

Meeting of the

CABINET

Wednesday, 3 June 2020 at 5.30 p.m.

TABLED PAPERS

	PAGE NUMBER
5.1 Chair's Advice of Key Issues or Questions	
Chair of Overview and Scrutiny Committee (OSC) to report on any issues raised by the OSC in relation to unrestricted business to be considered.	3 - 16

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact:

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Overview & Scrutiny Pre-Decision Questions

01/06/2020

Question	Response																
6.1. LBTH response to the Covid19 Pandemic																	
<p>Finance</p> <ul style="list-style-type: none"> - Can we get breakdown of overspend on general fund to date and projection of what this is likely to be at year end? 	<p>The estimated total cost in 2020/21 to be incurred by the Council in response to the Pandemic over and above expected spend levels is £29.2m. This is the gross amount as we have already received £19.5m from the government as reimbursement towards these costs.</p> <p>The analysis across depts/spend categories is as follows:-</p> <table border="0"> <tr> <td>Adult Social Care</td> <td align="right">£9.6m</td> </tr> <tr> <td>Children’s Social Care</td> <td align="right">£0.4m</td> </tr> <tr> <td>Education</td> <td align="right">£1.1m</td> </tr> <tr> <td>Housing</td> <td align="right">£2.5m</td> </tr> <tr> <td>Environment & Regulatory</td> <td align="right">£0.8m</td> </tr> <tr> <td>Other (non ASC) shielding & PPE</td> <td align="right">£0.8m</td> </tr> <tr> <td>Indirect costs/delayed projects</td> <td align="right"><u>£14.0m</u></td> </tr> <tr> <td>Total</td> <td align="right"><u>£29.2m</u></td> </tr> </table> <p>Estimated Housing Revenue Account impact £8.2m</p> <p>The above does not include the impact on the Council’s Collection Fund (Council Tax and Business Rates) where our latest estimate is a potential loss of £30m in 2021/22 (the impact hits in the following financial year).</p>	Adult Social Care	£9.6m	Children’s Social Care	£0.4m	Education	£1.1m	Housing	£2.5m	Environment & Regulatory	£0.8m	Other (non ASC) shielding & PPE	£0.8m	Indirect costs/delayed projects	<u>£14.0m</u>	Total	<u>£29.2m</u>
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<p>Air Pollution</p> <ul style="list-style-type: none"> - How serious is the downward trend of air pollution? Can we have further details? 	<p>LBTH has 2 roadside real time monitoring stations, Mile End (Queen Mary University) and Blackwall (operated by TfL). A comparison of 3 months of monitoring data for the period March –May 2019 and for the same period in 2020 is shown below for both monitoring stations. This is for nitrogen dioxide (NO₂) the main pollutant from vehicle emissions. As can be seen there has been a noticeable reduction in air pollution following the lockdown in 2020. The legal limit for NO₂ is an annual average of 40 µg/m³:</p>																

	Mile End Monitoring Station monthly average NO ₂ µg/m ³		
	March	April	May
2019	38.40	41.0	33.80
2020	26.9	24.7	18.1

	Blackwall Monitoring station monthly average NO ₂ µg/m ³		
	March	April	May
2019	42.3	42.0	47.1
2020	35.2	30.8	29.0

Below is a press release from the GLA about reduction of air pollution in London generally.



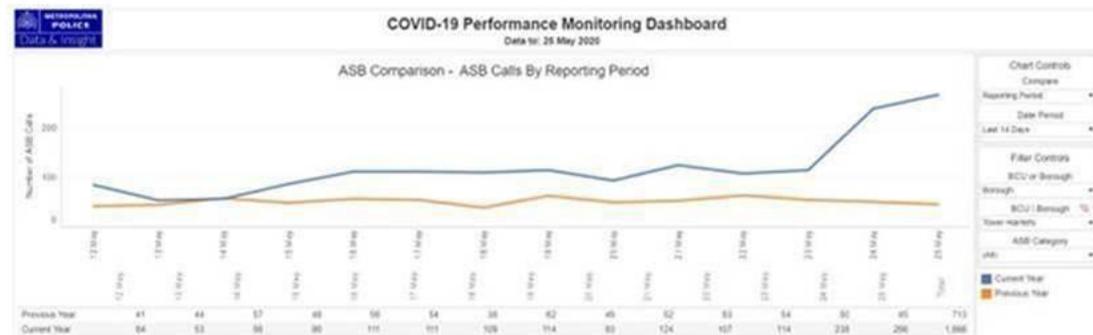
press release on impacts of lockdown on pollution levels.msg

- Has LBTH been monitoring traffic use too?

