



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Monday 24 January 2022 at 6.00 pm
Held as an online virtual meeting

PRESENT (in remote capacity): Councillor Ketan Sheth (Chair), Councillor Kansagra (substituting for Councillor Colwill), and Councillors Aden, Afzal, Daly, Ethapemi, Sangani and Thakkar, and co-opted members Mr Alloysius Frederick, Mr Simon Goulden and Rev. Helen Askwith .

In attendance (in remote capacity): Councillor McLennan

1. Apologies for absence and clarification of alternate members

Apologies were received as follows:

- Councillor Colwill, substituted by Councillor Kansagra
- Councillor Shahzad
- Councillor Lloyd
- Councillor Hector

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation Trust
- Councillor Ethapemi – spouse employed by the NHS
- Councillor Sangani – employed by the NHS

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting on 15 November 2021 were approved as an accurate record of the meeting, subject to ratification at the next in-person quorate meeting.

5. Matters arising (if any)

There were no matters arising.

6. Brent Multi-Agency Safeguarding Arrangements for Children

The Chair invited the three Statutory Safeguarding Partners; Carolyn Downs (Chief Executive, Brent Council), Barry Loader (Det Sup, Met Police – NWL BCU), and Jennifer Roye (Director of Nursing, NWL CCG) to the meeting and asked them to introduce the report.

Carolyn Downs opened the report, detailing the membership of the Multi-agency Safeguarding Partners Executive Group for children, which included the three statutory partners, the Leader of the Council, the Lead Member for Children's Services, the Strategic Director for Children's Services, and Mike Howard (Independent Convenor of the Safeguarding Children Forum). She felt the new arrangements were working well, with collaboration between the police, health and local authority improving all the time. She reassured the Committee that the partners took a very proactive role to safeguarding and provided challenge where necessary. All 3 statutory partners were required to sign off rapid reviews into any incidences of child death or injury, and the partners read those reports in depth, commented on them and where not satisfied ensured actions were put in place. For example, most recently the partners had written to the Director of Public Prosecution where they felt insufficient action was taking place. Carolyn Downs finished her introduction by advising the Committee that the rapid reviews, written by Mike Howard and Wendy Proctor, were extremely helpful and informative in her role as a statutory partner.

Barry Loader agreed the partnership had a good healthy relationship which was constructive, with healthy challenge. Repeatedly, the partners saw good practice reports coming through the rapid reviews. He advised that the nature of rapid reviews was upsetting, as they arose when a child was seriously injured or had died, but from the feedback of partners locally and the National Review Panel it had been positive to show there were good systems of working and professional practice across all partners involved in children's safeguarding in Brent. The good relationship had helped with the response to 'everyone's invited' as evidenced in the report to Committee. He finished by assuring members there was a continuous cycle of training for those officers new in post, including specialist child protection training.

Jennifer Roye echoed the previous introductions and felt Brent had exceptional safeguarding processes. She had been in post for 6 months and had been welcomed at the Exec Group meetings she had attended with the statutory partners. She informed the Committee that the ethos for supporting and safeguarding children was very high on the agenda and the learning she had seen over the last 6 months in relation to training had been shared at the Health Quality Performance Committee.

In concluding the introduction to the report, Mike Howard (Independent Convenor of Brent Safeguarding Children Forum) agreed that rapid reviews offered extremely valuable learning opportunities looking at real life practice. The learning from rapid reviews was taken by health partners and developed into GP training. He pointed out that the tragic incidents that led to rapid reviews could be traumatic for the staff involved including the first responders, police, ambulance staff and case workers and it was worth considering that impact. He pointed to the report as to how the lessons from rapid reviews had led to changes of practice to improve safeguarding. Mike Howard felt that, over the period since the new arrangements had been in place, there had been a steady progression in partnership working with statutory partners and designated professionals, including a good number of school representatives who took part in the Children's Safeguarding Forum.

