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14 September 2022

To: All Members of the Adults & Health Scrutiny Panel

Dear Member,

Adults & Health Scrutiny Panel - Thursday, 15th September, 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:

7. AIDS AND ADAPTATIONS (PAGES 1 - 18)

8. LIVING THROUGH LOCKDOWN REPORT - COUNCIL/NHS RESPONSE (PAGES 19 - 32)

Yours sincerely

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Major Adaptations

Anita Marsden, Head of Integrated Care,
Adult Social Care, September 2022

Service Vision

The council is committed to:

- Assisting people who are registered, or eligible for registration as a disabled person, to help them in gaining access to and from, and in and around their dwelling to help them remain in their own home whenever it is practicable to do so
- Improving people's lives by giving people more choice and control in the services they use. Wherever possible, and to ensure that public money is properly spent the council will be seeking to carry out the most cost-effective adaptation to the property which adequately meets an applicant's assessed needs. Usually this means that an adaptation is carried out within the existing structure of a dwelling.

Regulatory guidance – Disabled Facilities Grant (DFG)

Disabled Facilities Grants fall under the Housing Grants, Construction and Regeneration Act 1996 and the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002. The principles of the Act are:

- To ensure that all residents have access to accommodation that enables independent living, privacy and dignity for the individual and their families. This may include offers of alternative accommodation or modifying disabling environments;
- To provide a service that seeks to best meet the needs experienced and identified by the disabled person;
- To ensure that constraints on independent living are not imposed on disabled people by virtue of the construction, layout or design of their homes;
- The process utilises the skills and experience of a wide range of disciplines and includes consultation and choice for the disabled person;
- The appropriateness and acceptability of the adaptation is measured by the extent to which it meets the needs of the individual; and
- To examine all the options available to the individual before embarking on plans to adapt the current property where major adaptations are required

If a resident resides in a council owned property they are also eligible for major adaptations and the process is the same regardless of tenure.

Haringey DFG Policy - Areas of Innovation

As a council we have developed a new DFG policy that gives us more flexibility and improves accessibility to the DFG for our residents in need of adaptations to their home.

This is current and in line with the Regulatory Reform Act 2012 which gave local authorities the ability to be more flexible with how the DFG is provided. We are one of a few councils who have taken this approach.

The key changes we were able to make following the implementation of the policy were:

- ✓ **Removed the financial means testing** for all applicants so provision of adaptations for our residents is based on need.
- ✓ **Removed the mandatory grant ceiling**, which allowed us to provide adaptations that met the assessed level of need without grant restriction, therefore removing the need for people to pay the difference
- ✓ Used the grant funding to facilitate and meet *Better Care Fund* outcomes around prevention, hospital discharge and equipment provision
- ✓ Used the grant to make properties safe and appropriate for residents with complex behavioural need
- ✓ Utilised the money to pay for essential services such as OT assessment

