

THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE
Wednesday 20 November 2024 at 6.00 pm
Held as a hybrid meeting in the Conference Hall – Brent Civic Centre

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Fraser, Aden, Afzal, Ethapemi, Lorber, Mistry, Rajan-Seelan and Smith, and co-opted members Ms Rachelle Goldberg and Mr Alloysius Frederick

In attendance: Councillor Neil Neva

1. Apologies for absence and clarification of alternate members

- Councillor Mahmood had been in attendance but became ill for the duration of the pre-meeting and therefore passed on his apologies and left before the start of the meeting.
- Councillor Benea passed on her apologies following her appointment to Cabinet.

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor of Central and North West London NHS Foundation Trust
- Councillor Ethapemi – spouse employed by NHSE
- Councillor Tazi Smith – employed by NHSE

3. Deputations (if any)

None.

4. Minutes of the previous meeting

The minutes of the meeting held on 20 November 2024 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. CQC Adult Social Care Improvement Plan

Councillor Nerva, as Lead Cabinet Member for Adult Social Care, Public Health and Leisure, introduced the report, which provided details of the Brent CQC Adult Social Care Inspection and the Adult Social Care (ASC) Improvement Plan. He highlighted that the local authority was last inspected over 10 years ago, and this was the first inspection Brent had received as part of the new CQC inspection regime for local authorities. The result from the inspection was that Brent Adult Social Care 'requires improvement', and it was highlighted that the Council was 1 percentage point from 'good'. Councillor Nerva emphasised the importance of not dwelling on that one point and instead to take on board the feedback received from the inspectors. In addition, the authority was judged 'good' for both keeping residents safe and leadership. He added that, whilst the CQC Inspection was of Adult Social Care fulfilling its Care Act responsibilities, some of the services that were inspected ran right across the authority and interfaced with NHS services and the voluntary sector. In bringing his remarks

to close, he highlighted that the Adult Social Care Improvement Plan and Adult Social Care Transformation Programme due to be considered in the following agenda item complimented each other and focused on the measures the local authority was putting in place to make demonstrable improvements.

Claudia Brown (Director Adult Social Care, Brent Council) added that the Improvement Plan focused on the areas identified by the CQC as requiring improvement whilst emphasising the importance of ensuring that systems and processes within ASC continued to be safe. She explained that, whilst safeguarding and leadership had been judged as 'good', ASC was not being complacent and was focused on ensuring safeguarding and leadership continued to do well and improve to 'excellent'. The main areas of improvement included in the Plan and identified by CQC were around how ASC delivered services to individual users. Many of the areas identified by CQC were areas that ASC was already aware of and already had plans in place to deliver on. Overall, she felt the report presented to the Committee outlined a comprehensive plan to move ASC to a more qualitative service delivering good customer care, collaborating with other organisations and customers and continuing the trajectory of improving services towards excellent.

Harry Peacock (Head of Performance, Change and Assurance, Brent Council) provided more details about the improvements and actions outlined in the plan. He advised the Committee that CQC assurance fell within his remit and the Improvement Plan aimed to bring all actions together to understand the available data and Brent's performance against benchmarked London boroughs. Prior to the CQC Inspection, the Council had completed a self-assessment of ASC and identified through the data and talking with partner agencies, staff and customers some areas needing improvement. The CQC Inspection then further reinforced those areas in terms of how Brent compared to national datasets and comparative London boroughs.

The Committee heard that one of the major areas of focus was on the customer experience and the way Brent Council worked with its customers, with emphasis on ensuring ASC supported carers appropriately in the borough. The Council had just developed and launched its Carers Strategy and its carers commitments and had been working with partner agencies to improve the experience of carer. Officers were now beginning to see the impact of that through the figures. For example, officers highlighted that the last set of data from the Carer's Survey saw satisfaction rates move from 31% to 37%, putting Brent in the top 25 percentile in London for carers satisfaction. In terms of assessing need and providing the right support at the right time and in the right place, assessment waiting lists had reduced significantly over the last 6 months following the CQC inspection as a result of actions put in place. Harry Peacock advised the Committee that ASC's approach had also moved to focus more heavily on community engagement and co-production, working with residents, user groups and community partners which was now beginning to embed. There was a Co-Production Forum and Co-Production Steering Group, and Co-Production Champions had been recruited from staff and resident groups. Four Resident Advisory Inclusion Groups had been set up to help improve the customer experience and understand life stories to help develop services. Within that approach there were 4 priorities; self-care, technology, loneliness and mental health. At an individual level, ASC were viewing every interaction with an individual as an opportunity to seek direct feedback from them and their carers so that there was no need to wait until the annual survey to understand service user's views. ASC had also worked to understand the complaints that were coming through and identify themes that could be actioned to reduce the number of complaints and the timeliness of responses, resulting in significant improvement over the past 6 months. One key theme coming out of learning was the need for two-way communication between the Council and the service

users and carers so that they understood where they were in their ASC journey. In addition, ASC was working with its wider providers and partners and had a number of actions in relation to that.

