NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday, 22nd February, 2024, 6.30 pm - 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), Cathy Brennan, Thayahlan Iyngkaran, Mary Mason, Sean O'Donovan, Felicia Opoku and Sheila Peacock

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

Quorum: 3

1. FILMING AT MEETINGS

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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 - 14)

To approve the minutes of the previous meeting.

7. MATERNITY SERVICES & START WELL PROGRAMME (PAGES 15 - 52)

To receive a briefing on the Start Well programme and proposals to reorganise maternity and neonatal services in North Central London.

8. AIDS & ADAPTATIONS - UPDATE (PAGES 53 - 106)

To provide an update on the provision of aids and adaptations following the recommendations made by the Panel in September 2022. Minutes from this meeting are available to view at:
https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74001

A previous update was provided to the Panel in March 2023. Minutes from this meeting are available to view at:
https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=75471

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 107 - 110)

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

Meeting dates for 2024/25 will be published shortly.

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Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
River Park House, 225 High Road, Wood Green, N22 8HQ

Wednesday, 14 February 2024

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Agenda Item 6

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON TUESDAY 12TH DECEMBER 2023, 6.35 - 9.40pm

PRESENT:

Councillors: Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Mason and Sean O'Donovan

34. 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'.

35. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Felicia Opoku, Cllr Sheila Peacock, Ali Amasyali and Helena Kania.

36. ITEMS OF URGENT BUSINESS

None.

37. 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 Mary Mason declared an interest as a Trustee of the Bridge Renewal Trust.

38. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

39. MINUTES

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

RESOLVED – That the minutes of the meeting held on 16th November 2023 be approved as an accurate record.

40. SCRUTINY OF THE 2024/25 DRAFT BUDGET / 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2024/25 - 2028/29)

Neil Sinclair, Head of Finance (People), introduced the report for this item, reminding the Panel that some of the finance tables illustrated details for the whole of the Adults, Health and Communities service but that, where possible, the information provided focused on details relating only to the Panel's remit which was mainly adult social care and health services.

Neil Sinclair explained that significant financial pressures were ongoing across the service and that an overspend of around £20m was forecast in the current financial year. This position would not be sustainable going forward and so planning to deal with these pressures was required, including addressing the rising costs of delivering services across adult social care. Significant savings had been identified to reduce the financial gap and the budget papers reflected the position so far, but further work would need to be undertaken to deliver a balanced budget. A review of the capital programme had also been undertaken but no new capital schemes for Adults and Health were put forward in the papers.

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Wellbeing, noted that she had recently attended a national care conference and that it was clear that pressures were being felt across the country in terms of delivering more services for more people, higher interest rates and the cost of living crisis but without the required reform or financial support from the government. In this context, an injection of funds had been provided in the Haringey budget to help stabilise the budget while being realistic about the challenges faced.

The Cabinet Member and officers then responded to questions from the Panel:

- Asked by Cllr Brennan for clarification on the new growth figures in the table on page 19 of the agenda pack and the wide variation in the figures for each year, Neil Sinclair explained that the 2024/25 adjustment represented the upfront rebalancing of the budget as previously described and would remain in place in subsequent years but the challenge in the years beyond 2024/25 would be to manage ongoing rising demand and cost pressures. This position could change over the medium term but represented their current best estimate of the funding required to manage future costs. The Panel noted that, as set out in paragraph 5.10 of the main report, a total of £25.5m of growth was being invested from 2024/25, including £20.4m for adult social care but that further savings were also required going forward.
- Cllr Mason expressed concerns about the possible impact of future cost pressures on the quality of care as contracts were negotiated, also noting that

many care sector staff were already underpaid. Neil Sinclair responded that, for example, domiciliary care contracts with providers would need to include uplifts to take into account national/London-wide requirements on the National/Living Wage. There was therefore a balance required between managing the market effectively and addressing the Council's financial challenges. Cllr Mason accepted this but suggested that further information was required to reassure residents that the quality of care would not be reduced. **(ACTION)** Cllr das Neves commented that the specific proposals had been based on what was realistic and reasonable, including improvement projects, and did not directly impact on quality of care (e.g. staff reductions) but would be happy to discuss any individual proposals that there were concerns about. She also noted that the Council had spent over £5m in the current financial year on paying provider uplifts. Beverley Tarka added that the Care Quality Commission inspected and regulated safety and quality and that the Council only placed residents with providers that had a good or outstanding rating. The quality assurance team also made interventions when an existing provider experienced a decline in their rating, as had been discussed at the Panel's previous meeting. She also added that much of the savings were based on being able to do things more efficiently and effectively, as assessed through benchmarking data and learning/sharing with other local authorities, so this would not impact negatively on the quality of care.

