

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Thursday, 15th September, 2022, 6.30 pm - Westbury Room -  
George Meehan House, 294 High Road, Wood Green, N22 8JZ**

**(To watch the live meeting click [here](#) or watch the recording [here](#))**

**Members:** Councillors Pippa Connor (Chair), Anna Abela, Cathy Brennan, Yannis Gourtsoyannis, Thayahlan Iyngkaran, Felicia Opoku and Sheila Peacock.

**Co-optees/Non Voting Members:** Helena Kania (Co-Optee) and Ali Amasyali (Co-Optee)

Quorum: 3

### 1. FILMING AT MEETINGS

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### 2. APOLOGIES FOR ABSENCE

### 3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

#### **4. DECLARATIONS OF INTEREST**

A Member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

#### **5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

#### **6. MINUTES (PAGES 1 - 8)**

To approve the minutes of the previous meeting.

#### **7. AIDS AND ADAPTATIONS**

Report to follow.

#### **8. LIVING THROUGH LOCKDOWN REPORT - COUNCIL/NHS RESPONSE (PAGES 9 - 40)**

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

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

#### **9. FINANCE & PERFORMANCE UPDATE (PAGES 41 - 62)**

- To receive an Adults & Health finance update for Quarter 1 of 2022/23.
- To provide an overview on Adult Social Care throughput for each service area.

**10. WORK PROGRAMME UPDATE (PAGES 63 - 64)**

To consider any additions or amendments to the Panel's work programme for 2022/23.

**11. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

**12. DATES OF FUTURE MEETINGS**

- 17<sup>th</sup> November 2022 (6:30pm)
- 8<sup>th</sup> December 2022 (6:30pm)
- 13<sup>th</sup> March 2022 (6:30pm)

Dominic O'Brien, Principal Scrutiny Officer, [dominic.obrien@haringey.gov.uk](mailto:dominic.obrien@haringey.gov.uk)  
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Fiona Alderman  
Head of Legal & Governance (Monitoring Officer)  
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 07 September 2022

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH  
SCRUTINY PANEL HELD ON THURSDAY 21<sup>ST</sup> JULY 2022,  
6:30pm-9:05pm**

**PRESENT:**

**Councillors: Pippa Connor (Chair), Cllr Brennan, Cllr Gourtsoyannis and  
Cllr Peacock**

**53. 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'.

**54. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Anna Abela, Cllr Thayahlan Iyngkaran, Ali Amasyali and Helena Kania.

**55. ITEMS OF URGENT BUSINESS**

None.

**56. 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 and also noted that her sister chaired the Age Well Partnership Board that was referred to in the agenda papers.

**57. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**58. MINUTES**

Cllr Connor noted that some of the actions referred to in the minutes of the previous meeting would be addressed by Cllr Lucia Das Neves, Cabinet Member for Health, Social Care and Well-being as part of the Cabinet Member Questions agenda item, and that any outstanding points would be dealt with via written responses.

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

**RESOLVED – That the minutes of the meeting held on 3<sup>rd</sup> March 2022 be approved as an accurate record.**

**59. TERMS OF REFERENCE AND MEMBERSHIP**

The Panel noted the report which set out the terms of reference and membership for the Overview and Scrutiny Committee and the Scrutiny Panels for 2022/23.

Cllr Connor informed the Panel that while Council policy on Violence Against Women & Girls (VAWG) was within the remit of the Adults & Health Scrutiny Panel, the main Overview & Scrutiny Committee was due to carry out a Scrutiny Review on this topic in 2022/23.

**60. APPOINTMENT OF NON-VOTING CO-OPTED MEMBERS**

The Panel noted the report which was to seek formal approval of non-voting co-opted Members to the Panel for the 2022/23 Municipal Year and approved the appointment of Ali Amasyali and Helena Kania to the Panel.

**RESOLVED – That Ali Amasyali and Helena Kania be appointed to the Adults & Health Scrutiny Panel for the 2022/23 Municipal Year.**

**61. PLACE BASED PARTNERSHIP FOR HEALTH AND CARE**

Will Maimaris, Director for Public Health at Haringey Council, and Rachel Lissauer, Director of Integration for Haringey at North Central London ICB, introduced slides providing an overview of the integration of health and care services in Haringey and how this would fit within the wider Integrated Care System (ICS) for North Central London:

- The Haringey Borough Partnership (HBP), which had been in operation for several years, brought together the Council, NHS organisations and voluntary/community organisations.
- The new North Central London (NCL) Integrated Care System (ICS) brought together partners across Barnet, Camden, Enfield, Haringey and Islington.
- Within the ICS there were other bodies including the NCL Integrated Care Board (ICB) which has the statutory responsibility for allocating the NHS budget and commissioning services, effectively replacing the Clinical Commissioning Group (CCG). The first Board meeting took place on 4<sup>th</sup> July 2022.
- The NCL Health and Care Partnership would be a joint committee with Councils across the five boroughs which would be responsible for strategic planning on health and social care needs.

- A provider collaborative, known as the UCL Health Alliance, would bring together NHS trusts and primary care to work together across NCL to develop more systematic joint working. There would also be place-based partnerships and multidisciplinary working in neighbourhood areas to further development integrated working at local level.

Rachel Lissauer and Will Maimaris then responded to questions from Panel Members:

- Asked by Cllr Gourtsoyannis about the budget available to the ICB, Rachel Lissauer said that the Board had a responsibility to present a balanced budget to NHS England. Whereas under the old system there could often be negotiation between the NHS Trusts and the CCG on where deficits should sit, this was now the collective responsibility of an integrated board. Cllr das Neves added that an important challenge would be around balancing differing priorities across the NCL area.
- Asked by Cllr Connor about the membership of the ICB, Rachel Lissauer said that it had one local authority partner member and did not have a patient representative. She added that the governance structure was for the ICB to be complemented by the NCL Health and Care Partnership which had not been formed yet but would include wider local authority and voluntary/community sector representation. The Community Partnership Forum would also provide engagement opportunities for patient representatives and the voluntary/community sector.
- Asked by Cllr Gourtsoyannis about the process for organisations to gain membership of the Haringey Borough Partnership, Rachel Lissauer said that the voluntary organisations were represented by the Bridge Renewal Trust and that she regularly spoke with networks of voluntary organisations about live issues along with the Chief Executive of the Bridge Renewal Trust.

Further slides were presented with the following key points:

- National government policy was that, by Spring 2023, all 'Places' should adopt a leadership and governance model with a single point of accountability across health and social care. This single accountable person for Haringey had not yet been determined. A shared plan with outcomes should be underpinned by pooled or aligned resources by 2026. Further guidance was expected from the government later in the year, but preparations were being made locally in the meantime.
- The ambitions for Place in the NCL area included reducing health inequalities, embedding prevention and early help into local partnership working and co-designing integrated neighbourhood/place services with residents.
- Functions at Borough level would include statutory responsibilities such as safeguarding and delivery of transformation work as well as publishing a local partnership plan which would include a core set of action and deliverables. The Borough Partnership delivery role would involve bringing together senior

leaders with local delivery responsibility. While there were no specific changes to scrutiny arrangements required, there was a potential opportunity for a more joined up approach to public scrutiny and accountability.

- The Haringey Borough Partnership Executive was co-chaired by Andy Donald, (Chief Executive of Haringey Council) and Helen Brown (Chief Executive of Whittington Health). Beneath this were four partnership boards (Start Well, Live Well, Age Well and Place).

Cllr Gourtsoyannis asked for further details about the expected co-production process. Rachel Lissauer said that a scheme had been developed with HealthWatch which could potentially be adopted by the Borough Partnership. There had also been some good examples of co-production and co-design locally which would be taken in account as well. Cllr das Neves added that she defined co-production as begin where a service is designed for and with residents and where there was a focus on lived experience about what works. While co-production may not necessarily work for every aspect of a service, she felt that there was scope to have lived experience input for many services. This could help to deliver better outcomes for residents and to address objectives such as reducing health inequalities.

Cllr Connor suggested that, while this process was being put together, further information could be shared with the Panel on the principles of co-design and co-production that would be applied through integrated working. Beverley Tarka emphasised that co-design principles needed to be developed with residents. However, details could be shared about what had worked well so far and how the learning on the ways of working in this area had progressed. Cllr Connor added that an understanding of how the process would be developed with residents would also be useful. **(ACTION)**

Cllr Brennan observed that, as a new Councillor, she felt that communication from the Council on services and projects could often be lacking or would focus too heavily on jargon or buzzwords that were often unclear to residents. Cllr das Neves agreed that the Council needed to do more to improve on this, particularly through using more straightforward language, communicating through formats such as digital newsletters and establishing models of co-production that involve clear and easily understood outcomes. Cllr Connor suggested that information about the communications and engagement process for a specific project could be brought to the Panel at the next time that a suitable new project was in development. **(ACTION)**

Cllr Peacock asked about co-optees and resident representation on the partnership boards. Rachel Lissauer said that there was a representative of Haringey Over-50s on the Aging Well partnership board. Cllr Peacock referred to other pensioner groups in the borough that would also be in a position to contribute. Will Maimaris agreed that there could be conversations with other groups about how they might most appropriately contribute through the new governance structures. This wouldn't



necessarily have to involve direct partnership board representation. Rachel Lissauer added that there was a resident and voluntary/community sector group (the Community Health Advisory Board) that meets in parallel to the Health and Wellbeing to discuss the same items on the agenda. Cllr das Neves agreed that it would be worth communicating with voluntary/community groups that are not currently involved in order to understand whether they would be interested in contributing. It was agreed that this should be explored further. **(ACTION)**

Will Maimaris then spoke about efforts to improve population health outcomes at Borough level. There had been challenges regarding this since 2010 and overall life expectancies had been reducing, particularly in the most deprived areas and amongst men. The Covid pandemic had then reduced life expectancies further. The Covid vaccination programme had proved to be successful in systematically working on a population outcome. This approach could now be taken forward through the Borough Partnership in other areas to reduce health inequalities and improve health outcomes. A range of population health measures were used to track these outcomes.

