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16 September 2025

To: All Members of the Adults & Health Scrutiny Panel

Dear Member,

Adults & Health Scrutiny Panel - Monday, 22nd September, 2025

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:

**6. MINUTES (PAGES 1 - 10)**

Updated version of the Action Tracker for the Panel is provided.

**8. JOINT PARTNERSHIP BOARD (PAGES 11 - 20)**

Additional slides provided to be viewed alongside the review of the Haringey Joint Partnerships Board.

Yours sincerely

Dominic O'Brien,  
Principal Scrutiny Officer

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## Adults & Health Scrutiny Panel – Action Tracker 2025-26

### ACTIONS

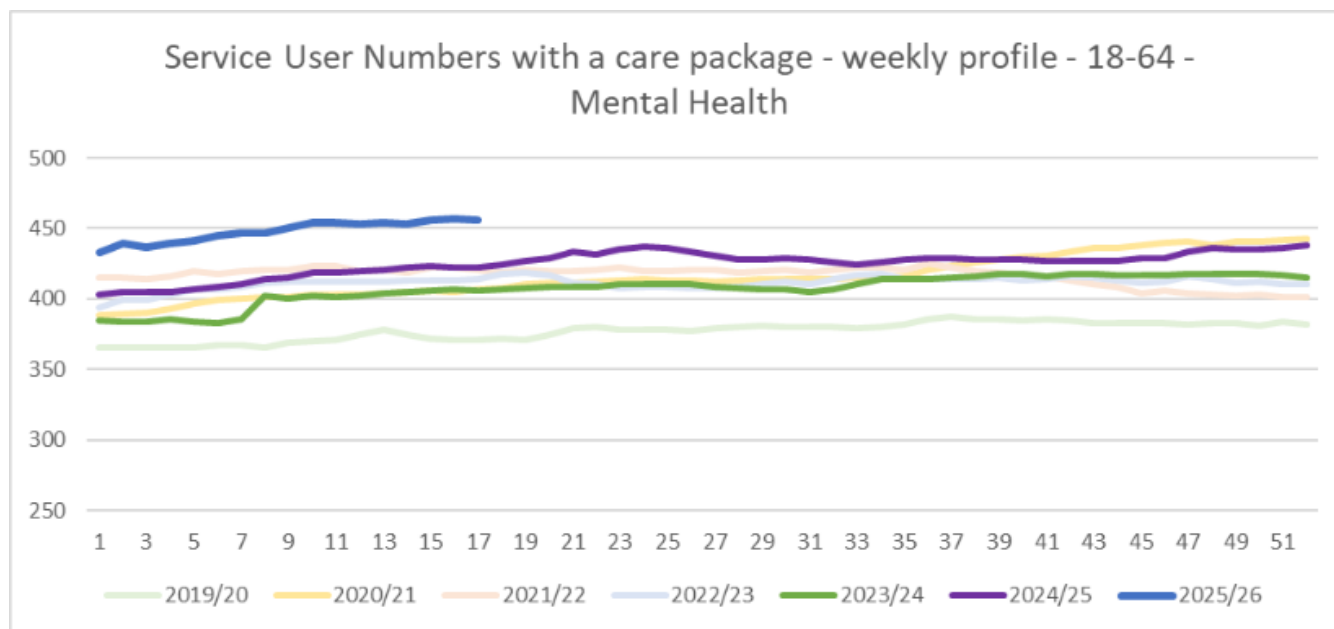
#### MEETING 1 – 30<sup>th</sup> Jun 2025