- Asked by Cllr Connor about the Council's policy on providers paying the London Living Wage, Beverley Tarka said that the London Living Wage was paid to all home care providers but not to care homes. Care homes were commissioned to provide care based on the assessed needs of individuals and the appropriate support package was agreed.
- Noting the £20.8m in-year forecast overspend set out in paragraph 5.9 of the report, Cllr Connor asked what more could be done to balance the budget if additional funds were not provided by the government. Neil Sinclair said that there was an ongoing process of working closely with other services in the Council to ensure that other savings opportunities and approaches to managing revenue were identified ahead of final budget proposals.
- Asked by Cllr Connor about the possible use of reserves to balance the budget, Neil Sinclair said that the current intention was to find new savings and to maintain reserves at a level appropriate for a local authority of Haringey's size.
- Cllr Iyngkaran noted that some proposed savings related to commissioning efficiencies but that, according to the savings tracker, previous efficiencies had not yet been fully achieved. Beverley Tarka explained that these were stretch targets and that the parts of these that had not been achievable had been wrapped into the MTFS going forward, either by being written off or mitigated by newly identified savings. An example of the work in this area so far had included coming together with commissioners across NCL to agree pricing for

placements in residential homes to reduce long-standing competitiveness for placements between local authorities.

- Cllr Mason requested further details about the removal or deferment of capital schemes as described in paragraph 5.13 of the report. Beverley Tarka explained that there had been a pause on all capital projects to have an effective review. There had been higher figures projected for the Osborne Grove Nursing Home development compared to the previous analysis and the business case had not stacked up in terms of the outcomes the Council was looking for. This project had not been removed from the programme but a new business case had been developed. Cllr das Neves added that the Bourgoyne Road scheme had been deferred and that it was dependent on a GLA grant which would need to be made available before this could proceed. She added that there was also a plan to look at supported living capital work in partnership with the housing team. However, the impact of higher inflation and interest rates was that it was necessary to manage capital projects in a different way and that some projects may take longer to develop.
- Cllr Connor requested further details about the Minimum Revenue Position (MRP) and Capital Financing Requirements. Neil Sinclair explained that the MRP was the estimated cost of repaying debt and interest to support the existing capital programme. The Capital Financing Requirement was an assumption about how much future borrowing needs were expected to be. Asked for clarification about the current estimated Capital Financing Requirement for 2023/24, Neil Sinclair confirmed that this was just over £1.3bn as set out in Table 8.5 of the Cabinet report and that the MRP for 2023/24 was just over £18.6m as set out in Table 8.8 of the Cabinet report.
- Cllr Brennan expressed concern that delaying capital projects could end up costing more money due to the delay to the resulting service improvements. Beverley Tarka said that careful consideration had been given about what to defer and that, with the accommodation-based options, they had been working closely with housing colleagues to meet the needs of clients with specific needs.
- Asked by Cllr Iyngkaran what assumptions had been made on the budget in terms of future interest rates and inflation, Neil Sinclair said that the assumptions were made based on the projections for these going forward, that interest rates were widely expected to fall in the medium term and this was used to as part of the calculation for the MRP and Capital Financing Requirement. For adult social care, an inflation factor of 4% had been used to calculate future costs. Employee cost inflation was based on future pay awards and general price inflation (CPI/RPI). Cllr Iyngkaran requested that further details on the specifics on this calculation by provided to the Panel. **(ACTION)** Asked by Cllr Mason asked about the variation in interest rates between individual loans, Neil Sinclair acknowledged that borrowing and refinancing of loans would vary depending on when this took place and would typically

depend on the rate set by the Public Works Loan Board. Cllr das Neves added that the recent changes to inflation and interest rates could impact on existing business cases as they had raised costs to the Council in some areas and also raised costs for partners involved with projects.

