

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY 15th SEPTEMBER 2022, 6.30-9:10pm

PRESENT:

Councillors: Pippa Connor (Chair), Cathy Brennan, Yannis Gourtsoyannis, Thayahlan Iyngkaran and Sheila Peacock

Co-optees: Ali Amasyali & Helena Kania.

13. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

14. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Anna Abela and Cllr Felicia Opoku.

Cllr Abela had informed the Panel Chair that she was unable to attend due to a clash with a Corporate Committee meeting of which she was also a member.

15. ITEMS OF URGENT BUSINESS

None.

16. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

17. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

18. MINUTES

Cllr Connor referred to the action points from the previous meeting and requested that quarterly finance and performance briefings be set up for the data from Q2 of 2022/23 onwards. **(ACTION)**

In response to a query from Cllr Connor about the responses to the Panel's Scrutiny Reviews on co-production and on sheltered housing, Dominic O'Brien, Scrutiny Officer, said that these were expected to be on the agenda of the Cabinet meeting in November 2022.

Cllr Connor welcomed the written response that the Panel had received in response to concerns about people with high needs being placed in sheltered housing schemes alongside older residents. She requested that further information be provided about what care the residents with high needs were receiving within sheltered housing. **(ACTION)**

With regards to the written update that the Panel had received about Canning Crescent, Cllr Connor asked if there were any complications relating to the work to establish a lease between the Council and Barnet, Enfield & Haringey Mental Health Trust. Gill Taylor, Assistant Director for Communities and Housing Support, confirmed that this work was a normal part of the process and that this was progressing well.

With regards to the written update about legal issues with Hospital Trusts over people with no recourse to public funds, Cllr Connor asked for clarification on the point that the only way to collate the data was to contact each local hospital separately. Gill Taylor confirmed that this was a live process with requests made. It was agreed that a further update would be provided to the Panel when this work had been completed. **(ACTION)**

With regards to the written update about inclusion health groups, Cllr Connor asked whether the recent Inclusion Health Needs Assessment conducted by NCL boroughs would be published. Gill Taylor said that it hadn't yet been published but that she would check with NCL colleagues whether there were any plans to do so and report back to the Panel. **(ACTION)**

Cllr Peacock noted that the minutes referred to the aim to put in place a new LGBT IDVA (Independent Domestic Violence Advocate) in the Borough. Gill Taylor confirmed that this was going ahead and that this post would be delivered through a specialist community organisation.

The minutes of the previous meeting were approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 21st July 2022 be approved as an accurate record.

19. AIDS AND ADAPTATIONS

Cllr Connor introduced this item and welcomed a number of local residents who had joined the meeting to explain some of the issues that they had experienced in getting aids and adaptations installed in their homes.

A couple spoke about the difficulties that they had in getting the right adaptations for their son who has disabilities. They explained that they had made two complaints against the Council to the Local Government and Social Care Ombudsman which had been determined in their favour. The first was on home adaptations and they stated that the main problems were that they were encouraged not to have all the adaptations that were needed, they felt that they had experienced hostility from staff members and that there had been poor communications and delays to the adaptations which had still not been fully completed. In particular, there had been concern about delays to arranging replacement sides to their son's bed as this represented a serious safety issue. Despite this, there did not appear to be provision within the system to prioritise actions that had urgent safety implications or any recognition of the seriousness of the need for such equipment.

The family had been housed with a specialist housing association by the Council and there had recently been an issue with a flooded toilet. They said that, despite contacting the housing association, the flooding continued for nearly a week until they eventually hired their own plumber at a substantial expense.

Another resident with significant long-term mobility issues following an operation, spoke about her experience of needing a ramp to be installed at her home and adaptations to a toilet. She said that a visit had taken place to take measurements for this but then there was no further contact for a significant period of time. A contractor then made changes to the bathroom but the standard of the work was so poor that she contacted the Council the same day asking them to inspect the work. However, this was not done. The toilet later started leaking with the water pouring downstairs requiring an emergency call-out. The ramp had been significantly delayed meaning that she had not been able to use her back garden for four years. She felt that lack of communication had been a problem in her case that required significant improvement in the service.

