, punctuation and spelling, English reading and mathematics. There is no test for English writing, which is based on teacher assessment.

3.9.2 Table 11 provides headline data that shows that Brent children achieved above national in all measures except writing (-0.1%).

**Table 11: Key Stage 2 Headline Data**

KS2 - % of pupils achieving the expected standard in 2023/24													
	Cohort	RWM			Reading			Writing			Maths		
		LA	National	Gap	LA	National	Gap	LA	National	Gap	LA	National	Gap
All Pupils	3570	64.0%	61.3%	2.7%	75.9%	75.1%	0.8%	72.3%	72.4%	-0.1%	79.6%	73.7%	5.9%



3.9.3 Table 12 provides an analysis of the data by pupil groups. For Reading, Writing and Maths combined, all groups achieved higher than their national equivalents apart from children with EAL. This was due to lower achievement compared to national equivalents for this cohort in writing.

**Table 12: Key Stage 2 Summary Table**

<b>Pupil Groups</b>	<b>Headline – Reading, Writing and Maths</b>
All Pupils	64.0% of children achieved the expected standard compared to 61.3% nationally.
Sex	More girls (68.7%) achieved the expected standard than boys (59.8%). This is a difference of 8.9%
Disadvantaged	54.7% of disadvantaged children achieved the expected standard compared to 46.1% nationally.
EAL	63.0% of children with EAL achieved the expected standard compared to 64.5% nationally.
SEND Support	38.0% of children with SEN Support achieved the expected standard compared to 25.8% nationally.
EHCP	14.5% of children with an EHCP achieved the expected standard compared to 8.8% nationally.

<b>Pupil Groups</b>	<b>Headline – Reading</b>
All Pupils	75.9% of children achieved the expected standard compared to 75.1% nationally.
Sex	More girls (79.4%) achieved the expected standard than boys (72.9%). This is a difference of 6.8%
Disadvantaged	68.1% of disadvantaged children achieved the expected standard compared to 63.1% nationally.
EAL	74.1% of children with EAL achieved the expected standard compared to 74.5% nationally.
SEND Support	54.9% of children with SEN Support achieved the expected standard compared to 48.1% nationally.
EHCP	24.0% of children with an EHCP achieved the expected standard compared to 19.4% nationally.

<b>Pupil Groups</b>	<b>Headline – Writing</b>
All Pupils	72.3% of children achieved the expected standard compared to 72.4% nationally.
Sex	More girls (79.0%) achieved the expected standard than boys (66.3%). This is a difference of 12.7%
Disadvantaged	63.9% of disadvantaged children achieved the expected standard compared to 59.1% nationally.



EAL	72.2% of children with EAL achieved the expected standard compared to 74.3% nationally.
SEND Support	49.6% of children with SEN Support achieved the expected standard compared to 36.3% nationally.
EHCP	18.1% of children with an EHCP achieved the expected standard compared to 12.4% nationally.

Pupil Groups	Headline – Maths
All Pupils	79.6% of children achieved the expected standard compared to 73.7% nationally.
Sex	More girls (80.9%) achieved the expected standard than boys (78.4%). This is a difference of 2.5%
Disadvantaged	71.6% of disadvantaged children achieved the expected standard compared to 59.6% nationally.
EAL	80.0% of children with EAL achieved the expected standard compared to 79.1% nationally.
SEND Support	61.7% of children with SEN Support achieved the expected standard compared to 44.3% nationally.
EHCP	26.7% of children with an EHCP achieved the expected standard compared to 17.4% 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 13 shows the KS4 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.

KS4 - All pupils 2023/24													
Cohort	Progress 8			Attainment 8			English & Maths 5+			EBacc APS			
	LA	National	GAP	LA	National	GAP	LA	National	GAP	LA	National	GAP	
All Pupil	3235	0.58	-0.02	0.60	51.6	46.2	5.4	55.7%	46.3%	9.4%	4.82	4.10	0.72

Table 13: Key Stage 4 Headline Data

### 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 14 shows that Brent pupil groups performed above national equivalents in all pupil groups.

**Table 14: Progress 8**

Pupil Groups	Headline – Progress 8
All Pupils	0.58 compared to –0.02 nationally.
Gender	Female 0.77 Male 0.40
Disadvantaged	0.20 compared to –0.57 nationally
EAL	0.72 compared to 0.52 nationally
SEND Support	0.27 compared to -0.44 nationally
EHCP	-0.86 compared to -1.13 nationally

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

Table 15 shows that Brent pupil groups performed above national equivalents in all pupil groups.

**Table 15: Attainment 8**

Pupil Groups	Headline – Attainment 8
All Pupils	51.6 compared to 46.2 nationally
Gender	Female 53.7 Male 48.5
Disadvantaged	42.8 compared to 34.7 nationally
EAL	50.7 compared to 49.8 nationally
SEND Support	39.7 compared to 33.2 nationally
EHCP	16.6 compared to 14.2 nationally

- A **Grade 5** is a strong pass. Table 16 shows that all Brent pupil groups performed above national equivalents in English and Maths.

**Table 16: English and Maths 5+**

Pupil Groups	Headline – English and Maths 5+
All Pupils	55.7% compared to 46.3% nationally
Gender	Female 57.4% Male 48.7%
Disadvantaged	38.6% compared to 26.0% nationally
EAL	53.4% compared to 51.8% nationally
SEND Support	32.7% compared to 21.7% nationally
EHCP	9.5% compared to 7.0% 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 GCSE; Science: 2 or 3 GCSEs; Language: 1 GCSE (modern language or an ancient language) and Humanities: 1 GCSE (History or Geography). This applied to 2129 young people of a total cohort of 3226 in 2022/23.

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

**Table 17: English Baccalaureate**

Pupil Groups	Headline – EBacc APS
All Pupils	4.82 compared to 4.10 nationally
Gender	Female 5.01 Male 4.28
Disadvantaged	3.95 compared to 3.00 nationally
EAL	4.77 compared to 4.56 nationally
SEND Support	3.50 compared to 2.80 nationally
EHCP	1.40 compared to 1.15 nationally

### 3.11 Pupil Attainment – Key Stage 5

3.11.1 The same level of group analysis is not released by the DfE, in comparison to other tests and examinations, for A Level results. However, headline results are favourable compared to national.

**Table 18: Key Stage 5 Headline Data**

Key Stage 5 (GCE/A Level ) Headline Data 2023/24										
	Cohort	A Level - Best 3 APS			AAB %			A*-C and Level 3 Maths and Eng %		
		LA	National	GAP	LA	National	GAP	LA	National	GAP
All Pupils	1089	37.59	35.08	2.63	22.1	17.1	6	38.8	26.2	13

### 3.12 Ensuring education access is fair and equal

- 3.12.1 Brent is one of the most culturally diverse areas in England. The dynamic mix of communities 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 (18.9%), White British (8.8%), White Eastern European (7.2%), Black Somali (6.1%), Black Caribbean (4.7%), Asian Pakistani (3.5%) and Afghan (3%). Undefined ethnic groups include Other – Any Other (6%), Asian – Other Asian (4.5%) and White – White Other (3.3%) (Source: January 2024 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 2023/24, the proportion of Brent pupils in primary and secondary schools who are classed as disadvantaged is 24%, below the national figure of 25% and the total London average of 27% (based on free school meals/pupil premium allocations). This is in part because not all families on benefits whose children are eligible for free school meals apply. In autumn 2024, the local authority commenced a system of automatically enrolling eligible children for free school meals to ensure these children were benefitting from both free school meals and pupil premium funding through their schools and to better reflect what is considered to be a somewhat hidden problem.
- 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 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 compared to 6% in the overall population of Brent (Census 2021). The previous focus to improve the attainment of Boys of Black Caribbean Heritage continues to be monitored. However, this data is not in the public domain and is therefore provided as a confidential attachment.

3.12.7 In the academic year 2023-24 the Brent Schools Partnership delivered, 'Leading from the Top: Driving Change with an Anti-racist Approach' training with places for headteachers or deputy headteachers funded by the local authority. 'Leading from the Top' was a six-part course that offered all school and setting leaders free access to training to help share anti-racist knowledge and best practice within the Brent community. It built 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. Two sessions of 'Leading from the Top' were delivered to governors and the theme continued at the annual conference for Brent governors in June 2024.

3.12.8 Building on this approach, the Brent Schools Race Equality Programme was launched on December 6<sup>th</sup>, 2024. It is a free offer available to all Brent schools. The aims of the project are aligned to the Council's priorities and include the following:

- To embed an anti-racist culture in all schools in Brent
- Every school to have an anti-racist policy that is widely understood, constructed with, and supported by all stakeholders
- All schools are supported to significantly reduce overall exclusions and ultimately put an end to disproportionality by ethnicity
- To significantly increase the attainment of underperforming ethnic groups
- For every school to have an inclusive and anti- racist curriculum in place which positively represents its community
- For equalities teaching for pupils to be embedded in the whole curriculum model
- To further develop staff confidence in recognising and challenging racist behaviour

3.12.9 The programme is composed of 3 elements:

- 1) An Enhanced Programme for schools that participate in the Leeds Beckett University Anti- Racism School Award, which focuses on the following six areas: *Governance, Leadership & Management; School Environment; Professional Learning & Development; Hidden Curriculum; Pedagogy & Curriculum; Parent/Carers & Community Partnerships*. This kite mark is supported by coaching visits and online communities of

support provided by Leeds Beckett over 2 years. 41 schools registered for the Enhanced Leeds Beckett Anti- Racist School Award Programme (29 primary schools, 2 nursery schools, 9 secondary schools and one special school).