- Cllr Connor noted that, according to paragraph 6.1 of the report, adults aged 18-64 now accounted for 55% of total forecast spend and asked about plans to deal with this increased need for support. Beverley Tarka responded that there had been a particular focus on joint work with Children's Services to improve transitions with Adult Services working with individuals even before the age of 14 to respond to their needs and so this was part of the plans in development to manage these costs.
- Asked by Cllr Connor about sources of external funding referred to in the report that would not necessarily recur in future years (including Lottery funding and ICB support for hospital discharge), Beverley Tarka said that conversations were continuing on health funding across the NCL area as a particularly challenging winter was expected but no new government funding was currently expected.
- Referring to Table 7.2a on page 19 of the agenda pack, Cllr Connor noted that £19.257m of new growth was allocated for Adults, Health & Communities in 2023/24, £12.7m of which was attributed to future inflationary pressures and transitions and £3m of which was allocated to Temporary Accommodation but that this left around £3.56m unaccounted for. Neil Sinclair explained that the £19.257m comprised of a combination of the various adjustments that had been applied including growth as well as adjustments to savings. Also, the total figure included Adults, Health & Communities as a whole while the appendices provided to the Panel only contained details related to the Panel's Adults & Health remit.
- Referring to Table 7.1a on page 18 of the agenda pack, Cllr Iyngkaran queried the variations in the levels of service growth between the different financial years in the table. Neil Sinclair explained that this related to what had been approved in February 2023 based on service pressures at that time but that Table 7.2a on page 19 then provided significant additional funding through the new growth proposals to further address the overall budget gap. Table 7.2c on page 19 then set out the total planned growth for 2024/25 to 2028/29.
- Asked by Cllr Iyngkaran why there was no further projected growth from 2027/28 onwards, Neil Sinclair said that it was challenging to make accurate projections that far in advance so the focus was on the next three financial years.
- Referring to the savings tables on pages 20 and 21, Cllr Connor queried whether the proposed savings were achievable and the potential risk of needing to write some of these off in future years. Neil Sinclair said that there had been a robust approach to the identification of savings across the Council and that the targets had been challenged and reviewed, but acknowledged that

any savings target included the risk of not being fully delivered which could create in-year pressures. Current in-year savings which could not be delivered had been accounted for in terms of the planning and forecasting going forward, as previously discussed.

- Asked by Cllr Brennan for clarification on the Council's Cash Limit, Neil Sinclair explained that this was based on assumptions about the current cost of services including planning assumptions such as inflation and growth.
- Referring to Table 7.3 of the Cabinet report, Cllr Connor noted that the figures in the 'Future Savings to be Identified' line grew significantly in future years and asked about the potential impact of this on Adults & Health services. Neil Sinclair acknowledged that, in order to write a balanced budget, further savings would need to be identified across the Council including from Adults & Health.
- Cllr Mason referred to the Edwards Drive capital scheme which, according to page 24 of the agenda pack, would now be delivered via the housing delivery programme and asked whether the impact of housing benefit would have an impact on the scheme, but Beverley Tarka said that this level of detail was not currently available.
- Asked by Cllr Connor for clarification on the terms used in Table 8.3 on page 23 of the agenda pack, Neil Sinclair explained that, if a business case was based on generating reductions to revenue costs then this was referred to as self-financing.

The Panel then asked questions about the specific proposed included in Appendices 3 to 6.

APPENDIX 3 – MTFS Savings Tracker (2022/23 – 2025/26)

- Asked by Cllr Iyngkaran for clarification on the whether savings were new or existing, Beverley Tarka explained that some were ongoing over a period of time and Cllr das Neves added that some savings may be marked as red or amber because they were taking longer than anticipated and that some might continue for longer because it was going well and could be stretched further.
- Cllr O'Donovan requested further details on the progress of proposal AHC_SAV_003. Beverley Tarka explained that this related to aged client debt where processes hadn't previously been as efficient as they could be. However, this had started late in the year and so it wasn't anticipated that the intended level of savings for this year would be reached but this would continue in future years where the anticipated levels of savings were outlined in Appendix 3.