Concluding the introduction, Harry Peacock informed members that ASC was implementing an ambitious digital and assistive technology program to roll out tech enabled care, working with an organisation called Triple Value Impact to design a digital blueprint to deliver technology into people's homes to support them to remain independent.

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

In noting that ASC was judged 'requires improvement', the Committee asked what 'outstanding' looked like to the Council and whether there were any areas where ASC were moving towards an 'outstanding' judgement. Claudia Brown emphasised to the Committee that, although ASC had been judged as 'requires improvement', it had been 1% from 'good', which demonstrated ASC was on a trajectory towards being 'good'. She explained that some of the reasons ASC had been marked down was because, whilst an improvement plan had been established, many actions were in progress rather than fully implemented, and ASC knew from other boroughs that a Council could be marked down where plans had not been fully implemented. ASC had accepted the score by CQC and recognised the areas for improvement and now had plans in place to move forward, with improvement already being seen as a result of those plans in terms of working closely with partners, co-production, and a customer facing approach. In terms of what she thought outstanding looked like, she highlighted receiving minimal complaints, working closely with partners, communicating regularly with customers and receiving feedback on services, and delivering services in a timely way. As such, she felt ASC had a way to go, was confident that the performance data was starting to improve in the right direction and officers anticipated that over the next 6 months ASC would move into a solid 'good'.

In considering the CQC inspection regime, the Committee acknowledged the challenge in the CQC not having set themes or definitions, and asked whether the Council used its own measuring tool to assess itself. Officers confirmed that there was a framework that ASC was testing itself against, based on what CQC might have, and this could be shared with the Committee.

The Committee felt that the report was lacking in data and asked for future reports to include further performance information, metrics and benchmarks. In response, Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) referred to section 3.4 of the report, which highlighted the data used by the CQC, and advised the Committee that the full CQC inspection report showed the national benchmarking data ASC had been judged against. The CQC had identified that Brent had less people satisfied with their care and support, but there had been a low return rate on the survey, which she felt could mean that customers did not feel engaged and empowered to communicate with ASC. This was one of the reasons ASC was focused on getting deeper into communities, including through the recent Community Assessment Days that had been piloted with Brent Health Matters (BHM), to give a consistent experience to Brent residents. Councillor Nerva added that section 3.4.4 showed tangible areas where the Council had set itself targets for improvement, which he, as Lead Cabinet Member, would expect to be updated on regularly.

Harry Peacock provided a further explanation on the use of data, highlighting that the metrics benchmarked against came from annual surveys that all local authorities were required to undertake with their customers. That most recent survey had started in late January 2025, so over the next two months those results would be collated so that, once analysed, ASC could see any improvement made. Arrangements were being made with Co-Production Co-

ordinators to go out into the community to assist people to complete those surveys where individuals were having difficulties completing them and customers were also being assisted to complete the survey over the telephone. Early indications suggested that the response rate was increasing as a result. August 2025 would be when all results were nationally co-ordinated and ASC would be able to see whether performance had improved and whether it compared favourably to other boroughs.

In response to requests for further benchmarking information, Harry Peacock added that the Council and other London boroughs had expressed strongly to the CQC that comparing London boroughs with the rest of England did not recognise the unique challenges and diversity of many communities in London compared to nationally. He informed members that the Association of Directors of Adult Social Services (ADASS) had engaged London Councils to do a piece of work around the uniqueness and challenges that London boroughs faced when benchmarked nationally. That work had since completed and showed stark differences in the experiences of people in London to people in other parts of the country.

The Committee asked what mitigations were in place to move the metrics identified in the table in section 3.4.4 forward. Officers confirmed that there were mitigations in place, and as a result this had seen carers satisfaction increase, bringing Brent into the top 25% of London boroughs for carers satisfaction. In terms of reviewing the performance metrics outlined in the table, the Committee asked whether there were governance and assurance processes in place to ensure further interventions were made if those figures did not improve. Rachel Crossley advised the Committee that there was a monthly Improvement and Assurance Board which she chaired, and that meeting included standing items reviewing performance areas, any provider concerns and statutory practice areas. As such, data was monitored monthly. There were also regular briefings with the Lead Cabinet Member and briefings with the Leader and Chief Executive to review CQC assurance.

