

# **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON MONDAY 13<sup>TH</sup> MARCH 2023, 6.30 - 9:25pm**

## **PRESENT:**

**Councillors: Pippa Connor (Chair), Anna Abela, Cathy Brennan,  
Felicia Opoku and Sheila Peacock.**

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

## **44. 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'.

## **45. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Thayahlan lyngkaran.

It was noted that Cllr Mary Mason had joined the meeting and that she had expressed an interest in joining the Panel.

## **46. ITEMS OF URGENT BUSINESS**

None.

## **47. 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.

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

None.

## 49. MINUTES

Cllr Connor highlighted concerns that had expressed by the Panel about the format of the budget papers received at the previous meeting and suggested that the dialogue with finance officers about the budget papers for next year be commenced at an earlier stage. **(ACTION)**

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

**RESOLVED – That the minutes of the meeting held on 8<sup>th</sup> December 2022 be approved as an accurate record.**

## 50. WINTER SYSTEM RESILIENCE

Rachel Lissaeur, Director of Integration for Haringey at the North Central London Integrated Care Board (NCL ICB), introduced the report on this item and highlighted the context heading into winter 2022/23. Within primary care, GPs were seeing more people than they had at the same time the previous year and the proportion of face-to-face appointments had also increased while the proportion of people being seen on the same day was around 50% of those presenting to primary care. There was also an increase in Emergency Department attendances, particularly at North Middlesex Hospital, but this was mainly for minor illnesses and there was not an increase in people being admitted to hospital. Staff sickness levels were also up across the country. Emergency Departments were therefore extraordinarily stretched and this was the context for the increased ambulance waiting times. The additional funding provided through the Winter Access fund has been focused on increasing the number of primary care appointments and increasing the primary care presence within the Emergency Department at North Middlesex Hospital.

Rachel Lissaeur went on to explain that the adult social discharge fund was distributed to both local authorities and ICBs with the aim of taking more people through the system, expediting discharges and reducing the length of hospital stays. Additional funding had been put in place to support GPs to see more children face-to-face, to add nursing capacity and acute respiratory infection hubs.

Another initiative was to put two GPs at the Emergency Department at North Middlesex from 8am to 8pm in recognition that there were high numbers of people attending with minor illnesses in need of medication or advice. Over 80% of the available appointment slots had been used, enabling around 200 additional patients to be seen each week.

Rachel Lissaeur, Vicky Murphy, Service Director for Adult Social Services and Cllr Lucia das Neves, Cabinet Member for Health, Social Care & Well-being, then responded to questions from the Panel:

- Asked by Helena Kania how the GP services at the Emergency Department was being publicised, Rachel Lissaeur explained that this wasn't being advertised as such but that patients were triaged with nurses deciding whether someone was suitable to see a GP.
- Asked by Helena Kania about the situation at the Whittington Emergency Department, Rachel Lissaeur said that they also had seen increases in attendances, though not at the same levels as North Middlesex. There were GPs at the front door of the Whittington but they had not received the Winter Access funding. The mix of cases at North Middlesex leant itself better to seeing GPs with a higher proportion of working-age adults and young people. Helena Kania queried whether additional funding was required at the Whittington. Rachel Lissaeur responded that they had a very substantial ambulatory care service that worked efficiently and they didn't have the same level of pressure on their Emergency Department as at North Middlesex, which is why the additional capacity had been added at the North Middlesex. However, the real challenge over the winter in the Whittington had been in freeing up beds.
- Cllr Abela asked whether the promotion of self-care by the Council could help to reduce the pressures on primary care services. Rachel Lissaeur said that GPs tended to be appreciative of the significant support that could be offered by social prescribing, peer support and local area co-ordinators particularly when this relates to chronic conditions. The appointment structure of a GP surgery was not conducive to provide the support that people with chronic conditions needed, which could often be better provided with a holistic approach by a team of different professionals. Most GP surgeries now had a social prescriber at the practice. Cllr das Neves reported on a visit to the new West Green practice where there was a specialist space used for convening groups of people looking at self-management and sharing their experiences, for example around diabetes. It was culturally appropriate because they were coming together as a group and talking about the challenges that they face. She agreed that it was a good question to consider how more support could be provided by having the right spaces to enable people to do this at home or in person.
- Cllr Mason observed that a problem with social prescribing was in building relationships with people who found it more difficult to access services. She suggested selecting other spaces such as food banks and community rooms on estates to connect social prescribing services with more people. She also suggested that interpreters may be needed in some circumstances. Rachel Lissaeur agreed that a lesson from the Covid-19 pandemic was to go to where people were already accessing support. She noted that more people were now back at the places that people traditionally access such as GP practices and emergency departments and that targeted outreach elsewhere was sometimes

