

## MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE

Tuesday 21 July 2020 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Afzal, Ethapemi, Hector, Knight, Shahzad, Stephens and Thakkar, and co-opted members Mr Alloysius Frederick, Mr Simon Goulden and Rev. Helen Askwith. *All were present in a remote capacity.*

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

Apologies for absence were received as follows:

- Observer Jenny Cooper, National Teacher's Union

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

Interests were declared as follows:

- Councillor Sheth – Lead Governor for Central and North West London NHS Foundation Trust, Board member for Federation of St Joseph's Infant and Junior Schools, Board member of Harrow College and Uxbridge College and Board member for Daniel's Den Ltd
- Councillor Shahzad – spouse employed by the NHS
- Councillor Stephens – previously worked for Faculty of Sexual and Reproductive Health
- Councillor Colwill – Governor at St Gregory's School
- Alloysius Frederick – Chair of Governors at St Gregory's Catholic Science College, Chair of Governors at St Mary's Primary School, Governor at Newman College, Chair of All Saints Trust
- Rev. Helen Askwith – retired governor for Wembley Park Primary School

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

There were no deputations received.

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

AGREED: That the minutes of the previous meetings held on 3 March 2020 and 16 March 2020 be approved as an accurate record of the meeting.

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

There were no matters arising.

### 6. **Brent Council and Covid 19 Service Response and Recovery**

Councillor Mohammed Butt (Leader, Brent Council) introduced the report providing the Committee with an update of the public health response to the COVID-19 crisis locally, regionally and nationally; and an overview of the impact of the emergency on a number of key services. The Leader highlighted the impact the pandemic had on Brent residents and the number of people impacted by deaths in Brent. The Committee heard the Council had continued to provide almost all statutory services relied upon by residents throughout the pandemic, with the only exception being the library services due to Government guidance for them to close; however, outreach book deliveries were still done. A week prior to the Government's national lockdown on 23 March 2020 the Council's Gold Command was

formed enabling important emergency decisions to be made. The Council had received money from Central Government for costs incurred from COVID-19, which were approximately £46m, and an update on the financial impact of COVID-19 had been presented at the Cabinet meeting that month. The Council were making the case to Government that any costs associated with the lockdown should be refunded. The Leader added that the process of considering what services to restore, retain, reinvent or remove as part of the recovery process had begun.

The Chair invited Councillor Margaret McLennan (Deputy Leader and Lead Member for Resources, Brent Council) to speak to the Committee. Councillor McLennan informed the Committee she would be chairing a London Finance Forum that evening with the Chair of Resources, the GLA and other regional members to look at how Councils could take forward recouping finances spent as a result of COVID-19. To date £3.4m had been returned through campaigning efforts.

The Chair thanked Councillors for their introduction and invited members of the Committee to ask questions. The following issues were raised:

In response to what went well, the Leader noted collaborative working and the sharing of information to be able to communicate with residents, understand their needs and keep them informed. A weekly email had been sent to residents and leaflets had been delivered to all homes in Brent to ensure all residents could access information and have a way to communicate with the Council in some way. Carolyn Downs (Chief Executive, Brent Council) added that the rapid response in care homes had been done well. The Council had not waited for Central Government and had ordered PPE for care homes immediately, before shortages, meaning they had a constant supply they could give to care homes and then to schools and then front line staff. A local walk-in testing centre had also been established in Harlesden. Brent was doing more testing than anywhere in London, and the Borough had a low infection rate at the time of the meeting.

Regarding what did not go well, the Leader expressed that there were lessons to learn. He highlighted that messages from Central Government impacted how the Council had interacted and communicated with residents at the start of the pandemic. Carolyn Downs added that communication between local and regional London had worked less well as dissemination of information to the local level had not been quick enough and often the Council would find out information through the Government's daily briefing at the end of each day.

