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Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Wednesday 25 January 2023 at 6.00 pm** **Held as a hybrid meeting**

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair) and Councillors Afzal, Begum, Ethapemi, Fraser, Moeen, Smith, Matin, Mistry and Mr Alloysius Frederick

In attendance: Councillors Promise Knight, Councillor Neil Nerva

1. Apologies for absence and clarification of alternate members

There were no apologies.

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Sheth – Lead Governor of Central and NWL NHS Foundation
- Councillor Matin – employed by NHS
- Councillor Collymore – member of palliative care and end of life steering groups
- Councillor Ethapemi – spouse employed by NHS
- Councillor Smith – employed by NHS
- Councillor Fraser – works with NHS and member of CNWL Carers Council
- Councillor Moeen – works with children and young people's department

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

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

5. Matters arising (if any)

There were no matters arising.

6. Brent Housing Management Update

Councillor Knight (Cabinet Member for Housing, Homelessness and Renters Security) introduced the report, which provided an update and overview on the performance of Brent Housing Management (BHM), most notably how BHM was dealing with damp and mould following the death of Awaab Ishak in Rochdale. The report also provided an update on planned and major works and how BHM communicated with tenants throughout that process. She highlighted that, as the Cabinet Member, she was conscious that

engagement was key, and welcomed the Committee's thoughts on the key engagement activities outlined in section 9 of the report.

In concluding the introduction, Hakeem Osinaike (Director of Housing, Brent Council) highlighted that, while the report detailed what BHM had done and continued to do around damp and mould, he wanted to state this did not mean BHM were in a perfect place for damp and mould because there were still cases that might get missed, such as people who may have damp and mould issues that they had not reported to BHM or anyone else. Publicity and communications were ongoing with all residents to attend to any damp and mould problems.

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

The Committee were heartened that the report stated that Brent took a zero-tolerance approach to damp and mould, and that Brent were doing more than employing basic methods to resolve the issues through new technology and tools. They highlighted that there were around 880 households that had been reached out to in relation to damp and mould and, of those, around 440 households had been engaged. Members were concerned about those who had not been reached, as it may be possible that those were vulnerable residents who may have a lack of capacity to respond. Ryan Collymore (Head of Housing – Property Services, Brent Council) informed the Committee that officers were now doing a deep dive into their systems to see whether there were any tenants whose first language was not English, and then writing to those tenants in their preferred language where it was not. Housing Officers were also conducting focused tenancy verification audits on the individuals they had not reached. A damp and mould leaflet had gone to all residents and had now been redesigned with pictures to be sent to all residents. He felt that outreach was being tackled from many different angles, and everyone that would come into contact with residents through their duties were advising them about damp and mould. There was also a damp and mould email address set up for residents and councillors to email, and contractors were doing toolbox talks with their teams about reporting damp and mould to BHM as well as taking mould wash kits to properties when visiting. Councillor Knight reassured the Committee that the stance on damp and mould was had changed to ensure the attitude of staff was not to attribute issues to resident lifestyle, but first and foremost prioritised structural issues. In response to a query, Ryan Collymore confirmed that, as a landlord, BHM had a list of residents with vulnerabilities.

The Committee asked whether there was an overall view of overall performance, taking into account all the relevant different performance metrics. Hakeem Osinaike informed the Committee that, as the Council's landlord, BHM provided numerous services managed by several different teams. For example, repairs was a major service and was the main service residents would come into contact with, but in Ryan Collymore's team there was also planned maintenance, and for Kate Daine's (Head of Housing and Neighbourhoods, Brent Council) team there was tenancy services such as resident satisfaction and dealing with succession, and there was also leaseholder services. If he was asked whether BHM was a good landlord, he would say yes, particularly when the metrics were compared to other similar landlords with the same size and type of stock.

Continuing to discuss performance, Lorna Hughes (Director of Communities, Brent Council) advised that corporate performance sat in her area and there was a view of performance through that, including housing repairs. The corporate performance report was published on a quarterly basis and discussed by Cabinet, and included direction of travel against key performance indicators (KPIs) which was monitored closely. The performance report provided a cumulative conversation around all KPIs on a quarterly basis from Quarter 1 through to Quarter 4, which would show the full understanding of how a particular KPI had performed cumulatively over the year. Where the performance report

highlighted areas of concern, these were escalated to the Council Management Team, who would implement actions to address the performance. The report included a narrative so that members could see those interventions alongside the performance, and included a visual to show direction of travel. In addition, a benchmarking exercise was conducted on a pan London level by London Councils, which showed Brent's level of performance compared to other local authorities. The Committee would be notified when the Quarter 4 performance report was published for Cabinet.