- 2) A Universal Programme that is a free offer for all schools, comprising free central staff and governor training, access to a Leeds Beckett University curated research and resource library and attendance of a good practice conference in Spring 2026 for Race Equality Leads and headteachers. 10 schools have signed up for the Universal Programme (9 primary schools and 1 secondary school).
- 3) Research, evaluation and the creation of a good practice guidance document for Brent Schools by the Leeds Beckett University, Centre for Race Education and Decoloniality (CRED).

#### **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.

## **9.0 Communications Considerations**

9.1 There are no communications considerations related to this report.

### **Report sign-off:**

*Nigel Chapman*

Corporate Director Children, Young People and Community Development



	<b>Community and Wellbeing Scrutiny Committee</b> 28 April 2025
	<b>Report from the Corporate Director of Children, Young People and Community Development and the Corporate Director of Service Reform and Strategy</b>
	<b>Lead Cabinet Members:</b> <b>Cllr Gwen Grahl (Cabinet Member for Children, Young People and Schools), Cllr Neil Nerva (Cabinet Member for Adult Social Care, Public Health and Leisure)</b>
<b>Meeting the Adults and Children's Social Care Workforce Challenges</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key
<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>	Palvinder Kudhail Director, Early Help and Social Care Children, Young People and Community Development Palvinder.Kudhail@brent.gov.uk  Claudia Brown Director, Adult Social Care Service Reform and Strategy Claudia.Brown@brent.gov.uk

## 1.0 Executive Summary

- 1.1 This report presents an overview of the current workforce practices, challenges, and strategic responses relating to the recruitment and retention of social care professionals within Brent Council. A stable and well-resourced social care workforce is essential to delivering high-quality services to Brent's most vulnerable adults, children, and families.

- 1.2 The report outlines the specific and ongoing challenges Brent faces within both Children's and Adult Social Care services, particularly in relation to the recruitment and retention of regulated professionals, including social workers, occupational therapists, and rehabilitation officers for visually impaired people (ROVIs). These challenges are examined within the wider context of a significant London-wide and national shortage of skilled practitioners across the sector.
- 1.3 The report also provides a summary of the measures Children's and Adult Social Care services have implemented to address these workforce issues, alongside planned initiatives for the next 12 months. These include improvements to recruitment processes, enhanced support for newly qualified staff, retention payments, and the conversion of agency workers to permanent roles. Early evidence suggests that these strategies are beginning to have a positive impact on workforce stability across both Adults' and Children's Social Care.

## **2.0 Recommendation**

- 2.1 It is recommended that the Community and Wellbeing Scrutiny Committee note the activity being undertaken at a local, regional and national level to address the social care workforce challenges.

## **3.0 Detail**

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

This report relates to these relevant priorities within the Borough Plan:

- Thriving Communities – In adult social care, a permanent and well supported workforce enables residents to maintain their independence, participate in community life, and reduce the risk of social isolation. A consistent care presence fosters stronger relationships with residents, enhancing trust and engagement within local neighbourhoods.
- The Best Start in Life –In children's social care, a consistent workforce ensures continuity of intervention and support for families, improving outcomes across education, health, safeguarding and a range of indicators. A stable workforce across both children's and adult services also facilitates smoother transitions for young people with ongoing care needs, supporting improved long-term outcomes into adulthood.
- A Healthier Brent – The delivery of safe, high-quality, and personalised care is underpinned by a skilled and stable workforce. By investing in the professional development and wellbeing of staff, both adult and children's social care services are better equipped to meet the complex needs of residents, promoting physical and mental health across the life course.

## **4.0 Background**

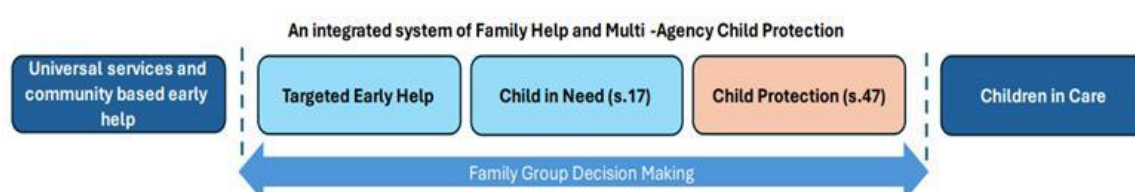
## Children and Young People

4.1 The Department for Education (DfE) retains responsibility for national development and support for the children's social work workforce. The new government has recently announced a reform programme for children's social care, contained within the Children's Wellbeing and Schools bill. This is informed by the 2023 policy document, *Stable Homes Built on Love* which was itself created following the Independent Review of Children's Social Care. There is now general national policy consensus on what the purpose of children's social care is and therefore what social workers should be focused upon:

- To give support to children, young people and families who need extra help
- To protect children and young people from harm
- To give care and a home to children and young people when needed.

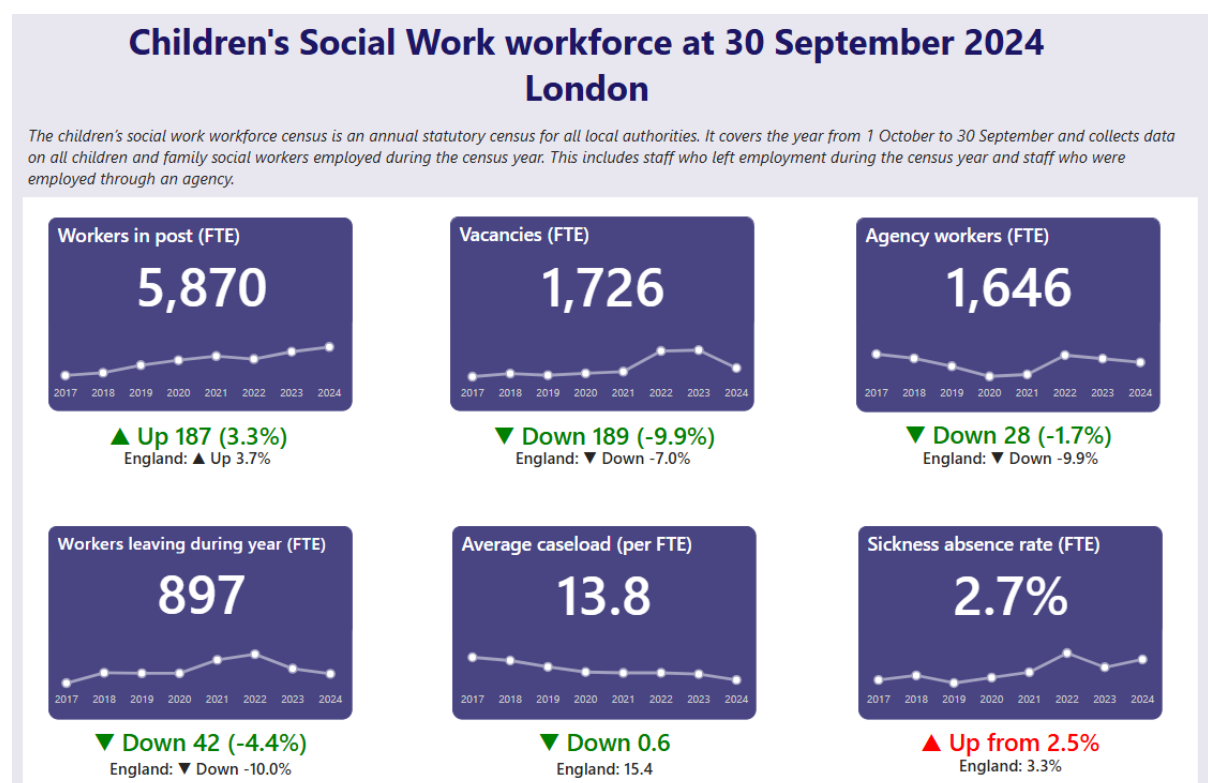
4.2 *The new national reform programme (Families First for Children Partnership programme)* outlines that 2025/26 will be a time of national change for the children's social care workforce and multiagency working. The programme guide defines expectations of safeguarding partners to implement reforms to family help, multi-agency child protection and family group decision making, stating that this builds on evidence of what works to support families to stay together and thrive, and ultimately reduce the number of looked after children, safely. The government envisions a transformed system, where practitioners from social work, police, health, education, and beyond work together to promote the wellbeing of children and keep them safe from harm. The vision for this reformed system is as below:

Figure 1: Our vision for a reformed system



4.3 The March 2025 publication of guidance about the reform programme marks the beginning of changes to how social workers have operated for many years. In anticipation of these reforms, Brent's Early Help and Children's Social Care services are implementing a restructure from May 2025. This first phase of system redesign aligns Targeted Early Help with Child in Need social work interventions into Family Support Teams. It will bring together early help practitioners, with social workers to provide a more seamless and integrated support offer for families with the intention of reducing hand offs between services. The intention is that the family will be able to feel that services are designed around them, rather than needing to move between services. A detailed learning and development offer is being created to support practitioners during this period of transition.

