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03 March 2022

To: All Members of the Adults & Health Scrutiny Panel

Dear Member,

Adults & Health Scrutiny Panel - Thursday 3rd March 2022

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

8. LIVING THROUGH LOCKDOWN - COUNCIL RESPONSE (PAGES 1 - 18)

To receive an update on the Council's response to the recommendations of the 'Living Through Lockdown' report.

The report was published in August 2020 by the Joint Partnership Board and is provided in full in this pack.

To follow - Details on Council response.

Yours sincerely

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Agenda Item 8

Report for Adults and Health Scrutiny Panel: March 2022

Title: Living through Lockdown Report

Report authorised by: Charlotte Pomery, Assistant Director of Commissioning

Lead Officer:

Ward affected: All

Report for Information

1. Describe the issue under consideration

1.1 This brief paper provides an initial response to the recommendations of the Living Through Lockdown Report, published in August 2020. The response has been co-produced by a small working group from the Joint Partnership Board and the Council and offers both an update on partners' response to the report and some suggested future actions to embed learning from the Report.

1.2 The Living Through Lockdown report is a summary of issues and concerns experienced by adult social care service users and carers during the first lockdown of the Covid-19 pandemic in Haringey from March 2020. The report covers a wide range of areas and was compiled through a series of interviews and meetings carried out by Public Voice with the Joint Partnership Board. The Joint Partnership Board was set up in 2017 to ensure that vulnerable groups in Haringey have a voice in the way NHS services and social care are provided for them. Public Voice, which runs and manages Healthwatch Haringey, was commissioned by Haringey Council to establish and support the running of the Joint Partnership Board and its reference groups.

1.3 Since the report was published in August 2020, it has been widely promoted across statutory partnerships and the Council and used to reference the considerable impact of both the pandemic and the subsequent lockdown on vulnerable Haringey residents. It is hoped that the response set out here will be used to guide future working to ensure the needs of vulnerable residents are included as standard in all planning.

2. Cabinet Member Introduction

2.1 N/A

3. Recommendations

3.1 The Adults and Health Scrutiny Panel is asked to note the Living Through Lockdown report at Appendix A, the work undertaken to respond to its recommendations as set out in Appendix B and the role of the Joint Partnership Board moving forward.

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4. Reasons for decision

4.1 N/A

5. Alternative Options Considered

5.1 N/A

6. Background Information

6.1 The first lockdown of the Covid-19 pandemic, introduced in March 2020, changed life for everyone in the country. The fundamental shift to the way we live was both abrupt and far-reaching and whilst proportionate to the severity and seriousness of the pandemic was nonetheless experienced as significant. It is only now, as we enter a new phase of the pandemic, and a new phase in the national response, that it is possible to look back on the pandemic and to begin to appreciate what may be the long-term impacts of this period which touched us all. For vulnerable residents, most affected by both the disease and the lockdown, the impacts were particularly acute as set out so clearly in the Living Through Lockdown Report.

6.2 Whilst there were some positive responses from the community and partners, including an increased sense of community spirit and upsurge in volunteering; the role of Connected Communities in helping residents to access essential items including food and other support they needed; Mutual aid groups formed during lockdown at the neighbourhood level and building strong links with statutory and Voluntary and Community Sector services and vice versa; telephone support from the Council, Clinical Commissioning Group (CCG) and other organisations to check on carers; and a telephone befriending service set up by Public Voice's Reach and Connect Service, there were also a number of areas where residents felt there could and should be change and improvements.

6.3 A series of recommendations was made in response to residents' experiences and it was agreed that a small working group, comprising members of the Joint Partnership Board and officers from the Council, would together co-produce a response to these recommendations.

6.4 Attached at Appendix 1, is the Living Through Lockdown report and at Appendix 2, a summary table of the responses to the recommendations to date – it is recognised that there is more work to do as the recommendations are about shaping the way services respond now and into the future, and not solely a reflection of what happened at a point in time. The work is not yet complete – given the relentless pressures on the NHS for example, the Workin Group has not yet addressed the series of recommendations with NHS partners, but is moving to do so at its next meeting where a wider membership is to be invited.

6.5 On this basis, the co-production working group will continue to meet and to influence future service design and equally the work with partners will continue. As the report

was commissioned by the Joint Partnership Board, it is suggested that the work will from now on be presented there for consideration, comment and support.