On the topic of care homes, the Committee heard that there had been a shortage of testing at the start of the pandemic which had been a challenge, with only sporadic testing being done with local health partners to help specific homes with outbreaks. Continuous lobbying to get tests for care home staff was done by West London directors and health colleagues and now everyone in care homes, including extra care schemes and supported living schemes, was able to be tested, with residents tested on a monthly basis and staff on a weekly basis. Elective services had been challenging as well as lab capacity and the practicalities of delivering tests. An outbreak had been identified within a care home 3 weeks prior to the meeting with 5 people testing positive. The case was identified nationally through test and trace and Melanie Smith (Director of Public Health, Brent Council) had been contacted. A meeting with Public Health England, Brent CCG and Brent Adult Social Care had taken place and a plan put in place with no further deaths following that.

Continuing the discussion regarding care home response to the pandemic, the Committee queried evidence that some discharges from hospitals to care settings took place without knowing the patient's COVID-19 status. Phil Porter (Strategic Director Community Wellbeing, Brent Council) reflected that for the first 2-3 weeks of the pandemic the whole system was gearing up to support hospitals and get patients out of hospitals. He had a call

with G15, providers of housing and supported housing, very early on to look across London and identify all accommodation that was suitable to accommodate people discharged. He highlighted that Brent Council did not discharge anyone with an uncertain or positive COVID-19 status into care homes, but there were discharges made by health partners across the system as part of the change in discharge processes. Helen Woodland (Operational Director Adult Social Care, Brent Council) added that Adult Social Care had set up a step-down facility to support those who had a covid positive status and needed to be discharged, including a facility conversion that was being built for supported living with 11 flats, to take in people with COVID-19 who needed to be discharged but needed further support. Where a person was unable to be tested or there was a view they were covid positive steps were put in place to prevent them being discharged back into care settings.

In response to queries about PPE for other care settings and extra care settings not commissioned by the Council, the Committee heard that all providers in Brent, whether they were commissioned by Brent Adult Social Care or not, received PPE in order to prevent the spread of the virus. In the early stages of the pandemic care home staff were encouraged to self-isolate if they showed symptoms but asymptomatic staff may have provided care, therefore PPE was attributed as the key barrier to ensure that patients in care settings were protected from asymptomatic staff when testing was not possible. In response to whether the Council considered charging care homes for PPE, Phil Porter explained that with the level of PPE required in the early stages care homes would not have been able to source it so the Council used economies of scale to source and buy it for less. The purchase of PPE would have also placed an additional burden on care homes and he believed care homes would not have been able to fund it. It was expressed that when Central Government put additional burdens on the Council they would expect to be funded for those and that it was appropriate to have purchased PPE for care homes.

In considering the future response in care homes and the potential for a second wave, the Leader felt that the systems, processes and procurements were in place now to procure PPE immediately when required, and the collaboration with care homes was strong. Regular delivery of PPE to the civic centre was continuously taking place. Phil Porter added that the model for working with care homes agreed at the Health and Wellbeing Board in February 2020 had been fundamental in the ability to respond to the pandemic and care homes and the council had built a partnership that was ready for a second wave. It was noted that nothing would change in care homes until a vaccine or treatment was developed, with infection control, PPE and staffing to continue.

In relation to testing in Brent as a whole, directors expressed that in the early stages it was very difficult to put testing in place. The Wembley testing site that had been established was a drive through and only for those showing symptoms meaning those in high risk jobs without symptoms or those without access to a car were not able to get tested. This had led to the Council working with the Government to put the walk-in testing site in Harlesden which also tested those in high risk professions such as transport staff and shop workers. Directors felt the Government lacked appreciation of the reality of people's lives and some procedures suggested for the Harlesden site would not have worked such as using photo ID and booking in through a smartphone with internet. The Council lobbied and were able to agree with the government its own procedures for the Harlesden testing site which was now the most successful walk-in centre and results came through very quickly. It was noted that those accessing the test site were not necessarily representative of the people who lived in that local community, therefore going forward work would be done on that. It was felt by those present that there may be a disincentive in the demographic of Harlesden and other covid hit areas to getting tested as if a person tested positive it required them to not go to work for 14 days which had other implications such as sick pay. Phil Porter echoed those points and highlighted the care home infection control fund that was supporting carers to be paid if they were unable to go to work.

