

# Public Document Pack



## **MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE** **Wednesday 19 November 2025 at 6.00 pm** **Held as a hybrid meeting in the Conference Hall – Brent Civic Centre**

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Afzal and Clinton, and co-opted member Archdeacon Catherine Pickford

In attendance: Councillor Fleur Donnelly-Jackson

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

- Councillor Ethapemi
- Councillor Aden
- Councillor Mistry
- Councillor Tazi Smith
- Councillor Collymore
- Councillor Mahmood
- Mr Alloysius Frederick
- Ms Rachelle Goldberg

### **2. Declarations of interests**

Personal interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor of Central and North West London NHS Foundation Trust.

### **3. Deputations (if any)**

There were no deputations received.

### **4. Minutes of the previous meeting**

The minutes of the meeting held on 17 September 2025 were approved as an accurate record of the meeting.

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

There were no matters arising.

### **6. Medical Day Care Transfer to Ealing Hospital and Update on Sickle Cell Care**

Lisa Henschen (Director of Transformation, LNWT) thanked the Committee for the opportunity to discuss the changes proposed to the Medical Day Care Unit and Sickle Cell Care at Central Middlesex Hospital, with the Trust looking to transfer the Day Unit from Central Middlesex Hospital to Ealing Hospital. She advised that London North West University Healthcare NHS Trust (LNWT) had been working closely with the Central Middlesex Hospital Medical Day Care Clinical Team over

the last few months, who currently provided a combined service for Sickle Cell patients and a range of nurse-led day treatments and procedures for patients under a medical consultant, such as intravenous drips, iron infusions and injections which took around 2-3 hours and were considered semi-urgent. This had been reviewed closely in the context of the expansion of Sickle Cell Services that LNWT was looking to undertake. The Trust had successfully secured additional NHSE funding to expand the day care facility for Sickle Cell patients to better meet the needs of the local population and compliment the new inpatient pathway. She advised of two advantages to merit the transfer of the Medical Day Care Unit to Ealing Hospital, including the expansion of Sickle Cell Care in the way the Trust envisioned, and the alignment of Medical Day Care with the emergency pathway. The Trust recognised that Day Care Services were very important to the urgent care pathway, with many patients visiting an Emergency Department requiring Medical Day Services. Moving the Medical Day Care Unit to Ealing Hospital would align it with the hospital's Same Day Emergency Care Services and relieve pressure on the hospital's emergency department, freeing up acute space for critically ill patients and reducing waiting times. The same would not be possible at Central Middlesex Hospital because it had no emergency department or Same Day Emergency Care Service. She advised that the report provided further information on the volume of patients and specialties available, and added that the transfer was not a cost-driven exercise but a financially neutral service improvement initiative. There were plans for two workshops and an online survey to garner public feedback, as the Trust was aware of the travel implications for those currently using the Medical Day Care Unit at Central Middlesex Hospital. The Trust would also be looking to see whether this facility was needed at Northwick Park Hospital, learning from the transfer to Ealing Hospital.

Dr Arnab Datta (Care Group Clinical Director, LNWT) highlighted that LNWT had been focused on recognising the need to ensure equity and equality for Sickle Cell patients. Through a series of collaborations with the Sickle Cell community, and alongside Imperial College Healthcare NHS Trust as the other major Sickle Cell care provider, the Trust had recognised that expanding Sickle Cell care as a Day Care Service at Central Middlesex Hospital would contribute to better quality management of pain in a daycare setting without the need to use an emergency department, enabling early and proactive management of symptoms and improving the quality of life of patients. He added that, from 15 September 2025, Sickle Cell inpatients or those needing urgent or emergency care were being seen in Hammersmith Hospital, bypassing the need to attend a busy emergency department, allowing patients to be seen sooner and avoid long waits. He highlighted that, through these improvements in Sickle Cell Care, equity and equality was improved, with all patients now receiving the same level of acute care, access to the same triaging service and the same initial assessments, which also led to admission avoidance.