Regarding monitoring traffic use, TfL monitor traffic on the main corridors but we have some counters in place around Bow (for Skew Bridge impacts) and in Bethnal Green where the Liveable Street project is due to go live from the 12 June. Counts are ongoing so analysis can be forwarded when complete.

<p>Accommodation</p> <ul style="list-style-type: none"> - Why have been the barriers to 13 rough sleepers not taking up offers of accommodation? 	<p>The barriers for the rough sleepers not wanting to take up offers are complex. The entrenched rough sleepers in question that refuse offers have very chaotic lifestyle but are adjudged to have 'capacity', therefore outreach workers have been unable to impose accommodation offers involuntarily. Barriers for individuals are typically associated with significant substance misuse masking complex trauma and mistrust of services. Assertive outreach approaches can and do support individuals to take up offers, but a rough sleeper's willingness to accept an offer may be contingent on many factors, often dynamically and changing, related to that individual at a given time. Where they have engaged the council has managed to assist, a good example includes a complex need couple with 3 dogs who were moved into suitable self-contained accommodation.</p>
<p>ASB</p> <ul style="list-style-type: none"> - ASB reports being up 153% in the past 2 weeks. Are we able to strip out reports of lock-down breaking, in order to assess the rise in other forms of ASB? 	<p>ASB Calls to Police</p> <p>ASB call data (999 and 101) is held by the police and shared with the council. It has not been possible in the time available to analyse this data. However, the below table illustrates the daily increase in calls to the police. The police have told us that the increase is COVID-19 related calls. The public have been calling police to report lack of compliance with social distancing.</p>

Tower Hamlets ASB Calls



02/06/2020

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ASB Complaints to the Council

A snapshot of complaints of ASB (first 4 weeks of lock down) made to the council noted the following:

- only 4% of ASB incidents are COVID related e.g. social distancing, non-essential shops being open.
- 39% increase in all ASB incidents
- 19% related to noise nuisance
- Noise from neighbours had almost quadrupled from 21 to 79
- A reduction in drug use and drug dealing complaints
- An increase Rough sleeping complaints
- An increase in complaints about urinating in public

The Safer Neighbourhood Operations team in Community Safety meets daily with police to discuss ASB and share information about specific incidents, locations or individuals. This information informs the daily

	<p>deployment of THEOs who have been patrolling daily throughout the pandemic. N.B. Powers to enforce social distancing are limited to police officers.</p> <p>More detailed analysis of the COVID impact on ASB will be conducted in the coming weeks as part of assessing the wider impacts on crime and disorder.</p>
<p>Volunteers</p> <ul style="list-style-type: none"> - What safeguarding measures are in place to ensure that residents are not put at risk by volunteers? 	<ol style="list-style-type: none"> 1. The Council has commissioned Volunteer Centre Tower Hamlets (VCTH) to run a Covid 19 volunteering hub to provide volunteers for VCS organisations and to support the council's Covid 19 response. Over 2,00 volunteers have come forward. <ol style="list-style-type: none"> a) Council volunteers recruited through the volunteer hub: The Councils Covid 19 volunteering guidance is available on the intranet. All council volunteers are managed by a volunteer coordinator who is a paid member of Tower Hamlets staff, and these are in turn coordinated by a volunteer manager. All volunteer coordinators and managers are required to undertake online training which covers safeguarding related matters, amongst other issues. All volunteers for Council roles have their identity checked and, for relevant roles, have a DBS check at the relevant level. Roles with at risk individuals are required to undertake online training on safeguarding children and/or adults. The vast majority of roles do not require volunteers to enter residents' houses or have contact with vulnerable adults or children. Further details of the specific safeguarding arrangements, including provision of Personal Protective Equipment, where appropriate, are contained in the volunteer guidance and training. b) VCS organisations volunteers recruited through the volunteer hub: All VCS organisations receiving volunteers via the COVID-19 Volunteering Hub undergo a registration health check, during which they provide evidence of the Insurance and Health & Safety Policies and are advised on best practice. Most organisations have Safeguarding Policies in place. All opportunities developed with VCS organisations are socially distanced or carried out online/over the phone. None involve face-to-face contact with residents or entry into residents' homes. <p>All organisations registered with the Volunteering Hub (Volunteer Centre Tower Hamlets) have access to training and Peer Learning Sessions which includes matters relating to good practice on safeguarding. They can also access fact sheets on the VCTH website. VCTH produced new updated guidance on carrying out DBS checks on volunteers during the pandemic and this has been circulated to all</p>

