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Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Thursday 29 April 2021 at 6.00 pm

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

Also Present (in remote capacity): Councillor M Butt, Councillor McLennan and Councillor Farah

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

Apologies for absence were received as follows:

- Councillor Shahzad gave apologies for lateness

2. **Declarations of interests**

There were no interests declared.

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

RESOLVED:-

That the minutes of the previous meeting held on 24 March 2021 be approved as an accurate record of the meetings.

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

In relation to item 8 of the minutes the Chair confirmed that the task group had met and placed sessions into diaries. In relation to item 9 of the minutes the Chair advised that James Diamond (Scrutiny Officer, Brent Council) was collating member's questions and progress would be made soon.

6. **Home Care Recommissioning Update**

The Chair invited Councillor Farah (Lead Member for Adult Social Care, Brent Council) to introduce the item for discussion. In introducing the report, Councillor Farah advised that the paper was presented to the Committee to note and see progress so far. He added that the 3 recommendations of the home care scrutiny task group from 2018 had been taken into consideration.

Gill Vickers (Operational Director Adult Social Care, Brent Council) highlighted that the recommissioning was good news as services would be place, or patch-based to support local people within their local communities. The report detailed that the Council had already achieved the providers uplift to provide the London Living Wage (LLW), had incorporated

the Unison Care Charter, and there was a regular forum for providers. The challenge faced going forward would be linking home care patches with Primary Care Networks (PCNs).

Andrew Davies (Head of Commissioning, Contracting and Market Management; Adult Social Care, Brent Council) advised that, prior to the award of the new contract for homecare, Brent had been spot purchasing homecare provision from an old West London Alliance homecare framework. The benefits of the old framework, such as providing good control of hours and costs of homecare, were set out in the report, but the Committee were advised it was a generic open framework which meant the Council were working with in the region of 70 homecare providers which was felt to be too many to get a sense of the quality of providers and develop a working relationship with providers. The aim through the new tender was to move to a place based approach for homecare and implement the recommendations from the scrutiny task group, which they had been able to do. The Committee were advised that the new homecare contracts were Unison Care Charter Compliant, paid LLW, and had less zero hours contracts for staff. The Council had appointed 14 lead providers for homecare services in Brent; 7 for older people and physical disability services; 3 for children and young people services; 2 for learning disability services; and 2 for mental health services. The new contract went live on 1 February 2021 so any new homecare package a person in Brent had needed since February 2021 had been awarded through these new contracted lead providers. Andrew Davies added that only 2 providers in the new contract were not already delivering services in Brent prior to the award so the vast majority were all known to Brent. He advised that since the contracts went live in February 2021, officers had been meeting with providers every 4 weeks to update them on implementation and make clear expectations of service delivery. Feedback from service users and providers had been very positive so far.

Continuing to introduce the report, Andrew Davies advised that from the 4 April 2021 the transfer of existing care packages had begun, which had been done a patch at a time as outlined in the report. He advised that it was very much a service user led decision to move to a new homecare provider and no care package would be transferred without the consent of the service user. The team had written to all service users explaining the reasons for the award of new contracts and the benefits of them but also giving a very clear choice of whether to transfer. Any service users who decided not to transfer would be given a direct payment to enable them to commission any care provider they wished, including their existing provider. The aim was for transfers to be completed by mid-October 2021.

The Committee were reminded that the final lot of homecare awards had not been tendered and awarded yet, which was the award to the homecare framework. This was because the impact of the COVID-19 pandemic had shown a need for greater flexibility to place more providers on that framework through lessons learnt where the capacity to keep working through the pandemic was helped by the fact there were more providers to work with. Because of this officers wanted the flexibility to increase the number of providers appointed to the framework, and work with Brent based providers where possible, offering capacity building for bidding. Four sessions would be ran with businesses through April and May 2021 with a plan to tender through August and September and appoint to the framework with a go live date of November 2021.