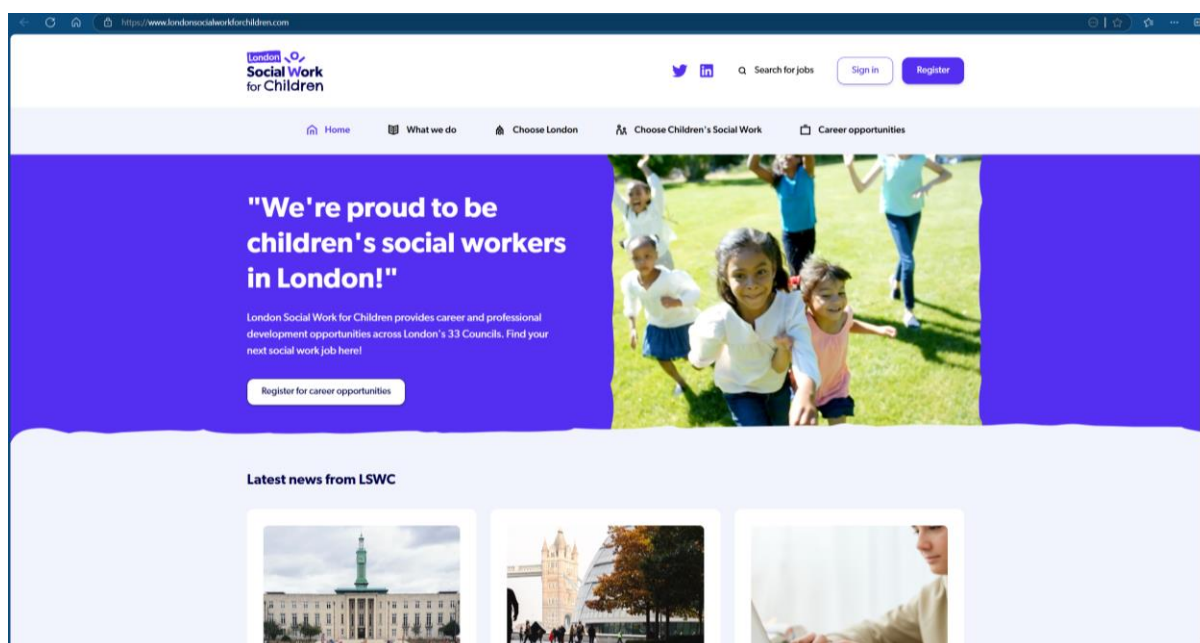
- 4.4 Brent CYP is also fully engaged in London-wide work to systematically address workforce issues. From 2023 to 2025, Brent's Director of Children and Young People chaired the London Innovation and Improvement Alliance Workforce Priority Workstream. A key focus has been to reduce reliance on agency workers and to improve rates of permanent staff within local authorities. The *London Pledge*, a memorandum of cooperation that committed all London local authorities to work collaboratively to avoid rising agency worker costs by agreeing regional pay rates has been very successful, leading to national agency social work rules being introduced in autumn 2024. One of the benefits of the London Pledge has seen a reduction in the turnover of agency workers, with longer levels of retention, supporting longer-term relationships with children and families.
- 4.5 The implementation of the Pledge and subsequent evaluations have provided the basis for accelerated learning through consistent engagement with the agency market and London boroughs directly to better understand the opportunities a regional framework could bring. The most recent DfE social work census (see table below) has seen the lowest number of agency social workers across the region since the implementation of the initiative. The overall Brent position in relation to an increase in permanent staffing and reduction in agency usage has also been seen (see table below).



Brent	2023/24	2022/23	Difference	% Difference
<b>Social workers in post at 30 September</b>	180.5	166.9	13.6	8.10%
<b>Vacancies</b>	50	74	-24	-32%
<b>Agency workers</b>	50	68	-18	-26.47%
<b>Social workers leaving during collection year</b>	20.4	24	-3.6	-15.00%
<b>Average Caseload</b>	15.2	15.1	0.1	0.66%
<b>Absence rate</b>	3.00%	2.50%	0.50%	0.5%

4.6 Other initiatives across London to improve the permanency and stability of the social work workforce include:

- Sustaining *London Social Work for Children (LSWC)* ([London Social Work for Children](https://www.london-social-work-for-children.com)) a dedicated website to bring all of London's recruitment activity together. This continues to gather strength. Since launching in 2023, LSWC has attracted over 204.7k visitors to 1,150 jobs posted. The platform continues to capture and celebrate London's practice and people through a vast range of stories and news shared by London's LAs. Brent posts all of its social work roles within the platform, helping to share local opportunities to a much wider audience.



- Finalise an international recruitment framework to enable local authorities to confidently recruit social workers from overseas to fill gaps within their existing workforce. Brent has in previous years recruited social workers from India, southern Africa and the Caribbean and intends to use this framework to explore a further round of international recruitment later in 2025.

- Listening to the workforce by supporting a cross-regional piece of consultation in the spring, *The Big Conversation*, building on a 2023 piece of research. This will enable local authorities to see what has changed and improved, providing valuable insights for Brent in the development of our own workforce strategy.
- 4.7 Social workers are employed within the Early Help and Social Care department of Children and Young People. Owing to the ongoing national shortage of social workers and a high number of social workers leaving the profession, coupled with increased demand for services since the pandemic, significant structural difficulties remain in recruiting and retaining more experienced social workers and first line social work management staff. Despite this, recent recruitment campaigns have attracted a favourable response, particularly for first line managers. However, some challenges remain within the Localities Service where agency employment is more embedded. Benchmarking with other NW London authorities on pay and conditions, completed in 2024, showed that Brent's offer to staff was in line with the average, or above average for the majority of roles.
- 5.0 Adult Social Care**
- 5.1 Brent Adult Social Care continues to face substantial pressures in recruiting and retaining regulated professionals. While Adult Social Care has taken steps to reduce vacancy levels internally, it remains exposed to structural constraints beyond its control.
- 5.2 The government's publicised £500 million commitment to workforce development, initially proposed in the 2021 adult social care reform white paper, was subsequently reduced to £250 million ([House of Commons Library, 2024](#)). This has restricted the sector's ability to deliver career development pathways and continuing professional development that are vital to retaining specialist roles. While Brent has welcomed the Market Sustainability and Improvement Fund – Workforce Fund, which allocates £570 million across 2023–2025 across England, its short-term nature limits the borough's ability to embed sustainable training and career progression frameworks.
- 5.3 Mental health social workers present a particularly acute challenge. A 2024 national survey found that 87% of councils were struggling to recruit and retain AMHPs, identifying them as the most difficult to staff among all adult social care roles ([Community Care, 2024](#)). Brent is no exception; although proactive steps have been taken to convert agency AMHPs into permanent staff, recruitment remains volatile, with limited specialist candidates entering the workforce.
- 5.4 Collectively, national trends such as funding variability and skill shortages have limited Brent's ability to build and sustain a stable, long-term workforce of regulated professionals. In response, Adult Social Care has enhanced its local workforce offer. This includes the introduction of recruitment and retention



incentives, the development of the Adult Social Care Skills Academy, and the implementation of a refreshed career progression framework aligned with national best practice. Despite these efforts, the borough's capacity for long-term strategic workforce planning remains constrained by wider national uncertainties.

- 5.5 Brent's Adult Social Care department has made notable progress in stabilising its regulated workforce through proactive strategies focused on recruitment, retention, and professional development. However, structural challenges, particularly those linked to national funding uncertainties and regional workforce competition, continue to present barriers to sustained progress.
- 5.6 A continued focus on regional collaboration, internal development, and alignment with national best practice will be essential for maintaining a resilient, skilled, and supported workforce capable of delivering high-quality social care to Brent residents.
- 5.7 There are around 123 registered social workers based in Adult Social Care and this reflects a notable 23% increase compared to the previous year. This growth has been driven by targeted recruitment campaigns and the implementation of Golden Hello and Retention Payments, as outlined later in this report.
- 5.8 Despite the progress made, the current vacancy rate across regulated roles within Brent's Adult Social Care stands at 15%. This represents a modest improvement when compared with the most recent data from Skills for Care, published in September 2024. It is also broadly in line with the London average of 12.6%, as reported by Skills for Care. [Skills for care - Local area comparison](#)
- 5.9 The persistent vacancy rate indicates structural challenges in filling roles and maintaining a stable workforce. Recruitment of occupational therapists and ROVIs remains particularly challenging due to a limited specialist workforce and high regional demand. Anecdotal evidence from *ADASS London* regional networks indicates that boroughs across the capital are competing from the same limited talent pool. ([Reports & briefings Archives - ADASS](#)).
- 5.10 The number of agency workers rose slightly from 24 to 27, supporting continuity of service delivery during ongoing recruitment activity. During the same period, 12 regulated staff left the service, compared to four the previous year. This underscores the continued importance of robust retention strategies.
- 5.11 The average caseload per worker rose marginally from 12 to 13, remaining within a manageable range. As of 1 April 2025, no social worker held more than 20 cases, in line with Brent's target. Caseload levels over the past 12 months have remained stable, with an average of 13 cases per social worker.
- 5.12 These figures reflect steady progress in building workforce capacity, while highlighting the need for sustained focus on staff retention and workload management to ensure long-term service resilience.