Cllr Gourtsoyannis suggested that further detail on the policies to support these outcomes would be useful. Will Maimaris noted that the framework illustrated in the slide was relatively new but that details on specific policies could be provided to future meetings in any areas that the Panel wished to explore further. Cllr Connor added that it would be important to understand what had changed under the new system compared to the public health approach used in the past and how this was expected to improve outcomes. Will Maimaris said that the NCL outcomes framework itself was new and allowed a more systematic approach to specific health outcomes. Cllr Connor suggested that it would be useful to see the progress with regular updates on the new data, perhaps through the finance and performance briefings, so that specific areas could be scrutinised. **(ACTION)**

Asked by Cllr Brennan about the national requirements for integrated working, Rachel Lissauer said that there were fairly fixed expectations of what had to be done included a balanced budget, an outcomes framework and performance on health quality. What was less fixed was the role of Place and Borough in relation to the integrated care system.

Asked by Cllr Connor about the implications of integrated working for budget scrutiny and how Councillors could fully understand how budgets were being used, Beverley Tarka said that she recognised the challenge and that some of the practical issues were still being worked through so this was all still at an early stage. Rachel Lissauer added that, as the Borough Partnership evolved, it would be possible to consider under which areas joint budgets and oversight would help in better using finite resources. Cllr Connor suggested that this issue should be monitored as arrangements were put into place with further details provided to the Panel when available. **(ACTION)**

The Panel agreed to continue to monitor progress on the implementation of integrated working and noted that the Chair and Scrutiny Officer would liaise with officers over expected timescales for this. **(ACTION)**

## 62. CABINET MEMBER QUESTIONS

Cllr das Neves introduced this item by setting out some identified priorities under her portfolio. These included mental health and wellbeing, migrants/refugees, violence against women and girls (VAWG), health inequalities, locality working in neighbourhoods and integrated working through the Borough Partnership. Other challenges included the impact of Covid, the rising demand for services including more complex needs, aids and adaptations and making the connection between housing and social care.

Cllr das Neves then responded to questions from the Panel.

Cllr Gourtsoyannis raised the issue of refugee health and discrimination in access to services. Cllr das Neves acknowledged that there were challenges, such as in relation to those with no recourse to public funds. She added that the Council was already carrying out work in this area, including in improving access to primary care services and that there was an advisory board which brought together representatives of voluntary sector services working with migrants/refugees in the Borough. The Board had assisted the Council in responding to emerging issues and in improving accessibility to services. Gill Taylor, Assistant Director for Communities and Housing Support, commented that Haringey was considered to be one of the best London Boroughs for supporting refugees with no recourse to public funds and this approach had been supported by Cabinet Members for a number of years. This included access to rent-free beds and wrap-around support. The Council also had a Welcome Strategy on offering support and advice for newly arrived migrants and refugees. There were various active projects including on supporting Ukrainian refugees, Hong Kong migrants and the Afghan relocation scheme.

Asked by Cllr Gourtsoyannis about the Council's role in access to hospital treatment for refugees/migrants and associated issues around how Hospital Trusts interpreted the law in this area, Gill Taylor said that a groups of colleagues from Councils and the CCG in the NCL area meet regularly to discuss inclusion health which covers this topic. This group had so far mainly looked at how to expand capacity to provide support rather than the legal issues. Rachel Lissauer suggested that this group could feed into the Integrated Care Partnership to increase visibility of the issues across NCL. Gill Taylor agreed that she would follow up on the legal questions with Hospital Trusts and the links to the Integrated Care Partnership. **(ACTION)**

Cllr Peacock raised the issue of VAWG and requested an update on the Hearthstone charity noting that it no longer appeared to be present at the shop front on Commerce Road where it had previously been based. Denise Gandy, Assistant Director for Housing Demand, explained that the charity had recently moved from the shop front to the community centre behind this due to social distancing requirements during the Covid-19 pandemic. Hearthstone remained active and was currently looking to extend its outreach offer.

Cllr Peacock also raised the issue of violence against men. Cllr das Neves acknowledged that this was an issue and that rates had recently increased but noted that, as women suffer this type of violence disproportionately, this is where most of the strategic focus was directed. Gill Taylor commented that an LGBT IDVA (Independent Domestic Violence Advocate) was currently being recruited, noting that some of the violence against men was committed by other men. Denise Gandy added that the Hearthstone charity provided a service offer to men. Cllr das Neves noted that more investment had recently been used to support VAWG services including some work with a focus on perpetrators.

Asked about the provision of refuges, Will Maimaris said that while some spaces were provided in-borough, many women would go out of borough in order to get away from their situation. Gill Taylor said that the provision of safe accommodation was being expanded in Haringey, providing more women with the choice to stay in-borough if they wished.

Due to time limitations, Cllr Connor requested that written updates be provided to the Panel on the current situations with Canning Crescent and Osborne Grove. The Panel also requested a written update on the use of former Irish Centre site, Cllr Connor asking about progress on proposals to move the Grace Organisation into the building and Cllr Peacock expressing concerns about possible unauthorised use of the building. **(ACTION)** Cllr das Neves noted that a new digital newsletter had just been produced on Canning Crescent which provided an overview on the latest situation. She added that the site was looking good, though the opening date had been delayed.

Asked by Cllr Connor for an update on the Adults & Health budget and the situation with any savings that were required given the current pressure on services. Cllr das Neves noted that an additional £6m had been invested in the 2022/23 budget and agreed to provide a more detailed response in writing. **(ACTION)**

### **63. WORK PROGRAMME UPDATE**

Providing an update on the Work Programme, Cllr Connor informed the Panel that the 'Scrutiny Café' consultation event would be taking place in September. Feedback from this would help to inform the Panel on possible topics for Scrutiny Reviews in 2022/23 and 2023/24.

The Panel's next meeting would also be in September and would include items on delays to aids and adaptations and an update on the Council/NHS response to the Living Through Lockdown report that had been produced by the Joint Partnership Board.

With regards to new items for future meetings, the Panel indicated that they would like to discuss how provision of dementia services could be increased and that they wanted to see a breakdown of the current provision of services in the west, centre and east of the Borough. Another suggested item was preparedness for a possible future pandemic based on what had been learned from the Covid-19 pandemic. **(ACTION)**

Cllr Connor proposed that a joint meeting with the Children & Young People's Scrutiny Panel could be held in February 2023 on transition between children's and adult services in areas including learning difficulties, autism and mental health. **(ACTION)**

Cllr Connor proposed that the update item on integrated joint partnership working and co-production could be pencilled in for the March 2023 meeting. **(ACTION)**

**64. DATES OF FUTURE MEETINGS**

- 15<sup>th</sup> September 2022 (6:30pm)
- 17<sup>th</sup> November 2022 (6:30pm)
- 8<sup>th</sup> December 2022 (6:30pm)
- 13<sup>th</sup> March 2022 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....



# Living Through Lockdown

Lessons from Haringey's  
most vulnerable service users

August 2020

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# Introduction

This report is a summary of issues and concerns experienced by adult social care service users and carers during the lockdown in Haringey. Suggestions for service improvements are also presented. All points included were raised by the Haringey Joint Partnership Board and its reference groups, between April and August 2020.

During the Covid-19 lockdown, Haringey's pre-existing service user groups (termed reference groups) continued their work, where possible, through a variety of channels including Zoom, phone calls and email exchanges. They shared their experiences of health and social care services in Haringey during this difficult time; raising issues and challenges and making suggestions for improvements.

Feedback from the reference groups is invaluable in terms of hearing directly from Haringey residents about their experiences of health and social care. All feedback has been summarised in this report so local and national decision-makers can use it to inform their Covid-19 strategy and planning going forwards, particularly in terms of making plans for Autumn/Winter 2020.

The report is divided into sections by the themes reported across all the reference groups. It sets out what has worked well, issues and challenges, and suggestions for improvements.

The following reference groups have contributed to this report:

- Autism
- Carers
- Dementia
- Learning Disability
- Mental Health
- Older People
- Physical Disability
- SCALD (Severe and Complex Autism and Learning Disability)
- Transitions

All information within this report was gathered between April and August 2020 through meetings held online and individual feedback over the phone and by email.



## The Joint Partnership Board

The Joint Partnership Board was set up in 2017 to ensure that vulnerable groups in Haringey have a voice in the way NHS services and social care are provided for them. Public Voice, which runs and manages Healthwatch Haringey, was commissioned by Haringey Council to establish and support the running of the Joint Partnership Board and its reference groups.

The Joint Partnership Board consists of nine independent reference groups formed of NHS and social care service users and carers from the wide range of services in Haringey. The reference groups represent the interests of specific user groups, to ensure their voices are heard and their particular needs and aspirations are taken into account. Each reference group covers a specific thematic area: Autism, Learning Disability, Older People, Severe and Complex Autism and Learning Disability, Mental Health, Physical Disability, Dementia, Transitions and Carers. The groups are made up of adult members and focus on the issues of adult social care and public health. The transitions reference group focusses on the process of older children moving from being supported by children's services to adult services.

The Joint Partnership Board is committed to effective partnership working, with an emphasis on empowering service users, carers and other residents as equal partners in meaningfully contributing to, developing and achieving strategic priorities.

### Public Voice

Public Voice is a Community Interest Company which, amongst other projects, delivers Healthwatch Haringey and supports the Joint Partnership Board. The mission of Public Voice is to improve neighbourhoods, the lives of the people who live in them, and the public services they use. This is achieved through community engagement, individual user engagement and community intervention, collecting the combined voices of citizens, gathering evidence and ultimately taking action to bring about positive change, now and in the future.