The Chair thanked adult social care colleagues for their introductions and invited the Committee to raise comments and questions, with the following issues raised:

The Committee queried what oversight the Cabinet Lead had over the transition into the new patch based model and how it was managed effectively. Councillor Farah advised that he was regularly informed on this. He advised that service providers ensured they worked closely with health partners and accommodated local providers who knew the local workers and wanted to sustain them and give them the right training. He reassured Committee that he regularly engaged and made sure the scrutiny task group recommendations were taken

fully into account and while the recommissioning was in the early stages he was confident moving forward.

Members of the Committee highlighted that, partly due to the pandemic, mental health issues were prevailing and asked what was being done in Brent and what work was being done with the NHS to achieve better outcomes for the residents of Brent. Councillor Farah highlighted the SMART programme that was geared towards support for people with mental health issues within adult social care. Andrew Davies reassured the Committee that mental health had played an important part of the homecare tender and the approach working with mental health service users was exactly the same as those with physical and learning difficulties and children and young people, which was very much a service user led approach. He advised that the mental health team worked with service users to determine if it was appropriate to transfer care or not, and it was recognised that the past year had been incredibly difficult for people of all ages with respect to mental health.

From a children and young people's perspective, Brian Grady (Operational Director for Safeguarding Performance and Strategy, Brent Council) advised that homecare services for families with children with disabilities had been very important, as had ensuring the emotional wellbeing of children and young people was being supported during the pandemic. For some children classed as vulnerable they may not have been able to go to school due to their vulnerability during the pandemic and therefore homecare services had been very important. Brian Grady referred the Committee's attention to some of the previous reports to the scrutiny committee that summarised in comprehensive detail how the Council had tried to ensure support to vulnerable children in particular with mental health needs. Now that the Council were in the recovery phase of the pandemic officers had been working very closely with NWL CCG on wellbeing recovery and focusing on interventions and themes that had been previously presented to Committee. Educational wellbeing was also a focus in schools. There was also Child and Adolescent Mental Health Services (CAMHS) for those with very severe clinical needs and the Council were looking to work with the voluntary sector to ensure it had good emotional wellbeing support. He expressed to the Committee that he believed the Council had the appropriate focus on that range of issues, and assured the Committee that a benefit of the commissioning process had been to promote positive care, support and wellbeing for children and families.

Robyn Doran also responded to questions surrounding mental health from her role as both ICP director for Brent and her role as Chief Operating Officer for CNWL NHS Trust, which was the provider delivering adult and children's mental health services in the Borough. She advised that from an ICP perspective, post-covid they had recognised that inequalities was a real issue. As part of the inequalities work there was a drive for extra resources in the Borough and the ICP were working very closely with the Council and third sector and other partners targeting in particular Church End and Alperton in the first instance to reach out to those not being served well by mental health services and did not know how to access services. There was also work being done with the community which was particularly important due to the loss the community had suffered. She added that of the 4 priorities of the ICP mental health was one of them. From a CNWL NHS Trust perspective, Robyn Doran advised there was a major transformation for community mental health teams. New money had come into CAMHS and primary care where 7 new primary care posts working with GPs and PCNs would be appointed to build bridges with primary care practitioners and there was a lot going on regarding transformation locally. She offered to come to the Committee at a later date with an update on mental health.

In response to Committee members queries regarding how many carers were now paid the LLW and whether they were entitled to maternity benefits, Andrew Davies reassured the Committee that every contracted provider under this contract was required to pay workers the LLW as of 1 April 2021, and that the reference in Appendix 2 to paying employees was regarding the Unison Care Charter which dated back to 2013-14 therefore was out of date.

In relation to maternity benefits, this would depend on the terms and conditions of employment with their employer and was not part of the specification or contract terms and conditions.

Discussion was held regarding specialism due to confusion over the report as to whether the Council had lost or gained specialisms. Andrew Davies confirmed that paragraph 3.4 of the report referred to the old West London Alliance homecare framework and was not the position now, with the position through the new contract being that the Council had contracted providers who had specialisms in the fields they had been appointed to. Under that old framework which was a generic open framework there were no different categorisations of care and any provider could join that framework and potentially be awarded packages whether for older people, people with disabilities or other. With the new contract officers had specifically commissioned four different elements of care and appointed providers who could demonstrate their capabilities to deliver services for each of those four specialisms and there was no overlaps. He hoped that gave the Committee assurance that those providers were firstly appointed on their ability to provide for that client group and secondly to work with the commissioning team and other teams in the Council such as the learning disability team for training opportunities to enhance the services that those needing specialist care were receiving. He added that this was not about saving money but about the Council investing into these contracts.

