

# MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY, 17<sup>TH</sup> NOVEMBER, 2022, 6.30 - 8.50 pm

## PRESENT:

**Councillors: Pippa Connor (Chair), Anna Abela, Cathy Brennan, Thayahlan Iyngkaran and Sheila Peacock**

**Co-optees: Ali Amasyali & Helena Kania.**

## 24. 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'.

## 25. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Felicia Opoku.

## 26. ITEMS OF URGENT BUSINESS

Cllr Pippa Connor reported that the Cabinet's response to the recommendations of the Adult & Health Scrutiny Panel's Review on Adult Social Care Commissioning & Co-production had been discussed at the Cabinet meeting on 8<sup>th</sup> November 2022. She noted that there was a lot of work unpinning the response and suggested that the Panel should receive a more detailed report about this at a later date. **(ACTION)** After a discussion with Beverley Tarka, Director of Adults, Health & Communities, about the likely timescales for this, it was agreed that this should be added to the work programme for the meeting in November 2023.

**RESOLVED – That an update report on the response to the Scrutiny Review on Adult Social Care Commissioning & Co-production be considered at a Panel meeting in November 2023.**

## 27. 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.

Cllr Thayahlan Iyngkaran declared an interest by virtue of his membership of the Royal College of Radiologists.

Cllr Thayahlan Iyngkaran declared an interest by virtue of his wife working for Barnet, Enfield & Haringey Mental Health Trust.

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

None.

## **29. MINUTES**

Cllr Connor requested further details on the response to an action point which stated that there were currently no plans to install defibrillators in sheltered housing but that costs and installation would be explored by the service. Vicky Murphy, Service Director for Adult Social Services, said that a solution had not yet been found but that a housing related support group had recently been set up to look at issues related to supported living with input from residents and carers groups. This suggestion would be taken forward to the group which would be meeting for the first time over the next couple of weeks. Cllr Peacock said that, while she was aware of the potential costs involved in installing defibrillators and training staff to use them, she felt that this was essential as she was aware of numerous previous emergency situations in sheltered housing involving vulnerable people. It was requested that the Panel be kept updated on any progress. **(ACTION)**

Cllr Connor referred to the response to an action point stating that there was currently very limited information about the success of e-consultations and asked about timescales for further information to be obtained. Vicky Murphy explained that a provider forum had been set up as part of the new commissioning strategy as well as another forum for residents, service users and carers, which would be meeting for the first time shortly. This would help to improve input and develop understanding.

Cllr Connor noted that there were a large number of action points relating to the previous item on aids and adaptations and acknowledged that this would take some time to implement recommendations that were made. Vicky Murphy reported that a project manager had been aligned to this piece of work, addressing areas for improvement and strengthening processes. She was hopeful that some positive outcomes could be seen within the next 12-16 weeks so an update for the Panel was likely to be available for the March 2023 meeting. **(ACTION)** She also noted that she had visited some of the residents who had attended the Scrutiny Panel meeting in September 2022. In response to a question from Cllr Peacock about visiting sheltered housing schemes, Vicky Murphy confirmed that she had visited some of the schemes that the Council commissions with.

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

**RESOLVED – That the Panel should receive future updates on the issues of defibrillators in sheltered housing and on aids & adaptations.**

**RESOLVED – That the minutes of the meeting held on 15<sup>th</sup> September 2022 be approved as an accurate record.**

### **30. CQC/QUALITY ASSURANCE OVERVIEW**

Jon Tomlinson, Senior Head of Service for Commissioning, Brokerage and Quality Assurance, introduced the report for this item noting that there was a challenging environment currently for providers across the country. He informed the Panel that Commissioning for Adults had now been integrated into Adult Social Care with the team covering commissioning, brokerage and quality assurance. This was a relatively small team but they were looking to strengthen this with additional resource to help drive improvements.

Jon Tomlinson commented that, the more that people were able to participate in input, including friends and relatives, the better this was for maintaining high quality services and keeping people safe. This also required close working relationships with the Care Quality Commission (CQC), the Integrated Care Board (ICB) and other local authorities. He explained that there were some really good providers in Haringey but that some required additional work to get to Good or Excellent quality levels.

