MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Monday 14 March 2022 at 6.00 pm
Held as a hybrid meeting

PRESENT: Councillor Ketan Sheth (Chair), Councillor Kansagra (substituting for Councillor Colwill), and Councillors Aden, Afzal, Daly, Sangani and Thakkar.

Members in attendance remotely: Councillor Daly, Mr Simon Goulden

In attendance: Councillor Southwood (in remote attendance), Councillor McLennan (in remote attendance)

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

Apologies were received as follows:

- Councillor Colwill, substituted by Councillor Kansagra
- Councillor Shahzad
- Councillor Hector
- Councillor Ethapemi
- Mr Alloysius Frederick
- Rev. Helen Askwith

2. **Declarations of interests**

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation Trust
- Councillor Thakkar – employed as a care navigator
- Councillor Sangani – employed by NHS

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

The minutes of the meeting on 22 February 2022 were approved as an accurate record of the meeting.

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

There were no matters arising.

6. **Care Home Provision and Commissioning**

Andrew Davies (Head of Commissioning, Contracting and Market Management, Brent Council) introduced the report, which summarised residential and nursing home care in the borough, and provided an overview of the work being done on quality assurance, price setting, and the support the Council had given to the sector over the past 18 months. He advised that, of 57 residential and nursing homes in Brent, 45 were rated ‘good’ and 1 was rated ‘outstanding’ by the Care Quality Commission (CQC). Of the placements Brent made, over

83.5% were in a nursing or residential home rated as good or outstanding, which was slightly better than the London average. Where possible, the Council looked to commission within the borough, but this was not always possible due to pressure from other boroughs for placing residents. As a result, around 50% of placements were made in borough and 50% outside, which was in line with the London average. The number of placements particularly fell during 2020 following deaths due to Covid-19. The NHS took on commissioning of nursing placements for people leaving hospitals, and now the sector was seeing numbers increase to pre-pandemic levels. As a result, it was expected that the Council would spend slightly more than in previous years.

In offering care and support, the Council felt that, wherever possible, it was best to look to support people at home, with residential and nursing home care being the last resort. It was crucial there was a vibrant residential and nursing sector, and the Council spent a lot of time on quality assurance. The Residential and Nursing Team were responsible for quality assuring services, carrying out placement reviews, and taking a lead on safeguarding enquiries in Brent based homes. Each care home had a Placement Relationship Officer managing the close relationship between the Council and the home. They used a quality dashboard and there was good intelligence on the position of all homes in Brent, including those that the Council did not commission services in. The Council also continued to regularly share information with the CQC through quarterly meetings.

In relation to the 9 nursing or residential homes not rated as good or outstanding, an enhanced health and care home improvement programme was running, jointly with the CCG. This focused on medication management, improving links between primary care networks and care homes, and included a peer support programme which ten providers had been through and seen an improvement in their services. Three of the homes that were part of the improvement programme had subsequently been re-inspected by the CQC and had their rating increased.

The current challenge was the impact the vaccination mandate had on staffing levels. Although the mandate was being abolished the day following the meeting, since November 2021 it had been a legal requirement for anyone working in the care home sector to be vaccinated against Covid-19 and staff had left the sector as a result of that. This had not impacted the number of care home beds, and the Council were optimistic they could recover. The guidance from the Director of Public Health was that care homes needed to take precautions around infection control and visiting, and encourage testing for visitors to protect the vulnerable residents living in care homes in Brent.

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

The Committee queried whether there were any commissioning policies in relation to diversity, and the different cultural and religious needs of the Brent community. They were advised that Brent's care homes reflected Brent's communities, and there were several care homes in the borough that catered for specific ethnic and national groups, set up by people in those communities to care for their elders. The activities in those care homes reflected the client groups within those homes. The Council tried to place people into homes that could provide culturally specific and sensitive support, although that was not always possible and the Council would address that person's care needs first and foremost. Andrew Davies felt that Brent care homes had become very good at providing culturally specific and sensitive support and providing an environment within homes that took into consideration the range of nationalities and ethnicities of people from Brent.