- more resource intensive to organise but agreed that it was important to consider where this could be beneficial.
- Cllr Connor asked how much additional funding was received through the Winter Access Fund and whether this would also be received in subsequent years. Vicky Murphy explained that the winter pressures funding emerged from government initiatives. The details of the amounts provided often came at the last minute which could make it challenging to utilise. The Council had worked closely with the Department of Health and the ICB on the plans for staffing and implementation of this funding.
  - Cllr Connor requested further explanation about the deterioration of ambulance response times highlighted on page 18 of the agenda pack and whether 'cohorting' was being carried out to free up more ambulances. Rachel Lissaeur confirmed that there was some cohorting at the North Middlesex and Whittington hospitals but agreed to look into the levels of this and respond in writing to the Panel. **(ACTION)**

Carl Brownsill, the mid-term financial strategy lead for Adult Social Care, presented further slides, explaining that the aim of the Adult Social Care Discharge Funding, as set out on pages 23 & 24 of the agenda pack, was to reduce the delays in discharging people from hospitals. The funding was split between the Council and the ICB. The Council used this for staffing initiatives to strengthen the workforce and to cover the cost of additional care purchasing to help deal with the additional cases from November onwards. The approach was to free up beds with additional support in health and social care settings, including from mental health inpatient settings.

It was noted that the definitions of the various discharge pathways from hospital had been circulated to the Panel Members and were as follows:

**Pathway 0** – Simple discharge with no Health / Social Care input.

**Pathway 1** – Support to recover at home, able to return home with support from Health and/or Social Care.

**Pathway 2** - Rehabilitation in a bedded setting.

**Pathway 3** - Life changing event, home is not an option at point of discharge (require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs).

Referring to the slides, Carl Brownsill highlighted the significant increase in Pathway 1 cases in December and said that this additional pressure had continued in January and February.

Setting out the figures for the Discharge Funding, Vicky Murphy said that the Council had received £957k this year, while the ICB had received just over £1m. This had been invested in various projects across the system enabling further work in individuals with complex needs such as 24-hour care or those with homelessness

issues. Two sets of accommodation had been secured – the Ruby Ward which was an intermediate care base shared across NCL as well as five ‘step-down’ flats in Haringey utilised for people who may be homeless or not quite ready to go home. Some wrap-around care was also being provided and additional capacity had been secured in reablement services. She added that, according to the national data set published six weeks previously, Haringey had been ranked 7<sup>th</sup> best in the country for discharges and throughput. In addition, an organisation called Empower had been brought in to work with the Council and the ICB to support next steps for discharges, with a particular focus on Pathway 1. Additional physio and therapy support in the community would be needed to support this.

