

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Monday, 13th March, 2023, 6.30 pm - Woodside Room - George Meehan House, 294 High Road, N22 8JZ**

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

**Members:** Councillors Pippa Connor (Chair), Anna Abela, Cathy Brennan, 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

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

### 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 - 12)**

To approve the minutes of the previous meeting.

#### **7. WINTER SYSTEM RESILIENCE (PAGES 13 - 26)**

To provide an update on the work that Adult Social Care and the Integrated Care Board have undertaken to support hospital discharge in Haringey.

#### **8. UPDATE - AIDS & ADAPTATIONS (PAGES 27 - 40)**

To provide an update on the provision of aids and adaptations following the recommendations made by the Panel in September 2022.

Minutes from the September 2022 meeting are available to view at:  
<https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74001>

#### **9. CABINET MEMBER QUESTIONS**

An opportunity to question the Cabinet Member for Health, Social Care & Well-being, Cllr Lucia das Neves, on developments within her portfolio.

#### **10. WORK PROGRAMME UPDATE (PAGES 41 - 44)**

To discuss priorities for the Panel's meetings in 2023/24. Dates for the 2023/24 meetings are expected to be confirmed shortly.

## **11. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

Dominic O'Brien, Principal Scrutiny Officer  
Tel – 020 8489 5896  
Email: dominic.obrien@haringey.gov.uk

Fiona Alderman  
Head of Legal & Governance (Monitoring Officer)  
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Friday, 03 March 2023

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH  
SCRUTINY PANEL HELD ON THURSDAY 8<sup>th</sup> DECEMBER 2022,  
6.30pm - 8.35pm**

**PRESENT:**

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

**ATTENDING ONLINE:**

**Councillors: Sheila Peacock**

**Co-opted Members: Helena Kania**

**35. 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'.

**36. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Ali Amasyali. Cllr Sheila Peacock gave apologies that she was not able to attend in person, though she did join the full meeting online.

**37. 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 Sheltered Housing and Access to Health and Social Care Services had been discussed at the Cabinet meeting on 6th December 2022. She noted that the recommendations of the Panel had been broadly accepted and that an update report would be received by the Panel next year which would include input from various partners as they were directly relevant to the recommendations.

**38. 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.

**39. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**40. MINUTES**

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

**RESOLVED – That the minutes of the meeting held on 17<sup>th</sup> November 2022 be approved as an accurate record.**

**41. SCRUTINY OF THE 2023/24 DRAFT BUDGET / 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2023/24 - 2027/28)**

Josephine Lyseight, Head of Finance (People), introduced the report on the Draft Budget for 2023/24 and the Medium Term Financial Strategy (MTFS) for 2023/24 to 2027/28, noting that the suite of documents included details about new revenue savings proposals, revenue growth proposals and capital proposals as well as existing revenue savings and the proposed capital programme as a whole across the MTFS period. She explained that the additional new growth for the General Fund was £14.8m, of which £6m was being allocated to Adult Services. The Council was approximately £3m short of achieving a balanced position but this did not factor in any potential additional money arising from the Government's recent Autumn Statement. This included the flexibility for local authorities to increase the Adult Social Care precept from 1% to 2% as well as additional government funding to support hospital discharge. The final figures for grants would not be known until the Local Government Finance Settlement had been announced. However, the expectation was for a balanced budget position to be achieved by February 2023 when the Budget would be set.

Josephine Lyseight and colleagues then responded to questions from the Panel:

- Asked by Cllr Brennan how much difference a rise in the adult social care precept could make to the Budget, Josephine Lyseight estimated that this would raise approximately £1m per year which would be ringfenced for Adult Social Care services.

- Asked by Cllr Iyngkaran when the details of the adult social care grants would be known, Josephine Lyseight said that this was expected within the next couple of weeks but that it had been assumed that the grants would continue at a flat rate adjusted for inflation.
- Cllr Iyngkaran queried how much additional funding would be raised by a 1% increase in Council Tax. Josephine Lyseight noted that there would be the flexibility to do this from next year, as announced in the Government's Autumn Statement, but would need to provide a written response on the estimated amount that this could raise. **(ACTION)**
- Asked by Cllr Iyngkaran what the means for balancing the budget last year had been, Josephine Lyseight said that this involved a mix of Council Tax, general and specific grants from the Government as well as various fees and charges and maximising income from partners that the Council worked with on the delivery of services.
- Helena Kania queried the assumptions in place around inflation in the Budget. Josephine Lyseight clarified that a figure of 5% had been used for the care purchasing budget which had been seen as a reasonable assumption at the time that the budget proposals had been assembled. However, she acknowledged that the inflation rate could eventually turn out to be higher.
- Cllr Connor asked about the source of the additional £6m for Adult Services and whether this could potentially be raised again in future. Josephine Lyseight explained that the MTFs was reviewed each year and that services articulated the likely growth needs that were required. The ability to provide growth depended on the ability to deliver other savings as well as assumptions about other income and grants that were coming in. The £6m that had been awarded for 2023/24 would remain within the base budget in subsequent years and that budget would then be reviewed through the MTFs on an annual basis. There had also been a significant contribution to Adult Services from the Strategic Planning Reserve as set out in paragraph 5.7 of the main report.
- Cllr Connor referred to paragraph 5.5 of the main report and requested further explanation of what "*putting a challenge to existing and proposed capital programme*" involved. Josephine Lyseight explained that business cases were required before capital monies could be drawn down and that the capital programme was consistently reviewed to make sure that the schemes were still required, whether they could be brought forward to deliver revenue savings or whether schemes could be reduced to help fund other capital proposals.
- Cllr Connor referred to paragraph 8.35 of the Cabinet report which illustrated a cost of £13.3m in 2022/23 for interest payments to the revenue budget resulting from capital expenditure and noted that this was projected to rise to £37.9m by 2027/28. She queried whether capital expenditure could continue at the current level given the costs incurred by rising interest rates. Josephine Lyseight said that assumptions would have been made about the impact of the capital proposals on the revenue budget through the business cases including any

revenue savings and the cost of financing the capital. She agreed to provide further detail to the Panel on the specifics of this in writing. **(ACTION)**

- Cllr Abela referred to paragraph 7.51 of the Cabinet report which stated that the final year of a challenging savings programme for Adult Services had been removed and requested further explanation of this. Beverley Tarka, Director of Adults, Health & Communities, explained that, prior to the Covid-19 pandemic, the final year of savings for the previous MTFS had been based largely on demand management approaches that were no longer valid. The assumptions that preventative activities would reduce demand for care had not played out, as the impact of Covid had led to an increase in the number and complexity of cases. Alternative solutions had therefore been put in place.

### New Revenue Savings Proposals 2023/24

Beverley Tarka introduced the five savings proposals set out in Appendix C. She noted that proposal AHC\_SAV\_001 on improved processes and practices was an ongoing initiative that had already paid dividends and was based on efficiencies such as reviewing residents on care packages in a timely fashion. The Council's aim was to promote the independence of residents where possible and so it was necessary to conduct a review, engage with providers to determine the appropriate cost of care and to implement the outcomes appropriately. Commissioning for independence rather than having static care costs would help to ensure that value for money was being achieved. For example, a mental health patient may need a high level of support after discharge from hospital but, over time, their behavioural needs and improvements in support could mean that a high level of support was no longer necessary. Vicky Murphy, Service Director for Adult Social Services, added that significant work had been undertaken to optimise the review system at the six-week stage as well as at the annual review. There had previously been delays in getting the early six-week review and so now there were opportunities to reduce levels of care where appropriate at an earlier stage.

Cllr Connor asked how the savings being made with providers over the cost of care could be maintained over the long-term. Beverley Tarka said that the constant throughput of new clients meant that savings could be made on an ongoing basis. For example, clients were previously staying on reablement for up to 14 weeks when reablement should usually be a 6-week free-of-charge intervention. Having brought this figure back to 6 weeks there were be new cohorts to work with on a regular basis meaning that savings would continue to be made.