A resident who acted as a carer to a family member spoke to the Panel about their difficulties. They had experienced problems in obtaining a wheelchair after applying months previously and had experienced delays and poor communications which had led to the submission of a formal complaint. She added that the district nurses had been very helpful and had explained the assessment process clearly but, after the application had been made and measurements had been taken for the wheelchair, they did not hear anything further for months. She felt that the lack of a clear process and the lack of communications made this a difficult service for residents to use.

Beverley Tarka, Director for Adults, clarified that wheelchair assessment fell under the remit of Whittington Health NHS Trust.

Another resident who had experienced problems with aids and adaptations said that he felt there was often a lack of understanding from the Council about why aids and adaptations were needed. He said that after his hoist had broken, which he needed to stand up and move around, he was told he could stay in bed which was not an acceptable response. Contacting the Council could involve being kept on hold for long periods of time. He suggested that the Council should carry out cold calling. Decisions on aids and adaptations were made by a Panel but he said that no one from the Panel had visited him to understand his needs and he suggested that decisions were made on a financial basis. He also observed that some staff had “interim” in their job title meaning that they could leave at any time. Vicky Murphy welcomed the suggestion on cold calling and said that she would review the telephone waiting times and whether additional resource was required. **(ACTION)** She added that she held an interim position but was absolutely committed to her job and to residents. Beverley Tarka added that there was now an offer in place to allow service user representation to take place at the assessment panel. Cllr das Neves commented that this change had been a direct result of feedback received and added that there was further work to do, including on how the Council communicates with residents.

Vicky Murphy, Assistant Director for Adults, told the Panel that an improvement plan had been put in place. It had been recognised that the disruptions caused by the Covid-19 pandemic had led to longer delays in the process. The number of people awaiting Occupational Therapy (OT) assessment had increased to 66 in 2022/23 compared with 44 the year before. Only 70 had been transferred to the Major Adaptations team and waiting awaiting allocation to a surveyor compared to 232 the year before so processes had put in place to move cases through the system more quickly. Works on site and works waiting to start had increased substantially and work surveyed and going onto the tendering system had increased to 431 from 91 the previous year. Increases to OT staffing levels had been made but there was a national shortage in this area.

In relation to the specific concerns raised by residents, Vicky Murphy noted that there appeared to be an issue about the reviewing of work which was a step in the process so she said that she would like to review why that hadn't happened in addition to the issues around communications, and to feedback on this. **(ACTION)**

Vicky Murphy and Beverley Tarka, Director for Adults, then responded to questions from Panel Members

- Asked by Helena Kania how residents could contact staff out of hours, Vicky Murphy explained that the main contact would be through the housing provider's emergency number for repair issues. The out of hours social work

team could be contacted for care issues, the number for which was provided on the Council website.

- Asked by Helena Kania whether residents each had a named staff member allocated to them for their case for continuity, Vicky Murphy confirmed that when a referral was registered on the system there was an allocated worker, though this could change over the different steps of process. One of the residents said that this had not happened in their case.
- Cllr Brennan asked about the staff shortages and whether the surveyors were in-house. Vicky Murphy and Beverley Tarka explained that there were five in-house surveyors in the Major Adaptations Team but that some work was outsourced as well. Beverley Tarka agreed that there were workforce challenges and that they had recruited through apprentice positions to invest in training in this area. Cllr das Neves emphasised a focus on building up the Council's own team but that it also made sense to bring in external resource to help deal with the backlog of work in the meantime.
- Asked by Cllr Brennan whether the delays could be mainly attributed to the pandemic, Beverley Tarka acknowledged that there had been historic issues of delays and challenges along the whole pathway for adaptations, but these issues around supply and workforce had been exacerbated by the pandemic.
- Cllr Iyngkaran asked about the communication issues and about whether there was a culture within the Council on this issue that needed addressing. Beverley Tarka acknowledged that there was work to be done and that the corporate management had a focus on changing the culture of the customer service offer and bringing a strong values base to how the Council interacts with all residents. She added that the challenges in this particular area had been highlighted and that this could lead to frustrations so there was work to be done on this.
- Cllr Gourtsoyannis observed that the Council's perceived lack of transparency on decision-making was a theme that had emerged. One of the residents added that there was no way for residents to know what the performance management markers were. She also expressed concerns about the 11-stage process outlined on the slides and the possibility of residents falling through the gaps and not knowing who to escalate things to when there were delays. Vicky Murphy said that further explanation about the process, including timeframes, could be added to this and shared publicly. **(ACTION)** She added that their electronic system was being changed next year which would help to improve the process.
- Cllr Gourtsoyannis noted that the Covid-19 pandemic was often blamed for delays and other issues although some problems were pre-existing. He expressed concern that the current inflation crisis could end up being attributed to ongoing issues in a similar way. Cllr das Neves agreed that it would be wrong to just blame the pandemic for the problems in this area but reiterated that it was also evident that a lot of actions had not been possible due to the