While testing in the Borough was going well directors were concerned about the national test and trace system. On average test and trace identified 2.2 contacts for every case in Brent which Dr Melanie Smith (Director of Public Health, Brent Council) believed to be an under-recognition of contacts. Test and trace was reaching 59% of people in Brent which was better than the national average however there was a need to get those figures higher to prevent a second wave. This had been reflected in messaging encouraging residents to co-operate with test and trace but it was believed there was a reluctance to do so. Dr Melanie Smith noted that the Council had limited influence over the national test and trace and did not have insight into its operating procedures. The Association of Directors of Public Health were lobbying to get access to scripts and standard operating procedures so that they could use local insights to suggest how the national model might improve its performance.

In concluding the discussion regarding the national test and trace system, Carolyn Downs noted that the mobile testing units would now be given to private sector organisations and directed by the Department of Health centrally. She expressed her personal view that testing units should be brought to a local or sub regional level for local areas to manage the resource themselves and direct it towards COVID-19 hotspots.

In relation to the impact of COVID-19 on BAME communities the Committee queried how quickly the Council realised this disproportionality and what specific solutions were put in place. The Leader expressed that COVID-19 had highlighted the inequalities in society and within the community and there was now a focus on inequality and the Black community, noting the Black Community Action Plan that had arisen as a result of Black Lives Matter. The action plan ensured that the next 2 years delivered for Black communities and included specific focus on COVID-19. The Leader added that there were underlying issues that would need a lot of effort to tackle. The Leader felt that there was focus needed on all marginalised communities and highlighted the importance of looking into the issues people face such as the type and quality of housing they live, and the front line occupations people work including carers, nurses, and transport workers. He added that when lockdown eased he did not want to slow down on this work. The conversation regarding disproportionality had also been started at a London Council's level.

In relation to specific COVID-19 hit areas in the Borough, such as Harlesden, Church End and Alperton, Carolyn Downs noted that the social distancing messaging became very targeted and hard hitting with specific messages in those areas to say more people had died in Harlesden than anywhere else in Britain. Moving forward the Council would have conversations with the CCG and at the Health and Wellbeing Board about what better support they could put in to those specific communities such as Alperton, Harlesden and Stonebridge. CNWL were putting in a very specific mental health support programme to help those communities deal with trauma and Carolyn Downs had been clear an area of focus going forward should be the quality of GP services in those areas.

Further querying the Council's effectiveness of getting the message out to the community, noting street parties that occurred in Brent during the lockdown, the Committee asked what infrastructure was in place working with partners to widen the message. The Leader expressed that with 16 weeks of lockdown there came a period where people felt they needed space, with concerns around mental health and wellbeing. He felt those who engaged in street parties and other activities outside of the lockdown guidance were expressing their frustrations in a way that may have seemed alarmist and that it was essential to help and support people to come out of that enclosure, using knowledge and experience to build resilience within the community. The leader concluded by stating communications were improving all the time.

Committee members queried what mechanisms were in place during the lockdown to ensure that those who needed support with food received it. Carolyn Downs explained that

the Council had a triage system to ensure support was offered to everyone in Brent, with £100k spent per week to deliver food supplies to vulnerable people. Triage included a leaflet to all residents, the list of those identified as required to shield by the government, assessments through social workers of those who were vulnerable and might need food support, as well as a referral mechanism through mutual aid groups, voluntary groups or direct self-referral. In addition care agencies and GPs were sent messages asking for referrals if they were aware of someone in need of food support. There was no form filling to access food support and the process was very open. The Leader expressed that the community, mutual aid groups, voluntary groups and faith groups had come together to provide valuable support mechanisms and highlighted the importance of tapping into the resource of communities to deliver support. Eventually the Council had supplied food to an extraordinarily high proportion of people in the Borough. Committee members shared a story of a resident who had went without food for a number of weeks to which Carolyn Downs apologised for and to anyone who did slip through the net. She felt they had done everything within the Council's possibilities to reach all residents but asked for feedback from anyone who felt they could have done something better.