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

Prior to the transfer, the Committee asked to understand what work would be done, or had already been done, to ensure carers', families' and service users' views were factored into the transformation. Lisa Henschen advised that the online survey asked 5 core questions asking respondents to confirm whether the change being sought would have a positive, negative or neutral impact, any concerns they had

and any further suggestions they had. There were also public events due to be held to garner viewpoints in Central Middlesex Hospital as well as an online event on the evening of 15 December 2025.

The Committee asked how the Trust would report on, monitor and review the proposed changes in the context of patient wellbeing and overall health outcomes. Lisa Henschen responded that the measures would relate to what the Trust wanted to achieve. For example, length of stay on wards in Ealing Hospital would be tracked to see whether patients could be moved more quickly through the system, along with the number of people using the Medical Day Centre at Ealing, how many came through the emergency pathway and were moved to the Medical Day Centre, and patient satisfaction, which she felt would be key, particularly in the early stages of the move. Patient feedback would be gathered through Friends and Family Tests asking how people experienced their care on the day, which was the regular mechanism but would be tailored to focus on Medical Day Care users to capture their experience.

In terms of reporting, monitoring and reviewing the changes within haematology, Dr Arnab Datta advised that this would focus quantitatively on data relating to admission avoidance and the quality of pain management. He added that there were national metrics through the Sickle Cell dashboard that the Trust was required to submit on a yearly basis, so those metrics would also be assessed and it was hoped improvements would be seen in those figures. In terms of qualitative assessment, that would be done through engagement with patients and their experience of the service through the good relationships the Trust had built with Sickle Cell patients. Keisha Osmond-Joseph (Consultant Nurse – Haemoglobinopathies) highlighted the hard work of the Trust to build a good rapport with the Sickle Cell community in Brent, with a local Sickle Cell group which formed part of a wider regional collaboration with Imperial College London NHS Health Trust. Any changes made to Sickle Cell Care was always communicated to those groups and feedback obtained. The feedback relating to the changes proposed to expand the Sickle Cell service at Central Middlesex Hospital was positive with patients in agreement. Patients were most concerned about being able to access red cell exchanges, managing their pain, reducing hospital admissions, and avoiding emergency departments which these improvements to Sickle Cell care allowed. She explained that patients had a poor experience of emergency departments as they were not well equipped to manage pain relief in a swift manner, so the emergency department bypass units, such as at Hammersmith Hospital, had been widely welcomed by Sickle Cell patients nationally.

The Committee highlighted the comment in the briefing report regarding the Equality Impact Assessment for the transfer of the Medical Day Unit to Ealing Hospital, which stated that there would be a negative impact for patient experience, specifically for groups with disabilities. They asked what that negative impact was and whether officers were confident it could be mitigated. Lisa Henschen replied that the negative impact noted was on the basis that some patients would need to travel further to access the Medical Day Unit at Ealing Hospital, and a higher proportion of people with disabilities were likely to be using Medical Day Care. The Trust would be writing to all patients who had used the service more than once, providing information on how to get to Ealing Hospital, and were planning to look at Medical Day Care options at Northwick Park Hospital which would increase residents' travel options. Long term, the Trust was speaking with other medical service providers as it was recognised that some Medical Day Care did not

necessarily need to be delivered in a hospital setting and could be delivered in Integrated Neighbourhood Hubs, bringing services closer to communities. She confirmed that the Trust was in active conversations about Neighbourhood Hubs with CLCH as the community provider, considering a range of services that could move in the future. She added a caveat that there were no guarantees of what services would move currently.

In considering the response in relation to the negative travel impact for those with disabilities as a result of the transfer, and the mitigation detailed in the report regarding provision of transport for eligible patients, the Committee highlighted that the transport service was highly stretched already and asked if there were plans to expand that service, particularly considering the closure of other services in the same area. Lisa Henschen advised members that there were no plans in relation to expanding the transport service, but the Committee's feedback had been heard and would be brought back to be discussed with transport colleagues. Simon Crawford (Deputy Chief Executive Officer, LNWT) added that the Trust was looking at access to transport broadly with ongoing conversations particularly around the emergency pathway and contracts supporting discharge out of hospitals, and information would be made available to patients making their own travel arrangements on how to claim expenses.

