Appendix 2

Community and Wellbeing Scrutiny Committee Scrutiny Recommendations and Information Request Tracker 2023-24

These tables are to track the progress of scrutiny recommendations and suggestions for improvement made by the Community and Wellbeing Scrutiny Committee, with details provided by the relevant lead departments. It is a standing item on the Committee's agendas, so that the Committee can keep track of the recommendations, suggestions and requests it has made, and the related the decisions made and implementation status. The tracker lists the recommendations, suggestions and information requests made by the committee throughout a municipal year and any recommendations not fully implemented from previous years.

The tracker documents the scrutiny recommendations to Cabinet made, the dates when they were made, the decision maker who can make each decision in respect of the recommendations, the date the decision was made and the actual decision taken. The executive decision taken may be the same as the scrutiny recommendation (e.g. the recommendation was "agreed") or it may be a different decision, which should be clarified here. The tracker also asks if the respective executive decisions have been implemented and this should be updated accordingly throughout the year.

Scrutiny Task Group report recommendations should be included here but referenced collectively (e.g. the name of the scrutiny inquiry and date of the agreement of the scrutiny report and recommendations by the scrutiny committee, along with the respective dates when the decision maker(s) considered and responded to the report and recommendations. The Committee should generally review the implementation of scrutiny task group report recommendations separately with stand-alone agenda items at relevant junctures – e.g. the Executive Response to a scrutiny report and after six months or a year, or upon expected implementation of the agreed recommendation of report. The "Expected Implementation Date" should provide an indication of a suitable time for review.

Key:

Date of scrutiny committee meeting - For each table, the date of scrutiny committee meeting when the recommendation was made is provided in the subtitle header.

Subject – this is the item title on the committee's agenda; the subject being considered.

Scrutiny Recommendation – This is the text of the scrutiny recommendation as it appears on the minutes – in bold.

Decision Maker – the decision maker for the recommendation, (**in bold**), e.g. the Cabinet (for Council executive decisions), full Council (for Council policy and budgetary decisions), or an NHS executive body for recommendations to the NHS. In brackets, (date), the date on which the Executive Response was made. **Executive Response** – The response of the decision maker (e.g. Cabinet decision) for the recommendation. This should be the executive decision as recorded in the minutes. The Executive Response should provide details of what, if anything, the executive will do in response to the scrutiny recommendation. Ideally, the Executive Response will include a decision to either agree/reject/or amend the scrutiny recommendation and where the scrutiny recommendation is rejected, provide an explanation of why. In brackets, provide the date of Cabinet/executive meeting that considered the scrutiny recommendation and made the decision. **Department** – the Council directorate (and/or external agencies) that are responsible for implementation of the agreed executive decision/response. Also provided, for reference only, the relevant Cabinet Member and strategic director.

Implementation Status – This is the progress of any implementation of the agreed Executive Response against key milestones. This may cross reference to any specific actions and deadlines that may be provided in the Executive Response. This should be as specific and quantifiable as possible. This should also provide, as far as possible, any evidenced outcomes or improvements resulting from implementation.

Review Date - This is the expected date when the agreed Executive Response should be fully implemented and when the scrutiny committee may usefully review the implementation and any evidenced outcomes (e.g. service improvements). (Note: this is the implementation of the agreed Executive Response, which may not be the same as the scrutiny recommendation).

Recorded Recommendations to Cabinet from CWBSC

| Meeting date and agenda item | Scrutiny Recommendation | Cabinet Member, Lead Officer, and Department | Executive Response | Implementation Status | Review date |
|---------------------------------------|----------------------------|---|--------------------|--------------------------|-------------|
| | | | | | |