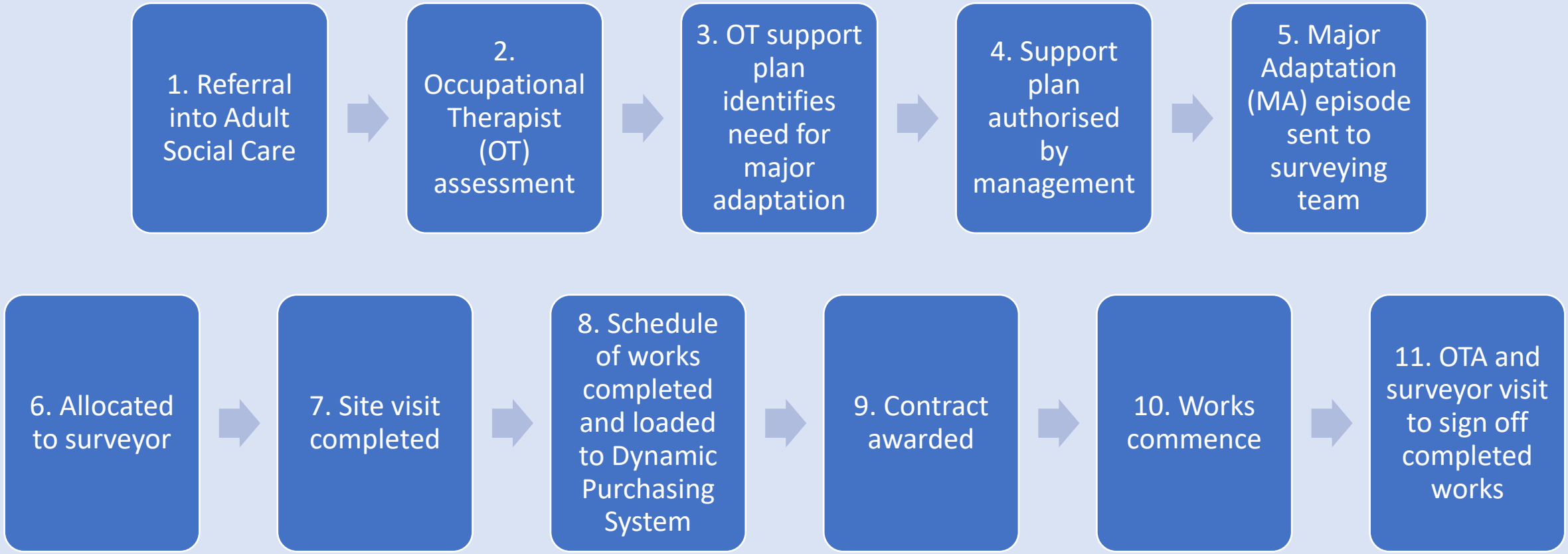
Referrals and Eligibility

- A Disabled Facilities Grant (DFG) is available to pay for alterations to a disabled person's main residence. It is possible for a disabled person to apply for a DFG if they are a tenant, either private or RSL in which case the landlord can also apply for a DFG on the disabled person's behalf. The disabled person must have lived, or be intending to live, in the property in question for at least five years, or for such a shorter period as their health and other relevant circumstances permit.
- It is a requirement that any alterations must be reasonable and practicable, necessary and appropriate.
- An assessment is required by an Occupational Therapist (OT)/ or Trusted Assessor (TA) before an application for a DFG or council adaptation is granted.
- Following the OT/ TA assessment where the outcome is major adaptation, a specification is completed outlining what the resident requires.
- This is then sent to the Surveying Team in ASC to undertake a site visit and complete a schedule of works.
- This is then allocated to one of our approved contractors on the adaptations DPS Framework to complete.

N.B. If a resident resides in a council owned property, they are also eligible for major adaptations and the process described is the same regardless of tenure.