The Chair thanked the partners for their introduction and invited the Committee to raise comments and questions, with the following issues raised:

The Committee asked how effective the partnership working was, given the partners may be looking at different aspects of a particular case, and queried why there was no parental input. Carolyn Downs explained that parental involvement was not included as part of the government guidance on the partnership. She agreed that all partners brought something different to the table. She pointed to the priorities outlined in 3.14 of the report; serious youth violence, suicide prevention and mental health, and domestic abuse, and highlighted that all three partners had a different perspective and input into those agendas and were

fully engaged in those priorities. When the partners reviewed individual cases they looked at these from a different perspective and may make different comments. The partnership were very open with each other in terms of challenging where they felt something was not right. Barry Loader added that the partnership were also confident to challenge as a collective, such as the National Panel and Crown Prosecution Service. From a commissioner point of view, Jennifer Roye felt that the conversations between partners enabled her to think about what services might be needed going forward. The issues identified through rapid reviews could be taken back to commissioners to demonstrate the number of children who may have come to harm or potential harm, what the learning from that was, and then enabled her to commission services across the system to support Brent's children and young people. She added that she covered 8 boroughs across NWL and felt that Brent was one of the boroughs with the strongest partnership working for safeguarding.

Continuing to respond to how effective the partnership was, Wendy Proctor, Strategic Partnership Lead Officer felt that they could demonstrate the partnership was effective through sharing good practice. Brent had shared their good practice on how it conducted business with neighbouring boroughs who were less familiar with carrying out rapid reviews, who had looked to Brent to support them in their own boroughs to carry out rapid reviews as effectively as Brent. Those who Brent had shared their practice with, such as Harrow and Barnet, had provided positive feedback. She finished by advising the Committee that, as the partnership was open and transparent to learn lessons, it may be difficult to do that with parents involved in those discussions because of the ways partners worked and the sensitive nature of some cases, therefore parental involvement was encouraged in different ways away from the statutory arrangements. Gail Tolley (Strategic Director Children and Young People, Brent Council) reassured members that, where there were individual family circumstances, parents were involved in meetings and their views were sought and fed in to the process, but the multi-agency safeguarding arrangements were for statutory partners and those who delivered services.

The Committee queried whether the police as partners viewed safeguarding children as a priority and took their role on the partnership seriously, highlighting the disparity in funding between the partners. Carolyn Downs clarified that the funding for the partnership was not determined by the local or Metropolitan police, but by MOPAC, the Police and Crime Commissioners Office. She agreed it was an issue, but felt that the input the partnership received from colleagues in the police was better than Brent had ever had. She highlighted that Barry Loader had never sent a substitute to meetings and came to all meetings as a superintendent so the partnership got involvement at a senior level. Barry Loader agreed that the funding issue was a constant frustration and he would be addressing the issue the following day with the BCU commanders and lead for the National Police Steering Group. Brent had a higher number of rapid reviews than other boroughs, which all needed funding. Mike Howard added that the issue of funding had been raised on a London wide basis through the London Safeguarding Chairs Network with Sophie Linden, the Deputy Mayor for MOPAC, but the Mayor's Office had been adamant that £5k per borough would remain. Brent received the same funding as boroughs such as Kingston and Bexley, and London had the lowest funded safeguarding arrangements in the country. Councillor McLennan was working on advocating for further funding through her own networks as well as the Leader. She added that the NHS and police saw themselves as one of the anchor partners wanting to do the best to safeguard children, and in a short space of time she could see that ongoing work. Barry Loader offered to provide a supplementary paper on the work that happened on a daily basis to safeguard children, including information about training and how the police brought safeguarding to the forefront of their meetings, in order to reassure members and the community that safeguarding and the statutory partnership were a priority for the police.

In relation to the uptake for multi-agency training from police officers detailed in the report, Barry Loader explained that it was difficult to get officers to attend partnership training, which he advertised every week through his weekly updates. There was an expectation for child abuse investigators to attend a certain amount of partnership training per year, reviewed in their annual appraisal, and officers were required to undertake mandatory training locally and centrally.