Asked by Cllr Connor why the savings for AHC\_SAV\_001 were considerably smaller in 2024/25 when compared to 2023/24, Beverley Tarka said that the figures were based on assumptions on the clients coming through the system and their needs. These figures were reviewed annually and so updated figures would be provided in the following year's budget.



Cllr Abela observed that savings proposal AHC\_SAV\_002 was based on more effective mental health accommodation but also noted that there was insufficient accommodation in the Borough which was unlikely to be resolved within the next year. Beverley Tarka explained that when a mental health patient was ready for discharge from hospital, a decision may have to be taken to place them out of Borough at a very high cost. The Council then had to work with support structures to bring that person closer to home, often identifying local housing providers and achieve better value for money and better outcomes for individuals. If there was less pressure at the point of discharge, there may be a more appropriate outcome for the individual rather than sending them out of Borough.

Asked by Cllr Conner to provide further details about the 'Safety Valve' programme set out in savings proposal AHC\_SAV\_005, Josephine Lyseight explained that the Adult Services version of this programme followed on from a programme in Children's Services which had focused on three strands. These were on reducing demand for education and healthcare plans, more efficient commissioning strategies and enabling projects on service improvement. Work had been carried out to identify possible savings of up to £49m over five years across 18 different projects. The Department for Education had agreed to fund the historic deficit on Dedicated Schools Grants if it was demonstrated that these savings could be achieved by 2027/28. In terms of Adult Services, a lot of the service improvement work was already in place so the Safety Valve initiative was to create a programme of work that could be articulated to partners on how savings would be delivered.

Cllr Iyngkaran expressed concerns that the bulk of the £7.73m projected savings in 2023/24 were based on two specific savings proposals, noting that around 50% of the previous year's savings had not been achieved, and asked what mitigations would be in place if these savings were not achieved. Josephine Lyseight clarified that the savings proposed were made in the year specified and then maintained in every subsequent year. Beverley Tarka agreed that the savings were challenging but reiterated that the previous assumptions around savings no longer applied due to Covid and so a new approach had been developed based on intervening early to save costs and deliver a balanced budget. In the same way, it would be necessary to develop alternative savings in the event that delivering on the £7.73m savings was not achieved, as challenging as that may be. There had been a shift away from demand management assumptions, because the context in this area was so volatile, and towards more concrete savings based on commissioning efficiencies and improving value for money. She also commented that this area was particularly challenging due to insufficient funding from central Government in recent years. Vicky Murphy added that local authorities had seen cuts of 20-25% over the past 5-7 years while seeing a higher demand of up to 20% in acuity and demand.

Adding to the discussion on disruption caused by Covid, Vicky Murphy highlighted the significant increase in high-cost mental health placements out of Borough in recent years. She said that a new project group had been set up in the past six months which had worked to bring several of those individuals back in Borough in a supported living service at a much reduced cost. There were also frequent meetings with the Integrated Care Board (ICB) to look at how the financial risks in this area could be shared.

Cllr das Neves, Cabinet Member for Health, Social Care & Well-being, commented that the sector had asked for reform and a different approach to social care, but local authorities were constantly in the position of having to put more funds into vital services and to meet increasing and more complex needs. There were significant conversations at national level about hospital discharge, the challenges of an ageing population, people with complex needs following Covid and challenges within the NHS. She added that both the health and social care systems needed a greater level of support at national level that was currently not forthcoming.

Asked by Cllr lyngkaran when the service would come back to the Panel if the savings were not deliverable, Beverley Tarka said that there was regular monitoring with corporate colleagues and an open dialogue about savings. The service had previously written off £4m of savings in preparation for the development of this plan as they were not deliverable for the reasons previously set out. In response to a query from Cllr Connor, Josephine Lyseight clarified that 'RAG' ratings on the proposals would be provided in the savings tracker next year but that would not happen at this stage because the proposals were for 2023/24 which had not yet started.

Cllr Connor commented that it would be useful to have a greater understanding of the financial contributions made by partners including the ICB, particularly given the robust conversations about hospital discharge and pressures on social care. Beverley Tarka said that the North Central London (NCL) ICB had received £6.4m to support winter discharge across the five Boroughs, of which Haringey Council had received £957k. She felt that the challenge was not to have one-off funding that doesn't lead to sustainable pathway outcomes but to have a funding structure that was more sustainable over the longer-term. Asked by Cllr Opoku whether this funding was fairly distributed across the Boroughs, Beverley Tarka responded that the expectation was that the Council and the ICB would work collaboratively to identify where resources were required, particularly around intermediate care when people were medically optimised to leave hospital but not quite ready to be at home.

Asked for further details about the breakdown of this funding, Beverley Tarka clarified that the overall funding for the NCL ICB area was approximately £12m but not all of this was provided directly to local authorities and the allocations were based on a formula. It was agreed that the full breakdown of the funding allocation would be provided to the Panel in writing. **(ACTION)** Asked by Cllr lyngkaran, how the Council

would use this additional funding, Beverley Tarka said that discussions were still ongoing about this but that the Council would be required to evidence how it supported the effectiveness of hospital discharge. She also noted that the Council would not receive this funding all at once and that it would be received in stages.

Cllr Connor suggested that future savings proposals provided to Scrutiny should include some short bullet points on any risks that had been identified. **(ACTION)**

### New Revenue Growth Proposals 2023/24

Beverley Tarka introduced the two growth proposals set out in Appendix D. In relation to proposal AHC\_GR\_001 on the level of acuity and complexity in clients, she noted that £2.8m of additional funding had already been added to the 2023/24 budget based on proposals from the previous year. However, as explained earlier, the service continuously revised and reassessed need and so this proposal added a further £2m to the budget based on anticipated demand. She added that proposal AHC\_GR\_002 added a further £4m to the budget to meet the anticipated inflationary pressures.

Asked by Cllr Connor what additional growth beyond this was anticipated from 2024/25 onwards, Josephine Lyseight said that this would need to be reviewed and put forward at the same time next year if necessary, but that there were limited resources across the Council. Sean Huang, Principal Accountant, clarified that the £2.8m of additional funding had already been built into the budget previously and was therefore not displayed in Appendix D as it was not new growth. In the same way, additional funding had already been allocated for 2024/25 onwards and was not displayed in Appendix D. Asked for further details on the amounts, Sean Huang said that he could provide the figures to the Panel in writing. **(ACTION)** In response to a question from Cllr Iyngkaran, Josephine Lyseight clarified that once growth had been added to the base budget, the funding remained in the budget for every subsequent year.

In relation to proposal AHC\_GR\_002, Cllr Iyngkaran expressed concerns that there was a risk here as inflation had been assumed to be 5% even though the national inflation rate was in excess of 10%. Beverley Tarka responded that this was a corporate decision which the service directors did not have a say in, but that her understanding was that the 5% rate was a best guess based on a situation that was not static. Josephine Lyseight added that the Government's Autumn Statement had assumed a rate of 7.4%, but this figure had not been known at the time that the budget proposals had been developed. Assumptions would need to be adjusted before the Budget was finalised in any case when the Local Government Finance Settlement had been announced and there would be a question at a corporate level on whether the 5% figure should be increased.

### Previously Agreed Revenue Savings

The Panel then asked questions relating to Appendix E which tracked previously agreed savings covering 2022/23 to 2025/26.

Asked by Cllr Iyngkaran and Cllr Connor about the unachieved savings marked red on the chart, Beverley Tarka explained that these had been reprofiled and replaced with the alternative savings proposals considered under Appendix C. It had been accepted that the original savings would not be achieved in 2022/23 and were instead being reprofiled with the new savings proposals over future years.

Asked by Cllr Connor about the unachieved saving marked amber on the chart, Beverley Tarka explained that this meant that there was still potential for this to be delivered and that this would continue to be reviewed and could change to green in subsequent months based on new data.