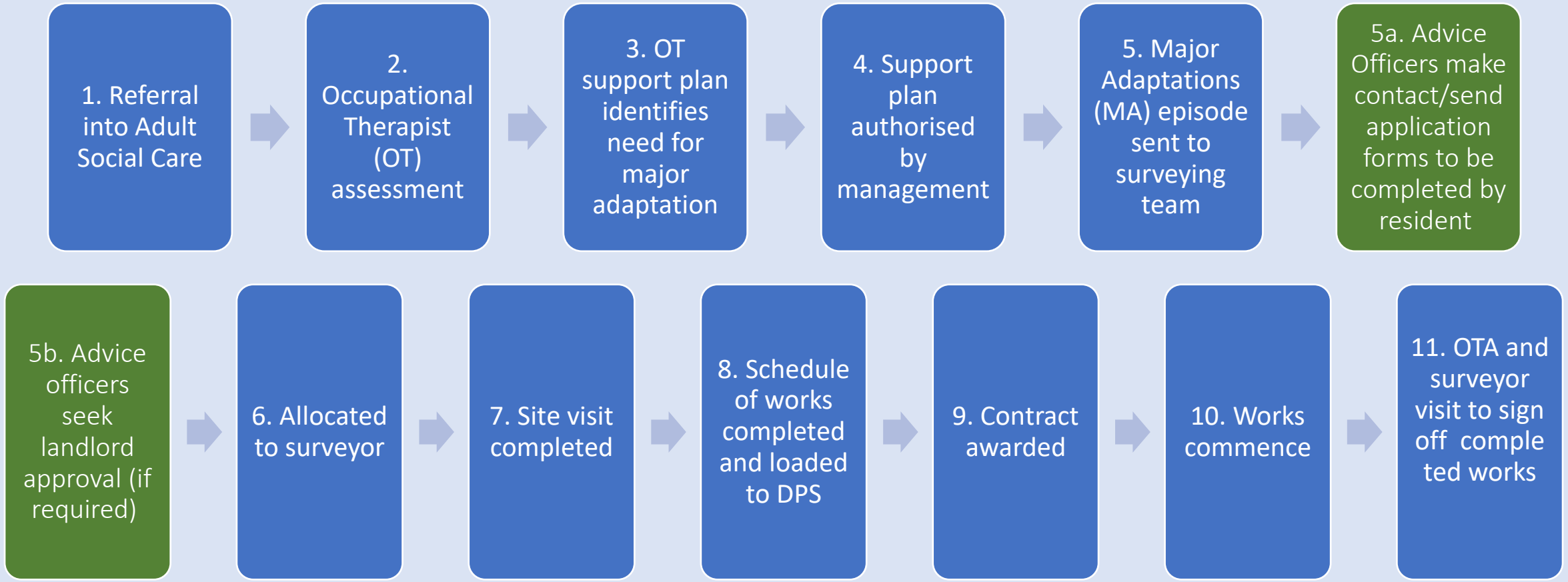
Process – major adaptation in council owned property

The following shows the end-to-end process for a major adaptation (MA)



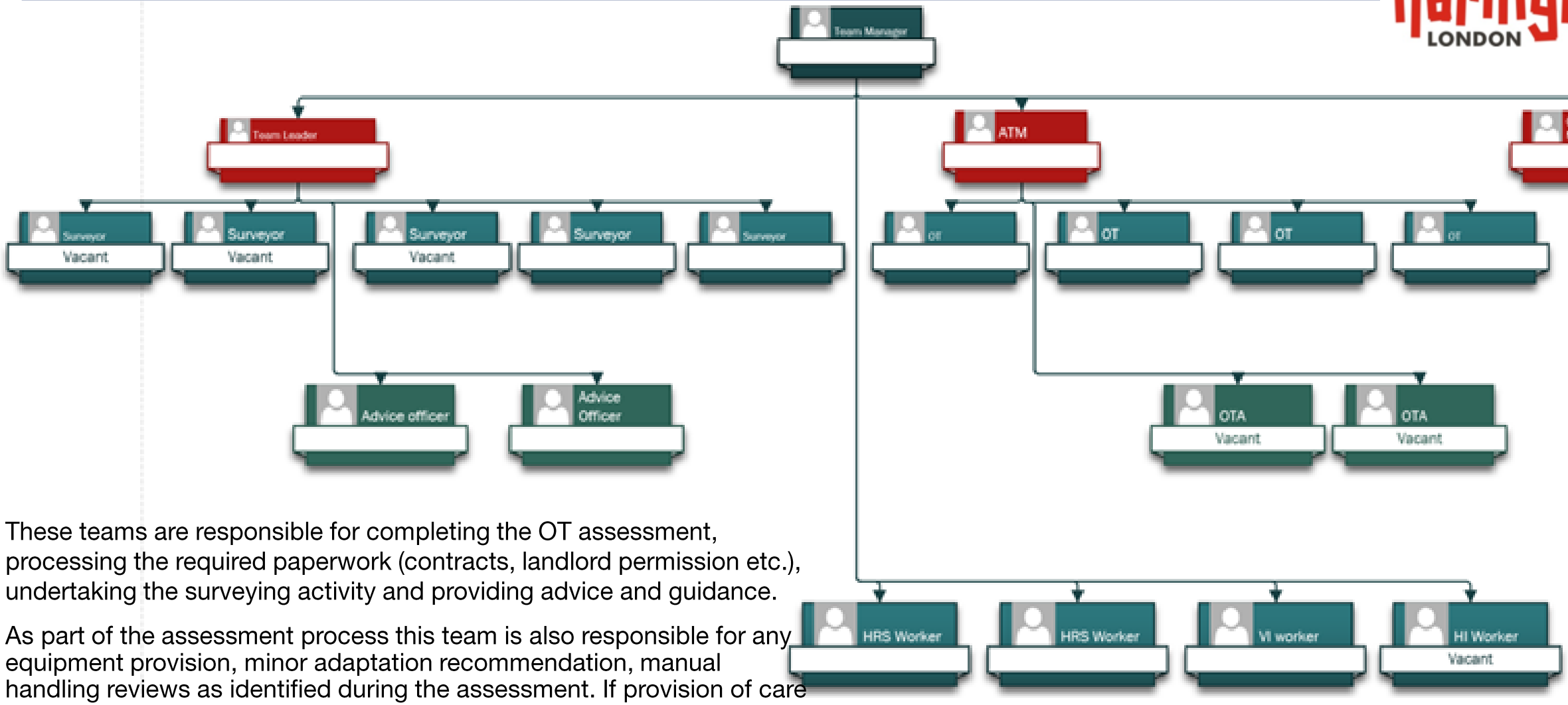
Process – major adaptation using the Disabled Facility Grant (if private tenure or RSL)

