

**Notice of Meeting of the**

**ASSEMBLY**

**to be held on Wednesday, 30 September 2020  
commencing at 5:00 pm  
Meeting to be held virtually**



To all Members of the Council of the London Borough of Barking and Dagenham

Date of publication: 22 September 2020

Claire Symonds  
Acting Chief Executive

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Please note that this meeting will be webcast, which is a transmission of audio and video over the internet. To view the webcast click [here](#) and select the relevant meeting (the weblink will be available at least 24-hours before the meeting).

## **AGENDA**

**1. Apologies for Absence**

**2. Declaration of Members' Interests**

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

**3. Minutes - To confirm as correct the minutes of the meeting held on 22 July 2020 (Pages 3 - 11)**

**4. Minutes of Sub-Committees - To note the minutes of the JNC Appointments, Salaries and Structures Panel held on 18 August 2020 (Pages 13 - 15)**

**5. Death of Roger Luxton, OBE and Freeman of the Borough (Pages 17 - 18)**

**6. Leader's Statement**

The Leader will present his statement.

**7. Appointments**

The Labour Group Secretary will announce any nominations to fill vacant positions on Council committees or other bodies.

**8. Report of the Local Government Ombudsman on a matter relating to Blue Badge Applications (Non-Visible Disabilities) (Pages 19 - 29)**

**9. Annual Report of Member Champions 2019/20 (Pages 31 - 59)**

**10. Questions With Notice**

**11. Any other public items which the Chair decides are urgent**

**12. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

## **Private Business**

The public and press have a legal right to attend Council meetings such as the Assembly, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

- 13. Any confidential or exempt items which the Chair decides are urgent**

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## Our Vision for Barking and Dagenham

# **ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND**

## Our Priorities

### **Participation and Engagement**

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

### **Prevention, Independence and Resilience**

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

## **Inclusive Growth**

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

## **Well Run Organisation**

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

## MINUTES OF ASSEMBLY

Wednesday, 22 July 2020  
(5:00 - 6:35 pm)

### PRESENT

Cllr Elizabeth Kangethe (Chair)  
Cllr Faruk Choudhury (Deputy Chair)

Cllr Andrew Achilleos	Cllr Dorothy Akwaboah	Cllr Sanchia Alasia
Cllr Saima Ashraf	Cllr Abdul Aziz	Cllr Toni Bankole
Cllr Simon Bremner	Cllr Princess Bright	Cllr Sade Bright
Cllr Laila M. Butt	Cllr Evelyn Carpenter	Cllr Peter Chand
Cllr Josie Channer	Cllr John Dulwich	Cllr Cameron Geddes
Cllr Syed Ghani	Cllr Rocky Gill	Cllr Kashif Haroon
Cllr Amardeep Singh Jamu	Cllr Jane Jones	Cllr Eileen Keller
Cllr Mohammed Khan	Cllr Donna Lumsden	Cllr Olawale Martins
Cllr Mick McCarthy	Cllr Giasuddin Miah	Cllr Dave Miles
Cllr Margaret Mullane	Cllr Adegboyega Oluwole	Cllr Glenda Paddle
Cllr Simon Perry	Cllr Moin Quadri	Cllr Foyzur Rahman
Cllr Tony Ramsay	Cllr Chris Rice	Cllr Lynda Rice
Cllr Ingrid Robinson	Cllr Paul Robinson	Cllr Darren Rodwell
Cllr Muhammad Saleem	Cllr Faraaz Shaukat	Cllr Bill Turner
Cllr Maureen Worby		

### APOLOGIES FOR ABSENCE

Cllr Irma Freeborn	Cllr Emily Rodwell	Cllr Dominic Twomey
Cllr Phil Waker		

#### 12. Declaration of Members' Interests

There were no declarations of interest.

#### 13. Minutes (13 May 2020)

The minutes of the meeting held on 13 May 2020 were confirmed as correct.

#### 14. Appointments

There were none to report.

#### 15. Leader's Statement

The Leader of the Council presented a verbal statement updating the Assembly on a range of matters since the last meeting.

At the outset, the Leader thanked all those front-line and other officers for ensuring services had been maintained during the period of the pandemic and also took the

opportunity to pay tribute to the efforts of his Cabinet colleagues, referring in particular to areas within the responsibility of the Cabinet Members for Social Care and Health Integration, Public Realm, Enforcement and Community Safety, Educational Attainment and School Improvement and Finance, Performance and Core Services. Other matters covered in the statement included:

- Borough COVID-19 statistics - The Leader advised on the latest statistics of confirmed coronavirus cases and deaths in the Borough and the comparison with neighbouring boroughs.
- Regeneration and other projects - the Council was pushing ahead with a series of ambitious projects for the Borough, including major infrastructure plans for the A13 and Barking Riverside areas, the development of the new film studios on the former Sanofi site, the extension of the Thames Clipper river bus service to Barking Riverside, with a new pier opening in winter 2021, and the relocation to the Borough of the Billingsgate, Smithfields and Spitalfields markets. Those and other projects would help to refocus the local economy to growth sectors such as film, media, science, data storage and research, with the potential to deliver more than 20,000 new homes as well as thousands of new jobs and training pathways to the benefit of local residents.
- Funding issues - The Leader criticised the Chancellor of the Exchequer's Summer Statement which had failed to address the local government funding crisis and the issues of poverty and employment, heightened by the current pandemic, and he called on the Government to provide a fair funding settlement. It was noted that the Council received only £2.4m in the latest round of Government emergency COVID-19 funding on top of the £12.1m earlier allocation, which meant that the Council faced a significant shortfall as additional expenditure and lost income over the past four months amounted to approximately £40m.

The Leader confirmed that the Council was committed to helping local residents and businesses through the pandemic and would be working with schools to ensure a safe return for pupils and teachers in September.

## **16. Local Government Boundary Commission Review - Council Size Proposal**

Further to a presentation to the Council in January 2020 by the Local Government Boundary Commission for England (LGBCE), the Director of Law and Governance presented a report on the proposed ward boundary review for Barking and Dagenham.

Having regard to the stages and timetable for the review, the report put forward a finalised Council size proposal for the Authority, that being the optimum number of councillors who, in the Council's opinion, should be elected to the local authority in future local government elections.

The proposal, which was appended to the report, took account of the governance arrangements of the Council, its current scrutiny arrangements, the representative role of councillors as captured in a survey completed by all Members, as well as future trends and plans.



The Director explained that the LGBCE 'minded to' decision on Council size, together with an agreed electoral forecast based on a six-year projection, would be used to support a number of public consultation exercises, to form the basis of future electoral ward arrangements for Barking and Dagenham.

The Assembly **resolved** to:

- (i) Agree that based on the findings and supportive evidence set out in the report and accompanying appendices, the Council had demonstrated that it would continue to operate effectively with the current cohort of 51 elected councillors; and
- (ii) Approve the Council Size proposal set out in Appendix B to the report for submission to the LGBCE by the deadline of 8 September 2020.

## **17. Treasury Management Report 2019/20 Annual Report**

In the absence of the Cabinet Member for Finance, Performance and Core Services, the Cabinet Member for Regeneration and Social Housing introduced the Treasury Management Annual Report for 2019/20 setting out the key areas of performance and compliance with the Council's policies during the year.

The Cabinet Member referred to the major factors during the past 12 months that had effected the UK economy and would continue to do so in the short to medium term, highlighting the uncertainty over Brexit and the COVID-19 pandemic and the cut to already very low interest rates by the Bank of England as a means of stimulating the economy. He stated that the COVID-19 pandemic would impact on the Council's treasury management plans going forward, particularly in the short-term.

Key highlights within the report included income from interest of £8.8m compared to a budget projection of £6.6m; an average treasury interest return of 1.35% which was 0.51% higher than the average London Peer Group return and 0.53% higher than the Local Authority average return; an average return on loans of 3.57%; and additional borrowing of £140m to support the Council's Investment and Acquisition Strategy.

The Assembly **resolved** to:

- (i) Note the Treasury Management Annual Report for 2019/20,
- (ii) Note that the Council complied with all 2019/20 treasury management indicators,
- (iii) Approve the actual Prudential and Treasury Indicators for 2019/20 as set out in Appendix 1 to the report, and
- (iv) Note that the Council borrowed £140m from the Public Works Loan Board in 2019/20.

## 18. Motions

### Motion – Black Lives Matter

Moved by Councillor Ingrid Robinson and seconded by Councillor Alasia

#### This Council notes:

- The London Borough of Barking and Dagenham is one of the most diverse areas in the country, with over 130 different cultures and approximately 23% of our residents identifying as Black/ Black British.
- The tragic murder of George Floyd in the USA, that has sparked protests across the world on the role of institutional and systemic racism faced by the Black community.
- The huge contributions the black community makes not only to this borough, but to Britain – from sports to the NHS, politics to the Armed Forces.
- The steps already taken to ensure that no-one is left behind in Barking & Dagenham, such as:
  - Producing the cohesion and integration strategy, recognising our shared values and celebrating cultural diversity.
  - Commemorating Black History Month with a programme of events to celebrate Black African and Caribbean history, culture and achievements.
  - Becoming the first council in the UK to sign up to the Conscious Advertising Network to stop funding hate and hate speech.
  - The ‘donate a flag’ scheme, allowing members for all aspects of the community to commemorate events in the Town Square.
  - Implementing compulsory training for all members on diversity and equality, including unconscious bias.

#### This Council further notes:

- That despite our approach to community cohesion, racism against black people continues to be pervasive in society. This includes unconscious bias and negative stereotyping in the media, including being seen as criminal and aggressive.
- The increase in racial hate crime in Barking and Dagenham. From October 2018-19, there were 416 racial and religious hate crimes reported to the police, an increase of 31% compared to the previous year.
- The disproportionate number of black people affected by knife crime – In 2017-18, 25% of victims were black, despite making up around 3% of the total population.

#### This Council resolves:

- That as one borough, one community we must come together in solidarity with anyone facing discrimination in our country.
- To offer our support to the Black Lives Matter Movement.
- To send a clear message that we value our black community by:
  - continuing to mark Black History Month with a programme of events

that educate residents about the experience of black residents and matters affecting the black community in Barking & Dagenham today. We call on all other London Boroughs to follow suit.

- Working closely with the charity “Show Racism the Red Card” to educate to young people on tackling racism in our community.
  - Involving them in the development of the new Equality & Diversity plan for 2021 and beyond, so that it addresses the issues that disproportionately affect their lives.
- Work alongside the Metropolitan Police and the Violence Reduction Unit to reduce and end racial hate crime.

A number of Councillors spoke in strong support of the motion and the motion was **carried** unanimously.

## **19. Questions With Notice**

### **Question 1**

#### **From Councillor Chand**

*“Does the Cabinet Member for Social Care and Health Integration agree that putting the NHS on a firm financial footing is better than a one-off handout and a round of applause”?*

#### **Response**

The Cabinet Member explained that in April 2020, in light of COVID-19, the Health Secretary announced, as part of a wider package of NHS reforms, that £13.4 billion of NHS debt had been written off. However, it was not a new policy and was merely implementing changes already agreed.

Barking and Dagenham had experienced population growth unmatched in most parts of the country and the community have had to face greater health problems than most. However, for the past decade local hospitals had not received the funding they need to break even. Given this, the Cabinet Member stated that she would not give the Government a round of applause until there was a national solution to the funding crisis in social care and provided the investment required to tackle health inequalities.

Responding to a supplementary question about writing off the historic debt, the Cabinet Member confirmed that this should ensure that Queens Hospital would come out of special measures and hopefully allow it to build afresh and deliver those much needed health services for the local community.