Regarding carers satisfaction, the Board queried the target on table 3.4.4, highlighting that the narrative stated the target had already been achieved. Harry Peacock explained that CQC had used the year before data to set their benchmarks, and over the last few months since CQC had inspected Brent the most recent national data had become available, showing carers satisfaction had increased to 37% and moving Brent into the top 25% in London. The Committee highlighted they would want to see satisfaction much higher than that, which officers concurred with. Officers acknowledged the possibility of revisiting the target as it had already been achieved and agreeing what the next step target should be. In terms of targets, Rachel Crossley expressed that Brent ASC would always want to be sitting in the top 25 percentile in London. To be considered 'outstanding' it would likely need to be in the top 10%. To fully understand both carer and ASC service user satisfaction and improve it, ASC was gathering its own service user feedback when residents had assessments and reviews so that information was being collated in real time. On the majority of performance targets, ASC had been setting 'step' targets to hit, which would then be increased once the 'step' target was met. Performance targets were due to be reset in March 2025, based on what outcomes Brent wanted to achieve and the resources available. As such, it was felt that ASC was aiming for continual and maintained improvement.

In relation to carers, the Committee asked how ASC identified carers in the borough. Claudia Brown explained that there were different ways to identify carers. For example, a carer might be identified through the hospital discharge process or conducting an assessment within the community, where in both circumstances they would be offered a carers assessment. ASC would look at carers needs as well and take on board any young carers needs. The Council had a contract with a carers organisation to help provide support to carers and part of their specification was to identify carers and refer them to ASC. Carers could also self-refer or be referred by an external organisation or individual.

The Chair then invited Brent Youth Parliament (BYP) representatives to participate. BYP asked what work was being done to support young carers and whether there were any young carers directly involved in the workstreams presented to the Committee. Officers advised BYP that ASC had signed up to 'no wrong doors' and as part of that included young carers on the Carers Board, and the carer support provider that ASC commissioned had provision for young carers with different activities targeted towards young people. ASC had an agreement in place with the Children and Young People department regarding transitions, so if there were young carers identified in their service they received a holistic transitions process so that they did not fall through the net. Councillor Nerva added that Council recently considered the implications of the 21-hour rule on young carers and their ability to claim carers benefits and remain in full time education. He and the Cabinet Member for Children, Young People and Schools had met with the Social Security Advisory Committee to express concerns about the new rule, and the Council was campaigning and lobbying around this to ensure young carers were not prejudiced regarding having to choose between money and full time education.

The Committee asked how ASC was seeking out underrepresented communities to ensure they knew about and could access services. Claudia Brown responded that ASC had recognised there were communities that it was not reaching, and so had partnered with BHM to pilot 2 ASC Community Assessment Days that were very successful and assessed around 200 individuals. As a result of those pilots, ASC would be looking to plan more events with BHM to go out to the community and open up the opportunity for individuals to receive an assessment and access various other services.

Noting the various existing frameworks for further engaging residents identified in the introduction, the Committee asked how effective those approaches had been. Officers advised that the implementation of the Co-Production Boards and the Carers Board had received very positive feedback. The people involved with those groups were fully engaged and the memberships were expanding and growing with increased participation. ASC had adopted a listening culture and any feedback received was brought back into the service to make changes as and when possible.

The Committee asked what the number of complaints being received by ASC was and the timescales they were being responded to in. Rachel Crossley confirmed that had access to that complaints data, and responded that, over the last quarter, 110 member enquiries, service requests, complaints and corporate complaints had been received across ASC. 96% of those had been completed on time (responded to within 20 working days).

In relation to the ASC restructure taking place outlined in section 5.5.5 of the report, the Committee asked what actions had already taken place. Claudia Brown explained that the consultation had just completed and ASC was working to implement the restructure from 3 March 2025. Within the restructure, there was work being done to ensure ASC was more closely aligned with neighbourhoods, with 3 social workers recruited to work externally within neighbourhoods to identify individuals in GP surgeries. The restructure aimed to streamline services and ensure ASC could be accessed much quicker, as well as ensure information and advice was available to the community through various sources, working closely with the neighbourhood service to do more outreach.