Vicky Murphy and Rachel Lissaeur then responded to questions from the Panel:

- Cllr Peacock expressed concerns about people recovering at home and asked how often they were visited and contacted. She added that some had care needs and often required help with essential tasks such as food shopping. Vicky Murphy explained that community services were provided at a level based on the individual person’s needs. Sometimes an individual may have needs that are outside of Pathway 1 that it was important to be mindful of and to step in at an early stage to provide support. She added that wrap-around care, including tasks such as shopping, could be provided where required and suggested that Cllr Peacock speak to her outside the meeting regarding any individual cases that she was concerned about. Asked by Cllr Connor about the funding for wrap-around services, Vicky Murphy said that services had developed and improved significantly in recent years and could provide personal care, meals and medication, while Age UK had a presence in hospitals and offered additional support with a variety of tasks.
- Asked by Cllr Peacock whether the step-down flats were located within sheltered housing schemes, Vicky Murphy said that there was a large portfolio across NCL and all could be accessed by Haringey residents. Rachel Lissaeur added that the first port of call for Haringey residents was usually at Priscilla Wakefield House which was set up for short stays with multi-agency input. There was also Canterbury Ward and Cape Town Ward on the Chase Farm site in Enfield, and also beds at Kings Cross and Mildmay. Where a resident required a step-down bed, there were a range of options across NCL where they could be placed.
- Asked by Cllr Opoku how the levels of Discharge Funding received compared with other boroughs in NCL, Vicky Murphy explained that the funding was provided based on population and throughput so there were slight differences between Boroughs. However, she added that the Council was in conversations about obtaining extra funding for Haringey due to the enormity of the challenge faced this year. Cllr Connor commented that this ought to be weighted according to levels of deprivation and welcomed the challenge that the Council was

- making in this area. The Panel recommended that deprivation levels should be considered as part of the NCL calculations for Discharge Funding. **(ACTION)**
- Asked by Cllr Connor how the funding levels compared with previous years, Rachel Lissaeur said that around £1m was received but this was focused on increasing health capacity rather than being split between the Council and the ICB. There had been slightly more funding available this year through the integrated approach but there was still the challenge of managing the cliff-edge in April without the additional funding.
  - Helena Kania expressed concerns about the lag between discharge and assessment. Vicky Murphy acknowledged that this had been a challenging area this winter and that, due to the higher levels of demand and acuity, some people had been on reablement for longer than they usually would. In terms of demand, the numbers of people coming through the system was as high as 298 in one particular month compared to a normal level of 226. In terms of acuity, the proportion of reablement patients requiring long-term care had increased from 27% to 49%. At present there were two residents that had been there for longer than six weeks. However, there had been some recent workforce changes and so her ambition was that, by the end of March, everyone would be reviewed within 2-3 weeks and then reviewed again at the 6-week stage should they require ongoing reablement.
  - Cllr Mason said that, from her experience of working with a local food bank, she was aware of some residents being discharged without access to their benefits or being placed somewhere without basic utilities and expressed concern about a small number of people slipping through the net of support. Vicky Murphy responded that there was a discharge to assess process for Pathway 0, run by a specialist person, but people could be referred back to Connected Communities services if required. She suggested a further conversation outside of the meeting to pick up on the concerns relating to the specific individuals.
  - Cllr Brennan referred to cases of very vulnerable individuals that she was aware of and asked how quickly people would be assessed where there was urgent need. Vicky Murphy explained that individuals with complex needs would be discharged with appropriate care/support and wrap-around services so the assessment should take place before they leave hospital. However, if their level of need subsequently increased, then there was a rapid response service that can provide additional wrap-around care or a resident could be 'stepped-up' if their home is no longer safe for them. Cllr Brennan commented that some cases that she was aware of were done on a 'discharge to assess' basis. Rachel Lissaeur commented that people were discharged quickly because of the huge pressure on beds, but also that the ethos of 'discharge to assess' was that an assessment was more accurately carried out in someone's normal residence. She added that the issues raised highlighted the importance of communication and reassurance with patients at discharge and assessment.