### **Question 2**

#### **From Councillor Chand**

*“Can the Cabinet Member for Social Care & Health Integration inform us how our care home fared during the pandemic in light of the Prime Minister’s statement that they ‘didn’t do things quite right’*

## **Response**

The Cabinet Member found the Prime Minister's statement absolutely astounding given what the care homes have had to deal with and the lack of any real support and guidance from the Government including a lack of personal protective equipment (PPE), something this Council stepped in to address for all the homes.

She stated that there were ten older people care homes located in the borough, including Kallar Lodge which was Council run and seven had residents who sadly died due to COVID-19. The first care home outbreak in Barking and Dagenham came very early in the pandemic and began due to a visitor to the home having the virus which was identified at a later date.

The majority of the other outbreaks in the homes resulted following residents being discharged from hospital having not been tested for COVID-19.

She concluded her response by putting on record how proud she was of what the care homes had achieved in saving lives and how the staff had coped in very difficult and traumatic circumstances. To that end, she also supported a request from Councillor Chand for the Leader and herself to pen a letter to the Prime Minister refuting his comments which had hurt so many care workers.

## **Question 3**

### **From Councillor Oluwole**

*"Would the Cabinet Member for Employment, Skills and Aspiration set out the financial impact on the Council of support provided for local businesses during the COVID-19 lockdown?"*

## **Response**

The Cabinet Member explained the Government package of temporary measures to support businesses through the period of disruption caused by COVID-19, including a 12-month business rate holiday, one-off grants for certain sized businesses in the retail, leisure and hospitality sectors, as well as further grants for other smaller businesses. The Cabinet Member detailed the number of businesses and the value of the support to date under each of the schemes.

In May, in response to calls for more financial support, the Government announced 5% of additional funding to support small and micro businesses that were not eligible for existing grant support such as those in shared workspaces, market traders with fixed pitches as well as some charities. Unfortunately, the limited amount of funding available had not been enough to enable the Council to help all struggling organisations in the borough.

Responding to a supplementary question about ensuring the remaining £277,000 of available grant reached local businesses, the Cabinet Member stated that the Council were continuing to review all applications including reconsidering the current criteria of those that had not been successful, in the expectation of exhausting all available funds.

## **Question 4**

### **From Councillor Oluwole**

*“Our leisure facilities make a vital contribution to the physical, mental and general well-being of our residents. Will the Cabinet Member for Community Leadership and Engagement explain how the Council will mitigate the huge financial loss our leisure services have suffered during the COVID-19 lockdown”?*

### **Response**

Following a four month closure, the Government announced that subject to meeting guidance including social distancing measures, leisure facilities could start to reopen from 25 July. Everyone Active, the Council’s leisure centre provider, was working on plans to partially reopen the centres for gyms and fitness classes on 31 July and swimming activities from 3 August.

Under the terms of the contract, Everyone Active paid a fee to run the centres for the Council, which this year was planned to be waived, and which would result in a loss of income to the Council of £2m. In addition, the Council planned to underwrite any additional operating losses, with the option that if the income was better than expected, the Council would share in that success. Despite the Government’s pledge to make up income losses to local authorities, it would not cover the loss of income from the leisure provider. The Council would continue to lobby Government to secure the necessary funds and resources to secure the long-term future of the leisure services.

## **Question 5**

### **From Councillor Achilleos**

*“In January 2019, the Council established a ‘Mental Health Charter’ to support our staff and residents who may be facing mental ill health, and to stamp out discrimination and stigmatisation in our community. What work has the Council been doing during the COVID-19 pandemic to ensure our employees and the wider community have the support they need to maintain good mental health”?*

### **Response**

The Cabinet Member stated that ‘good mental health’ during the pandemic was very tangible and difficult to measure. The Mental Health Foundation had stated that 25% of all referrals requiring support were new and not previously known to the service. It was not possible to estimate nor manage the affect lockdown had, particularly on young people, and it was something that would take years to address.

Prior to COVID-19 the Council started training all managers to support staff with mental health needs and since the pandemic, with many staff moving away from their normal working environment to home working, additional wellbeing safeguards had been put in place. In the wider community, commissioners were working with health partners to strengthen and extend the mental health and

wellbeing offer for children and adults.

## **Question 6**

### **From Councillor Ramsay**

*“Following the Planning Committee’s decision to approve plans for London’s Largest Film Studios in Dagenham East, can the Cabinet Member for Regeneration update the Assembly on the positive impact this venture will have for the residents of our borough”?*

### **Response**

The Cabinet Member stated that the scheme would positively impact on the residents of the Borough in a number of ways, with filming being one of the growth sectors with an estimated worth of over £35m to the local economy. It would transform the image of Dagenham, attracting further investment and encouraging a greater sense of pride as well as creating over 1,200 new and varied jobs together with supply chain opportunities for local businesses and scope to attract new businesses. Officers had commissioned work on how best to maximise the local employment opportunities and align the existing training providers in the Borough, as well as further specialist providers to deliver the courses and apprenticeships needed to ensure people were ready to access the future jobs. A community engagement programme would involve local schools, offering visits alongside placements and more apprenticeship opportunities.

The scheme formed part of the wider regeneration of the former Sanofi site alongside one of the country’s largest datacentres, the Travelodge, Costa and Pipe Major, the UCL’s PEARL facility which was under construction and a new office for Unite the Union.

Responding to an observation from Councillor Ramsay, the Cabinet Member remarked that it was both unique and welcoming that in the period since Sanofi indicated that they were going to cease production and following the formation of the Dagenham East Regeneration Steering Group, not a single resident objection had come forward to the various proposals for the site. The Cabinet Member felt that was testament to the hard work of the local ward councilors in championing the opportunities on the site and a demonstration of the Council working at one with the local community.

## **Question 7**

### **From Councillor Haroon**

*“Can the Cabinet Member for Social Care & Health Integration update Members on the work of the Domestic Abuse Commission”?*

### **Response**

The Cabinet Member explained that the Commission had held focus groups with residents from across the Borough on domestic abuse and attitudes. Key conclusions from those sessions related to the importance of victims being

believed, how the Borough could mobilise community support for accepting victims' reports of abusive behaviour, giving them the confidence to report the abuse.

The Commission was due to have its final meeting in September to finalise recommendations for its final report. However, due to the delays caused by COVID-19, it was now expected to be published in January 2021. Notwithstanding the delay, the Council has itself initiated some important work on housing pathways to support people trying to change their lives. The new Domestic Abuse Support contract was bedding in and making strong connections across many of the statutory services and a new campaign had been launched to improve reporting of safeguarding concerns, including for victims of domestic abuse (#BDProtect).

In response to a supplementary question regarding the actions being taken by the Council to deal with an increase in the number of reported incidents of domestic abuse during lockdown, the Cabinet Member stated that the issue was not initially about moving people away but was instead about putting a wrap-around service to support the whole family and working with them to achieve the best outcome on a case by case basis. Last year, the Council appointed Refuge as a strategic partner to operate a new domestic and sexual violence service. That service, combined with the legal advice for families provided by the Council's Legal Services, had meant that the Borough had coped despite the increase in reported domestic abuse during this period. That said, the Cabinet Member was mindful that the problem could manifest when children returned to school in September, at which point additional support and resources were likely to be necessary.

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## **MINUTES OF JNC APPOINTMENTS, SALARIES AND STRUCTURES PANEL**

Tuesday, 18 August 2020  
(3:05 - 3:40 pm)

**Present:** Cllr Darren Rodwell (Chair), Cllr Evelyn Carpenter, Cllr Elizabeth Kangethe, Cllr Donna Lumsden, Cllr Dominic Twomey and Cllr Maureen Worby

### **1. Declaration of Members' Interests**

There were no declarations of interest.

### **2. Private Business**

It was resolved to exclude the public and press from the remainder of the meeting by reason of the nature of the business to be discussed which included information exempt from publication by virtue of paragraphs 1 and 4 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

### **3. Senior Officer Review**

Further to Minute 12 of the meeting held on 7 April 2020, the Cabinet Member for Finance, Performance and Core Services introduced a report from the Acting Chief Executive on a number of proposals relating to senior management posts and the intention to carry out a full, benchmarked review of the Council's senior pay grading structure later in the year.

The first proposal related to the post of Transformation Director, which had been established in 2015 (initially as Programme Director, Ambition 2020). The Council's Ambition 2020 transformation programme was now concluding with the ending of the Elevate East London contract. The last tranche of Elevate staff, relating to the Revenues and Benefits service, were transferring back to the Council on 1 September 2020 and, with that, the primary aims of the Transformation Director role had been achieved. It was proposed, therefore, that the post be deleted with effect from 5 September 2020 and the current line management and other responsibilities be split between the Director of Policy and Participation and the Chief Operating Officer (Acting Chief Executive). It was noted that the postholder, Meena Kishinani, had been fully consulted on the proposal and had indicated that she wished to waive her notice period and leave the Council on that date. Members placed on record their appreciation of the tireless work and commitment that Ms Kishinani had given to the Council throughout her service.

The Cabinet Member went on to explain that in advance of the wider review of the senior pay structure, the posts of Head of Workforce Change and Operational Director, Children's Care and Support, had been reassessed and benchmarked in recognition of the changing scope and complexities of the posts since their creation. The post of Head of Workforce Change was currently a third-tier officer position (below Chief Officer level), reporting to the Director of Law and Governance. The intention was to re-designate the post as Director of Workforce Change at Chief Officer-level grade CO2 and delete the post of Head of Workforce

Change once the new Director-level post was filled. The post of Operational Director, Children's Care and Support, had been assessed at grade CO2 when it was established in May 2016, although a market supplement had also been applied in view of the difficulties in attracting the best possible candidates in such a competitive market. A re-evaluation of the job description had assessed the post at grade CO4, which was comparable with salary levels for equivalent roles across London.

Previous JNC Panels had approved interim appointments to the posts of Director of Policy and Participation and Director of My Place and the Cabinet Member advised on the intention to seek permanent appointments to both posts (and also that of Director of Workforce Change) via internal advertisements. In respect of the Director of Policy and Participation post, the Cabinet Member also explained the rationale for redesignating the post as Director of Strategy and Participation and, following recruitment to that post, the deletion of the post of Commissioning Director, Adults' Care and Support, which was the substantive post of the current Director of Policy and Participation.

With regard to the senior pay grading benchmark review proposed for later in the year, the Cabinet Member advised that the last full review had taken place in 2013 and it was appropriate, therefore, to review the entire senior pay structure in the light of developments since that time. He clarified, however, that the intention was not to use the review as a mechanism for a general uplift across all senior pay but rather to inform a detailed reassessment of roles, responsibilities and performance. The Leader added that while the remit of the JNC Panel related only to senior management pay, the Council's entire workforce was its greatest asset and the level of pay, from the lowest to the highest, would continue to be monitored to ensure that all employees were appropriately remunerated.

Members discussed a number of issues relating to the proposals, one of which was the impact on service delivery of the proposed deletion of the post of Commissioning Director, Adults' Care and Support. It was noted that the third-tier management structure for both Adults' and Children's Care and Support services had been reviewed and bolstered which, together with the consolidation of the Commissioning Director functions for both areas, gave greater flexibility and would assist the Director of People and Resilience in her future plans for the services.