pandemic. A lot of additional funding had recently been put into adult social care in recognition not just of the inflation issue but also increased levels of demand. She also commented that adult social care was in crisis nationally with inadequate levels of funding.

- Cllr Peacock said that she received a lot of complaints about the difficulties of getting through to adult social care services over the phone and being kept on hold for a long time and that as a ward Councillor it was also difficult to get a quick response after referring cases or to get someone to check that work had been carried out correctly. Vicky Murphy reiterated that she would review the cases where issues with communications problems had been reported. She also committed to review Stage 11 of the process which required the Occupational Therapist and surveyor to visit to sign off completed works. **(ACTION)** Cllr das Neves suggested that information about incidences of where things had gone wrong could be collated to establish whether there were any common themes. **(ACTION)**

Following the discussion, the Panel made the following recommendations (ACTION):

- **When the initial assessment is made by the Occupational Therapist, the resident/family requiring the aid/adaptation should remain part of the process around the procurement of the aid/adaptation and be actively involved in any changes or updates to the agreed provision.**
- **An advocate should be offered by the Council (rather than only when specifically requested) to help with the initial discussion and remain part of the process to provide support to the resident where required. An advocate should also be made available where required when a resident was attending a meeting of an assessment Panel.**
- **Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.**
- **There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.**
- **A named person and contact details should be provided to the resident/family and kept up to date during the process.**
- **Suggestions made by the resident/family should be recorded on the case file and treated in the same way as those from professional staff as the resident/family are experts in their own case and situation.**
- **A record should be kept by the Council of all delays and the timescales agreed with the resident/family. Where the agreed timescales are exceeded, there should be an alert triggered so that the resident/family can be appropriately updated on progress with expectations set and urgent issues to be prioritised.**
- **The Commissioning team should look at widening provider choices for aids and adaptations to provide alternative options when delays or other problems occur.**

20. FINANCE & PERFORMANCE UPDATE

Sean Huang, Business Partner, and Josephine Lyseight, Head of Finance (People), provided the Panel with a finance update with data from Quarter 1 of 2022/23. Adults and Health was forecast to spend £121.7m against a budget of £112.4m representing an adverse variance of £9.3m at Q1. Around £7.9m of this adverse variance was attributed to adult social care with the remainder to housing demand, mainly due to a loss of temporary accommodation units. The breakdown of adverse variance in adult social care was:

- Older People - £2.701m
- Learning Difficulties - £3.195m
- Mental Health - £2.347m

Sean Huang explained that the main driver for this had been a substantial increase in demand including new high complexity clients coming into the system. The residual impact of Covid included worsening health conditions and frailty leading to greater demand and complexity. There was a risk around hospital discharge with an increase in the number of clients along with inflationary pressures.

In addition, there had been some slippage in savings delivery, although £4.8m of the £5.3m required savings were on target to be delivered. The areas that were not being achieved were mainly stretch targets that were projected to slip into future years due to demand pressures. However, there had been a one-off £1m recovery of aged debt which would contribute towards savings.

He continued that there was a very small overspend in adult commissioning and that public health spending was projected to break even.

Mitigations to address the budget shortfalls included:

- A review into the top 30 high-cost learning disability and top 44 high-cost mental health packages.
- An ongoing integrated care review to identify efficiencies, particularly on transition to long-term care.
- Working with health partners to address hospital discharge funding and identify the correct pathways.

On capital spending there were a projected underspend of around £2.1m against an original budget of £13.2m for the current financial year. This was due to some delays to capital projects and so the funding would be reprofiled into future years.