Hakeem Osinaike then provide some individual performance metrics. He felt that responsive repairs were doing well at 89% completed within 14 days, and 75% of residents reported being satisfied with those repairs. He highlighted that this was a good satisfaction rate considering the responsive repairs service delivered over 30,000 repairs a year. He felt that asset management was good, with BHM conducting stock condition surveys on 20% of the stock every year, meaning there was a full view of stock on the whole every 5 years which could inform investment plans. BHM were performing well on compliance, which focused on health and safety including fire risk assessments, gas safety, legionella and asbestos.

In relation to resident satisfaction, the Committee asked how residents felt BHM were performing. Hakeem Osinaike informed the Committee that BHM conducted transactional surveys, where a text message was sent every time a service was delivered asking residents how they found the service delivery. Those surveys were doing well and had high scores. There was also a perception survey, which asked all residents about the service. General satisfaction was around 65%, and the Committee were advised that this may not sound high but was not surprising considering the industry. In addition, in perception surveys, residents who may not have received any service from BHM but may have received another service from a different area of the Council may display how they feel about the Council generally in their response. The Committee were advised that the last perception survey was done two years ago. The housing regulator was introducing new tenant satisfaction measures in April 2023, and BHM would start doing perception surveys again based on those measures formally from April 2023. In preparation for those measures, BHM had conducted some trial surveys.

Continuing to discuss resident satisfaction, and highlighting the general satisfaction score of 65%, the Committee asked whether that was a result of budget restraints and the current economic climate impacting services, such as the rate of repairs. Ryan Collymore felt that there had been a variation, particularly the number of damp and mould repairs. Brexit had also had an effect on contractors' abilities to recruit labour, and rates for materials had increased. However, he highlighted that, for repairs, satisfaction had been 75%, which was good.

The Committee asked what happened when issues were raised on resident walkabouts. Councillor Knight advised the Committee that section 9.4. of the report detailed the list of actions taken as a result of those engagements with residents. Where residents highlighted particular issues, the Customer Experience Manager worked with residents and Resident Associations to resolve. The individual issues raised on walkabouts were not included in the list of complaints outlined in the report, which related only to formal corporate complaints where individuals had gone through the council's complaints process. Instead, issues raised on walkabouts were treated as a service request and would be noted and passed to the relevant service to resolve.

In relation to complaints, the Committee noted that there was no breakdown of types of complaint in the report and no breakdown of leaseholder complaints compared to tenant complaints. They asked how BHM communicated with tenants about the complaints procedure, and whether Resident Associations were offered any training on complaints. Kate Daine advised the Committee that the traditional way to raise a complaint was online, where

there was relevant information there. She was aware that many tenants may not know that, so BHM were currently reviewing this with the Corporate Complaints Team to ensure Brent were in line with the new ombudsman recommendations. Herself and Ryan Collymore were now looking at the different ways BHM could demonstrate to residents how to raise a complaint in various different formats. She highlighted to the Committee that BHM always worked off the basis that any communication could be treated as a complaint, so if a resident made contact via phone with their Housing Officer and it was clear they were unhappy then the Housing Officer would be expected to offer the complaints procedure at that time. Regarding Resident Associations, they had direct contract with the Customer Experience Manager who sets up Resident Associations. Off the back of that, they should have a clear understanding of how to raise complaints.

The Committee highlighted the long void turnaround times, and asked what the main reasons for this were. Councillor Knight agreed that voids were an issue and there was more that could be done to bring void properties back into use, but it was a very complex process that could take up to 6 months. Ryan Collymore provided further details about the complexities of the voids process, explaining that void turnarounds needed the support of three different teams within BHM and there were a lot of handovers within the process. When investigating, he had found that there were difficulties with three of the stages – handover of keys, initiation and completion of void works with contractors, and then nominations. BHM were looking at these issues and working on a process to improve them and make them more fluent. This included upgrading IT systems, and there was now a permanent Voids and Lettings Manager with previous experience of this type of work, following three different managers over the last 6 months.