The Committee discussed the role of prevention for the partnership. Carolyn Downs expressed that the whole basis of the safeguarding partnership was to prevent future harm. The partnership looked at what was happening to learn from that, and used that learning to take appropriate actions to prevent harm in the future. For example, the local authority did a large amount of work on knife crime in relation to prevention and support to young people. Gail Tolley added that the partnership did commission pieces of work from operational delivery levels, and most recently had asked for a report on children missing from placement, for that emphasis on preventative work following the learning from previous cases. The partnership did not always wait for the learning from a rapid review, for example the development of Family Wellbeing Centres in Brent was a result of learning from previous cases that supporting the whole family in terms of preventative work was a step forward. In relation to prevention, an Accelerated Support Team was now in place working with vulnerable adolescents on the ground, in homes and on the street. The focus of that particular work was on young people on the edge of serious youth violence and county lines in harmful circumstances.

Mike Howard spoke about his role in relation to prevention, which was highlighted in section 3.34 and 3.35 of the report. His role was to look at practice and procedures to see how they could be improved in order to do the prevention work, and there were a lot of things that did work. Small changes also made a big difference, such as ensuring family history was recorded when making a referral. Information sharing was important also, for example, where children living in other boroughs were known or suspected gang members, looking at the wider group of children and identifying if they were at risk of harm and putting immediate measures in place to mitigate that. Those measures had come about through learning from other cases and protected children from further harm.

Schools were a protective factor in safeguarding children and young people. The Committee were reassured that, of all 152 local authorities in the country, Brent had the fifth highest attendance of children at school during the pandemic. Gail Tolley advised that Brent had been highlighted as a national exemplar for attendance of children at school and had been asked by the Children's Commissioner to be involved in a project focusing on attendance. The Chair congratulated all schools on the achievement and asked for thanks to be passed on to school colleagues on behalf of the Committee.

The Chair asked the partners what progress and learning had been made in relation to the three priorities of the partnership. Carolyn Downs advised that in relation to the priority of serious youth violence, it was clear across London that serious youth violence remained a very difficult and prominent issue and Brent was not exempt from that, but the level of reduction of serious youth violence in Brent was the greatest in London. Two years previously, Brent would have been in the top 3 for serious youth violence, and was now around 13th, which was a good reduction. She attributed that to all partners, including voluntary and community organisations, schools, and faith organisations coming together to collaborate across the whole system to focus on that issue. That collaboration involved, on a daily basis, joint tasking meetings between the police and Council where particular resource was put into specific areas where there were serious concerns at that time about gang tensions and serious youth violence. She highlighted that she asked herself how she knew what was working to lead to that reduction, to which she reassured herself that the partners were putting the effort in, prioritising the issue, and had many different initiatives that together had resulted in a reduction.

In relation to the priority on suicide prevention and mental health, there had been some very specific rapid reviews about young people who had self-harmed and attempted suicide, looking at how partners might have intervened at an earlier stage to get involved with that young person. That had included looking at the family's involvement in that process and there had been valuable learning from those.

Regarding the priority on domestic abuse, the Committee heard that 70% of Brent Family Front Door referrals involved domestic abuse. Many children who came into the Council's care were children who lived in families where domestic abuse was prevalent, and the partnership were clear that children who were living in households where domestic abuse occurred suffered the negative impact on their wellbeing and development. Changes as a result of learning around domestic abuse included management support, ensuring those responsible for delivering services to those families and individuals provided that service, and considering policies and procedures.

In relation to Operation Encompass, the Committee commended the number of schools who had signed up and asked what work was being done to increase the number of sign-ups from schools even further. Gail Tolley highlighted that schools had not been surveyed since November 2021 due to the outbreak of the Omicron variant, but she was aware, through the Safeguarding Children Forum, that there was continuous encouragement for all schools to sign up. The schools representatives who attended the Forum communicated back to schools to encourage them to join along with any other learning points from the Forum meetings, and Sonya Kalyniak (Head of Safeguarding and Quality Assurance, Brent Council) met with the Designated Safeguarding Leads for every school in Brent where she encouraged those schools not yet involved to sign up. Brent had the highest uptake from schools in London and would always encourage more schools to sign up, but she highlighted that this was a school leadership decision.

The Committee highlighted 3.58 of the report detailing the number of staff who had taken part in multi-agency learning and development sessions, which they felt was low. Wendy Proctor advised that the training was focused on multi-agency working together, and was the level above the basic training agencies were required to provide their staff in relation to safeguarding. She felt the reason the numbers were lower than they would like was because individual agencies already had a lot of safeguarding training.