## 6.0 Recruitment and Retention Challenges

### 6.1 Children and Young People

6.2 As referenced above, a previous piece of London-wide consultation, carried out in 2023 for social workers about their jobs (*The Big Listen*), helped better understand at a regional and local level the strengths and concerns of social workers. Brent's high number of responses to the consultation enabled a good picture of the local situation to be obtained and helped shape recent workforce planning. It focused specifically on the challenges local authorities experience in retaining and recruiting qualified social workers and managers.

6.3 According to this research, the top five reasons children's social workers chose to work for their local authority were:

- Location (58%)
- Role/specific job (41%)
- Team (23%)
- Career development (23%)
- Personal reasons (22%)

The top reasons social workers leave permanent local authority work were:

- High caseloads/workload (51%)
- Excessive hours (40%)
- Poor supervision/management (38%)
- Better pay (38%)
- Lack of career progression (25%).

6.4 As one approach to address these challenges, the Council's General Purposes Committee agreed recruitment and retention payments for Children and Young People's social workers in May 2023. As a result, there are now one-off payments of £5,000 to newly recruited permanent qualified social work staff on grades PO1 – PO7 and annual retention payments of £4,500 to qualified social work staff on grades PO1 to PO7 in hard to recruit teams. This has positively impacted on the recruitment and retention of social workers as we are now competitive with pay offers in London.

6.5 The CYP workforce development plan is overseen through monthly meetings chaired by the DCS and a focus on recruitment and retention of social workers, informed by staff feedback and regional intelligence.

6.6 Brent CYP actively recruits and supports new graduates through the assessed and supported year in employment (ASYE) programme. At a recent ASYE External Moderation Panel (July 2024), positive feedback was received that there continues to be '*great training, supervision and support made available*' for ASYEs.



- 6.7 The career progression framework, chaired by the Director (Early Help and Social Care) supports social workers move to more senior roles seamlessly and supports retention.
- 6.8 There is an ongoing focus on converting agency workers to permanent contracts with 14 conversions in 2023/24 and 18 conversions in 2024/25. Already in 2025/26, there are two social workers in the process of converting to permanent members of staff. Senior leaders are acutely aware of the impact of retention of social workers on children and strive to build a consistent workforce. This not only builds consistency for children and families but also saves money. As such, there has been a significant reduction of spend on agency social workers.
- 6.9 Benchmarking data on the use of agency social workers as of 30 September 2024 (see below) shows Brent had the 4<sup>th</sup> largest reduction across London over the previous 12 months.

**Table 1**

Local Authority	Agency rate (FTE)	Up/ down	Agency (FTE)	Vacancies at 30 Sep (FTE)	Agency cover (FTE)	Agency cover rate
Bromley	12.7% ↓	-18.9%	32	51	32	100.0%
Newham	24.4% ↓	-10.8%	76	75	75	98.7%
Hounslow	11.5% ↓	-9.6%	19	33	19	100.0%
Brent	21.7% ↓	-7.3%	50	50	50	100.0%
Bexley	8.8% ↓	-7.2%	19	41	19	100.0%
Wandsworth	8.7% ↓	-6.6%	18	42	15	85.2%
Lewisham	28.4% ↓	-5.1%	79	78	78	98.7%
Southwark	20.1% ↓	-5.0%	80	97	80	99.3%
Waltham Forest	28.6% ↓	-4.0%	62	62	62	100.0%
Kingston / Richmond upon...	19.0% ↓	-3.5%	35	35	35	100.0%
Haringey	20.8% ↓	-3.2%	52	52	52	100.0%
Barking and Dagenham	18.6% ↓	-3.0%	48	32	32	66.7%
Barnet	29.4% ↓	-2.9%	75	42	39	51.3%
Lambeth	43.6% ↓	-2.9%	132	132	132	100.0%
Hammersmith and Fulham	9.9% ↓	-2.5%	17	8	8	47.1%
Redbridge	7.8% ↓	-1.3%	16	43	12	74.4%
Camden	13.0% ↓	-1.1%	27	23	23	84.7%
Tower Hamlets	22.9% ↓	-0.7%	83	48	48	58.0%
Enfield	15.5% →	-0.4%	39	23	22	56.4%
Kensington and Chelsea					5	
Sutton	16.7%		24	33	24	100.0%
Westminster					1	
Merton	22.1% →	0.3%	34	41	33	97.1%
Greenwich	16.1% →	0.4%	44	47	44	100.0%
City of London	15.4% ↑	1.1%	2	1	1	50.0%
Croydon	30.8% ↑	2.3%	116	125	114	98.3%
Hackney	31.7% ↑	2.7%	83	93	83	100.0%
Ealing	27.8% ↑	4.2%	80	78	55	68.6%
Hillingdon	26.8% ↑	5.2%	59	77	59	100.0%
Islington	25.1% ↑	9.6%	80	90	80	100.0%
Havering	40.0% ↑	14.5%	100	108	100	100.0%
Harrow	37.1% ↑	20.5%	66	60	60	90.5%
Total	21.9%	-0.9%	1,646	1,726	1,484	90.2%

**Table 2**

Local Authority	Turnover rate (FTE)	Starters (FTE)	Leavers (FTE)	Net change in FTE
Bromley	13.6% ↓	56	30	26
Southwark	14.4% ↑	66	46	20
Croydon	15.4% ↓	58	40	18
Lambeth	20.9% ↓	53	36	17
Newham	11.0% ↓	42	26	16
Barking and Dagenham	17.2% ↓	51	36	15
Waltham Forest	9.3% ↓	29	15	15
Brent	11.3% ↓	34	20	14
Kingston / Richmond upon...	12.5% ↑	31	19	12
Barnet	6.1% ↓	19	11	8
Hammersmith and Fulham	13.8% ↓	29	21	8
Greenwich	12.2% ↑	34	28	6
Tower Hamlets	8.1% ↓	29	23	6
Camden	16.3% →	34	29	5
Haringey	13.0% ↑	27	26	1
Westminster	16.7% ↑	26	25	1
Redbridge	23.0% ↓	42	43	-1
City of London	27.3% ↑	2	3	-1
Enfield	12.7% →	26	27	-2
Bexley	18.6% →	35	37	-2
Merton	24.6% ↑	28	30	-2
Hackney	14.3% →	24	26	-2
Kensington and Chelsea	11.5% ↓	16	21	-5
Hillingdon	21.0% ↑	28	34	-6
Sutton	18.2% ↑	15	22	-7
Ealing	16.3% ↓	27	34	-7
Hounslow	13.0% ↓	11	19	-8
Havering	22.2% ↑	25	33	-8
Wandsworth	17.3% ↑	22	32	-10
Lewisham	16.3% ↓	22	33	-11
Islington	18.3% ↑	29	44	-15
Harrow	28.9% ↑	11	33	-22
Total	15.3%	980	897	83

**Table 3**

Local Authority	Average caseload per FTE (inc agency)	Cases held
Havering	18.9	2,643
Redbridge	16.3	1,356
Croydon	16.0	3,186
Hillingdon	15.9	711
Waltham Forest	15.5	1,626
Brent	15.2	2,269
Newham	15.1	2,560
Barking and Dagenham	14.9	2,016
Harrow	14.7	1,429
Haringey	14.6	1,536
Sutton	14.4	1,160
Hackney	14.4	2,192
Barnet	14.2	1,604
Bexley	14.2	1,288
Bromley	14.0	1,706
Merton	13.8	975
Lewisham	13.6	1,813
Ealing	13.5	1,658
Wandsworth	13.3	1,279
Hammersmith and Fulham	13.0	1,232
Kingston / Richmond upon...	13.0	1,731
Southwark	12.9	2,085
Hounslow	12.8	1,097
Enfield	12.6	1,530
Westminster	12.2	700
Camden	12.2	1,029
Tower Hamlets	11.9	2,140
Lambeth	11.5	1,412
Greenwich	11.5	1,895
Kensington and Chelsea	10.9	569
Islington	10.7	1,715
City of London	9.6	67
Total	13.8	50,225

6.10 Additional benchmarking data regarding new starters and leavers as well as average caseload levels demonstrates that Brent compares generally favourably and data is progressing in a positive direction. The Director of Early Help and Social Care regularly reviews social worker workloads with the Heads of Service and targets resources to address workload pressures. Caseloads

are generally manageable overall with pressures in the Localities service (short term teams) in particular. In the Localities Service long-term teams there is a maximum 20 case target and as of 1 April 2025, no social worker held more than 20 cases. All of the above support social work recruitment and retention.