Recorded Recommendations to external partners from CWBSC

| Meeting date and agenda item | Scrutiny Recommendation | External partner | Response | Status |
|--|--|------------------|------------|--------|
| 5 July 2023 - Local Healthcar e Resource s | That North West London ICB colleagues are invited for further discussions relating funding settlements for Brent in relation to North West London. | Brent ICP | To follow. | |
| Overview | That work to address the inner and outer London pay gap is further escalated, and that bolder solutions are utilised. | Brent ICP | To follow. | |
| | That the Brent Integrated Care Partnership advocates for further levelling up funding for children's mental health services in the borough. | Brent ICP | To follow. | |
| | That the North West London ICB commits to a timescale to address the | Brent ICP | To follow. | |

| historical underfunding compared with other North West London boroughs and to equalise levels of expenditure. | | | |
|--|-----------|------------|--|
| That a collaborative approach is taken with staff, the community and managers to co-produce solutions for retention. | Brent ICP | To follow. | |
| That Brent continues to advocate for healthcare funding being allocated by need, rather than population. | Brent ICP | To follow. | |
| That healthcare resources are allocated to areas of Brent with greater need and deprivation, so that more targeted work can be done in these areas. | Brent ICP | To follow. | |

Recorded suggestions for improvement from to Council departments/partners

| Meeting date and agenda item | Suggestions for improvement | Council Department/External Partner | Response | Status |
|---|---|---|--|--------|
| Tackling Health Inequalities in Brent | That cross-council work on health inequalities is strengthened to develop a whole council approach to further addressing health inequalities. | Wellbeing | To follow – Public Health and Brent Health Matters are started to explore action to address these and a full response will be provided for the next meeting. | |
| | That appropriate council officers are given training on intersectionality, to further develop the organisation's understanding of intersectionality, and its impact on our residents. | | To follow. | |

| | That emerging neurological conditions within the community are considered for inclusion as part of Brent Health Matter's work. | Wellbeing | To follow – Public Health and Brent Health Matters are started to explore action to address these and a full response will be provided for the next meeting. | |
|------------------|---|-----------|--|--|
| Local Healthcare | That the proposed induction for all staff working in Brent should include | Wellbeing | To follow – Public Health and Brent Health Matters are started to explore action to address these and a full response will be | |
| | attending a Brent Health Matters community event. | | provided for the next meeting. | |

Information requests from CWBSC to Council departments/partners

| Meeting date and agenda item | Information requests | Council Department/Ext ernal Partner | | Response | |
|---|----------------------------|--|-------------|--|-------------------|
| Tackling Healthlatest data on Brentand WellbeirInequalities inHealth Matters' co-production activity,Brentproduction activity,through community | | Care, Health and Wellbeing | | | of participation: |
| | engagement in the borough. | | Empowering | Community controlled development | |
| | | | Co-Creating | Devolving a degree of decision making to the community. | control |
| | | | Involving | Running events like workshops and charrettes to involve the community in the development | citizen |
| | | | Consulting | Seeking and taking account of their views. | Rising |
| | | | Informing | Telling the community about the plans | |
| | | | At present, | | |

| 5 July 2023 - | To receive | Care, Health | Community organisations that are at empowering or partnership stage is 30 Co creating- 40 Involving- 51 Consulting- 62 Informing is 160 Events Data: Since November 2021- July 2023, we have done 136 outreach events which were attended by 7,022 people and we carried out 5,986 health checks. We have a breakdown of people seen by other teams and the findings of health checks if you need In terms of whole council approach to tackling Health Inequalities, Our current Brent Inequalities policy is due for renewal and the group in starting in October. Public Health colleagues have asked to be part of this group so we can ensure tackling health inequalities is part of this policy. This will ensure buy in at whole council level to develop action plans In line with BHM clinical priorities, there are plans to focus BHM work in our most deprived areas mainly Harlesden, Willesden and south Kilburn To follow – Public Health and Brent Health Matters are started to explore action to address these and a full |
|--|--|--|--|
| Local Healthcare Resources Overview | information on how outreach work in schools to promote roles in Brent's health and social care sector is aligned with the Greater London Authority's academy. | and Wellbeing Department and Brent ICP | response will be provided for the next meeting. |