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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Tuesday 30 January 2024 at 6.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillor Collymore (Vice-Chair) and Councillors Afzal, Ethapemi, Fraser, Molloy, Rajan-Seelan, Smith and Mistry, and co-opted member Ms Rachelle Goldberg

Also Present: Councillors Butt, Grahl and Nerva

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

- Councillor Matin
- Councillor Begum
- Co-opted member Mr Alloysius Frederick

2. **Declarations of interests**

Personal interests were declared as follows:

- Councillor Sheth declared a number of personal interests as outlined on the website.
- Councillor Ethapemi – spouse employed by NHS
- Councillor Rajan-Seelan – spouse employed by NHS
- Councillor Collymore – Member of ICP Board
- Councillor Fraser – works for an organisation that had received funding from HAF
- Councillor Tazi Smith – employed by health provider

3. **Deputations (if any)**

A deputation was received from Roundwood Youth Club in relation to agenda item 8 – Brent Youth Strategy and Provision.

Representatives from Roundwood Youth Club began their remarks by highlighting that over 85% of a young person's waking hours were spent outside of school or formal education settings. Roundwood Youth Club had been open for more than ten years, and the Club was home to many different activities and support groups helping young people aged 11-19 years old to flourish in a safe space. The Club had been denied access to the site for 4 weeks in October-November 2023 due to discrepancies between Roundwood School, the venue for Roundwood Youth Club, and the Council's assigned representatives for youth provision, Young Brent Foundation. The Club had also been denied access during the school holidays. As a result, representatives felt this had caused disruption in training for upcoming mixed martial arts gradings and competitions as well as training for new youth workers. The lack of access had also affected Duke of Edinburgh volunteering hours and left over 60 other young people with no safe space to go. Representatives asked the Community and Wellbeing Scrutiny Committee to scrutinise the Council's arrangements with Roundwood School and Community Centre and for the Council to revisit the promises made to Roundwood Youth Club when the site became a school.

The importance of young people seeing peers and having a routine was highlighted by representatives, and the lack of access to the Club had resulted in stress and had a

negative impact on the mental health of young people using the Club. There had been a loss of sense of community, a loss of a space away from home, and young people felt restricted socially. The Club helped young people stay off their phones and the representatives highlighted that a healthy mind from a young age promoted a healthy adult life away from addictions.

The representatives also highlighted there was a range of different backgrounds attending the Youth Club, which created a diverse environment for young people to learn about each other's cultures.

The representatives highlighted the range of skills they had gained from Roundwood Youth Club, such as self-defence, self-respect and discipline. The Club was a free space for young people in Harlesden and when it had closed the users had been worried it would not reopen. They felt that Harlesden needed these types of groups so that young people had a space to spend their free time away from the streets where there could be negative influences. Youth Club gave young people the opportunity to do multi-sports, youth games, cooking, receive advice on jobs and training, and receive support from youth workers. Alongside this, there was the opportunity to train young leaders, coaches and qualified youth workers. The venue also supported families with a food bank and family wellbeing programme. It was felt that the Club was now a fraction of what it used to be due to youth service cuts, and the Club had been running with no funding since 2020. Highlighting section 5.3 of the report, the representatives noted that there was £2m being made available for the improvement of youth provision buildings. They advocated for that money to instead be spent on improving existing youth services, as Roundwood Youth Club had an up to date and modern building which was not being used for its initial intent, with only one space available to use for youth activities while other spaces were empty. Representatives advocated for the site to be open every day after school, during weekends and during school holidays, and for funding to be spent on equipment, coaches and training. In concluding, the representatives hoped that the Council would take these issues into account in planning for youth provision and that the Council involved young people in future decision making.

The Chair thanked Roundwood Youth Club representatives for their presentation and for putting their thoughts articulately before the Committee. The Committee offered a round of applause to the group for their presentation.

4. Minutes of the previous meeting

The minutes of the meeting held on 22 November 2023 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Order of Business

The Chair amended the order of business to take item 8 – Brent Youth Strategy and Provision - first, in order for officers to respond to the deputation made by Roundwood Youth Club and for Brent Youth Parliament representatives to participate.