## **7.0 Adult Social Care**

- 7.1 Brent Adult Social Care employs a range of targeted recruitment approaches to attract and retain qualified professionals, particularly social workers and occupational therapists. These include external recruitment campaigns, internal development pathways such as the 'Grow Your Own' programme, through which internal staff undertake degree apprenticeships in either social work or occupational therapy and a structured approach to converting agency workers into permanent posts.
- 7.2 Brent Adult Social Care delivers an Assessed and Supported Year in Employment programme for newly qualified social workers, alongside an External Social Work Apprenticeship Scheme. The external apprenticeship scheme has been supported by one-off funding from the Department of Health and Social Care's Adult Social Work Apprenticeship Fund ([DHSC, 2024](#)), which Brent successfully applied for.
- 7.3 This funding has enabled Adult Social Care to support the recruitment of local residents into social work apprenticeship roles, targeting individuals with the appropriate skills and experience and offering them the opportunity to 'earn while they learn.' These initiatives are designed to increase the local supply of qualified social care professionals and to improve workforce retention by providing clear career development pathways.
- 7.4 Despite these initiatives, Brent faces significant barriers in attracting candidates to key roles. A major issue is the disparity in pay and benefits between local authority-employed staff and NHS colleagues, with NHS social care professionals receiving a 5.5% pay rise in 2024–25, compared to a 3–4% uplift offered by most councils, including Brent ([Community Care, 2024](#)). This pay gap is particularly acute in London, where high living costs further reduce the competitiveness of local authority roles. Moreover, London continues to experience the highest adult social care vacancy rates in England, in 2024 ([Skills for Care, 2024](#)). Brent is thus in direct competition with neighbouring boroughs for a limited pool of candidates, particularly in specialist areas such as mental health social work, where 87% of English councils report recruitment difficulties ([Community Care, 2024](#)).
- 7.5 To address workforce challenges, Brent Adult Social Care has undertaken a structured approach to identifying gaps and improving recruitment practices. Workforce data is regularly monitored to track vacancy trends and highlight hard-to-fill roles. Insights from staff engagement surveys and strengthened exit interviews have informed the refinement of Brent's recruitment offer.

- 7.6 As part of these initiatives, the General Purposes Committee approved the introduction of £5,000 recruitment payments and £3,000 retention payments for eligible permanent staff in November 2023. The implementation of Golden Hello and retention payments has had a positive impact on the recruitment of regulated roles within Adult Social Care.
- 7.7 Between January 2024 and March 2025, 26 individuals have been successfully recruited into regulated posts across various teams. Of these, 17 were previously agency staff who have now successfully converted to permanent roles, contributing to greater workforce stability and improved continuity of care. Additionally, a further 9 candidates are currently at the offer or onboarding stage.
- 7.8 A career progression pathway for regulated staff was launched in October 2024. CQC Inspection report dated August 2024, rated Brent Adult Social Care's continuous learning, improvement and innovation as Good and stated that *"Staff told us there was an inclusive and positive culture of continuous learning and improvement. Staff were able to access training and shadowing opportunities which they felt supported their role"* These actions align with recommendations from the Association of Directors of Adult Social Services (ADASS), which has called for greater investment in training, clearer progression routes, and improved employment terms to attract a sustainable social care workforce ([ADASS, 2023](#)).
- 7.9 In partnership with the North West London Health and Care Academy, Brent also contributes to cross-borough workforce planning and regional initiatives. This includes coordinated initiatives to increase placement opportunities, promote careers in social work and occupational therapy, and develop shared workforce frameworks. The Academy supports strategic alignment between health and social care partners across the region and sub-region and plays a central role in expanding the pipeline of qualified professionals ([NW London Workforce Programme, 2024](#)).
- 7.10 These collaborative approaches, combined with Brent's internal workforce strategy, are helping to mitigate some of the pressures caused by national workforce shortages. However, recruitment and retention challenges, particularly for experienced and specialist regulated practitioners remain significant. A continued focus on strategic workforce planning, regional collaboration, and investment in development and progression opportunities will be essential to maintaining a resilient, well-supported workforce capable of meeting the borough's growing adult social care needs.
- 7.11 Brent Adult Social Care continues to promote the borough as an employer of choice through a range of targeted engagement activities. These include a strong digital media presence, attendance at local and regional careers fairs, and partnership work with higher education institutions to attract newly qualified professionals. The service also makes use of social media to highlight positive workforce messages, such as celebrating World Social Work

Day and sharing events like the "Clap for Social Workers", which help raise the profile of the profession and attract high-quality candidates to Brent.

- 7.12 Retention of regulated professional's workforce remains a strategic priority. Adult Social Care challenges mirror national patterns, with the workforce under pressure from both structural and contextual factors. According to *Skills for Care (2024)*, the turnover rate for adult social workers in England stood at 14.5%, a modest improvement from the previous year's 17.1%. However, vacancy levels remain persistently high, with an average vacancy rate of 10.5% across adult services. London continues to experience the most acute shortages due to high living costs, competition from neighbouring sectors, and increasing service demand ([Skills for Care, 2024](#)).
- 7.13 Brent's position is broadly comparable to that of other London and neighbouring boroughs as indicated in Table 4 below. Data from the Association of Directors of Adult Social Services (ADASS, 2024) indicates that London has the highest vacancy and turnover rates in England, with over 28,000 unfilled roles in adult social care.

**Table 4**

Turnover rate			Vacancy rate		
Region	Local authority	%	Region	Local authority	%
London	Sutton	36.5%	London	Barking & Dagenham	18.9%
	Hounslow	31.6%		Hackney	17.5%
	Wandsworth	31.0%		Brent	17.2%
	Havering	30.4%		Newham	17.0%
	Richmond upon Thames	26.8%		Hounslow	16.9%
	Bexley	25.2%		Camden	16.8%
	Tower Hamlets	24.6%		Ealing	14.5%
	Newham	23.2%		Sutton	14.0%
	Kingston upon Thames	23.0%		Waltham Forest	12.9%
	Harrow	22.1%		Hillingdon	12.5%
	Hammersmith & Fulham	20.2%		Bexley	12.3%
	Lewisham	19.6%		Croydon	12.1%
	Waltham Forest	19.2%		Enfield	11.2%
	Hackney	19.1%		Merton	11.2%
	Islington	19.1%		Kingston upon Thames	9.4%
	Merton	18.5%		Haringey	8.7%
	City of London	18.0%		Redbridge	8.6%
	Barnet	17.5%		Southwark	8.5%
	Bromley	17.2%		Bromley	8.4%
	Brent	17.2%		Wandsworth	8.2%
	Croydon	16.9%		Kensington & Chelsea	8.1%
	Southwark	16.4%		Havering	7.9%
	Kensington & Chelsea	15.9%		Hammersmith & Fulham	7.7%
	Westminster	15.2%		Greenwich	7.6%
	Ealing	15.0%		Westminster	7.4%
	Lambeth	14.7%		Harrow	7.3%
	Redbridge	14.4%		Barnet	6.4%
	Hillingdon	13.2%		Islington	6.2%
	Enfield	13.0%		Richmond upon Thames	6.2%
	Greenwich	12.2%		Tower Hamlets	6.1%
	Haringey	11.8%		Lewisham	5.9%
	Camden	10.2%		City of London	5.1%
	Barking & Dagenham	8.5%		Lambeth	5.1%

Data Sourced from [Skills for Care Workforce Intelligence](#), September 2024

7.14 Locally, Brent's estimated turnover rate for social workers in Adult Social Care stands at 17.2%. This places the borough within the mid-range when compared with other London boroughs and within the North West London sub-region. The rate is slightly below the London average of 18.5%, as reported by Skills for Care.

7.15 Brent, as an Outer London borough, faces additional pressures in attracting and retaining skilled professionals. Despite offering a lower cost of living than Inner London, Brent competes with boroughs that can often offer higher pay or incentive packages. These disparities are exacerbated in roles such as Approved Mental Health Professionals and Occupational Therapists, where recruitment remains particularly difficult.

7.16 Key Factors Contributing to Workforce Attrition:

- Nationally reported trends are in-part reflected in Brent's local experience. A 2024 Community Care survey revealed that 87% of councils cited recruitment and retention of mental health social workers as the most significant workforce challenge across adults' services (Community Care, 2024).
- Workload and Burnout: 79% of social workers identified excessive workload and burnout as the primary challenges they face. Among local authority-employed staff, this figure rises to 87%, indicating the persistent strain on frontline teams (Community Care, 2024).
- Mental Health and Wellbeing: The emotional demands of the role have contributed to worsening staff wellbeing, with 52% of respondents reporting that the impact of their work on mental health was a key reason for considering leaving the profession (Social Work England, 2024).
- Career Progression: According to Social Work England, 35% of experienced social workers (with over 10 years in practice) cited limited progression opportunities as a major factor in their dissatisfaction, compared with 25% of those earlier in their careers.
- Work-Life Balance: The professional demands of ASC roles continue to compromise personal time. More than half of those surveyed (55%) said that unmanageable workloads and work-life balance were driving their intention to seek alternative employment (Community Care, 2024).