The following shows the end-to-end process for a major adaptation being done through the DFG process



The green boxes shows the additional processes for DFG's

Structure Chart (needs to be updated)



These teams are responsible for completing the OT assessment, processing the required paperwork (contracts, landlord permission etc.), undertaking the surveying activity and providing advice and guidance.

As part of the assessment process this team is also responsible for any equipment provision, minor adaptation recommendation, manual handling reviews as identified during the assessment. If provision of care is required, they will also complete the Adults Assessment and Support plan and present cases to Care Authorisation Panel as required.

NB – the council is committed to having staff work in and with communities, and all team functions and locations will be reviewed in due course to align with this

Service Review

Informed by ongoing **Service Review**, and learning points from:

- High profile adaptation cases
- LGO complaints
- Other measures, monitoring and tracking

The current Major Adaptation process can be lengthy and outside the guidance on best practice. We have taken significant steps to improve the end-to-end process for residents and their families by creating a robust **Service Improvement Plan** in response.

Unfortunately, delivery has been impacted by the Covid 19 pandemic, having all major adaptations put on hold for a period in 2020 due to lockdown, and legacy from these events.

It is an essential part of the Councils Recovery and Renewal Plans to deliver improved completion times for adaptations.

In 2020/21 we triggered an **Internal Audit** to identify any procedural issues not picked up through the qualitative information we had collated through other channels. The audit confirmed substantial assurance for the areas they audited but this is very process driven, looking at the formal procedures, for example, approval processes / sign off, and compliance with legislation.

Outside the audit process, we have also identified areas for improvement through our analysis of qualitative information, such as complaints and feedback, and these areas for improvement are outlined in our service improvement plan.

Summary of Service Improvement Work and Approach

Themes

Our service improvement work is grouped around five themes, which reflect issues highlighted through performance management of the service and other routes, including the complaints process:

1. **Delays** - significant delays from the point of initial assessment work to strengthen coordination between teams and liaison with clients required.
2. **Communication issues** – expectations (want vs need) have not been managed effectively and consistency of communication has been an issue. Consequently, the complaints process has been pursued.
3. **Progress tracking and monitoring** – systems for tracking, monitoring and recording the progress of major adaptations needs to be strengthened.
4. **Performance management** – currently performance of internal teams and contractors is not monitored in a systematic way.
5. **Dispute resolution** – de-escalation and improved management of potential complaints will improve the customer experience and communication with clients.

A summary of the themes and progress against the Service Improvement Plan follows.

