

MINUTES OF MEETING OVERVIEW AND SCRUTINY COMMITTEE HELD ON MONDAY 22ND JUNE 2020

PRESENT:

Councillors: Lucia das Neves (Chair), Pippa Connor (Vice-Chair), Erdal Dogan, Adam Jogee and Khaled Moyeed

Co-opted Members: Luci Davin (Parent Governor representative) and Lourdes Keever (Church representative)

20. FILMING AT MEETINGS

The Chair referred Members present to item 1 on the agenda in respect of filming at the meeting. Members noted the information contained therein.

21. APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr Chapman (Parent Governor representative) and Ms Denny (Church representative).

22. URGENT BUSINESS

None.

23. DECLARATIONS OF INTEREST

None.

24. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

25. SCRUTINY REVIEW INTO BLUE BADGES AND SUPPORTING BETTER ACCESS TO PARKING FOR DISABLED PEOPLE

Councillor Jogee presented the final report of the Scrutiny Review on Blue Badges and Supporting Better Access to Parking for Disabled People. He reported that approval of the report had been delayed by the cancellation of the Committee's meeting on 12 March. He felt that the report's recommendations were realistic and would provide tangible improvements for disabled people. In answer to a question, he stated that the Covid-19 pandemic had brought many of the issues referred to in the report into sharper focus. Approval of the report's recommendations would provide an opportunity for action to be taken swiftly to address them.

RESOLVED:

That the final report of the review into Blue Badges and Supporting Better Access to Parking for Disabled People be approved.

26. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR ADULTS & HEALTH

Councillor Sarah James, the Cabinet Member for Adults and Health, gave a short overview of key developments within her portfolio and, in particular, the response to the Covid-19 crisis and next steps arising from it. The following key points were noted:

- a. She gave her condolences to those within the local community who had lost loved ones during the pandemic. A virtual book of condolences would be opened. She acknowledged the contribution of the local voluntary and community sector in responding to the crisis. Large numbers of people within the borough were coping with loss and, in addition, there had also been a severe economic impact, with a 550% increase in Universal Credit claims;
- b. People from Black and Minority Ethnic (BAME) communities had been severely affected by the crisis, with disproportionately high death rates. Going forward, further consideration would need to be given to the wider determinants of health;
- c. The response to the pandemic had been undertaken with a range of partners. There were now new discharge hubs at the North Middlesex and Whittington hospitals and this was enabling discharges to take place far quicker. The Community Reablement Service had significantly increased its capacity. The "Proud to Care" initiative had facilitated the successful recruitment of care workers and other boroughs were now emulating this campaign. A new model of Intermediate Care had also been developed. In addition, supplies of emergency Personal Protection Equipment (PPE) had also been provided where required;
- d. Public Health had played a key part in responding to the crisis and were instrumental in developing a local outbreak plan. There were more than 9,000 people in Haringey who were shielding and over half had registered on the government's website. Many residents had needed essential supplies and Connected Communities had responded to this, including the provision of food parcels. Around 9,000 people had contacted the Connected Communities helpline, which could provide a wide range of support including information, advice and guidance. All calls were triaged for any safeguarding issues;
- e. Food had been the top issue and there were now two food hubs within the borough. Some direct purchasing of food had taken place and the food available included hot meals for those who needed them. 30% of those receiving food parcels needed them due to financial issues. The remainder had been unable to access food;
- f. Lack of digital access was a particular issue and the voluntary and community sector were helping to address this;
- g. Responding to the crisis had been a partnership effort and much stronger links had been developed, especially with the voluntary and community sector. 700 volunteers had assisted with the response. A grant of £600,000 had been made available to voluntary and community sector organisations in order to assist with the further development of the sector;
- h. A Community Impact Assessment was being undertaken. In particular, the effect on the BAME community was being considered and a number of recommendations had been made to the Health and Well Being Board. Further data would be collected and work undertaken to develop greater resilience. In addition, the protection of BAME staff would be considered including the undertaking of risk assessments.