Gill Taylor, Assistant Director for Communities and Housing Support, Sean Huang and Josephine Lyseight then responded to questions from the Panel:

- Asked by Cllr Iyngkaran why there had been no spending at all on Capital Scheme 218 on Social Emotional & Mental Health Provision, Gill Taylor explained that this funding had been identified to improve services on a bespoke basis. However, the thinking had changed on how to use this funding and so new redefined capital bids in this area were in development.
- Asked by Cllr Iyngkaran about the expected opening of the service at Canning Crescent (Capital Scheme 213), Gill Taylor said that there had been construction delays but that the service was expected to open in October 2022.
- Helena Kania asked for further explanation about the comment in the report about ensuring that hospital discharge was appropriate and via the correct pathway. Beverley Tarka explained that this related to where people were discharged to, whether this be reablement at home or more supported bed-based rehabilitation or a nursing/residential home. During the Covid-19 pandemic, the NHS and the Council had put together a number of step-down facilities to enable the throughput of patient from hospitals and they continued to work together, including on helping people to choose the type of support most appropriate for their needs. Beverley Tarka acknowledged that patients were not always able to access their first choice during the pandemic due to the extreme pressure on hospitals. Vicky Murphy added that they were working hard to ensure that every resident had choice in where they wanted to go but that they were also seeing a significant increase in referrals and there was a high financial cost to some pathways. Cllr das Neves commented that this discussion highlighted the challenges faced by the Council in this area including higher demand for services, workforce issues and people sometimes deconditioning in hospital more than used to be the case. These were also challenges that faced other local authorities across London.
- Cllr Gourtsoyannis requested clarification about the reasons for the Temporary Accommodation overspend set out on page 43 of the agenda pack. Gill Taylor explained that there were huge supply challenges across London with many Boroughs needing to use bed and breakfast accommodation and the overall per unit cost to local authorities rising significantly. The Homelessness Prevention Grant (HPG) of around £8m per year covered a range of initiatives including meeting the gap between rents and the Local Housing Allowance (LHA). However, as that gap widened due to the increased unit costs, the HPG could not cover all of this leading to an overall shortfall. The Government were currently in the process of reviewing the HPG and Haringey, as one of the largest beneficiaries of the HPG, could potentially lose up to 40% of this grant funding.
- Asked by Cllr Connor whether the adverse variance in Q1 would be recovered, Josephine Lyseight said that the outturn figures factored in the mitigations that were already in place, previously agreed savings targets and the pressures faced by the Department so this represented a current forecast of the end of year figures. Sean Huang added that a lot of additional demand was coming through and that this was being seen by many Boroughs across London which were also consequently in overspend positions. Beverley Tarka added that the onus was on officers to identify alternative mitigations in circumstances where

- the current mitigations were not working. Some of the areas where there were thought to be opportunities for this were set out on page 45 of the agenda pack.
- Asked by Cllr Connor about new savings proposals that may be required as a result of the current financial circumstances, Beverley Tarka said that these were already being worked on and that it was thought that some could be put in place in the current year and others in future years. However, it was too early to specify whether additional savings could be achieved in the current year.
 - Asked by Cllr Connor whether more money would need to be added to the budget this year to offset the projected overspend, Beverley Tarka said that the budget was set at the beginning of the year and so additional in-year funding was not expected. However, the growth in demand for services and the complexity of need in the local population could impact on funding requirements for future years. Josephine Lyseight confirmed that expectations would be for the Department to drive down costs in-year as required but added that the pressures faced by Adult Services were a corporate issue for the Council.
 - Cllr Iyngkaran asked whether equivalent Q1 figures for the previous year were available for comparison. Josephine Lyseight said that while these were not at hand at the meeting, these could be provided if required. **(ACTION)**
 - Cllr Brennan expressed concerns that mitigations could result in reductions in services provided for residents but asked whether the intention was for greater use of home care in order both to save money as well as being what some people would prefer. Beverley Tarka responded that, in order for people in such circumstances to remain at home and improve, they would require various interventions in the community but there were currently workforce shortages in various areas such as physios and therapists. It was therefore essential to ensure that people placed at home can be appropriately supported.