7.17 Job Satisfaction and Regional Dynamics:

- Although Brent-specific job satisfaction data is limited, national insights are informative. A 2024 YouGov and Community Care poll revealed declining morale across the social care workforce, with fewer professionals willing to recommend the profession than in 2020. Job satisfaction was found to be particularly sensitive to perceived support from leadership, access to supervision, and opportunities for meaningful career advancement.
- For Occupational Therapist and ROVIs, recruitment challenges are compounded by limited national pipelines and fewer local training pathways. Brent's position as an Outer London borough has made it harder to compete

with Inner London authorities that benefit from centralised recruitment pools and infrastructure.

#### 7.18 **Strategic Response and Pan-London Collaboration:**

- Brent is a signatory to the London ADASS Memorandum of Understanding which aims to address regional workforce instability by curbing agency inflation and creating a more consistent approach to staffing across the capital. This agreement has moderately reduced the rate of agency dependence and contributed to longer-term planning for permanent recruitment.
- In addition, Brent's Adult Social Care department has implemented a number of initiatives to retain and support its regulated workforce which have been highlighted in this report.
- Brent ASC Skills Academy: This internal programme supports staff development across professions, including social workers, Occupational Therapists, and ROVIs, with CPD opportunities, mentoring, supervision, and a career progression framework.
- Wellbeing and Support Culture: Reflective practice, reflective supervision, and access to mental health support are embedded in day-to-day practice. The Director of Adult Social Service (DASS) holds monthly wellbeing session for staff across Adult Social care. These measures are designed to reduce burnout and improve morale.
- Retention of the adult social care workforce in Brent, particularly for regulated professionals, is central to maintaining safe, high-quality services. While Adult Social Care has made strategic progress through financial incentives, workforce development, and pan-London collaboration, continued focus is needed to address ongoing recruitment challenges, support career progression, and foster long-term workforce resilience.

### 8.0 **Training and Development**

#### 8.1 **Children and Young People**

#### 8.2 The February 2023 Ofsted Inspection of Local Authority Children's Services found the below:

*'Workers benefit from comprehensive and up-to-date operational policies that promote good practice. They have access to a regular programme of learning, training, and opportunities to develop themselves in their careers. Succession planning is used well to retain and progress workers within the organisation. Staff emulate the core values of children's services and feel they 'belong' in Brent. They value the very considered approach and openness of senior leaders and have confidence in their leadership. Many staff are committed to working in Brent and enjoy working in teams who become like a family to them. They have a strong and influential voice and feel listened to in service design and improvement work. They feel well supported and supervised by managers.'*

- 8.3 Since this time, the Brent CYP Learning Academy was launched in 2024. The aims are to develop clear career progression pathways across Brent CYP. An enhanced support offer pilot for ASYEs launched in October 2024, with plans to build more capacity for a higher number of ASYEs joining (and staying) in Brent. The retention of ASYEs is good, with 30/38 ASYEs staying in Brent over the past four years.
- 8.4 As an example of specialist opportunities for social workers, Brent has 4 social workers who have recently completed a Child Sexual Abuse Practice Leads training, facilitated by the Centre of Expertise on Sexual Abuse. This was a 10-month programme with the vision to create a network of practice across West London local authorities which will also allow a pooling of resources to offer best practice for children and their families who experience child sexual abuse.
- 8.5 There is a comprehensive learning and development programme in place for social workers that is generally well-attended. Training has been put in place over the past six months to equip social workers to undertake their own parenting and other related assessments, (rather than outsourcing these) with anticipation that this will mitigate against delays in some court related work as well as better providing staff with professional expertise.
- 8.6 In 2024, a revised supervision framework was launched for social workers and managers to allow sufficient time for outcome focussed reflective space. The quality of supervision is being overseen by regular dip-sample audits and demonstrates improvements in practice.

## **9.0 Adult Social Care**

- 9.1 A strong and continually evolving training and development offer remains central to Brent Adult Social Care's ability to attract, retain, and professionally support its regulated workforce. The importance of this approach was clearly acknowledged in the Care Quality Commission's most recent inspection, which specifically commended the service's sustained commitment to learning, development, and innovation.
- 9.2 The CQC found that "staff had access to a well-structured training programme and were encouraged to engage in continuous learning." It also highlighted Brent's approach as one that "creates a reflective, open, and supportive learning environment that promoted high standards of care and practice innovation" (CQC, 2024).
- 9.3 At present, Brent offers a broad and structured range of training and professional development opportunities for regulated staff. These include mandatory courses, continued professional development, and post-qualification training enabling staff to undertake statutory roles such as Approved Mental Health Practitioner and Best Interests Assessor. In addition, specialist courses are available, including training in safeguarding adults in



complex cases, trauma-informed practice, and capacity and risk assessments under the Mental Capacity Act 2005.

- 9.4 The training programme is coordinated and overseen by the Brent Adult Social Care Skills Academy. This ensures effective delivery, promotes strong uptake, and evaluates the impact of learning across all levels of the workforce, from newly qualified practitioners to senior staff.
- 9.5 Newly qualified social workers receive structured support through Brent's well-regarded Assessed and Supported Year in Employment programme. This includes protected learning time, tailored one-to-one supervision, and group reflective supervision led by experienced Practice Development Leads. The ASYE programme continues to receive consistently positive feedback from both participants and external assessors and remains a key part of Brent's strategy for developing confident, well-prepared social workers. Over the past two years, 18 ASYEs have successfully completed the programme, with 17 remaining in employment in Brent.
- 9.6 In addition, Brent Adult Social Care is currently undertaking a refresh of its Practice Framework. This work is intended to align local practice more closely with national standards, particularly the *What Good Looks Like* framework developed by Partners in Care and Health. This national framework sets out a shared vision for high-quality practice and identifies the knowledge, skills, and behaviours expected of a high-performing adult social care workforce.
- 9.7 The refreshed framework will enhance the link between professional supervision, training, and service delivery. It will also embed a values-based, person-centred approach to practice that promotes reflective learning, ethical decision-making, and strength-based working, ensuring consistency with sector-wide expectations.
- 9.8 In terms of day-to-day support, staff benefit from a clear and reliable supervision structure. This includes monthly one-to-one supervision, team-based reflective discussions, access to a comprehensive Employee Assistance Programme, and a growing range of wellbeing initiatives. These include mindfulness sessions, clinical supervision, and stress management workshops. Feedback from staff surveys conducted in 2023 and 2024 shows that frontline professionals particularly value the dependability and structure of their supervision arrangements.
- 9.9 The learning environment in Brent is further enhanced by a strong culture of innovation and co-production. Staff are encouraged to engage in pilot projects, contribute to service redesign, and take part in leadership development initiatives. The CQC specifically praised the service's "evidence of learning from feedback, audits, and service reviews," noting how this learning is actively used to improve training and operational delivery.

- 9.10 Overall, Brent Adult Social Care's training and development infrastructure is robust, evidence-led, and increasingly aligned with national best practice. It plays a critical role in meeting the complex and evolving demands of adult social care, while supporting staff wellbeing, promoting excellence in practice, and enabling long-term workforce retention.

## **10 Feedback from staff**

### **10.1 Children and Young People**

- 10.2 ASYE Student, Newly Qualified Social Worker - *'My ASYE journey as a newly qualified social worker has been an incredibly rewarding and transformative experience. I've had the privilege of working in Brent, a culturally diverse area, which has enriched my understanding of different communities and their unique needs. Throughout this journey, I've been fortunate to have incredibly supportive managers who have provided invaluable guidance and encouragement.'*
- 10.3 *I've had the opportunity to learn from a range of teams within social care, including the Children with Disabilities team, Youth Justice Team, Early Help team, and Looked After Children (LAC) team. Each team has broadened my knowledge and helped me develop a more holistic approach to social work, teaching me how to work with diverse groups and navigate complex situations.*
- 10.4 *The support throughout my ASYE has been outstanding. I've had regular reflective sessions that have allowed me to assess my practice, learn from experiences, and continually improve my skills. I truly feel I've grown both personally and professionally during this year, and I'm grateful for the continuous support that has shaped my development as a social worker.'*
- 10.5 **Head of LAC and Permanency** – *'My 20 years in Brent have been anything but dull, and I've loved every step of the journey. As Head of Service for Looked After Children, Care Leavers, and Permanency, I remain a social worker at heart, dedicated to supporting vulnerable children and young people. I'm proud to be part of a service that prioritises their needs and excited to continue enhancing our support for them and their families.'*
- 10.6 **Social Worker, Localities Team** – *'What I love about Brent is that it's a culture enriched organisation. Staff are friendly and supportive. The hierarchy structure is not obvious. Service managers sit with staff. The continued professional development learning is amazing, and I enjoy case discussions with other teams. We support one another and share the responsibilities of our families, and you are never alone.'*

*The learning and support provided is great as my manager is an advocate for promoting wellbeing. She communicates effectively and is always available to support her team.'*

- 10.7 **Residential Care Officer, Ade Adepitan Short Break Centre** - *'I have been with Brent Council for over 10 years, and it has been a rewarding experience.*

*Overall, my work has been fulfilling, especially seeing the young people I support grow, develop, and overcome challenges related to their disabilities. While working with them can sometimes be challenging, I'm grateful for the strong support from my team.'*