Primary Challenge - Communication

An overarching issue for the service is communications. This is an area that required a major overhaul within the service. Issues included:

- Level and frequency of communications (through all modes) is inconsistent.
- Clarity and ease of understanding of written communications.
- Clarity about the whole process and how any interim measures/changes/equipment can support people to stay safe while the adaptation is designed and delivered (not as an alternative but as a 'for now' measure).
- Current culture within the team is focussed on the process so this needs to shift with greater ownership of the full journey for residents, understanding what this is like for them, and how we can help to ease that process for them, particularly around ensuring they are kept informed and up-to-date on what is happening with their application.

Changes implemented:

- Letters were reviewed with input from a resident, and have been updated and are in use currently.
- Previous and current service users were invited to share their reflections on their experiences and areas that could be improved. We will continue to seek feedback and engagement from residents to improve the experience for them.
- Monitoring and performance management has been reviewed and updated with system changes to support this.
- All residents who are currently in the adaptation service have been given a named contact for any enquiries and contacted to update them on the progress of the application and the next steps.
- Website reviewed for accuracy.

Changes planned:

- Review resident feedback mechanisms (work planned to initiate this residents).
- Website to be reviewed for resident experience.

Complaints analysis, learning and changes implemented

Theme	Lessons Learned	Implemented	Planned
Delay Management *(i.e. complainant dissatisfied with time taken to progress/ complete adaptation)* Tracking and Monitoring	Early identification of potential delays by staff is key. Communication between teams and with residents on delays needs to be proactive and recorded.	• Interim solutions put in place in terms of monitoring and tracking process 'end to end' for existing applicants. • New workflow implemented for new cases to enable improve tracking and reporting. This will flow into the new IT system when it comes online and is in place now in the current system.	• Currently designing new workflow for Liquid Logic when this replaces the existing system in 2023.
Communication	Covered in previous slide		
Performance *(i.e. complainant dissatisfied with quality of work)*	Several strands – contract management, ensuring works are completed to standards expected and management of issues raised by clients. Each of these areas need to be reviewed when looking at a complaint.	• Implemented the Dynamic Purchasing System (DPS) for tendering, increasing range of contractors – improving timeliness, capacity, and quality. • Payment issues with DPS have been addressed corporately with changes introduced from 1 September 2022. NB now this has been resolved, cases can be completed on the system, making reporting more accurate and useful.	
Dispute Decision *(i.e. disagreed with proposed adaptation)*	Key learning point is the need for teams that have direct contact with clients to discuss and 'problem solve' wherever possible to minimize the proportion of decisions that result in a dispute.	• Introduced a Major Adaptations Panel to discuss complex or high cost adaptations to ensure the decision and reasoning is recorded and shared with family • Residents / representatives are invited to attend the panel if they want to	

Other challenges and changes completed

Challenge	Changes completed
Disruptions due to COVID Lockdown 1 - ceased all major adaptations Mar–Aug 2020 The impact is reducing now but there has been ongoing disruption due to the pandemic, lockdowns, supply chain issues, and the overflow legacy of this (some families do not want people coming into their home)	• Contacted families and individuals to agree if we can now proceed. Reviewed our contact arrangements with them so they are informed and updated at a frequency that works for them.
Workforce Capacity Country-wide shortage of occupational therapists and once recruited they require more specialist training for this area so additional capacity is extremely challenging to source. Shortage is also impacting acute hospitals and community health, particularly around rehabilitation. Surveyor capacity is also a significant concern. We benchmarked rates against neighbouring boroughs and identified we were an outlier.	• Reviewed the process and procedures, to see if there are any functions that can be undertaken by other staff to relieve pressure on specialist staff and free them up for the functions that require a particular skill set • We reviewed the surveyor JD - this resulted in an increase in scale to a PO3 and in line with other local authorities – recruitment in progress. • Workforce planning – placed two Occupational Therapist assistants within the team, and are working with human resources and service development colleagues to scope out a surveyor apprenticeship – this will help build capacity within the team while also providing potential opportunities for Haringey residents into employment
Communications (covered in slide 11)	