Equitable access to services was also a factor and, in addition, the wider determinants of health needed to be considered; and

- i. There were still many challenges to be faced, including responding to any second wave of infections. In addition, there was a clear need to address inequalities.

In answer to a question regarding the payment of sick pack to care workers, Councillor James reported that standard Statutory Sick Pay was provided for within contracts. There were regular provider forums and the key messages that had been given was that care agencies should allow staff who were shielding to be furloughed and continue to pay staff who were self-isolating but not ill themselves.

In respect of Connected Communities, she reported that its work had been widely praised. The service had provided a more agile way of working, with a “light touch” approach. It also involved working co-operatively across the voluntary and community sector. She hoped that the model could be maintained going forward. Connected Communities had pre-dated the pandemic and was continuing to be rolled out. Learning from its experience in dealing with the pandemic would be taken on board.

In response to another question regarding the disproportionate impact of the pandemic on BAME communities, she stated that a report from Public Health England report had covered this issue. In addition, a report from the borough’s BAME Forum had been made to the Health and Well Being Board. Both of these had highlighted the need for more information and robust and reliable research. The North Middlesex Hospital was, amongst others, undertaking research into the issue. The voice of local communities had been built into the Community Impact Assessment. It was important that the right questions were being asked and that there was a need for more equitable access to services. Some groups within the community were not coming forward and the reasons for this needed to be established.

She reported that the Community Impact Assessment included provision for research within the community and consideration of the wider determinants of health. In addition, the community framework had been co-produced with the community and voluntary sector. There was still much work to do though. The policies of Community Wealth Building and Health in all Policies were key and were now embedded across the whole of the Council.

She reported that the first draft of the Community Impact Assessment was circulating for comment. It was to be an iterative process. Joint work also needed to be undertaken by the Health and Well Being Board and it was important that recommendations were agreed. The George Floyd case had also raised a number of issues that needed to be covered. The Community Impact Assessment had been led by officers and the community so far. There would nevertheless be opportunities for elected Members to feed into the process in due course.

In response to a question regarding care homes and exposure to Covid-19, she reported that close contact was being maintained with care providers. Advice and PPE were provided. Action was also included in the local outbreak management plan. Will Maimaris, Director of Public Health, reported that the best way of protecting care homes was to prevent virus outbreaks in the community as it was very difficult to stop leakage. Hospital discharge protocols were being looked at and this had also been done earlier

on. Care home testing was being increased and consideration was also being given to the use of the antibody test. The testing of staff was of particular importance.

In answer to a question, Mr Maimaris reported that there was an up to 20% chance of false negative results of swab tests. If there were nevertheless clear symptoms, people could be re-tested. Basic infection control measures needed to be effective. Lessons learnt from were being shared with care homes.

In respect of domestic violence, the Cabinet Member reported that the lockdown had been difficult for families. Although reports had dropped initially, they had since risen by between 30 and 35%. Refuges were all now open and four new ones were being made available. However, services normally relied on face-to-face interaction and, although clients could be contacted virtually, they may not necessarily be in a private space. There was likely to be a surge in demand once lockdown ended. There were also the issues of girl gangs and honour based violence. The next few months were likely to be challenging.

Mr Maimaris reported that listening and engagement events had taken place, including some with BAME communities. The commissioning of services for Violence against Women and Girls was also being reviewed, which was a key part of the Community Safety Strategy for the borough. Issues were also reported to the Health and Well Being Board. The Committee requested further information of the listening and engagement that had taken place. **(Action: Director of Public Health)**.

In respect of the Autism Hub, the Cabinet Member reported that the aim was that this would open in September. Advertisements had gone out, contractors lined up and the capital spend agreed. There would be a need for re-provisioning Learning Disability and Autism. Although the intention was that housing would also be provided on the site, this was likely to be upstairs from where the service would be located.