The Committee highlighted that out of the contracts only 2 were new to Brent with the remainder already having provided a service in Brent and queried what had changed with the new contract. They wanted to know whether under the new contract these providers were only providing to Brent and whether care workers were limited to serving only one patch. Andrew Davies advised that under the previous system a care provider could have, for example, 10 care packages in Brent with some in Kenton, some in Kilburn, and so on, with a small number of care workers expected to travel right across the Borough to deliver services. The new patch based model concentrated those providers into much smaller confined geographical areas of the Borough, enabling providers to plan routes and rotas to keep care workers within those areas, and gave care workers more guarantee of care hours or indication of the hours they were likely to be delivering each week, which had been less possible to do when spot purchasing on the previous framework. He added that the new model helped keep care workers employed locally meaning they were more likely to be sustained in Brent. Andrew Davies did acknowledge that there was no guarantee care workers did not have 2 jobs. In relation to areas the providers serviced, he confirmed that they did provide services in other boroughs with registered officers in other boroughs and a different set of workers to deliver that care.

Regarding the final contract yet to be appointed to the homecare framework, Andrew Davies informed the Committee that officers were yet to determine the exact number of providers that would be appointed. The view was that more than 8-10 as originally envisaged would need to be appointed due to capacity needed in the market after lessons from the pandemic to keep a viable homecare market. The way the Council appointed to that framework was still to be determined, and he would be happy to update the Committee as officers came forward with proposals for the tender of the backup framework as they were finalised.

In relation to the financial viability, Andrew Davies confirmed it was a fully costed model and not a pilot, with the Council making the investment into the contracts. The model would be the approach for the next 4-5 years.

The Committee raised the importance of culturally competent care from providers, and asked how the Council would deal with the quality assurance of independent providers. The Committee asked for the answer to also focus on those living in their own homes with Dementia and Parkinson's disease. In relation to the consistency of care workers for

service users with Dementia and Parkinson's disease, Andrew Davies advised that this could be improved with the new contracts through the better guarantee of hours, enabling care agencies to plan rotas, routes and care workers. He added that while dementia was a specialism it was also a part of the day to day of care work as the majority of those older people receiving homecare services did have some form of dementia. In relation to cultural competency he advised that the vast majority of homecare workers in Brent lived in and around the Borough and were reflective of Brent's diverse communities which helped to meet the cultural needs of the individuals they worked with. It was rare that the Council had received feedback that a provider had been unable to do that, although they were aware of areas that could be improved upon such as recruitment of more male carers. Quality assurance he felt was crucial to this and within the commissioning service there were 2 supplier relationship managers and 4 provider relationship officers who looked at quality assurance including the payments of the LLW, minimum use of zero hours contracts, ensuring consistency of care workers and other aspects that were worked into the service specification. He advised that a really important part of quality monitoring was ensuring the services were client led, and officers did reviews with service users to get direct feedback from them, looking at complaints and quality concerns that came through that process to build up a picture of the quality of care being delivered. Ensuring there was a tangible link between a care plan and the outcomes being expressed when setting up care plans and what was being delivered by care agencies was important. Finally he added that homecare providers had been appointed because of their specialisms and officers were looking at training opportunities for the providers and seeing how they could best ensure care workers were using best practice and the latest techniques working with those people.

Councillor Farah summed up the oversight and assurance he sought in relation to service users and carers, advising that the contract was in its early stages and issue monitoring was important when dealing with external providers with their own arrangements. It was important to the Council that there were clear outcomes moving forward.

The Chair drew the item to a close and invited the Committee to make recommendations, with the following RESOLVED:

- i) To note the report.
- ii) To request that the Committee was provided evidence that the London Living Wage was being paid to all care workers under the new contract.
- iii) To request that information was provided to the Committee in the future regarding additional efforts made to meet the cultural needs of those receiving homecare services.
- iv) To ensure that in future reports to the Committee the mental health needs of children and young people are being addressed as part of the report.