As the lockdown carries on and evolves, Public Voice will continue to support the Joint Partnership Board and its reference groups, cataloging concerns and gathering additional feedback and suggestions for service improvements. We will share this report with our wide range of stakeholders and partners including Healthwatch England.

# Executive Summary

The Covid-19 pandemic, and the unprecedented national lockdown, was an enormous challenge for health and social care providers as well as service users in Haringey.

Although many concerns were raised and the pandemic created a great deal of anxiety for Haringey's reference groups, some changes and action taken in response were seen as highly positive.

Some concerns and positive occurrences were expressed across all reference groups.

## What has worked well

- **Community spirit and volunteers.** Both were highly praised by reference group members.
- **Connected Communities.** A programme established in 2018 by Haringey Council to improve access to council and voluntary services. During the lockdown, Connected Communities helped residents access essential items including food and other support they needed.
- **Mutual aid groups.** Formed during lockdown at the neighbourhood level and building strong links with statutory and Voluntary and Community Sector services and vice versa. These groups provided a wide range of support for others in their community - for example checking on neighbours and shopping on behalf of others. The mutual aid groups were praised and appreciated.
- **Telephone support.** Reference group members appreciated having someone to speak to on the phone when calling Haringey Council. Phone calls made from the Council, Clinical Commissioning Group (CCG) and other organisations to check on carers were well received. A telephone befriending service set up by Public Voice's Reach

and Connect service, was also seen as an important and successful method of tackling isolation.

## Concerns and points raised

- **Information and communication.** Information about Covid-19 risks and service availability should be better communicated to residents, especially considering language barriers and disabilities.
- **Digital inclusion.** Digital exclusion is commonplace amongst vulnerable groups and therefore digital access (internet and email) cannot be relied on either as a means of communication or of accessing help and support.
- **Digital enablement.** A common concern was that there was not enough support for service users to access digital services where there was a will to do so with support.
- **Virtual services.** Over the phone and online appointments should not replace face-to-face appointments as it does not work for everyone. However, a combination of both could work. Language barriers and disabilities should also be taken into consideration.
- **Provision for people with disabilities.** New and evolving provision should consider the needs and requirements of all service users.
- **Sustainability, community, volunteers and mutual aid groups.** There are fears that the capacity of the Voluntary and Community Sector and mutual aid groups which has supplemented the statutory services during the lockdown may be short-lived when normality returns. Without serious work to retain this capacity, it is feared that big gaps will emerge in essential support for vulnerable people.
- **Undetected vulnerable people.** It was felt that many vulnerable people would be unknown to the Council and NHS, or may have been waiting for diagnosis at the start of lockdown. These people may not have received support they needed.

## Proposals and suggestions

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.
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.

It was repeatedly commented on that, where possible and appropriate, digital service access should be offered alongside traditional face-to-face provision.

**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.

**4. Digital enablement.** It is strongly felt that more work should be done to enable those currently unable to access services digitally.

**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.

# Care Assessments and Annual Reviews

## Care Assessments

ensure appropriate support is provided to service users and Carers.

Annual reviews are an opportunity to discuss what is working, what isn't working and what might need to change within a service user or carer support plan.

Assessments form a vital part of care provision.

## What has worked well

- **Remote annual reviews.** Some annual reviews had been conducted over the phone or via video call and some of those who had experienced this were happy with the process.
- **Remote appointments.** Over the phone and online video calls were seen as a positive outcome by some, particularly those with physical disabilities and parents of young people with learning disabilities and/or autism. They found these forms of virtual assessments removed the stress and anxiety involved in traveling to different venues for assessments. Service users reported feeling more relaxed in the comfort of their own home.

## Concerns and points raised

- **Assessments and annual reviews.** At the beginning of the lockdown service users and carers wondered if annual reviews and care assessments would continue and, if so, in what format they would be carried out. Concerns existed that delayed care assessments would create problems including a lack of care, backlog of cases and further delays.
- **Care Act easements.** The Coronavirus Act 2020 was met with considerable concern. As the new Act allows Local Authority's to disregard the Care Act without incurring any penalty and as such the new Act was seen as a backwards step.

In particular, it was felt that it would result in the timescale for assessments being extended and support plans already in place not being met.

- **Transitioning uncertainty.** As many health professionals involved were drafted into the frontline fight against Covid-19. Parents of those moving from children's services to adult services care were worried and did not know whether the move to adult service care had stopped or been paused.

## Proposals and suggestions

- 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.
- 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.
- 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.
- 4. Support for use of technology.** Support workers need to help individuals access and use digital technology confidently.
- 5. Universal contact.** Haringey Council should ensure they contact all those with learning difficulties living dependently.
- 6. Communicating changes.** Any future or ongoing easement of the Care Act to be fully explained to the wider community.
- 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.

# Carers and Caring

Carers play a vital role in supporting vulnerable service users. They are often family members, working unpaid around the clock to provide care for loved ones. During lockdown, carers have been under an enormous amount of physical and emotional stress as many day centres and supported living accommodation venues were closed, this led to an increase in the amount of care they were required to provide.

## What has worked well

- **Digital peer support.** Some carers become familiar with meeting online and using WhatsApp groups to support each other.
- **Calls to carers.** Calls made from the Council and other organisations to carers were much appreciated.
- **Letters to carers.** Letters sent to carers from the Council at the start of the pandemic were also well received.
- **Closer family contact.** People with dementia have benefited from closer family contact.
- **Quieter environments.** For some, the lockdown created a quieter environment, greater routine and reduced levels of anxiety. For those with dementia in particular, this led to some reports of people sleeping better.
- **Mutual aid groups.** Many carers appreciated the extra voluntary support provided by community members.

## Concerns and points raised

- **Carers' ages.** Many carers in Haringey are over the age of 60 and many are also classed by the government as vulnerable to Covid-19. Many of the people they care for are likely to be part of the shielded group.
- **Carer's database.** It is understood that the Council's carers database is not up to date. Additionally, there is an issue with unidentified carers in Haringey.
- **Personal Protective Equipment (PPE).** Carers did not always have access to Personal Protective Equipment.
- **IT support.** Many carers are digitally excluded, and were therefore not able to obtain the information and support they needed promptly during the crisis.
- **Respite care.** With day centres closed during lockdown, many carers had 24/7 responsibilities with no access to relief or respite. This placed them at risk of "burnout" and those being cared for at greater risk from a safeguarding perspective.
- **Do not resuscitate orders.** Reports of automatic "do not resuscitate" orders for people with a Learning Difficulty being imposed, caused alarm and concern amongst carers and service users.
- **Unpaid carers.** Unpaid carers are not officially recognised and therefore not eligible for priority entry to supermarkets. At times of scarcity in shops this created difficulty in obtaining basic items for some carers.
- **Transport.** Carers' transport was also highlighted as an issue, as public transport was restricted and seen as a risk to use.
- **Community support for all.** Although mutual aid groups and neighbours were extremely helpful, concern was raised regarding some vulnerable groups, such as those with autism, who may be semi-invisible to their neighbours, or have unwittingly distanced themselves due to a lack of understanding of their communication styles. Neighbours may be less willing to help people they have considered to be "rude" or socially distant.
- **Lack of voluntary sector support for autistic people.** Concerns were raised that there is a lack of voluntary sector support for those with autism, which is a particular problem as many universal services are often inaccessible or inappropriate for those with autism.



## Proposals and suggestions

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.
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.
3. **Transport for carers.** Carers transport pick-ups could be organised.
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.
5. **Regular updates.** Weekly 'check-ins' should be carried out by the Council or Clinical Commissioning Group (CCG) to check how carers are doing.
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.
7. **Continuation of essential services.** Ensure services such as rubbish and clinical waste collection continue during an emergency such as Covid-19.
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.
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).
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.
11. **Future planning.** With a view to planning for a future emergency, data should be provided to detail:
  - a. How many carers have had Covid-19 and the support they received.
  - b. How many adults with learning difficulties and/or autism have had Covid-19 and the support they received.
  - c. How many families where both the carer and cared for had Covid-19 and the support they received.
  - d. The experience of families affected by Covid-19.

- 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.
- 13. Refer inappropriate use of do not resuscitate orders.** The inappropriate use of do not resuscitate orders should be seen as a safeguarding concern to be referred to the Safeguarding Adults Board.
- 14. Apps:** Apps could be used for people with autism.

# Mental Health and Wellbeing

Mental health and wellbeing are extremely important to a person's quality of life. People's experience of the lockdown has contributed to increased anxiety, worry and a feeling of isolation.

## What has worked well

- **Gardening.** Residents with gardens, especially those shielding, considered themselves lucky as it helped them cope with lockdown.
- **Remote access to services.** Existing service users reported being able to access mental health services over the phone and online which was seen as positive.
- **Community spirit.** Increased community spirit was reported as contributing to improved mental health.
- **Social media.** Use of social media platforms for support was reported.

## Concerns and points raised

- **Isolation.** Feelings of loneliness and isolation contributed to mental and physical health problems. In particular it was felt that the impact of social isolation would hasten the mental decline of those with dementia.
- **Digital inclusion.** Access to the internet and technology are not available to all.
- **Substance misuse.** Alcohol and drug abuse rose during the lockdown.