No.	ITEM	STATUS	ACTION	RESPONSE
6	Work Programme	<b>IN PROGRESS</b>	Details requested on recruitment of co-optees to vacant position on the Scrutiny Panels.	<p>a) A report including the details of the appointment procedure was discussed at the Overview &amp; Scrutiny Committee meeting on 19th June 2025. This is provided as <b>ATTACHMENT A</b>.</p> <p>b) Further details about recruitment process to be provided.</p>
5	Cabinet Member Questions	<b>INTERIM UPDATE ONLY.</b>  <b>FULL REPORT NOT YET PUBLISHED.</b>	Forthcoming ADASS report on Continuing Healthcare to be circulated.	<p><b>ADASS Spring Survey 2025 – Continuing Healthcare (CHC)</b>  <i>(Wider report not yet completed or published)</i>  Findings from the Spring Survey indicate significant pressures on councils linked to Continuing Healthcare (CHC):</p> <ul style="list-style-type: none"> <li>• <b>Tightening eligibility and cost impacts –</b> <ul style="list-style-type: none"> <li>○ 73% of Directors reported increased council overspends due to tighter CHC eligibility.</li> <li>○ Almost half (49%) said fewer new people are qualifying for CHC.</li> <li>○ 75% reported more requests for adult social care from people who previously qualified for CHC but no longer meet the criteria.</li> </ul> </li> <li>• <b>Increased disputes and complexity –</b> <ul style="list-style-type: none"> <li>○ 61% of Directors reported an increase in disputes escalated to local resolution.</li> <li>○ More specialist/complex care home placements are being transferred to councils, often involving self-funders.</li> </ul> </li> </ul>

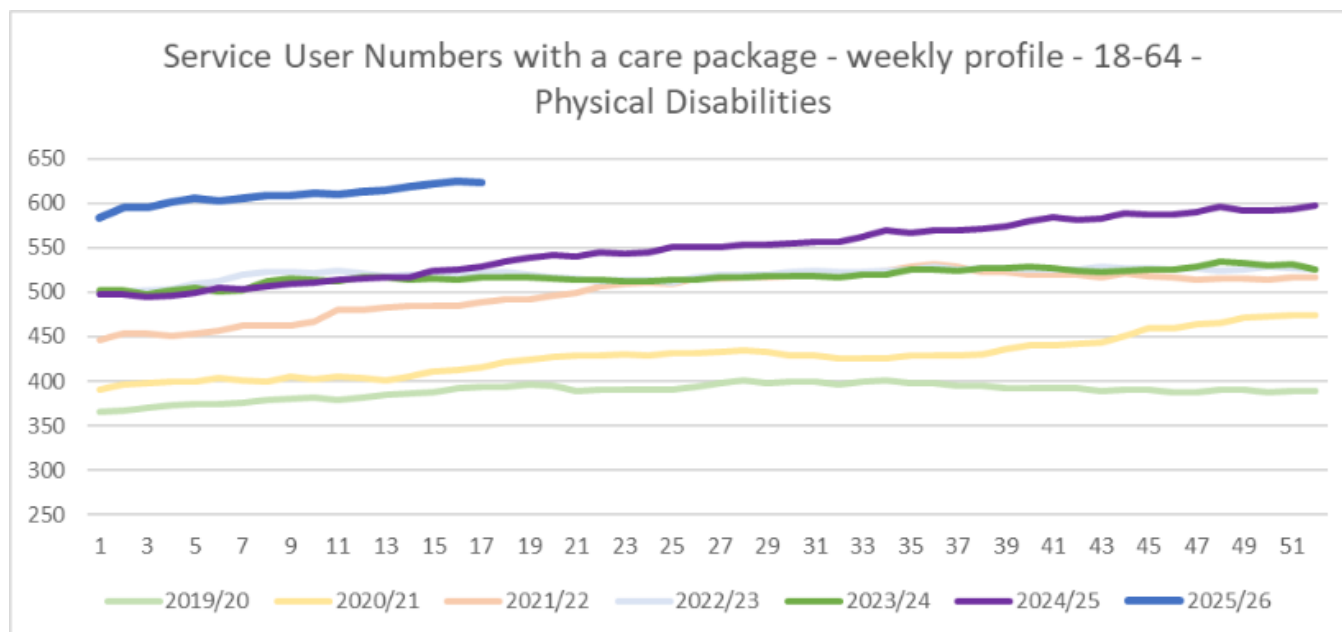
				<ul style="list-style-type: none"> <li>• <b>Shift of responsibilities from NHS to social care –</b> <ul style="list-style-type: none"> <li>○ Nearly three-quarters of Directors have seen an increase in delegated healthcare tasks carried out by social care staff.</li> <li>○ Four in five Directors are concerned that some essential daily healthcare is becoming means-tested for residents.</li> </ul> </li> <li>• <b>Nursing care funding concerns –</b> <ul style="list-style-type: none"> <li>○ Only 10% agree the NHS funded nursing care rate is sufficient to recruit and retain nurses in social care; 76% disagree.</li> <li>○ Just 9% of councils say FNC funding covers the true cost of nurses in care homes.</li> </ul> </li> </ul> <p>These figures highlight the growing financial and operational burden on adult social care as more healthcare responsibilities shift from the NHS to local authorities.</p> <p>Here is the link to the full Spring Survey Report, CHC can be found on pages 30-42.  <a href="https://www.adass.org.uk/wp-content/uploads/2025/07/ADASS-Spring-Survey-Final-15-July-2025.pdf">https://www.adass.org.uk/wp-content/uploads/2025/07/ADASS-Spring-Survey-Final-15-July-2025.pdf</a></p>
4	Q3 Performance	COMPLETE	Canning Crescent - Final costs and projected future income for the project be provided.	<p><b>Response:</b> Currently the project will be delivered within the agreed budget as per the Member Signing report of £6,417,494, as approved in July 2025. Copy of the report: <a href="#">LINK</a></p> <p>The income for this project is currently being finalised due to ongoing rent negotiations. Further updates will be provided in the Autumn.</p>