The Committee asked what impact the Improvement Plan was having on staff and carer wellbeing and workloads and whether there were any financial implications associated with the plan. Rachel Crossley advised the Committee that ASC had undertaken a restructure, moving some of teams around so that there was resource in the right places which had been positively received by staff. ASC had also responded to the feedback received during the staff consultation, and the staff survey results were positive overall. The Council always aimed to listen to people's issues and understand pressure points, particularly around winter discharge. Claudia Brown also led wellbeing sessions and ASC had a suggestions box, ensuring staff

could engage in this transformation. In relation to the financial aspects of the improvement plan, officers highlighted that there were no specific budgetary implications because ASC was using the resources it had and focusing on improvement areas, and there was no additional ask for a budget given the stretched financial position the Council was in.

The Committee noted the improvement plan priority to work collaboratively with partners, and asked how ASC would measure the success achieved through working with partners. They heard that the Better Care Fund (BCF) ensured ASC services were working with health partners to deliver support to the community, and data was collected through the BCF around how much integrated work was taking place. This information was then reported to the Department for Health and Social Care. In addition, Brent ASC benchmarked itself against other London boroughs and through national data and information returns. It was agreed that this data would be provided to the Committee.

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

- i) For ASC to improve the visibility and availability of data, including for staff, so that everyone understood how their areas were performing and what impact they were having.
- ii) For ASC to set more targets and specific benchmarks.
- iii) For future reports, to further outline mitigating factors if targets are not met and actions being taken to address that.
- iv) For ASC to compare with boroughs of similar demographics when making comparisons with other London boroughs.

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

- i) To share the self-assessment tool ASC used to understand its performance.
- ii) To share carers satisfaction, including how Brent compared with similar boroughs, once the data was made available.

7. Brent Adult Social Care Transformation Programme

Councillor Nerva, as Lead Cabinet Member for Adult Social Care, Public Health and Leisure, introduced the report, which provided information regarding the implementation of the Adult Social Care (ASC) Transformation Programme. He highlighted that the programme took into account comments made by the CQC as well as learning from other areas of work. Claudia Brown (Director of Adult Social Care, Brent Council) added that the programme focused on the Council's drivers for change and what was being put in place to ensure change occurred, highlighting the enablers being used to make that happen.

Harry Peacock (Head of Performance, Change and Assurance, Brent Council) outlined further details of the programme, which had been rescoped to incorporate all areas where ASC wanted to see change. The programme focused on 4 frontline facing areas; how ASC worked with partners and customers to maximise people's independence; how ASC ensured practice was strength-based and reflected the needs and outcomes that people wanted; how early intervention work could be provided to prevent, reduce or delay the need for formal care and; how ASC could use digital and tech enabled care to support residents to be independent and live safe and well in their own home. It was recognised that, to make radical change, it was essential to have support from other areas, so the transformation

programme includes enabling workstreams across commissioning, finance, performance and data, and underpinning the entire programme was co-production.

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

The Committee highlighted the commitment in slide 5 of the appendix – ‘working with you to live your best life’ – and asked what that meant in practice. Officers explained that it meant working with people in a way that gave them the solutions that mattered and worked for them. ASC understood that people’s circumstances could be challenging and that there were things the Council and ASC could do to support them further. For example, the Transformation Programme looked for ways to support people much earlier in their life to delay, reduce or remove the need to enter formal care. To do this, there would be a need to do things differently and shift resources into the right areas.

In relation to the aspirations outlined in the Programme, particularly in relation to the use of new technology to support the deliver of care, the Committee highlighted that training would be essential to equip staff with the relevant skills to deliver. Officers confirmed that training had been considered and ASC was working with Triple Value Impact to develop the digital blueprint. A key aspect of that work was about working with resident groups, staff and providers to take up that technology. It was recognised that, as well as equipping people with the skills to use technology, there would be an element of culture and behavioural change needed to show the positive impact of technology and bring people on board.

The Committee asked if the financial implications of implementation had been considered. Harry Peacock confirmed that one of the key enablers of the programme was finance. It was important for ASC to understand demand and where it was coming from, as the data showed increased demand for mental health services and Learning Disability support. Officers were working with commissioning to see how the increased cost of care and the pressure in the care market could be managed and met in a sustainable way and working with finance colleagues to ensure ASC could meet the current budget pressures and deliver a sustainable financial model. It was added that finance was a challenge for every local authority delivering ASC across the country. Claudia Brown added that not everything provided would be a Council funded care cost, so it was important to recognise the resource available in the community and use those resources well. The Programme did not ask for a lot of new money and aimed to work within the budget already available, re-allocating funding from areas that were underspending to areas where extra budget might be required. ASC was also utilising extra government grants where possible to facilitate the programme.

