

# MINUTES OF OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 17 April 2024  
(7:00 - 9:04 pm)

**Present:** Cllr Glenda Paddle (Chair), Cllr Dorothy Akwaboah (Deputy Chair), Cllr Ingrid Robinson, Cllr Paul Robinson, Cllr Muazzam Sandhu and Cllr Phil Waker;

**Apologies:** Cllr Andrew Achilleos, Cllr Donna Lumsden, Cllr Fatuma Nalule and Cllr Mukhtar Yusuf

## 41. Declaration of Members' Interests

There were no declarations of interest.

## 42. Minutes (24th January 2024 and 13th March 2024)

The minutes for the meeting held on 24th January 2024 subject to amendments to included omitted information regarding item 34 (Budget Strategy 2024/25 and 2025/26) and 13th March 2024 were confirmed as correct.

## 43. London Borough of Barking and Dagenham Local Government Association led Public Health Peer Review

The Director of Public Health and the Cabinet Member for Adult Social Care and Health Integration presented a report on a Public Health Peer Review for the London Borough of Barking and Dagenham.

In February 2024, the Local Government Association (LGA) conducted a Public Health peer challenge which focused on how partnership working, vision and strategy, and the use of resources was used to improve the health and wellbeing of Barking and Dagenham residents.

The LGA produced the following recommendations as a result of the public health peer challenge:

- Help to support cross-council work on the wider determinants of health by developing a health in all policies approach;
- Reflect on executive place leadership arrangements as the Council developed;
- Rationalised strategies, commitments, and priorities into one smart Barking and Dagenham prioritised delivery plan;
- Agree on a model of joint commissioning including procurement considering where Public Health can best add value in needs analysis and evaluation;
- Create a single team for data intelligence and modelling demand across council and partners; and
- Design and embed a joint vision for integrated locality working.

Health in All Policies (HiAP) was key in acting on wider determinants of health such as inequalities and climate change. There needed to be a collaborative approach for HiAP by incorporating health considerations into decision-making

across all sectors and policy areas.

The Marmot Review 2010 highlighted the need for action against six policy areas that would address health inequalities which were reflexed in the Council's Corporate Plan Priorities; however, there was an ongoing challenge for the Council to bring the Corporate Plan into reality.

The Council was working on three key areas of practice which were:

- A focus on a specific public health issue;
- A focus on a key policy area; and
- Embedding health and equalities in wider council processes

The Committees in Common allowed GP's and NHS staff to sit in a collaborative partnership with the Council over decisions on health across the Borough and had signed up with the HiAP.

A question was posed by the Committee on an estimated timescale for delivering the recommendations. The Cabinet Member advised the committee that the Council would be undertaking a huge amount of work to deliver the recommendations.

Currently there were 33 GP practices within the borough and a question was raised on whether the voluntary sector had played a role in easing the pressures on practices across the Borough. The Committee was informed that there were monthly pop-up sessions across the Borough which allowed residents to get greater access to healthcare. Most of the GP's within the Borough had already signed up to do the pop-up health sessions.

A question was raised on what the Council had done to prevent childhood obesity. The Council introduced a program called Henry that was designed to tackle childhood obesity which involved work with the whole family. The Council was taking a new approach by decommissioning a lot of previous programs that had little effect on childhood obesity. The Director of Public Health explained to the committee that calorie intake was only a part of the problem for childhood obesity. There was a lack of physical activity in children which was another contributing factor in childhood obesity. The Council needed to create an environment within the Borough that promoted physical activity and play for children. The Cabinet Member suggested that the Council needed to create more community opportunities such as using unused grass spaces as growing plots.

The Committee touched upon the issue that people may not have the knowledge needed to cook fresh vegetables leading to the consumption of unhealthy foods. The Cabinet Member informed the Committee that the Council was working with 50 convenience stores across the borough who were given healthier choice packs to display and sell. There was also a proposal to open the 45 fully equip school kitchens within the Borough to teach families how to cook healthy food. A suggestion was made for the Council to get free / cheap healthy food to give to vulnerable residents once the three markets start operations within the Borough.