<ul style="list-style-type: none"> - As some employer's end furlough, do we have contingencies to cover loss of volunteers who are providing essential services to shielded residents? 	<p>registered organisations. It continues to be available on the VCTH website</p> <p>c) Volunteering outside of the volunteer hub: The other group is volunteers that fall outside of these arrangements, volunteering for individual organisations outside of the Covid hub, or undertaking informal volunteering, particularly as part of Mutual Aid Groups. We continue to share information and messages with Mutual Aid groups about safeguarding and Volunteer Centre Tower Hamlets also provides a range of information on this to VCS organisations. Mutual Aid Groups and similar neighbourhood schemes are not formally constituted and are unaccountable bodies, without the formal safeguarding arrangements in place that we have as a Council.</p> <p>2. There is a silver group specifically focusing on shielding and chaired by the Director of Public Health, which reports to the pandemic committee and is addressing matters relating to shielding residents. Our developing plans for recovery going forward consider the impact of the changing nature of the volunteer picture and how we transition from the existing emergency arrangements to something more sustainable and appropriate in the medium and long term, ensuring that essential services to the community and particularly, vulnerable residents and the shielding group, are not lost.</p>
<p>The Clinical Effectiveness Group in Queen Mary University have shared analysis with us on the number of cases</p> <ul style="list-style-type: none"> - What work is LBTH Public Health doing in this area and what work if any have, they commissioned? 	<p>LBTH public health have been liaising with the Clinical Effectiveness Group around their analysis of suspected and confirmed Covid-19 in Tower Hamlets based on primary care. The preliminary analysis highlighted disparities in prevalence by ethnicity (this aligns with subsequent analysis nationally) – however further analysis is ongoing. The work of the QMUL has now been published and can be found at https://www.medrxiv.org/content/10.1101/2020.05.23.20101741v1</p> <p>The findings of the research are shared on an ongoing basis through the Tower Hamlets Pandemic Committee. The live analysis will have continued relevance as part of the track and trace programme to supplement the local outbreak data that will be fed back to the borough through the National Biosecurity Unit.</p>
<p>Shielded Residents</p>	<p>The latest contacted number as of 2nd June was 5,718. The difference in total shielding numbers and those</p>