In considering the aim to work within the budget available, the Committee asked how confident officers were that ASC would be able to deliver everything the Transformation Programme sought to do within the current budget and without an overspend, particularly following the additional National Insurance contributions providers, agencies and the Council would now be required to make. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) acknowledged that it would be a challenge, but advised members that the aim was to deliver the programme within the budgets available and get it right. She explained that the Transformation Programme worked in tandem with the budget proposals due to be presented to Cabinet and Council in February and included business as usual demand as well as the bigger savings programs the Council was required to consult on. There was around £7m of pressure, with workplans against all of them. She confirmed that the Council was clear what those programs of work looked like and growth had been planned into those areas. Officers added that ASC also had a Financial Strategy for the next year which was being regularly monitored. In addition to the ASC budget, members were advised that that the programme was a whole Council endeavour using transformation

resources across the Council. For example, the budget for digitisation and technology was not coming from the ASC budget. As such, there was prioritisation of this programme in other departments across the Council and the programme helped ASC remain within its budget and deliver for residents. Councillor Nerva added that he hoped in the future for discussions relating to one public purse, where there was greater collaboration across partners including the local authority and NWL Integrated Care Board (ICB) around a single pot of money to ensure the best delivery of services to local residents in the most efficient way.

Noting that the Transformation Programme looked to shift to an early intervention and prevention approach, the Committee asked how it would be possible to do preventative action without additional funding. Harry Peacock advised that part of the programme aimed to understand what the Council was already spending on intervention and prevention, which was significant. He provided the example of the reablement service the Council delivered to those who did not have Care Act eligible needs or did not need a financial assessment, which cost in the region of £2.8m for resources and £2.3m on care and support. For every 100 service users that went through reablement, 70 did not go on to long-term formal care and support, so the Council knew that investment was working. Other examples provided included the money being spent alongside health colleagues for community equipment and the money spent alongside the housing services department for the Disabled Facilities Grant. For some of the workstreams, including tech enabled care, this was being funded by government grant. Rachel Crossley added that money also came through the NHS for prevention, but tended to focus on medical prevention. She felt that the NWL ICB should be more involved in the social, economic development stages of the prevention approach and there were conversations needed around how health inequalities funding and prevention resource was used. She highlighted that more advice had been included in the NHSE guidance around how ICBs used money on developing and supporting Integrated Neighbourhood Teams (INTs), and so she felt there was a need to look at that pool of funding together to use it more impactfully.

The Committee asked for clarification on the figures in relation to slide 2 of the appendix, which showed a 22% increase in demand for support for people with mental health issues. They queried whether this related to a particular profile, for example people over 60, people with dementia, people with Learning Disabilities or younger adults. It was clarified that the 22% increase related to the increase over the last 3 years, meaning that since 2021-22 until the current year there had been a 22% increase in the number of people with mental health issues supported by the local authority. The number of people with mental health problems supported in 2021-22 was around 640 people, and the local authority was now supporting around 700 people, showing a significant impact on the level of demand for mental health support. Officers agreed to provide supplementary information outlining how many people were being supported with a mental health issue broken down by age, gender, ethnicity, deprivation and other demographic metrics.

The Committee understood the rationale for the priority around maximising independence, but raised concerns that there was a risk of pushing people who needed support into a space where they were forced to be independent and not able to be. They asked what safeguards were in place to ensure that did not happen. Claudia Brown highlighted that the priority to maximise independence was not about people with Care Act needs being forced into independence, but about providing information to the community and providing resources to individuals to ensure that, wherever they could, they could be independent. For example, this could be a mixed package where some support was provided by the individual and ASC topped that up with a support package. Where there was a Care Act duty to deliver

on a need that would be done, but if an assessment found that the individual could do certain aspects independently or had family members willing to support them to be independent then ASC would aim to support them to do that. Individuals would be monitored to ensure that if they needed to they could come back into the ASC space.

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

- i) For ASC to implement a set of measurements for the Transformation Programme to track progress and improvements.

As well as recommendations, the Committee made an information request during the discussion, recorded as follows:

- i) To provide supplementary information outlining how many people were being supported with a mental health issue broken down by age, gender, ethnicity, deprivation and other demographic metrics.