7. Brent Youth Strategy

Councillor Gwen Grahl (Cabinet Member for Children, Young People and Schools) provided some political context to the report which detailed Brent's revised Youth Strategy.

She highlighted that youth services had faced challenges over the past 14 years as a result of austerity programmes which had caused a reduction in funding for youth services. The report highlighted the specific situation in Brent where most youth centres closed in 2015 following a cut of £900k to provision. The national charity, UK Youth, had found that more than 4,500 youth worker jobs had disappeared, 760 youth centres had closed, and over £1 billion per year had been lost from the sector in the past decade. Alongside this, the government had implemented updated statutory guidance for local authority responsibilities in relation to youth services in September 2023.

In continuing to introduce the report, Councillor Grahl detailed that there was a big demand for youth services across the borough, and the Council benefited from partnering with the Young Brent Foundation (YBF), who helped Brent to deliver a meaningful offer by co-ordinating opportunities for youth provision with many different community and voluntary sector organisations. She felt that YBF had been innovative in finding different sources of funding and had developed some outstanding initiatives over the years. The Children and Young People Department had also applied for other sources of funding available to them, such as the Holiday Activities and Food Programme (HAF) and the Mayor of London's Disproportionality Project. The refreshed Youth Strategy aimed to strengthen some of those partnerships and opportunities, and had ambitious aims around public health and tackling the climate crisis. In concluding, Councillor Grahl highlighted that, too often, youth services were spoken about in the context of tackling violent crime, and she wanted to discourage that approach so that youth services were seen as a vital source of wellbeing, creativity and connection for young people, and which delivered a range of outcomes that could be a lifeline for some of the poorest children in the borough.

Nigel Chapman (Corporate Director for Children and Young People, Brent Council) added that, in the absence of a funded youth offer, the Council's Youth Strategy focused on partnership with the local community and voluntary sector. The report detailed the progress made from the previous strategy and how the Council aimed to move into the next phase with the voluntary and community sector, using the voice of young people.

The Chair thanked colleagues for their introduction and invited Chris Murray (CEO, YBF) to contribute to the introduction. Chris Murray began by highlighting the collaboration between the local authority and voluntary and community sector, which had been growing each year. YBF had supported a My Endz programme to be funded through the Violence Reduction Unit called 'One Flow, One Brent' which had brought in just under £1m to the borough. YBF was currently looking at a Youth Futures Foundation programme around youth employment, or under-employment, for young people under 25, to help children flourish in their abilities to find employment.

The Chair thanked the Cabinet Member and officers for their introduction and invited comments and questions from the Committee, with the following issues raised:

The Committee highlighted that the report detailed a number of deliverables but did not include success metrics or indications as to how successful delivery had been. They asked officers how the Committee could be assured that delivery was successful. Nigel Chapman highlighted that a number of activities outlined in the report were funded programmes which required reporting on outcomes and progress, which were targeted measures. These had not been included in the report but he was confident they had been successful, particularly the 'One Flow, One Brent' programme and the work done with the Violence Reduction Unit. Within the Youth Strategy, the themes identified were around young people feeling they had a voice, feeling they had places for them and facilities to experience activities, that they could develop more skills and opportunities and that their mental health and wellbeing improved. Those measures were not solely contained within the Youth Strategy and would be reported in other places. For example, the performance around young people in education, employment or training would be reported within the Council's Corporate

Performance Scorecard. It was agreed that the Committee could be provided with some data that reinforced some of those outcomes. In addition, any piece of work that YBF brought into the borough required KPI reporting within the contract, and those reports were available on the YBF website.

In further responding to requests for success or outcome data, Councillor Grahl highlighted that community organisations, which were now the primary delivery mechanism for youth services, were not necessarily set up to collect data in the same way the Council could. However, community and voluntary sector organisations had enormous benefits and could reach different parts of the community that the Council did not reach as easily. She highlighted the deputation made by Roundwood Youth Club in demonstrating how important youth services were to young people.