The Committee asked whether, aside from transport, there were any other potential risks or detrimental consequences of the transfer. Members were advised that no other significant risk had been identified. It was thought that the transfer would bring benefits for the Day Care team who were currently isolated, and linking the Medical Day Unit with the emergency pathway would benefit patients.

The Committee felt that, often, with a change or transfer of service, people could get lost in the system, and asked what steps would be taken if the Trust found that it was losing contact with the people they knew were ill but could not make that transition. Karen Keogh (Head of Nursing, LNWT) advised that many of the patients attending the Medical Day Unit more than once only did so around once a year, and it was quite a small group of regular service users. Dr Arnab Datta explained that there were very robust patient databases in place so, if there was a drop, the Trust would identify that early and staff would use existing resources to reach out to those patients and bring them back into care where necessary.

Given that the transfer constituted another service being moved away from Central Middlesex Hospital, the Committee asked to receive information on the strategy for the hospital, expressing that hospitals should be accessible locally and if services were continually stripped out for operational reasons then they may not be serving their purpose. In response, Simon Crawford agreed to return to talk about the strategy and highlighted that significant activity had been moved into Central Middlesex Hospital as well, such as the Elective Orthopaedic Centre, St Mark's, and the Community Diagnostics Centre. He described it now as a busy and thriving hospital.

As no further issues were raised, the Chair drew the discussion to close and invited the Committee to make recommendations with the following **RESOLVED**:

- i) To receive the overall strategy for Central Middlesex Hospital and the Trust's Strategy across its multiple hospitals, to understand the balance of services.
- ii) For the Chair to discuss with LNWT the possibility of a future NHS Estates strategy paper.
- iii) LNWT to ensure a robust system is in place for monitoring and evaluating the impact of the support provided to families, carers and service users impacted by the changes.

## **7. Response to the Housing Regulator's Findings and Brent Graded at C3**

Councillor Fleur Donnelly-Jackson (as Cabinet Member for Housing) introduced the report and thanked the Committee for scrutinising the housing function. She advised members that the report set out Brent Council's response to the Regulator for Social Housing's findings, which had graded the Council at C3, showing that serious failings in Housing Management had been identified and significant improvements were required. She advised that, since the grading, substantial progress had been made and there were regular monthly meetings with the Regulator and senior housing staff. The Regulator was satisfied with the progress the Council was making, which was being done across the piece on different areas of housing in parallel to ensure all actions required were put in place. She added that, as Cabinet Lead for Housing, this was not something she had anticipated she would face when stepping into the role but she was determined to see through the improvement actions and ensure the Council was doing everything to progress as a housing department and was on the journey to a C1 grade to be an effective and excellent Housing Management Service.

Tom Cattermole (Corporate Director Housing and Residents Services, Brent Council) provided additional information on the self-referral to the Regulator for Social Housing. He advised that, in April 2025, officers had identified irregularities with the True Compliance system, establishing that up to 12,500 fire risk assessment actions had been wrongly updated to indicate that works had been completed but the supporting evidence was missing. The system was also unable to reconcile performance data on asbestos management, water safety and detectors for smoke and carbon monoxide. Due to the seriousness of the findings, the Council had accordingly referred itself to the Regulator for Social Housing and began improvement works immediately. An independent health and safety specialist had been appointed to assist the Council in assessing compliance arrangements against the 'Big 8' areas of compliance, who had confirmed that there were significant systemic issues, particularly in data management issues, governance and policy implementation. The specialists recommended developing a comprehensive compliance framework, resolving data integrity issues, closing overdue fire risk assessment actions, establishing central registers for smoke and carbon monoxide detectors, providing staff training on compliance processes, and implementing dashboards for real-time KPI monitoring. In progressing the recommendations, the Council had completed all high-risk fire risk assessment actions in high rise blocks, was rebuilding the compliance data system which was due for completion by April 2026, had recruited to the Compliance Team which was now at full capacity, and had regular meetings with the Regulator to discuss

progress. The Council was also consulting and engaging with residents through a multi-channel engagement strategy including newsletters, web updates, direct communication and mini engagement days.