- **Bereavement.** Losing loved ones and not being able to attend funerals.
- **Carers.** Mental and physical health impact caused by additional caring responsibilities and concerns.
- **Shielding.** Those shielding found it very difficult to not go outside and have human contact. This created additional pressures to their mental health.
- **Post-Traumatic Stress Disorder (PTSD).** After the lockdown is over, it was felt there might be a rise in post-traumatic stress disorder (PTSD).
- **Young People.** The impact of lockdown on young people's mental health, especially from vulnerable households, might have long-term effects.
- **Self-care.** As many autistic people may have been in a state of high anxiety due to lockdown, concern was reported that executive functioning was likely to have been adversely affected and the ability for self-care may have been negatively impacted.
- **Increased risk of self-harm.** Concerns were raised that self-harm may have increased during lockdown. In particular some vulnerable groups, such as those with autism, are already at high risk of suicide and self-harm. It was felt that accessing appropriate care, which is already difficult, would have become even harder in lockdown.

## Proposals and suggestions

1. **Provision for bereavement counselling.** Bereavement counselling should be made available.
2. **Bereavement counselling specific to those with learning difficulties.** Bereavement counselling should be made available to people with a learning disability.
3. **Public events.** When possible, a public event should be held to acknowledge the suppressed grief felt by many.
4. **Resources to target alcohol and drug abuse.** Additional resources should be put in place to tackle increased alcohol and drug abuse.
5. **Additional respite support.** Respite arrangements for vulnerable carers should be increased.
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.
7. **Make future plans available.** The local Mental Health Trust should provide information on their plans to address post-coronavirus mental health issues.
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 expected to apply for relief - which they may not be able to do.

# Housing and Sheltered Accommodation

Appropriate, safe, housing and accommodation is of vital importance to all service users. Issues in this area were felt very keenly.

## Concerns and points raised

- **Monitoring of cleaning and Personal Protective Equipment (PPE).** Members expressed concerns regarding the cleaning of communal areas, availability of Personal Protective Equipment and wondered about the monitoring procedures to ensure that those living in sheltered accommodation were being looked after. There were also questions about how external housing providers were being monitored.
- **Visiting.** Some members were concerned they could not visit their relatives living in sheltered schemes.
- **Hostels.** Concern was raised about whether people living in hostels are able to self-isolate or not.
- **Evictions.** Housing eviction of vulnerable people was mentioned as a point of concern which could become a serious question after the ban on public notice evictions is lifted.

## Proposals and suggestions

1. **Provision of Personal Protective Equipment (PPE)** should be made for staff and residents.
2. **Hand sanitiser** should be available throughout buildings.

3. **Information and advice** regarding evictions within government guidelines should be made freely available.
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.
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.

# Care Homes

Providing care and accommodation for people who need extra support in their daily lives in times of Covid-19 has been extremely challenging for care home staff, residents and their families.

## What has worked well

- **Remote connections.** Some care homes have enabled residents to contact their families, and vice versa, using social media which was reported as being very comforting.

## Concerns and points raised

- **Infection rates.** There were concerns about infection rates in care homes, and the discharge of Covid-19 patients from hospital back into care homes.
- **Personal Protective Equipment (PPE).** Concerns about Personal Protective Equipment availability were reported.
- **Contacting loved ones.** Not all care homes offered digital facilities for families to connect with their loved ones. Where they did, it was often the case that hard pressed staff could not be spared to support patients in using it.
- **Safeguarding/digital technology.** As some care homes now enable the use of technology for contacting loved ones, there is concern regarding safeguarding when using digital technology.

## Proposals and suggestions

- 1. Keep families connected.** In all care settings facilities should be in place to enable families to remain in touch with family members.
- 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.
- 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.



# Parks and Recreation Facilities

Parks formed an important part of physical and mental health wellness provision during the lockdown. Where park access was disrupted a significant impact was felt by service users and their families.

## What has worked well

- **Open parks.** Haringey kept its many parks open. Members reported using the parks for walking and exercise which had a positive impact on their health and mental wellbeing.
- **Seating.** Haringey did not cordon off park benches as some other boroughs did.

## Concerns and points raised

- **Car parks within the parks.** Even though parks were kept open, associated car parks were not. This was a huge issue to those with restricted mobility who could not use the parks for exercise. For many family members of people with a severe and complex learning disability, unable to access day centres or supported living units, this was a particular issue.
- **Facilities in parks.** Cafes and toilets in parks were closed, an especially limiting factor for many vulnerable people.
- **Staff/security personnel in parks.** Concerns about the lack of security personal in parks and issues of anti-social behaviour taking place.
- **Swimming pools.** Swimming pool closures was an issue for those with restricted mobility who benefit from aquatic exercise.

## Proposals and suggestions

- 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.
- 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.
- 3. Keep cafés open.** Cafés in parks should be open (though people do understand why they were not able to stay open).
- 4. Keep toilets open.** Toilets in parks should be open.
- 5. Make parks safer.** Look at making parks safer for vulnerable people.
- 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.
- 7. Protection for vulnerable park users.** Introduce voluntary patrols to safeguard vulnerable people against anti-social behaviour within parks.
- 8. Priority car park access.** Car parks could be opened to blue badge owners only.
- 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.

# Parking

Parking provision during lockdown was seen as an essential part of enabling mobility and access for vulnerable service users. Disruption to parking was seen as a difficulty by many service users.

## Concerns and points raised

- **Disabled parking.** Some disabled parking was given over to facilitate socially distanced queuing outside shops.
- **Poor communication.** Information on parking was very poorly communicated, such as the relaxation of many parking restrictions.

## Proposals and suggestions

1. **Extra parking for those who need it.** Extra parking should be made available for blue badge holders.
2. **Improved parking information.** Communication on parking and disability parking should be improved.

# Personal Budgets and Assistants

Personal budgets enable service users to have greater choice and control over the care and support they receive. Many service users employ the service of a Personal Assistant (PA), but during the lockdown this arrangement was particularly challenging for some service users.

## Concerns and points raised

- **Personal Protective Equipment (PPE).** There were serious concerns that Personal Protective Equipment was not provided to service users, carers or assistants.
- **Personal assistants.** Some people decided not to allow their personal assistants into their home as some also work in care homes. They were worried about the risk of infection.

## Proposals and suggestions

1. **Free Personal Protective Equipment (PPE).** Personal Protective Equipment, including visors, should be free for those with personal assistants.
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.
3. **Add to the key workers list.** Personal assistants should be regarded as key workers.
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.

# Food Provision

Many households have benefited from receiving food parcels for health or financial reasons.

## What has worked well

- **Food parcels.** Residents appreciated receiving food parcels.
- **Food provision.** Food parcels have been provided to thousands of residents in need.

## Concerns and points raised

- **Food shopping.** Unpaid carers found it difficult to find time to go to supermarkets, especially when queues were long and they did not have priority entry.
- **Religious and cultural diets, and unsuitable food.** Food parcels contained food that did not always conform to the dietary needs of the individuals receiving them.
- **Poor advice on unused food.** Recipients of food parcels were unsure what to do with food they did not use, for example, could it be passed on to others or would this run the risk of spreading infection.
- **Difficulties accessing food provision.** Concerns were raised that amongst vulnerable groups, heightened anxiety would be very likely which would result in decreasing ability for self-care including an inability in some cases to access and organise food deliveries.
- **Rationing.** Many vulnerable people, for example those with autism, have restricted diets and only eat certain types of foods. If rationing occurred, formally or informally, this could have had a negative impact on individuals health and the health of those they care for.

## Proposals and suggestions

- 1. Tailored food parcels.** Food parcels should take into consideration an individual's specific dietary needs.
- 2. Review food-aid.** A review should be undertaken to ensure that all eligible vulnerable people were allocated food aid.
- 3. Unpaid carers ID.** Unpaid carers should be supplied with temporary ID cards to allow entry to reserved slots in supermarkets.
- 4. Advice on food use.** Advice should be given on what to do with food that is not used.

# NHS and Primary Care Services

As a substantial element of care provided is through the NHS, changes to service provision during lockdown often had a substantial impact on service users. Positive changes and continuation of services were greatly appreciated.

## What has worked well

- **Phone and online appointments.** Appointments being offered over the phone or online during the lockdown was seen as positive.
- **Hospital phone contact.** Contact with hospitals by phone was reported as being very good.
- **Podiatry services.** Urgent podiatry services remained accessible.
- **NHS 111.** It was reported that the NHS 111 service worked well, particularly during out of hours times.
- **Pharmacy services.** Pharmacists stepped in to support the community with emergency and non-emergency advice when GPs were unavailable.

## Concerns and points raised

- **Blood tests.** Not all GP practices offer blood test services, those that do usually only do so for people aged over 65. This is a particular issue for those who require regular blood tests and those shielding.
- **GP access/clinical provision.** A number of people were unable to get through to their GPs by phone. Some practices only provided very minimal services, in some cases only admin and repeat prescriptions. There was also a concern that lack of physical examination could lead to misdiagnosis and medical needs going unnoticed.

- **Appointments, treatments and operations.** Issues with cancellations and treatment/operation delays were reported.
- **GP and hospital appointment rescheduling.** Hospitals were sometimes slow to reschedule appointments. Some appointments, for example screenings, were cancelled without any follow-up appointment being booked.
- **Access and knowledge of pharmacy deliveries.** Concerns were raised that some pharmacies did not increase, or promote, deliveries of medications. Although delivery services exist it was felt that few people knew of them.
- **E-consulting.** Moving to virtual appointments is an issue for those who are digitally excluded, and for those who are vulnerable, for example - people with mild to moderate learning difficulties, who may not have carers to support them. Face-to-face appointments should be available once they can be done safely.
- **Delays and difficulties with health assessment.** Concerns about health assessments for vulnerable people and over 60s not being done on time. Additionally, it is understood that health assessments for over 60s are not being undertaken in the west of the Borough. Cognitive testing can be difficult to do remotely.
- **Fear of accessing services.** Concerns were raised that the fear of going to a hospital may have deterred people from seeking the help they needed. For example, the fear of sensory over-stimulation may deter someone with autism from seeking medical help, i.e. the fear of being taken into a noisy and crowded hospital may have been too overwhelming to face.
- **Community care assessments.** Concerns about community care assessments not being undertaken.
- **Hospital visits.** Those who are told to attend hospital appointments, or to have blood tests done, worried about the risk of contracting the virus.
- **Remote hospital assessments.** There was a concern that remote assessments, by phone or online, do not have the same holistic approach to assessment that in-person appointments do and are therefore not as thorough. Therefore, it was felt that these should not become the only way of accessing medical assessments.
- **Covid-19 tests.** Confusion as to who could be tested and where.
- **Covid-19 recovery.** Though an evolving area of medical knowledge, there was concern that not enough information existed on pathways of recovery from Covid-19.