Other challenges and changes completed

Challenge	Changes completed
Dynamic Purchase System Currently the back end payments and invoicing processes and links with SAP and accounts payable are not aligned and creating significant challenges and delays when paying contractors	• Resolved and new system introduced from 1 September 2022
Monitoring and Tracking At present Mosaic workflow in Adaptations does not allow the level of granularity required to effectively monitor and track automatically. This has resulted in the use of manual systems.	• The service worked with Mosaic support partners to build the required steps in the workflow. A protocol has been created and implemented • We have review KPI's and adjusted where required. These are aligned with best practice, not minimum required standards, so this will form part of the service review.
Service Capacity All services still managing COVID demands so increasing capacity in one area can impact elsewhere creating competing priorities and / or shifting high numbers of activity / demand into the next step. Added to this the workforce capacity issues mentioned above have created a pressure in the Major Adaptations Service.	• Utilised short-term workforce funding from health to help with capacity, including use of external contractors where possible. • Used the Disabled Facilities Grant to offset costs of increasing the establishment as this is allowed in the legislation. • Undertook more analysis of workflows and demand tracking to assist with planning

Update on performance

Demand and Capacity

Demand / Average Number of referrals per month

- OT referrals: 20-25
- Adaptation Team referrals: 30

Capacity in Teams

OT Team

- 1 Team Manager
- 1 ATM
- 5 OT's
- 2 OTA's

Major Adaptation Team

- 5 Surveyors
- 2 Advice and Assessment Officers
- 1 Team Manager
- 2 OTA's

KPIs and measuring success

- Assessment target is 28 days for Occupational Therapists
- There are limited KPIs available at present for the Major Adaptation team however we are planning for additional tracking and monitoring to be available once Mosaic changes are made and within Liquid Logic
- Currently we are doing some tracking and monitoring manually pending updates to the system and Liquid Logic implementation.

Complaint's End of Year Analysis *(validated year end data – Stage 1 and Stage 2 Complaints)*

Assessments/Major Adaptations - Complaints

The information below relates to complaints received in relation to **Assessments and Major Adaptations** for the **year** 2020/21:

- **Complaints Recorded:** 22
- **Stage 1 Complaints:** 19
- **Stage 2 Complaints:** 3

Of the **complaints** received:

- **Upheld:** 4
- **Not Upheld:** 12
- **Partly Upheld: 6**

The information below relates to complaints received in relation to **Assessments and Major Adaptations** for the **year to date for 2021/22:**

- **Complaints Recorded** *(to date):* **26**
- **Stage 1 Complaints** *(to date):* 24
- **Stage 2 Complaints** *(to date):* 2

- Of the **complaints** received:
- **Upheld:** 5
- **Not Upheld:** 14
- **Partly Upheld: 6**

Current activity by stage

Stage	Number of Assessments or adaptations	
	21/22	22/23
Awaiting Occupational Therapist (OT) assessment	44	66
Currently open and allocated in the OT service	189	174
Transferred to Major Adaptations team and awaiting allocation to a surveyor	232*	70*
Works on site	28	51
Works waiting to start	48	108
Works completed Q1	29	64
Works surveyed and going onto Dynamic Purchasing System (tendering system)	91	431

* While waiting, the assessment will identify any interim measures/changes/equipment that can support people to stay safe while the adaptation is designed and delivered (not as an alternative but as a 'for now' measure). If further information is received and people's needs have changed (increased) we can push their works up the priority list.

The waiting list is triaged based on need not just order of application.

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

September 2022

Communication	Response and next steps (March 22)	Response and next steps (Sept 22)
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.	Since the last update, the Council has recruited a Participation Lead with the aim of developing and improving our engagement and co-production activity with residents, including our communication. Work is also underway to review and refresh significant sections of our website to ensure information is accurate, accessible and abreast of local and national developments. The Council has also invested in our VCS Team, whose role is to work closely with our VCS Strategic Partner, community networks and community groups to share information and communicate key meesages quickly and directly.
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.	Many Council services including Customer Services, Housing Needs, Connected Communities and Adults Social Care have now moved to a hybrid model of operation to account for the need and benefits of both in-person and virtual/telephone provision. This work is part of our broader thinking about accommodation for the Council's workforce, our commitment to Localities and working at neighbourhood level and our growing integration with NHS services through integrated hubs, such as the one in development in Wood Green and community hubs, such as the one in development at the Northumberland Park Resource Centre (NRC).