Regarding what the council did for those with disabilities, Carolyn Downs advised that in relation to food support the Council delivered incredibly well. Those who were homeless had been allocated accommodation, the wellbeing service had been available to those accessing support, and SEND schools had ensured a service was made available throughout the crisis for children. Phil Porter acknowledged that the risks of COVID-19 would remain for those shielding, which included people with disabilities, therefore going forward it was important to continue to monitor, manage and alleviate for those people and assist them to maintain a fulfilling quality of life while shielding. A member requested that the CCG provided data on the impact of COVID-19 to those with disabilities at the next scrutiny Committee meeting.

In relation to the delivery of housing and supporting homeless people during COVID-19, Phil Porter and Hakeem Osinaike (Operational Director for Housing, Brent Council) explained that they took in an unprecedented number of homeless people, with an increase in single homeless people presenting and a decrease in homeless families, accommodating over 250 people due to the reduced threshold for support. Work was now ongoing to support those people to move into more permanent accommodation, with the majority being placed into the private sector and HMOs. The Council were funding the accommodation people were placed in currently but were hoping to get those costs and ongoing costs back from the Government and were currently in the process of bidding for homelessness support grants from the charitable sector. During lockdown there had been a temporary increase in Local Housing Allowance and the Council had not received a response as to whether the increase would be retained, but would continue to ask the Government to permanently relax the rules regarding housing benefits for under 35 year olds to help them into single person's accommodation.

Regarding those being housed in HMOs and private rented sector accommodation, the Committee sought assurance that their accommodation was stable. Hakeem Osinaike explained that they were incentivising landlords to take individuals on for a 12 month social tenancy and once they had done that they would receive the incentive. All those receiving an assured short hold tenancy were getting an offer for 12 months. In response to requests for assurance that accommodation people were being placed in was suitable, it was explained that while inspections had initially paused in totality at the start of the lockdown statutory inspections had since resumed, meaning all HMO inspections and selective licensing agreements were being done for those being placed.

Continuing to discuss homelessness, the Committee heard there was a cohort with additional significant needs, sometimes including substance misuse and mental health issues, who were being placed with housing related support. A multi-disciplinary team led

by an experienced team manager and comprising housing staff, substance misuse staff, mental health staff and adult social care staff had been established to wrap services around that cohort. In addition, EEA nationals without recourse to public funds, which Brent had around 33 of, were being supported to find work and accommodation due to the Government extension of funding which had been extended until 31 December 2020. The group the Council struggled to support were those non-EEA nationals without recourse to public funds, which Brent had 12 of, due to limits in statutory duties. The Government had announced additional funding was available to bid for and the Council were preparing bids, which if granted would pay for legal assistance so that those people could normalise their stay through the Home Office. The Council were working hard to construct a service to support those people and ensure protections were in place to ensure those seeking immigration status did not become part of forcible deportation. It would seek assurance that there would be no need to co-operate with the Home Office before funding was received with the initial indication being that they would not have to and would not have to reveal the identities of those they assist.