The Committee asked what the impact of funding cuts had been in terms of who had been most impacted. In terms of funding, Councillor Grahl highlighted that the Council now no longer directly funded youth services and relied on the voluntary and community sector to provide services. YBF helped to find funding for community programmes and the Council could make small pots of funding available where possible. The Mayor of London had also started to make more funding available for youth provision. Due to the Council no longer directly funding services, it was difficult to measure the impact of funding cuts. Nigel Chapman highlighted that, while it was not possible to directly measure the impact of cuts, the Council could see that demand had grown for services in other areas, such as demand for support in Family Wellbeing Centres, which might point to a connection between lack of universal services and an increase in more targeted support required. On the other hand, the Youth Justice Service had seen a reduction in the number of cases they supported, so there was not always a direct causal link between reducing universal services and increases in demand elsewhere. There was also national data available on the impact of youth services by the charity UK Youth, which showed that youth services were worth a lot in terms of the money they saved local authorities, NHS services and education. For example, youth services could have an impact across the board on public health and education outcomes, and politicians were now recognising that youth services helped reduce the vulnerability some young people had to violent crime.

The Committee highlighted section 5.3 of the report which stated that Brent did not meet the funding requirements for government capital youth centre funding in 2023. Nigel Chapman confirmed that only two London boroughs had been eligible to bid for that funding at the time, and the allocation of that was determined by central government.

The Committee asked how aware of Family Wellbeing Centres young people were, and whether they made use of them. Serita Kwofie (Head of Early Help, Brent Council) explained that the Council was developing the youth offer across the 8 Family Wellbeing Centres (FWCs) in Brent and there were a number of young people who used the centres. Initially, there had been less of a desire to attend by young people as they saw FWCs as a space for their younger siblings, but the Council had worked on changing that perception and broadening the offer for young people to make sure it was targeted to what young people wanted. The FWCs were now becoming more well attended and offered after school activities, holiday activities, and engaged with young people to understand what they wanted from the FWCs to tailor services to their demand. FWCs also worked with YBF.

The Committee asked how the Children and Young People Department would ensure the Youth Strategy aligned with the Brent Black Community Action Plan (BCAP). Serita Kwofie explained that there were a number of strategies that the department wanted to align the strategy with so that it was not a standalone strategy and it correlated with the aims and goals for the Council's other strategies. This would enable a collaborative approach to youth provision across the Council.

Continuing to discuss FWCs, the Committee asked what support they offered children and young people with mental health issues and for future reports to include that information. Councillor Grahl explained that FWCs were hubs where families in need could access many different services and could signpost to psychological services if needed. They also had a number of services operating within the centres themselves predominantly tied in with the Early Help Programme. The model for FWCs had proved very successful and as such been expanded due to the evidence showing their benefits.

The Committee highlighted concerns that some communities were able to service youth provision in their own communities financially while other communities could not, which was leading to inequalities. They hoped the new strategy would identify those inequalities and consider ways of tackling those.

The Committee asked whether sufficient consultation took place with young people to understand their views about youth services. Nigel Chapman highlighted that 500 young people contributed to the first Brent Youth Strategy, with 300 responses to the survey as detailed in the report. The Council intended to go back out to consult young people, and had committed to that as part of the borough plan. The Committee hoped the Council would also engage with parents and carers.

The Committee was joined by representatives from Brent Youth Parliament, and the Chair invited them to contribute to the meeting at this stage. They asked officers how young people would be able to make their contributions to the Youth Strategy and which young people in particular would be engaged. Councillor Grahl responded that the Council was happy to work with many of the organisations it currently did through the voluntary and community sector and the organisations that had benefited from funding in the past. The YBF had good connections with all groups of young people so the Council was keen for them to be at the heart of the Strategy, and the Council would be engaging with Brent Youth Parliament as well. Serita Kwofie added that the Council was trying to engage with social media more to ensure it was reaching out to young people and accessing their views. Brent Youth Parliament highlighted that the Brent Youth Strategy Survey had garnered 300 completed surveys, but there were over 100,000 young people in Brent. They felt it was clear that there were many young people in Brent who were not aware of the youth provision that existed or that there was the opportunity to contribute to the Youth Strategy. They asked how the Council planned to make these opportunities more accessible to young people. Serita Kwofie responded that this was part of the communications strategy and included engaging with social media, schools, alternative provision, and youth provision. The Council was not aiming to do this on the scale done previously but instead aimed to broaden the reach to get a representative voice.