7. New Accommodation for Independent Living (NAIL) Update

Gill Vickers (Operational Director Adult Social Care, Brent Council) introduced the report, noting that New Accommodation for Independent Living (NAIL) was a good example of the choice residents had on offer and was seen as good practice. She highlighted that NAIL was a good model for supporting people with a range of different needs from complex to lower level needs to ensure they have the best possibility to live independently. The Committee heard that COVID-19 had slowed down the Council's ability to move people but the positive was that people were beginning to recognise living in residential care was not

necessarily what they wanted and would be seeking something that would allow them to be more independent while still having a level of support going forward.

Andrew Davies (Head of Commissioning, Contracting and Market Management; Adult Social Care, Brent Council) explained that the NAIL programme had been running in Brent within Adult Social Care since 2014 as its accommodation and support programme. He advised that the Council had a whole host of supported living and extra care services for people with disabilities which gave a real choice and control over care and support. The way the programme delivered savings to the Council was that those who lived in NAIL accommodation were tenants and therefore the housing part of their care package was paid for through housing benefits. Those principals were set out in the report and in section 4 which detailed the savings made year on year. The Committee heard that when the COVID-19 pandemic hit in March 2020, and throughout the course of 3 lockdowns, the Council had been unable to move anyone into NAIL due to safety and ensuring risk management, and a number of NAIL schemes had not been able to open as planned because the staff were not in place to help people move in at the time. Andrew Davies highlighted that despite the difficulty during the pandemic, during the periods that adult social care were able to operate as normal they had managed to increase NAIL occupancy by 9% across the year. In addition, during the pandemic while nobody was able to move in to NAIL schemes, those schemes that had not been mobilised or opened were used as COVID-19 step down services for people coming out of hospital but not yet able to return home. In terms of moving forward for the next year, Andrew Davies highlighted table 2 of the report showing the schemes delivered in 2020-2021 which the Council were committed to delivering. There would also be a need to look again at the demand moving forward. Areas of focus were detailed in table 5.6 of the report and the extra care model of care was being reviewed as in earlier stages of NAIL the threshold for care had been set relatively high to be eligible for an extra care housing scheme, which was now being reduced to improve and broaden the number of people eligible for those schemes to create more mixed communities. This would also pre-empt the need to move someone later in their life as their care needs increased rather than moving them at a point of crisis.

In relation to the shortfall of savings, Gill Vickers advised that the scheme was not just about savings, but a key issue for people was to have their own home and with support coming in it was the second best option for independent living compared to being looked after in their own home. Committee members asked whether there was a conflict of balancing the expectation of needs against savings. Gill Vickers replied that it was less about cost and more about getting the right support for a person's needs and receiving personalised care, which was more difficult to do in residential care compared to independent living. NAIL and extra care were just one option available at the point of a personalised assessment of many options including staying in their own home, with family, staying in a care home or nursing home, or going into NAIL. Phil Porter (Strategic Director Community Wellbeing, Brent Council) added that the Council had started a very ambition programme ahead of other local authorities and hoped the Committee could see from the strong pipeline coming through that the Council would eventually make those savings in the longer term. The scheme had provided a big learning process and he advised it had taken 3-4 years to get to a model with a really strong design working with the housing supply team. The timeline to catch up with the savings target was end of 2023-24.

Continuing to discuss the shortfall of savings, the Committee highlighted that the table showed some projects fell short pre-covid and queried why that was. Andrew Davies believed this was due to Visram House which had been delayed a few years from its scheduled open in 2017 until April 2019. There had also been a need to conduct significant renovation post Grenfell to ensure the building was safe.

Andrew Davies also spoke about developing the market to tailor to specific needs. He advised that for each NAIL scheme detailed in the report a care provider had been

appointed to deliver services to people living in those schemes, building their services around the cohort of people in the schemes. The Council then worked with the care market to put together a service specification and would encourage service providers to bid to deliver those services and design care packages around those individuals in NAIL schemes. The individuals in the schemes, which were staffed 24/7, still had a choice on how their care was delivered as providers were appointed to provide core services for a certain number of hours per week, meaning the individuals who moved into those NAIL schemes could mix and match their care package and tailor it to best suit their needs in a way that was not possible with residential or nursing care.