8. Community Health and Wellbeing Performance Update

Councillor Nerva, as Lead Cabinet Member for Adult Social Care, Public Health and Leisure, introduced the report, which provided an overview of the performance and key metrics for Adult Social Care (ASC) and Public Health services for Quarter 3 (Q3) of 2024-25. Dr Melanie Smith (Director of Public Health, Brent Council) added that the report provided a succinct and clear account of the corporate Key Performance Indicators (KPIs) that the Council measured performance by. She clarified that these areas were not the only things that were measured, for example, in the Council's contracted services there was a suite of KPIs to hold contractors to account for, but the KPIs presented had been selected to give an overview of the most relevant areas of performance.

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

The Committee felt that, whilst there was a comprehensive set of information about performance included in the report, there had been no explanations, context, comparisons or detailed solutions for improving performance outlined in the report. Officers explained that the report aimed to follow the template that the Corporate Performance Team provided to Cabinet on a quarterly basis, and some of the information had been covered in the previous two items, although it was acknowledged that this document could be read as a standalone item separately from the agenda. There was benchmarking information available as well as a visual performance dashboard which officers agreed to share with the Committee.

The Committee highlighted that there were several KPIs not reaching their target, and asked how confident officers were that the Improvement Plan and Transformation Programme considered in the previous two agenda items would improve performance and bring those KPIs into target. Rachel Crossley (Corporate Director Community Health and Wellbeing, Brent Council) advised members that she felt confident around a number of KPIs relating to timeliness and satisfaction, but she had less confidence in relation to improving the number of people with a mental health condition or Learning Disability being supported into employment. She understood this was not a solely ASC issue but about how officers engaged businesses to find the right type of work, and she felt there was more work that could be done across the Council with partners in the employment space to improve that. Claudia Brown (Director of Adult Social Care, Brent Council) added that there were plans to redesign Day Opportunities, which included supporting those with Learning Disabilities and mental health issues into employment.

In relation to the amber KPI outlined in section 3.2.21 on health checks, the Committee asked whether officers had identified the reason for missing the target and any mitigations in place for that. Dr Melanie Smith explained that health checks were commissioned by Public Health from GPs and Public Health then reported on the overall performance, but did not report publicly on performance by individual GP practice, although it did hold that data. As such, Public Health would be able to do targeted work with those practices who were below target in quarter 4 to make further efforts to reach out to people to encourage them to attend their health checks which could translate into an overall increase in performance. She added that she was confident that, by year end, the target for NHS health checks would have been reached.

Some Committee members shared some of the cases they had been involved in with residents in their ward relating to ASC. A resident had contacted the member about an elderly couple and was worried about self-neglect and safeguarding issues because the elderly man's partner had been in hospital, and the resident had been unclear who to contact or whether there was a care package in place. When the member brought this case to the attention of ASC they had found the response to be excellent, but the member queried how ASC could become aware of those cases and where this would appear in KPIs. Claudia Brown highlighted that cases like that were difficult because unless ASC knew about the individual then they would be unable to help. She felt this was why there was a need to work closely with the London Ambulance Service and other partners, so that if someone's carer had been taken into hospital ASC were informed and could pick up that case. ASC was working with partners to ensure everyone knew about how to contact ASC in cases of emergency. This included working more closely with GPs, so ASC was doing more outreach in neighbourhoods, such as through the Community Assessment Days, to ensure people knew about services available to them. Sometimes other organisations may know about someone but had not informed ASC, so making those referral pathways and access points clearer so that ASC knew about those individuals as soon as they were at risk was seen to be essential. ASC was also updating the information provided on the website and ensuring information was going out into the community about ASC, and was working with Brent Customer Services to devise a way of identifying what happened to those individuals when they were signposted.

The Committee asked how the Community Health and Wellbeing Directorate was working in collaboration with health partners. Claudia Brown advised members that the department was working closer with Brent Integrated Care Partnership (ICP) / Brent Borough Based Partnership. For example, ASC was working with Brent ICP to ensure they were a part of a new frailty pathway being introduced, and with hospitals to ensure that if someone went into hospital the ambulance highlighted whether there was someone remaining at home requiring support. She felt that ASC did a lot of work with partners to ensure that, whatever avenue a person entered the care system, ASC were made aware of any other vulnerable adults or children in the household.

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

- i) For ASC to include comparative measures, including from previous performance and other similar boroughs, in future reports.

As well as recommendations, the Committee made an information request during the discussion, recorded as follows:

- i) To share benchmarking information and the visual dashboard.

9. Recommendations Tracker

The Committee noted the recommendations tracker.

10. **Any Other Urgent Business**

None.

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