- **Shielding letters.** Concerns were noted that letters instructing vulnerable people to shield arrived late, with some users reporting letters arriving in May. As a result, some vulnerable people (who often knew they needed to shield themselves) could not access help such as food parcels and reserve delivery slots unless they were identified by a mutual aid group.
- **Disagreement on who needed to shield.** In some cases, users were concerned that there was a disagreement between the NHS and their GP on the necessity of shielding or not.
- **Contacting and triaging difficulties.** In the case of autistic people, concerns were raised as they may require a variety of ways to contact services. Using the phone can be difficult or impossible, as can pro-actively getting in touch for help during a time of increased stress. If autistic people do contact service providers, they can be in danger of being 'triaged out' of getting support if frontline staff do not understand autistic needs, or if the criteria for eligibility are insufficient to cover autistic needs.
- **Memory assessment services.** As these services closed across London during lockdown, it was not understood what was being done for those on the waiting list in terms of identifying who on the list needed help and sharing this information appropriately.
- **Classification of dental treatments.** Concern were raised that there was no clear explanation of what constituted a dental emergency.
- **Difficulties accessing dental services.** Concern was raised that there was differing access to treatment appointments.
- **Undetected vulnerable people.** Concerns were raised that those who are considered 'hidden' - cohorts of vulnerable people - may be unknown to the Council and NHS, for example those with early stage dementia, would not have received support they needed.
- **Covid-19 related delirium.** Concerns were raised that planning would be required with regard to Covid-19 related 'delirium,' which would be likely to affect people with dementia in particular and could cause a rise in the number of dementia cases in the near future.

## Proposals and suggestions

1. **Universal blood tests.** GPs should offer blood tests to those shielding regardless of age.
2. **Consultation protocol.** Protocol should be developed to ensure that different GPs and hospitals offer a consistent and appropriate route to care.
3. **Post Covid-19 care advice.** A Clinical Commissioning Group (CCG) inspired statement, or widely available advice, on what to look out for after someone has recovered from Covid-19.

- 4. Ensure test availability.** The Council/ Clinical Commissioning Group (CCG) should ensure information on local tests is accessible and available.
- 5. Share health assessment plans.** The Clinical Commissioning Group (CCG) should provide more information on health assessments and plans to address any shortcomings, if there are any.
- 6. GP clinical care review.** The Clinical Commissioning Group should review what GPs have provided in terms of clinical care.
- 7. GP home visits.** GPs should offer home visits for those who need them.
- 8. Consult on e-consultations.** An ongoing consultation should be arranged with patient groups in regard to e-consultations and phone assessments.
- 9. Understand e-consultations.** Statistics should be gathered on the success and failure of e-consultations.
- 10. Improve follow-up.** Better follow-up on rearranged appointments and screening by both hospitals and GPs should be put in place.
- 11. Free Personal Protective Equipment (PPE) for dental care.** Free Personal Protective Equipment should be made available for NHS dental care.
- 12. Share future plans.** Information should be shared with the Joint Partnership Board on the strategy and vision for opticians and dentists in the new normal.
- 13. Provide recovery information.** Pathways to recovery should be set out.
- 14. Universal shielders list.** A common list of local shielders should be established and shared between GPs and the NHS. This should be kept up to date on an ongoing basis.
- 15. Consider unknown vulnerable people.** The Council and NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.
- 16. Dental paths for non-emergency treatment.** A path to advice and treatment should be made clear to those with non-emergency dental needs.
- 17. Share information on digital inclusion.** The Clinical Commissioning Group (CCG) should provide information on:
  - a. how they plan to ensure digital enablement.
  - b. how they will ensure the digitally excluded can continue to access services and receive care.

## Appendix

### **Joint Partnership Board**

Co-Chairs: Sharon Grant  
Helena Kania  
Andrew Carpenter

### **Reference Group Chairs**

#### **Autism Reference Group**

Chair: Andrew Carpenter

#### **Carers Reference Group**

Chair: Isha Turay

#### **Dementia Reference Group**

Chair: Tim Miller / Paul Allen

#### **Learning Disabilities Reference Group**

Chair: Debbie Floyd / Patricia Charlesworth

#### **Mental Health Reference Group**

Chair: Sue Wedge

#### **Older People Reference Group**

Chair: Gordon Peters

#### **Physical Disabilities Reference Group**

Chair: Graham Day

#### **SCALD (Severe and Complex Autism and Learning Disability) Reference Group**

Chair: Mary Langan

#### **Transitions Reference Group**

Chair: Public Voice (the group is in the process of electing a new Chair)

## Contact us



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# Adults and Health Scrutiny Panel Finance Update

2022/23  
Quarter 1

# Summary Revenue Position

- Adults and Health is forecast to spend £121.7m against a budget of £112.4m which is an adverse variance of £9.3m at Q1. Adult Social Services and Housing Temporary Accommodation account for most of the overspend, and Commissioning and Public Health are projected to spend to budget.

Description	Revised Budget (£m)	Q1 Outturn Projection (£m)	Variance (£m)
Adults Social Care	72.0	79.9	7.9
Adults Commissioning	14.1	14.1	0.0
Adults Public Health	18.0	18.0	0.0
Housing Demand	8.4	9.7	1.3
<b>Total</b>	<b>112.4</b>	<b>121.7</b>	<b>9.3</b>

# Summary Revenue Position

- Adult Social Care Q1 adverse variance is £7.922m which consists of £2.701m overspend across Older Peoples, £3.195m in Learning Difficulties and £2.347m in Mental Health. There has been substantial demand and activity which has hit the system, including a large portion of backdated packages that is driving the overspend position. High-cost transition clients and high complexity clients are adding to the pressure. The service is projected to deliver £4.839m of the £5.325m combined corporate savings target (22/23 target plus 21/22 slippage), and £0.271m of the £4.449m combined demand mitigation target. There is a further £1.000m one-off recovery of aged debt that will contribute to savings.
- Adults Commissioning overall variance at Q1 is £0.042m which is comprised of circular rents.
- Adults Public Health is projected to break even.
- Housing Demand Temporary Accommodation is £1.289m overspent at Q1. Although the number of households living in temporary accommodation is falling the overall cost of TA is not. This is due to a loss of TA units that sit within the HRA and a challenging TA market. The expectation is that the Homelessness Prevention Grant funding would cover any overspend in the TA budget. However, current commitments held against the HPG mean this isn't possible leading to an overall shortfall.

# Financial Pressures and Risks

- The residual COVID impacts including worsening health conditions and frailty is creating increased activity and greater complexity of cases especially in Older peoples.
- Learning Difficulties and Mental Health have experienced increased number of clients and longer care support per client and encountered more high-cost clients.
- There is an additional risk of reduced funding from hospital discharge scheme and numerous provider uplifts above budgeted growth. The impact and pressure are likely to change over the coming months as we begin to understand the long-term implications. This poses additional risk to the budget position for 2022/23 and beyond.
- Increasing pressures and strain on services has impacted previously agreed savings delivery but the service has persevered to identify other mitigations to address these shortfalls. The service is fully aware of the pressures and complexities in Adult Social Care and has developed a plan to target these.



# Mitigations

- Learning Disabilities overspend, a review is currently being carried out on the top 30 high-cost packages, the Day Care commitments and the Transport arrangements are also being reviewed.
- Mental Health overspend - Two additional members of staff are being recruited, to review the Mental Health care packages, focusing on top 44 high-cost placements and seeking additional joint funding.
- Integrated Care – A review on process will be undertaken in August, this will also include the reablement care packages and the transition to long term care.
- Several project groups are being set up to monitor and track progress of the above activities. With the changes in Hospital Discharge Funding from the ICB, Hospitals and reablement are ensuring that cases discharged from hospital are appropriate and via the correct pathway. This has seen a significant reduction in new reablement packages of care and a reduction in the average cost per week. Resource has also been increased in the team to progress reablement packages to long term care or end the service.