Responding to further queries about client choice, Gill Vickers confirmed that clients did have a choice which NAIL they would live at and the Council would never enforce where people lived.

In relation to whether there was consideration of how neighbours may perceive those people with more challenging mental health needs, such as those with a diagnosis of schizophrenia, Gill Vickers advised that there may be other people who did not understand and may see those exhibiting behaviours associated with schizophrenia as challenging or frightening, but for Brent Council it was really important those people were part of the community and contributing to it and being supported by it. She advised there was a constant balance of ensuring Brent had mixed communities offering that kind of supported living and also the sensitivity to disruption to people's lives.

The Committee highlighted the details on the proposed number of schemes over the next few years and asked whether that was based on demand and projections of what the demographics would be in a post-COVID environment. The Committee heard that originally the proposals were based on demand determined through the Joint Strategic Needs Assessment but COVID-19 had changed things so there would be a review. She advised this review would focus on where the schemes would go, how big they would be, and whether they would be mixed communities. Andrew Davies added that with a programme this large running over 10 years reviewing progress and plans for the future irrespective of COVID-19 would be sensible, and some of the demand projects within the report to Committee was very much based on issues being seen now. For example services for people with learning disabilities, autism and complex needs was something the Council had identified there was a need for therefore was determined to progress with. Extra care services demand figures would be reviewed from time to time using a combination of Brent Adult Social Care data and broader population projections, working with colleagues in corporate, GIS planning and mapping to get rich data to bring together an accurate picture of demand.

The Committee heard in response to queries about the role service users and their families would play in service delivery that their appetite for NAIL would be assessed and they would be informed of their options and the benefits of their options. With NAIL adult social care were trying to put together cohorts of similar need and ages to plan services around them and give a better experience through NAIL. James Pearce (Head of Service for Complex and Direct Services, Brent Council) added that a huge percentage of Brent residents had been significantly affected by COVID-19 over the past year which may have resulted in a change of need, meaning the interventions the Council made now would be pivotal and having a menu of services to offer would be helpful.

As there were no further questions, the Chair thanked Committee and invited recommendations, with the following recommendations RESOLVED:

- i) To note the contents of the report.

8. Day Services and COVID-19

Gill Vickers (Operational Director Adult Social Care) introduced the report. The Committee were advised that any day service provision started with an assessment of the individual and how their needs could be supported, looking at whether some form of day support needed to be commissioned through an independent provider, direct payments or a community support package. Adult social care were beginning to look at shaping the market to be clear all providers needed to be responsive and accessible to all groups of residents within Brent.

The Committee heard that during the pandemic all providers worked with social care teams where they had to shut buildings and looked at priority needs and how they could deliver through follow up phone calls, virtual working, and where permitted meeting outdoors to balance that need for occupation and mental wellbeing against safety from COVID-19.

James Pearce (Interim Head of Service for Complex and Direct Services, Brent Council) highlighted the immense challenge of the last year from March 2020. A decision had been made in March 2020 in line with the majority of London boroughs and across the country to shut building bases of day centres down which had planning implications for how to provide day services to those in receipt. This was in line with Public Health England guidance. He advised that the report outlined a narrative of what was done during the year to try to enable and ensure maintenance of those clients and family members. He added that generally clients and family members were strongly in agreement with the actions taken particularly during the first lockdown as the cohort were some of the most vulnerable in society and subject to the highest risk of outcome were they to contract COVID-19. Alternative methods to enable and support clients were put in place after a period of planning, including welfare calls at least weekly. An integral part of keeping in touch was identifying where people were struggling and needing additional support such as food supplies, activity and physical support, so work was often done in collaboration with colleagues from the learning disabilities team to arrange further support.

The Committee heard that opportunity to consider a digital and virtual response was realised, particularly for those with significant isolation, so activity packs were developed and online sessions were delivered with a number of areas where that had been effective managed and were still functioning still.