The Committee queried how this approach factored into assessments. Andrew Davies advised that the assessment process started at the point someone approached the Council for support,

or was in hospital or waiting for a hospital discharge, and a view had been taken by a Social Worker that their needs could only be met in a care home. The assessment took into account a person's entire need including care, culture, religion and food, which helped to determine the home they were placed in. Placement Relationship Officers carried out placement reviews and reassessed people throughout their journey, including with their families, carers and friends, to determine that the placement remained suitable. If a person's food was not appropriate for them the Placement Relationship Officer would address that with the care home, and remained conscious of any feedback. Often, those placed were not in a capacity to give feedback themselves due to cognitive impairments and Placement Relationship Officers attempted to hear what their family or friends, as advocates of the person in the care home, had to say in that respect, to ensure the placement was meeting the need. If there were specific examples where the Council was falling short of supporting a person's entire need, members were asked to let officers know.

Continuing to consider diversity within caring, the Chair invited representatives of Brent Youth Parliament to address the Committee. Brent Youth Parliament highlighted staffing challenges, and asked what action the Council were taking to promote and encourage employment of youth into caring careers. Brent Youth Parliament were happy to encourage this as much as possible such as through employment talks and development hubs in order to increase diversity within caring. In relation to staff, Brent Youth Parliament felt that a more robust anti-racism programme to reduce stigma and stereotypes within staff would help patients feel comfortable within their care home setting and take away the need to place people in homes according to their cultural need. Andrew Davies agreed that it was important to encourage young people to work in the care sector as they wanted to grow the workforce with passionate individuals, and the Council were currently working with Brent Works on a programme connecting those who wanted to work in care with job vacancies in the sector. He welcomed working with Brent Youth Parliament and encouraging care providers to speak with Brent Youth Parliament. Work experience within the local authority was also available, and a 'proud to care' scheme, where carers received a rewards scheme with discounts and shopping vouchers as an incentive for anyone who worked within the health and social care sector.

Brent Youth Parliament also wanted to know what measures were being used to assess the programmes put in place to raise the ratings in those homes not rated good or outstanding. They were advised that the Enhanced Health and Care Home Peer Support Programme focused on those care homes requiring improvement, as well as care homes trying to make a step change from good to outstanding. The Council were working with providers to support them in the lead-up to inspection so that the registered managers could work together on areas they could jointly tackle to demonstrate their quality to the CQC. Business as usual quality assurance took place regularly through the Residential and Nursing Team, and it was an area the team focused on daily.

The Committee queried the role of the adult fostering service as a way of keeping people in the community. Andrew Davies advised that the adult fostering service focused particularly on respite placements and the importance of giving those caring for people who still lived at home a rest. The service had been rated by CQC as good and was due another inspection in 2022. There were 20 placements currently in the Shared Lives adult fostering service, and there were tentative plans to expand those numbers. There had been various attempts across the past 5 years to recruit carers to the service which had not been successful, which had meant the numbers had remained lower than usual. The Council had spent time and resource developing the Brent Supported Living Service which brought on approximately 70-80 learning disability and disability specialists, reducing the number of people with a learning disability living in residential care from 180 to around 120, and that was the strategic direction the Council had

decided to go in. The Shared Lives service was being reviewed to see where it could grow and develop in relation to the strategic direction.

Continuing to discuss respite care, the Committee were advised that respite placements would not be included in the report data as they were temporary. Most of the respite offered in Brent would be part of a care plan when a person's care was first put in place. For those carers where respite had not been included in the initial assessment who needed respite, the carer would be required to contact the Adult Social Care Front Door and have a separate Care Act assessment with a specific focus on the service user and carers needs. As long as they demonstrated that they did need that support in order to continue to care for a person the Council would offer that respite.

In relation to day centres, the Committee were advised that these had all now reopened. There had been a turnover of service users due to the pandemic. The Council were working with day centres on transforming their models of care to do more outreach work in the community and trying to orient them away from being focused on only delivering services from their respective buildings. The focus was on a more modern and dynamic way of delivering day care in line with what was happening across London, sharing models of good practice with other boroughs. Andrew Davies offered to bring a separate report regarding day care to the Committee.