3	Q3 Finance	<b>COMPLETE</b>	Breakdown to be provided of the number of physical and mental conditions in younger adults with a care package. Context was the recent increase in the number of cases, with particular reference to the 50-64 age group.	<p><b>Response:</b> The increase on younger adults with a care package with both learning disability and mental health issues, relates, in part, to the work the Service undertook to address backlogs and thereafter the spike in numbers requiring support. Further work will be undertaken in August and September to understand other factors which may have impacted the increase.</p> <p>See <b>GRAPH A</b> and <b>GRAPH B</b> below for comparisons with previous years.</p>
2	Adult Carers Strategy 2025-28	<b>COMPLETE</b>	Consideration to be given to including employment opportunities for carers in the KPIs.	<p><b>Response:</b> We can confirm that, following the Adult &amp; Health Scrutiny Panel, this action was progressed and the proportion of working-age carers in employment has now been included as a local KPI under the Financial Resilience and Employment priority. This indicator is expected to show improvement over time, with the Personal Social Services Survey of Adult Carers in England identified as the data source.</p>
1	Terms of Reference	<b>COMPLETE</b>	Remit for Adults & Health Scrutiny Panel to be strengthened to more accurately reflect the role of the Panel in the scrutiny of health services.	<p>Remit and Scrutiny Protocol has been redrafted and was approved by the Overview &amp; Scrutiny Committee on 22<sup>nd</sup> July 2025.</p>

## **GRAPH A**



**GRAPH B**



### Issues to monitor/add to Work Programme

No.	ITEM	STATUS	ACTION	POSSIBLE FUTURE REPORT DATE
	Work Programme (30 <sup>th</sup> June 2025)		Future agenda item proposed: Provision of maternity services in NCL and the impact on Haringey residents.	2025/26 (Any)
	Q3 Performance (30 <sup>th</sup> June 2025)		Request for performance indicators to be linked to Scrutiny Panel remits in future reports.	N/A

	Q3 Finance (30 <sup>th</sup> June 2025)		Request for any future reports to include: <ul style="list-style-type: none"> <li>• Details of number of care packages by cohort.</li> <li>• Details of forecasting conclusions.</li> <li>• Information about how savings impact on residents, for example if an Equality Impact Assessment had been carried out.</li> </ul>	N/A
	Continuing Healthcare (30 <sup>th</sup> June 2025)		Consideration to be given to adding an item on this to the Work Programme.	2025/26 (Any)
	Adult Carers Strategy 2025-28 (30 <sup>th</sup> June 2025)		Suggestion that an item be held approximately 12 months (summer 2026) from the previous item.  It was also suggested that carers involved in the co-production process could be invited to the meeting.	Summer 2026
<b>Carried forward from 2024/25</b>				
	Adult Improvement Board		Summary of key points discussed at the Adult Improvement Board to be circulated to Panel Members.	First update from meeting in May 2025 has been circulated.
	CQC Inspection		Item presented to Panel in March 2025. No date set for follow up report.  Future updates on this issue to include: <ul style="list-style-type: none"> <li>• Reports from Community Catalysts on a) the Joint Partnership Board and b) the Learning Disabilities Carer Forum</li> <li>• Training for managers on the ethos of improved communications.</li> <li>• Progress with the co-production work.</li> <li>• Progress towards the website improvements.</li> <li>• Progress on reducing Care Act assessment delays.</li> <li>• Details on how residents could have easier access to the information about their case, such as through a phone app for example.</li> </ul>	Provisionally scheduled for Dec 2025.