The Chair then invited Dawn Martin (Independent Chair of the Housing Management Advisory Board) to provide her opinion on the progress the Council was making in light of the grading. She informed members that she had worked in housing for over 20 years and was experienced in all aspects of housing management, and from her expertise she felt Brent Housing Management had been very open and transparent in relation to this and recognised the issues within the service. The Housing Management Advisory Board acted as a critical friend to Brent Housing Management to monitor the service they were delivering for tenants and leaseholders.

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

The Committee recognised the seriousness of the failings and asked how they occurred without notice for as long as they did. Tom Cattermole responded that the service recognised the gravity of the situation, and HR processes had been followed to undertake investigations and appropriate actions. As such, none of the management team currently in post were responsible for the compliance system which they had inherited as they moved into their substantive posts. The system issues were noted to be an error in personnel in terms of how data was being uploaded onto the system, but there were also issues identified relating to leadership, culture amongst the service and governance. Governance systems and processes had subsequently been implemented with a full complement of new leadership that was addressing each of those issues. He added that, whilst the current leadership had not been in post when the issues arose, senior leaders took full responsibility for the inherited situation and the solution. Spencer Randolph (Director of Housing Services, Brent Council) further explained that the issue that had led to the self-referral related to recording on the system, where the necessary evidence of an action having been carried out was not being uploaded before the officers were closing the action. As such, whilst fire risk assessment actions might have been carried out, there was no evidence to provide confidence in the data to confirm that it was correct. Work over the last 4-5 months had focused on cleansing that data and verifying properties so the service knew 100% of the properties needing a particular certificate and whether the property had one. This would then allow the service to report with 100% accuracy where it was with compliance. He confirmed that, given the breadth of the work being undertaken, he was confident that similar issues would not happen again.

Highlighting that the issues identified by the Regulator would have built up over time, the Committee asked what would be done to ensure the culture issues identified did not happen again. Councillor Donnelly-Jackson responded that when she inherited the situation, she had asked the same questions the Committee was asking, and confirmed that she was deeply unsatisfied with the situation as a member of the Council who did not know this was coming. Whilst she had inherited the issues within her new portfolio role, she took full responsibility for addressing them as the Cabinet Lead. A new internal governance process had been established, made up of several

monitoring and improvement Boards to keep progress on track, alongside the Housing Management Advisory Board which had been in development before the regulatory issues had been identified to ensure the voice of tenants was heard in everything the Council did. A full service improvement plan had been established, including reorganisation and recruitment, service management, training, handovers and improved inductions to ensure every officer who worked in housing took responsibility and accountability and worked together. Managers were now required to meet particular training requirements with professional qualifications, and the Council was working with Doug Goldring who had worked in Kensington and Chelsea following the Grenfell fire tragedy to help with communications to residents. She advised that there were many different strands of work taking place and the Council was working at pace to ensure it was addressing every type of risk, including how particularly vulnerable tenants were supported and recorded in the system. Spencer Randolph reaffirmed Councillor Donnelly-Jackson's comments, highlighting that there was a whole new team within the service now with a new Head of Property Services, Strategic Compliance Manager and three further compliance managers responsible for particular compliance assets. He felt that the change in culture in the team was tangible with clear pride in pushing these changes forward.

Noting that the service lacked confidence in the data it currently had access to, the Committee highlighted that the C3 grading may or may not be accurate as a result of that lack of reliability. They asked how the service would ensure it got to a point where the data was reliable so that officers knew where the issues were and could address them. Spencer Randolph advised members that officers were having to review the data forensically, and it would take until May 2026 before there was that assurance that each property had been added to the correct workstreams. Some of that work could be done via desktop review where properties already had certificates, but for other properties the service was needing to go out and survey properties to see what compliance workstreams they should be in. As director, he reported on a monthly basis to the Council's Corporate Management Team and the Housing Regulator with progress on the data reconciliation, with attendance from the Head of Property Services, Strategic Compliance Manager and other senior officers as required. He advised that the Council now had a good reporting rhythm with the Regulator, and the Chief Executive and Cabinet Member for Housing would be attending the next meeting.

The Committee highlighted that many aspects of compliance were not visible to a tenant, and some tenants would not know whether they had or needed a particular certificate. They asked whether the service would be able to inform a tenant whether they needed particular certificates if asked. Spencer Randolph advised that, as the data currently stood, the service would not be able to tell someone that information with confidence. However, from May 2026 onwards the service would know and be able to inform tenants, and hoped long term to be able to develop a system where tenants could log on to their account and see that compliance information themselves.