# MTFS Savings Tracker

MTFS Savings Ref	Saving proposal	2021-22 Undelivered	2022/23 £'000s	Total £'000	2022/23 Projected Full Year Savings £'000s	2022/23 Savings (surplus)/ shortfall £'000s	RAG Status (Delivery of 2022/23 Saving)	Comment on Delivery RAG Status & Actions plans to mitigate shortfall
<b>People - Adults, Health &amp; Communities</b>								
B2.7	Haringey Learning Disability Partnership	500	1,430	1,930	1,700	(230)	Amber	Improving staffing retention to create a stable savings delivery team. Interlinking with commissioning team to discover best vfm providers.
B2.8	Mental Health	0	490	490	990	500	Green	
B2.9	Physical Support	0	1,070	1,070	1,070	0	Green	
PA6	Transfer of High Cost Day Opps	15		15	125	110	Green	
PA8	Investment of drug and alcohol savings in preventative services for adults and families, targeting health inequalities	0	100	100	100	0	Green	
PA9	Further savings to be delivered by Adults Services	180	180	360	80	(280)	Red	Changes in original model assumptions have caused delays in delivering reprofiled savings. Currently identifying mitigations.
AS101	Fast Track Financial Assessments	650		650	774	124	Green	
	Adults Delayed Savings - C19	0	710	710	0	(710)	Red	Changes in original model assumptions have caused delays in delivering reprofiled savings. Currently identifying mitigations.
HO1	Temporary accommodation reduction plan	573	0	573	0	(573)	Red	Efficiencies achieved through delivery of the temporary accommodation supply plan are currently minimising the temporary accommodation budget overspend rather than delivering savings against the budget. We are reviewing our approach to sourcing suppliers in a currently very difficult housing market.
20/25-HO01	Transferring PSLs to the CBS	152	272	424	0	(424)	Red	There is no longer an intention to deliver this initiative.
HO102	HHH taking over the lease of PSL properties on their expiry	209	68	277	190	(87)	Amber	This years programme will only focus on New Acquisitions and PSL void properties - therefore reducing the expected savings as originally forecasted savings of £340. Total annual future savings £190k
<b>Total: Adults, Health &amp; Communities</b>		<b>2,279</b>	<b>4,320</b>	<b>6,599</b>	<b>5,029</b>	<b>(1,570)</b>		
<b>Demand Management activities</b>		<b>2,273</b>	<b>2,176</b>	<b>4,449</b>	<b>261</b>	<b>-4,188</b>	<b>Red</b>	Directors are continuing to work on their plans to deliver this
<b>Total: Adults, Health &amp; Communities</b>		<b>4,552</b>	<b>6,496</b>	<b>11,048</b>	<b>5,290</b>	<b>-5,758</b>		

# Capital report

## 2022/23 Capital Monitoring @ Quarter One (Jun. 2022)

### Projection Sheet

APPENDIX 4

SCHEME REF	SCHEME NAME	22/23 Full year Revised Budget (£'000)	22/23 Qtr.1 Forecast Outturn (£'000)	Budget Variance (Underspend) / Overspend (£'000)
201	Aids, Adap's & Assistive Tech -Home Owners (DFG)	3,288	3,288	(0)
208	Supported Living Schemes	865	820	(45)
209	Assistive Technology	1,944	1,944	0
211	Community Alarm Service	177	177	0
213	Canning Crescent Assisted Living	1,930	1,641	(289)
214	Osborne Grove Nursing Home	1,685	1,376	(309)
217	Burgoyne Road (Refuge Adaptations)	316	285	(31)
218	Social Emotional & Mental Health Provision	1,458	0	(1,458)
221	Social Care System Implementation	1,588	1,588	(0)
222	Wood Green Integrated Care Hub	0	0	0
<b>Adults, Health &amp; Communities</b>		<b>13,251</b>	<b>11,119</b>	<b>(2,132)</b>

Adults capital programme budget has decreased by £13.3m in quarter one. The main reason for the decrease is due to the following capital schemes budget being reprofiled to future years, as a result of project delays: (i) Osborne Grove Nursing Home - £5m, (ii) Supported Living Schemes - £4m, (iii) Burgoyne Road - £2.6m, (iv) Social Care System Implementation (liquidLogic) - £1.2m & (v) Wood Green Integrated Care Hub - £1m. In contrary to the above, Aids & Adaptations scheme budget has increased by £0.486m. The increase is an adjustment to the provisional budget to actual DFG 2022/23 grant award.

Adults quarter one position is reporting an underspend variance against budget of £2.1m. Reason for the variance can be attributed to the following capital programme schemes: Canning Crescent Assisted Living - £0.3m, Social Care System Implementation - £1.5m & Osborne Grove Nursing Home - £0.3m. There are other minor budget variances.

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# Adults Social Care Scrutiny Panel Update

2022/23  
April to August

# Summary

- This scrutiny report shows the throughput of Adult Social Care referrals for Learning Disability (LD), Mental Health (MH) and Adults (Older People and Physical Disabilities) Services areas. It also demonstrates the usage of each service area and gives a compared on the activity last year.
- Service management structure and descriptions

# Adult Social Care – Learning Disability in numbers

## April - July 2022



•We received 29 requests for support since April 2022 compared to 31 at same period last year.

29



•131 people received one-off support (including Respite) since April 2022 compared to 103 at same period last year.

131



•19 People started to receive an ongoing support service including assistive technology since April 2022 compared to 13 at same period last year.

19



•27% People did not go on to receive a service for a variety of reasons. (pay themselves, not eligible etc) (comparison to be added)

27%



•204 Service users were reviewed since April 2022. this is 14% lower than the same period last year.

23%



• So far this year we received 2 transition referrals compared to 9 same period last year.

2



•A total of 213 service users received services through a direct payment or personal budget. This represents 28% of all learning disability service users.

213



• 24 safeguarding concerns were raised, of these 16 led to S42s enquiries and 8 to either care act assessment or signposted.

24



• 748 Adults with learning disability are receiving a service from Haringey compared to 736 same period last year. 136 in residential or nursing and 653 in community.

748



•Average cost of placements:  
• Nursing £1,093  
• Residential £1,504  
•Home care £537  
•Supported Housing £1,520

•We haven't placed any new service user in permanent residential placement since April 2022. We had 1 placed same period last year.

0



•There are 386 carers known to learning disability services in Haringey. We assessed/ reviewed 113 carers since April 2022.  
•104 carers received Direct Payments

386



•Number of working age (18-64) people with learning disabilities in paid employment. This is only 3% of the learning disability service users, 1% decrease compared to same period last year

18



•Number of working age (18-64) people with learning disabilities living in settled accommodation. 69% of the Learning Disability service users compared to 93% same period last year.

492



The information below shows the current usage of the Learning Disabilities Service (April to July 2022), it also gives a comparison for this time last year to show the demand/usage of the Service.

# Adult Social Care – Mental Health in numbers

## April – July 2022

•We received 6 requests for support since April 2022 compared to 1 at same period last year.

6



•27 people received one-off support (including Respite) since April 2022 compared to 22 at same period last year.

27



•32 people received reablement service since April 2022.

32



•13% People did not go on to receive a service for a variety of reasons. (pay themselves, not eligible etc) (comparison to be added)

13%



•125 Service users were reviewed since April 2022. this is 3% lower than the same period last year.

23%



•546 service users are receiving a long-term service from Haringey compared to 550 same period last year.

546



•A total of 28 service users received services through a direct payment or personal budget. This represents 6% of all older people service users.

28



•115 service users are in residential and nursing placements. This represents 20% of all older people service users.

115



•423 service are placed in community based services. This represents 74% of all older people service users.

423

•Average cost of placements:  
•Nursing £1,103  
•Residential £917  
•Home care £217  
•Supported Housing £705

•There are no new service users aged 18-64 in permanent residential placement since April 2022. We had 1 placed same period last year.

0



•We placed 1 new service user aged 65 and over in permanent residential placement since April 2022. We had none placed same period last year.

1



•There were 2 safeguarding concerns raised since April 2022.

2



•There are 20 carers known to Mental Health services in Haringey. We assessed/ reviewed 10 carers since April 2022.  
•12 carers received Direct Payments

20



The information below shows the current usage of the Mental Health Service (April to July 2022), it also gives a comparison for this time last year to show the demand/usage of the Service.



# Adult Social Care – Older People and Physical Disabilities in numbers

## April – July 2022

•We received 675 requests for support since April 2022 compared to 1,343 at same period last year.

675



•93 people received one-off support (including Respite) since April 2022 compared to 155 at same period last year.

93



• 851 people received reablement service since April 2022 compared to 887 at same period last year.

851



•66% People did not go on to receive a service for a variety of reasons. (pay themselves, not eligible etc) (comparison to be added)

66%



•147 Service users were reviewed since April 2022. this is 20% lower than the same period last year.

9%



•1,582 service users are receiving a long-term service from Haringey compared to 1,602 in the same period last year

1,582



•A total of 360 service users received services through a direct payment or personal budget. This represents 23% of all older people service users.

360



•373 service users are in residential and nursing placements. This represents 24% of all older people service users.

373



•1,217 service are placed in community based services. This represents 77% of all older people service users.

1,217

•Average cost of placements:  
 • Nursing £1,100  
 • Residential £831  
 • Home care £336  
 • Supported Housing £638



•We placed 2 new service users aged 18-64 in permanent residential placement since April 2022. We had 6 placed same period last year.

2



•We placed 15 new service users aged 65 and over in permanent residential placement since April 2022. We had 44 placed same period last year.

15



•576 safeguarding concerns were raised so far this year, of these 146 led to S42s enquiries and 413 to either care act assessment or signposted.

576



•There are 695 carers known to Older People and Physical Disabilities services in Haringey. We assessed/ reviewed 67 carers since April 2022.  
 •77 carers received Direct Payments

695



The information below shows the current usage of the Adults Service (Older People and Physical Disabilities) Service (April to July 2022), it also gives a comparison for this time last year to show the demand/usage of the Service.