BYP noted that £2m had been made available for youth provision buildings. They asked why the Council did not direct that funding towards provisions already in place instead, as put forward by Roundwood Youth Club during their deputation. Nigel Chapman explained that the £2m available was capital funding, not revenue which could be used for running services. The Leader of the Council provided further context, explaining that it was Strategic Community Infrastructure Levy (SCIL) funding which was negotiated and agreed by Planning Committee and Planning Officers for use on capital project infrastructure, which could only be used to build new buildings or invest in localities where there would be long term improvement. As such, the Council was working on a programme to determine which organisations would benefit from building infrastructure improvements.

The Committee noted that the report had detailed an opportunity to explore a Youth Zone in Brent with the national charity OnSide, and asked whether the Council could explore that opportunity further. Nigel Chapman explained that there had been a number of meetings in relation to this with both OnSide and the Leader of the Council, where the main challenge

had been finding a suitable site for OnSide. The Council had available sites but OnSide felt they were not sites they wanted to take forward, so the Council made the decision to not actively pursue the option. The capital funding had been earmarked so it was important to make use of that money, so the Council had made the decision to look at making the £2m capital funding work for youth buildings across the borough rather than one individual space. Having said that, the Council had not closed the door to OnSide and OnSide could come back to the Council in the future.

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 young people were represented as part of the Youth Strategy Steering Group. As part of this, the Committee recommended there was representation from across the sector and geographical areas in the borough so that all areas were represented.
- ii) To recommend that a more specific engagement target was set for the number of young people reached when developing the strategy.
- iii) To recommend that officers continue to think creatively about solutions to funding of current provision.
- iv) To recommend that the Council communicates its communications strategy publicly so that it is widely available to young people.

Several information requests were also made throughout the discussion as noted below:

- i) For future reports to detail performance data so that the committee could compare how well the Council was doing in this area.
- ii) For future reports to be clearer about the impact of cuts and how the department mitigates against them to ensure good youth provision.

As the Chair drew this item to a close and waited for colleagues to join the meeting, he asked for an update regarding the fire on Elm Road, Wembley which happened on 29 January 2024, and the safety and security of the school on Park Lane. Nigel Chapman updated the Committee that, to the best of the Council's knowledge, the school had been open as normal. There had been no direct impact on Park Lane Primary School as a result of the fire, but he was aware there were some pupils who attended a different nearby primary school had not been in school that day but had been supported well by their primary school. The Council continued to monitor the situation and provide support wherever possible.

8. NHS Start Well

Sarah Mansuralli (Chief Strategy and Population Health Officer / Interim Deputy CEO for NCL ICB) introduced the report, which detailed the proposals to consolidate maternity and neonatal services, known as NHS Start Well. In introducing the report, she highlighted that North Central London Integrated Care Board (NCL ICB) recognised that this would have implications for both staff and residents using or working in those services, but there had been some detail lost in the overarching narrative around the proposals that she wanted to clarify. Having listened at many stakeholder engagement activities, there seemed to be an assumption that the proposals were being driven by an attempt to achieve cost reductions and efficiencies in the NHS, but she affirmed that this was not the case. Instead, the proposals focused on creating high quality services that offered personalised care to deliver improved outcomes in maternity and neonatal health. To deliver either option that NCL was consulting on would require approximately £40m in capital investment, and a

substantial revenue investment into workforce. There was also a public perception that consolidating the workforce onto fewer sites was due to recruitment and retention challenges within the NHS. She highlighted that, whilst consolidation would improve resilience on sites, the purpose of the proposals was to ensure that staff saw and treated the right amount of cases to maintain their clinical competencies. Due to the low volumes of births on some sites currently, maintaining clinical competencies was a challenge, and this drove staff to go to other units where they could maintain their competencies, exacerbating existing retention challenges within the workforce.

There was a number of improvements the proposals would deliver for both NCL and North West London (NWL) populations, and the Royal College of Midwives was clear that personalised care, together with continuity of care, was critical in improving outcomes in maternity and child health. Without significantly improving both the workforce and facilities, it became difficult to provide that level of care and give time and attention to deliver personalised care that responded to the diverse needs of NCL and NWL communities. NCL ICB appreciated that there was a variety of perspectives on the proposals, and assured the Committee that they had been clinically developed by the professionals delivering the services, and that the models of care represented best practice as well as evidenced based clinical standards, which would ensure that maternity and neonatal care met the recently published standards in the three year maternity plan. NCL ICB was engaging extensively with populations in all affected boroughs and Brent and Harrow were a key part of that.