7. Contribution to Strategic Outcomes

7.1 Listening to residents' voices and understanding their experiences is a core principle underpinning the Borough Plan 2019 – 2023 and our approach across the Council to working with communities. Co-producing a response to the Living Through Lockdown Report recommendations supports our commitment to working alongside residents to effect change and to improve outcomes.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities) – Not applicable

8 Use of Appendices

8.1 Appendix A – Living Through Lockdown Report

8.2 Appendix B – response to recommendations

9 Local Government (Access to Information) Act 1995

10.1 N/A

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Living Through Lockdown Report: response to recommendations from the Co-Production Working Group

Communication:	Response and next steps:
1. Communicate more, faster and better. Across all reference groups it was felt that changes to services, actions taken, and future planning should be better communicated by the Council and NHS.	It was acknowledged that, particularly during the first weeks of the pandemic and the first lockdown, communication was not keeping pace with developments. Since there, there has been significant and consistent work to build better communication channels by both the Council and the NHS. The Council's webpages have been updated on a regular basis, there has been a stronger focus on communication in community languages and in easy read versions and the Council has invested in roles such as community champions and the community newsroom thanks to external funding.
2. Provide digital and face-to-face access to services. As the lockdown is eased, it is felt that face-to-face access to services should be resumed but not at the expense of digital service provision introduced during the lockdown.	We have for some time been running dual offers of face to face and digital services. For some residents, there is still a need and an ask for a digital offer, for others they are ready to return to face to face services. We recognise that this is a constantly changing picture, further affected by the recent change in legislation and approach. Wherever possible, we are trying to run with both modes of delivery, recognising that this can sometimes be a strain on services.
3. Greater coordination and consistency. In various ways the reference groups felt that services, communication, information and advice should be centralised between the NHS and Haringey Council to facilitate clearer and more tailored communication, guidance and service provision.	During the pandemic the Council and NHS worked closely together to ensure co-ordinated communication. Out of this joint working, has grown a legacy of communications teams working closely together on priorities, messaging and outreach work.
4. Digital enablement. It is strongly felt that more work should be done to enable those currently unable to access services digitall	Digital inclusion is accepted as an absolutely fundamental requirement of our work now and going forward. We have invested significantly in data, devices and support to build stronger digital inclusion for residents of all ages during the pandemic. We have beensuccessful in attracting inward investment as well as using Council resources to optimise connectivity for local residents.

	We are now establishing a Digital Inclusion Network, which will operate across a range of community and statutory organisations.
5. Default financial assistance. It was felt that where steps are taken to lessen a financial burden (e.g. possible suspension of council tax collection), these should be done automatically rather than expecting an individual to apply, which may be very difficult for a vulnerable person in a state of raised anxiety, depression or ill-health due to the lockdown and pandemic.	As many actions to reduce financial burden are linked to a means assessment, it is not possible to agree this universally. However, in some key areas – such as client contributions to care costs - there was a blanket directive from central government, which we did implement without asking people to apply for support.

Care Assessment and Annual Reviews	Response and next steps
1. Process and time information. Clear Information about ongoing processes, including timings, should be available to those involved in the assessment and review process where there is any disruption. This must be available in an easy read format.	This is agreed.
2. Non-digital routes to care and assessment. Provision has to be made for those who do not have access to the internet. No assumptions should be made about access to the internet by vulnerable groups, and face-to-face options must continue to be available where required.	This is agreed. We have for some time been running dual offers of face to face and digital services. For some residents, there is still a need and an ask for a digital offer, for others they are ready to return to face to face services. We recognise that this is a constantly changing picture, further affected by the recent change in legislation and approach. Wherever possible, we are trying to run with both modes of delivery, recognising that this can sometimes be a strain on services.

3. Appointment format choice. Moving forward, it would be good to continue offering over the phone and online appointments, in addition to face-to-face appointments, even when life returns to normal.	We have for some time been running dual offers of face to face and digital services. For some residents, there is still a need and an ask for a digital offer, for others they are ready to return to face to face services. We recognise that this is a constantly changing picture, further affected by the recent change in legislation and approach. Wherever possible, we are trying to run with both modes of delivery, recognising that this can sometimes be a strain on services.
4. Support for use of technology. Support workers need to help individuals access and use digital technology confidently.	Digital inclusion is accepted as an absolutely fundamental requirement of our work now and going forward. We have invested significantly in data, devices and support to build stronger digital inclusion for residents of all ages during the pandemic. We have beensuccessful in attracting inward investment as well as using Council resources to optimise connectivity for local residents. We are now establishing a Digital Inclusion Network, which will operate across a range of community and statutory organisations.
5. Universal contact. Haringey Council should ensure they contact all those with learning difficulties living dependently.	The Council did seek to contact all known vulnerable residents – however, there is no single register of everyone with a learning difficulty, where they are not receiving a dedicated package of care and may live independently.
6. Communicating changes. Any future or ongoing easement of the Care Act to be fully explained to the wider community.	No easements of the Care Act were implemented.
7. Share the backlog plan. Where Covid-19 has caused a shortfall in assessment and review targets, the Council should communicate its plan to address the shortfall, and any backlog, with both the Joint Partnership Board and individual service users.	This is agreed and information about delays or other service impacts should form part of the ongoing relationship with the Joint Partnership Board.