The Panel **resolved** to agree:

- (i) That with the completion of the Ambition 2020 programme, the post of Transformation Director be deleted with effect from 5 September 2020 and the postholder be made redundant;
- (ii) The deletion of the post of Head of Workforce Change and the creation of, and recruitment to, a new post of Director of Workforce Change at grade CO2 (£97,173), to reflect the role and responsibilities of the current role;
- (iii) The permanent recruitment to the post of Director of My Place;
- (iv) The renaming of the Director of Policy and Participation post to Director of Strategy and Participation and the permanent recruitment to that post;

- (v) The deletion of the post of Commissioning Director, Adults' Care and Support;
- (vi) The regrading of the post of Operational Director, Children's Care and Support to grade CO4 (£115,325), which consolidated the current market supplement applied to the post and reflected the benchmarked market rate for the post; and
- (vii) That a review and benchmarking exercise of the Council's senior pay structure be commissioned for consideration by the Panel later in the year.

It was further noted that with the ending of the contract with Elevate East London on 1 September 2020, the post of Elevate Chief Executive would no longer exist and, as a consequence, the postholder, Sue Lees, would also be leaving the Council on 5 September 2020. Members placed on record their appreciation to Ms Lees for her integral role in the successful partnership and extended their very best wishes for the future.

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## ASSEMBLY

30 September 2020

<b>Title:</b> Death of Roger Luxton, OBE and Freeman of the Borough	
<b>Report of:</b> Acting Chief Executive	
<b>Open</b>	<b>For Information</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
<b>Report Author:</b> John Dawe, Senior Governance Officer	<b>Contact Details:</b> E-mail: <a href="mailto:john.dawe@lbbd.gov.uk">john.dawe@lbbd.gov.uk</a>
<b>Accountable Divisional Director:</b> Fiona Taylor Director of Law and Governance and Acting Deputy Chief Executive	
<b>Accountable Director:</b> Claire Symonds, Acting Chief Executive	
<p><b>Summary:</b> The Assembly is asked to note with deep regret that Roger Luxton, the former Director of Children's Services passed away on 12 September having been admitted to hospital some weeks ago. The funeral will take place on 1 October at 2pm at Harwood Park Crematorium, Stevenage. Given the public health situation attendance is limited although Jane Hargreaves, Commissioning Director, Education has been invited to attend and speak. The proceedings will be webcast and the recording retained for 7days should any Members/officers wish to view it.</p> <p>Roger held a number of roles during his long service with Barking and Dagenham Council, including Chief Inspector of Schools, Director of Education, Arts and Libraries and from 2006, the Council's first Director of Children's Services.</p> <p>It is fitting to record a tribute to Roger to recognise the significant and lasting contribution he made to education in Barking &amp; Dagenham.</p> <p>Roger worked for the Council for over 23 years. He joined the Education Department on 1 September in 1986 after 17 years of teaching experience. He was appointed to lead the Borough's Technical and Vocational Initiative which sought to increase the quality of practical, technological, art and design and vocational subjects in the Borough's secondary schools and which had a significant impact.</p> <p>In the early 1990s Barking &amp; Dagenham was at the bottom of nearly all of the education league tables. The Council decided that it wanted to make a decisive change and Roger was appointed to lead it. He will be particularly remembered for his pioneering work in transforming primary teaching and learning in this Borough, challenging some traditional practices of teaching in England which were not serving the children of Barking and Dagenham. He coined the phrase '<i>the long tail of underachievement</i>' – soon widely used within education – and researched international practices, particularly in Zurich which were much more successful in reaching common high standards.</p> <p>In addition, in 2003 the Council was awarded Beacon Status for its work in transforming secondary education, reflecting another of Roger's priorities – improving the standing and quality of vocational education. Under Roger's stewardship, Trinity School was created, bringing together three former special schools and setting the foundations for the outstanding provision which Trinity provides today.</p>	

Roger was intensely interested in the detail of school design, illustrated particularly in the development of the Jo Richardson Community School. Designed to maximise space for teaching and learning, it attracted considerable interest and has influenced many school designs since.

Roger's standing in the field of education was immense. His work in mathematics, particularly numeracy, with the National Institute of Economic and Social Research, directly influenced the later National Strategy. In 1999 he was recognised in the Queen's Birthday Honours and was awarded the OBE for 'Services to Education Standards'.

Following his retirement in August 2009, the Council in 2010 bestowed upon him the Freeman of the Borough.

Roger believed absolutely and fundamentally that a strong and enduring partnership between the Council and schools was and continues to be the best way to support opportunity, ambition and achievement for all the children and young people who live and go to school here. His legacy is that Barking & Dagenham has continued its commitment to that partnership and achievement.

Roger will be fondly remembered for his wit and warmth of personality and powers of public speaking. He leaves a wife Pauline, a son Simon and two daughters, Julia and Sarah.

#### **Recommendation**

The Assembly is asked to mark his passing with a minute's silence in his memory.

## ASSEMBLY

30<sup>th</sup> September 2020

<b>Title:</b> Report of the Local Government Ombudsman	
<b>Report of the</b> Cabinet Member for Finance, Performance and Core Services	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> No
<b>Report Author:</b> Natalia Monvoisin Head of Customer Contact	<b>Contact Details:</b> Tel: 020 822 75583 E-mail: <a href="mailto:Natalia.Monvoisin@lbbd.gov.uk">Natalia.Monvoisin@lbbd.gov.uk</a>
<b>Accountable Director:</b> Claire Symonds Acting Chief Executive	
<p><b>Summary</b></p> <p>Part of the role of the Local Government Ombudsman (LGO) is to investigate complaints which are submitted to their service. As part of the investigative powers of the LGO they can, when necessary, produce formal reports.</p> <p>A formal report has recently been produced by the LGO after carrying out an investigation into the way the Council dealt with and managed the application for a blue badge under the non-visible (hidden) disabilities criteria.</p> <p>The complaint deals with the dissatisfaction of the complainant that the Local Authority rejected the application for a Blue Badge without first fairly assessing and failing to review the application when a request was made.</p> <p>As a result of the report the Local Authority have taken steps to action the recommendations which were set by the LGO including re-assessing Mr X's application and undertaking a review of how the service is offered to residents.</p>	
<p><b>Recommendation(s)</b></p> <p>Assembly are recommended to note:</p> <ul style="list-style-type: none"> <li>• the report as issued by the Local Government Ombudsman, its publication, and the notice that has been published in local news sources.</li> <li>• the action taken thus far to remedy the complaint as directed.</li> </ul>	
<p><b>Reason(s)</b></p> <p>It is a requirement of the Local Government Ombudsman to present to Assembly complaints which result in a formal report being published. The appended report details the recommendations which are to be undertaken by the Council.</p>	

## **1 Overview of the report**

- 1.1 The LGO's report is attached at Appendix 1.
- 1.2 The LGO have found fault in the Local Authorities process for application and appeals for a Blue Badge namely the non-visible (hidden) disabilities which caused injustice to the complainant (Mr X).
- 1.3 The LGO found that the Local Authority failed to properly assess the application for a Blue Badge. Following the determination which was provided to Mr X the Council failed to further review the application when requested by the applicant. This is found to have had an adverse impact on those applicants who were not successful in applying for a Blue Badge under the new criteria for the non-visible (hidden) disabilities.
- 1.4 Fault was found as the Local Authority failed to keep a record of the original application and supporting documents which were provided as part of the process. This impacted on the Authorities ability to clearly evidence reasons as to why Mr X was not eligible for a Blue Badge automatically and why an offer was not made for eligible subject to further assessment.
- 1.5 Further fault was found by the LGO in the rejection of the application. It was found that the letter did not clearly provide reasons for the unsuccessful application and the next steps which could be taken to assist the complainant.

## **2 Remedy proposed by the Ombudsman**

- 2.1 Included in the formal report are a number of remedies which have been produced by the Council which need to be completed by the end of October 2020 and provide evidence to satisfy the LGO that we have complied with the recommendations as set out.
- 2.2 The LGO has recommended that the Council review its procedures to make sure it is assessing Blue Badge applicants using both tests for eligibility in line with guidance.
- 2.3 In respect of the complainant, the LGO has recommended that the Council re-assess the application and should this not be successful, offer the opportunity for an appeal to be undertaken.

## **3 Proposed actions**

- 3.1 The Council, as part of its focus on the customer journey, has been reviewing customer facing processes. An application for a blue badge currently comes into the customer services team and part of the review will focus on whether this is the correct place to receive such an application.
- 3.2 The Council are currently amending the process maps for the service as a whole, including initial application, renewing badges and appeals. The aim of this review is to ensure that the Local Authority are adhering to the published guidance on processing applications for both visible and non-visible disabilities whilst also providing a seamless service to the residents.



#### 4 **Publication of the report**

4.1 The report was published on 18<sup>th</sup> August 2020. A notice, as required, was published in the Barking and Dagenham Post on 19<sup>th</sup> August 2020.

#### 5 **Recommendations and Action Taken**

<b>Recommendation</b>	<b>Action</b>
Apologise to Mr X to recognise the time and trouble he was put to because of this matter.	An apology was sent to Mr X as directed.
Assess Mr X's eligibility for a Blue Badge, using both tests set out in the guidance issued by the Department for Transport for issuing Blue Badges. If he does not automatically qualify, it should explain the outcome to him. The Council should make sure the assessment is in line with the guidance	Mr X was invited to resubmit an application for a blue badge. Assessments have been undertaken and determinations have been provided to Mr X. The outcome of the further assessment upheld the initial decision.
Review its procedures to make sure it is assessing Blue Badge applicants using both tests for eligibility in line with the guidance;	A review of the service was scheduled to occur, as part of this review processes for applications will be reviewed and amended as necessary.
Carry out training for relevant staff to make sure they are aware of the procedures	Once the review has been completed training will be provided to staff
Implement an appeals procedure, in line with the guidance for refused Blue Badge applicants;	Appeals procedure is in place and this is published on the web page and will be included in any rejection letter.
Keep its records about unsuccessful Blue Badge applications for at least a year so it can respond to any complaints and these complaints can be reviewed by us	The Local Authority agree with this recommendation and all applications will be kept for a period of 1 year to enable reviews to take place if required.
Amend its information and records policy to show how long it will keep Blue Badge records in future	Policy will be updated to reflect information being stored for a period of 1 year.
Invite any rejected applicants from the last six months to submit their applications for reconsideration.	Guidance has been placed on the Blue Badge page of the website inviting anyone who applied for a blue badge in the last 6 months under Non-Visible Disabilities to reapply using the original documentation. This course of action was agreed by the LGO to satisfy the recommendation.

**6. Financial Implications** completed by: Katherine Heffernan, Head of Service, Finance

6.1 Working with the LGO and responding to investigations and recommendations is part of the Council's normal activities. The actions set out in this report are carried out by existing staff and there are no further financial implications.

**7. Legal Implications** completed by: Dr. Paul Feild, Senior Governance Lawyer

7.1 The Local Government Ombudsman was established by the Local Government Act 1974. Its role is to investigate complaints about 'maladministration' and 'service failure' by councils and certain other bodies. This includes individuals, organisations or companies providing services on the Council's behalf. The Ombudsman will also consider whether any fault has had an adverse impact ('injustice').

7.2 The Council's Constitution (Part 2 Chapter 4 (xvi)) provides that the Assembly shall receive reports and recommendations from the Ombudsman and Government or other Inspectorates.

7.3 If fault has caused an injustice, the Ombudsman will make a report which the Council must consider and provide evidence to that effect and it shall confirm to the Ombudsman within three months the action it has taken or proposes to take. In this report to the Assembly the fault has been identified and accepted by officers and a proposed way forward identified.