The Committee queried how assessors concluded what sort of placement was suitable for an individual. For example, the Committee asked what assessment was done to determine if someone was more appropriate for Supported Living. Claudia Brown (Operational Director Adult Social Care, Brent Council) explained that specialist social workers were trained to do a generic, comprehensive assessment of an individual's needs. A placement would be identified once those needs were assessed. Another scenario was raised, where an elderly widower could no longer be looked after by their family, and the Committee asked whether there was a different approach if a family member approached the Council for their relative to be placed if the relative consented. In the scenario, the widower had deteriorated and were lonely and becoming forgetful. Andrew Davies advised that this was a scenario the Team dealt with on a daily basis. The approach would be the same in terms of social care assessment where the elderly person would be met and their needs assessed. The assessor may determine that their needs could be met at home alongside a care package, or that their level of need was not sufficient to place them in residential or nursing care. If that person chose to fund their own placement or sell their property to move into residential or nursing care then they were free to do that. It was important that the individual remembered that they had a choice, and often the assessor may do a Mental Capacity Assessment to see if they had the capacity to make that choice. They could chose to stay at home with support services provided, or the Council could offer Extra Care, among other options.

The Committee noted the general trend to move towards supported living and asked what the impact of that had been. They were advised that the rationale behind this was that it was felt younger people under the age of 65 were better served with people of a similar age or disability, and that creating those homes where individuals had a community, friendships and relationships developed better ways for young people to live their lives. The savings of the programme had also been a key driver. In terms of satisfaction and soft measures of success, it was felt the Council could do better at asking people about their views of the service and gathering constant feedback. Phil Porter (Strategic Director Community Wellbeing, Brent Council) advised that all service users had an annual review which was person centred and engaged their family and carers, in order to understand the extent their placement continued to meet their need. He felt more could be done to aggregate that data to understand its impact, and the Performance Insight Team were looking into how that might happen. The Council had also begun the design of a service user survey so that every visit a care worker conducted would receive feedback. Co-production was also a focus, getting service users involved when care provision was retendered,

and that happened on a regular basis. A post had been created for someone to work specifically on co-production and service user led design which would take into account the views of service users and demonstrate the impact of the service. In terms of how the increased level of independence was measured, Phil Porter highlighted that, because service users had different situations and needs, this was measured for individual cases and not currently aggregated into larger numbers. The Committee considered that this might add value as it would be a holistic view of service performance.

The Committee understood the lack of resources in the care sector, particularly following the pandemic, and asked how many care staff Brent had lost as a result of the mandatory vaccination and what the impact of that was. Andrew Davies would find out the exact figures, but it was noted that it was a much smaller number than was expected and not significant in Brent. Brent Works and providers had worked hard to backfill those posts, but there was now a wider issue about morale in the service now that the mandate had been reneged upon. In order to maximise the vaccination of staff, the Enhanced Health and Care Homes Team had delivered the vaccination in care homes to all residents and staff throughout the various phases. There were also weekly online forums led by public health consultants and NHS colleagues to promote the uptake of the vaccine. The Council had also encouraged GPs to open up their practices to allow staff to be vaccinated closer to their homes.

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

To recommend the following key areas for improvement:

i) For the Council to work with providers to fund and commission key areas of training and development for care home staff, including conflict resolution training.
ii) For the Council to consider the use of high-level metrics, such as key performance indicators, to monitor and evaluate the performance of the care home sector in Brent.
iii) For the Council to ensure that the wider wellbeing needs of service users, such as social, religious and cultural needs, are considered when commissioning nursing and residential placements.

An information request had also been made during the course of the discussion, recorded as follows:

i) For the Community and Wellbeing Scrutiny Committee to receive further information on the Shared Lives scheme and Day Care services, including any future plans for the development of these services.

7. Transformation of Community Services

Steve Vo (Assistant Director Integration and Delivery, NWL CCG – Brent Borough) introduced the report, which focused on waiting times, priorities, the monitoring and measuring of success, and comparatives with other boroughs. The report detailed the Central London Community Healthcare NHS Trust (CLCH) Covid-19 recovery plan in relation to waiting times, with clinical triaging and weekly waiting lists reviewed by clinicians. The report also detailed the transformation programme and key measures of that programme. One of the key projects to help in the transformation work was the change to the EMIS patient record system to align with the system used by GPs, which would alleviate the need to double check data, and increase transparency and fluidity. In relation to Ageing Well, CLCH were working with Central and North West London Foundation Trust (CNWL) to recruit to key posts, although there were

recruitment challenges across the sector. The paper also noted the work on patient engagement, which was key for Brent Health Matters (BHM).