Cllr Iyngkaran referred to the achieved savings marked green on the chart, noting that saving B2.8 on mental health had overdelivered savings by £500k. Beverley Tarka explained that this related to the reductions of high cost out-of Borough placements that Vicky Murphy had set out earlier in the meeting (under savings proposal AHC\_SAV\_002 on Appendix C). Similarly, on saving PA6 relating to high cost day opportunities, the £15k saving target for 2021/22 was based on the opening of the Chad Gordon Centre which enabled clients to transfer back in Borough. The 2021/22 saving had not been achieved due to Covid but, now that services were opening up again, a larger saving of £125k was now projected for 2022/23.

Cllr Peacock asked for further details about mental health placements as she was concerned about disturbances in sheltered housing schemes. Beverley Tarka commented that the savings being discussed related to complex cases and so would not be placed in sheltered housing. Vicky Murphy said that she was happy to discuss the issue with mental health and sheltered housing in further detail with Councillors after the meeting. **(ACTION)**

### New Capital Budget Proposals 2023/24

The Panel then asked questions relating to Appendix F which provided descriptions of two new capital bids.

In relation to the bid on locality hubs, Cllr Connor noted that £3m of capital funding was proposed from the Council and asked what contributions were being made by partners. Gill Taylor, Assistant Director for Communities & Housing Support, clarified that this bid did not relate to the Locality Hub in Wood Green which was being led by health colleagues. While the Council would be making a contribution towards this, it was not the lead delivery partner. That was a significant capital project that was expected to open in 2024 and would involve Connected Communities along with

diagnostic services and other health services. The bid in Appendix F related specifically to the use of Council buildings to develop locality services that Council officers would staff. It was possible that there might be health capital input as the project was developed but that was not currently anticipated for the purposes of the bid.

In relation to the bid on Edwards Drive, Cllr Connor requested further details on the self-financing element of the project. Gill Taylor explained that money was currently being spent on placing adults with learning disabilities in a range of different accommodation types. Once the new service at Edwards Drive was developed, the same provisions would be provided with better quality services and with anticipated savings due to the density of provision that would be possible. The anticipated savings would be generated over a 40-year period and this would finance the project.

### Proposed Capital Programme 2023/2028

The Panel then asked questions relating to Appendix F which provided details of the 2023/24 – 2027/28 Draft Capital Programme as a whole.

Asked by Cllr Connor for an update on Osborne Grove Nursing Home (Scheme Ref 214), Gill Taylor said that the project was ongoing and that an item would be brought to the Panel in 2023 to share further details on developments and the co-design work. There were significant inflationary pressures on all capital projects and there had been continuous business case reprofiling on Osborne Grove over the past 12 months. The project still currently stacked up financially based on the better-quality services that would be delivered and the anticipated savings. However, this remained under review with an emphasis on reducing any delays in order to prevent additional costs from being incurred.

Asked by Cllr Connor whether there were any specific financial variations on any capital projects worth highlighting, Gill Taylor confirmed there were no underspends. She commented that Osborne Grove was clearly the most significant project in terms of cost and scale, but that it was also worth noting that Canning Crescent was a major ongoing project due for completion.

Helena Kania queried why the funding for Aids & Adaptations (Scheme Ref 201) remained static over the next few years even though people would need more support to remain independent in their homes. Josephine Lyseight explained that this budget was funded by a grant from central Government and so, while the Council could lobby for an uplift in future years, it had little control over the amount of funding provided. Gill Taylor added that the Adults Department was currently working on a project to explore different forms of assistive technologies for people in their homes which would provide opportunities for savings. Vicky Murphy commented that further data could be provided on what the DFG (Disabled Facilities Grant) was currently funding in

Haringey and the revised grant position which would be available in the New Year.  
**(ACTION)**

Helena Kania queried why only two years of funding for Social Emotional & Mental Health Provision (Scheme Ref 218) was shown. Gill Taylor explained that this particular budget was to support a number of different capital projects, including improvements to existing buildings to build additional capacity or improve the quality of provision. It was also to explore a number of other projects that had not yet progressed to the business case stage and so funding would not be specifically allocated until that time. There was a lot of activity taking place in the mental and emotional health space and this was not the only funding being invested in this area.

### Conclusions

Cllr Brennan asked whether the revised figures resulting from adjustments to the inflation figure or new information following the announcement of the Local Government Finance Settlement would be provided to the Panel. Josephine Lyseight explained that the final budget, including any revisions, would go to Cabinet in February. Cllr Connor added that the recommendations from the Scrutiny Panels would be considered by the Overview & Scrutiny Committee at its meeting on 19<sup>th</sup> January so there would be an opportunity to consider any substantive changes that were known at that time.

In terms of recommendations, Cllr Connor noted that the Panel had strongly highlighted risks associated with rising interest rates and therefore the costs to the revenue budget of borrowing for capital spend. The Panel had also expressed concerns about the risks associated with allocating only a 5% uplift for inflationary pressures while the Government's Autumn Statement had estimated that the rate of inflation would be 7.4%. Cllr Iyngkaran added that the high level of anticipated demand on services was also a considerable risk in terms of whether this had been adequately factored into projections going forward.

Cllr Connor noted that additional information would be provided by officers on Osborne Grove and on Aids & Adaptations/DFG.

Cllr Abela asked whether the Panel would be updated throughout the year on how the assumption on risk were working out and whether the proposed savings were on track. Cllr Connor explained that as the Chair, she received quarterly updates on finance, performance and risk and that any interested Members of the Panel could attend. Specific updates could also be brought to the Panel meetings.

**RESOLVED – That the Panel should make recommendations on the Budget proposals on the risks associated with interest rates, inflation and demand levels to the Overview & Scrutiny Committee as detailed above.**

**RESOLVED – That the Panel should receive additional information from officers as requested prior to the next Overview & Scrutiny Committee meeting.**

**42. WORK PROGRAMME UPDATE**

Dominic O'Brien, Scrutiny Officer, noted that there had been a few minor updates to the Panel's Work Programme, including the scheduling of an update on dementia services in approximately nine months. A joint meeting with the Children & Young People's Scrutiny Panel was scheduled in February following by the next regular meeting of the Panel in March which would include an update on actions taken following the Panel's previous recommendations on aids & adaptations as well as an update on integrated working and co-production.

Cllr Connor added that a report would be coming back to the Panel next year on sheltered housing and access to health and social services following the recent Cabinet response to the Panel's Scrutiny Review on this subject and that this would include input from relevant partners.

Cllr Connor also informed the Panel that evidence sessions for the next Scrutiny Review on access to social care services would be commencing in the New Year and that Panel Members should suggest any carers groups or community groups that the Panel could speak to as part of this work.

**43. DATES OF FUTURE MEETINGS**

- 9<sup>th</sup> Feb 2022 (7:00pm) (Joint meeting with CYP Scrutiny Panel)
- 13<sup>th</sup> Mar 2022 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

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# Haringey Borough Winter System Resilience

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Vicky Murphy  
Service Director Adult Social Care