**8. Other Implications**

8.1 None

**Public Background Papers Used in the Preparation of the Report:**

- None

**List of appendices:**

- Appendix 1: Report by the Local Government & Social Care Ombudsman Investigation into a complaint against London Borough of Barking & Dagenham (reference number: 19011 326)

**Report by the Local Government and Social Care  
Ombudsman**

**Investigation into a complaint against  
London Borough of Barking & Dagenham  
(reference number: 19 011 326)**

**17 July 2020**

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## The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

### Key to names used

Mr X            The complainant

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## Report summary

### Adult care services: transport

Mr X complained the Council failed to properly assess his application for a Blue Badge.

### Finding

Fault found causing injustice and recommendations made.

### Recommendations

The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

To remedy the injustice caused, we recommend the Council:

- apologise to Mr X to recognise the time and trouble he was put to because of this matter;
- assess Mr X's eligibility for a Blue Badge, using both tests set out in the guidance issued by the Department for Transport for issuing Blue Badges. If he does not automatically qualify, it should explain the outcome to him. The Council should make sure the assessment is in line with the guidance;
- review its procedures to make sure it is assessing Blue Badge applicants using both tests for eligibility in line with the guidance;
- carry out training for relevant staff to make sure they are aware of the procedures;
- implement an appeals procedure, in line with the guidance for refused Blue Badge applicants;
- keep its records about unsuccessful Blue Badge applications for at least a year so it can respond to any complaints and these complaints can be reviewed by us;
- amend its information and records policy to show how long it will keep Blue Badge records in future; and
- invite any rejected applicants from the last six months to submit their applications for reconsideration.

The Council has accepted our recommendations.

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## **The complaint**

1. Mr X complained the Council wrongly rejected his application for a Blue Badge and failed to review his application when he asked it to.
2. He said the Council's actions caused him stress and upset.

## **The law relevant to this complaint**

3. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
4. We may investigate matters coming to our attention during an investigation, if we consider that a member of the public who has not complained may have suffered an injustice as a result. (*Local Government Act 1974, section 26D and 34E, as amended*)

## **How we considered this complaint**

5. We produced this report after examining relevant documents and speaking to the complainant and relevant employees of the Council.
6. We gave the complainant and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

## **What we found**

### **The Blue Badge scheme**

7. The Department for Transport (DfT) has issued guidance to councils for providing Blue Badges. The Blue Badge scheme entitles drivers or passengers with mobility problems to park nearer to their destination.
8. To qualify for a Blue Badge, an applicant must be assessed by their council as either 'eligible without further assessment' or 'eligible subject to further assessment'.
9. Adults who receive Personal Independence Payments (PIP) and are awarded a certain number of points in the appropriate PIP category, are automatically entitled to a Blue Badge without further assessment.
10. Other people who do not have the necessary points are classed 'eligible subject to further assessment'. This means the council will assess them to decide if they meet the requirements for a Blue Badge.
11. From 30 August 2019, people with hidden disabilities such as anxiety disorders or brain injuries can apply for a Blue Badge.
12. It is up to the relevant council to decide if an applicant meets the eligibility criteria for a Blue Badge.
13. The DfT strongly recommends that councils establish an internal appeals procedure for unsuccessful applicants and clearly signpost this in their decision letters. Councils should also provide unsuccessful applicants with a detailed written explanation.

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## **What happened**

14. Mr X applied to the Council for a Blue Badge stating he had hearing loss and posed a risk to himself and others when walking alone. He also submitted documents confirming the PIP points he had been awarded.
15. The Council wrote to Mr X in September 2019 and told him his disability did not reach the required points under his PIP and therefore he was not eligible for a Blue Badge.
16. Mr X asked the Council to review the decision in September 2019. He said the Council should have classed him as 'eligible subject to further assessment'.
17. The Council did not respond, so he chased it two weeks later in early October 2019.
18. The Council responded to Mr X's complaint later that month. It maintained he had not been awarded the required points under the PIP scheme to qualify for a Blue Badge. Mr X disagreed and complained to us.
19. During our investigation, the Council advised us it had deleted all information Mr X had supplied along with his application. The evidence indicates this was the Council's usual practice. The Council accepts it should have retained these documents for a reasonable period and has confirmed it will keep this information in future. However, it has not specified how long it intends to keep this information.
20. In light of the above, the Council has agreed to review a fresh application from Mr X and if it finds he is not eligible, clearly explain why it has done so in writing.

## **Findings**

21. It is not our role to decide whether Mr X should have a Blue Badge; that is the Council's job. Our role is to assess whether the Council made its decision properly.
22. Councils should hold records long enough to allow timely reviews of its decisions. The Council destroyed Mr X's documents within a few weeks of making its decision. The Council has confirmed this was its usual practice. This was not enough time to keep the information for reviews of its decisions, 'appeals' or investigating complaints. Because the Council no longer holds Mr X's assessment or supporting documents, it cannot explain why it declined Mr X's application and would not be able to review its decision. This is fault. During our investigation, the Council agreed to keep these records in future. This will benefit future applicants but does not address the injustice Mr X has suffered.
23. The guidance requires the Council to assess applicants who do not have sufficient points in the relevant PIP category to decide whether they meet the requirements for a Blue Badge. The Council should also provide a detailed written response explaining why it has refused an applicant a Blue Badge. Based on the evidence available, the Council rejected Mr X because he did not have sufficient PIP points to automatically qualify but then failed to carry out a further assessment to determine his eligibility for a Blue Badge. It also failed to provide him with a detailed explanation for why it rejected his application and his request for a review. This is fault.
24. During our investigation, the Council agreed to contact Mr X, obtain a copy of his PIP assessment, clearly demonstrate it has considered it using both tests set out

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- in the guidance and explain in writing why it is declining or accepting his application. We welcome the action the Council agreed to take.
25. Guidance states councils should make sure there is a clear appeals procedure in place for unsuccessful Blue Badge applicants. Councils should signpost this process in its decision letters. The Council does not currently have a formal appeals process. The Council failed to follow the guidance and has not given good reason for departing from it. Therefore, this is fault.
  26. Our guidance, the [Principles of good administrative practice](#) says authorities should keep proper and accurate records and give reasons for their decisions. They should have clear and accessible appeal routes and provide timely advice on how and when to appeal or complain. The Council failed to follow this approach.
  27. Because of the Council's actions, Mr X has experienced an injustice. He had to complain to us, and he will have to resubmit his application and supporting documents to the Council, putting him to unnecessary time and trouble.
  28. We can investigate matters which come to our attention during an investigation, if a member of the public who has not complained is likely to have suffered an injustice as a result. It is highly likely that other applicants the Council refused a Blue Badge have been disadvantaged by the lack of appeals process in place, and possibly because of its hasty destruction of documentation relating to Blue Badge applications. The Council should take action to identify these people and offer them a fresh assessment.
  29. The Council has confirmed its system will not allow it to identify pending or rejected applicants and so it has proposed to post a message on its website inviting unsuccessful applicants to contact it. This is an appropriate action for the Council to take to satisfy our requirements.

## Conclusions

30. The Council is at fault because it failed to interpret the guidance correctly, did not put an appeals process in place and did not keep sufficient records of the decisions it made along with the reasons for these decisions. Because of this Mr X was put to time and trouble making his complaint and it is likely others have been negatively affected by the Council's actions.

## Recommendations

31. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)
32. In addition to the above requirements, the Council has agreed to do the following:
  - apologise to Mr X to recognise the time and trouble he has been put to because of this matter;
  - assess Mr X's eligibility for a Blue Badge, using both tests set out in the guidance if he does not automatically qualify, and explain the outcome to him. The Council should make sure the assessment is in line with the guidance;
  - review its procedures to make sure it is assessing Blue Badge applicants using both tests for eligibility in line with the guidance;



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- carry out training for relevant staff to make sure they are aware of the procedures;
  - implement an appeals procedure, in line with the guidance for refused Blue Badge applicants;
  - keep its records about unsuccessful Blue Badge applications for at least a year so it can respond to any complaints and these complaints can be reviewed by us;
  - amend its information and records policy to show how long it will keep Blue Badge records in future; and
  - invite any rejected applicants from the last six months to submit their applications for reconsideration.
33. The Council has accepted our recommendations to remedy the complaint.

### **Decision**

34. We have completed our investigation into this complaint. There was fault by the Council which caused injustice to Mr X. The Council should take the action identified in paragraph 32 to remedy that injustice.

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## ASSEMBLY

30 September 2020

<b>Title:</b> Annual Report of Member Champions - 2019/20	
<b>Report of Leader of the Council, Cabinet Member for Social Care &amp; Health Integration and Cabinet Member for Regeneration and Social Housing</b>	
<b>Open</b>	<b>For Information</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
<b>Report Author:</b> Mike Haywood, Head of Leader's Office	<b>Contact Details:</b> Tel: 020 8724 5013 Email: <a href="mailto:mike.haywood@lbbd.gov.uk">mike.haywood@lbbd.gov.uk</a>
<b>Accountable Strategic Leadership Directors:</b> Elaine Allegretti, Director of People & Resilience Darren Mackin, Head of Commissioning and Programmes, Inclusive Growth	
<p><b>Summary:</b> On 18 February 2018 Assembly agreed new governance arrangements (Minute 56) including the provision of Member Champions. In May 2018, the Annual Assembly approved the new Constitution (Part 2, Chapter 6, Paragraph 9). Under the new Constitution, up to five Member Champions can be appointed by the Leader to support the work of the Cabinet and promote and raise the profile of the cause for which they are a champion.</p> <p>At its meeting on 11 December 2018, Cabinet approved the appointment of Councillor Irma Freeborn and Councillor Chris Rice as Member Champions for Quality in Care and for Mental Health respectively (Minute 71 refers). A work programme was created following this.</p> <p>The appointment of Councillor Andrew Achilleos as Member Champion for Climate Change was approved by Assembly on 13 May 2020 (Minute 7 refers).</p> <p>This report sets out the roles of each Member Champion, the work they have undertaken in 2019/20 and what their focus will be in the coming year.</p>	
<b>Recommendation:</b> The Assembly is asked to note the Annual Report of Member Champions 2019-2020	
<p><b>Reason(s)</b> It is good practice to report on the work being undertaken by Member Champions who support the Council's aim of encouraging civic pride and enabling social responsibility.</p> <p>This year's Annual Report includes the reports of the Member Champion for Quality in Care, Member Champion for Mental Health, and Member Champion for Climate Change.</p> <p>An overview of the role and job description for each Member Champion is included as <b>Appendix 1 &amp; 2</b> to this report.</p>	

## **Report by Councillor Freeborn, Member Champion for Quality in Care**

### **1. Introduction**

- 1.1 My report provides an insight into some of the challenges facing those in social care over the past few months when the country went into lockdown because of the coronavirus pandemic. On 29 May 2020, the council wrote to care homes in the borough setting out the support it was offering them during COVID-19. A copy of the letter is included as **Appendix 3** to this report.
- 1.2 During the pandemic, I was not able to visit care homes or other care settings in the borough for public health reasons. The work carried out by those caring for vulnerable adults will always be challenging, but the additional pressure put on them during the total lockdown was unprecedented. I should like to take this opportunity to place my record my appreciation for the work they do.
- 1.3 I have focused on two key issues: The provision of PPE at the start of the lockdown period, and the experience of care homes during the pandemic.

### **2. The provision of PPE at the start of the lockdown period**

- 2.1 One of the most pressing issues after the outbreak of Covid-19 was access to Personal Protective Equipment (PPE) for frontline workers, especially those working in health and social care.
- 2.2 Although the Council is not responsible for the provision of PPE to private care homes, it took the decision to supply it to all care homes, home care agencies, and personal (social care) assistants, free of charge. This was crucial when normal supply chains, including the government's own sources, had failed. One unit of PPE represents an apron, mask, and a pair of gloves or a litre of hand sanitizer. The Council provided: 283,246 units of PPE in May; 294,436 units in June; and 254,615 units in July.
- 2.3 Since the summer, the Council established a robust system to ensure care homes and others were supported in both sourcing and using PPE.