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

The Committee were concerned about the number of people on waiting lists, and asked several questions in relation to some specific waiting lists:

- In relation to those waiting for Brent Integrated Diabetes Services, the Committee were advised that this referred to an education programme, meaning that those patients' care needs were met and no-one was suffering harm, but they were recommended to go through an education programme. The programme had previously been a group learning exercise but it was no longer possible to do that. Some group sessions went ahead virtually but not every patient was able to do that through digital platforms.
- The Pulmonary Respiratory Service waiting list was also backlogged due to patients doing one-to-one rehabilitation where previously this would have been a group class setting. The service supported patients to manage their own condition and had been clinically evidenced to be effective, however there was a very small group of staff running that rehabilitation and this was something that most trusts across the whole of North West London (NWL) had built up a waiting list for. CLCH had looked to buy educational materials for patients to help themselves.
- There were very few waiting for Bladder and Bowel Services but there was a data problem with the waiting lists requiring validation. There was a growing number of patients waiting for reassessment of continence, but there was no risk that their continence pads would cease while they waited for reassessment. Those who may no longer be receiving enough continence pads could contact the service to be prioritised.
- It was confirmed that the NHS still had Covid-19 control guidance issued, which was why many services were not able to deliver group therapies. Despite this, CLCH were still doing one to one service and face to face for the vast majority of services.

In relation to the Brent Health Matters programme, the Committee queried how CLCH would measure the performance. Steve Vo advised the Committee that there were a number of key measures, and was happy to bring back what those were to the Committee. He advised that the work was front and centre in terms of strategic direction, and there were several more clinical measures he could bring back to the Committee. In relation to BHM's overall aim to reduce health inequalities in Brent, the Committee queried whether Covid-19 had set CLCH back in attaining that goal. Janet Lewis (Director of Operations, CLCH) advised that the team had been affected by Covid-19 in the same way as others. They had benefited from the learning of Covid-19 as they had been very much involved in the vaccination programme, and through that work, liaison with the Brent population had enabled a large amount of learning about what the individual health requirements of different client groups were. CLCH had now fully recruited to that team, which would be a full team the following month.

The Committee asked if the public understood the transformation journey that CLCH and the CCG were trying to take forward. Janet Lewis (Director of Operations, CLCH) felt that they had more to do on engagement. The Integrated Care Partnership (ICP) were working with BHM and the clinical forums they had established as well as through GP forums to engage fully. New forums were not being set up, instead existing forums were being put to use. As a group, it was felt the ICP needed to look at the existing engagement forums and ask what they did well and what they could be better at. Brent Youth Parliament asked how engagement would focus on the final recommendation of the GP Access Task Group – to have more young people involved in patient participation groups. The ICP were working with the Brent Children's

Trust (BCT) in relation to how, as partners, they could work together to encourage each other to get the voice of young people heard.

In relation to referrals for housebound patients and whether there was a backlog, the Committee were advised that CLCH had not seen a decrease in referrals for District Nursing or Rapid Response services and those core services were maintained throughout the pandemic. There was no cause for concern that patients were not being referred appropriately by primary care. Continuing to discuss primary care referrals, the Committee highlighted a common complaint councillors received about receiving no feedback or updates in relation to a patient's referral and where they stood along the pathway. The Committee were advised that for clinic based services, CLCH could do better communications and were currently trying to contact all patients on waiting lists. CLCH recognised the anxiety a patient might feel if they were unsure where their referral had ended up. Janet Lewis highlighted that the waiting lists were longer than CLCH would want, and CLCH were working with all services to contact people to find out their current needs and whether their situation had changed. The focus would then be on seeing patients as quickly as possible. The reality for some patients would be that their needs were clinically low priority, so it could be some time before they received an appointment. In the meantime, patients would be contacted and supported as best as possible.

Continuing to discuss waiting lists, the Committee queried what work streams currently existed to focus on reducing waiting lists in a tangible, evidenced based way. Steve Vo assured the Committee that his team worked closely with the team at CLCH, with monthly meetings looking at Key Performance Indicators in relation to waiting lists.