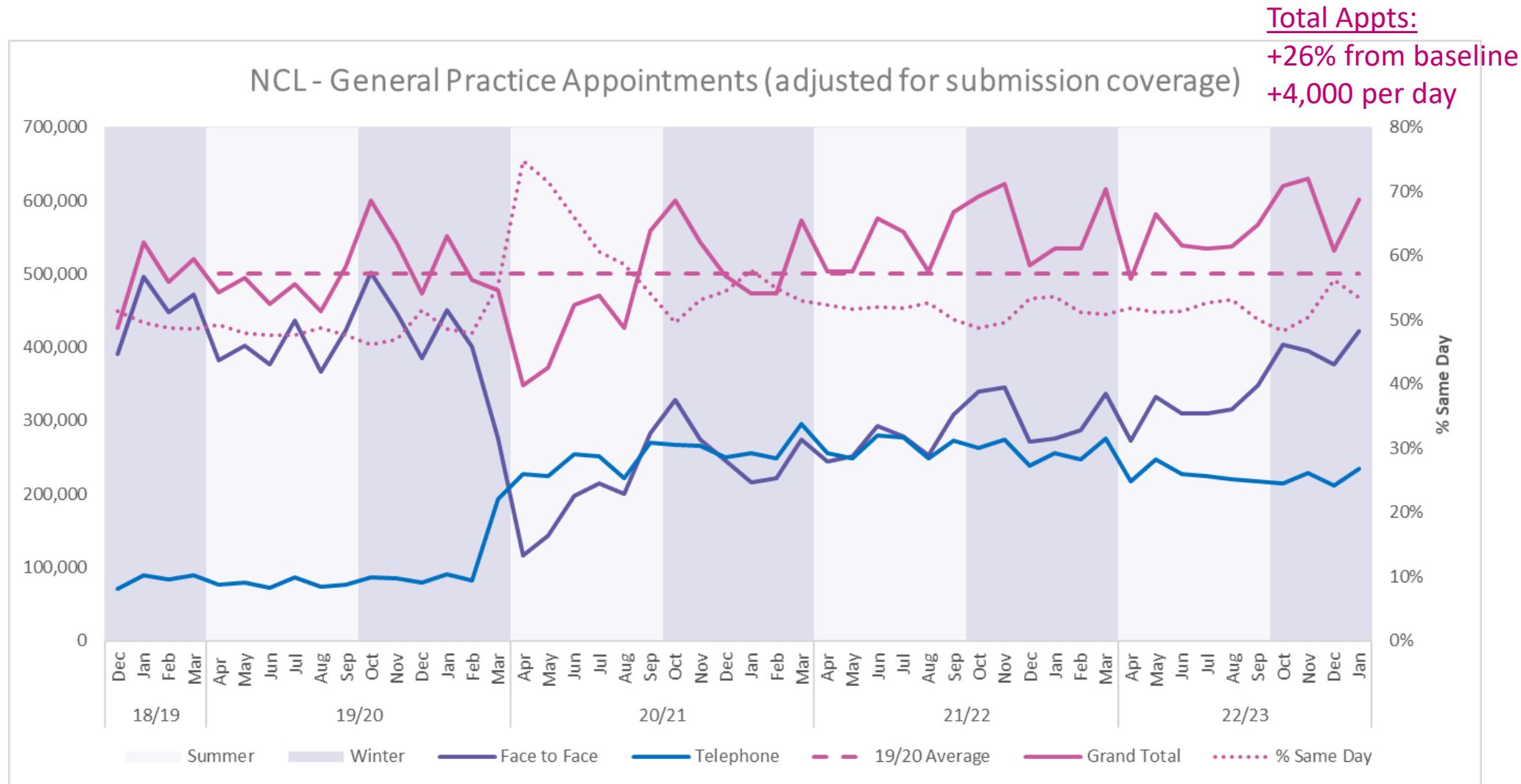
Rachel Lissauer  
Director of Integrated (Haringey Borough), NCL ICB

# System Pressures

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- More people are being seen in primary care and in the community
- There has been an increase in ED attendances, this is more pronounced at NCUH
- This has not translated into more people being admitted into hospital
- But length of stay has gone up and the amount of time people spend in hospital after they're physically well enough to go home has gone up
- Sickness levels have been higher across all staff groups post covid. The staff we have are working harder.
- All services are experiencing rising acuity, staffing problems, funding pressures and backlogs which make 'flow' more difficult.
- Huge amount of work going on to work across the system to act on opportunities to make improvements – small reductions in length of stay make a big contribution to enabling better flow within the system.

# Primary Care Appointments Increasing

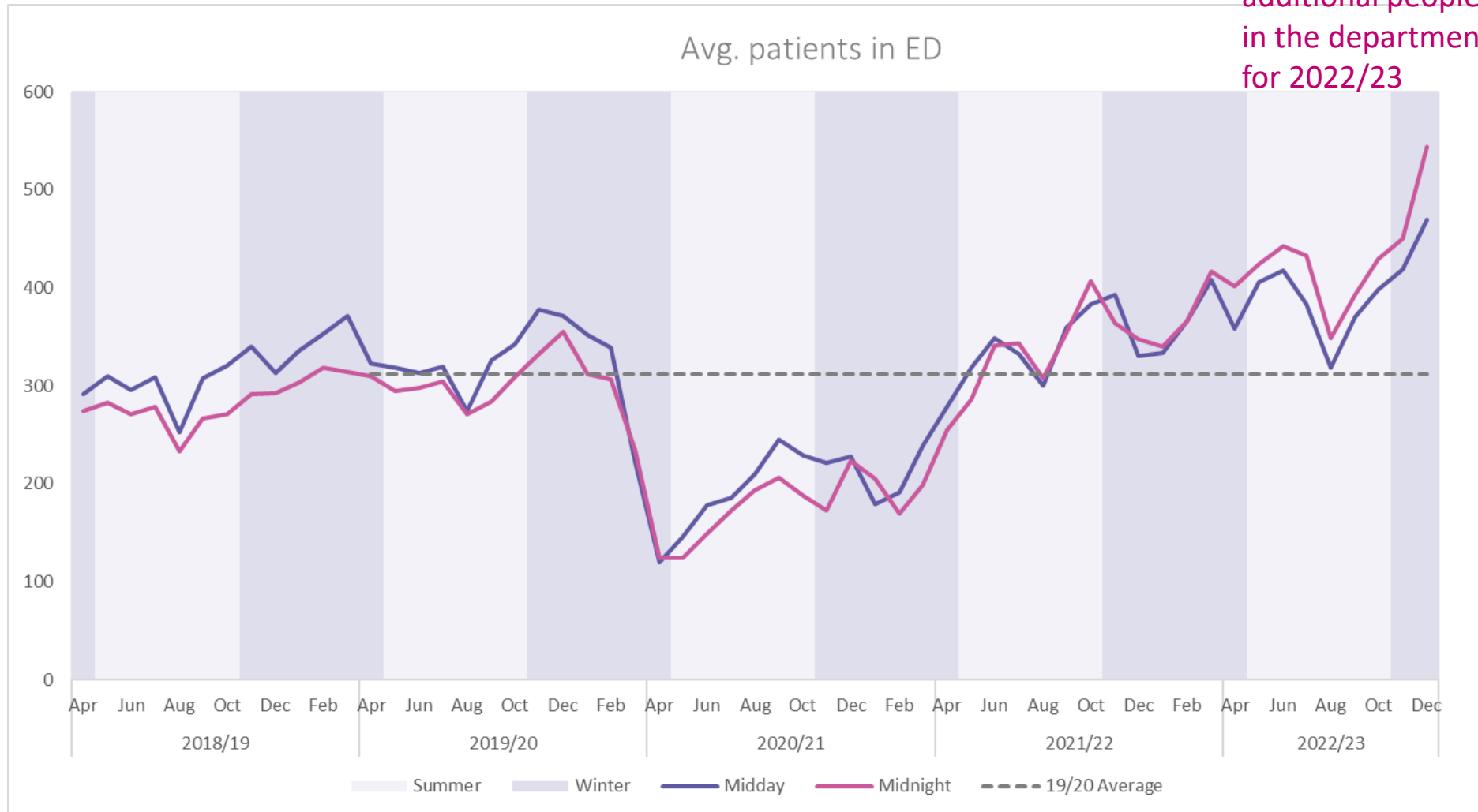


January 2023: NCL delivered 601,324 appointments (excluding vaccinations)

c19,000 appointments offered per day

Slightly lower than national average on F2F, slightly higher than national average on same day appts