Jon Tomlinson and Richmond Kessie, Quality Assurance Officer, then responded to questions from the Panel:

- Cllr Peacock raised concerns about the quality of care in sheltered housing and how issues could be raised. Jon Tomlinson said that the role of Councillors was a good example of the input that could help with quality assurance and that referrals were taken very seriously. Depending on the nature of the concerns that were raised, a referral could lead to the setting up of a providers concern process and the monitoring of improvements. If improvements were not made to the required standard, then this could potentially lead to the Council stopping commissioning with that provider. In response to a question from Cllr Connor, Jon Tomlinson clarified that Councillors could make referrals through the Members Enquiries process.
- Cllr Brennan asked about the process of registering a care home with an outside body or regulator and whether there was a high level of complaints or problems. Jon Tomlinson explained that commissioners worked closely with regulators, including by sharing information and horizon scanning to tackle issues quickly and effectively. He added that the scale of issues in Haringey were not at a level then would raise serious concerns and that, with the challenges currently faced by providers, it was inevitable that there would be

some slips. The role of his team was therefore to monitor and quality control with the safety and well-being of residents in mind.

- Cllr Lyngkaran raised the issue of whistleblowing as a theme across a number of cases and emphasised that staff must feel safe to raise concerns in order to maintain high quality services. Jon Tomlinson agreed and said that the team took such cases very seriously. He confirmed that there had been one whistleblower incident since he had been appointed to his post recently and that this had led to the organisation being challenged about the issues that had been raised. In such cases, evidence would be gathered about the concerns and then assurance would typically be sought with mitigations put in place until the required standards had been met.
- Asked by Helena Kania about the quality of GP practices, Jon Tomlinson said that, although his team did not commission GP services, their understanding was that the GP support to residential nursing homes was quite robust in Haringey and any significant issues would be picked up quickly. Cllr das Neves, Cabinet Member for Health Social Care and Well-being, asked for confirmation that GPs did not always visit care homes in person. Paul Allen, Head of Integrated Commissioning (Integrated Care & Frailty) for the Council and ICB, explained that there was a community health solution with GPs going routinely into care homes to identify individuals that needed a greater level of support. This would usually be in person, though GPs did have some virtual presence and there would also be visits from community health professionals. There had not been any particular concerns raised about this process through the feedback received. Cllr Connor asked for reassurance that there were no care homes in the Borough that were relying only on virtual support and Paul Allen agreed to obtain a summary position for the Panel on the current position from the primary care team. **(ACTION)**
- Cllr Lyngkaran referred to the nine providers mentioned in the report that required improvement and asked for further details about the requirements of the service contract. Richmond Kessie explained that the team received regular CQC reports which set out the homes that they had visited and the ratings that they had applied. Where necessary, the providers were asked to provide an improvement plan with timescales, and they would then be monitored on progress. When the team had seen sufficient evidence of improvements, they would then ask the CQC to revisit to establish whether they were satisfied. This process would continue until improvement was achieved and clients would have the option in the meantime to move to a different provider. Jon Tomlinson added that it would be difficult to decommission in circumstances where clients were happy to remain with a provider but that the team were working to strengthen the contracts to make the requirements more specific. Cllr das Neves concurred with this, noting that some providers offered specialised services and so there would be risk in withdrawing services that were valued by

residents. This therefore needed to be balanced with the drive for improvements.

- Cllr Connor asked whether all residents within care homes had been asked whether they wanted to remain with that provider while it was rating as inadequate or requiring improvement and it was confirmed that this was the case.
- Vicky Murphy highlighted that while the CQC was the body that regulates providers, local authorities also had a statutory duty under the Care Act and so there was a dual system for quality assurance. Either body could take regulatory measures with providers.
- Cllr Connor noted that, according to the report, 85% of the locations in the borough that Haringey did not currently commission with were uninspected, which was concerning given that other residents would still be using these services. Jon Tomlinson said that this reflected the backlog of inspections but agreed that it was important to make information about providers available to residents as much as possible to enable them to make a judgment. Vicky Murphy added that alongside the dual process for assurance, the CQC had also started doing online assessments. In addition, social workers had been conducting annual reviews and picking up any issues with providers which could be referred to the CQC or the Council's Quality Assurance Team.
- Asked by Cllr Brennan whether there were plans to check the uninspected providers, Richmond Kessie explained that many of them were domiciliary care agencies which wouldn't typically be inspected by the CQC until they had at least five clients with them.
- Asked by Cllr Peacock whether the details of the required improvements were made available, Jon Tomlinson said that this was specified in the action plans and also summarised in section 6 of the report.