The Committee discussed repairs, and asked what the categories were for complex issues. Ryan Collymore advised that complex repairs were usually categorised as a P3 or P4, of which 89% were completed within 14 days. P4 repairs had a 90 day target, but it was unlikely a repair would be raised on P4 which was why some P3's went out of target. The Committee would welcome a review on complex repairs that had not been resolved within 2 years to see if there were any recurrent themes, as well as a breakdown of the specific nature of repairs that were not completed on time compared to those which were. They also asked for this information to be provided in future reports. Councillor Knight advised the Committee that she would be happy to return to the Committee in a future meeting to talk about specific areas of interest to the Committee, such as responsive repairs.

In noting the 89% of routine repairs completed within 14 days, the Committee asked whether that related to urgent or non-urgent repairs. Hakeem Osinaike advised that the figure related to urgent repairs, and for emergency repairs there was a statutory response time dictated by law which BHM met. The target of 14 days for routine repairs was set by BHM itself, and most other social landlords had a target of 28 days.

The Committee asked whether BHM could provide any reasons why they were not meeting the ambitious target of 100% for these repairs. Hakeem Osinaike advised that a common reason these types of repairs were not completed within the target of 14 days was because residents were offered an appointment for when it was convenient to them, which may not fall within 14 days of reporting an issue, meaning it was unlikely 100% would ever be reached. In addition, the current repairs contractor, Wates, were struggling to recruit wet trade workers such as plasterers and painters.

The Committee asked when Brent was likely to complete all repairs to buildings and properties that required repairs in relation to fire safety. Ryan Collymore advised the Committee that BHM conducted fire risk assessments (FRAs) on all properties on a yearly basis. From those assessments, actions were picked up, and following completion of the actions from the FRA the property was compliant.

In relation to financial implications, the Committee noted the significant savings required to be made, including the possibility of staff reductions which may impact targets. It was noted that rent had been capped at 7%. Hakeem Osinaike explained that the current inflation rate was approximately 10.1%, and normally BHM would increase the rent cap by inflation plus 1%, meaning it would have been around 11.1%, which is what would be needed to cover the increases in costs associated with the rate of inflation. The government had insisted that rents could only be increased by 7%, which had led to a savings gap. As the HRA was a ringfenced account, the money would only come from rents, so there was a need to find additional savings. There were efficiencies that BHM could implement but would not cover the gap, meaning there was a need to look at staff reductions. As a result, there was a need to accept that services in some areas may not improve as much as BHM would want.

The Committee asked whether energy companies could force entry to fix a smart metre in a BHM property if a bill had not been paid. Hakeem Osinaike confirmed that if they were the supplier then they could, as the relationship was between them and the person they supplied energy to, and they did not require BHM permission to do that.

The Committee asked how the 17 estates which would see parking enforcement implemented had been selected. Hakeem Osinaike advised the Committee that a consultation had been carried out on each estate in the borough managed by BHM which asked residents to vote yes or no to parking enforcement, and the 17 estates were the ones who had voted yes.

The Chair thanked those present for their contributions and drew the item to a close. He invited the Committee to make recommendations, with the following RESOLVED:

- i) To recommend that future reports include a detailed breakdown of the nature of repairs in order to understand what types of repairs are being completed on time compared to those that are not.
- ii) To recommend that Council policies are signposted to or included in future reports when they are referenced in reports.

In addition to the recommendations, a number of information requests were raised throughout the discussion, recorded as follows:

- i) That the Committee receives details of the Quarter 4 Corporate Performance report when it becomes available.
- ii) That the Committee receives the results of the latest tenant perception surveys and transactional surveys in regard to satisfaction.
- iii) That the Committee receives more information on the nature of outstanding, out of target, complex repairs (P3 and P4) that have taken a year or longer to resolve.
- iii) That the Committee receives a breakdown of Brent Housing Management's complaints.

7. Mental Health and Wellbeing Sub Group Update

Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) introduced the report, which provided an update on the mental health and wellbeing Integrated Care Partnership (ICP) subgroup. The Committee heard that mental health and wellbeing was one of the 4 priorities of the ICP, which was now known as the Brent Borough Based

Partnership. Phil Porter and Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) co-chaired the ICP, as well as the mental health and wellbeing subgroup. The subgroup had four priorities; access and demand for services; employment outcomes for those with a mental illness; housing options for those with a mental illness; and children's mental health services. Within those priorities there were programme plans for each, which were all at different stages of development with some more developed than others. In all cases, the subgroup had tried to respond to a mixture of data, evidence and feedback from the voluntary and community sector, the community, and statutory partners, in order to understand where the biggest difference could be made. He highlighted that this subgroup did not look to monitor individual organisation's performance but was focused on working together and looking at what could be done better together. Robyn Doran added that these priorities were also interfaced with the Brent Children's Trust work, inequalities work in the borough, and housing, as mental health interfaced with lots of other aspects of the work being delivered in the borough.