In continuing the introduction, Rob Hurd (Chief Executive – NWL ICB) explained that inequalities in maternal and child health were fundamental to this programme of work, and the impact assessment and acknowledgement of those for the most deprived communities, including ensuring no detrimental impact, was forefront as the ICB went through the consultation. In relation to NWL ICB, colleagues were working with NCL ICB and Brent Council to ensure assurances were sought before final decisions were made. In concluding, he advised the Committee that NWL ICB considered the proposals to be a positive step in addressing maternal and neonatal health inequalities.

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

The Committee asked how funding would work following any shift in service. They were advised that any funding would follow where the activity took place. There were units in NWL ready to do significantly more work than was currently flowing through NWL maternity units, so it was clear that the funding of those would lead to better use of all resources. As such, the funding followed the patient, and as a person chose where to give birth, the funding for their care followed them.

The Committee highlighted the opposition they had heard from Brent residents in relation to these proposals, who felt that they had been pushed forward at the expense of coverage. With the option to close the Royal Free maternity unit Willesden and Harlesden, where there were existing poorer health outcomes, had been identified as areas that may be affected. As such, the Committee asked what support could be offered to those communities who would be impacted by the changes, if they were to be implemented. Sarah Mansuralli explained that implementing the programme of work had positive benefits for the population at large, but there would be specific parts of the community that the ICB would need to focus on to mitigate any adverse impacts. The ICB had looked at groups of service users across the whole population from an outcome point of view and found that those in Willesden and Harlesden often had worse outcomes, which was why those areas had been highlighted as areas to pay close attention to in the option where the Royal Free was modelled to close. To mitigate that, the ICB was taking a hyper local approach to engagement in those areas to ensure that the changes were well understood and that residents had a chance to give their views. In the interim integrated impact assessment

(available on the ICB website) the ICB had focused on some actions it would need to take to support those communities such as language and communication support, transitioning from one model to another, and additional transport options. The ICB had set out and worked with local community groups and health professionals to think about the first assessment of those mitigations for both options that were out to consultation, and a key question being asked during consultation was what else the ICB should be thinking about in terms of mitigations, which could then be built into a final integrated impact assessment. Colleagues in NWL would be an integral part of that conversation to garner feedback at a local authority level, health service level, and the individual voices from Brent's communities. As such, there would be a need to commit to working in a joint way with Councils and local NHS organisations to ensure the pathways in the option where the Royal Free was modelled to close worked in the way that was needed for those affected populations.

In considering the consultation exercises being undertaken, the Committee asked how widespread those would be and what methods were being undertaken to consult the population of NWL and Brent. Anna Stewart (Programme Director – NHS Start Well, NHS NCL ICB) informed the Committee that NCL ICB was almost halfway through its 14-week public consultation. She felt the ICB had done a lot of work already in Brent, and councillors, as community leaders, had many links with voluntary and community sector organisations that the ICB was actively following up. Widespread promotion activity was taking place through social media, including Facebook, X, and the consultation website. The consultation materials had been translated into over 15 different community languages which took account of languages spoken in Brent and Harrow as part of that. Promotional activity had been sent to all GPs, to Brent Connects groups, the Brent 'Your Say' website, and individual meetings and drop-in events were taking place with various different organisations. Most recently, NCL ICB had been to Brent Central Mosque and Willesden Pakistani Centre, and there were a number of further engagement events planned. It was agreed that a list of activities/events could be circulated to the Committee.