The Committee inquired about dentistry services within the Borough including out of hours dentistry. The Cabinet Member confirmed that there was an out of hours

dentistry service across North-East London. The dentistry services within the borough were stretched however, the Council was in the final stages of agreements to open a dentistry school, allowing more vulnerable people within the borough to have access to dentistry services.

The report was noted.

#### **44. Report on the OFSTED Inspection of Children's Services Improvement Plan**

The Commissioning Director for Care and Support, the Operational Director for Children's Care and Cabinet Member for Children's Social Care & Disabilities presented a report on OFSTED Inspection of Children's Services Improvement Plan.

The Council was subjected to a Standard Inspection in July 2023 under the OFSTED Inspection of Local Authority Children's Service (ILACS) framework. The result of the inspection suggested there needed to be improvements made on the Council's Children's Services. The Council was required to develop and publish an improvement plan which covered eight recommendations made by OFSTED.

There had been a vast improvement within the Children's Services since the improvement plan was published on 11 December 2023; however, due to the current financial restraints faced by the Council, the improvement of the Children's Services had slowed down. The Operational Director for Children's care detailed improvements that had been made on the following OFSTED recommendations, which included:

1. Timeliness of strategy meetings.
2. The capacity, quality, consistency and impact of supervision and management oversight.
3. Assessment and decision-making for children experiencing neglect.
4. Timeliness of pre-proceedings pathways
5. Consistency of response to 16 and 17-year-olds who presented as homeless.
6. Oversight of children's placements in unregistered children's homes.
7. Application of threshold in early help.
8. Life-story work and permanence planning.

Once a year, children's services had an annual engagement meeting with OFSTED where progress was discussed via a self-evaluation document.

The Committee enquired on whether there would be any further improvements regarding placements and whether there were any plans going forward to ease the placement issues and cost. The Commissioning Director for Care and Support informed the Committee that there was a national crisis regarding children's placements; however, there were several pathways that children's services were taking to combat the issue. The Council and OFSTED had produced an efficiency plan which would detail family placements, outside family placements, and prevention.

Concerns were raised on how successful family hubs were in attracting families that need the assistance the hubs had to offer. The Commissioning Director for

Care and Support explained that it was still early days for family hubs; however, there was early evidence that indicated family hubs were working with a reduction in the number of people needing further support. Advertisements detailing the family hubs had been placed around the borough as well as an online presence.

In response from a question asked by the committee regarding long-term child protection plans, the Operational Director for Children's Care advised the committee that children in long-term child protection plans tended to have more complex needs who were in pre-proceeding and tended to be neglected. There was a difficulty with neglected children as often the family environment starts to improve under the supervision of children's services before it starts declining again. The children's services conduct monthly meetings reviewing children who had been on a child protection plan longer than nine months.

There was an intensive supervision training for all managers within children's services, along with meetings with principle social workers. There was inconsistency with between the answers given, with some managers giving in depth answers while other give a check-list response. There had been an improvement made on management oversight and reflective supervision.

A question was raised by the committee regarding strategy meetings with other partners. The Operational Director for Children's Care informed the committee that most of the strategy meetings were held on Microsoft Teams. There was a capacity issue in which the Metropolitan Police had brought in additional staffing. The introduction of the new scheduling system had meant that there was a more efficient use of people's dairies meaning meetings were already booked in.

The Committee asked for clarification on how children's services would measure the outcomes and improvements. The Commissioning Director for Care and Support explained to the Committee that there was a national set of detailed indicators used daily to track the progress of children's services. Most of the indicators had been routinely collected nationally which had helped established the Councils benchmark. There was also an internal programme of audits within the children's services performed by audit teams, children services management, and independent experts.

*(Standing Order 7.1 (Chapter 3, Part 2 of the Council Constitution) was extended at this juncture to enable the meeting to continue beyond the two-hour threshold).*