Living Through Lockdown Report: response to recommendations from the Co-Production Working Group

Carers and Caring	Response and next steps
1. Identity cards for carers. Unpaid carers to have identity cards. Carers could use these to get priority entry to supermarkets. Alternatively, unpaid carers could be given headed letters to facilitate priority access.	This work is being picked up through the implementation of the Carers' Strategy.
2. Supply of essentials. Haringey Council could seek/obtain certain key essentials for carers, such as tissues, eggs, bread, milk etc. and organise delivery to homes.	The Council had a comprehensive food delivery offer, which included all vulnerable residents, not just users. We used all our networks to try to ensure we reached all those in need in the borough, and included food and essential supplies in a weekly package delivered to people's homes.
3. Transport for carers. Carers transport pick-ups could be organised.	This was not able to be progressed during the pandemic.
4. Continued online appointments. Online appointments to continue being offered even after things go back to normal. Face- to-face appointments and examinations should still be available for those that require them.	Online appointments, as set out above, are still available across both the NHS and the local Council in recognition of the fact that not everybody is ready to return to face to face provision. Where possible, we are offering both a digital and face to face offer.
5. Regular updates. Weekly 'check-ins' should be carried out by the Council or Clinical Commissioning Group (CCG) to check how carers are doing.	This was delivered through the pandemic.
6. Pharmacy support. The Council/Clinical Commissioning Group (CCG) should ensure that at least one local pharmacy in the west of the borough and another in the east are stocked with the most common medications for people with special needs.	The CCG sought to ensure equity of access to pharmacies and medical supplies throughout the pandemic.
7. Continuation of essential services. Ensure services such as rubbish and clinical waste collection continue during an emergency such as Covid-19.	These essential services continued unbroken through the pandemic.

8. Day centres and home care facilities. The Joint Partnership Board should assess which day centres and day-care activities remained open during lockdown and why those that closed did so.	Given the Covid advice during the first and second lockdowns, day centres remained closed. We recognise that this caused an additional strain on carers but given the public health advice was unavoidable. All home care continued unbroken throughout the pandemic.
9. Support for vulnerable and older carers. Both Haringey Council and the NHS should reflect on the challenges faced by the many carers who are themselves over 60. Following this, the Council should communicate how the age of carers of those with learning difficulties or autism figure in the Council's Covid-19 policies (and in adult services policies generally).	This is being picked up through the ongoing work to implement the Carers' Strategy.
10. Consider unknown vulnerable people. Haringey Council and the NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.	The data on the shielded population was incredibly helpful to understanding our vulnerable population (whilst recognising that not all the shielded population are vulnerable, or vice versa). We tried to use our community outreach, Mutual Aid Groups, our homelessness response to support those sleeping rough, food banks and data from primary care to ensure that we understand our vulnerable population as well as possible.
11. Future planning. With a view to planning for a future emergency, data should be provided to detail: a. How many carers have had Covid-19 and the support they received. b. How many adults with learning difficulties and/or autism have had Covid-19 and the support they received. c. How many families where both the carer and cared for had Covid-19 and the support they received. d. The experience of families affected by Covid-19.	This is not information which we collect or are able to collate as it is personal, medical information which may or may not have been reported to primary care or to the NHS system of contact tracing more widely. It is proposed that the Joint Partnership Board continue to work with HLDP to better understand the long-term impacts of Covid on families, as the pandemic enters its next phase.

12. Do not resuscitate order legal assessments. The Council should access records of vulnerable individuals to ensure blanket "Do Not Resuscitate" orders have not been put in place within the borough, and legal action should be taken if they have been put in place.	We can confirm that no blanket Do Not Resuscitate orders were in place in the borough.