The Committee highlighted that women would take a view on continuity of care, and asked how much focus there was on choice in the proposals. Sarah Mansuralli confirmed that the modelling underpinning the business case had looked at choice. Currently, if women from NWL or Brent chose to go to Northwick Park Hospital or St Mary's Hospital to give birth, there was continuity of care because community and universal services were geographical to where they chose to give birth. Whereas, when women choose to give birth at a hospital in NCL, e.g. Royal Free or the Whittington, then there was a lack of continuity of care, leading to fragmented care between antenatal, delivery and postnatal care. In future should the proposal to close the services at the Royal Free be taken forward, if a woman chose to go to either of those hospitals, they would receive continuity of care through antenatal, delivery and postnatal, and would then get connection with universal services commissioned by the Council such as health visiting and community midwifery. Anna Stewart added that the needs of the baby also needed to be taken into account. For example, Royal Free Hospital Maternity Unit only had a level one neonatal unit, meaning any mother giving birth at less than 34 weeks gestation, where there may be a need for additional care, would likely be moved to a level two or level three unit in the period before they gave birth or if they needed additional care after going in to labour. For this reason, it was important to take into account the complexity of the case and ensuring that there would be no adverse impact of giving birth in the preferred unit.

In relation to continuity of service, the Committee asked whether there would be capacity within the community for antenatal and postnatal care should the option involving the closure of the services at the Royal Free be taken forward. Rob Hurd highlighted that, as part of the final impact assessment, the ICB would need to take account of the variation that would be required in those services, and the funding and capacity would follow

patients in antenatal and postnatal care as it would for hospital care. Capacity in the community would be in place at the point in which the preferred option comes into play.

In considering any expansion of activity and services at Northwick Park Hospital, the Committee highlighted that there was a negative perception of maternity services in the general public following the CQC inspection. The Committee acknowledged that the hospital had since made improvements, therefore the Committee asked what work was being undertaken to improve those perceptions following the improvements. Rob Hurd agreed it was fundamental to promote the improvements being made at Northwick Park Hospital, which had moved beyond the issues of the past. North West London had a critical mass of safe units with high quality services that would be enhanced by the proposals, so communication activity would take place to promote those benefits to local residents in the event that the proposals around the Royal Free Hospital were taken forward. Mike Greenberg (Medical Director, Barnet Hospital) added that the more patients giving birth at Northwick Park the more this would improve the expertise of staff through clinical practice, enabling them to maintain their clinical competencies.

The Committee raised a query specifically in relation to the proposed closure of the birthing suites at Edgware Birthing Centre, asking whether this deprived patients the choice of a small, intimate, and nearby centre. It was difficult for residents close to Edgware to travel to Royal Free Hospital and many patients felt wary of Northwick Park Hospital. Sarah Mansuralli advised the Committee that they would listen to consultation feedback on that proposal, but had put the option forward because only 37 babies per year were delivered in the Edgware Birthing Suites which amounted to less than one delivery a week. The complexity of births was increasing across the board for a variety of factors such as later in life births, long term conditions and comorbidities, which meant many pregnant people were not eligible to deliver at Edgware Birthing Centre. Keeping up clinical competencies with the small number of births was difficult. The proposal was to close the Birthing Suite at the Edgware Birthing Centre and relocate the activity alongside midwifery led units, which were co-located with the Obstetrics Units in order to respond to population need, so there would still be antenatal, post-natal and community services available at Edgware Birthing Centre.

The Committee highlighted the cost to an individual of being pregnant and having a baby in terms of additional expenses, particularly if a pregnant person had difficulties and was required to travel to attend multiple appointments. They had concerns that this would result in less choice for residents as they would need to go to the nearest and cheapest place, and there was a risk of people not getting to appointments on time or not attending appointments because of travel costs. They asked whether these considerations would factor in to how the ICB would understand the impact. Rob Hurd explained that the process of the consultation would include listening and working out some of that detail around what the transport options would look like and what mitigations would need to be put in place to ensure better transport options were available for either of the options on which the public were being consulted.

Having highlighted best practice as one of the areas of focus of the proposals, the Committee asked whether this was being emphasised as a result of any failings in maternity services, and whether a training programme would be better suited to mitigate any failings rather than a reconfiguration programme. Mike Greenberg explained that the number of births was declining, and there were not enough births in certain units, such as the level one neonatal unit at Royal Free Hospital, for staff to be able to maintain the skills and expertise required to deliver that care. Looking at the whole of NCL, even if the ICB was to make Royal Free Hospital a level 2 unit, there was not enough births to maintain the expertise of staff. As such, this was why the proposals were to reduce and consolidate units.