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

To recommend the following key areas for improvement:

i) For CLCH, alongside the ICP, to review the community engagement plan for the transformation programmes in order to ensure patients and the public understand and support them, and have a clear understanding of how the changes would address local priorities and achieve better health outcomes for patients.
ii) For CLCH, alongside the ICP, to review the communication strategy for patients requiring an appointment with a long wait, ensuring that patients' care is reviewed and discussed with them on a regular basis.
iii) For CLCH, alongside the ICP, to review the communication mechanisms in place between different NHS organisations and services across Brent when making patient referrals, in order to avoid fragmentation of care.

An information request had also been made during the course of the discussion, recorded as follows:

i) For the Community and Wellbeing Scrutiny Committee to receive further information on how Brent Health Matters monitors and evaluates outcome for patients.

8. Community Engagement for Homeless Families Service

Councillor Southwood (Lead Member for Housing and Welfare Reform) introduced the report, which highlighted how the homelessness team wanted to develop services tailored around individuals, using a philosophy that no two homeless families were the same. The focus was on prevention, as it was believed that services that stopped someone becoming homeless in

the first place were infinitely more valuable. The report included key statistics for the service and detailed how the service reached out so that people knew what they offered. Councillor Southwood highlighted the importance of gathering data on what people thought about the service and how it could adapt on an ongoing basis to respond to feedback. The Council were eager to be involved in the Customer Service Pilot, which would allow video link up in the Civic Centre.

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

The Committee queried what targeted approaches were in place to tackle different demographic challenges when it came to homelessness, to reassure residents it was not a 'one size fits all' approach. Councillor Southwood advised that one of the most important ways the service could outreach was through voluntary and community organisations. She was aware some communities and individuals were hesitant to contact the Council as they believed the Council would not help them in good faith. People were reluctant to speak with the Home Office due to the perceived hostile environment for people with pending immigration status. Going out to the community groups those people were a part of in order to reach out was an important way to raise awareness of services. Laurence Coaker (Head of Housing Need, Brent Council) added that the Council took a proactive approach. There was a team set up to review applications made during Covid-19 lockdowns for the support grants available for people in financial difficulty, and make contact where it was felt those people might be threatened with homelessness, instead of waiting for them to reach a crisis point. Home visits were not currently taking place but this was being looked at for the Council's housing subsidiary Company, i4B, contacting tenants in arrears at risk of losing their home.

Another way of reaching out was through the homelessness forum which met bi-monthly, where all the voluntary and community groups represented at that forum were informed of the service and upcoming projects. The forum included larger organisation such as Crisis, as well as organisations with specialist skills such as those working with migrants at risk of homelessness or women fleeing domestic abuse. Through those regular meetings the Council ensured organisations were clear exactly what the homelessness service was and what they needed to do to help the people they worked with get services as quickly as possible. The Council also worked with people on an individual basis via email and telephone when they were identified as at risk. For example, those who had made applications for universal credit were offered the resident support fund.

The Chair invited Brent Youth Parliament to contribute to the discussion. Representatives of Brent Youth Parliament highlighted that the report and statistics relating to youth homelessness for ages 18-25 lacked data. They highlighted the grey area for that age group which was technically adulthood but still very young, and wanted to know where the community outreach for those age groups was happening, including how homelessness in those age groups could be reduced. In addition, the Brent Youth Parliament's 'Make your Mark' ballot results showed that the biggest concern amongst young people was homelessness and opportunities. They also asked what Brent Youth Parliament could do to promote different services and youth engagement in those services. Councillor Southwood highlighted that young people were experiencing multiple challenges including difficulty with affording their own homes, economic recovery from Covid-19, less secure jobs and starts to their careers, and less financial security. This was where links with Brent Starts were really important, so that when young people known to the Council were struggling the Council could work closely with employment and skills colleagues to see what could be offered. Supported Housing Schemes targeted this cohort of younger people to support their independent living. There were other targeted services for younger people, such as wraparound services, including mental health services, to sustain tenancies for young people who may not have

previously experienced debt, controlling finances and paying bills. Awareness of services was raised through local radio stations in Harlesden.