The Committee queried whether there were any plans to reduce the number of rapid reviews because they were needed less. Carolyn Downs advised there were no plans to reduce those numbers. There was now a national pilot looking at good practice rapid reviews because places like Brent, who did many, had said how useful they had been, and the work would look to see if the good practice could be introduced to all areas where there had been serious cases. She felt that rapid reviews were the right thing to do, and while the partnership had been concerned when the legislation had first come through and despite the heavy workload, they had been invaluable. Mike Howard added that the guidance laid out when a rapid review should be conducted, and before Brent did any rapid reviews there was a discussion between the Head of Safeguarding, a Detective Inspector from the Met Police, and a Designated Health Professional to consider whether a rapid review was necessary, which had been picked up as an area of good practice by NHSE.

To conclude, the Committee queried what each partner would ideally want from each other to be working even better. Carolyn Downs advised that her want would be to get some more funding from police into the partnership. Barry Loader hoped to work with the partnership on Operation Horizon, which was a multi-agency joint partnership piece of work to reduce serious violence in the NW10 postcode. Jennifer Roye hoped to work across the system on the reduction of violence and gangs.

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

- i) To receive information on the work undertaken by the Metropolitan Police to address the key priorities of the Statutory Safeguarding Partners.
- ii) To receive information on the work undertaken by the Metropolitan Police to provide children's safeguarding training to staff and ensure take up of multi-agency training. For the Statutory Safeguarding Partners to provide evidential data on the outcomes of its work to address its priorities in future scrutiny reports.
- iii) For the Statutory Safeguarding Partners to provide information on how it assures itself that relevant agencies and other partners ensure they have captured the voices of children, young people and families in their work in future scrutiny reports.

7. Transfer of Community Services from London North West Hospital Trust (LNWHT) to Central London Community Healthcare NHS Trust (CLCH)

Steve Vo (Assistant Director Integration and Delivery – Brent, NWL CCG) introduced the report, which detailed the transfer of Community Services from Central and North West London NHS Foundation Trust (CNWL) to Central London Community Healthcare NHS Trust (CLCH). The transfer was completed in August 2021 and the paper provided an update on the mobilisation and transformation programmes within community services. He detailed the selection and award process, as outlined in the report, with a selection panel involving Brent CCG's Accountable Officer, the Local Authority Chief Executive, and NWL CCG Chief Financial Officer. Contract award notice had been published to ensure transparency and compliance with the lawful process. There were 2 phases to mobilisation of services – phase 1 being the shifting of existing services, which was complete, and phase 2 being transforming services, which CLCH were now working on. CLCH had identified 3 main priorities for transformation, which were heart failure, respiratory services and diabetes. He finished by highlighted the new Ageing Well Fund, which was an additional fund allocated by the government for 2021-22, and recurring for 2 years with incremental increases. Within those bids, proposals had been submitted to put that additional funding into diabetes, care homes and anticipatory care, all services supported by CLCH.

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

Regarding the mobilisation of services, the Committee queried how the feedback from patients, service users and carers had been sought and used by the Joint Mobilisation Groups and what learning had been taken from that feedback. Fana Hussain (Borough Lead Director, Brent – NWL CCG) advised that the model was lift and shift, therefore services had not changed for patient facing services and patients should not have seen a difference in the way they were provided. Janet Lewis (Director of Operations, CLCH) advised that the feedback from staff had been very positive, and that it had been a very amicable move of services between partners who had a good working relationship. The Joint Mobilisation Groups had been important to ensure everything went well for the transfer of staff, and that the patients and carers being looked after did not experience any challenges. She highlighted that staff were very happy and settled, and CLCH were working and engaging on how CLCH could work with staff to improve service delivery for the future. Overall the transfer had been seamless but there had been some IT issues due to a move in networks, which had since been resolved.