Cllr Connor requested further information about how many Haringey residents were placed outside of the NCL area and the ratings of the providers that they were placed with. **(ACTION)**

Cllr Connor requested that a CQC colleague be present at the following year's Panel meeting for the report on this item. **(ACTION)**

**RESOLVED – That further information be provided to the Panel on in-person GP visits to care homes and on Haringey residents placed outside of the NCL area.**

**RESOLVED – That the CQC be invited to participate in the next update on quality assurance issues, scheduled for November 2023.**

### **31. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2021/22**

Dr Adi Cooper, Independent Chair of the Haringey Safeguarding Adults Board (HSAB), introduced the Board's annual report for 2021/22. She explained that the Board had a statutory responsibility to produce a plan and an annual report to explain how the plan was being delivered. The Board's activities were delivered through a range of sub-groups and this included a Covid task and finish group which had met frequently during this period but had now ceased. However, there was a recognition that Covid had not gone away and so there was an open agenda item at the Board which enabled any Covid-related issues to be raised.

Dr Cooper explained that one of the Board's statutory responsibilities was to commission Safeguarding Adults Reviews. One had been published during 2021/22 and the learning from previous reviews was continuing to be implemented. The thematic review from homelessness had continued and most of the action plan had been delivered. The cover report included an update on the issues that had been raised by the Panel in the previous year.

The report also demonstrated the actions against the strategic priorities for the previous year, the approach for which was to aim high with the recognition that not everything would necessarily be delivered. Partnership working was also set out, including the regular meetings between the HSAB and the Local Safeguarding Children Board (LSCB) to improve the way that the two Boards worked together, particularly on transitions between the two services.

Dr Cooper then responded to questions from the Panel:

- Cllr Connor requested further details on the nature of the safeguarding issues relating to the Homes for Ukraine scheme and what alternative accommodation was offered. Dr Cooper agreed to provide further details about this in writing. **(ACTION)**
- Helena Kania raised concerns about the risk of additional safeguarding issues causing by lack of resources. Dr Cooper said that she was equally concerned about this issue which would be included in the strategic plan for this year. It was also important to consider how this might translate, for example through financial abuse because of lack of financial resources or because of domestic abuse because of tensions between family members. This would then help to prioritise resources across the partnership.
- Helena Kania asked about safeguarding issues that related to how the police dealt with autistic people. Dr Cooper said that she had spoken to the Joint Partnership Board (JPB) earlier in the day about co-producing the safeguarding strategy for the next 3-5 years. She acknowledged that the issue of the police dealing with autistic people was a good example of an area of input from the JPB that hadn't previously been raised through the HSAB but could be included in future strategies and was part of the complex area of debate about vulnerability and criminality.

- Asked by Cllr Iyngkaran about how robust the safeguarding training for the Police was, Dr Cooper said that this would be for Police colleagues to comment on the impact and effectiveness of the training as this was not commissioned by the Board. **(ACTION)**
- Vicky Murphy commented that the department had pledged to promote a deeper dive into the work with vulnerable adults around crime. She added that significant investment had been put into the team that coordinated the safeguarding referral process. There had also been work carried out with the Corporate Leadership Team and Senior Management Teams to strengthen the basics around safeguarding being everyone's business.
- Cllr Connor asked for further detail on the cases of child to parent domestic abuse cases referred to in the report. Dr Cooper said that significant increases had been reported by the Police during the lockdown period and, while it remained an area of concern, there seemed to be fewer cases now. It was important to understand that domestic abuse was understood not just as within intimate relationships but also could occur intergenerationally within families.
- Cllr Connor asked for further detail on the action being taken to address the concerns raised in the report about the risk of young people being exploited by organised crime gangs and about the engagement with young people in the transition stage between children's and adult services. Dr Cooper said that there was clear evidence of the ongoing work being done through the recent update at the joint boards with new protocols and forums set up to discuss some cases. Vicky Murphy added that systems had been set up across both Children's and Adult services to manage some of these areas. There was a Preparing for Adulthood Strategy and a Transitions Strategy and there was a meeting taking place the following week to look at developing a transitions team that would work with the 14-25 age group. Cllr Connor recommended that the Panel should look at this piece of work in more detail as part of a future meeting. **(ACTION)**
- Cllr Connor referred to the section of the report on housing need and homelessness which stated that co-production would be a means of strengthening the residents' voice and asked how this would work in practice. Dr Cooper said that this question would need to be directed to Gill Taylor to comment specifically on homelessness. **(ACTION)** More generally, Dr Cooper had recently met with the Joint Partnership Board to look at co-production of the new strategy as it was important to model co-production at a strategic level.
- Cllr Connor asked whether there were additional safeguarding risks caused by the pressure on adult social services caused by hospital discharges. Dr Cooper said that the Board had the learning from the Covid-19 pandemic about the safeguarding risks associated with appropriate and inappropriate discharge from hospital. There were different challenges at the present time but she expressed the hope that this learning was now embedded. Vicky Murphy added that the NHS was under significant pressure nationally and so there was a

need to free up access to beds for those that needed them. However, there was actually quite a good relative position in the NCL area with small numbers of escalations compared to other areas. Maintaining such a position depended on looking as a whole system at the options for discharge with quality as a key component. There were also teams in place such as the Crisis Response Team that could respond to any issues quickly.