The Chair thanked Phil Porter and Robyn Doran for the introduction and invited comments and questions from those present, with the following issues raised:

The Committee asked who the key stakeholders of the borough based partnership were. Robyn Doran advised the Committee that the stakeholders who were part of all ICP groups included all of the health providers in the borough – Central and North West London University Health Trust (CNWL), Central London Community Health Trust (CLCH), and London North West University Health Trust (LNUHT) – and primary care partners, as well as voluntary and community sector organisations, community champions, and representatives of the local authority. For the mental health subgroup, the voluntary and community sector organisations who were involved were Ashford Place, Brent Centre for Young People, Hestia, Rethink, and Brent Young People Thrive.

In response to whether there were any representatives from organisations who worked particularly with Black communities on the mental health subgroup, Robyn Doran confirmed that there were no specific organisations focusing specifically on Black communities as part of the mental health subgroup. Each subgroup did not necessarily have every community and voluntary sector partner at the table, but there was a lot of interface work with Thrive, Brent Health Matters, and faith groups, and through those links, who had reach with all communities, the subgroup heard the voices of all communities. For example, Danny Maher, who was the group mental health theme lead and worked with Thrive, engaged a wide range of people with mental illness, and had presented a manifesto to the subgroup on the principles on which mental health services should be done as dictated by service users. In Brent Health Matters, Community Co-ordinators fed back the themes they were hearing from all communities. As a result, it was felt there were a number of ways each community's views were represented and incorporated into the group.

It was agreed that future reports would include breakdowns of the different demographic groups accessing pathways, including ethnicity, gender, and geographical location.

In response to queries about the waiting well initiative, referenced in paragraph 5.4.2 of the report, Sarah Nyandoro (SRO - Mental Health and Wellbeing Esec Group, Brent Borough Based Partnership (ICP)) advised the Committee that this was to avoid children and young people being left without contact or communications when they were waiting for a specialist assessment. The waiting well initiative meant children and young people received contact on a weekly basis to ensure staff were keeping up to date with how they were feeling and if there was any additional support that could be provided for them. Within the initiative, there were links with psychotherapy, so that when children and young people who were eligible

for psychotherapy presented with mental health issues, rather than waiting for an assessment they could be immediately signposted, assessed and given a service. An online and telephone counselling service, Cooth, was also available as a talking therapy for young people to get support any time of the day. Robyn Doran explained that the reason these initiatives had been implemented was because there had been over 400 children on the waiting list for more than 18 weeks for an assessment the previous year, which had been partly attributed to a lack of funding in Brent. The Brent Children's Trust and ICP had made it a priority that the local trust provider, CNWL, put extra resources in, working closely with voluntary and community sector organisations to bring those waiting lists down. As a result, some of these initiatives had been implemented with the third sector to deal with those waiting lists so that children were not waiting for more than 18 weeks for an assessment.

The Committee asked how well connected the ICP and mental health and wellbeing subgroup were with Adult Social Care. Robyn Doran advised the Committee that the teams in the borough were integrated, with a memorandum of understanding between health teams and social care teams, who all worked very closely together on a day-by-day basis.

The Committee felt that there was an overlap between socioeconomic conditions and mental health and wellbeing, and queried why the priorities of employment and housing had been separated and not joined together. Phil Porter advised the Committee that the subgroup brought together and made the connections across all four workstreams, and so they were connected in that sense, but were separated into four workstreams due to the large amount of work under each priority. The people involved in each workstream also crossed over and so connections were made that way. He informed the Committee that those with a mental illness were still the largest growing number of people out of work, so the scale of that was seen by the subgroup to need specific focus. The mental health and housing priority had a strong focus on multiple exclusion homelessness where people with severe and enduring mental illness, or dual diagnosis, or substance misuse, were struggling to maintain their accommodation. Phil Porter agreed that there was overlap, but there was crossover between the workstreams that allowed them to remain connected.

In relation to the priorities, the Committee felt that the fourth priority – managing demand – had a direct impact on the other 3 priorities. They asked how Brent was performing in comparison to neighbouring and similar boroughs in terms of managing demand and if that information could be made available in future reports. Phil Porter advised the Committee that the partnership was trying to work on the principle that communities were not hard to reach, rather that services were difficult to access. There was a strong focus on access and demand, looking at how core mental health and care services could be accessible to all communities in the borough. If people could access services easier and were subsequently able to recover then that would lead to different housing and employment options for them, which was where there was a connection with the other workstreams.