The Committee highlighted two aspects to resident safety, one being that residents were safe, and the second being that residents felt safe. Given the finding by the regulator, the Committee highlighted that residents were not confident in their safety. Councillor Donnelly-Jackson affirmed that the Council was not downplaying the

feeling of a lack of safety that tenants may have, and there had been a comprehensive communications approach taken around this ranging from newsletters sent to 7,500 tenants, a series of in person events across summer roadshows, estate walkabouts and a video where she, as the Cabinet Member, explained the significance of the Regulator's findings. Communications continued with a range of engagement to ensure the Council was better at engaging with tenants and that tenants understood what was happening in relation to the referral and progress being made to improve. A new resident engagement framework was in development to ensure all possible avenues to get feedback from tenants.

The Committee felt that the service was a long distance away from completion of the improvement timeline, which may cause anxiety amongst tenants, and asked how the service was expediting that timeline where possible. Spencer Randolph advised members that the service had prioritised the workstreams and ensured that all high-risk high rise block actions were closed down as the first step, followed by all high rise medium-risk actions, taking the approach to deal with the higher risk actions first. The service had then worked on gas safety, and he was now confident that 100% of properties that should be in the gas safety workstream were in the system.

The Committee raised concerns over that length of time it would take the Council to have 100% of stock surveyed within 5 years and asked what the implications of that were. Spencer Randolph advised that the Regulator expected stock condition surveys to be no older than 5 years old for each property in order for the Council to have a strategy for carrying out major repairs and planned works over a 30-year period, and Brent Council's stock condition surveys were far below that requirement. In response, the Council had increased its rolling programme so that by the end of the financial year around 70% of stock would have a stock condition survey of 5 years or less, but it was highlighted that, as time went on, other properties would fall back into the over 5 years category, which was why the Council had estimated it would take until 2028 before all properties had an up to date survey. In terms of the scale of properties that did not have a recent survey, of the 8,976 Council dwellings, there was surveyed information on 5,851, with 65.2% classed as up to date and the remaining having surveys between 5 and 10 years old. Arkus Limited had been appointed to assist with the management of stock data and the creation of a capital works programme. In terms of prioritising, the service would be starting with properties that had not had a survey for the longest length of time, and activity would be increased alongside the other remedial actions being put in place to improve the Council's grading.

Noting that the Council had now addressed all high-risk high rise block actions, the Committee asked what the specific types of issues being addressed were. They heard that Fire Risk Assessment actions provided a snapshot of the issues identified by the assessor on the day the assessment was carried out and may include issues such as bicycles being stored in a corridor, blocking means of escape, which would be considered a high-risk action. The tenants should be asked to move those items and the officer should take photographic evidence of that in order to close the action, but that evidence had not been being provided before the action was closed on the system, which had previously not been happening. Now, contractors were visiting those properties to see whether the actions had been completed, taking evidence if they had been done or completing those actions straight away with evidence if they

had not been done, before closing them on the system. Spencer Randolph added that the actions did not relate to fundamental fire safety issues with the building materials themselves such as high-risk cladding.

The Committee asked how, going forward, the service would ensure individual voices and stories were being listened to and not ruled out if a data point said otherwise. Councillor Donnelly-Jackson advised that the department was adamant that people were treated with dignity and respect and were listened to about their repairs. A new Repairs Manager had been brought in who was focused on ensuring tenants were heard and their repairs happened in the timeline required, and the new repairs and maintenance contract provided competition for Wates, driving up their performance.

The Committee asked whether the housing service kept an up-to-date risk register and how finance factored into this, including the pace in which these actions could be done. Tom Cattermole confirmed there was a departmental risk register, directorate level risk register, and a corporate risk register which had all been updated given the findings and had Red Amber Green (RAG) ratings. The departmental risk register was reviewed monthly. In terms of finance, he advised that the Housing Revenue Account (HRA) was unstable. The Council was reviewing the HRA 30-year business plan currently to make decisions on how, where and when to invest and there were a number of actions being undertaken to help turn the financial position around, including the void turnaround plan and rent collection improvement plan. He confirmed that a large investment into the HRA would allow the work to be done at an increased pace, but as that would not be likely the Council was prioritising the most high-risk actions first.