<ul style="list-style-type: none"> - Out of the 8,500 extremely clinically vulnerable residents identified only 4,420 of those have been contacted (52%). Why have the other 48% not been contacted? - What methods of contact have been used? 	<p>contacted varies daily. This is due several variables</p> <ol style="list-style-type: none"> 1. The total EV shielding list changes daily/weekly. We receive an updated shielding list from central government at 4pm every day. This includes all those the government asked to shield and have then registered on the gov.uk website. This also includes all those the GPs and hospital clinicians' class as EV. 2. At the beginning of lockdown, we had over 100 volunteers to help make the calls to shielding residents. There were around 200-300 calls being made daily. Over the last few weeks, as services are starting to resume, our volunteer of callers has reduced significantly as staff are being recalled to their original roles. This means we are only making around 120 calls per day now. We have attempted to develop a rota of 20 staff on to make calls each day. We are almost at this level but require further staff to come forward. Also, before any staff volunteer starts making calls, they must attend a briefing session to take them through how to make the call and complete the questionnaire. 3. To date we have been processing these calls and their outcomes manually. Calls are allocated via email in batches of 10-20 to an individual caller. The caller then contacts the residents on their list and completed a questionnaire. This information is then emailed to a central inbox. A member of staff from Integrated Commissioning monitors the inbox – where a huge influx of emails with completed questionnaire arrive (these are in the hundreds). The staff member goes through each form and then allocates these to a team of Business Support to transcribe these onto a master spreadsheet which is overseen by another member of staff. <p>Due to the many manual steps in the process, it can take time from the point the call is made to the resident to that form being recorded into the master spreadsheet.</p> <p>We have commissioned a Customer Relations Management (CRM) system called Helping Hands (as have a few other Boroughs across London) to help us record the calls. We are in the process of deploying this system to all our call staff. This will cut out all the manual steps and means the caller will be allocated calls directly on the CRM, they'll make their calls and record the outcomes onto the CRM. This will help provide us with real time data of number of calls completed, who the calls have been allocated too and for how long.</p> <p>So far, we have used telephone, text messaging and letters as the means of contacting the shielding residents.</p> <p>We are working with Tower Hamlets GPs to align our processes and communications to the residents.</p>
<p>Infection Rates Data</p>	<p>Infection rates are derived at high level from online national data that is disaggregated at local level</p>

<ul style="list-style-type: none"> - Where is information on the number of infection rates held and to whom is it reported within LBTH? - What level of detail do we collect on the local level infections rates i.e. number of cases, number of people tested per day, % infected (cumulative) actual but also a forecast 	<p>The PHE tracker provides both national and borough specific data on lab confirmed case https://coronavirus.data.gov.uk/</p> <p>This same data is further analysed by the Local Government Association to produce a borough level report (which provides rates by borough)</p> <p>https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker-area-quick-view-1?mod-area=E09000033&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup</p> <p>At London and sub regional level we also receive borough level analysis on care homes through the daily market intelligence tool (lab confirmed cases in care homes by borough)</p> <p>Hospital level data relating to covid (daily cases – admissions, inpatients, discharges) is provided by North East London Health and Care Partnership on a daily basis (this is by Trust and not borough)</p> <p>Primary care level data in Tower Hamlets is analysed by the Clinical Effectiveness Group in QMUL (suspected and confirmed) – this is bespoke (and not available in all boroughs) – analysis of this data has enabled analysis by BAME groups as well as more fine grained geographical analysis.</p> <p>This data has been reviewed and collated an on ongoing basis by SPP and Public Health – key findings and trends have been reported weekly to the Pandemic Committee (this now meets fortnightly)</p>
Question	Response

6.2 Covid-19 Pandemic - Reconstitution to Recovery	
Schools <ul style="list-style-type: none"> - Why has the council not advised a delay in opening to its schools like other boroughs have? - What measures are in place for cleaning of schools as they reopen? 	<p>It is important to note that well over 70% of Tower Hamlets schools have remained open throughout the pandemic for vulnerable children and the children of key workers.</p> <p>Whilst severely restricting the numbers of pupils attending schools may be appropriate as part of an emergency response, the current situation we now know will continue for the foreseeable future. This means we need to plan to ensure children and young people can access a full educational offer safely by reducing the risk of infection.</p> <p>The decision to open for larger cohort of children has been made by individual headteachers who are best placed to understand the limitations of the school building, the staffing situation and the likely uptake by parents. The council has supported schools who wish to admit additional pupils to do so safely and has also understood the concerns of other schools who do not feel it is possible at this time. The council has provided a large amount of support and guidance to all schools including risk assessments, health and safety advice and guidance from public health. Risk assessment was an important part of a headteacher's day to day role prior to Covid-19; they are conducting the risk assessments in consultation with union representatives and other key stakeholders, then taking appropriate action to mitigate the risks.</p> <p>Senior officers have been in constant contact with headteachers and union representatives. We did not consider that a blanket position was appropriate in these circumstances.</p> <p>The potential long-term impact of prolonged school closures is an important consideration. The quality of education and results achieved in Tower Hamlets are exceptional, particularly given the high levels of poverty and deprivation experienced by many in the borough. Schools are very keen to ensure that this impact is minimised as much as possible, but the longer children are out of formal education the more difficult this will be.</p> <p>Enhanced cleaning regimes are an important feature of all school's plan to expand provision. All schools have to undertake a risk assessment which must be shared with union reps. One of the key measures for infection control will be additional cleaning and disinfection.</p>