### **3. The experience of care homes during the pandemic**

- 3.1 It feels like a long time ago now, but the pandemic was a very difficult time for care homes in the borough, with residents being separated from their families and outside visitors. There was also a enormous pressure on staff at all levels, none more so than for those who provide direct personal care.
- 3.2 In last year's annual report, I touched on the vital role entertainment and social interaction plays in engaging residents in care. The lockdown meant outside entertainment was prohibited and families were prevented from having their relatives visit them. I am pleased care homes are now gradually allowing outside visiting, for example, in gardens.

3.3 More recently, testing for Covid-19 has been the main challenge facing care homes for older people. These homes have been expected to test staff weekly, and residents every 28 days. However, there have been delays with the delivery of test kits, which is a reflection of the haphazard way in which test and trace has been introduced across the country.

#### **4. Care at home**

4.1 In my last Annual Report, I had been asked to expand my visits to include Home Care and Personal Assistants. For reasons due to the pandemic and the need to socially distance, I have not been able to do this. This is something I would like to pick up as and when the guidance on social distancing eases.

#### **5. Conclusion**

5.1 Over the past few months, sacrifices have been made by both staff working in the care sector and those receiving care. It has been difficult for those shielding across the community, with residents in care being in the awful position of not being able to see their family.

5.2 As part of my role, I would have liked to be able to talk to carers and those in care settings, but this was not possible. Looking to the future, it is clear that the impact of Covid-19 on our care homes and those receiving care at home will last for a long time.

5.3 I am sure colleagues will wish to join me in thanking health and care workers for their immense sacrifice through this pandemic. In the future, I want to explore the experiences of those who have worked and received care through the lockdown as well as pick up my focus on home care provision.

### **Report of Councillor Chris Rice, Member Champion for Mental Health**

#### **6. Introduction**

6.1 This year has presented immense challenges for both providers of mental health services and those seeking help. My intended focus for this year was the Child and Adolescent Mental Health Team, following concerns raised about access to services by Looked After Children. It is worth remembering that young people, as a result of lockdown, will be facing unprecedented challenges due to missing out on schooling and social opportunities.

6.2 I continue to be on the Governing body of NELFT. The work carried out by this organisation has faced the additional pressures of a large percentage of the population working from home or being furloughed. The risk to the wellbeing of already vulnerable people has been well-publicised.

6.3 My report this year will focus on the work of CAMHS, NELFT and other services, as well as looking at the forms of collaboration being undertaken by these organisations with other partners in the sector. A copy of guidance given to those working in

mental health through COVID-19 is included as an appendix to this report (**Appendix 4**).

## **7. Child and Adolescent Mental Health Team (CAMHS)**

- 7.1 In February, I was able to visit the B&D Child and Adolescent Mental Health Team (CAMHS). The OFSTED inspection of Children's Social Care Services in 2019 had raised concerns that Looked After Children (LAC) did not have sufficient access to specialist mental health services.
- 7.2 There was subsequent investment in a Looked After Children Social Worker with a specialist remit in mental health to address this concern. However, the therapeutic gap in access to treatment remains. In response, NELFT set up a weekly CAMHS "hot clinic" where children and young people could be considered without a formal referral. NELFT opened this resource to other aspects of Childrens Social Care, for example Learning Disabilities, which has improved referral numbers.
- 7.3 It is worth noting that CAMHS receives referrals for assessment for children who might be experiencing very difficult social circumstances, but who do not have a diagnosable mental health condition. The universal mental health/wellness offer centres on Kooth (an online resource), which may not be accessible for children with additional vulnerabilities.
- 7.4 The CAMHS team employs the "Thrive" model, nationally recognised as a model of best practice, but a definitive diagnosis is not a prerequisite for an offer of support as it is needs-based. The model offers a more fluid approach to managing the changing needs of a young person when dealing with their emotional and mental health requirements. However, what fundamentally underpins the care pathways for treatment by the CAMHS mental health service, is a defined mental health need. I was informed during my visit that understaffing at the B&D CAMHS is severe, with in-house measures put in place by the team to help manage stress. More needs to be done to lever additional resources from the CCG to manage this shortfall.

## **8. North East London Foundation Trust (NELFT)**

- 8.1 As part of my role as a Mental Health Champion, I have attended all of the monthly governing body meetings for the North East London Foundation Trust (NELFT). Since early in the year, the meetings have primarily been focusing on the outbreak of COVIDCovid-19 and the subsequent pandemic.
- 8.2 Staff resources have been organised to help meet the priorities and changing needs of service users. We discussed the risk to frontline staff and how important it was that all employees, including those at risk of developing serious complications, should be protected as much as possible. Individual risk assessments have been on-going for all staff. Antibody tests have also been made available. The importance of giving support to staff who have experienced traumatic events has also been emphasised. They have been working heroically in these very testing times.

8.3 Moreover, there has been concern nationally and locally that there could be a “tidal wave” of new demand for mental health services arising from the extra pressures on many people due to fear of the Covid-19 virus and possible lockdowns, e.g. loss of loved ones, employment, income etc. It also exacerbates concern in the ability to recruit trained staff. Going forward, NELFT is reviewing how to shape the services that it provides in the coming months.

## **9. Collaborations between NELFT and Other Organisations**

9.1 During the pandemic, NELFT and social care worked collaboratively to ensure that service users remained safe and well. Additional support and guidance were given to providers, including webinars on how to manage challenging behaviours, in order to maintain service users in the community. During this period, admissions to inpatient care remained stable.

9.2 As the lockdown has lifted, the numbers requiring inpatient care have increased by a third from the expected baseline. The concern for social care and commissioning is that the new admissions were either not known to services or had been closed to secondary services for five or more years due to a stabilisation of their presentation. There has been a spike in IAPT self-referrals for anxiety and depression, which may have an impact on referrals for social care in the longer term.

9.3 The CCG have commissioned MIND to deliver a listening service for people that have been bereaved, with a referral pathway to longer-term therapeutic input for people with more acute need. I am concerned that the commissioned service is with the Christian Association of Counsellors, which is not culturally appropriate for our population.

## **10. Thrive LDN**

10.1 Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London and led by the London Health Board partners. We are promoting the resources below to residents, through our One Borough Voice page, BDCAN and B&D Collective Networks and through local voluntary sector organisations.

## **11. Conclusion**

11.1 I would like to thank the hard-working staff who have continued to serve those suffering with mental illnesses over the past year. Their dedication to service users has been important in ensuring that the problems exacerbated by Covid-19 do not turn into another public health emergency. In the future, I would like to continue focusing, where possible on CAMHS and the quality of service being experienced by our young people.

## Report of Councillor Andrew Achilleos, Member Champion for Climate Change

### 12. Introduction

- 12.1 I was appointed Member Champion for Climate Change on 13 May 2020 and have just embarked on my activities for the coming year due to the pandemic.
- 12.2 My work programme for 2020-2021 has a unique focus on our local parks, open spaces and highways. It provides scope to learn from partners across local government and beyond and seeks to address the Council's goal of becoming the green capital of the capital.

### 13. Work programme for 2020-2021

- 13.1 I have agreed the following Work Programme for the coming year with the Leader of the Council and Councillor Geddes.
1. **Promote the natural habit:** Visit nature conservation areas in and out of borough, including beekeeping, nesting and roosting sites, towers, green walls at the Chase (already used as an educational resource), Tower Hamlets Cemetery Park etc Tell us what the natural diversity of these areas is and find ways to highlight this to residents by working with the ranger service and promoting on social media.
  2. **Promote local engagement in parks and open spaces:** Look at who uses the parks eg community groups, both formal and informal. Could these groups be used to set up 'Friends' networks where the members clean up the parks and apply for external funding?
  3. **Promote the reduction of the use of Single Use Plastics:** Visit other local authorities, businesses, and CU London to look at lessons we can learn from other organisations about eliminating single use plastics.
  4. **Carbon emissions:** Review the Council's actions to reduce carbon emissions.
  5. **Promote the council's energy efficiency initiatives:** Visit two homes a year that have been retrofitted with enhanced insulation and getting an understanding from residents of what the changes have really meant. And visit council properties that have had their EPC rating upgraded.
  6. **Promote cycling & walking:** Look at ways we can encourage cycling and walking. What has worked in other councils and what has not? Champion what we have got and advocate for what we have not.
  7. **Promote sustainable resources to build cycle lanes:** Promote sustainable cycle lanes. Some use plastic and glass recyclates and are lined by solar panels.



8. **Establish the viability of a borough-wide bicycle network:** Assess the viability of a borough-wide cycle network. Doing so by joining the borough with lines that criss-cross (ie a diamond shape), to establish how easy it is to get from Riverside-Barking-Chadwell Heath-Village without a car.
9. **Promote green jobs, borough-wide:** This will require a plan to include jobs created by the council to new startups.

## **14. Conclusion**

- 14.1 Climate change is the issue of our time. It crosses national and international boundaries and has socio-economic implications as well as repercussions for the natural world.
- 14.2 The World as we know it is changing. Freak weather events have become more common and traditional seasons have given way to milder winters and hotter summers in recent years. This presents difficulties not just for our way of life but for wildlife, generally. The borough's parks and open spaces present a real opportunity for us to invest in our wildlife, but this must include using the power of park users and not just money. We can empower sections of the community who already use our parks to actively engage with spaces that ultimately belong to the residents of our borough as much as they do the council. From Sunday footballers to dog walkers, the parks mean a lot to our community and they present the clearest opportunity to tackle the environmental inequalities that exist throughout the country. By changing the way we approach management of parks, we can use and expand existing networks and ensure the future of our parks and open spaces as a resource for all.

### **List of appendices:**

- Appendix 1: Generic Job description for Member Champions
- Appendix 2: Role overview for Member Champion for Quality in Care, Member Champion for Mental Health and Member Champion for Climate Change
- Appendix 3: Barking and Dagenham's support for care homes during COVID-19
- Appendix 4: Guidance on providing humane, supportive, and practical help to those affected by COVID-19

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## **Appendix 1: Generic Job description for Member Champions**

### **1. What are Member Champions?**

1.1 The main purpose of Member Champions is to (a) support the work of Cabinet Members and (b) promote the cause for which they are a champion (eg disabilities, mental health, older people etc).

1.2 Member Champions are intended to be outward-facing, enthusiastic, and focused on raising the profile of the issue they Champion. They will develop in-depth knowledge on the issue(s) they Champion and use that knowledge to support the relevant Cabinet Member(s) and engage relevant stakeholders including the community in the council's work.

### **2. Conditions of being a Member Champion**

2.1 A Member Champion can be any member of the Council who is not a member of the Cabinet.

2.2 A Member Champion may be a member of the Overview & Scrutiny Committee or Policy Task Group but not be the Chair or Deputy. If they are a member of the Overview & Scrutiny Committee or Policy Task Group and the O&S Committee or Policy Task Group conducts a review of the area they champion, they must declare a non-pecuniary interest.

2.3 A Member Champion can be called to give evidence to the Overview & Scrutiny Committee or the Policy Task Group alongside their relevant Cabinet Member(s).

### **3. Appointment of Member Champions**

3.1 Member Champions are appointed by the Leader in liaison with the relevant Member of the Cabinet and exist to raise the profile of issues which are important to the Council.