Mental Health and Wellbeing	Response and next steps
1. Provision for bereavement counselling. Bereavement counselling should be made available.	Bereavement counselling was made available through the Community Bereavement Framework and widely promoted through a range of local networks and forums.
2. Bereavement counselling specific to those with learning difficulties. Bereavement counselling should be made available to people with a learning disability.	Bereavement counselling was made wide available, as above.
3. Public events. When possible, a public event should be held to acknowledge the suppressed grief felt by many.	A Book of Condolences was in place – given the long term nature of the pandemic it has not been possible to arrange a public event to help support closure – this is still being considered.
4. Resources to target alcohol and drug abuse. Additional resources should be put in place to tackle increased alcohol and drug abuse.	Additional funding underpins the new National Drugs and Alcohol Strategy which will be routed through local authorities. Plans will be co-produced with users and residents in line with the National Strategy to ensure it is effective.
5. Additional respite support. Respite arrangements for vulnerable carers should be increased.	The respite offer is based on need rather than a pre-allocated length of provision.

6. Inter-service referrals. Mental health services should be able to refer people to other services for extra support; Haringey Reach and Connect, for example.	This is increasingly happening as awareness of the community offer is increasing. The Mental Health Trust has reviewed its approach to community working and is reorganising staff on a locality basis to better connect with local community services through our localities model.
7. Make future plans available. The local Mental Health Trust should provide information on their plans to address post- coronavirus mental health issues.	The understanding of these issues is emerging as we enter the post-Covid phase. It will be important to engage the Joint Partnership Board in this work as suggested.
8. Default financial assistance. It was felt that as vulnerable people would be highly likely to be experiencing enhanced anxiety, depression or ill-health, any assistance to lessen financial burdens (e.g. possible suspension of council tax) should be done automatically rather than individuals being expect to apply for relief- which they may not be able to do.	As many actions to reduce financial burden are linked to a means assessment, it is not possible to agree this universally. However, in some key areas – such as client contributions to care costs - there was a blanket directive from central government, which we did implement without asking people to apply for support.

Housing and Sheltered Accommodation	Response and next steps
1. Provision of Personal Protective Equipment (PPE) should be made for staff and residents.	This was delivered wherever possible and always in line with government guidance.
2. Hand sanitiser should be available throughout buildings.	This was delivered.
3. Information and advice regarding evictions within government guidelines should be made freely available.	There were no evictions during the pandemic, as the government delivered a moratorium on evictions.
4. Haringey Council should inform the Joint Partnership Board on their plans to: a. prevent and reduce evictions now these are possible again.	We will arrange for housing partners to attend the Joint Partnership Board for a full discussion on housing issues – it is the case that no evictions were permitted during lockdown, but it would be good to engage members of the Board on wider housing matters.

b. prevent vulnerable people, or people who have learning difficulties, from being evicted.	
5. Haringey Council should report whether they have considered: a. pausing Council Tax for those who are facing severe hardship b. repayment plans to enable people to catch up on overdue rent.	Both these were enacted during the pandemic. The Council always take a supportive stance to those in arrears and seeks to work with residents to find ways to pay.

Care Homes	Response and next steps
1. Keep families connected. In all care settings facilities should be in place to enable families to remain in touch with family members.	This was particularly challenging during the first phase of the pandemic when care home deaths were high nationwide and the focus was on keeping residents well and free from Covid.
2. Keep friends connected. Add friends to the list of those able to visit/communicate with residents as many residents no longer have living family members.	We had daily contact with care settings – family support and social isolation were key parts of the conversation, in line with government guidance.
3. Resident digital support. Staff should support residents accessing and using digital technology to do things online and keep in touch with friends and family - especially those residents funded by the Council. In particular, access to FaceTime, Skype, Zoom and Microsoft Teams should be facilitated.	We arranged for additional devices and support to be made available to care homes and supported living settings.

Parks and Recreation	Response and next steps
1. **Free and open car parks.** Car parks should be open and free of charge to those who are using parks as an alternative provision.	All parking charges were suspended during the first phases of the pandemic.
2. **Consider health impacts.** To consider the effects on physical and mental health of people who are already at risk because of being denied access to pools and parks.	Parks were kept open – play and sports areas were restricted to reduce the risk of infection – but all other open spaces were accessible.
3. Keep cafés open. Cafés in parks should be open (though people do understand why they were not able to stay open).	Again, we had to act in line with government guidance which at some points restricted the opening of facilities such as cafes.
4. **Keep toilets open.** Toilets in parks should be open.	Wherever possible and in line with government guidance, this was the case.
5. **Make parks safer.** Look at making parks safer for vulnerable people.	This is an important issue and it would be good to engage the Joint Partnership Board on how this can be done, given the importance of access to parks and open spaces. The Council is developing a Parks and Green Spaces Strategy and the active involvement of the Board in its development and implementation would be very welcome.
6. **Park time for the vulnerable.** The possibility of a quiet hour where vulnerable people could feel safer and more confident to go to a park was proposed.	The principle of parks is that they are universal spaces and access is not restricted.
7. **Protection for vulnerable park users.** Introduce voluntary patrols to safeguard vulnerable people against anti-social behaviour within parks.	There was considerable steward and police presence in parks during the lockdown to support behaviourd.