- Cllr Connor suggested that a card, including the key information points and contact details, could be provided to patients upon discharge. Vicky Murphy agreed to check on the documentation that was given to the patient and to provide this information to the Panel. **(ACTION)**

## 51. UPDATE - AIDS & ADAPTATIONS

Vicky Murphy noted that significant additional work had been carried out in the area of Aids & Adaptations/Disabled Facilities Grant (DFG) since the previous scrutiny item on this in September 2022. Janet Bradbury, new interim Head of Service covering aids and adaptations, noted that the issues raised by the Scrutiny Panel had largely concerned delays and communication issues. She then presented slides on the recent work which included the following key points:

- Standard letters had been developed and sent to service users at every stage of the process and the wording of these letters had been checked with Disability Action Haringey and they included information about expected timescales and contact details.
- Everyone on the waiting list as of October 2022 (approximately 800 people) received a personal phone call to check that they understood the process and the progress of their case.
- Delays had been reduced through additional capacity in surveying and assessment and the number of people waiting for an adaptation to be completed had reduced from 812 in August 2022 to 448 in February 2023 and it was expected that this would be reduced further through external contracting. Of the remaining 448 people:
  - 66 had seen the work completed but the review stage was still underway;
  - in 125 cases, the work was in the process of taking place;
  - in 184 cases, surveyors were working to draw up specification, arrange for contractors or putting work out to tender;
  - 73 cases were being allocated to an external surveyor.
- In terms of communications, it had been found that officers did not always provide their contact details after a contact with residents and that some residents were unclear about which phone number they should call. This was a particular problem when there were long delays between stages of the work. Residents could now expect to be provided with officer contact details after every visit.
- Residents were also now proactively being provided with a copy of their support plan unless they specifically said that they didn't want it. The support plans included details of what had been agreed with the resident, actions being taken and a list of conversations that had occurred.
- Residents waiting for an adaptation to be completed would be proactively contacted by phone every 4-6 weeks to check how they were doing and to update them on expected timescales.

- The next steps involved continuing the ongoing journey of culture change by carrying out a series of workshops involving staff and engaging with service users to improve their experience, deep diving into complaints and challenging inefficiencies in the system.
- Recruitment was currently being made to occupational therapy and surveyor vacancies, though this was challenging due to current workforce shortages in these areas, particularly for occupational therapists.
- The team was moving to a new client record system which should allow better tracking of timescales. It was also necessary to improve prioritisation of new referrals according to government guidance.
- The team was looking at adding more detailed information to the Council website and had sought advice on commissioning formal advocacy services to support residents in their requests for adaptations.
- A slide displaying the 11 stages of the full adaptation process illustrated how complex the system was and that this was generally expected to take around 12 months from beginning to end depending on the complexity of the case.

Janet Bradbury and Vicky Murphy then responded to questions from the Panel:

- Cllr Abela asked whether public money was used for adaptations when a property was owned by a private provider. Janet Bradbury explained that the disabled services grant legislation set out the conditions required for state money to be applied for, such as access to the property or making a property safe, and this could be requested irrespective of the ownership of the property.
- Cllr Mason spoke about complex cases that she was aware of, including a case involving overcrowding, and asked how these could be prioritised where necessary. Janet Bradbury referred back to the point made previously about prioritisation, on which there was government guidance, and that it was important to accurately assess the higher risk levels that some people had. There were also now four additional customer care officers which would help with this process and tracking cases more closely. She also clarified that it was not possible to agree to a grant for overcrowding reasons, except in cases where there were two siblings who would usually have been expected to share a room but could not do so due to a disability.
- Cllr Connor expressed surprise that 12 months was seen as an expected timescale for an adaptation to be carried out as she had previously approximated this to be closer to 6 months in cases where nothing went wrong. Janet Bradbury clarified that the government guidance categorised cases as urgent/non-urgent and simple/complex. The shortest target timescales were 55 working days for urgent and simple cases (such as a stairlift) whereas the non-urgent and complex cases were closer to 12 months. For example, the installation of a through floor lift could have a lead-in time of three months from order, so these kind of issues lengthened the overall completion time. There could also be complexities arising from negotiations with residents who may



have not have the same views on the alterations required as the professionals involved.