3.2 A Member Champion will normally be expected to serve for a 1-year term.

3.3 An appointment may be made during the term of office to any new position that is agreed by the Leader and relevant Cabinet Member or to a position where there is a vacancy.

### **4. How Member Champions works with Cabinet Members**

- 4.1 Cabinet Members make decisions. Member Champions champion specific issues. Portfolio meetings are decision-making meetings and it is important that all parties remain aware of this.
- 4.2 Member Champions will follow a programme of activity which is decided by the Leader in consultation with the Cabinet Member relevant to the Member Champions' area.
- 4.3 Tasks for Member Champions should be decided at portfolio meetings involving the relevant Cabinet Member.
- 4.4 There should be an additional item at the end of each (monthly) portfolio meeting to which Member Champions are invited which sets out their work programme including (a) an overview of their area and (b) what they should be doing in the forthcoming month.
- 4.5 Member Champions will be kept updated on activity in the area they champion through portfolio meetings and other relevant meetings with Cabinet Members.
- 4.6 Cabinet Members should meet Member Champions separately (outside of portfolio meetings).
- 4.7 Member Champions should meet the Leader once a month for the first 3-4 months to provide an update on their progress and use it as an opportunity to raise issues.
- 4.8 Member Champions should produce an annual report on their activities.

## **5. The role of Member Champions**

- 5.1 The work of the Member Champion should complement the work of the relevant Cabinet Member.
- 5.2 A Member Champion cannot make decisions and must not commit the Council in any way or in a manner that could be interpreted as being contrary to established policy and practice and must not commit the Council in any way or in any manner (*including financially*) which would bring the Council into question.
- 5.3 There is potential for confusion and overlap between the role of the Member Champion and that of the relevant Cabinet Member. It is important that Member Champions are clear about their role and what they can and cannot do.

5.4 All Member Champions must act reasonably in their role and recognise and work effectively within the political management and working arrangements adopted by the Council. They should take care not to impinge on issues outside their area of interest.

5.5 Member Champions should not talk to the media without first consulting with the Cabinet Member and the Council's Communications Team.

5.6 If you have any questions please contact Von Edomi, Communications Team, at Von.Edomi@lbbd.gov.uk or on 0208 227 2022

5.7 The Leader may remove a Member Champion during their term in consultation with the relevant Cabinet member.

## **6. Member Champion Values**

6.1 Member Champions will be committed to the values of the Council and the following values in public office as set out in the Councillors Code of Conduct:

- Openness and transparency
- Honesty and integrity
- Tolerance and respect
- Equality and fairness
- Appreciation of cultural difference
- Sustainability
- Inclusive leadership

## **7. Member Champion job description (general)**

Member Champions will:

7.1 Attend portfolio meetings relevant to the issue for which they are a Champion.

7.2 Maintain an awareness of all matters connected with their area of interest.

7.3 Keep the Leader of the Council up to date with their work on a regular basis.

7.4 Work alongside Cabinet Members to support them in their chosen interest and where appropriate on the Policy Task Group if it relates to their area of interest.

7.5 Contribute to good practice and the continuous improvement of services and functions related to the interest.

7.6 Engage with Members in matters related to their interest at the Overview & Scrutiny Committee, Cabinet, Policy Task Group, Assembly and other meetings where appropriate.

7.7 With the approval of the Cabinet Member, raise the profile of their interest in the community including through local media with the support of the Council's Communications Team.

7.8 Monitor and work closely with partner bodies in the field of the interest.

7.9 Identify the most relevant community groups whose work is associated with their interest and foster good working relationships with those groups (as agreed with the Cabinet Member) be the Council's representative on relevant external bodies.

## **Appendix 2: Role overview for Member Champion for Quality in Care, Member Champion for Mental Health and Member Champion for Climate Change**

### **1. Role overview for the Member Champion for Quality in Care**

The role of the Member Champion for Quality of Care is to support the Cabinet Member for Social Care & Health Integration in raising the profile and the importance of a high quality, sustainable adult social care sector.

#### **Specific activities**

The role includes:

1. Visiting residential and supported living care settings, and home care providers, in order to see first-hand how services are delivered.
2. Maintaining a good understanding of the issues that arise in dealing with adult social care services and assessing their quality.
3. Engaging with users of services and explore their experience of care.
4. Being able to advocate for quality of care with Member colleagues and the public, and to challenge myths about what good social care looks like.
5. Understanding and engaging with the Council's processes used for ensuring that care delivered is of a good standard, and to use experience of discussions with providers and service users to help to improve it.

### **2. Role overview for the Member Champion for Mental Health**

As a local authority we have a crucial role to play in improving the mental health of everyone in our community.

The role of the Member Champion for Mental Health is to support the Cabinet Member for Social Care & Health Integration to raise the profile of the importance of mental health and wellbeing in Barking & Dagenham.

#### **Specific activities**

The role includes:

1. Maintaining a good understanding of the issues concerning mental health.
2. Promoting better public understanding of mental health needs and addressing negative attitudes and behaviours including discrimination towards people with mental ill health.
3. Engaging with local community groups to encourage action to promote better mental health and life chances.
4. Assessing how council strategies and directly provided services support and improve mental health and wellbeing.
5. Represent the Council on the Council of Governors of the North East London NHS Foundation Trust.

### **3. Role overview of Member Champion for Climate Change**

The role of the Member Champion for Climate Emergency is to work with the Leader on how to address the pressing issue of climate change, which was the subject of a motion put to Assembly in January 2020.

#### **Specific activities**

The role includes:

1. Maintaining a good knowledge of actions being taken by the Council, as well as its peers in London, to address the issue of climate change.
2. Working with Members to advocate for the delivery of a Zero-Carbon B&D, including assisting with the delivery of an effective communications strategy by acting as a “face” for the campaign, alongside the Leader.
3. Working with community groups to promote responsible use of parks and open spaces in the borough.
4. Looking at ways in which the corporate element of the council can learn from public and private sector partners to improve sustainability.



## Appendix 3: Barking and Dagenham's support for care homes during COVID-19



Chief Executive's Office  
Barking Town Hall  
1 Town Square  
Barking  
IG11 7LU

29 May 2020

Dear Colleagues

### **Barking and Dagenham's support for care homes during COVID-19**

Barking and Dagenham Council is committed to ensuring no one is left behind and a key part of that means ensuring our most vulnerable residents get the best support to meet their needs. This has never been more important than during the COVID-19 pandemic, which has been a very challenging time for vulnerable residents and their families, and for the staff and providers that care for them. The pandemic has seen the local authority and partners across health, social care and the voluntary sector pull together to provide the services residents need – from residential care home settings to care at home and sadly end of life care. This collective effort can be seen at all levels from the front line to senior leaders and elected members, who all want the best for our residents.

The resilience and excellence displayed by our care and support providers and Personal Assistants during the pandemic has been outstanding. During what has been an extremely difficult time, we have been buoyed by their response and the collective work of the sector. We also recognise that as challenging as this has been for professionals, for residents, their relatives, friends and their wider circle of support, this has also been a hugely worrying time as we try to control the spread of COVID-19. I would like to take this opportunity to thank everyone for their efforts and support during this difficult time.

The Government has asked all local authorities to publish what we are doing to support care home settings, particularly those for older adults, and people living with dementia. This letter and accompanying resilience plan set out what these arrangements look like in Barking and Dagenham, and any steps needed to fill the gaps in our local offer. It is collectively signed up to by the local health and social care system, including the Director of Adult Social Services, Director of Public Health, and the Clinical Commissioning Group's Accountable Officer. We are confident that the support being offered meets and, in some cases, exceeds, the national requirements. We are in daily contact with those providing care to our residents in care homes, including monitoring data and intelligence to inform our support to them so we can take immediate action to where necessary.

## London response

COVID-19 has provided an unprecedented challenge to adult social care. The challenge has been significant in London due to early and rapid spread of the virus, local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

Across London, local authorities have responded to the challenge and our responsibilities under the Civil Contingencies Act by working together as London ADASS and Chief Executives, alongside NHS partners to identify issues, galvanise responses and lead several pan-London initiatives. We brought our co-ordinated response together through the Strategic Co-ordination Group (SCG) and joint governance with NHS London.

Using data and evidence we developed a comprehensive understanding of the London adult social care markets (home care and care homes) during the spread of COVID-19. Our commissioners used this as a key part of their daily interaction to support providers. It has underpinned and strengthened relationships with providers locally and provided information on care homes across borough boundaries, which has streamlined the work and reduced the burden on providers. Since mid-March this has supported local operational responses: prioritising active delivery of Personal Protective Equipment (PPE), ensuring appropriate staffing levels and providing Public Health infection control advice and support.

Being alert to emerging issues in system which led to care home challenges and our early response (we started reporting care home deaths and COVID cases from 23 March) allowed action to be taken to respond in London and provided early warning nationally via the SCG of issues that would develop across the country.

A summary of the work across London and issues for the future are captured in the attached ***London Region Approach*** (See Appendix).

## Barking and Dagenham response

### Care Home Task Force and service user voice

In Barking and Dagenham, we have set up a Care Home Task Force to focus on the challenges faced by our care homes and to progress our care home support plan.

This Task Force is chaired by our DASS (Elaine Allegretti, Director of People and Resilience) and is attended by health partners. Our care homes will be nominating a representative to attend the next Task Force on behalf of all homes in the Borough to shape our ongoing work.

We are also working with Healthwatch to undertake an exercise around service user and family voice in care homes and our wider provider market. Healthwatch will attend our Care Home Task Force to ensure that this is fed back to the local authority, health partners and our providers.

### Market resilience and capacity tracking

Our care homes have access to support seven days a week through our Provider Quality and Improvement team who have been supporting all providers in the

Borough throughout the pandemic. They have been speaking to care homes daily and answering questions and queries, circulating available training and up to date advice and guidance. Additionally, they have supported homes around outbreaks, hospital discharges and accepting clients who have tested positive or are recovering. Importantly, the team have provided care home managers with moral support during this very difficult time. All care home managers have provided very positive feedback on the support provided by the team and commissioners throughout the COVID-19 period.

There is a long-established Care Home Provider Forum in Barking and Dagenham and this has been another source of support and networking for Registered Managers who have been contacting each other regularly. The next forum will meet virtually in June 2020 and will be focused on the impact of COVID-19. The forum is chaired jointly between the Lead Commissioner for Older People from the local authority and a GP.

Each care home provides us with a daily update and fills out the daily Capacity Tracker and Market Intelligence Tool (MIT) returns stating the numbers of residents and staff with suspected or confirmed COVID-19, their capacity and the number of days of PPE stock that they have. We have access to all these returns and use it to inform our PPE aid.

This information supports us in making informed decisions about support and guidance to our residential settings. Through the Care Home Task Force and our Care Home Provider Forum we will continue to work closely with the care market to ensure resilience, robustness, and our ongoing focus on safeguarding to protect our most vulnerable residents.

#### Financial support to deal with ongoing COVID-19 financial pressures

All in-borough older people care homes were given an uplift on 1 April of 4.4% to cover their inflationary costs and the increase in the National Living Wage.

Additionally, we have given all older people care providers a 10% additional 'COVID-19 rate' to support them during this period. The additional monies have been given until the end of June and will be reviewed from this point monthly dependent on the ongoing crisis. We have specified that the majority of this additional money should be passed on to care staff in their wages, although some will be needed for sourcing replacement staff and securing PPE which is more expensive during this period. As for all providers, we have also increased the frequency of invoicing arrangements to help support any cash flow issues.