- Cllr Connor noted the data in the report showing that Section 42 inquiries were up by 32% and abuse in the home up by 22%. Dr Cooper responded that it was tricky to interpret the figures but that the increase in Section 42 inquiries could potentially be a reflection of more appropriate referrals coming in and also because they could take some time to come through and there was now additional staffing capacity. This did not necessarily indicate a difference in what was happening in the community. Dr Cooper said that the increase in the abuse in the home figures reflected that more people with care and support needs were now living at home rather than move into residential and nursing care. Asked by Cllr Connor what proportion of the abuse reports related to care staff, family member or others, Dr Cooper said that she would provide a more detailed response in writing. **(ACTION)** As the Independent Chair of the HSAB, she said that she relied on the quality assurance subgroup to look underneath the data and report back on any issues. This was then monitored regularly through the Board meetings and deep dives requested where necessary.
- Asked by Cllr Connor why some of the strategic objectives in Appendix 1 were not yet being met, Dr Cooper said that some were due to external reasons such as delay to the implementation of Liberty Protection Safeguards legislation (objective A3) and delays caused by Covid (objective P2). There was also a resource issue with partner agencies being very stretched and while pushing for an ambitious strategic plan. It was also necessary to acknowledge the challenges currently being faced across the system.
- Cllr Connor asked for clarification about the disparity between the 22 reports of modern slavery concerns referred to on page 80 of the agenda pack and an estimate of 858 victims of modern slavery in Haringey on page 83 of the agenda pack. Dr Cooper observed that the issue with modern slavery is that we were still not seeing as a society what was in front of our eyes which was why the training and awareness raising work was needed. The data had come from colleagues specialising in this area of work and while it was shocking, it was also necessary as there was still a lot of denial in this area. Understanding and addressing issues of modern slavery was under the exclusive remit of the HSAB and information was shared across a number of partnerships including the Community Safety Partnership. Cllr Connor recommended that the Panel look at the issue of modern slavery in more detail as part of its future work, including input from the Community Safety Partnership. **(ACTION)**



Cllr Connor thanked Dr Adi Cooper and all those involved in the high amount of work and information that had gone into producing the annual report.

**RESOLVED – That further information be obtained on safeguarding issues relating to the Homes for Ukraine scheme, Police safeguarding training, co-production on housing need and abuse in the home.**

**RESOLVED – That future updates on developing a transitions team and on modern slavery be added to the work programme.**

## **32. DEMENTIA SERVICES**

Paul Allen, Head of Integrated Commissioning (Integrated Care & Frailty) for the Council and ICB, introduced the report on this item which summarised issues around dementia, including the process of how a dementia diagnosis was made. This often started with the GP, but it was also important to engage with communities and residents on this as people didn't necessarily always recognise when they have cognitive impairment. The report also highlighted the importance of listening to patients and residents and a number of areas for improvement that could be made around this. Post-diagnostic support was another area where improvement efforts would be made to develop a network of support so that people didn't feel isolated after their diagnosis.

Paul Allen also highlighted some specialist areas including the multi-agency care co-ordination team to support people with frailty, including dementia, and enhanced support in care homes as around 70% of care home residents had some form of dementia.

Paul Allen then responded to questions from the Panel:

- Asked by Cllr Brennan why a greater proportion of BAME people suffered from dementia compared to white groups as stated in the report, Paul Allen explained that there was a genetic component which impacted on the likelihood of acquiring particular conditions. There was also less likelihood of people from some under-served communities coming forward for diagnosis and so a Dementia Co-ordinator had been funded to work with communities to raise awareness around cognitive impairment. A bid had also been put in for a Dementia Facilitator which was a different role working with GPs on diagnosis rates. Cllr Connor proposed that a further update should be received by the Panel at a later date on the progress with these roles. **(ACTION)** Cllr Brennan asked whether more details could be provided on the genetic component and it was agreed that a link to a relevant medical research study could be circulated. **(ACTION)**
- Cllr Peacock spoke about her experience of working with people with dementia suggested that swimming sessions could be made available for them as she

had seen how beneficial this could be. Paul Allen acknowledged that, while dementia was progressive, it was possible for people to have a good quality of life for many years if they were diagnosed early and had access to the right treatment. This treatment was not just about medication but also about physical and mental activity and so there had been investment in community assets to support this. This included activities such as walking programmes, but he was open to other suggestions in this area. Helena Kania asked whether this offer on activities had been connected to social prescribing so that people were aware that these were available. Paul Allen said that the team were preparing an Aging Well training and awareness pack, an element of which was on dementia. An aim was to encourage the more than 170 social prescribers and community navigators in this space to come forward and learn more about dementia. This could involve some of them becoming dementia friends or experts/champions to develop a network of people who could mutually support each other.