- Asked by Cllr Connor about the likely timescales for the next steps, including the website changes, advocacy and co-design work, Janet Bradbury said that the workshops were expected to begin in April with work proceeding in May and June. Cllr Connor suggested that it would be useful for the Scrutiny Panel to receive a further update after there had been further progress on the website, advocacy, co-design and workforce items perhaps at the beginning of next year. **(ACTION)** Vicky Murphy indicated that officers were happy to do this, had found the feedback from the Panel useful and would update the Panel on timescales.
- Asked by Cllr Connor how the views of service users would be considered when measuring improvements to the service, Vicky Murphy said that this would include user/lived experience in a multitude of ways, including complaints, user feedback, one-to-one meetings and co-production around the pathways.

## 52. CABINET MEMBER QUESTIONS

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, began this item by setting out some recent developments in her portfolio area:

- Mental health was a key priority area and the public health team had recently held a workshop with mental health providers across the borough from the statutory and voluntary/community sectors to discuss existing services and possible gaps. She acknowledged that Councillors had been concerned about some of the casework that they had picked up around mental health issues and wanted to see more preventative action and the addressing of gaps in services.
- Gambling harms was also an important issue and, while the Council was limited in how it could prevent gambling establishments from opening in the High Streets, efforts had recently been made to look at support services. A summit had recently been held around gambling harms and a government White Paper was expected soon.
- On the issue of Violence Against Women & Girls (VAWG), Cllr das Neves had recently visited a secondary school in the Borough along with a worker from Solace Women's Aid and had a good conversation with young women about what they experience in schools. This raised questions about ensuring that girls and boys in schools across the whole borough had access to those type of conversations. The Council would soon begin the process of commissioning VAWG services and this would involve Councillors and people with lived experience. The reach of services had been increased to include older women and LGBTQ+ women.

Cllr das Neves then responded to questions from the Panel:

- Cllr Connor noted that the Overview & Scrutiny Committee had recommended in 2022 that research be undertaken in Haringey to strengthen the evidence base on gambling harms, which could potentially be used as part of a decision to refuse applications for gambling licences. Cllr das Neves said that the Council had been waiting for some considerable time to hear about potential funding for this. She added that some useful conversations had emerged from the recent summit with people who were interested in being involved with this work so it was hoped that progress could be made on this soon. However, she was not persuaded that the research would necessarily enable the Council to refuse licensing applications due to the emphasis of national legislation on permitting applications and so the content of the Government's forthcoming White Paper would have to be looked at closely. In response to a question from Cllr Opoku about what Councils can do collectively, Cllr das Neves said that she had been speaking to some of her NCL counterparts about this and one option could be a collective written response to the Government's White Paper after it was published.
- Asked by Cllr Abela for further details on the support provided to residents dealing with gambling addiction, Cllr das Neves said that people could access a helpline but there were two workers who were going to come in to provide coaching and psychosocial support, including by having a presence on the High Street. Cllr das Neves said that she could provide further details about this work through a written response. **(ACTION)**
- Cllr Connor requested further details about the commissioning of VAWG services and the likely timescales for this. Will Maimaris, Director of Public Health, said that the 'Protect Our Women' project that was being delivered with Solace was an innovative programme that had been recognised at a recent London-wide meeting as being an example of good practice. However, it was a small project and it would be continuing until at least April 2024 so any recommendations for change from scrutiny would be welcome. Cllr das Neves added that feedback from young women at a Haringey school had included that they felt objectified by society and so it was important to listen to those messages and to ensure that these issues were acknowledged in all schools.
- Cllr Mason noted the recent legislative change through the Domestic Abuse Act with children classed as victims and asked what support was being provided to children in such circumstances. Will Maimaris explained that an Independent Domestic Violence Advocate (IDVA) for children had recently been commissioned and would be linked to children's social care services.
- Cllr Mason highlighted the importance of children themselves being advocates for change in terms of the culture around VAWG. Cllr das Neves agreed with this and reiterated the strong clear voices of the young people that she had heard at the school recently who she hoped would be supported to lead on this issue.