APPENDIX 4 – New Revenue Growth Proposals

- Asked by Cllr O'Donovan for clarification on the line that read "Connected Comms – mainstream?", Neil Sinclair clarified that this related to previously approved growth to support the Connected Communities programme. It was

agreed that further details about this funding would be provided to the Panel in writing. **(ACTION)**

APPENDIX 5 – New Revenue Savings Proposals

AHC24_SAV_008 - (0-19 years Public Health Nursing Services efficiencies)

- Asked by Cllr Mason how many people were expected to be impacted by proposal Will Maimaris, Director for Public Health explained that this referred to health visiting and school nursing. He added that health visiting was a universal service and that there were 3,376 children born in Haringey in 2021 which was nearly 800 fewer than five years previously. The total value of the contract was over £5m and the savings around £300k which, at around 5% of the contract was a smaller proportion than the downward trend in the population change. However, the levels of need for some children may be higher in some parts of the Borough and therefore require more input from a health visitor. Cllr das Neves added that it was important for the Council to apply the same rules to providers when commissioning a service as the Council would apply to itself around managing the budget to ensure best value for public money.
- Cllr O'Donovan requested clarification about the 2-year period for the savings. Will Maimaris explained that discussions would be beginning with the provider and a notice period required for changes to the contract so the full amount could not be applied in the first year.
- Asked by Cllr Connor about the monitoring of the contract, Will Maimaris said that there were a number of performance indicators, for example on the proportion of families visited, and these were moving in the right direction. There was also dialogue with the provider on how to mitigate any changes in the contract.
- Cllr Iyngkaran queried whether the birth rate was expected to stabilise or continue to fall. Will Maimaris said that the general trend was downwards though it had flattened in the previous 12 months. He added that these trends tended to be monitored by Children's Services but modelling could also be useful in this context, but that need was an important element for consideration and not just the numbers.
- Cllr Mason expressed concern about the possible impact on children where the mother was particularly vulnerable as there would be an overall decrease in the number of health visiting hours and sought reassurance that all children and mothers who needed support would still receive the same level of support that they would have received before this change. Will Maimaris commented that, while it was never possible to fully mitigate a risk, they would be working with providers on efficiencies and performance on all contracts and had also invested in a vulnerable parent programme which was being expanded. After further discussion it was agreed that further details should be provided to the Panel on how these risks would be mitigated. **(ACTION)**

AHC24_SAV_009 - (Sexual Health MTFS)

- Cllr Connor noted that this saving related to greater use of local pharmacies to access services but expressed concern that local pharmacies were often very busy with long queues and that capacity was being stretched with pharmacies pushed to provide more services. Will Maimaris responded that the local Pharmaceutical Needs Assessment had recently been updated and had concluded that the pharmacy provision in Haringey was adequate and appropriate for the needs of the population. He added that the feedback from residents was that they generally found pharmacies to be a good way of accessing sexual health services but acknowledged that it was important to keep monitoring this.
- Cllr Mason expressed concerns about the potential impact on more vulnerable people, including younger women who may be deterred from accessing services such as this in a public setting and sought reassurance that they would still be able to access services in other ways. Will Maimaris explained that there was a Sexual Health Strategy and a Needs Assessment in which young people were identified as one of the risk groups. There was also some young person specific service provision in the borough which was not pharmacy based. In addition, there were sexual health services in London that anyone could access, including at Archway and North Middlesex Hospital. Finally, there was specific community-based outreach services aimed at BAME communities which were innovative and offered services such as HIV testing in a culturally appropriate way. However, there was an overall trend towards accessing services via pharmacies. Cllr das Neves added that, while some people might feel reticent about using local services, they had the option of going elsewhere in London which they may feel was more confidential and Haringey would then pay for that service.

AHC24_SAV_010 - (Continuing Healthcare)

- Asked by Cllr Brennan about the evidence to support this proposals, Vicky Murphy, Service Director for Adult Social Services explained that Haringey had a low number of Continuing Healthcare cases compared to other areas and that the proposal to embed Continuing Healthcare into Adult Social Care was a large piece of work supported by specialists with experience in this area so she was optimistic that this could be achieved. Data on this was available if required. **(ACTION)**
- Cllr Connor commented that residents often found it difficult to access Continuing Healthcare (which was NHS funded) and asked whether this was likely to change in future. Vicky Murphy responded that a training company had recently been brought in to support social workers and social care assistants to be part of the assessment process and that the offer to support residents in this area if they met the criteria had been strengthened internally.