8. Priority car park access. Car parks could be opened to blue badge owners only.	As noted above, parking charges were lifted across the borough.
9. Share information on decisions made. Haringey Council should provide the rationale for closing car parks during the lockdown. They should inform the Joint Partnership Board about car parking arrangements.	This is agreed for future such events.

Parking	Response and next steps
1. Extra parking for those who need it. Extra parking should be made available for blue badge holders.	As above.
2. Improved parking information. Communication on parking and disability parking should be improved.	As above.

Personal Budgets and Assistants	
1. Free Personal Protective Equipment (PPE). Personal Protective Equipment, including visors, should be free for those with personal assistants.	Free PPE was available to personal assistants in line with government guidance.
2. Changes to care support plan rules. Spending on Personal Protective Equipment should be allowed even if it is not part of a specific care support plan.	This is not entirely clear as an ask, but provision of PPE was required as part of all care provisions.
3. Add to the key workers list. Personal assistants should be regarded as key workers.	Where this request was made, it was delivered.

4. Introduce reserve assistants. Given the dependency of many on their assistants, a reserve capacity of assistants, who do not work in care homes, ought to be built up by the Council, who could be deployed if necessary, during a similar crisis in future.	Additional work on increasing personal assistant capacity has been commissioned by the Council through DAH.

Food Provision	Response and next steps
1. Tailored food parcels. Food parcels should take into consideration an individual's specific dietary needs.	This was implemented through the first six months of the pandemic.
2. Review food-aid. A review should be undertaken to ensure that all eligible vulnerable people were allocated food aid.	The Council had a comprehensive food delivery offer, which included all vulnerable residents, not just users. We used all our networks to try to ensure we reached all those in need in the borough, and included food and essential supplies in a weekly package delivered to people's homes.
3. Unpaid carers ID. Unpaid carers should be supplied with temporary ID cards to allow entry to reserved slots in supermarkets.	This was not implemented.
4. Advice on food use. Advice should be given on what to do with food that is not used.	This was not considered to be necessary at the time as normal approaches to disposing of food were available.

NHS and Care Services	Response and next steps – given the pressures on the NHS, the Co-Production Working Group has not yet addressed these issues
1. Universal blood tests. GPs should offer blood tests to those shielding regardless of age.	

2. Consultation protocol. Protocol should be developed to ensure that different GPs and hospitals offer a consistent and appropriate route to care.	
3. Post Covid-19 care advice. A Clinical Commissioning Group (CCG) inspired statement, or widely available advice, on what to look out for after someone has recovered from Covid-19.	
4. Ensure test availability. The Council/ Clinical Commissioning Group (CCG) should ensure information on local tests is accessible and available.	
5. Share health assessment plans. The Clinical Commissioning Group (CCG) should provide more information on health assessments and plans to address any shortcomings, if there are any.	
6. GP clinical care review. The Clinical Commissioning Group should review what GPs have provided in terms of clinical care.	
7. GP home visits. GPs should offer home visits for those who need them.	
8. Consult on e-consultations. An ongoing consultation should be arranged with patient groups in regard to e-consolations and phone assessments.	
9. Understand e-consultations. Statistics should be gathered on the success and failure of e-consultations.	
10. Improve follow-up. Better follow-up on rearranged appointments and screening by both hospitals and GPs should be put in place.	

11. Free Personal Protective Equipment (PPE) for dental care. Free Personal Protective Equipment should be made available for NHS dental care.	
12. Share future plans. Information should be shared with the Joint Partnership Board on the strategy and vision for opticians and dentists in the new normal.	
13. Provide recovery information. Pathways to recovery should be set out.	
14. Universal shielders list. A common list of local shielders should be established and shared between GPs and the NHS. This should be kept up to date on an ongoing basis.	
15. Consider unknown vulnerable people. The Council and NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.	
16. Dental paths for non-emergency treatment. A path to advice and treatment should be made clear to those with non-emergency dental needs.	
17. Share information on digital inclusion. The Clinical Commissioning Group (CCG) should provide information on: a. how they plan to ensure digital enablement. b. how they will ensure the digitally excluded can continue to access services and receive care.	

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