

MINUTES OF OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 31 March 2021
(7:00 - 8:46 pm)

Present: Cllr Jane Jones (Chair), Cllr Dorothy Akwaboah (Deputy Chair), Cllr Toni Bankole, Cllr Donna Lumsden, Cllr Olawale Martins, Cllr Ingrid Robinson, Cllr Paul Robinson and Cllr Phil Waker

Also Present: Cllr Evelyn Carpenter and Cllr Maureen Worby

Apologies: Cllr Simon Perry

48. Declaration of Members' Interests

There were no declarations of interest.

49. Minutes - 26 January 2021

The minutes of the meeting held on 26 January 2021 were confirmed as a correct record.

50. Minutes - 3 February 2021

The minutes of the meeting held on 3 February 2021 were confirmed as a correct record.

51. Continuity and recovery in schools during COVID-19 - Interim report

The Cabinet Member for Educational Attainment and School Improvement (CMEA) introduced an interim report on the continuity and recovery in schools during Covid-19. She thanked the Borough's schools and education settings for their tireless work over the past 12 months, to remain safely open for the children of critical workers and for vulnerable pupils. Whilst it was recognised that disadvantaged areas such as the Borough would be particularly affected by the pandemic and would take a long time to recover, she praised the strengthening of partnerships between schools, Children's Social Care, Health, Community Solutions, the Police and the voluntary sector during the pandemic.

The Commissioning Director for Education (CD) and the Project Co-ordinator for the Step Up, Stay Safe (PC) programme presented the interim report, which provided a detailed narrative of the previous 12 months in relation to the continuity and recovery in schools during the pandemic. Much had been learnt about remote education and schools had carried out extensive work to remain in contact with, and to support their pupils. This had included mechanisms such as:

- The submitting of daily returns to the Department for Education (DfE) in relation to matters such as attendance;
- The tracking and brokering of support for vulnerable pupils;
- The establishment of new arrangements which had led to the creation of new multi-agency support structures, bringing together professionals from a

wide range of areas such as Education, Social Care, Early Help, Health, the Youth Offending Service (YOS), the Youth at Risk Matrix (YARM), North East London Foundation Trust (NELFT) and the Police;

- Thrive London training, which provided parents, carers, teaching staff, youth workers, and medical experts with an integrated approach to understanding children's behaviour;
- The development of over 170 videos which modelled activities for children by the Portage Service (a home visiting system for children with disabilities);
- The provision of devices for schools to distribute to vulnerable pupils, by both the Government and several local businesses;
- Early individual reviews for those with Education, Health and Care (EHC) plans and weekly network meetings to support SENCOs (Special Educational Needs Co-ordinators); and
- The development of workstreams about race and discrimination, following the Black Lives Matter (BLM) movement.

An update was also provided around the reopening of schools, the testing of school staff and pupils and the Holiday Activities and Food programme.

The Chair thanked the CD and the PC for their presentation and wished to relay the immense thanks of the Committee to all school staff within the Borough. Following the introduction provided by the CMEA, which had stated that several local businesses had kindly supported the provision of IT equipment for vulnerable pupils, the Chair suggested that the CMEA liaise further with the Cabinet Member for Employment, Skills and Aspiration, to enquire as to whether this resource could be further utilised to support local families.

In response to a question from a Member, the CD stated that the Council had commissioned the Barking and Dagenham School Improvement Partnership (BDSIP) to lead work on its behalf in relation to anti-racism education and BLM. This would be undertaken both for and with schools, and would include external advice, as well as be partially led by an experienced, knowledgeable and interested Headteacher. This work would focus on conversations and the input of young people, the current provision and what worked well, and ensuring that the curriculum reflected the voices of diverse communities. This would provide a sustained opportunity for learning and would be an inclusive project going forward.

The Committee wished to put on record its immense thanks to the Education team, the CMEA, all school staff and all of those who had supported the continuity and recovery in schools during the Covid-19 pandemic.