In response to queries around damp and mould and disrepair, Councillor Donnelly-Jackson advised that there were separate workstreams specifically around damp and mould following the implementation of Awaab's Law, and the timeline the Council had to address those actions was short. There had been communications to all tenants around raising damp and mould issues, and information in the Members' Bulletin so that councillors were able to support tenants who reported issues to them.

As no further issues were raised the Chair thanked officers for their time and responses and invited members to make recommendations, with the following RESOLVED:

- i) Housing to ensure continual monitoring of the data to ensure similar issues do not happen again.
- ii) Housing to fast-track the timeline for stock condition surveys and data reconciliation.
- iii) Housing to provide reassurance to residents through appropriate communication channels, such as through a safety dashboard, so that residents had visibility of performance. This communication should be direct and easy to understand.
- iv) Housing to ensure it is listening to how residents felt about the grading and whether they feel the improvements being put in place are having an impact.
- v) For the Council to review other departments to ensure no other cultural issues are giving rise to significant risk.

## 8. **Update from the Housing Improvement Board**

Councillor Fleur Donnelly-Jackson (as Cabinet Member for Housing) introduced the report, providing an overview of the work of the Housing Management Advisory Board which was set up to embed tenant voice into the work of housing. She introduced the Independent Chair of the Housing Management Advisory Board, Dawn Martin, who would be responding to the Committee's questions.

In presenting the report, Dawn Martin highlighted the following key points:

- The Board had been set up in April 2025 as a critical friend to hold Housing Management accountable.
- She had worked in housing for 23 years and therefore brought a breadth of experience and expertise to the Board as Independent Chair.
- Alongside the Independent Chair, there were three independent members of the Board, three tenants, three staff members from outside of the housing service, the Cabinet Member for Housing, and Councillor Robert Johnson.
- The Board met bimonthly and had met 4 times. The first meeting had been a welcome session and set the Terms of Reference for the Board. She had been clear that she wanted the Board to be visible and for tenants to know it existed.
- One of the meetings had been an estate walkabout where she advised the Committee she had been disappointed with what she saw. She described fly tipping, fire safety issues and disrepair amongst some of the concerns, highlighting that residents living on the estates should be living in a certain standard which she felt was not being met.
- The findings from the estate walkabout had been brought to the following meeting where Board members took the opportunity to ask questions of Housing Management colleagues about the issues and why certain actions had not been done. In response to the scrutiny, she advised that Housing Management had been very honest, open and transparent, and Tom Cattermole (Corporate Director of Residents and Housing Services, Brent Council) had visited the estates to see the issues for himself. Upon raising the issues on the estate walkabout, housing officers had taken swift action and made calls to the relevant contractors, and one of the tenant members of the Board who happened to live on the estate had informed the Board that the actions had now been carried out.
- The most recent meeting had looked at performance, with the report to the Regulator presented to each Board meeting to see progress, as well as all other housing management data such as rent collection and tenant satisfaction.
- She advised that, from her perspective, tenants did not have confidence in Housing Management currently and that trust and confidence needed to be rebuilt.
- She recognised that the current Housing Management Senior Leadership Team had inherited the issues identified and were trying to address them and there were positive conversations taking place with all stakeholders involved with everyone sharing the same aims and goals for the service. She added that the issues were not something that could be addressed overnight

but would take time to embed, and there was a need to be realistic in what could be done and how quickly.

The Chair thanked the presenters for their introductions and invited the Committee to ask questions of the officers, with the following points raised:

In noting that the Board had met 4 times over the last 6 months, the Committee asked what recommendations, if any, it had made, and whether they had been acted on. Dawn Martin confirmed that the Board had made recommendations, including operational issues that needed addressing following the estate walkabout in relation to Anti-Social Behaviour (ASB), fly tipping, and monitoring of the caretaking service which the Board had asked for further information on. At the second meeting, the Board had asked for an improvement plan so it could measure how Housing Management was performing, which would be provided at the next meeting on 15 December 2025.