The Chair invited Councillor Nerva, as Cabinet Member for Public Health and Adult Social Care, to contribute to the discussion. Councillor Nerva stated disappointment that this work had gone on for a considerable period of time without the local authority being informed, as he had only been made aware of the upcoming consultation in early December 2023. He highlighted that, as a local authority, the Council had a lot to offer the work and was a key part of the consultation process outside of NCL. He had hoped for a joint approach across NWL and NCL to look into how maternity services might be improved in future. In addition, he highlighted the importance of focusing on inequality issues in considering any options in relation to NHS Start Well.

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) For future reports to detail assurances that, as a result of the increase in demand should the changes in NCL take place and result in consolidated services, mitigations were in place against staff fatigue, human error, and overcrowding of facilities.
- ii) To recommend that the impact of cost to prospective parents in relation to patient choice is considered in the final business case.
- iii) To recommend that the ICB consult a wider geographical area of residents, and ensure interpretation services are available in a wide variety of languages to undertake that consultation.
- iv) To recommend that, post any changes that are implemented, the ICB take a view as to the impact they have made.

In addition to recommendations, the Committee made several information requests, as recorded below:

- v) For the Community and Wellbeing Scrutiny Committee to receive the detail of engagement activity undertaken to date, including the number of individuals and groups consulted, and geographical and demographic information.

9. Adult Social Care Quality Commission (CQC) Inspection

Councillor Nerva (Cabinet Member for Public Health and Adult Social Care) introduced the report, which provided an update on preparations for CQC local authority Adult Social Care Assurance. The Committee heard that this would be the first formal statutory inspection of Adult Social Care that the Council had received in ten years, but there had been a peer review conducted the previous year to prepare. In concluding the introduction, Councillor Nerva highlighted that inspectors would be interested in the delivery and leadership shown across services, including partnership working with local health services.

The Chair thanked Councillor Nerva for his introduction and invited comments and questions from those present. The following points were raised:

The Committee asked whether there was any evidence of differences in performance and commitment for agency workers compared to permanent staff. Claudia Brown (Director of Adult Social Care, Brent Council) believed that there was a difference, and when the Council had permanent staff it had the ability to raise stability and the standard of service. The Social Workers employed through the Assessed and Supported Year in Employment (ASYE) went through a set of criteria and were trained in order to set the standard of practice going forward. There were also social work apprenticeships which helped the Council to grow its social care workforce.

In relation to agency workers, the Committee asked whether there was an inter-borough initiative to keep agency staff costs down across London. Claudia Brown responded that in Adult Social Care there was no London Pledge, but there was agreement by the Association

of Directors of Adult Social Services (ADASS) that all boroughs would stick to a particular rate to pay agency. However, this had not been as successful as hoped, so ADASS was now looking towards the potential for a London Pledge for Adult Social Care.

The Committee noted that, in preparation for the CQC inspection, there had been an acknowledgement of funding constraints. The Committee asked what the impact of those constraints was on the Council's ability to have a good judgement from the inspection, and how much of the result might be due to funding issues compared to other factors within the service. Rachel Crossley (Corporate Director Care, Health and Wellbeing, Brent Council) explained that some of those funding constraints impacted on workforce, for example, if the Council could pay staff more then it could retain more staff and invest in more training, but she felt that Brent had done good work in managing that market. Brent's key focus was around practice standards by driving consistency and working with managers around supervision and case reviews, which did not cost money. Councillor Nerva added that the Council had made a commitment to 'parity of esteem' between children's and adult's social care and the local authority was now paying an enhancement to attract staff on a permanent basis. The Council was able to put resourcing into staffing in this way, but the other issue was around cost of care, and he felt there was a broken system in relation to care costs across the whole market that required work across the whole Integrated Care Board or national basis.

The Committee raised negative national media reports of abuse of care clients, and asked whether Brent Council sufficiently monitored and trained care providers so that the Council did not fall into that category. Officers explained that care provider contracts were monitored and there was specific mandatory training that the provider must undertake with their staff on an annual basis in order to comply with their contract, which could be checked when quality assurance visits took place. The Council also offered safeguarding awareness training for providers.