- 10.8 **Deputy Manager, Ade Adepitan Short Break Centre** - *I work for Brent at AASBC because I am passionate about making a meaningful difference in the lives of children with disabilities and complex care needs. In AASBC, we provide a safe, nurturing environment that supports each child's growth and potential. Seeing the resilience and progress of the children we care for inspires me daily, and I take pride in being part of a team dedicated to creating opportunities and fostering independence for some of the most vulnerable young people in our community.*

*As Deputy Manager, I actively support and guide the team to ensure they have the tools, training, and encouragement they need to provide high-quality care. By fostering a positive and collaborative environment, I strive to empower the team to deliver tailored support that helps the children thrive and achieve their goals, no matter how complex their needs.'*

## 11.0 **Adult Social Care**

- 11.1 **Occupational Therapist, Hospital Discharge Team** – *'My team are an absolute dream, like a little family...and the way the Occupational Therapy Service is run is such a breath of fresh air (I know lots of the OT's feel the same way)'*

- 11.2 **Social Worker, Mental Health Team** – *'My social work practice upholds social work values and safeguarding. I always seek to reflect on a strength-based approach to ensure I am continually developing my professional skills and knowledge. From my experience working with Brent's mental health team, I have seen growth opportunities available to all who are dedicated and committed, and you get good support from the management. Brent Council embraces transformation, growth, diversity, and empowerment.'*

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

- 12.1 Both Lead Members are kept regularly updated on social work workforce issues through briefings and attendance at meetings with staff. Staff consultation for a recent redesign of early help and social care services was extensive with significant co-design work undertaken. At a regional level regular liaison occurs with social work employment agencies, the university sector and government bodies in devising strategies for implementation across London.

- 12.2 Stakeholder consultation has been an integral part of the development of workforce proposals within Adult Social Care. Engagement has included

regular staff forums, surveys, and targeted workshops with regulated professionals such as social workers, occupational therapists, and rehabilitation officers. Feedback gathered through exit interviews and staff engagement sessions has also directly informed recruitment and retention initiatives. In addition, the department has engaged with key external stakeholders, including Skills for Care, regional social care networks, local higher education institutions, and employment agencies, to ensure alignment with national workforce strategies and to contribute to the shaping of a London-wide response to workforce challenges.

- 12.3 Staff engagement has also been central to recent changes in Adult Social Care services, with a comprehensive programme of consultation and co-design workshops conducted across all levels of the workforce. Engagement also included feedback from our customers and partner agencies to ensure service changes were informed by those with lived experience.

### **13.0 Financial Considerations**

- 13.1 The report is for noting the work being undertaken to address the workforce challenges and there are no additional commitments. The cost of producing the report is met within existing budgets.
- 13.2 The agency staff costs in the Children and Young People directorate has experienced a significant reduction since the beginning of the 2024/25 financial year. In April, the weekly cost of agency staff in CYP was £119K and the estimated head count was 95. By the end of February 2025 (March figures are not available yet), the weekly cost had reduced to circa £67K and the numbers had dropped to an average of 52 agency staff.
- 13.3 For Adult Social Care, the average headcount for agency staff was 73 in April 2024, with an average cost of £91k per week. In March 2025, the average headcount remained broadly in line with April 2024 at 72, however the average weekly cost dropped to £88k per week. Within Adult Social Care, the cost of agency staff has fluctuated throughout the financial year.

### **14.0 Legal Considerations**

- 14.1 This is a national initiative to stem the shortage of Social Workers. No legal implications arise in this regard.

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

- 15.1 Brent, alongside other local authorities across the country, including those in London is tackling significant workforce challenges and seeking to maintain a sufficient, well-resourced and quality social care workforce. The council has taken numerous Brent-specific and collaborative actions in relation to our workforce such as a redesign of Early Help and Social Care model to align with the Government's vision, London Pledge, London ADASS MoU and Golden Hello and Retention Payments. Feedback from the CQC inspection and testimonies from staff demonstrate the positive environment and progress we

have made, and our training and development offer demonstrates how we will ensure our staff's practice is appropriate for our communities.

15.2 Within Children and Young People - in line with anti-racist practice, Brent CYP has developed a disproportionality dashboard for key indicators for children and young people and the workforce and using this to actively build equality. There is also an equalities dashboard that has been developed for staff to build a truly representative workforce at all levels of the organisation.

15.3 Brent was a pilot site for the Social Care Workforce Race Equality Standard (SC-WRES), which has helped to highlight disparities and promote greater equity within the workforce, supporting a more inclusive culture in Brent's social care services and there is continued participation in this important initiative.

## **16.0 Climate Change and Environmental Considerations**

16.1 There are no specific climate change and environmental considerations within this report.

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

17.1 The main body of the report contains content relevant to Human Resources issues.

## **18.0 Communication Considerations**

18.1 Communication campaigns to support the recruitment of both children's and adult social workers have been undertaken at both the London-wide and local levels. These have included coordinated regional campaigns led by London Councils, as well as targeted local initiatives aligned with Brent's recruitment strategy. In Adult Social Care, communication initiatives have focused on promoting Brent as an employer of choice through digital media, careers fairs, and partnership work with higher education institutions. For Children's Social Care, the campaigns have aimed to attract experienced practitioners and newly qualified social workers, supported by clear messaging on career development opportunities and the benefits of working in Brent. Further detail on these activities is provided within the main body of the report.

### **Report sign off:**


*Nigel Chapman*

Corporate Director, Children, Young People and  
Community Development

*Rachel Crossley*

Corporate Director of Service Reform and Strategy

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	<b>Community and Wellbeing Scrutiny Committee</b> 28 April 2025
	<b>Report from the Deputy Director, Democratic and Corporate Governance</b>
<b>Scrutiny Recommendations Tracker</b>	

<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>	One  Appendix A – Scrutiny Recommendations Tracker 2024-25
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Chatan Popat Strategy Lead - Scrutiny, Democratic and Corporate Governance <a href="mailto:chatan.popat@brent.gov.uk">chatan.popat@brent.gov.uk</a>  Amira Nassr Deputy Director, Democratic and Corporate Governance <a href="mailto:amira.nassr@brent.gov.uk">amira.nassr@brent.gov.uk</a>

## 1.0 Executive Summary

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

## 2.0 Recommendation

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

## 3.0 Background

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

#### **3.1.1 Borough Plan 2023-2027 – all strategic priorities**

### **3.2 Background**

- 3.2.1 The Recommendations Tracker tabled in Appendix A relates to the current municipal year (2024/25). These responses will remain on the tracker for ongoing monitoring with some further updates expected in upcoming meetings throughout this municipal year and next.
- 3.2.2 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.
- 3.2.3 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.
- 3.2.4 The Scrutiny Recommendations Tracker provides a summary of any scrutiny recommendations made in order to track executive decisions and implementation progress. It also includes suggestions for improvement and information requests, as captured in the minutes of the committee meetings.
- 3.2.5 Recommendations are removed from the tracker when they have been rejected or when implemented successfully and the review date has passed. This is the same for suggestions of improvement and information requests.

### **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 (and/or relevant cabinet member) requesting an Executive Response. If relevant, the item will be published on the Council's Forward Plan.
- 4.2 Regarding recommendations to Full Council (e.g. in the case of policy and budgetary decisions), the same process will be followed, where a report containing the scrutiny recommendations will then be forwarded to Full Council alongside the Cabinet's responses to those recommendations.
- 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 respective Committee's report and recommendations, and requesting a response.



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

5.1 None for the purposes of this report.

## **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 EDI considerations for the purposes of this report.

## **9.0 Climate Change and Environmental Considerations**

9.1 There are no climate change and environmental considerations for the purposes of this report.

## **10.0 Communication Considerations**

10.1 There are no communication considerations for the purposes of this report.

### **Report sign off:**

**Amira Nassr**

Deputy Director, Democratic and Corporate Governance

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Appendix A

Community and Wellbeing Scrutiny Committee (CWBS)  
Scrutiny Recommendations and Information Request Tracker 2024-25

The Recommendations Tracker is a standing item on committee agendas, and documents the progress of scrutiny recommendations, suggestions for improvement, and information requests made by the Community and Wellbeing Scrutiny Committee at its public meetings and as part of task and finish group reviews. Scrutiny recommendations, suggestions for improvement, and information requests will not be removed from the tracker until full responses have been provided to the Committee by either the Cabinet, council departments, and/or external partners.

Recorded Recommendations to Cabinet from CWBS

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 CWBS

Meeting date and agenda item	Scrutiny Recommendation	External partner	Response	Status
30 July 2024 - Brent Safeguarding Children Partnership Report (Oct 2022–Mar 2024).	To formally invite Keith Makin (Independent Chair and Scrutineer, Brent Safeguarding Children Forum) to accompany the Chair of the Community and Wellbeing Scrutiny Committee to the next Brent Youth Parliament event.	Brent Safeguarding Children Forum	The Independent Chair has been liaising with the Brent Youth Parliament and will be attending their events as and when appropriate. The Chair of the CWBS will also be joining him when required.	