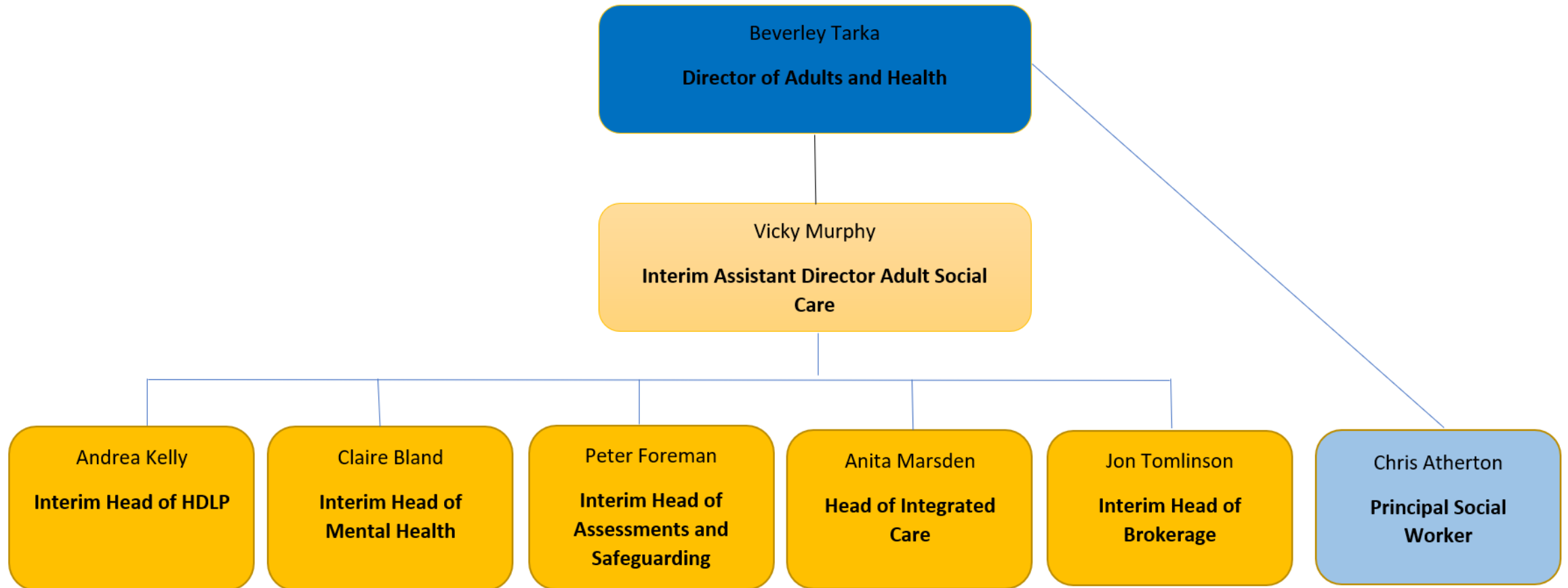
## Referrals Received:

The chart below shows the total number of referrals clients receiving services, this is broken down by month and the gives a snapshot of the from April 2022 to August 2022.

<u>Referrals</u>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	
Total num of referral received	332	310	356	405	380	<b>1783</b>
Hospital Referral	229	208	205	213	210	<b>1065</b>
Adults Referral completed	95	88	149	181	165	<b>678</b>
LD referrals	6	11	2	10	5	<b>34</b>
MH Referrals	2	3	0	1	0	<b>6</b>
Leading to Care Act Assessment (Adults/Strength based)	51	66	65	52	54	<b>288</b>
Leading to Care Act Assessment for Adults assessment team	0	0	18	26	25	<b>69</b>
Leading to a Preventative Assessment	174	110	108	136	126	<b>654</b>
Preventative Assessment (Reablement Therapist)	13	22	5	5	12	<b>57</b>
NFA	46	69	74	68	80	<b>337</b>
Adults& Hospital Referrals Signposted	11	11	33	57	30	<b>142</b>
Community Reablement assessment	45	38	29	18	32	<b>162</b>
	<b>1004</b>	<b>936</b>	<b>1044</b>	<b>1172</b>	<b>1119</b>	

**ADULT SOCIAL CARE MANAGEMENT STRUCTURE**

**Adult Social Care Structure**



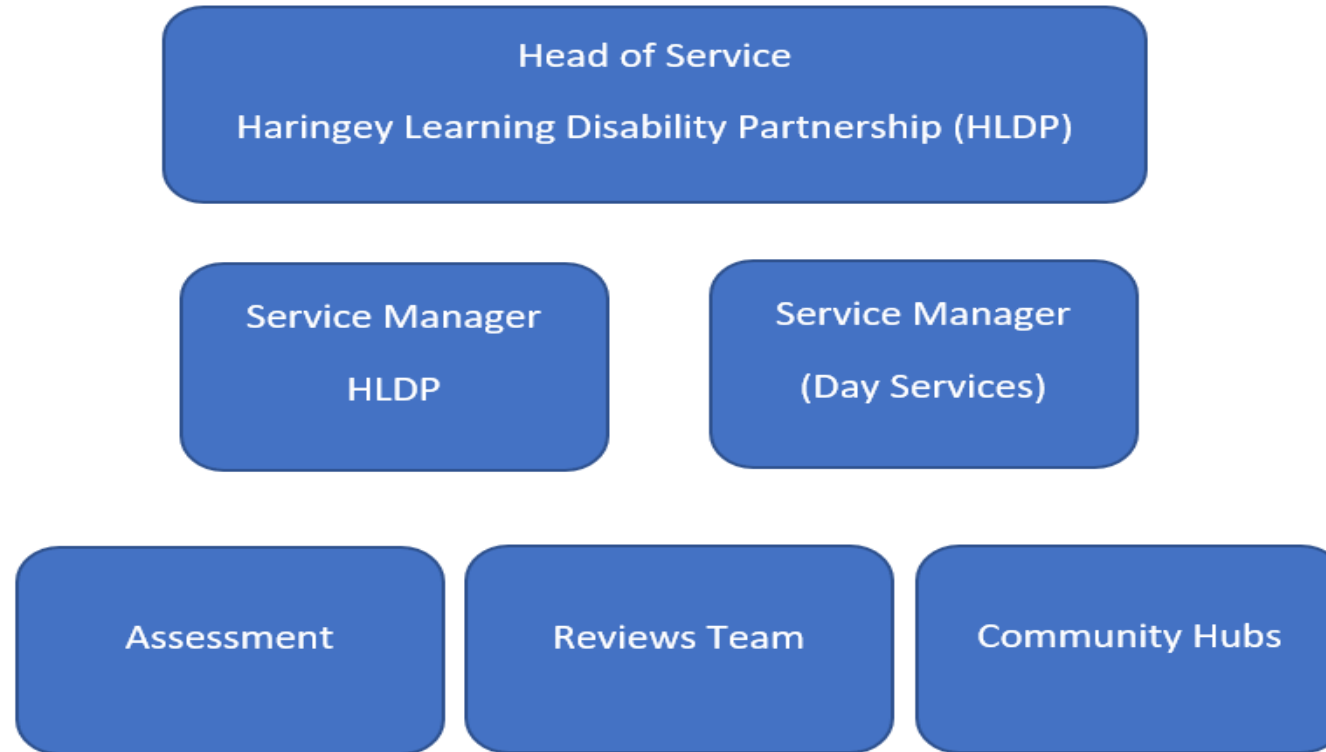
## ASSESSMENTS & SAFEGUARDING



### Purpose of the Assessment Team

The Team provides assessments under the Care Act, review of care needs and support to adults with complex health and social care needs whose needs are such that they require longer term interventions and risk management.

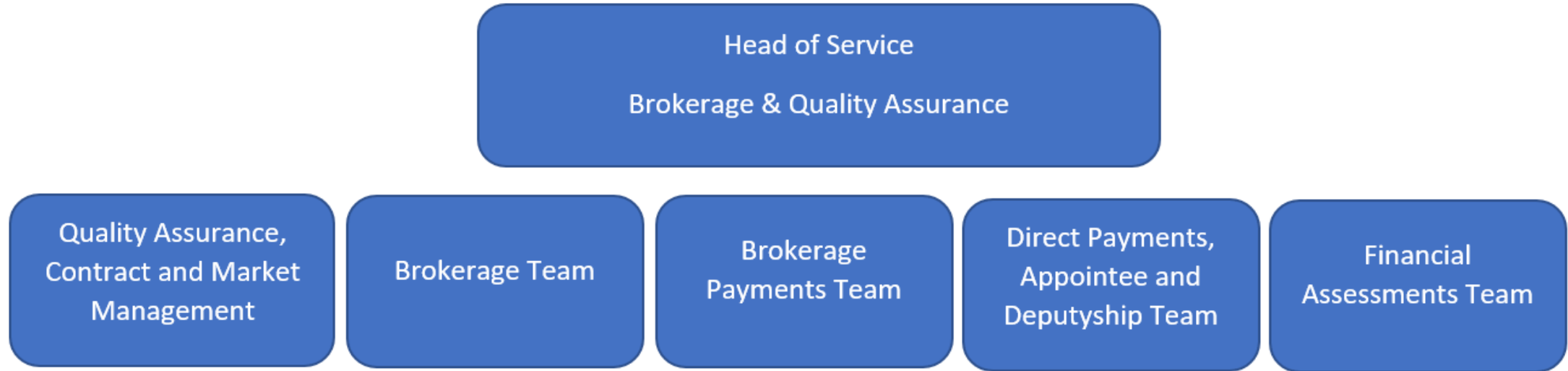
## HARINGEY LEARNING DISABILITY PARTNERSHIP



### Purpose of Haringey Learning Disability Partnership

The Haringey Learning Disabilities Partnership (HLDP) is an integrated health and social care resource for adults aged 18 years and older who have Learning Disabilities. The Service is jointly funded by London Borough Haringey Council (LBHC) and Haringey Clinical Commissioning Group (HCCG), based on a legal partnership between LBHC, Barnet, Enfield & Haringey NHS Trust and Whittington NHS Trust.