An area of concern the Committee raised was around transitions from childhood to adulthood. Members heard that transitions was an area the Council was working on and developing and there was now a Transition Officer working in the Children's Disability Service. A transitions tracker had been developed which tracked all individuals coming through transition, which would enable to Council to know who was going through transition and plan with them their package going into adulthood.

In relation to carers, the Committee asked what support the Council provided. Claudia Brown explained that the Council commissioned Brent Carers Service to work with carers and undertake training and signposting and link back to Council services where necessary. The Council worked closely with Brent Carers Service to ensure it was identifying carers to support their needs and nobody slipped through the net.

The Committee asked how much oversight the Council had over the duty of care that housing and health services had towards vulnerable adults. Claudia Brown explained that Adult Social Care had developed a relationship with housing and held a housing surgery where housing colleagues would bring complex cases to Adult Social Care to discuss. Adult Social Care was also in the process of developing protocols and pathways with housing and other areas to ensure there was a clear pathway into Adult Social Care. A multi-disciplinary SMART Team was in place to pick up those individuals who did not meet the criteria for Adult Social Care at the onset of their presentation but who usually ended up needing Adult Social Care in the longer term. That team was now merged with the duty service to ensure quick and holistic responses to individuals and was made up of housing officers, social workers and occupational therapists.

Some Committee members had been told by carers that they were being employed by private companies and believed they had not received the correct training. The Committee

was informed that Adult Social Care had a regular meeting with CQC so when companies like that were brought to the Council's attention they could be highlighted to CQC who could then inspect those services. She thought it was good for the public and councillors to be aware that this happened so that they could let Adult Social Care know of any issues.

The Committee asked how Brent was performing in relation to Adult Social Care assessments. Rachel Crossley highlighted that assessments were a major priority and Adult Social Care was putting in more resources around that, as well as annual reviews, to ensure there were up to date assessments in every space. There were around 300 assessments on the waiting list but there was a plan in place to clear that and it was estimated that would be done by May 2024.

The Committee asked how Adult Social Care was involved in the discharge process with hospitals. Claudia Brown highlighted that Brent's hospital discharge service was one of the best performing in NWL and could usually discharge patients within 2-3 days. In some cases, this may take longer if there were further arrangements to be done before an individual could be assessed. Adult Social Care would need to determine whether a person was Care Act eligible for Adult Social Care which could cause a blockage, or the person may not be fit for discharge in the opinion of Adult Social Care and require other issues to be addressed before the person was safe for discharge. Councillor Nerva added that there was always scope to do better in relation to discharge, but if there were issues that councillors came across he asked them to put forward a members enquiry. In his role as Cabinet Member for Public Health and Adult Social Care, he had been pushing the ICB to provide information to patients when they were admitted to hospital explaining what happens and the stages of discharge.

The Committee asked how the Health and Wellbeing Board assured themselves there was joined up working and oversight from the local system. Councillor Nerva highlighted that the most recent Health and Wellbeing Board had discussed the new inspection regime and what that would mean for the local NHS. The CQC was responsible for regulating both Adult Social Care and NHS, so it was expected the inspectors would take a good interest in hospital discharges where there was overlap between health and social care. He hoped that as the arrangements for inspection developed, there would be a place-based approach looking holistically at all of the system including social care, housing and the local NHS.

In concluding the discussion, the Chair asked how ready the Council was if there was a call for inspection imminently, and an estimate of how the Council may be judged. Rachel Crossley explained that the CQC would inform you that they would be visiting within the next 6 months, and then would provide 6-8 weeks notice within that 6 months before visiting. Once that notification was received, Adult Social Care would then have a 3 week period of information gathering and would engage staff and members on their self-assessment to test that. In being pragmatic, officers felt that a worst-case scenario judgement would be 'requires improvement' and a best case scenario judgement would be 'good'. Councillor Nerva added that, whilst it was Adult Social Care being inspected, the whole system had a role to play within that.

As no further points were raised, the Chair drew the item to a close.

10. **Community and Wellbeing Scrutiny Committee Recommendations Tracker**

The Committee noted the recommendations tracker.

11. **Any other urgent business**

None.

The meeting closed at 8:20 pm

COUNCILLOR KETAN SHETH
Chair

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