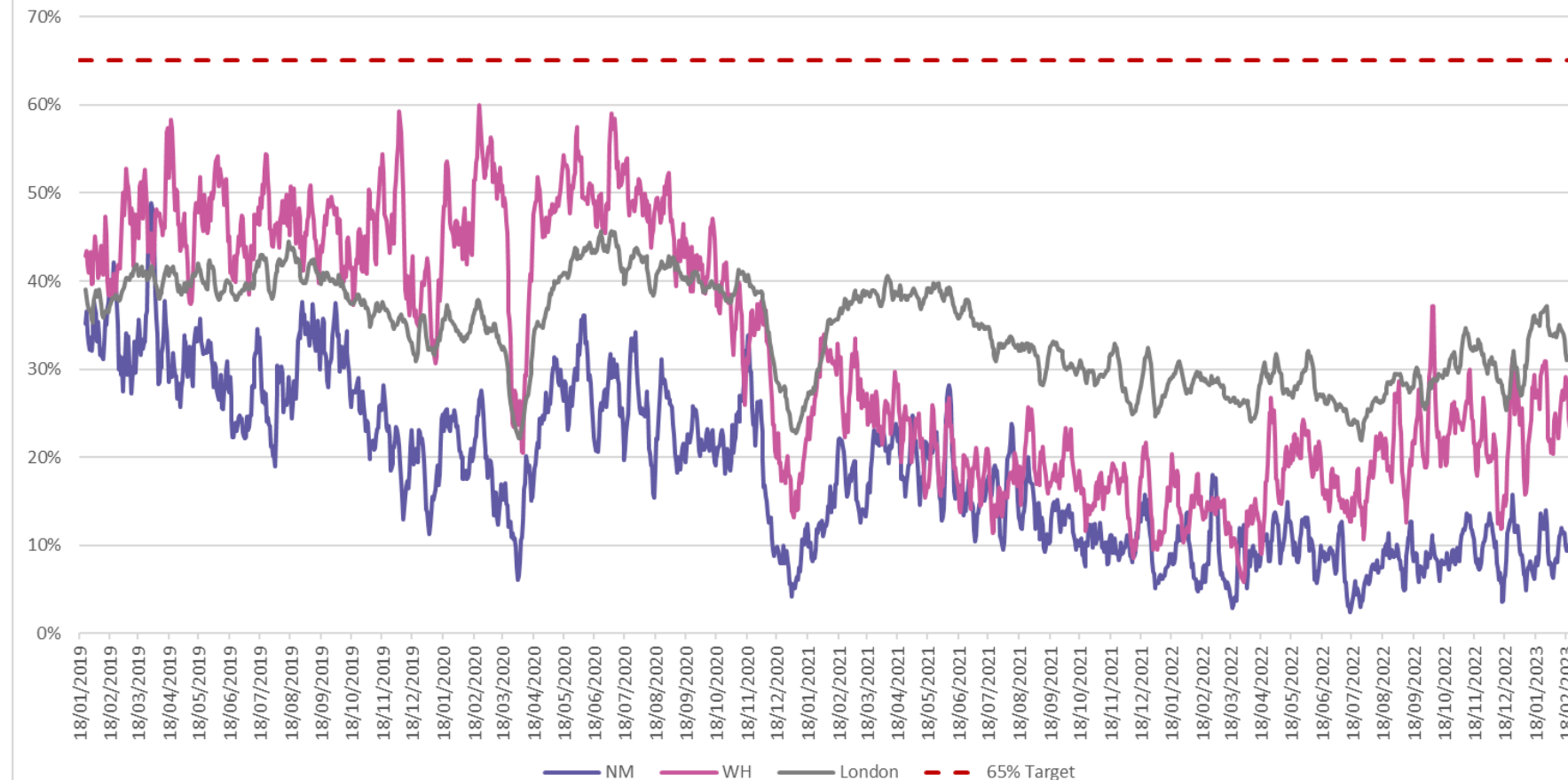
On average 100+ additional people in the department for 2022/23



Since 2019/20 A&E attendances have increased by 2.9%, (7% at NCUH). Attendance in 2022/23 have remained relatively stable compared to 2021/22.

Numbers waiting a long time in ED has increased across all sites, largely because of bed pressures. This has resulted in much higher numbers of people in our A&E departments at midday and midnight.

Ambulance Handovers within 15 mins

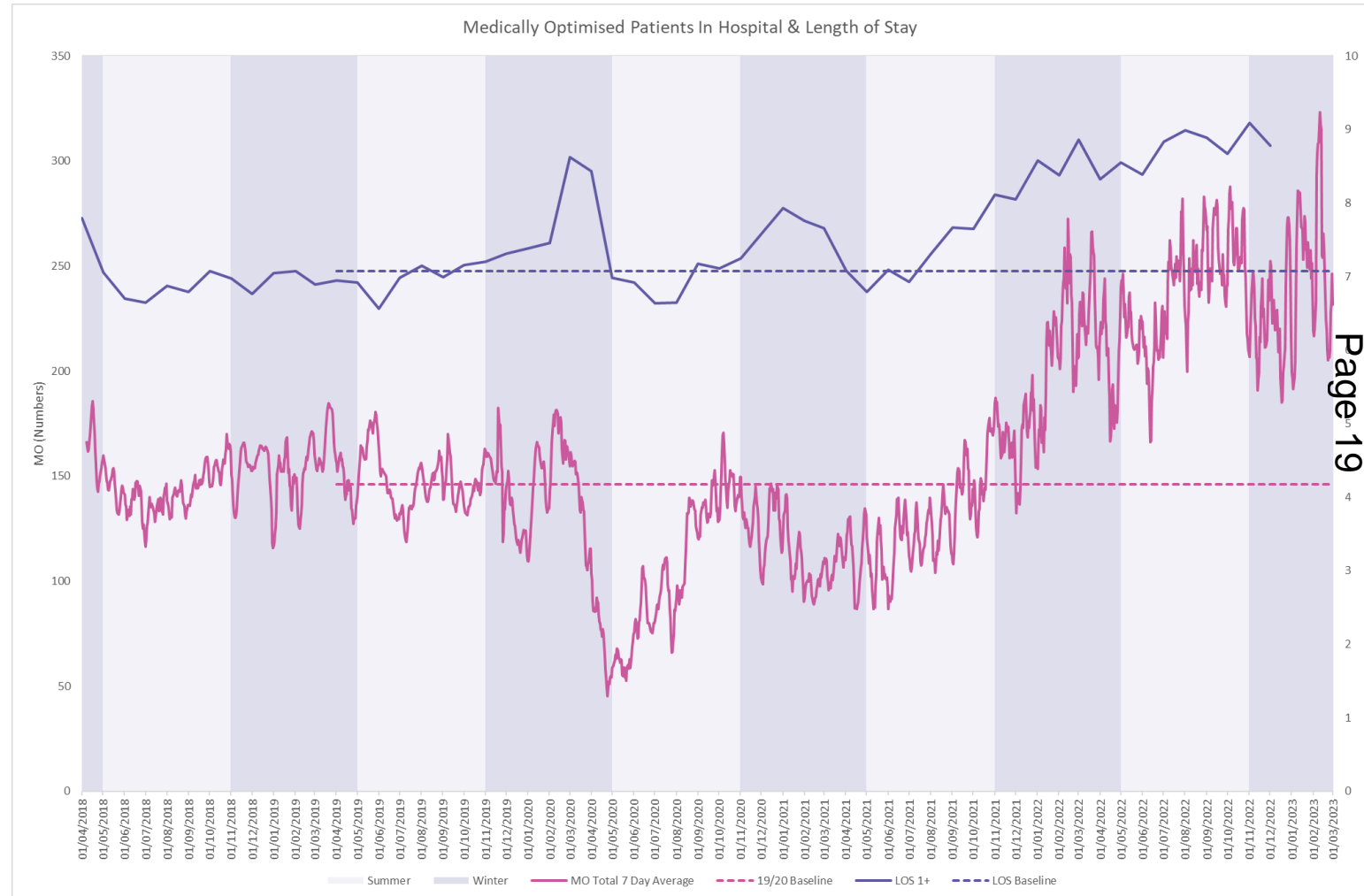


1. Ambulance handover delays have deteriorated across London and NCL. There has been some improvement since February 2022, and in recent months in the number of patients with the longest delays (over 120 mins).
2. Response time to Cat 2 calls (chest pain, stroke) is c40min vs a baseline of around 20 mins in 2019/20.