21. LIVING THROUGH LOCKDOWN REPORT - COUNCIL/NHS RESPONSE

Gill Taylor introduced the update responding to the recommendations of the Joint Partnership Board's (JPB) Living Through Lockdown report, highlighting some examples including the strengthening of the Council's co-production activity and the recruitment of a Participation Lead, the establishment of a Digital Inclusion Network and the development of a Food Strategy. Helena Kania, also a Co-Chair of the JPB, welcomed the update and said that the JPB members appreciated the opportunity for the recommendations to be monitored by the Scrutiny Panel on an annual basis.

Gill Taylor then responded to questions from the Panel:

- Referring to the section of the update on Housing and Sheltered Accommodation, Cllr Peacock commented that defibrillators should be more widely available in sheltered housing schemes. Gill Taylor agreed to take this query back for a response. **(ACTION)**
- Asked by Cllr Connor about the ongoing restrictions on visitors to care homes, Gill Taylor said that measures still in place were due to some vulnerable

residents shielding on a case-by-case basis rather than blanket bans on visitors. Vicky Murphy added that the number of visitors were restricted in some care homes and that, with winter approaching, measures could be subject to change but the aim was for at least one named person to be able to visit each resident in circumstances where restrictions are necessary.

- Asked by Cllr Connor whether there were figures available on the take up for bereavement counselling specific to those with learning difficulties (Mental Health and Wellbeing section, point number 2), Gill Taylor said that she would provide this data to the Panel. **(ACTION)**
- Cllr Connor queried how the inter-service referrals for mental health patients for extra support (Mental Health and Wellbeing section, point number 6) would be monitored. Gill Taylor responded that the number of referrals wasn't being measured specifically but that the focus was on the new multi-disciplinary locality approach which enabled staff to better connect with local community services.
- Cllr Connor queried whether any personal assistant capacity had been increased by commissioning through Disability Action Haringey (DAH) (Personal Budgets and Assistants section, point number 3). Officers agreed to provide a written response to the Panel on this. **(ACTION)**
- Cllr Connor requested that further information should be provided to the Panel on the success or failure of e-consultations (NHS and Care Services section, point number 9). **(ACTION)**
- Cllr Connor requested that further information should be provided to the Panel on the commitment to share information with the JPB on the strategy and vision for opticians and dentists (NHS and Care Services section, point number 12). **(ACTION)**
- Cllr Iyngkaran asked whether there was any data on the number of toilets kept open in parks and how parks were being kept safer (Park and Recreation section, point numbers 4 & 5). Gill Taylor said that the engagement work with residents and user groups typically provided qualitative data on park safety. Helena Kania expressed concerns about park gates not being locked which led to anti-social behaviour at night. Data on park toilets could be provided to the Panel in writing. **(ACTION)**

Cllr Connor recommended that the next update report on the Living Through Lockdown report included a focus on the new initiatives that the Council were establishing as these were not necessarily obvious from the current report format. **(ACTION)**

The Panel discussed the timescales for the next update report and Cllr Connor suggested that September 2023 would be suitable to enable an annual update, but it was agreed that this could be adjusted if required depending on developments. **(ACTION)**

22. WORK PROGRAMME UPDATE

Providing an update on the Work Programme, Dominic O'Brien, Scrutiny Officer, said that the Scrutiny Café consultation event was due to take place the following day (16th Sep 2022) and that the feedback from this along with suggestions previously received from Panel Members would be used to populate the Panel's work programme for 2022-24. The next Panel meeting on 17th November 2022 would receive updates on the Haringey Safeguarding Adults Board (HSAB) annual report and an overview on CQC inspections. A joint meeting with the Children & Young People's Scrutiny Panel on transitions between children's and adult services was planned for Feb 2023 (date TBC). An update on integrated joint partnership working and co-production had been scheduled for the Panel's March 2023 meeting.

Cllr Connor requested that an update on the safeguarding process for women and children staying in people's homes (such as those recently arriving from Ukraine) be added to the HSAB annual report item at the November 2022 meeting. **(ACTION)**

Cllr Peacock highlighted the provision of dementia services in the Borough as an item that could be added as a future agenda item. Cllr Connor noted that it would be useful to receive a full list of existing dementia services in the Borough as part of this item.

23. DATES OF FUTURE MEETINGS

- 17th November 2022 (6:30pm)
- 8th December 2022 (6:30pm)
- 13th March 2023 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair

Date