The Committee moved on to query how the Council were putting infrastructure in place to support resident mental health and wellbeing, acknowledging that the pandemic could have exacerbated or triggered mental health issues. Phil Porter explained that the Council had a role for mental wellbeing and there was a cohort that bounced between the system which was where the multidisciplinary team would help. He added he was working with the CCG to look at the mental health practices they put in place as part of the work on disproportionality. Melanie Smith highlighted that the public health team had done a lot of work on 5+1 ways to wellbeing which was an evidence based self-help and mutual aid approach to mental wellbeing. She also highlighted the Good Thinking website which had adapted to COVID-19 and provided those digitally enabled with comprehensive, quality assured free resources suitable for a diverse London population. Officers and Committee members hoped it would be feasible to tap into the infrastructure of organisations that the Council already had relationships with to deal with mental wellbeing and loneliness. Conversations started with mutual aid groups had highlighted that they wanted a mechanism for referrals. Shazia Hussain (Assistant Chief Executive, Brent Council) expressed the reality that the Council did not have the resources to do that but did have a lot of third sector providers who already provided some of that support. Work was being done across partnerships to see if Brent could build on the voluntary work and infrastructure built to lead to better mental health outcomes, using voluntary organisations which had high engagement with the community to create links between services.

The Committee queried whether there was a telephone helpline service for those most vulnerable. Helen Woodland highlighted that through the wellbeing service there was a telephonic service contacting and checking on those known to Adult Social Care who may be struggling. Day centres had been closed but direct services staff had been running an outreach service for clients which included personalised activity packs, visiting them and calling them. Alongside this Adult Social Care in conjunction with Public Health had commissioned the social isolation in Brent project which was part of Gateway, offering outreach for loneliness. Helen Woodland expressed that there was a wider remit for voluntary, community and mutual aid groups to reach out to other parts of the community not eligible for Adult Social Care with regard to social isolation.

Regarding staff support during the pandemic, particularly in relation to paragraph 3.34 of the report noting staff volunteering to work weekends, evenings and overnight, directors acknowledged the willingness of Brent care staff to volunteer to do additional hours. Helen Woodland highlighted that the majority of care staff who did volunteer to work additional hours were not needed and in general staff worked their core hours, with any additional hours offset so that no one worked more than 5 days a week but were flexible with the days worked. The support offer for staff within Adult Social Care included a wellbeing resource package for all staff which all managers had been asked to discuss with staff members 1:1.

The offer included referral to Brent IAPT talking therapy service which was one of the only IAPT services in the country without a waiting list. This offer was open to all Brent staff as well as an Employee Assistance Programme and was already in place through COVID-19. Phil Porter listed the specific support that would be offered as a result of COVID-19 which was; a service for trauma commissioned by HR for those staff that had been redeployed to work in the mortuary and; covid specific risk assessments for all staff to undertake before returning to work, which assessed the individual's health history against their job role. The Public Health team had also been providing tailored infection training initially to care home staff and now to providers such as Network Homes. Public health were also providing tailored briefings for Council staff returning to the workplace. One final note regarding staff support was the regular communications from managers to Officers and from the Directors which had been mentioned positively in the staff wellbeing survey.

In relation to financial aid Brent Council had received from the Government to cover the costs incurred as a result of COVID-19, the Leader informed the Committee that they had received 3 lots of money totalling £22m from Government. The Committee heard that the costs, risks and pressures from COVID-19 amounted to over £46m, meaning the money received was just under half the amount needed, and the Leader foresaw extra risks and pressures as Brent moved forward that would push the impact closer to £50m. Separate money was received in relation to business rates grants as the Council needed to hand that out to businesses for dispensation. Regarding financial support for residents affected by COVID-19 going forward, the Council would look to provide that support through the Council Tax 13A policy passed at Cabinet which provided £150 contribution to Council Tax for the most vulnerable residents, and providing interest free loans to those struggling with finance and debt. As those who received money paid the loan back this could be used to support more people through hardship.

The Committee also queried what lessons had been learned regarding digital exclusion working through the coronavirus response stage. The leader informed the Committee that the Council were looking to provide laptops and broadband connections and a digital support package to Brent residents who were digitally excluded. Councillor McLennan (Deputy Leader and Lead Member for Resources, Brent Council) expressed that she had found it stark the level of digital poverty, which had made it difficult for clinicians to contact individuals during the pandemic as some families shared only one phone between them, for example.