In relation to what was learned during the mobilisation period, Janet Lewis highlighted that the transfer had been done very quickly. The plan had been to move services in April 2021,

but when the Mobilisation Group had convened they had realised that was not safe or feasible, so the transfer was delayed until 1 August 2021 which was felt safe once all the different workstreams had been reviewed. She advised there was a large amount of hard work on everyone's part to complete the transfer which took place mid-pandemic and felt that the learning was around the timescales that providers set themselves, as well as working together in partnership.

There was a CLCH divisional base at Wembley Centre for Health where the management and leadership team of CLCH were based, although they were usually in the community within Brent most of the week. CLCH provided services in a lot of the big health centres in Brent such as Willesden, Wembley, Hillside and Chalkhill and were starting to work more with primary care directors to help patients remain close to home for neighbourhood level care. CLCH also worked in the Family Wellbeing Centres. Services would be delivered in the same places they had been delivered with the previous provider. CLCH provided some services in Westminster but not Camden, and the leadership team worked across Brent, Harrow and a small bit of Ealing. Dedicated staff were Brent centric and there were separate teams for Harrow and Ealing.

In relation to staff changes for paediatricians, the Committee were advised that 4 paediatricians had been transferred from the previous provider and a further paediatrician had been appointed during the transfer. Staff across the provider remained the same and there had been an increase in the team for children with complex needs in order to bring that service from a 5 to 7 day service. There was also a designated asthma nurse linking between the Acute Trust, schools and community services to co-ordinate provision.

The Committee discussed the Task and Finish Groups for diabetes, heart failure, respiratory services, rehabilitation and reablement, querying how they were going and how the work would transform the offer to the community. Janet Lewis advised that those were the areas identified and prioritised by the Community Services Executive Group for improvement, which was a subgroup of the Integrated Care Partnership (ICP) under the community services priority. She advised that services were already good but this looked to improve them further. The task groups were working with a group of professional staff from the primary care directorate, local authority, and other agencies, along with Healthwatch to see how user perspective could be brought into those groups. For diabetes, there was a NWL specification and CLCH were looking to see how that could be delivered in Brent while maintaining a Brent-centric model. The focus for the groups was on short to medium term changes as well as a longer term piece of work to see what services might look like in the future. Janet Lewis had hoped for changes from the task groups to be in place by 1 April 2022, however, due to the outbreak of the Omicron variant, and the need to implement business continuity measures due to staff shortages, this had been delayed. CLCH were now in a position of standing those transformational Task and Finish Groups back up and hoped to see them making changes early in April 2022. Robyn Doran (Director of the Integrated Care Partnership, NWL) added that this work formed part of the overall integrated working in the Brent place and was one of the 4 ICP priorities overseen by the ICP Exec, which reported to the ICP Board and Health and Wellbeing Board.

In relation to waiting times, the Committee queried whether there were any targets or timelines in place to reduce the waiting times. For many services that were not rapid or urgent care, the current waiting time was in excess of 20 weeks, and CLCH were working closely with the acute trust to reduce that. Community nurses and rapid response had no waiting lists but there was a variety of different services that had different waiting lists and times. Anyone requiring urgent care, for example diabetes patients requiring podiatry, would be seen with a priority as patients were being carefully and clinically triaged. Specifically in relation to the longest waiting lists for paediatric services, it was confirmed that this was for treatment following initial assessment for those with an Autism Spectrum

Disorder, which was around a 6 month wait. CLCH had recruited a locum doctor for additional capacity in that service to reduce that time. CLCH were keen to start working on the longer waiting lists as it entered another recovery phase following the further outbreak of the pandemic, and were working through those lists to ascertain whether any additional resources might be required. The provider were also waiting for funding information for the following year to be received to know whether there would be any additional resource they could put towards reducing waiting times. The provider could then ascertain a trajectory for how long it would take to get those lists to the correct level.

The Committee queried whether the provider needed more money in order to reduce waiting times. Janet Lewis felt that there was not a need for more money currently but for more staff into the workforce. She highlighted that staff were tired as a result of the pandemic and were not always willing to do additional shifts, and that their health and wellbeing was essential to support. Fana Hussain agreed that CLCH were experiencing workforce number issues like the majority of the NHS system. She advised the system was struggling with recruitment and retention and many GPs and nurses were due to retire. As a result, the workforce was being moved around the system and there was a focus on training, education, and upskilling of existing staff. One example of that taking place was the upskilling of Health Care Assistants into nursing roles through on- the-job accredited training. Robyn Doran agreed to provide information to the Committee in 2 months' time which included the waiting list baselines and clear trajectories, once the funding for the following year was clear, to establish and distinguish whether there were any issues caused by shortages of staff or shortages of financial resource.