<p>Support for people with NRPF</p> <ul style="list-style-type: none"> - As we leave lockdown, how will the council support people with NRPF who've been housed under the 'everyone in' policy but will be evicted and left without adequate housing after the lockdown. A number of people who've been housed in hotels have now received Section 184 notices and are concerned that they will soon be evicted but have no idea where to go and have no income. 	<p>The Government have recently written to the Council about moving onto the next phase of accommodating rough sleepers and required the Council to put in place move-on plans following assessments of each individual. This will need to include those with NRPF. The law around recourse to public funds has not changed and remains in place. Adults with NRPF who are eligible for adult social care under the 2014 Care Act are eligible for housing support.</p> <p>The Government have said councils must use judgement to assess what support can be lawfully provided on an individual basis, considering specific circumstances and needs and that judgements are made by councils on accommodating ineligible individuals during extreme weather, when there is a risk to life.</p> <p>No one Tower Hamlets is accommodating under the 'Everyone In' directive who is NRPF is currently being asked to leave accommodation, though move-on options will be considered with individuals. Move-on options might include voluntary return to country of origin where an individual wants to return home as this may be the best outcome for them although in some cases obtaining passports for countries such as China, Algeria and India might be extremely difficult. For those who do not wish to return home who may have health and care needs, referral to social care to assess entitlements under Social Care Act and Human Rights Act legislation may be appropriate. There may be EU nationals who once their support needs are stabilised may be assisted if they qualify to apply for settled status. The options for others may entail access to specialist immigration advice. The Council is required to work closely on next phase planning for all rough sleepers with Dame Louise Casey's Taskforce and MHCLG.</p>
<p>MTFS</p> <ul style="list-style-type: none"> - Will the council be consulting residents on revisions to the MTFS, given that the impending crisis in LA funding may have significant impact on services we have previously been able to protect? What is the council doing now to communicate budget pressures to residents to prepare them for this? 	<p>We will consult with residents on any service changes that are proposed as part of our MTFS, and will be communicating with them about our budget pressures and what this means for them.</p>

<ul style="list-style-type: none"> - How are we working with schools to help them develop new transport plans? Do we know which schools are particularly impacted by restrictions on public transport use (I.e. those schools with higher percentages of commuting staff and children)? 	<p>Public Realm stands ready to assist with development and delivery of temporary measures such as enforcement of school keep clear zig zags and protection to create wider protected waiting space at the school gate.</p>
<p>Test & Trace</p> <ul style="list-style-type: none"> - What is LBTH doing in regard to Test and Trace in the borough? 	<p>We have established a group that is meeting weekly to ensure that residents are supported to participate in the test and trace programme. Membership includes representation from council teams, the NHS and community & voluntary sector. A current priority is raising awareness that symptomatic residents can now get tested, and ensuring that residents are supported to self-isolate if they are identified as a contact of someone who has a positive test result. There are also workstreams focussed on outbreak planning and utilising data to inform local decisions.</p>
<p>6.3 LBTH/THH Mayoral Office Police and Crime (MOPAC)</p>	
<p>MOPAC Contract 2017</p> <ul style="list-style-type: none"> - What analysis has there been of the effectiveness of the MOPAC Contract agreed in 2017? 	<p>Outcomes of the current Section 92 Agreement can be seen in sections 3.6 to 3.7.10 of the report. Highlights include an 18% reduction in ASB calls comparing 2016/17 to 2018/19, 3702 ASB warnings issued in the last two years with only 9% of people coming to our attention again, a significant increase in targeted actions on THH estates, focussing on actions to disrupt drug dealing and abuse on THH estates, 36 Closure Orders obtained since June 2018, an increase in satisfaction with handling of ASB case from 44% in Q1</p>