Committee Members requested that a Members' briefing be arranged on the Recovery and Renewal Plan for the borough. The Cabinet Member felt that this was a good idea and agreed to speak to the Leader of the Council regarding it **(Action – Cabinet Member for Adults and Health)**. The Plan was a large piece of work and very much a work in progress. It would be updated regularly. It included an analysis of lessons learnt and how services would resume.

Beverley Tarka, Director of Adults and Health, that engagement with residents had been initiated and would be continuing. This had been facilitated by the greater use of IT, which had enabled more regular contact with residents. The enhanced contact with residents had included welfare and benefit checks and feedback had been very positive. The response to the pandemic had been integrated and through partnership, including sharing of data. There was much that could be built on. Improved discharge pathways had enabled a figure of zero delayed transfers of care to be achieved. Capacity for reablement had also been doubled and current arrangements would be made permanent. The Recovery and Renewal Plan had so far included involvement with a range of partners, staff and Healthwatch. More engagement was planned, particularly with health partners. There was potential for additional surges in infection and planning to address this needed to be developed further.

In answer to a question, it was agreed that information would be provided to the Committee on how voluntary sector organisations could apply for the £600,000 of grant funding that had been allocated by the Council (**Action – Director of Adult and Health Services**).

RESOLVED:

1. That further information be provided to the Committee by the Director of Public Health on the listening and engagement exercises that had taken place in respect of Violence Against Women and Girls;
2. That a Member Briefing session be arranged on the borough's Recovery and Renewal Plan; and
3. That information be provided to the Committee by the Director of Adults and Health on how voluntary sector organisations can apply for the £600,000 of grant funding that has been allocated by the Council for voluntary and community sector organisations.

27. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR CHILDREN AND FAMILIES

Councillor Kaushika Amin, the Cabinet Member for Children, Education and Families gave a short overview of key developments within her portfolio and, in particular, the response to the Covid-19 crisis as well as the next steps. The following key points were noted:

- a. The crisis had severely impacted on children and young people within the borough. The vast majority of them were currently not attending school and there were implications arising from this for their education and mental health and well-being;
- b. There had been a recent High Court judgement which had been critical of the Council and specifically the Disabilities Team. A Peer Review of the service, led by an independent practitioner, had been set up by the Council in response. The approach was recommended by London Councils. There would also be an audit of cases to ensure that they were no others where there might be similar issues;
- c. During the last three months, it had been necessary to conduct much work virtually or by mobile phone. The Multi Agency Safeguarding Hub (MASH) had been mainly office based but engagement had also taken face-to-face, with the use of PPE if necessary;
- d. There had been a considerable amount of work undertaken with schools, including twice weekly virtual meetings involving Haringey Education Partnership. There had also been meetings with Headteachers and teaching unions regarding safety concerns on the re-opening of schools. There were now over 4,000 children back in school; and
- e. A full holiday programme for children and young people was planned, which would include both virtual and annual events. It would be advertised both through booklets and online.

Councillor Dogan reported that he and the Chair had met Councillor Brabazon, the then Cabinet Member for Children, Education and Families and the Director of Children's Services to discuss the court case and steps that had been taken to address the matters

that had arisen. In answer to a question, the Cabinet Member stated that the Peer Review would aim to report by the end of June. It was to be led by Islington Council, who had been identified as Haringey's "partner in practice". The report would be available in six weeks' time. The audit of all cases would be undertaken by an independent practitioner and would look at all live cases. There was also a court work project taking place that would aim to ensure that good practice was put in place. The aim of these processes was to identify what had gone wrong and to prevent it from happening again. The structure of the Disabilities Team would be looked at as part of this process.

In answer to a question, the Cabinet Member acknowledged the need for independence in the review so that those undertaking it were not familiar to people within the service. Haringey was part of a London wide project to share experience and challenge though and had been linked with Islington as part of this. It was nevertheless important that Islington was held to account for the robustness and impartiality of the process followed. The Director of Children's Services reported that there was no formal requirement to inform OFSTED in this situation. This was only essential where there had been significant harm to a child or a death but OFSTED had nevertheless been informed.