In relation to schools, members asked what major risks had been identified going forward and how teachers and staff would feel about the full return in September. The Leader highlighted that they had spoken to schools and unions about ensuring the environment was safe for both children and staff, and the need to ensure parents were reassured to have the confidence to send their children to school. Work was being done with unions and schools to ensure risk assessments were robust and checked by Brent's Health and Safety Department. Gail Tolley (Strategic Director Children and Young People, Brent Council) explained that at the beginning of lockdown schools were asked to organise themselves into geographical clusters, and the clusters had been very supportive to each other. Weekly communications were done with schools and from 15 June 2020 she had begun school visits again, with 8 visited at the time of the meeting. Gail Tolley felt that schools were very ready and open to reopening to all children from September, and noted that during the lockdown all schools except one had remained open for key worker and vulnerable children. From 1 June 2020 schools had opened up to the specified year groups allocated by the Government and had managed well and supported each other. Two plans had been put in place for September which were; Plan A – the opening of all schools fully for September; and Plan B – blended learning including online learning, should there be a localised or broader lockdown. Regarding funding, Gail Tolley informed the Committee that money had been announced for support for disadvantaged pupils to ensure any educational gap was kept as narrow as possible with the distribution of that money having

just been announced. Overall additional funding for schools to cover covid-19 related costs had not yet been announced but the DfE had indicated it would happen. Gail Tolley highlighted that there was currently a lack of clarity regarding nursery schools and the Council may need to seek lobbying support for that.

Going forward, the Leader felt that they were ready for a second wave. Systems were in place for the procurement of PPE and collaboration was in place with care homes, boards and schools. Staff and councillors were now supported to work at home with equipment supplied for remote working and it had been made easier to make decisions without having to gather in one place through the use of virtual meetings. It was noted that communication techniques had significantly changed and the use of social media, emails and weekly bulletins had risen. There had been a rise in organisations and contacts wanting more collaboration with the Council, and the Leader felt the need to capitalise on the trust people now had for the council and build on the relationships gained. In addition more people were able to engage with the Council and participate through opportunities like Brent Connects Forums online, and the Council could gain insight and understanding to how Brent residents were feeling about the response through the COVID-19 resident survey. In response to whether there were any areas needing work in preparation for a second wave, the Leader felt that the Council would need to monitor what places in local lockdown, e.g. Leicester, were doing and take lessons from them in the case of a local lockdown.

Regarding the work on disproportionality going forward, Phil Porter informed the Committee that they were working hard with the CCG and CNWL to build resilience and support for people who might be at risk of a second wave through a local approach in areas such as Church End and Alperton, and through participatory research and experience of residents, as well as a broader top down approach, with the CCG conducting a care planning regime for those shielding. This care planning involved working with Public Health to ensure everyone would have their care plan and literacy built into it to ensure they understood their own personal risks. Going forward focus would be placed on outcomes and actions with a short term, medium term and long term approach. Short term actions would include communications and messaging, medium term outcomes would be gained through hyperlocal research and long term actions would be around housing.

Regarding food support in the event of a 2<sup>nd</sup> wave, Phil Porter explained that in stepping down the food support a plan was put in place to ensure that food support could be stepped back up very quickly if needed. Helen Woodland added that during the lockdown a choice made by the council was to relax the assessment regulations slightly for those who might have eligible care needs on a short term basis, and would be able to offer that again should there be another lockdown, but expressed the importance of not creating a dependency on that support.

The Committee agreed in conclusion that they were assured the Council had responded well during the response stage, and about the Council's response to the needs of the vulnerable, and were assured about the effectiveness of any future response to challenges.

**7. Scrutiny committee work plan update 2019/2020 report**

Noted.

**8. Any other urgent business**

None.

The meeting closed at 09:00pm

**COUNCILLOR KETAN SHETH**

Chair