Robyn Doran agreed that benchmarking information on performance in comparison to neighbouring and similar boroughs could be made available, but noted that the demand and complexity within Brent was high in comparison to other boroughs. Phil Porter added that, as a system, the partnership was trying to articulate that need, the scale of that need, the complexity, and the gap in funding, in order to make a joint case about how Brent needed additional funding to meet that need.

Continuing to discuss demand, the Committee asked whether, as a result of successful early intervention and identification, more people would come into the focus which would put further pressure on secured housing accommodation needs for people. The Committee queried whether there was sufficient capacity to cope with that increase as a result of the successful work. Phil Porter highlighted that the partnership did not know the impact the workstreams would have yet, but were aware of those problems within the system. The

partnership and subgroup wanted to see a system that recognised everybody should be on their own recovery journey and on their way to independence. The system was not currently sufficiently aligned to make that happen, as a recovery journey was very complicated and difficult to manage. There were some practical things that the partnership could do, for example the partnership had put some additional resources into mental health acute wards through winter planning, to ensure that when patients were ready for discharge they could go straight into the homelessness service to be worked with directly. Robyn Doran added that, often, people with mental conditions who ended up in hospital lost their housing for the wrong reasons. Part of the plan was about ensuring that, from the moment somebody was admitted to hospital, they were supported to get back out and to maintain their housing, so that when they were ready to be discharged their accommodation was ready for them.

In relation to housing, the Committee asked whether there was a lead partner or organisation seeking or commissioning accommodation for people with a mental illness. Phil Porter highlighted that, for supported living accommodation, the partnership was currently working with severe and enduring mental illness and adult social care commissioners to commission the right kind of supported living with the right type of support, as there were a range of needs requiring bespoke solutions. In terms of general needs housing, whether that was social or private rented, there was further work to do. When someone was referred to housing need, housing need were able to source accommodation, but the partnership wanted to research whether that accommodation was appropriate in the long term and supported their recovery. In terms of the recovery journey, the Committee felt it would be useful to have a visual to sum up what they would expect a recovery journey to look like.

Committee members asked what happened to those patients who accessed IAPT but found that it did not work for them. Robyn Doran advised the Committee that at that point it was important to find out what support was right for that person, whether there were other psychological services they could access, and whether there were circumstances affecting the person's life that needed addressing such as housing and employment that they could be supported with. To do this would require working with the person and referring them to either voluntary sector services or other statutory services. In addition, GP practices now had extra staff resources through the additional role reimbursement scheme to pick up those people and help them navigate through the system.

In response to where the partnership sourced their experts by experience, Phil Porter explained that their first port of call would be Brent Thrive. Danny Maher, who was a subgroup member and worked with Thrive, worked with a number of people who were experts by experience to put together a manifesto of what service users wanted from mental health services. Brent Health Matters also had a range of community organisations involved, and also had Community Champions and Community Co-ordinators who had reach into all communities in Brent, and that infrastructure was used by the partnership. He highlighted that the partnership was relatively new as a system working towards this, so there was still work to do to improve, which the partnership would focus on over the next 12 months.

The Committee noted that the government had promised £150m to go towards mental health support and asked whether Brent had plans to bid for money from that and what the priorities might be. Robyn Doran advised the Committee that the partnership would always bid for money it was eligible for to increase resources and improve services, and would have conversations with councillors, the community, and other stakeholders about the priorities for Brent.

The Committee highlighted that Brent was a diverse borough and there were various reasons a person may not be registered with a GP or come forward to access mental

health support. They asked what the partnership was doing in local communities, via faith groups and community organisations, to reach those individuals. Robyn Doran advised the Committee that she felt proud of the work being done in Brent working with faith groups and communities that had not been served well in the past traditionally. Brent Health Matters was a multi-agency team targeting particularly those communities that health and social care services traditionally had not reached. Within that programme, the team had employed people directly from communities that had not been served well in the past into the multi-agency team. There was also a mental health sub team specifically, led by a Senior Nurse in CNWL, with 6 people from different communities employed to work alongside Brent Health Matters and delivering various events around the borough. She had been in a conversation with the team that week where they had told her about the work they were doing with the Romanian community in Kenton, working with the faith leader and community there about how their needs could be better met, because the community had a lack of trust of health and social care services, many of them were not registered with a GP, and some communities did not recognise mental health in the same way that the Committee were using the terminology. It was agreed that a future report to Committee could focus on Brent Health Matters and the inequalities work being done.