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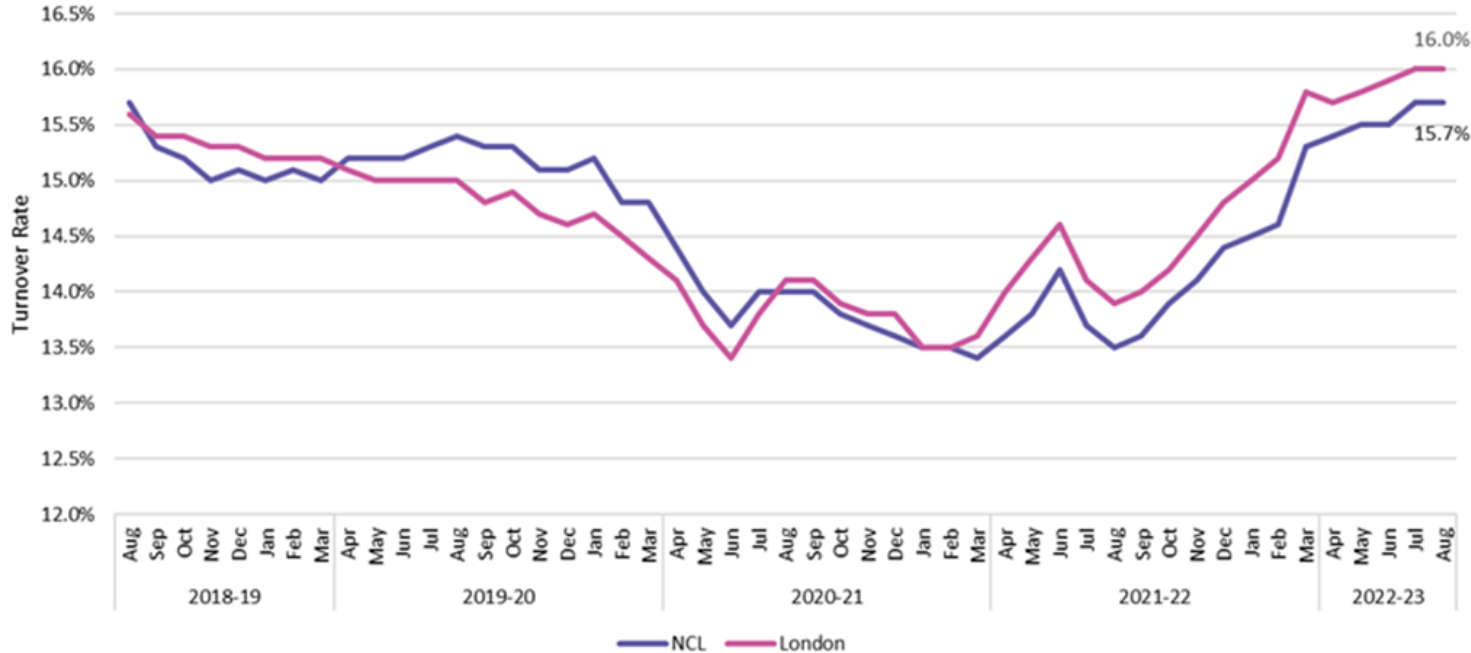
# Length of stay and Medically Optimised Patients

- Both sites have seen increases in Medically Optimised patients (100% increase at WH and 50% increase at NM)
- Increases in delayed discharges appear to be driving up hospital Length of Stay, which has in turn pushed up bed occupancy to 98-100%
- Some of the increase in LOS is due to changes in case mix and rising acuity (which increase over winter)
- Bed pressures are also clear in Community Beds for people needing recovery / reablement and in Mental Health capacity
- Barnet Enfield and Haringey Mental Health Trust has effective occupancy of over 100% and on average 11 patients placed “out of area” in other units





Turnover Rate - Benchmarking



- Sickness rates remain higher than the pre-Covid baseline
- Turnover rates have increased to above pre-Covid levels. There have been particular increases in younger staff leaving the NHS altogether
- Bank & Agency use has increased, particularly within mental health providers
- There are challenges with vacancies across the sector:
  - Qualified GP workforce has seen a 4% decrease over the last year
  - There has been a 5% reduction in filled social care posts (20/21-21/22)
  - Provider vacancy rates = 11% (~5k WTE)



- Small reductions in length of stay yield significant benefits – strong focus on ‘home by lunch’ & reducing longest lengths of stay
- Complexity / high acuity and deconditioning lead to higher demand for social care
- Significant investment going into community nursing
- Winter funding is being used for:
  - Additional F2F GP appointments for children and young people out of hours; additional support staff in primary care; pro-active visits to older patients
  - Re-opened GPs based within North Middlesex to relieve pressure on urgent treatment centre
  - Funding for virtual ward, rapid response – moving towards 7 day therapy service
  - ‘Winter’ operational meeting bringing operational leads together and used to flag particular pressures

# Additional Funding – Discharge Fund

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The Adult Social Care Discharge Fund was distributed to both Local Authorities and Integrated Care Boards to reduce the delays to discharging people from hospital with additional support from a Health and Social Care settings.

Funding prioritises approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

This means people who would be better off recovering at home or in residential care are instead spending long periods in hospital, are discharge in a timely manner.

The Discharge funding has allowed the system to take on additional capacity throughout the winter period, the funding has been utilised to strengthen the workforce to deal with the additional capacity being discharged from Hospitals and to cover the cost of the additionality of care purchasing.

Being able to take on additional cases has aided to reduce winter pressures across the system and enhance the service for the residents of Haringey.

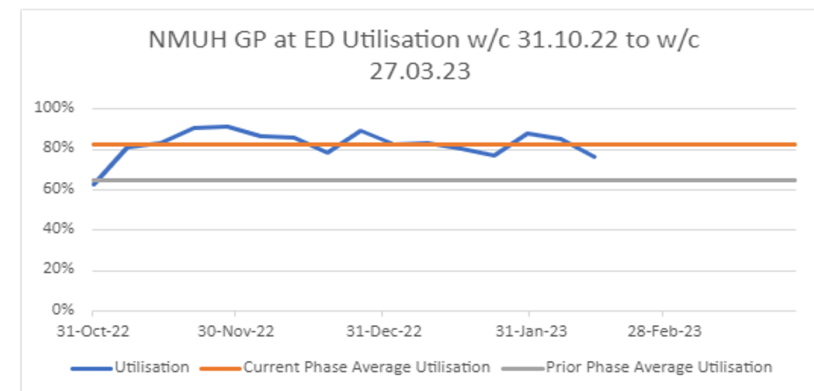
Additional primary care capacity funded through the Winter Access Fund – these are the weekly additional appointments being offered.

GP at ED (NMUH)	392
Under 16 Face to Face	81
Additional Nursing	94
Acute Respiratory Infection Hubs	396
<i>WAF Sub-Total</i>	<i>961</i>

## NMUH GP at ED – Utilisation w.c 13 February 2023

Utilisation of primary care at the front door of NMUH

Week Commencing	Capacity	Booked	Adults	Paeds	DNA	Utilisation	Current Phase Average Utilisation	Prior Phase Average Utilisation
31-Oct-22	224	141	83	58	0	63%	83%	65%
07-Nov-22	225	183	97	86	2	81%	83%	65%
14-Nov-22	336	280	163	117	2	83%	83%	65%
21-Nov-22	308	280	167	113	5	91%	83%	65%
28-Nov-22	227	208	99	109	4	92%	83%	65%
05-Dec-22	263	227	120	107	4	86%	83%	65%
12-Dec-22	315	271	145	126	5	86%	83%	65%
19-Dec-22	372	291	177	114	4	78%	83%	65%
26-Dec-22	201	180	118	62	3	90%	83%	65%
02-Jan-23	274	226	107	119	1	82%	83%	65%
09-Jan-23	206	171	117	54	1	83%	83%	65%
16-Jan-23	203	163	112	51	1	80%	83%	65%
23-Jan-23	271	208	117	91	6	77%	83%	65%
30-Jan-23	258	228	120	108	5	88%	83%	65%
06-Feb-23	252	215	125	90	3	85%	83%	65%
<b>13-Feb-23</b>	<b>281</b>	<b>214</b>	<b>136</b>	<b>78</b>	<b>7</b>	<b>76%</b>	<b>83%</b>	<b>65%</b>
Total	4216	3486	2003	1483	53	83%	83%	65%



**Updates:**

- Utilisation rates for Primary Care Hub, as illustrated in the table, continue to fluctuate however, based on historical data, these are within existing tolerances and therefore the variation noted can be considered to be normal.
- Anecdotal evidence suggests that the school half term break has reduced the number of presentations at ED and therefore this has reduced the number of people referred to Primary Care Hub.