	Aids & Adaptations		<p>Item presented to Panel in March 2025. No date set for follow up report.</p> <p>Future updates on this issue to include:</p> <ul style="list-style-type: none"> <li>• How the described improvements to communications (paragraph 4.6.2 of report) were working in practice.</li> <li>• Further details about the work of the project board and the Commissioning Coproduction group and progress against the Panel's previous recommendations.</li> <li>• Progress on innovative approaches using new technologies including AI.</li> <li>• Accurately capturing the voice of residents in the discussions on their case.</li> <li>• Improvements on contracts and commissioning, including through the Dynamic Purchasing System.</li> <li>• Monitoring and tracking of case progress, the use of the support plan as progress is made and how the resident is included in that process.</li> </ul> <p>Consideration to also be given to the possibility of joint scrutiny work with the Housing, Planning &amp; Development Scrutiny Panel on the relevance of aids and adaptations to the bespoke housing programme.</p>	No date set for follow up report.
	Savings Tracker		<p>Item presented to Panel in December 2024.</p> <p>Panel to monitor:</p> <ul style="list-style-type: none"> <li>• <b>AHC_SAV_013 – Direct Payments</b> – Panel to consider further scrutiny on how information about Direct Payments was being communicated to residents.</li> <li>• <b>AHC_SAV_018 – Grant Review (BCF-S75)</b> – Pressures on both sides and the potential impact on joint commissioning to be noted as an ongoing risk.</li> <li>• <b>AHC_SAV_021 – Supported Living Review</b> – Panel to monitor review and ensure that support levels for clients were being maintained as the savings were being achieved.</li> </ul>	Any finance item

			<ul style="list-style-type: none"> <li><b>New ways of working</b> – Panel to consider receiving more information about this in 2025/26 e.g. Invest-to-save, recruitment/retention, digital transformation, assistive technology, multidisciplinary working around adults, housing and health.</li> </ul>	
	Quality Assurance		<p>Item presented to Panel in December 2024.</p> <p>Panel to monitor:</p> <ul style="list-style-type: none"> <li>- Shortage of care home places in Haringey.</li> <li>- Ongoing pressure on the sector.</li> </ul>	2025/26 (Any)
	Safeguarding Adults Board annual report		<p>Item presented to Panel in September 2024 with next item due in Sep/Dec 2025.</p> <p>Recommendation from the Panel on future reports:</p> <ul style="list-style-type: none"> <li>- progress on subgroup for implementation of SAR recommendations.</li> <li>- details of mechanisms to support practice improvement and safeguarding across the partnership and how changes in practice were impacting on the lives of residents. (Practice &amp; Improvement subgroup)</li> <li>- that clarification be provided on where Violence Against Women &amp; Girls (VAWG) is addressed through the Board and its subgroups.</li> </ul>	Scheduled for Dec 2025
	Smoke-free strategy		<p>Item presented to Panel in September 2024. It was suggested that a further update could be provided in 2025/26 on work in schools on vaping including the local research/seminar, PSHE education and links with mental health teams.</p>	2025/26 (Any)
	Dementia services		<p>Item presented to Panel in September 2024. It was suggested that a further update could be provided in 2025/26, including:</p> <ul style="list-style-type: none"> <li>• progress with dementia-friendly GP practices</li> <li>• number of dementia service users</li> <li>• progress on outreach work and 'centre of excellence' approach (replicating that of the Haynes Centre in the west of the Borough) in the centre and east of the Borough</li> </ul>	Provisionally scheduled for Feb 2026.