Looking back, the Committee asked whether budget restraints as a result of funding shortfalls had impacted mental health support services, noting that those in poverty were disproportionately represented in people with a mental illness. From a health perspective, Robyn Doran advised the Committee that demand had gone up by approximately 1/3, particularly for inpatient services. However, mental health funding had actually seen a growth over the last 5 years as a result of the national strategy for mental health. She highlighted this was still not enough, but there had been growth and it was expected that growth would continue. Phil Porter added that social care had also had no loss in funding, and one particular area that social care overspent on was mental health. Demand in social care had also seen significant growth over the past few years, particularly home care and supported living. The biggest saving across the last ten years in relation to mental health was to move from a dependence model of patients in residential and nursing care to an independence model through supported living. In cutting back to statutory minimums, there were areas for improvements. For example, as part of Danny Maher's Thrive presentation detailing what service users wanted from mental health services, they had asked for more social, cultural and leisure opportunities to support the recovery pathway. Phil Porter felt there were opportunities to do more across different services, particularly employment, and the work and health programme had been very positive. In concluding, Phil Porter advised the Committee that social care would always meet its statutory requirements, but there needed to be consideration as to whether the national model was sufficiently holistic and preventative to support recovery pathways and avoid escalations, which was difficult to put a figure on in terms of funding.

In response to whether the borough based partnership was pushing for a levelling up in Brent to bridge that inequality of funding in comparison to other NWL boroughs, Robyn Doran confirmed that was the case. In relation to funding for children, a letter had been written to the Integrated Care Board noting that there was not enough funding for children in the borough and demand had increased by up to 30%, pushing for a levelling up there as well.

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

- i) To recommend that more detailed statistics on demographics of residents accessing mental health and wellbeing supported are included in future reports, and to ensure these statistics are accessible and easy to understand.

- ii) To recommend that a report on the work of Brent Health Matters is brought to the Committee at a future meeting.

In addition to recommendations, a number of information requests were raised during the discussion, recorded as follows:

- i) For the Committee to receive information on how the partnership was managing demand for mental health services, and how Brent was performing in comparison to other NWL boroughs.
- ii) For the Committee to receive an infographic example of a person's recovery pathway.

8. Social Prescribing Task Group Interim Report

Councillor Ketan Sheth introduced the interim task group report. He advised the Committee that the task group had now concluded evidence gathering and thanked the Lead Cabinet Member, Officers involved, and the members of the task group for their assistance. He highlighted that there was good work at a primary care level across the borough in relation to social prescribing, and there was a willingness for the Council and Cabinet Member to take that to the next level and grow social prescribing services so that they were accessible to even more different groups. The task group would now be taking stock of the evidence gathering and formulating recommendations to be brought to the Committee for a future meeting.

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

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) felt that the task group had been a very useful journey to take services on to learn about social prescribing and the opportunities to integrate those services into the wider Brent health and social care offer.

Phil Porter (Corporate Director Adult Social Care and Health, Brent Council) agreed that there was a solid foundation for social prescribing to build on and an opportunity to take a whole partnership approach to that. Robyn Doran (Director of Transformation and Brent ICP Director) agreed, adding that it was essential Primary Care Networks (PCNs) worked at a neighbourhood level, and she believed that message had come across.

The Committee wanted a focus on carer duties and responsibilities in the list outlined in section 4.1 of the report. Phil Porter reassured the Committee that there was a clear focus on carers, with a discussion with senior managers held recently which focused on how Brent could put together a clear carers offer across health and social care. He agreed elements of that could be done through social prescribing.

The Committee asked whether consideration had been given to outreach, for those people who may not be able to attend hubs or access social prescribing. Robyn Doran advised the Committee that they were working with the principle that services were difficult to access rather than that communities were hard to reach, so were focusing on how to provide services in every place the community might be, such as in a hub, or where people worked, or in a community centre. If services were taken to where people were, people were more likely to engage. Councillor Sheth added that, while residents registered with a GP had been able to access the offer, the task group were aware not all residents were registered with a GP and therefore were not able to access the service, so the task group was looking to see how everyone, irrespective of their GP registration, could access the services.

As no further comments were raised and there were no recommendations, the Chair drew the discussion to a close.

9. **Any other urgent business**

None.

The meeting closed at 8:13 pm

COUNCILLOR KETAN SHETH
Chair

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