In relation to the impact of Covid-19 on staff, Janet Lewis advised that it had been particularly challenging over Christmas and New Year but the provider was now moving out of that phase. The sickness rates were still around the 6% mark, but only 3% of that was related to Covid-19 currently and they were seeing improvements in Covid-19 related sickness rates. Where possible, staff were able to work from home through the virtual model, ensuring any digitally excluded patients were not disadvantaged.

The Ageing Well fund was discussed, and Robyn Doran highlighted that the ICP wanted to lever as much new money into Brent as it could to target the areas that they knew had been underfunded in the past. Considering the Ageing Well Fund areas of diabetes, care homes, and St Luke's Hospital, those areas had been stipulated by central government and included a national specification for delivery. Providers had worked together as a partnership to ensure the money would enhance Brent services, targeting where they felt the gaps were e.g. podiatry and mental health in diabetes. In terms of measuring outcomes to understand whether the Ageing Well money had led to improved outcomes, Janet Lewis advised that there were set metrics monitored across all areas that would show whether CLCH were achieving good health outcomes and reduced health inequalities.

The Committee highlighted the increase in the Ageing population, including increases in mobility difficulties, dementia and Parkinson's, and wanted to understand how that was being addressed. CLCH were revisiting their frailty pathway for people in those categories. There were a lot of small services provided by CLCH, and Janet Lewis felt it was possible to rearrange them together for a ward type model with patients in their own homes and communities.

In terms of performance overall, the Committee queried how that would be monitored and reported going forward. Robyn Doran advised that the ICP had some expectations on performance and could include this in the report being provided to the Committee in 2 months' time. Janet Lewis advised that, currently, CLCH were trying to regroup with the Patient Experience Group and were looking at patient stories, Friends and Family Test,

Complaints and Compliments, for a wide range of qualitative metrics to share with commissioners as well as quantitative data and metrics.

The Chair thanked those present for their contributions and brought the discussion to an end. The Committee RESOLVED:

- i) To receive a report on the progress of the transformation programme at the Community and Wellbeing Scrutiny Committee to be held on 14 March 2022. This report should include:
 - a) Comparative data on community waiting lists across North West London and action being taken to address long / hidden waiting times in Brent
 - b) Monitoring and evaluation processes for transformation proposals
 - c) Timescales and checkpoints for transformation proposals
 - d) Information on the community services provided for infants, children and young people.

8. RESCHEDULED- GP Access Scrutiny Task Group Final Report

The Chair advised the Committee that this paper had been deferred and the final version would be coming to the next Committee meeting. He was grateful for the work done by the task group and Chair of the task group, Councillor Daly, and looked forward to receiving the final report at the following meeting.

9. Transitional Safeguarding Task Group Interim Report

The Chair of the Community and Wellbeing Scrutiny Committee advised the Committee that there had been a number of good sessions looking at the area of transitional safeguarding. He highlighted that it was a very complex area and it had been helpful to have an expert, Dez Holmes, give context and background into the area so that the task group had a fuller understanding. Evidence had been taken from a variety of stakeholders, both internal and external, listening to how transitional safeguarding work was being developed in Brent. The report detailed the draft recommendations emerging from those evidence sessions, and the task group were working to finalise them. The task group hoped to bring the final report to the February 2022 meeting.

In considering the report and draft recommendations, the Lead Member for Children's Safeguarding, Early Help and Social Care confirmed that she was happy to take those forward with the Lead Member for Adult Social Care and health and social care partners and discuss further outside of the meeting.

The Chair thanked colleagues for their input, and drew the item to a close. The Committee RESOLVED:

- i) To note the contents of the report and the progress made by the Transitional Safeguarding Scrutiny Task Group.

10. Any other urgent business

None.

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