In respect of drug and alcohol issues that impacted on children, the Director of Children's Services reported that support was always available. It had been a long term issue and there were services in place to address the issue. These would have been part of virtual arrangements during the lockdown. An assessment had not yet been undertaken on the impact of the lockdown but could be done.

It was agreed that the Cabinet Member and relevant officers from the Children and Young People's Service would be invited to an informal meeting of the Children and Young People's Panel that would be taking place in July (**Action – Principal Scrutiny Officer**). The Director of Children's Services stated that the issue of drugs and alcohol could be brought to a future Panel meeting. In addition, the Cabinet Member suggested that information regarding the role of the voluntary and community sector within this could also be considered.

In answer to a question regarding the powers that the local authority had over schools, the Cabinet Member stated that this was a complex issues due to the varying status of schools within the borough. However, the local authority had a clear role as employer to significant numbers of school staff and a responsibility to children within the area. The government's initial advice regarding re-opening of schools had not been helpful but had since improved and there was now a wide range of guidance available.

In respect of school finances, the Assistant Director for Schools and Learning reported that school finance officers would be taking part in an on-line workshop. In addition, finance issues could be brought to the Schools Forum.

In answer to another question, the Cabinet Member reported that risk assessments had been undertaken when schools were re-opening. Health and safety had been looked at very carefully and there had been particular concern regarding BAME staff and children as well as children with Special Educational Needs and Disability (SEND).

The Assistant Director of Schools and Learning reported that the Council had been working very closely with schools during the lockdown. There had been a series of on line workshops on re-opening that had been very well attended. Plans for re-opening needed to be signed off by governing body Chairs and Headteachers. Processes had been quality assured and BAME issues taken fully into account. In addition, the Director of Public Health had provided advice.

The Cabinet Member reported that the impact of the lockdown on the most disadvantaged children would be assessed, both locally and nationally. In particular, the Department for Education (DoE) was providing catch up support, both to small groups and individually. This would include access to a national tutor programme. Work would also be undertaken with parents so that children were better able to access learning from home. Committee Members noted that lack of access to IT equipment was a big issue. The Cabinet Member reported that schools had been trying to obtain equipment to assist families as part of a package of support. She would be happy to report further on the issue.

The Committee highlighted the drop in the number of safeguarding referrals following the lockdown and the increased proportion leading to a Section 47 investigation. The Director of Children's Services reported that the lack of referrals from schools was key to this. The service was responding to this issue through the MASH and it was agreed that the Assistant Director for Social Care agreed to draft a briefing note for the Committee on the issue, including outcomes (**Action – Assistant Director for Social Care**). The Director of Children's Services reported that referrals were now getting back to their normal level.

RESOLVED:

1. That the Cabinet Member and relevant officers from the Children and Young People's Service be invited to an informal meeting of the Children and Young People's Panel to be arranged to take place in July; and
2. That the Assistant Director for Social Care be requested to draft a briefing note for Committee Members on how the Children and Young People's Service had responded to the drop in safeguarding referrals that had taken place during lockdown and the outcomes of action that had been taken.

28. MINUTES

The Committee agreed that its review on Fire Safety in High Rise Blocks would be revisited in the light of the recent fire at Firs House and that updated terms of reference be drafted to take this forward.

RESOLVED:

1. That the Committee's review on the issue of Fire Safety in High Rise Blocks be revisited and updated terms of reference be drafted; and
2. That the minutes of the meetings of 14th January, 23rd January and 26th May 2020 be approved.

29. FUTURE MEETINGS

- 20th July 2020;
- 6 October 2020;
- 23 November 2020;
- 12 January 2021;
- 18 January 2021; and
- 15 March 2021.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date