			<ul style="list-style-type: none"> <li>progress on the named-person approach where service users/carers have a single point of contact for all details on care plans and other information</li> </ul>	
	Health & Wellbeing Strategy		<p>Item presented to Panel in July 2024. It was suggested that a further update would be appropriate in 12-18 months' time (by Jan 2026)</p> <p>Recommendations for consideration and clarifications requested for the next update were:</p> <ul style="list-style-type: none"> <li>It was noted that social isolation was included under the Improving Mental Wellbeing theme, but it was recommended that this could also be included under Preventative Health theme given the link to dementia and other conditions.</li> <li>There were some challenges acknowledged in how some outcomes could be realistically monitored, such as people accessing green spaces.</li> <li>Further clarification was requested on how the outcomes, monitoring and reporting would fit within the governance structure.</li> <li>Further detail would be required on how health policy would be able to link to and influence the Local Plan in relation to housing policy and what realistic outcomes could be achieved given the complexities in this area.</li> <li>Further detail would be required on how on the future partnership working and community engagement would work in practice.</li> </ul>	Provisionally scheduled for Feb 2026.
	OTHER TOPICS		<p>Other topics arising for consideration as future agenda items included:</p> <ul style="list-style-type: none"> <li>Gambling harms (and involvement of Safeguarding Adults Board).</li> <li>Weight management initiatives.</li> <li>Self-neglect and hoarding</li> </ul>	

			<ul style="list-style-type: none"><li>• Promotion of leisure services to improve health and wellbeing. (Joint with Culture, Community Safety &amp; Environment Scrutiny Panel)</li></ul>	
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# Joint Partnership Board Review

22nd September 2025

Adults and Health Scrutiny Panel



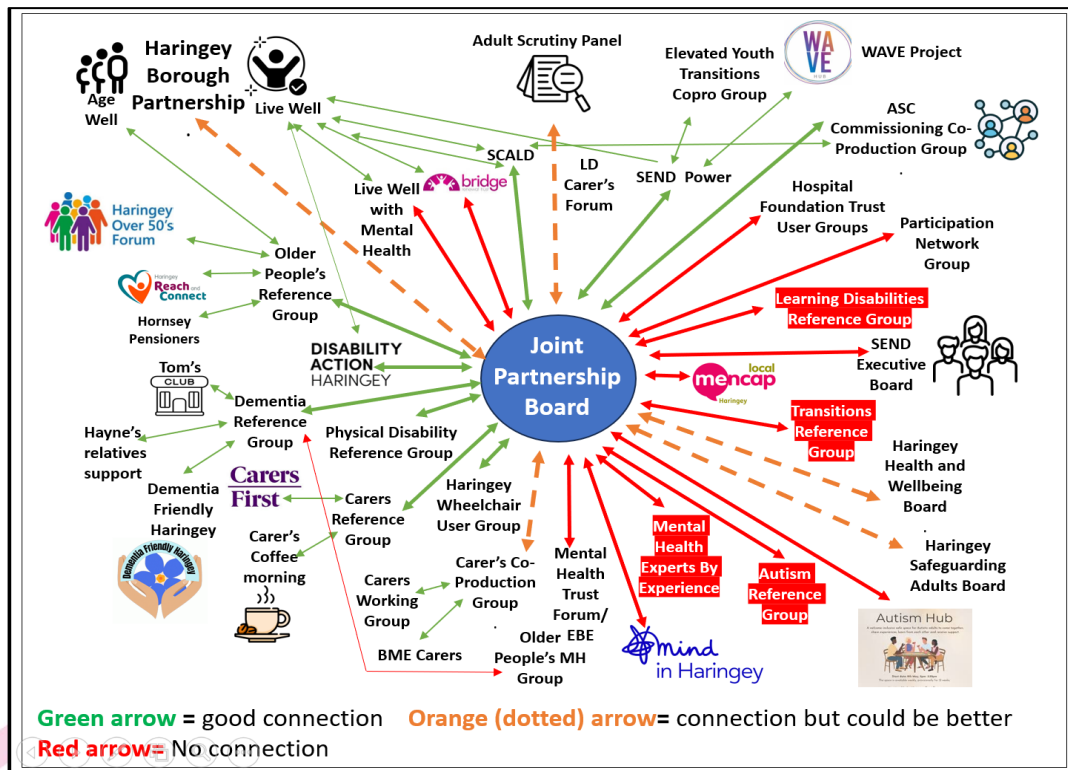
# Project Aim:

The aim of the project was to work with Joint Partnership Board (JPB) members and key stakeholders to clarify the role and remit of the JPB in facilitating and enabling coproduction on matters that impact people who draw on care and support, so it is effective in *“Ensuring all people who have care and support needs in Haringey are heard and are able to contribute meaningfully as equal partners on areas that impact/ affect them.”*

The key deliverables were to agree:

- a collective view on the vision, scope, and remit of the JPB in relation to issues that impact / affect people who draw on care and support.
- a codesigned and agreed list of priority recommendations to ensure the effective functioning of the JPB in supporting delivery of ASC, Live Well and Age Well priorities.
- A detailed action plan to implement the agreed recommendations.

# Insights



Accessibility  
Governance  
Gaps Support  
Remit Quality Priorities  
Structure Purpose Role  
Inclusion Impact  
Relevance Influence Funding  
Representation  
Authority





## Vision:

Everyone agrees that the JPB has an important role in facilitating coproduction so that discussions on current and future provision are centred on the experiences of local people who draw on support

- better policy making and decisions that improve people`s experiences and ensure services are responsive to people`s needs



# Priorities for action:

1. **Improve and embed coproduction principles and approaches** so the JPB is effective in influencing current and future service design and delivery to improve Haringey residents experience of social care and to ensure services are responsive to peoples needs.
2. **Governance and accountability** – reset the JPB so it has clarity of purpose and the appropriate levels of authority to be effective with clear decision-making authority and reporting lines within Haringey's governance structure.
3. **Improve functioning of JPB** with the right structure, roles, processes, resources and funding to enable it to be effective.
4. **Inclusion and wider community reach**
  - Amplify voices and representation from people with learning disabilities and mental health conditions as these were highlighted as underrepresented at present.
  - Ensure JPB is representative of the Haringey community – reach out to marginalised groups.
  - Ensure meeting formats and materials are accessible to optimise inclusion



**Increased impact**



# Action Plan

- **Immediate focus (0-6 months):** Quick wins in governance, resetting role, remit, leadership and effective running of meetings including improvement in accessibility.
- **Medium-term goals (6-12 months):** Strengthened partnerships. Improved ways of working aligned to coproduction principles. Sustainable funding secured.
- **Long-term impact (12+ months):** Formalised decision-making authority and governance structures. Political engagement. Stronger and wider representation and influence. Increased impact – on service quality and seeing gains from coproduction.





# Conclusion

If resourced and supported by the Council and NHS leadership, there is an opportunity through these proposed actions, to build on the foundations already in place to develop a stronger role and function for the JPB.

# Work undertaken to date

- Set up a Task and Finish Group to work through the actions outlined in the JPB review report.
- Reviewed the JPB and Reference Groups Terms of Reference.
- Reviewed the 2022 Scrutiny Paper on Co-production to ensure this review includes the actions from the report.
- Working with the Council and the ICB to have named leads for each reference group and clear lines of governance.
- Reviewed and updated role descriptions for the JPB and Reference Group Chairs.
- Interim JPB chair has been appointed and advert to recruit a permanent chair closes 26 Sep, interviews to take place in October.
- Remuneration for JPB and Reference Group Chairs agreed.
- Reviewed and updated Principles of Participation.

# Next steps

- Recruitment process for the permanent JPB Chair.
- Theory of change session with JPB members to focus the JPB and the Reference Groups to focus on outcomes.
- We have carried out an audit of each reference group and mapped links and will run a session to discuss intersectionality across the reference groups.
- Improving the attendance and outreach of our reference groups.
- Improving our social media presence: Website, QR code, Whats app for groups.
- Co-production training session for new members to the reference groups.
- Incorporating actions and issues raised by the reference groups into an annual plan with clear priorities and SMART objectives aligned with Age Well and Live Well priorities.
- Improving the efficiency and accessibility of minutes through use of AI.

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