In line with national guidance, the CCG has uplifted the Funded Nursing Care (FNC) Rate for 2020/21 backdated to 1 April 2020. The CCG is currently reviewing payments made for 2019/20 to make backdated payments to reflect the increase in the 2019/20 rate (announced on 30 April 2020). The FNC rates in 2020 represent an uplift of 11% on the 2019/20 rate published a year ago.

#### Support with alternative accommodation

We recognise that patients who are either COVID-19 positive or have suspected COVID-19 but are awaiting a test result are being discharged to care homes settings under the discharge to assess model. Across Barking and Dagenham, Havering and Redbridge local authorities and health partners are working towards a collective

position for COVID-19 patients discharged from hospital with a positive diagnosis to protect transmission to care homes.

In the interim, Barking and Dagenham has established a 'hot-homes' pathway for new residents, using two of our care homes who have established isolation units. Additionally, NELFT have an admissions and segregation pathway into 'hot' intermediate care beds which can be utilised where required. A safe transport service is in place to transport residents who are discharged from hospital to a care home or intermediate care bed.

We recognise that when a resident contracts COVID-19 within a care home it is vital that they are quarantined as much as possible to reduce the spread of the virus.

Whilst most of our care settings can self-isolate patients within their settings, our 'hot-homes' can be utilised if required to provide alternative accommodation and care. After an isolation period, residents will return to their permanent care home.

### Clinical Support

All care homes in Barking and Dagenham have a named clinical lead for support and guidance. The CCG currently commissions an enhanced primary care service for all nursing homes in Barking and Dagenham and is working to deliver the Enhanced Health in Care Homes Primary Care Network, Direct Enhanced Service (EHCH DES) that will provide the following support to all care homes in the borough:

- Enhanced primary care support including aligning each care home to a named Primary Care Network (PCN) and clinical lead, which leads a weekly multidisciplinary 'home round', enabling medicine reviews and hydration/nutrition support.
- Multi-disciplinary team (MDT) support.
- Falls prevention, reablement, and rehabilitation.
- High quality palliative and end-of-life care, mental health, and dementia care.
- Workforce development.

GP sessions, mental health and geriatrician support is already available across the patch however delivering the EHCH DES will enable a more consistent approach.

All care homes have 24 hour access to a GP within the North East London 111 Clinical Assessment Service (NEL 111 CAS) services via the Star 6 route, which allows care providers to access primary care and urgent care within the out of hours period - or when they are unable to get access to their usual GP. The NELFT Community Treatment Team provide a rapid response service to residential homes and will visit nursing homes if required.

Primary care is also working to deliver advanced care planning for residents with care providers. This will be developed further over the coming weeks.

All care homes are being supported by the CCG and local authority to access NHS.mail e-mail accounts to facilitate the secure sending of resident information across clinical staff. This has enabled homes to:

- Send patient identifiable information to health care professionals remotely to support residents within a care service and to access care quickly.
- Contact GP practices securely and directly, as well as consultants who

- provide care to residents.
- Email local pharmacists using NHS mail for medication queries.
- Access Microsoft Teams to allow for work related video calls.

Currently 11 homes in Barking and Dagenham have access to NHS mail and we are working with the others to ensure sign up.

Areas within BHR have begun piloting video consultation trialling services that can remotely take resident blood pressure and other observations. The aim will be to support this further across the system as soon as is practical.

As part of the National Call to Action, the pharmacy and medicines support to care homes delivery operational model has been published. This describes the medicines and pharmacy contribution to care home support describing how teams should collaborate across the NHS system. There are four key areas where clinical pharmacy and medicines optimisation support is being focused:

1. Facilitating medication supply to care homes, including end of life medications.
2. Delivering structured medication reviews via video or telephone consultation where appropriate to care home residents.
3. Supporting reviews of new residents or those recently discharged from hospital.
4. Supporting care homes with medication queries, and facilitating their medicines needs with the wider healthcare system (e.g. through medicines ordering).

The work is being co-ordinated across North East London with leadership from the BHR CCGs Medicines Management Team focussing on each borough within BHR to look at current pharmacy workforce in primary, community and secondary care to deliver each of these areas to all CQC registered care homes.

#### Infection Prevention and Control, including PPE supply

A BHR Infection Prevention and Control (IPC) team has been set up by NELFT to provide support to all care and support providers around infection control and PPE.

All care homes have received a visit from the team who have helped answer practical questions and queries and have proved a valuable resource for care home management. The Council has regular communication with the IPC team and refers over all providers who require additional advice and support. It is felt that the IPC team would benefit from further investment as the team provides support across BHR and this is part of ongoing discussions with health partners.

The IPC Team are rolling out a 'train the trainer' model to care homes to ensure that they have an identified member of staff who will be the COVID-19 specialist in the home.

Public Health and Commissioning have produced short IPC and PPE advice sheets for all providers, including care homes. Additionally, specific IPC webinar training has been developed across Barking and Dagenham, Havering, and Redbridge for care

homes across the three Boroughs to attend.

To mitigate the challenges and risks generated as a result of the shortage of Personal Protective Equipment (PPE), we have established a robust support mechanism with our care homes to ensure that they are supported in both sourcing and appropriately using PPE in accordance with Public Health England Guidance. Care home providers are advised to access PPE from their usual supply chains first and report any disruption to the National Supply Disruption Line who can provide a limited quantity of stock in urgent cases.

In the event where neither of these steps provide an adequate supply of PPE, the Council have helped ensure that all care homes in the Borough have an appropriate supply of PPE. To date, this has exceeded 150,000 items of PPE in care homes alone, which has enabled the continued provision of high-quality care and support to residents in these settings.

Warren School, a Secondary School has also made and provided free face visors to one of the Borough's care homes.

Additionally, Barking and Dagenham have worked closely with neighbouring boroughs to provide mutual aid, as well as access emergency stock from the Local Resilience Forum for London. BHRUT have also supplied a small stock of PPE (7 days worth) for those individuals who are being discharged from hospital into care homes.

The Clinical Commissioning Groups in North East London have established an emergency supply hub based at Whipps Cross Hospital. This service is available to all providers including community, primary care, hospices, and care providers who have less than 36 hours supply of PPE supply and are unable to access supplies through their normal route and local mutual aid processes.

An information sheet has been produced for care homes advising them of what they can do when they have an outbreak, including links to guidance, contact details for support agencies, who they should be informing and templates for use by the home eg letter to service user families. This has been updated following learning from care homes who have been through an outbreak. As part of this care homes are offered a teleconference with Public Health, Commissioning and Provider Improvement on the advent of an outbreak for discussion and reassurance.

Reducing or stopping staff movement across settings is important in reducing the risk of the spread of COVID-19. We know that where staff are employed by the setting, we have little to no multiple site workers. However, we will continue to work with providers to understand the impact of agency workers who are more likely to work across settings and how we can help reduce the likelihood of this happening.

### Workforce support

We have been monitoring workforce capacity throughout the duration of the pandemic with all our care and support providers, including care homes. There have to date, been minimal issues which have required support in terms of recruitment and where issues have arisen, we have worked with homes to access additional staffing. There have been no care homes that have used returning clinical or volunteering support, but we will continue to work through this with care homes and monitor this through the Care Home Task Force. Page 50

Alongside the support measures that providers are implementing with their own staff, we have increased the offer of wellbeing and mental health support for our care staff as we recognise that many of the impacts of COVID-19 on this workforce remain unseen. This has included sending out the government's emotional, psychological, and practical support pack, Skills for Care resources and support to access free counselling sessions. NELFT have also enhanced their mental health offer to care homes.

We have also identified as many opportunities as possible to connect our care providers with donations and benefits, particularly from the hospitality sector. Care homes have received deliveries of tablet computers, cakes, chocolates, pizza, and chef-cooked meals, including 368 meals delivered from The Ivy in central London. We have also worked with local supermarkets and wholesalers to ensure that care workers have priority access.

Our local foster children have also made pictures for residents which have been proudly displayed in several our homes.

NELFT have been supporting the training of care home staff. There is a rolling programme of training through the Significant 7 programme which trains staff in identifying the signs of health deterioration and its management. Benefits have included:

- Increased levels of confidence in care home staff, which has positively improved caring outcomes for residents.
- Signposting on social care related issues e.g. safeguarding, since training was carried out in care home premises.
- Improved reporting and communications between care homes and Boroughs.

To date 319 staff in local care homes have been trained.

Training has recently been offered on the Verification of Expected Deaths. Local guidance on end of life care has been circulated to all homes.

The East London Health and Care Partnership hosts a weekly secure webinar for care providers with the latest information and guidance and this is followed by a weekly e-briefing with links to the recorded webinar. Information and guidance for care providers is also available on the ELHCP website [www.eastlondonhcp.nhs.uk/care-homes-2.htm](http://www.eastlondonhcp.nhs.uk/care-homes-2.htm).

## Testing

Our approach to testing in care homes has been integrated into our governance for the roll out of the NHS Track and Trace programme across the London System. Our Director of Public Health is the identified Barking and Dagenham lead and we have established a Testing & Contact Tracing Working Group which reports and oversees our local response. This will require a whole-council and whole-area approach to responding to local issues that will emerge in relation to testing and our local care home outbreak management plan.

The roll out of blood antibody tests to social care staff and care home residents over the coming weeks will be implemented, managed and monitored through the same governance.

We are committed to supporting all our care and support providers so they can control the spread of the virus to the best of their abilities and can provide the best service possible to our vulnerable residents. We will continue to regularly review our offers of support and to respond swiftly to any gaps or areas of need. We will continue to work with all of our partners to support the challenges being experienced by the provider market and importantly, we will ensure that the resident and families voice is central to everything we do over the coming months – by listening to feedback from care home residents and their families.

Signed



Claire Symonds, Chief Executive, London Borough of Barking and Dagenham



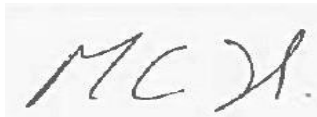
Councillor Maureen Worby, Chair of the Health and Wellbeing Board



Elaine Allegretti, Director of People and Resilience, London Borough of Barking and Dagenham



Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham



Ceri Jacobs, MD Barking and Dagenham, Havering, and Redbridge CCGs



## *Appendix : London Region Approach*

COVID-19 has provided an unprecedented challenge to adult social care. The challenge has been significant in London due to early and rapid spread of the virus, local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

Across the Capital, local authorities responded to the challenge and our responsibilities under the Civil Contingencies Act by working together as LondonADASS and Chief Executives, alongside NHS partners to identify issues, galvanise responses and lead several pan-London initiatives. We brought our response co-ordinated together through the Strategic Co-ordination Group (SCG) and joint governance with NHS London.

Given the high rate of infections in the Capital, the fact we were ahead of the national curve and the difficult issues created by early national guidance, we believe that without collective action the impact on residents we support to live with support from the care sector and the number of care home deaths would have been significantly higher.

We are now focussed on continued monitoring of the adult social care market to respond to possible further peaks of COVID-19, as isolation rules are relaxed, and to suppressed non-COVID NHS demand. This includes support for older people, those with a learning disability, mental health needs and direct payment users. We will remain vigilant to potential future outbreaks and provider financial viability, ensure sustainable access to PPE and testing, and continue to use data to support decision making.

### **Pan-London initiatives**

The following gives a flavour of just some of the actions taken pan-London:

We worked with PHE London in March / April to develop consistent and up-to-date on-line training in **infection control** and rolled this out to care homes, supported by local follow up advice and guidance.

There was escalation from early April to advocate for **regular testing** of both care home staff and care home residents and for testing of people being discharged from hospital into care settings. We have contributed to London work on testing approach for care homes, alongside PHE. This was identified as a significant strategic risk.