# Adults Health and Scrutiny Panel

Scrutiny Panel 15/9/22 : residents attended to explain their personal experience of requesting equipment or adaptations to their home. This provided the Adaptations Service with valuable insight and information.

Most of the concerns raised by residents are about delays and poor communication.

As a direct result of this feedback a number of changes have already been made and more changes are planned with the aim to improve the residents experience and journey through the process.

These slides will outline what has changed since September and next steps.

## Actions since September Scrutiny



Interim Head of Service appointed with a focus on improvement and culture change



Standard letters developed and sent to service users at each stage of the process (includes timescales and contact information)



Everyone on the waiting list (as of October 22) personally contacted .



Delays reduced through additional surveying and assessment capacity



Numbers of people waiting for an adaptation to be completed reduced from 812 (August 2022) to 467 (January 2023)



More focused listening and learning from resident feedback. Culture change identified



## What residents can expect from the service since last Scrutiny

To be provided with the officers contact details after each visit.

A copy of their support plan (this outlines the persons views and wishes, their needs and how these will be met by equipment, care or adaptations)

A copy of the adaptation specification which has more detail about the adaptation (this is produced with the service user and family if appropriate)

Written communication at each stage of the process which explains progress and next steps and includes contact details.

A phone call every 4-6 weeks to check in with the person and report on timescales.

To be contacted when something happens on their adaptations journey (eg: the adaptations are put out to tender) or if there the adaptation isn't technically feasible .

# Actions requested by Scrutiny

- 1) When the initial assessment is made by the Occupational Therapist, the resident/family requiring the aid/adaptation should remain part of the process around the procurement of the aid/adaptation and be actively involved in any changes or updates to the agreed provision

**This should now be taking place. (see actions on slide 3)**

**Officers have been instructed to keep people informed about the process and be consulted on changes. People have the option of arranging adaptations themselves ; new guidance has been written so people are clear on how to do this. However- there may be disagreements about how needs can be met or how to adapt a persons property. We will try our best to work with the service user to resolve these issues or clearly explain why a certain adaptation or piece of equipment can't be provided. Sometimes this is related to professional judgement, risk or best use of public money.**

# Actions requested by Scrutiny

- 2) An advocate should be offered by the Council (rather than only when specifically requested) to help with the initial discussion and remain part of the process to provide support to the resident where required. An advocate should also be made available where required when a resident was attending a meeting of an assessment Panel.

**The Councils advocacy contract with VoiceAbility is funded to support un-befriended people being assessed under the Care Act. (which doesn't include assessments under DFG legislation) We are in the process of discussions with Disability Action Haringey and Pohwer to arrange advocacy for people being assessed under DFG legislation.**

**In addition family members are invited to be involved in decisions with the consent of the service user.**

# Actions requested by Scrutiny

- 3) Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.

**The following standard letters have been introduced :**

- **Advice to service user after OT assessment (equipment , adaptations, advice given and contact details)**
- **Non agency information pack**

**People also receive a support plan and an adaptation specification**

**A copy of the plans/ drawings are now available on request**

# Actions requested by Scrutiny

- 4) There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.
- 5) A named person and contact details should be provided to the resident/family and kept up to date during the process

**Everyone on the waiting list was contacted in October . From March everyone will be contacted every 6 weeks ensure the adaptations are on track, problem solve, review risk and escalate any issues.**

**Changes should not be made without the persons full agreement .**

**The service is still working through a long backlog of delays(12 months)**

# Actions requested by Scrutiny

6) Suggestions made by the resident/family should be recorded on the case file and treated in the same way as those from professional staff as the resident/family are experts in their own case and situation.

**Family / resident views recorded on a persons Support Plan and sent to the service user. Officers records other any conversations and views on case records.**

**The final decision about what can be provided under the DFG legislation is made by the Council.**

# Actions requested by Scrutiny

7) A record should be kept by the Council of all delays and the timescales agreed with the resident/family. Where the agreed timescales are exceeded, there should be an alert triggered so that the resident/family can be appropriately updated on progress with expectations set and urgent issues to be prioritised.

**A new recording system is being introduced in July for all adult Social Services. This has been designed with greater reporting ability which Managers will use to report and feedback on timescales and delays.**

**It is hoped that regular contact with the resident will address urgent issues and be transparent about timescales.**

# Actions requested by Scrutiny

The Commissioning team should look at widening provider choices for aids and adaptations to provide alternative options when delays or other problems occur.

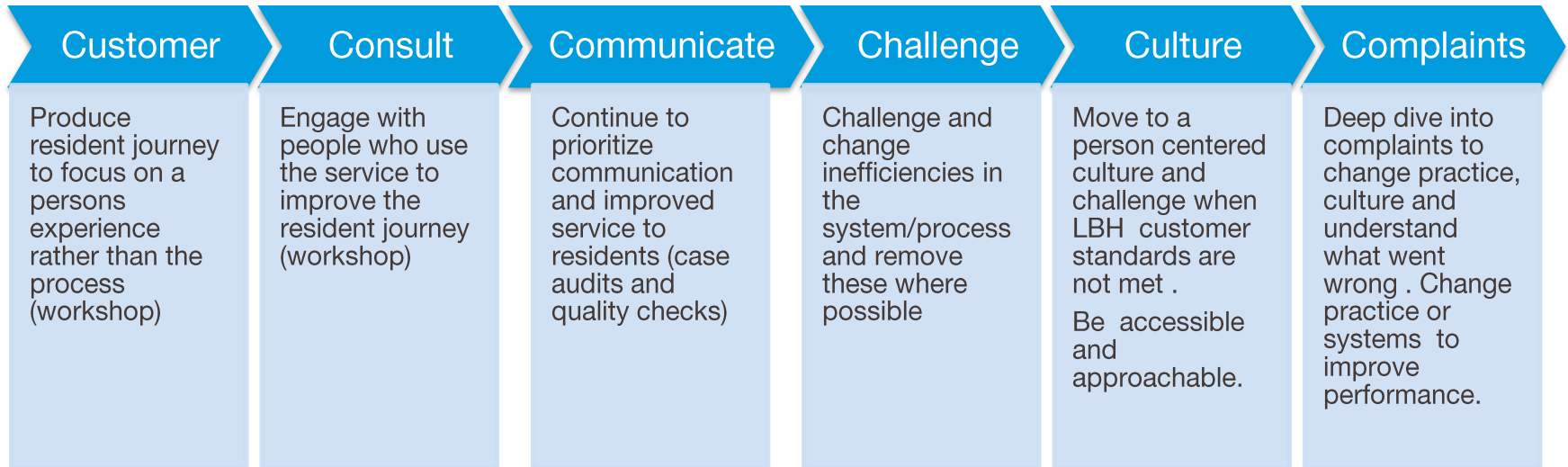
**Standard Equipment is provided through a call off contract which includes the London Consortium of 20 Councils. This provides best value for money but does not give residents a choice of equipment , unless they wish to self purchase. Working out how we can offer a choice of equipment will be a longer piece of work and involve resident consultation.**

**If delays occur the service can and should go outside of agreed processes, if the risk to the person without the equipment is high.**