- Cllr Abela referred to the drop in the diagnostic rate during the pandemic that was described in the report and asked about the consequences of this and the current status of the backlog. Paul Allen acknowledged that the consequences were still being felt, both in terms of workforce issues and of people feeling isolated. His general sense was that people were coming forward later than we would want them to, meaning that interventions were not always as effective. This position was still being recovered from, which was why there was a strong emphasis on supporting individuals over the next few months.
- Referring to the underdiagnosis issues, Cllr Iyngkaran asked how many residents in the borough would be expected to be diagnosed. Paul Allen responded that the estimated figure was 2,200, as mentioned in the report, and it was thought that around two-thirds of those had been diagnosed, not all of whom would necessarily have been diagnosed at an early stage. Camden borough had diagnosed around 80% of its residents with dementia and so this was a benchmark to aim for. The key investments to improve this included the Dementia Co-ordinator, the work with GPs on diagnosis levels and the work with communities to improve understanding of cognitive impairment.
- Cllr Iyngkaran highlighted that dementia did not just affect people over the age of 65 as there were a small proportion of people with dementia who were younger. Paul Allen concurred with this point and mentioned that one of the members of their Dementia Reference Group was a carer for somebody with early onset dementia. While this was a small group, there were conversations and strategies around supporting these people, not least because they would have potentially a long time yet to live.
- Cllr Peacock commented that the Haynes Centre in Hornsey provided an excellent service but felt that a similar service was needed in the east of the Borough as the former Grange centre in White Hart Lane had closed some years ago. Paul Allen referred to a slide with the list of current dementia

services across the Borough which included new premises for the Grace Organisation but agreed that there should not be an overreliance on one side of the Borough. Beverley Tarka added that the Grange has been closed as part of the Council's response to the austerity measures that had been put in place. She acknowledged that it was important to have resources in different sections of the Borough which is why the Cypriot Centre in the Central area and the Grace Centre in the East area were highlighted on the slide. Cllr Peacock said that there was a religious element to the Grace Centre which may not be suitable for all residents. Asked by Cllr Connor whether a dementia centre for excellence would be established in the east and whether this would be linked with the Grace Centre site, Beverley Tarka clarified that this would all be part of a single service within the former Irish Centre site and that the refurbishment of the building was being designed to dementia standards. Conversations were ongoing with the Grace Organisation in terms of the service delivery. She was not aware of the religious element described by Cllr Peacock but would be happy to report back on this point. Cllr Peacock also commented that the former Irish Centre previously provided a luncheon club which was attended by a wide cohort of people, including some with dementia and their carers, and would welcome something similar being reinstated. Cllr Connor requested that an update be provided on the expected offer from the Grace Organisation at the Irish Centre. **(ACTION)**

- Vicky Murphy noted that there had been a request to provide information on the number of people accessing dementia services. However, there was some complexity around this as there were a full range of services that people could access, including through direct payments, and not just day services.
- Cllr Connor referred to paragraph 2.13 of the report which set out key priorities highlighted by patients and carers, noting that these priorities would be implemented and co-produced through the Aging Well Board, and asked when a progress update on this was likely to be available. Paul Allen explained that the dementia pathway illustrated at the end of the report had been co-produced. The team would engage with as many people as possible but the key group in that space was typically the dementia reference group which had been quite vibrant recently in term of attracting people. The focus was currently on delivery and so an update may be possible in approximately six months.  
**(ACTION)**

**RESOLVED – That further information be obtained on the evidence of dementia risk and ethnicity and on the expected offer from the Grace Organisation.**

**RESOLVED – That a future update on dementia issues be added to the work programme.**

### **33. WORK PROGRAMME UPDATE**

The Panel noted the items scheduled on the work programme for future meetings.

Referring to the forthcoming Scrutiny Review on Access to Adult Social Care Services, Cllr Connor informed the Panel that evidence sessions with officers were expected in January so it would be useful to speak to groups in the community, such as carers, before then so that their feedback could be put to officers. She requested that any suggestions on groups to speak to should be emailed to the Scrutiny Officer.

**34. DATES OF FUTURE MEETINGS**

- 8<sup>th</sup> Dec 2022 (6:30pm)
- 13<sup>th</sup> Mar 2022 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....