Early escalations on the need for a sustainable **supply of PPE** led to the PPE task group, reporting into SCG on our response and highlighting this a strategic issue for both our own local authority staff and that of the provider market. This supported joined up NHS/Local Authorities systems for accessing PPE and, in addition, a London-wide Local Authority PPE procurement through the West London Alliance in response to unreliable national supply chains. At the local level, where PPE was available, commissioning teams distributed this directly to local providers based on detailed intelligence about infection and PPE supply levels for each care home.

Early identification of the risks to workforce were identified and on 10 April we launched Proud to Care London to support recruitment, DBS checking and basic training of care staff. To date we have had over 1800 registrations and of these 180 have passed to councils and providers, with excellent feedback about the caliber of the candidates being connected with work settings. It is also worth noting that we are reaching a new profile of carers – with 1/3 of applicants under the age of 30. We are now in the process of transitioning the Proud to Care initiative from an SCG sponsored workstream to London ADASS, to further develop the model with the ultimate ambition of creating a Social Care Academy for London.

The risk of inconsistent **clinical support to care homes** across the Capital and the need for the NHS to step up was identified and led to a joint letter to ICSs and local systems from the Chief Nurse and lead Chief Executive on 9 April to galvanise action. A weekly regional Care Homes Oversight group was established on 7 May co-led by the Chief Nurse and LondonADASS Vice Chair.

The objectives of the Oversight Group are to:

- Oversee roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes programme including, but not limited to, access to weekly clinical reviews, medicines optimisation and advanced care planning
- Identify opportunities to support staffing in the care home sector and coordinate any regional response, which may draw upon initiatives across the NHS and local government (Your NHS Needs You / Proud to Care)
- Continue to ensure that all residents are being safely and appropriately discharged from hospital to care homes
- Have oversight and assurance of care home resilience plans, responding to emergent challenges and supporting the care home community
- Have oversight of Regional improvement support, public health and operational challenges using system wide data sources including, but not limited to, outbreaks, mortality, workforce, and access to training and clinical in-reach
- Have oversight of the Regional Test, Track and Trace (TTT) across care home workforce and residents, ensuring that 'hot spots' are identified and targeted in a timely manner
- Implement a 'super' trainer programme in care homes based on PHE's recommended approach to infection prevention and control, PPE, and testing

Engagement with residents and user voice is central and Healthwatch are part of the London Oversight Group to reflect people's experiences. However, engagement largely takes place at local system level where the most meaningful relationships are in place.

We worked collaboratively with NHS colleagues on discharge planning safe pathways and co-ordinated work in STP/ICS sub regions to support development of discharge beds for COVID positive patients to prevent spread of infection.

DASSs in London have been able to assure themselves that core safety, human rights and safeguarding duties are being delivered when care homes are in lock-down without the usual footfall and community access to residents' homes. Local mechanisms for safeguarding processes, provider concerns and quality assurance mechanisms have continued to inform work with providers in the sector. Regionally

we have specifically worked with the Coroner and PMART teams to understand safeguarding concerns and quality alerts and respond appropriately.

We have worked in strong collaboration with NHS London and Carnall Farrar to build a demand and capacity model that is intended to support joint planning of health and social care at local authority, STP/ICS and regional levels into the future, populated by our market intelligence with shared understanding of assumptions driving the model. This included capturing additional social care capacity during 'Surge', so that any need for further accommodation could be met on a pan-London and sub- regional (STP/ICS) basis. Happily, as with the Nightingale beds, most of this was not required. However, the model will support tactical planning requirements over an 18-month period to support NHS London to return to its pre COVID-19 position.

Use of both the 18 month tactical planning tool and the suite of near term operational planning tools covering acute, community, social care and primary care will support both London region and each ICS to understand projected demand (non COVID-19 and COVID-19) over the next 18 months and the potential impact. Creating an overview of the whole system, we aim to ensure this tool supports planning together in equal partnership and safer discharge pathways.

### **Use of data and intelligence**

Our response has been underpinned by data and intelligence. Support to the provider market and situation reporting into the London Resilience Forum was enabled by our existing London wide Market Information Tool (MIT). The tool was developed by LondonADASS to support the delivery of our Care Act duties and was quickly adapted to establish a comprehensive and up-to-date understanding of London adult social care markets (home care and care homes) during the spread of COVID-19 at local, STP/ICS and regional levels.

The daily survey includes information on:

- Prevalence of COVID-19 and associated mortality
- Actual and true availability of supply
- Discharges from and admissions to acute care
- Staff availability
- Details of PPE stock
- Access to testing

We prioritised older people's care homes because we understood this was where the greatest impact and safety issues would be and because 30% of all older people care home placements are across borough boundaries, so collaborative work is essential. We started the care homes data collation mid-March and have a consistently high daily response rate. This reflects the leadership of borough commissioners working intensely with their providers and building these relationships through direct and often daily contact. These local relationships are realising ongoing benefits in relation to our statutory market management responsibilities and support to providers.

The MIT tool has produced:

- **At borough level:** Continuous, live access since 23 March for borough commissioners to a detailed suite of reports allowing them to prioritise the local operational response, such as the delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control support.
- **At regional level:** Daily information cell SITREP indicators (including evidence based 7-day projection figures) for the London Strategic Coordination Group. Daily Market Intelligence Reports produced jointly with the LSE, and circulated since 1 April to each DASS, and DPH across London. These reports have mapped trends at London, sub-regional and borough levels in key risks for care homes for older people, people with learning disabilities, those with mental health needs and home care providers.
- **At ICS level:** The detailed suite of reports and London analysis has been shared with NHS colleagues to co-ordinate and prioritise health and local authority support and interventions.

The data collected has been used to develop models identifying care home and local characteristics correlated with the spread of COVID-19, associated mortality, impact on care capacity and supply sustainability, access to PPE and care staff availability. These models have informed the targeting of support to care providers and, in partnership with LSE, emerging international evidence has been regularly shared with London DASSs since 4 April.

Overall, this evidence and analysis has underpinned our London-wide strategic and operational decisions and meant key issues were escalated to the highest level as early as possible.

Now that national data collections are established on a temporary basis and the London Strategic Coordination Risk relating to social care is stepped down, we are working with national colleagues to ensure a smooth transition to Capacity Tracker. We plan to do so in a way that does not compromise our responsibilities under the Care Act or the systems set up to support the critical incident response and continues to use the rich longitudinal evidence produced by the MIT to inform strategic social care decision-making across London boroughs.

### **Moving forward**

We have reflected on the lessons learned about resilience and support to both care homes, and the care sector more broadly, over this period of intense activity. Much of this is reflected above in terms of the need for sustainable PPE and testing; streamlined and safer discharge processes; the need for consistent and integrated wrap-around clinical support in the community and the opportunities for joined up demand and capacity modelling to support whole systems planning.

Local Government has played a critical role in managing the UK's response to COVID-19. Its wide range of responsibilities, from public health and social care through to bin collection and data analysis have all been key to ensuring that the UK has been able to manage the epidemic, and to sustain vital services.

Social care has played a particular role in supporting those in our communities who are most vulnerable and, as a nation, we have seen a renewed understanding of the importance of care and support to the development of a sustainable and safe society, alongside the critical treatment services that colleagues within the NHS provide.

In the first phase of the pandemic, due to its emergency nature, social care was asked to play a role in the national effort to protect the NHS from becoming overwhelmed in the event of a surge of demand. The policy of protection was successful, and the NHS was able to respond effectively to COVID-19 without at any point becoming overwhelmed. Patients suffering from COVID-19 were all able to receive the treatment they required within a hospital setting.

Although the policy of protecting hospitals was necessary and successful, we were concerned that it was not broad enough and protecting the system of social care and health is a crucial priority as we move forward.

Now that we understand much more about the nature of the disease, those most likely to be affected and the appropriate protection and treatment options available, the social care community is able to be very specific about how best we can work collectively with colleagues across health and care to support and sustain the whole system through the next phase of COVID-19.

We recognise the risks to financial sustainability for some care homes and are already beginning to use our market insight to get a differentiated picture of levels of financial risk across the market. This, alongside a deep understanding of the quality of care homes in London, will inform local decision-making that drives value for money and the best possible outcomes and quality of life for residents.

We welcome the additional funding that Government has so far provided to support councils' overall response to COVID-19, including adult social care, however we recognise that there still needs to be a sustainable funding solution for adult care services.

We need to expand and protect our workforce, so that they can continue their vital work maintaining people's health and independence outside hospitals supported by their local communities.

We have demonstrated the value of local strengths and asset-based responses to support shielded and vulnerable groups in our communities and the case for joint investment as a critical part of our health and care system to support and sustain this to ensure that residents are protected from the virus, and that their mental health and wellbeing is prioritized.

We need to ensure that care homes and home care staff can provide safe, infection-free spaces for vulnerable people. This may mean zoning care homes in line with current clinical practice, and prioritising testing and PPE for homecare workers. This includes a clear national strategy on testing and re-testing for staff and residents.

We recognise that the response to the virus requires a system-wide approach. We will work with colleagues in health, the voluntary and community sector, and our local communities to build effective system-wide, place-based responses. We recognise that we all work best where we plan and deliver together. We will participate fully in the development of effective response plans for the second phase of COVID-19, both regionally and in our local areas, and need to engage with partners from the outset of this process.

Our commitment in London is to ensure a smooth flow of our contribution from recent monies to our care home providers, alongside all the other support we offer, in a way that recognises that the care and support we provide to residents is to help them to live their lives safely and with high quality support, in their homes.

Paul Najsarek and Sarah McClinton  
On behalf of London Chief Executives and London ADASS

## **Appendix 4: Guidance on providing humane, supportive, and practical help to those affected by COVID-19**

Thrive LDN has developed a new resource for people who are supporting communities and individuals who have been adversely affected by COVID-19.<sup>1</sup> Adapted from WHO psychological first aid guide for field workers, the purpose of the document is to help those working in the community to know the most supportive things to say and do for people who are very distressed,

Other people who might benefit from the guidance include health and social care workers, council employees, police officers, community leaders and others with caring responsibilities. It also complements PHE's new Psychological First Aid (PFA) training module.<sup>2</sup>

### **NHS-led mental wellbeing webinars (Tuesdays at 4pm)**

A Coping Well During Covid webinar series is supporting anyone who is feeling anxious or worried about coronavirus and how it is impacting them, their loved ones, their work and their future. Taking place on Tuesdays at 4pm, each 60-minute webinar is NHS-led and current topics include managing wellbeing, anxiety, low mood and sleeping difficulties.

Each webinar offers participants the chance to explore ideas and tools to support mental health and wellbeing in a clinically led and interactive way, when joining live. Further sessions are also being explored, such as focusing on money and mental health and bereavement. The full schedule and recorded webinars are available from the Thrive LDN website.

### **Webinars for health and care workers (Thursdays at 4pm)**

A new Keeping Well for Health and Care Workers webinar series is designed to help manage the emotional health and wellbeing of those working in health and care services, whether at the front line or in supporting services.<sup>3</sup> Taking place on Thursdays at 4pm, each session has a focus on sustaining staff wellbeing and will explore topics such as preventing burnout, coping with stress and sleeping better.

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<sup>1</sup> <https://thrivedn.co.uk/resources/supporting-those-adversely-affected-or-distressed-by-the-coronavirus-outbreak>

<sup>2</sup> <https://www.futurelearn.com/courses/psychological-first-aid-covid-19/1>

<sup>3</sup> <https://thrivedn.co.uk/resources/keeping-well-for-health-and-care-workers-webinar-series/>

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