52. Supporting older residents during the pandemic and beyond

The Cabinet Member for Social Care and Health Integration (CMSC) introduced a report on how the Council was supporting older residents during the pandemic and its plans for post-pandemic support. She praised the exemplary work that had been seen from staff in delivering services safely to the community at speed during the pandemic, as well as the strong partnership working in dealing with Covid-19.

The Operational Director for Adult's Care and Support (OD) and the Lead Commissioner for Older People (LC) provided a brief outlook in regards to the demographic makeup of older people living within the Borough before the onset of the Covid-19 pandemic, followed by a more detailed narrative in relation to the

work that had been undertaken to provide support to older residents over the past 12 months. This had included mechanisms such as:

- Extensive work in relation to hospital discharges, such as the identification by BHR of designated settings (nursing homes) and one commissioned home care agency to deal only with positive cases, which had reduced transmission, and local authority brokered placements (rather than the CCG) to improve choice, cost and control;
- Utilising learning gained during the pandemic to look at the way in which staff could be used more effectively going forward, such as by moving the Joint Assessment and Discharge (JAD) team into the community;
- Supporting adult providers to provide high-class care for residents through means such as 7 day per week virtual support from the Council's Public Health, Commissioning and Provider Quality teams, as well as through funding and uplifts to continue as businesses and to maintain the adult social care market;
- Supporting care homes to reduce isolation through Covid-safe visiting, funding and technology such as Breezie tablets (handheld devices performing functions such as enabling residents to connect virtually with relatives);
- Providing funding for the 'Reconnections' programme, to increase the social networks of older residents and to improve their health and wellbeing; and
- Providing support in relation to a number of issues via agencies such as the Council's Community Solutions team, the Specialist Support Hub, BDCAN and the Central Food Hub.

The OD and LC also wished to publicly thank colleagues in BHRUT, NELFT and primary care, for their dedicated work in relation to rolling out the Covid-19 vaccine to the Borough's care homes.

In response to several questions, the OD stated that:

- The Council had already been working towards a Home First model for quite some time, since the new hospital discharge guidance came in early 2020.
The aim of this model was to assess discharged residents, primarily older people, in their own homes, rather than the hospital and to improve resident health and social care outcomes by ensuring that a more realistic assessment of an individual's needs took place in their home environment. This model had been working very well and as such, the Council was not expecting there to be any major issues with this going forward.
- There was no limit to the number of patients that a hospital could discharge in one day.
- Whilst the Council was not responsible for hospital transport, it was responsible for care and support in the community. By moving Hospital Discharge staff into the community, this would create a 'receiving' service whereby patients were pulled (rather than pushed) into the community. This had been organised through giving health partners in hospitals the authority to prescribe the first couple of weeks of patient care, to give the Council's

Care and Support staff time to visit these patients and undertake an assessment to provide them with long-term support. This was especially helpful given that patients were now being discharged from hospital earlier each year and that it took time for patients to recover before an effective assessment could be undertaken. This would also enable Care and Support staff to gain a more realistic perspective of how the discharged patient was coping, their circumstances and where they might be receiving informal carer support.

- A good partnership between the Council and health partners was essential, with Care and Support staff needing to rely on health colleagues for effective communication about which patients were being discharged and when, as well as the type of support that was being prescribed initially by health partners on behalf of the Council. Going forward, a single point of access was to be established and this was in development. The Council was working alongside health colleagues to ensure that their 'receiving' service was well aligned with the service established by health partners.
- The pandemic and exceptional circumstances had meant that new projects and support had had to be developed at pace, to support the Borough's most vulnerable residents. The Council now needed to ensure that these arrangements were properly established, safe for residents to use and worked for local residents, reflecting what they wanted to see in the services.
- Residents made their own decisions and could decide whether or not they wanted to engage with Council services. If these residents had the mental capacity to make this decision, the Council would respect this. However, the Council acknowledged the risks that it saw on those occasions and would both make an offer and continue to make an offer, even if residents were not initially willing to engage with the Council.
- The Council was relying on its health partners to relay information back to it. The single point of access would replace the Discharge Co-ordination Unit (DCU) which currently co-ordinated discharges, to fulfil the same function. As such, this would be a relatively safe process, but the Council would be careful to monitor the single point of access as it was being implemented.