James Pearce advised that the team had also began looking at co-production with independent providers of day care to ensure what was being offered was aligned with the Council offer, directly involving staff and visiting other services to see how they were working.

The Chair thanked adult social care colleagues for introducing the paper and invited those present to ask questions, with the following issues raised:

The Committee asked for assurance that independent advisers who provided culturally appropriate support would not be decommissioned if they had an unsuitable building. James Pearce advised that their challenge was to make buildings usable and viable. Andrew Davies added that it was not the intention of the Council to recommission services without buildings and was not a conversation that had taken place with any independent day care providers. The Council respected the roots community providers had in the Borough and agreed they needed to support and work with providers across the cultural spectrum.

Andrew Davies confirmed that there was no intention to only guarantee payments to independent care providers until the end of June 2021, and the Council intended to work with day care providers and support them to reopen their services as well as help build their offer going forward through things such as virtual working and outreach. He

highlighted that the Council had been paying independent day care providers on commissioned hours and services throughout the pandemic since March 2020 and at some point the Council would need to revert back to paying on actual delivered service but no decision had been made as to when that would be.

The Committee asked for a comment about the implications of the new model of delivering independent healthcare and whether independent providers would be expected to take more critically ill patients. Andrew Davies advised that there would be no requirement for independent day care providers to work with critically ill people but there had been several conversations with day care providers explaining that the people adult social care worked with did have complex needs and the reality was that the people day care providers would work with today had more complex needs than 15 years ago as a result of people living longer and comorbidities, therefore the Council did need day care providers who could work with a whole range of needs including complex needs.

The Committee asked what alternative structures were put in place as a result of the pandemic for more elderly day care users who may have been in isolation due to vulnerability to covid. James Pearce advised that day services continued to provide those services they would have usually in a different capacity for those who benefited from coming to services during the day and was not a 24/7 provision but rather enabled people to cope with isolation better as some elderly service users refused their home care services on the basis of the risk of COVID-19. He advised that the IT offer worked well for some, particularly if they had a carer to support the use, but it was not for everyone and often day care services were making alternative arrangements for additional support for those people while being aware of the risks of COVID-19.

Members of the Committee expressed that the welfare calls by day services were especially good for the elderly and those unable to leave their homes, and suggested those were continued even if day centres returned to physical services. Some Committee members felt that the support offered during the pandemic met the basic hierarchy of needs around physiology and safety and felt it likely that complexity of needs as a result of those who might have been deprived of those services might be much higher. James Pearce advised that work was already underway to identify those who the Council felt were most vulnerable and only got the very basics in the past year who may now need something major very quickly in terms of support. He added that day centres had already resumed the activities it was able to such as outside activities in small groups and it would as the next phase of lockdown easing would resume a pilot in direct services which was hoped would move safely and quickly.

The Committee asked what had been learned through the pandemic about service users. James Pearce expressed that they had learnt that service user's fortitude and ability to carry on in these circumstances had been underestimated. The service had learnt to harness the situation as an opportunity, for example they had learnt that one service user with particular needs who struggled to utilise the building usually was far happier doing activities outside, and so listening to the service users would be key going forward. Whatever the service did going forward needed to prepare it for anything more to come to ensure the service could survive. In terms of co-production, James Pearce advised that work was happening with external day care providers and in-house direct services looking to collaborate across the borough to help each other, and in terms of carers and service users the service worked with the carers Board, dementia steering group and other groups actively to understand from their experience. Andrew Davies added that they were designing services working with service users and their families directly on what services would look like in the future. In the past year services and offers had been combined in a way that hadn't been done in the past and there was a wish to keep that moving forward into the future. Gill Vickers added that it was important to also get the views of the communities that the service had not yet been able to engage with.

The Chair moved on to invite Committee members to make recommendations, with the following recommendations RESOLVED:

- i) In relation to the questions sent by Councillor Mary Daly, a response from Adult Social Care and Commissioning would be finalised to be shared with the Committee and where possible shared in the public domain.
- ii) To invite a further report in 6-9 months on the performance of day care services.

9. **Any other urgent business**

None.

The meeting closed at 8:00pm

COUNCILLOR KETAN SHETH
Chair