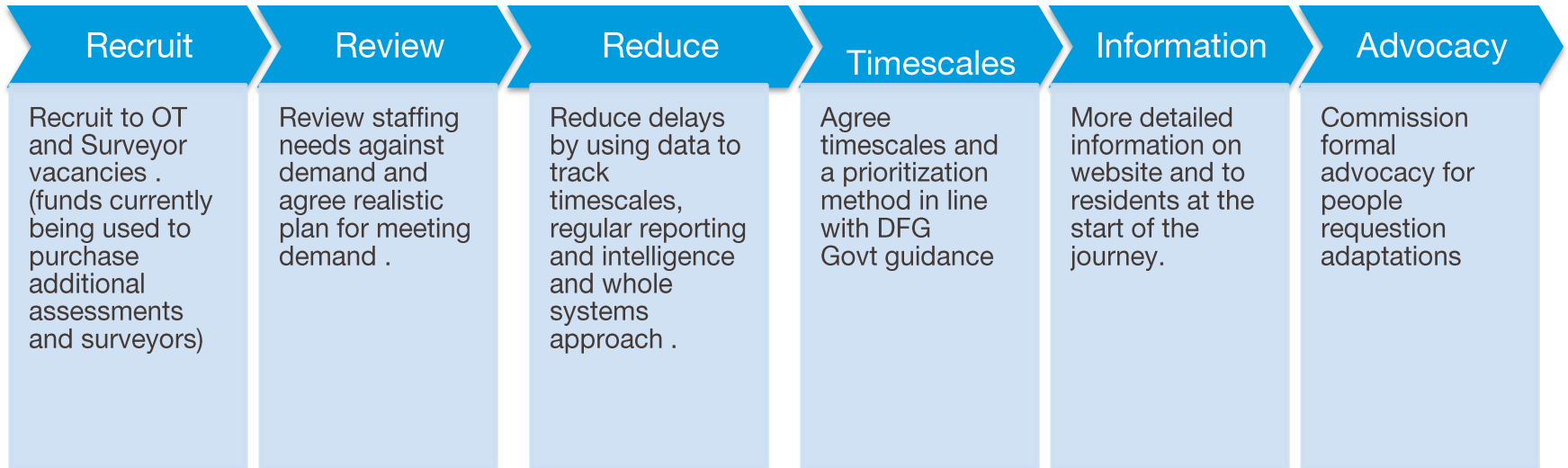
**Occupational Therapists should remain in contact with the resident and proactively manage the order and provision of equipment.**



# Next steps

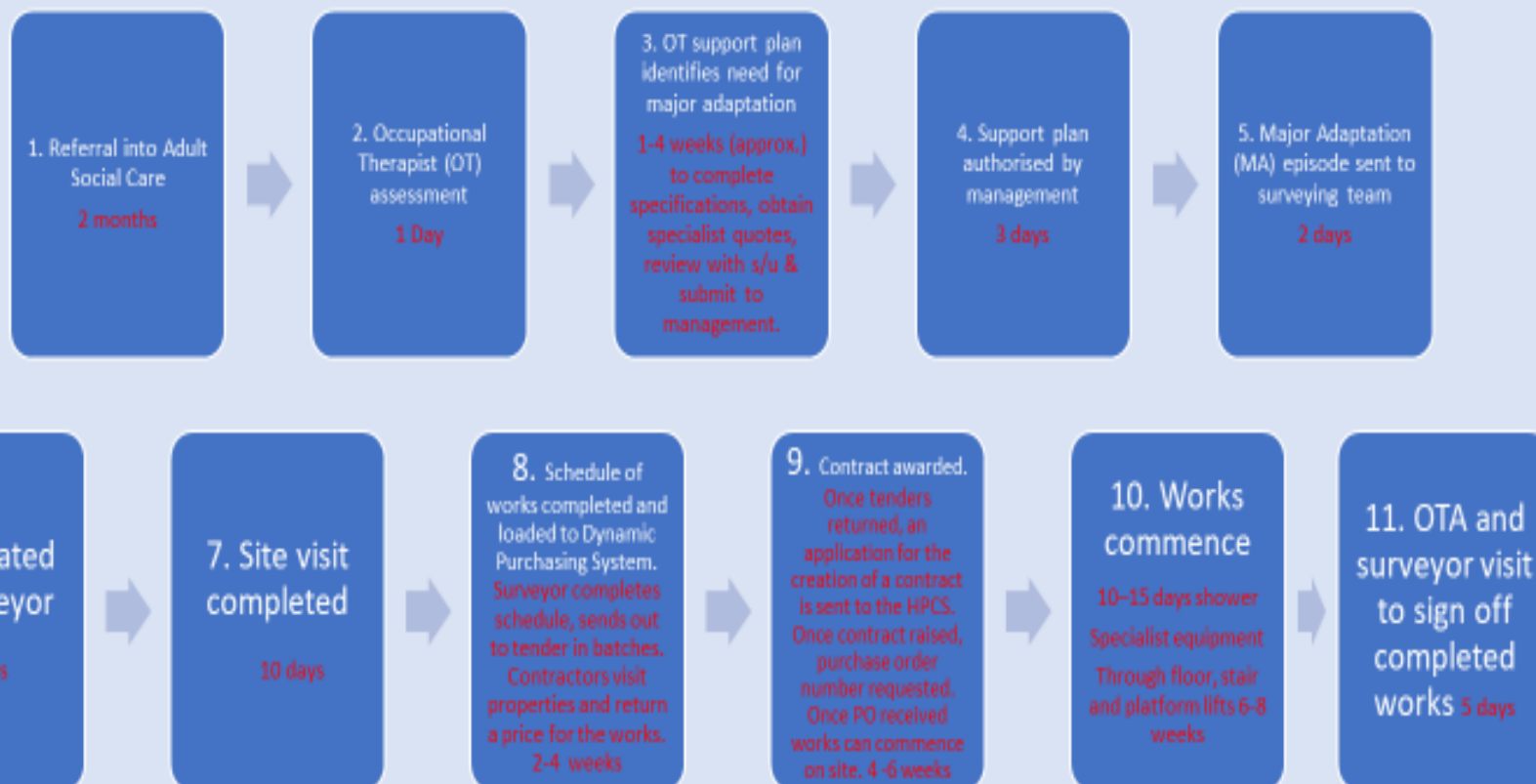


# Next steps



## Process – major adaptation (non DFG)

The following shows the end-to-end process and target timescales for a standard adaptation



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## Adults and Health Scrutiny Panel

### Work Plan 2022 - 23

<p><b>1. Scrutiny review projects;</b> 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.</p>		
Project	Comments	Status
Access to Adult Social Care Services	First evidence session held with officers in February 2023. Further sessions to follow shortly.	Ongoing

<p><b>2. “One-off” Items;</b> These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.</p>	
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 Adaptations – 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> <li>• Dementia services</li> </ul>
<b>8 December 2022 (Budget Meeting)</b>	<ul style="list-style-type: none"> <li>• Budget scrutiny</li> </ul>
<b>9 February 2023</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 – Aids &amp; Adaptations</li> <li>• Winter system resilience</li> </ul>

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

- Dementia - Update on the progress made with the Dementia Co-ordinator and Dementia Facilitator roles to raise diagnosis rates.
- Update on integrated joint partnership working and co-production.
- Community mental health model / suicide prevention.
- 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.

Items to schedule for 2023/24:

- Sep 2023 – Update on response to Living Through Lockdown report (Joint Partnership Board). Next update report to include a focus on the new initiatives that the Council had established as a result of the report recommendations.
- Nov 2023 – HSAB annual report – issues to follow up include: Modern slavery (including input from the Community Safety Partnership) and safeguarding and transitions between Children’s and Adult Services (aged 14-25)
- Nov 2023 – CQC/Quality Assurance update – CQC role in rating/inspecting Integrated Care Systems to be included (*NOTE: CQC colleague to be invited to meeting*)
- Nov 2023 – Update report on the Adult Social Care Commissioning & Co-production Scrutiny Review
- Date TBC – Update on Osborne Grove Nursing Home project

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