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.	No change since March update.
4. Digital enablement. It is strongly felt that more work should be done to enable those currently unable to access services digitally.	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 been successful 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	The Digital Inclusion Network is now established, led by the Council's Digital Inclusion Coordinator. The network are working together on a number of projects, including seeking additional funding for new projects and contributing to the Council's digital transformation agenda, which will benefit digitally excluded staff, partners and residents.
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.	No change since March update on default assistance, however the Council's Financial Inclusion Team via our Here to Help campaign have awarded a variety of cashable and other financial supports, to residents in hardship.

Care Assessment and Annual Reviews	**Response and next steps (March 22)**	**Response and next steps (Sept 22)**
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.	No change since March update.

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.	See response to 'Communication 2'
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.	See response to 'Communication 2'
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 been successful 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	See response to 'Communication 4'
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.	No change since March update.
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.	No change since March update.

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.	No change since March update.

Carers and Caring	**Response and next steps (March 22)**	**Response and next steps (Sept 22)**
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.	The Council is currently developing a Food Strategy, which will build on learning from lockdown and the work of our Food Network.
3. Transport for carers. Carers transport pick-ups could be organised.	This was not able to be progressed during the pandemic.	No change since March update.
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.	No change since March update.
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.	No change since March update

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.	No change since March update
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.	No change since March update
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.	No change since March update, day services and other drop-in facilities have now re-opened.
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.	No change since March update
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.	No change since March update
11. Future planning. With a view to planning for a future emergency, data should be provided to detail:	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.	No change since March update

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.	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.	No change since March update

Mental Health and Wellbeing	**Response and next steps**	**Response and next steps (Sept 22)**
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.	Bereavement counselling was made available for residents 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.	Bereavement counselling was made widely 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.	A Book of Condolences was created – given the long term nature of the pandemic it has not been possible to arrange a public event to help support closure and healing – 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.	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. Dedicated new resource for drug and alcohol support for people affected by homelessness was implemented in 2021.

		This reduced drug related deaths affecting this population, by more than 40% in the 12 months that followed.
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.	No change since March update
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.	No change since March update
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.	No change since March update
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.	No change since March update

Housing and Sheltered Accommodation	**Response and next steps**	**Response and next steps (Sept 22)**
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.	No change since March update
2. Hand sanitiser should be available throughout buildings.	This was delivered.	No change since March update
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.	The eviction moratorium has now ended and the Housing Demand service continues to prioritise homelessness prevention activity as per the Homelessness Reduction Act and our manifesto commitments. Where people are evicted,

		the Council will continue work in adherence of the Homelessness Code of Guidance when making decisions about priority need, eligibility and use of discretion to people who are vulnerable to Covid-19.
4. Haringey Council should inform the Joint Partnership Board on their plans to: a. prevent and reduce evictions now these are possible again. b. prevent vulnerable people, or people who have learning difficulties, from being evicted.	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.	To be scheduled for November 2022 after the JPB development workshops in October, to include an update on winter measures to address rough sleeping and hidden homelessness. The Council's Closure Order Panel has made significant improvements to exploitation, cuckooing and other forms of ASB that can result in learning disabled and other vulnerable adults being evicted. Suportive interventions, management transfers and other forms of homelessness prevention support are now a key part of this work.
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.	No change since March update

Care Homes	**Response and next steps**	**Response and next steps (Sept 22)**
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.	Support to maintain strong connections with family and friends has now returned to pre-pandemic levels in all but a very few care provisions. Increased digital access brought in during lockdown in many care settings has improved family and friend connections.
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.	Support to maintain strong connections with family and friends has now returned to pre-pandemic levels in all but a very few care provisions. Increased digital access brought in during lockdown in many care settings has improved family and friend connections.

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.	Support to maintain strong connections with family and friends has now returned to pre-pandemic levels in all but a very few care provisions. Increased digital access brought in during lockdown in many care settings has improved family and friend connections.