Recorded suggestions for improvement from CWBS to Council departments/partners

Meeting date and agenda item	Suggestions for improvement	Council Department/External Partner	Response	Status
30 July 2024 - Brent Safeguarding Adults Board (SAB) Annual Report (2023/24)	Recommend that an Internal Communications Strategy is drawn up for data sharing between partners.	Partnerships, Housing and Resident Services	This has been accepted by the Independent Chairs and the Brent Strategic Partnerships Team. All relevant stakeholders will work together to ensure a strategy and processes are developed to ensure data sharing is incorporated into the work of both partnerships and the Brent Strategic Partnerships Team. This will now become an on-going action throughout the year.	
30 July 2024 - Brent Safeguarding Children Partnership Report (Oct 22–Mar 24)	In relation to the commitment to develop data collection outlined in the report, to recommend that the next report details what the current system for data collection and analysis is and what the improvement over the period was.	Partnerships, Housing and Resident Services  Independent Chair and Scrutineer, Brent Safeguarding Children Forum	This has been agreed and will be included in the next report that will come to the Committee in the 2025/26 municipal year.	
18 September 2024 – Overview of SEND Provision in Brent	To widen the understanding of SEND within the wider community outside of the school setting, particularly in organisations with a young people focus.	Children and Young People	Accepted by the department at the meeting. Updates are and will continue to be provided through various channels to all partners and relevant organisations to ensure residents and families are well informed of the SEND offer Brent has in place and work carried out in this area.	
18 September 2024 – Early Years Provision and progress towards meeting the expansion of childcare entitlements	Recommend that officers working on the Food Strategy looked to further utilise data from food banks to map where provision of breakfast and afterschool clubs is required.	Children and Young People	Accepted by the department. CYP and partners will utilise data captured by our current providers, food bank partners, the Public Health team and other data sources available to ensure they have accurate data that can be used to target the correct areas and to ensure informed decisions are being made.	

18 September 2024 – Early Years Provision and progress towards meeting the expansion of childcare entitlements	Recommend early years officers contact voluntary and community sector organisations who had data on children and families whose first language was not English so that information regarding provision could be disseminated to those families.	Children and Young People	Accepted by the department. The department does and will continue to work with Brent's communications team, translation service, voluntary sector and community partners, medical services and other partner agencies to ensure that all residents have access to the information they need in a clear and understandable manner, presented to them in several of Brent's most prominent languages to ensure the highest possible catchment.	
20 November 2024 – Brent i4B and FWH performance update	At a future meeting, to receive the voids action plan, including reassurance that properties were being looked after in a systematic way before the point they became void, with staff checking property conditions while tenants were in situ. The plan should incorporate value for money.	Neighbourhoods and Regeneration  Chair of i4B and FWH Housing Companies	Accepted by the Chair of i4B and FWH. Future updates to the Committee will include detailed information on voids. This will include numbers by ward (where applicable), turnaround times, risks and a rectification action plan for long term major and minor voids. Information on planned inspections and maintenance will also be included.	
20 November 2024 – Brent i4B and FWH performance update	At a future meeting, to receive an engagement and communications plan that helps to improve the outcomes of future Tenant Satisfaction Measure (TSM) surveys.	Neighbourhoods and Regeneration  Chair of i4B and FWH Housing Companies	This has been agreed and will be included in future iterations of the i4B/FWH performance report presented to this Committee.	
20 November 2024 – Brent i4B and FWH performance update	For future reports, where it is noted that performance targets are not being met, it should be stated what would be done to mitigate that.	Neighbourhoods and Regeneration  Chair of i4B and FWH Housing Companies	Accepted by the Chair of i4B and FWH. Future updates to the committee will include an exceptions report highlighting areas where performance is below target, relevant information on the impact of non-performance and subsequent mitigations.	
20 November 2024 – Brent Housing Management	To provide information on the impact of the housing management services reorganisation at a future Committee meeting.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. Updates will be provided to this Committee and others once the service reorganisation has been implemented.	

Performance Update				
20 November 2024 – Brent Housing Management Performance Update	To include health and safety considerations in future reports, particularly relating to cladding and fire safety, as well as climate change targets.	Partnerships, Housing and Resident Services	Accepted by the department. Future reports on BHM performance will include all relevant information on health and safety and climate change implications.	
05 February 2025 – CQC Adult Social Care Improvement Plan	For the committee to receive 6 monthly updates on the CQC ASC Improvement Plan.	Community Health and Wellbeing	Accepted by the department at the meeting. Progress updates will be provided to the Committee either through a meeting setting or as a separate briefing every 6 months.	
05 February 2025 – CQC Adult Social Care Improvement Plan & Adult Social Care Transformation Programme	<p>In future reports, for the department to increase the visibility of available data.</p> <p>To have more target setting and to further outline mitigating factors where targets are not met.</p> <p>When benchmarking with other boroughs, to compare with boroughs of similar demographics to Brent.</p>	Community Health and Wellbeing	<p>This has been agreed. Larger data sets will be included in future reports and progress updates to the Committee.</p> <p>The department do already benchmark against statistical and neighbouring boroughs that share similar pressures and demographic profiles to Brent and therefore will be also able to provide this type of analysis in future reports.</p>	
05 March 2025 – Nicotine Addiction and Vaping in Brent	To ensure parents are included in the approach to tackling vaping, smoking and non-smoking tobacco use.	Community Health and Wellbeing	The department agrees with this recommendation. We will work with Elev8, our Young People Drug and Alcohol Service, to ensure parents are actively engaged in prevention efforts.	
05 March 2025 – Nicotine	To share information and learning with other local authorities with similar issues, such as Leicester,	Community Health and Wellbeing	The department agrees and will seek to actively engage with local authorities facing similar challenges, to share best practice and learning around non-smoking tobacco use.	

Addiction and Vaping in Brent	in relation to non-smoking tobacco use.			
05 March 2025 – Nicotine Addiction and Vaping in Brent	To further engage those whose first language is not English and other communities who the Council and partners may not be reaching.	Community Health and Wellbeing	We are actively working with communities in Brent to further develop a targeted community offer. This will support more inclusive engagement, particularly with those whose first language is not English and other underserved groups.	
05 March 2025 – Nicotine Addiction and Vaping in Brent	To ensure targets are set to reduce vaping, smoking, and non-smoking tobacco use.	Community Health and Wellbeing	The department acknowledges the importance of measuring progress in this way. The department uses the nationally agreed measures around 4 week quits and supporting data system. This has the advantage of allowing benchmarking. Unfortunately, there is no routine measurement of vaping or non-smoking tobacco use so we are reliant on extrapolating from national one-off surveys. This means we are unable to set targets for vaping and non-smoking tobacco use.	
05 March 2025 – Nicotine Addiction and Vaping in Brent	To meet with young people regarding their experience and views towards vaping and smoking to further understand their lived experience and needs.	Community Health and Wellbeing	The department agrees with this recommendation. We will work with Elev8 to ensure young people's views and experiences directly inform the development of the service and future initiatives.	
05 March 2025 – Nicotine Addiction and Vaping in Brent	BYP Recommendation – to lobby for or undertake more research relating to young people vaping and smoking, and to incorporate that data into future reports.	Community Health and Wellbeing	The department acknowledges the value of further research in this area and is committed to supporting and utilising emerging evidence to inform our work. We will continue to work with partners who work directly with Children and Young People to incorporate relevant data into future reports and strategic planning.	

**Information requests from CWBSC to Council departments/partners**

Meeting date and agenda item	Information requests	Council Department/External Partner	Response
18 September 2024 – Overview of SEND Provision in Brent	For the Community and Wellbeing Scrutiny Committee to receive a further breakdown of demand for EHCPs including ward breakdowns, age, gender and communities.	Children and Young People	Accepted by the department at the meeting. Future updates to the committee will include relevant data broken down into wards, age, gender and community groups wherever possible.
20 November 2024 – Brent Housing Management Performance Update	To provide the number of tenants the Council had diversity data on.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. The diversity data requested will be circulated to the Committee once it has been compiled for presentation.
20 November 2024 – Temporary Accommodation and Homeless Prevention Service	To provide the number of single homeless people aged 18-25 to Brent Youth Parliament.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. The single homeless people (aged 18-25) data requested will be circulated to both the Committee and Brent Youth Parliament once compiled.
05 February 2025 – Adult Social Care Transformation Programme	To provide further information and data on the number of people that are currently supported. The data should also include particular information about services users such as: <ul style="list-style-type: none"> <li>• Age</li> <li>• Ethnicity</li> <li>• Gender</li> </ul>	Community Health and Wellbeing	Accepted by the department at the meeting. The data required by the Committee will be requested by the Strategy Lead to the department. Once compiled, the data will be circulated to the Committee.



05 March 2025 - Nicotine Addiction and Vaping in Brent	To provide the committee with data on smoking and vaping prevalence by age, with a focus on 8–18-year-olds.	Community Health and Wellbeing	The department acknowledges the importance of understanding the prevalence of these by age and will explore the availability and suitability of relevant data sources There is very limited local data available which would inform us of the current situation in Brent. Meaningfully surveying children in an area such as this is quite difficult and is dependent on a number of factors outside of the control of the department.
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