- Asked by Helena Kania whether there were any figures available on the number of NHS health checks (for those aged 40-74) being carried out, Will Maimaris explained that the budgets for this were under significant pressure and so a decision had been made some time ago to prioritise the east of the borough due to the higher prevalence of cardiovascular disease. It had been difficult to get GP surgeries to pick up those checks, particularly during the Covid-19 pandemic, and so the GP Federation had recently been commissioned to improve this. The figures for the NHS health checks could be provided to the Panel in writing. **(ACTION)** Vicky Murphy added that health checks for children and adults with learning disabilities were at 72.5% in Haringey as of January which was the highest rate in the NCL area. Asked by Cllr Peacock why the health checks stopped at age 74, Will Maimaris said that the checks were intended for prevention and that those in the older age brackets should typically be seeing their GPs on a regular basis for other reasons.
- Cllr Brennan noted that the Solace programme had been active in some schools and asked whether there was a target for it to reach all schools in the Borough. Cllr das Neves said that there was not a specific target but that the issue was resourcing the programme and prioritising the areas that it ought to reach sooner rather than later. However, she felt that young people had responded well to the Solace worker and that ideally they would be going into every school as soon as possible.
- Asked by Cllr Peacock about action to support residents with dementia, Cllr das Neves said that she had recently attended virtual reality dementia training in Wood Green which aimed to simulate dementia and this training would be used by people working with residents who have dementia. She added that there were good dementia services in the Borough and that a new dementia coordinator would be starting soon to help boost outreach work.
- Cllr Connor asked whether new dementia hubs could be established, similar to those in Wood Green and Tottenham, as these could help to attract residents and provide support in a more focused way. Cllr das Neves said that this was a good question that could be wrapped into a conversation about localities and what could be made available, perhaps through the JHOSC (Joint Health Overview & Scrutiny Committee). Cllr Brennan commented that there were some good dementia services in the Borough but that more needed to be done to communicate this to residents. Beverley Tarka responded that this would be an important part of the new dementia coordinator role and help to build a Borough-wide support network for people with dementia. Cllr das Neves said that there needed to be information provided in both electronic and print formats and that this was part of a larger piece of work within the Council of communicating better with residents about all the services available to them.
- Cllr Connor raised a concern that had emerged from a recent Carers Forum meeting where it had been understood that carers of people with disabilities

who were on Income Support would have to pay a charge to the commissioning unit. Vicky Murphy clarified that this was a communications error and that this information was not correct. She explained that anyone receiving benefits would not be expected to pay the kind of amounts that had been mentioned. Everyone would have an individual financial assessment and it had also been agreed that an advice surgery would be held once a month at the Winkfield Centre to support people with learning disabilities and their families/carers in going through this process. Cllr das Neves suggested that a written response could be provided to help clarify this matter and provide some reassurance to those with concerns. **(ACTION)**

**53. WORK PROGRAMME UPDATE**

Dominic O'Brien, Scrutiny Officer, reported that the first meeting of 2023/24 would be on 22<sup>nd</sup> June 2023 with further meetings to follow in September, November, December and February. An update to the Council's response to the Living Through Lockdown report produced by the Joint Partnership Board was due to be considered at the September meeting. The November meeting would include updates on the Haringey Safeguarding Adults Board (HSAB) annual report, the CQC/quality assurance and on the responses to the Panel's Scrutiny Review on co-production. In relation to the HSAB annual report, the Panel had asked for information about modern slavery to be included in the update. Updates on the Osborne Grove Nursing Home project and on the workforce strategy were also expected but were yet to have a date scheduled.

The Scrutiny Review being carried out by the Panel was on discharge from hospital (including barriers to discharge relating to sheltered housing) with another Review on digitalisation and communications with residents expected to take place later in the year.

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....