The Committee asked how the Board would ensure that its focus would go beyond operational fixes and lead to long-term culture changes within Housing Management. Dawn Martin advised that her experience of working in housing across 23 years meant she understood the service right across the board, and she would therefore know what evidence to request in order to monitor whether the improvement plan was being implemented. For example, the Board had already requested evidence in relation to the care taking service. The Board would also hold contractors to account and would ask Mears and Wates to attend to answer questions about the repairs service to address tenant complaints.

The Committee asked the Independent Chair what good looked like to her and how she would ensure Housing Management achieved it. In response, Dawn Martin highlighted that people sometimes had a perception that those in social housing should not have a good standard, but she did not believe that and felt that social housing should be safe, warm, clean and good quality. In terms of the current stock, she felt some blocks needed modernisation and improvement, and the stock condition surveys were needed to establish that programme of work, but she acknowledged that, with any planned maintenance, a budget allocation was also required. In order to get to good, she felt that tenants needed to be happy and satisfied. The Board would hold Housing Management accountable in order to achieve that through analysing their performance and listening to the voice of tenants.

Considering that success looked like tenant satisfaction to the Independent Chair, the Committee asked how the Board would understand if tenants were satisfied. Spencer Randolph advised that, under the new Housing Regulations, the Council was required to undertake Tenant Satisfaction Measures (TSMs) every year which allowed them to compare and benchmark across the sector and to previous years to see whether improvements were being made. He added that the questions on the TSMs were prescribed by the Regulator, but the Council was also able to ask additional supplementary questions to gather a qualitative understanding of someone's answer, such as what a safe home meant to them.

Noting that the estate walkabout the Board had undertaken had found ASB issues, including drug taking in communal areas and car parks, the Committee asked how the Board could help to ensure those issues were moved on permanently.

Councillor Donnelly-Jackson advised that tackling these issues sat across several teams, so where housing officers found these issues on a day-to-day basis, they had lines of escalation to raise those issues. Housing Management worked closely with the Community Safety Team on ASB issues as well as the police, Rough Sleeping Service, VIA New Beginnings and the Drug and Alcohol Outreach service to take a multi-agency approach to ASB and drug taking. More practically, Spencer Randolph added that reinforcing doors was also done so that groups and individuals could not gain access to those areas to take drugs.

The Committee stressed the importance of the Board being independent, and queried how the Cabinet Member for Housing could scrutinise herself as a member of the Board. Councillor Donnelly-Jackson advised that she attended meetings in a listening capacity to hear directly from tenants, but took the point that about the need to have a non-Cabinet member councillor representative. Concerns were also raised in relation to the appointment process, with the Committee noting that staff representatives had been appointed by mutual agreement between the Corporate Director of Residents and Housing Services and the Director of Housing Services. Tom Cattermole advised that none of the staff members appointed worked in the housing department and they were thoroughly independent, with two of them living in the borough. The Board recruitment process had asked for expressions of interest from staff so that representatives would want to be involved and proactively engage with the Board. Dawn Martin added that one of the representatives worked in the Finance department which was an asset to the Board when looking at rental income and other figures. In terms of the independence of the recruitment process, Tom Cattermole advised that the Terms of Reference were reviewed on an annual basis, and these points could be incorporated into future refreshes.

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

- i) Housing Management Advisory Board to utilise all possible sources of data to inform its work, including member casework.
- ii) Housing Management Advisory Board to review the current structure of the Board and process of appointment at the next revision of the Terms of Reference.
- iii) For future iterations of the report, for officers to model the template on the independent safeguarding annual reports received by the Committee, incorporating data, KPIs, priorities, activity of the Board, areas for improvement, areas working well, and case studies in an easy to understand digestible format.
- iv) Housing Management Advisory Board to publish a clear roadmap of achievements the Board wanted to see in relation to Housing Management KPIs, with accompanying timelines.
- v) Housing Management Improvement Board to strengthen and structuralise the tenant voice, including the creation of a resident association in every Council estate in the borough.

## **9. Community and Wellbeing Scrutiny Committee Work Programme 2025-26**

The Committee noted the Work Programme.

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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