In response to an earlier question, the CMSC stated that the Council's new technology bid may help to support those who may be reluctant to engage with the Council. The Careline model was now outdated, and the Council was currently looking into employing a new support model (potentially akin to an Alexa-type system) that more elderly residents may consider utilising to enable them to maintain their independence. The Council was also in the process of developing its Community Hubs model, which would enable elderly residents to participate in activities at their local community hub and potentially begin to have conversations with support workers, realising that their independence would not be lost when they spoke with the Council. As such, the Council was looking into different approaches that it could utilise to engage vulnerable residents who needed support.

The Council's Director of Strategy and Participation (DSP), as well as Shielding Lead, also wished to thank the Independent Living Agency (ILA), who had

provided extensive support to residents who were shielding. This statement was echoed by the OD, who praised the strength of the relationship between the ILA and the Council over the past 18 months, stating that the Council was planning to work more closely with the ILA to develop its new social care model.

In response to a question, the CMSC stated that she would come back to the Committee about the number of residents who were currently using Breezie tablets. The devices had also worked particularly well for those with dementia in some of the Borough's care homes. The number of residents using these tablets was growing and the Council would pay for both these tablets and the Wi-Fi for a resident to use these, if a social worker thought that a resident could benefit from the device.

In response to several questions, the OD stated that:

- In years to come, those residents who were getting older and who may unfortunately develop memory-affecting conditions, would likely already have a basic understanding of how a tablet worked as they would have likely previously used these. As such, it would be easier for them to use modern technology more naturally. Technology was also continuously improving and Commissioning colleagues were looking more widely at digitally-enabled equipment to support residents in the future.
- He would need to come back to the Committee with a more detailed response around the provision for those with visual impairments and how they could use the Breezie tablets. However, if a resident had a visual impairment that allowed them to see some detail, they could use any laptop or Breezie device to make the detail bigger. The CMSC also stated that each Breezie was set up for the individual using it, for example, the volume could be enhanced on a tablet for those with a hearing impairment and a closer image could be shown on the tablets for those with visual impairments.

The OD, CMSC and the Chair encouraged residents to contact the Council's Intake team or their local Councillor if they believed that either themselves or someone they knew could benefit from a Breezie tablet. The Chair thanked the OD and LC for their work in supporting the Borough's elderly residents.

53. Work Programme

The Chair informed Members of three changes that had been made to the Work Programme:

- Whilst the Committee had been due to receive a previously requested update on the 'Working with residents affected by Capital Works' item at this meeting, report authors had requested that this item be deferred to a later date, to allow time for the programme to 'bed in' as well as to develop new ways of engaging with residents to improve response levels. This item would now be presented in the new municipal year.
- The Committee had been due to receive an item around the Probation Services at its 12 May 2021 meeting; however, as the National Probation

Service was currently undergoing a large restructuring programme and a lot would still be unknown by 12 May, this item had been postponed to the Autumn of 2021, after the restructuring programme was complete.

- The Committee had been due to receive items on the Multi-Agency Safeguarding Hub (MASH) Annual Report and the Early Help update on the Ofsted Improvement Plan at its 12 May Committee. However, as Early Help was subject to an audit report and there would be a report on this presented to the Audit and Standards Committee on 12 July 2021, it was felt appropriate for the Committee to receive this item in the new municipal year to align matters.

Members stated that in some cases, the reasons provided for the postponements of certain reports needed further clarity than was being provided and that the Committee should not simply agree to their deferment as items may need to be challenged before further action was taken by officers. Members were also concerned about the number of changes that had been made to the Committee's Work Programme. As such, the Council's DSP suggested that when the Work Programme is presented to the Committee, a short covering report be provided going forward, in which the relevant department requesting the change provide a short paragraph about why the change was being requested. This would help with transparency and accountability, and the Committee could then also decide to agree the change or ask further questions around why the change was being requested.

The Committee also requested that the Work Programme include an update from the Enforcement team in relation to footway parking, as many of the roads within the Borough were narrow and if footway parking was not permitted, it would prevent vehicles from entering and exiting the roads safely.

The changes to the Work Programme were noted.