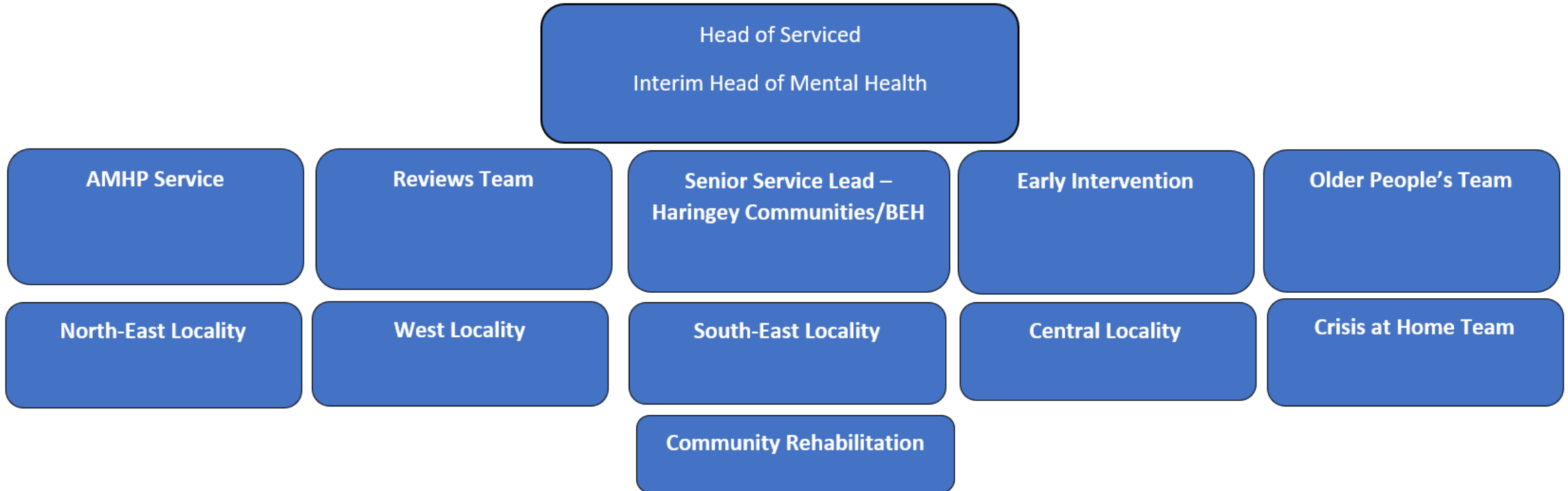
## BROKERAGE AND QUALITY ASSURANCE



### Purpose of the Brokerage and Quality Assurance Service:

- To ensure there is a high quality, safe and sustainable care provisions in Haringey for the benefit of the residents who require care and support
- To maximise income of the Council through client contribution
- To support social care team to broker and secure quality and cost effective service for residents of Haringey who need care and support
- To Provide and maximise use of direct payment services
- To ensure all care providers are paid on time and accurately
- To maintain accurate accounts for people who require appointeeship and deputyship as directed by Office of Public Guardian

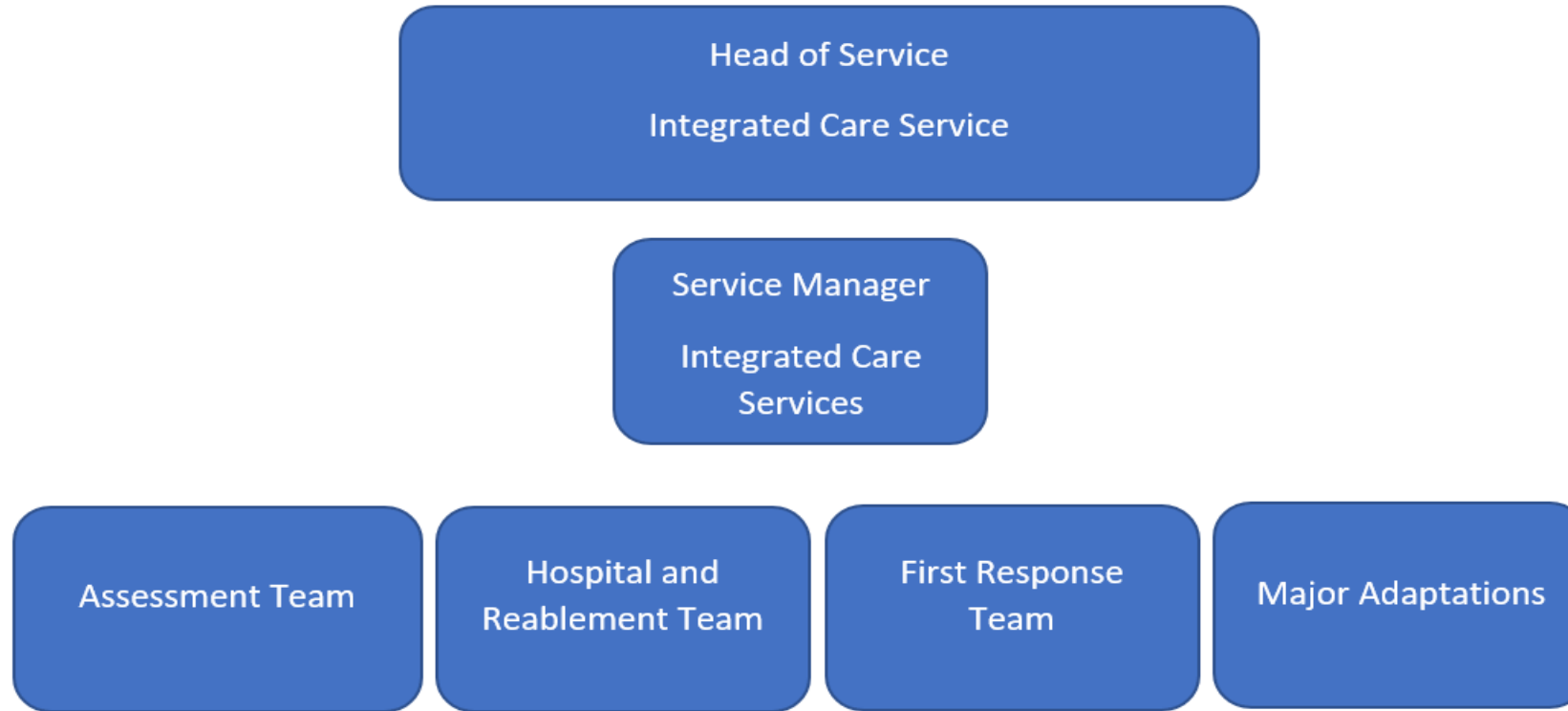
## MENTAL HEALTH SERVICES SOCIAL CARE



## ADULT SOCIAL CARE – MENTAL HEALTH

Haringey’s mental health services are delivered in partnership with the Barnet, Enfield and Haringey Mental Health Trust (BEH) and the North Central London Integrated Care Board (ICB). The Trust provides a wide range of clinical services in the community as well as inpatient settings, for example. Some settings/services are available 24 hours, 365 days a year.

**INTERGRATED CARE SERVICES**





### **First Response Team (FRT)**

FRT provides Haringey's main entry point into adult social care services for people in the community. Residents can self-refer after speaking to the team, or may be referred by their friends or family, GP, Community Nurses, or other community partner organizations whom feel that statutory social care input will support them to maximize their independence or resolve a crisis.

### **Short Term Team (STT)**

The STT supports customers with new Occupational Therapy and Care Management needs providing support for up to 12 weeks. The team works up to the point of assessment and supports planning and safeguarding processes, as set out in the Care Act (2014). Its primary role is to follow up those customers who have had some contact with the Hospital Team, Reablement Team, and First Response Team and help restore skills, confidence and independence.

### **Reablement Team**

The Reablement Team delivers a time-limited holistic physical therapy service to support people to regain their strength and confidence. The Reablement Team work to the reduce, prevent and delay agenda as set out in the Care Act. The Reablement Team works with customers who are referred via health and social care teams.

### **The Hospital Social Care Team**

The Hospital Team supports all Haringey residents admitted to hospital that are referred for more complex care and discharge planning. It works to prevent, reduce and delay as well as the assessments and support planning and integration agenda as laid out in the Care Act. Customers are referred directly via the Hospital they are admitted to generally require complex care management and multidisciplinary working to facilitate a safe transfer of care back to the community.

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**Adults and Health Scrutiny Panel**

**Work Plan 2022 - 23**

**1. Scrutiny review projects;** These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.

Project	Comments	Status
TBC		
TBC		

**2. “One-off” Items;** These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	Agenda Items
<b>2022-23</b>	
<b>21 July 2022</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions – Adults &amp; Health</li> <li>• Place &amp; Partnerships</li> </ul>

<b>15 September 2022</b>	<ul style="list-style-type: none"> <li>• Living Through Lockdown report (Joint Partnerships Boards) – Update on Council/NHS response to recommendations</li> <li>• Aids and Adaptions – Delays and Supplier/Contractor issues</li> <li>• Finance/Performance update</li> </ul>
<b>17 November 2022</b>	<ul style="list-style-type: none"> <li>• Haringey Safeguarding Adults Board (HSAB) Annual Report</li> <li>• CQC Overview</li> </ul>
<b>8 December 2022 (Budget Meeting)</b>	<ul style="list-style-type: none"> <li>• Budget scrutiny</li> </ul>
<b>February 2023 (date TBC)</b>	<ul style="list-style-type: none"> <li>• Joint meeting with Children &amp; Young People’s Scrutiny Panel on transitions between children’s and adult services.</li> </ul>
<b>13 March 2023</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions – Adults &amp; Health</li> <li>• Update – Integrated joint partnership working and co-production</li> </ul>

Possible items to monitor or to be allocated as agenda items at Panel meetings:

- Dementia services – how the provision of dementia services could be increased including the possibility of a centre of excellence for dementia in the east of the borough. A breakdown of current dementia services in the west, centre and east of the Borough to be provided.
- Preparedness for a possible future pandemic.
- Irish Centre site – redevelopment of the former Irish Centre including the relocation of the Grace Organisation to the new site.
- Community mental health model / suicide prevention.