In relation to the 3.9 of the report which detailed the free tenancy sustainment solicitor, the Committee queried how someone could access that service. Laurence Coaker advised that the tenant could self-refer to that service, or the Council could refer them on their behalf if they had knowledge of the issues being experienced.

There were approximately 250 people in emergency (i.e. nightly paid) accommodation. How long they stayed depended on their individual circumstances, but the most entrenched larger families, or families needing specially adapted accommodation, might have been in nightly paid accommodation for over 12 months. All emergency accommodation was self-contained.

The Committee asked how the Council dealt with the issue of people being made intentionally homeless, or where a family refused a suitable offer and therefore the Council ended their duty. This was where the Council had accepted the main homelessness duty and made an offer of accommodation to end the duty, but the family refused the offer and therefore ended their duty. The Council worked hard to ensure that did not happen, as the family were then still homeless but their duty had ended under Housing law. The Council made it clear what the law stated, and encouraged people to accept the offer. It was highlighted that this was an offer of accommodation judged suitable, not necessarily the ideal offer. Families were advised that they would have a statutory review of their accommodation to check it was still suitable, and that a family had the option for an independent County Court Appeal if they felt it unsuitable.

The Committee queried how the homelessness service used Brent's key strategies, such as the poverty commission and Black Community Action Plan, in its learning and moving forward. One of the big focuses in the poverty commission had been overcrowding in homes, and Laurence Coaker reiterated that if a property was not suitable then that person was considered homeless, and a place that was overcrowded was not considered suitable. This was being addressed through the maximisation of stock to move people into larger properties. In relation to the Council's strategy on the Black Community Action Plan, Councillor McLennan (Deputy Leader) advised that the Youth Advisory Group had 50 young people advising on priorities and objectives who were a very useful source of how homelessness had impacted them. One of their main priorities going forward over the action plan was housing and homelessness. She also highlighted the customer service promise, advising the Committee that customer services had now took on some housing queries so that staff were aware at the point of source where a caller could be sent on to. The Civic Centre had also became a Hub so that the most complex cases could be seen straight away. Councillor Southwood added that the more the homelessness service knew about the experiences of different groups within the community, the better it could tailor services.

The Committee asked how people with complex needs living in unsuitable accommodation were catered for within the structure. For example, a person living with mental health issues. Phil Porter (Strategic Director Community Wellbeing, Brent Council) advised that a project on mental health and homelessness had been running for 5 months in the Housing Department working closely with Asher Place and Crisis. This was an outcome based review methodology based on the experience of homeless people with mental health issues. The project was due to report at the end of March 2022, and the Committee could be informed on the outcomes.

In relation to the Private Rented Sector, the Committee queried what incentives the Council could provide to landlords to continue to house tenants rather than evict, including non-financial incentives such as ratings and accreditation schemes. Hakeem Osinaike (Operational Director Housing, Brent Council) highlighted that Brent had a very vibrant landlord forum, and the private housing service worked closely with landlords to understand the issues they had and how the Council could intervene with support, advice, training and

financial support. For example, the Council could pay for adaptations to properties for disabled residents. Brent utilised all options available to support a household to continue where they were. Housing officers had complete flexibility to tailor what that took, such as if a garden was not maintained properly, buying the tenant a lawnmower. In addition, the Council kept a list of what they considered 'accredited' good landlords in the private sector.

The Chair thanked housing colleagues for their responses, and drew the item to a close. He invited members of the Committee to make recommendations, with the following RESOLVED:

To recommend the following key areas for improvement:

i) For the Council to consider expanding the Housing Needs Service mental health, homelessness and housing project to other vulnerabilities such as old age, physical or learning disability, or those at risk of extra-familial harm.

An information request had also been made during the course of the discussion, recorded as follows:

i) To receive a breakdown of the number of people in temporary accommodation as a proportion of the population, including comparative data with other London boroughs.

9. **Any Other Urgent Business**

The Chair announced that Brian Grady, Operational Director Safeguarding Performance and Strategy, would be leaving the Council and offered thanks to Brian for all his work with the Committee.

The Chair also announced that Jackie Barry-Purssell (Senior Policy and Scrutiny Officer, Brent Council) was leaving the Council, and thanked her for the support she had given since she started in Brent.

The meeting closed at 8:12pm
COUNCILLOR KETAN SHETH, Chair