Parks and Recreation	**Response and next steps**	**Response and next steps (Sept 22)**
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.	No change since March update.
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.	No change since March update.
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.	No change since March update.
4. Keep toilets open. Toilets in parks should be open.	Wherever possible and in line with government guidance, this was the case.	No change since March update.
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.	The Parks and Green Spaces Strategy will be published for consultation this month, we would welcome the active engagement of the Board in this consultation and if it would be helpful to have dedicated session with the JPB on the Strategy this can be arranged.
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.	No change since March update.

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.	No change since March update.
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.	No change since March update.
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.	No change since March update.

Parking	**Response and next steps**	**Response and next steps (Sept 22)**
1. Extra parking for those who need it. Extra parking should be made available for blue badge holders.	As above.	No change since March update.
2. Improved parking information. Communication on parking and disability parking should be improved.	As above.	No change since March update.

Personal Budgets and Assistants

		Response and next steps (Sept 22)
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.	No change since March update.
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.	No change since March update.
3. Add to the key workers list. Personal assistants should be regarded as key workers.	Where this request was made, it was delivered.	No change since March update.

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.	No change since March update.

Food Provision	**Response and next steps**	**Response and next steps (Sept 22)**
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.	The Council is currently developing a Food Strategy, which will build on learning from lockdown, the work of our Food Network and the contributions made here by the JPB.
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.	See above.
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.	No change since March update.
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.	No change since March update.

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***	**Response and next steps (Sept 22)**
1. Universal blood tests. GPs should offer blood tests to those shielding regardless of age.		Domiciliary phlebotomy is available for housebound patients, noting that the category of shielding is not being used at the moment.
2. Consultation protocol. Protocol should be developed to ensure that different GPs and hospitals offer a consistent and appropriate route to care.		Noted

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.		https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/
4. Ensure test availability. The Council/ Clinical Commissioning Group (CCG) should ensure information on local tests is accessible and available.		This information is available via Trusts https://www.whittington.nhs.uk/default.asp?c=17233 https://www.northmid.nhs.uk/blood-tests/
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.		It is unclear what health assessments this refers to
6. GP clinical care review. The Clinical Commissioning Group should review what GPs have provided in terms of clinical care.		The ICB (which has taken over from the CCG) reviews a range of performance indicators: achievement of a range of clinical indicators; CQC ratings for practices; appointments available and complaints. At a local level we also work with Healthwatch, councillors and other 'soft' intelligence to understand access and clinical care.
7. GP home visits. GPs should offer home visits for those who need them.		This is in place – GPs are providing home visits
8. Consult on e-consultations. An ongoing consultation should be arranged with patient groups in regard to e-consolations and phone assessments.		Agreed, this will be an area of work to be taken forward by PPGs.
9. Understand e-consultations. Statistics should be gathered on the success and failure of e-consultations.		Noted, the Council and CCG are working closely together to develop our engagement and co-production activity, which includes understanding more about the way resident want to engage with us and the outcomes of e-consultations and other forms of engagement is part of this.
10. Improve follow-up. Better follow-up on rearranged appointments and screening by both hospitals and GPs should be put in place.		Noted.

11. Free Personal Protective Equipment (PPE) for dental care. Free Personal Protective Equipment should be made available for NHS dental care.		Noted, although not within local control.
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.		Noted
13. Provide recovery information. Pathways to recovery should be set out.		Noted
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.		The category is not being applied but it is true that GPs and the NHS should have a shared list of those who are particularly vulnerable. We do have a new data management system called HealthEIntent which enables sharing of info where appropriate for clinical care (e.g. searches for people with diabetes who have not had their annual check).
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.		We are working towards sharing info on vulnerable population groups
16. Dental paths for non-emergency treatment. A path to advice and treatment should be made clear to those with non-emergency dental needs.		Responsibility of dental providers
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.		At a borough level we plan to continue working with local partners to train volunteers who can support residents with digital access to care. This will include support with devices; advice on connectivity and use of online platforms like e-consult. We are in the process of signing off contracts for this after our initial pilot.

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