<ul style="list-style-type: none"> - The police funded by the council effectively deployed against the council's anti-crime/ASB priorities? - How has that affected the decision to significantly change the contract? 	<p>2019/20 to 69% in Q4 and a significant drop in reports of ASB where the Police team have been most visible since its formation in September 2017.</p> <p>Combating ASB stands amongst the highest priorities for LBTH, THH and is a commitment in the Mayoral priorities for Tower Hamlets. As per above, sections 3.6 to 3.7.10 of the report highlight the outcomes of this initiative.</p> <p>There are no significant changes being made to the S92 Agreement. There is a change to how the officers are funded e.g. they will be purchased at a reduced rate per officer rather than being match funded as per the existing S92 Agreement where LBTH fund 7 officers, matched by 7 officers funded by MOPAC.</p>
<p>Parkguard and Police contract extension</p> <ul style="list-style-type: none"> - What is the average percentage increase to leaseholder's service charges for this? - What is the average percentage increase to tenants' charges for this? - What options to recoup costs from non THH residents have been explored? 	<p>The average leaseholder service charge in 2020/21 excluding any increased police and Parkguard charges would be £1,655 per annum. £61.68 would represent a 3.7% increase in total charges for a leaseholder.</p> <p>The average overall charges that a tenant pays in 2020/21 is £122.16 per week (rent & SC). £1.20 would represent a 1% increase in the overall weekly charges to a tenant.</p> <p>The S92 Agreement is between LBTH and MOPAC. As an ALMO THH is able to access the scheme and the resources are deployed to THH estates with Recommendation 2 in this paper being that THH residents are recharged for this service from September 2020. While neighbouring areas and non-THH residents may benefit from the team's work, they are not able to directly access the service. As such there is not an option in place to recharge non-residents for this.</p> <p>The Partnership Plus Scheme is restricted by legislation to Local Authorities only and is formalised pursuant to Section 92 of the Police Act 1996 (Grants by local authorities). This may be extended to Business Improvement Districts, Arm's Length Management Organisations, mainstream schools and NHS Trusts where the Local Authority is prepared to work in partnership and act as the primary contact for contractual and payment purposes. THH as an ALMO are able to access the scheme however housing associations are</p>

<p>- Can other estates / housing associations / developments join this scheme?</p>	<p>unable to. That said THH has assisted in wider Police and LBTH partnership work such as Operation Continuum and Operation Shadow where we used local knowledge, experience and resources from the partnership to support the Police to disrupt and carry out enforcement action targeted at the drugs market.</p>
<p>6.4 Contract Services Supplier Contracts</p>	
<p>When was this contract agreed?</p>	<p>The Procurement Across London (PAL) Group was founded in 1976 when it was known as the London Contracts Supply Group. However, the Group's involvement in collective procurement did not start until circa 2000. Currently, the PAL Group is comprised of 7 local authorities (Havering, Barking & Dagenham, Enfield, Waltham Forest, Tower Hamlets, the Royal Borough of Greenwich and Thurrock Unitary Authority). The Group's procurement is led by the London Borough of Havering's OneSource.</p>
<p>Was this outcome identified as a risk when the contract was agreed?</p>	<p>No. The London Borough of Havering OneSource was established in 2014. The London Borough of Tower Hamlets Contract Services benefits from the group procurement through improved pricing and quality as a result of increased purchasing power of the joint member authorities.</p>
<p>Have LB Havering given enough assurances that this won't happen again?</p>	<p>Once the PAL Group was alerted to the procurement issues it took prompt action to complain; it sought an explanation from Havering OneSource; and assurances that the problem would be resolved going forward.</p>