AHC24_SAV_011 - (Direct Payments)

- Cllr Mason observed that a key issue about direct payments was about people having the confidence and support to use them and also ensuring coordination between the different services being accessed. Vicky Murphy said that the

support offer that was previously in place through Disability Action Haringey had been strengthened to enable people to be better supported through the process.

- Asked by Cllr O'Donovan whether people would still have the option of being referred directly to a provider, Beverley Tarka confirmed that there was always a choice.

AHC24_SAV_012 - (Strength Based Working)

- Cllr Brennan requested further details on how the savings would be made. Beverley Tarka explained that there was some client level data and trends which reflected that, despite the context with increased demand, the cost of care with older people was being maintained. This could be correlated with a shift in the way that practitioners support individuals, including through an increased use of assistive technology and strength-based approaches. Data on this was available if required. **(ACTION)** Cllr Mason welcomed this but observed that there was a deficit in the number of support groups in certain areas on the Borough. Beverley Tarka said that the department had a lead officer who had been doing consultative work on co-producing outcomes in the West, East and Central areas of the Borough as part of the shift towards localities working which included research on informal carers and support. This would enable a response as part of a refreshed carers strategy. Vicky Murphy added that there would be a carers section based with the localities team in each area, improved responses to the carer surveys and a new Co-Production Board with carers attending. Cllr Mason requested that further information be provided on what was being offered and in which areas. **(ACTION)** Cllr Connor emphasised the need to keep in mind that the local voluntary sector needed to be properly supported if the Council was looking to make savings but also expected the voluntary sector to support those who need care. Cllr Connor requested that further information be provided to the Panel to ensure that the local voluntary sector was not being put under excessive strain. **(ACTION)** Beverley Tarka said that Jess Crowe, Director of Culture, Strategy and Engagement, led on voluntary sector issues, but added that Reach & Connect had been a successful programme in coordinating with the voluntary sector to jointly support people in need of support. Cllr das Neves added that there was now a Community Chest fund in Haringey supported by the Borough Partnership and health partners to fund voluntary and community based initiatives in a range of areas.

AHC24_SAV_013 - (Use of public health growth)

- Asked by Cllr Iyngkaran for clarification on the figures for this item, Will Maimaris explained that the figures were specific because they represented a rise of £292k in the amount received from central government in 2024/25 which would go towards improving public health outcomes for residents.

AHC24_SAV_014 - (Supported Living Review)

- Cllr Connor commented that, while she supported the aim of the proposal, she queried whether it would be possible to increase the level of provision for sufficient one-to-one care in order to make the savings. Vicky Murphy responded that the work earlier this year on the reablement service and only supporting pathways relevant to adult social care had freed up significant capacity in the market for domiciliary care and so this would enable the right level of provision.
- Asked by Cllr Mason about the suitability and quality of housing, Vicky Murphy said that supported living housing was a different market from Council housing and was not the same as getting support from a Council service but that they were working with housing colleagues on how the offer could be strengthened. Some vulnerable residents had been successfully brought into supporting housing, including some who were previously being supported outside of the Borough.
- Cllr Connor concluded that no further information was required on this proposal but that the Panel would keep a watching brief on how it progressed.

AHC24_SAV_015 - (Service Audit)

- In response to a query from Cllr Mason about the potential impact of the savings on the local voluntary sector, Beverley Tarka explained that residents receiving services were entitled to a statutory review annually which could sometimes reduce costs by identifying more suitable alternative services. The review could also maximise the income for a particular individual or family by ensuring that they receive the current benefits. The savings were based on trends of the net output of these annual reviews. Vicky Murphy added that the review would check on services available and what was in the individual's support plan. It was also an opportunity to think about the use of technology to meet the needs of individuals, including the use of tablets or online shopping.
- Asked by Cllr Iyngkaran how this approach would be different from what was already being done, Vicky Murphy responded that they were on a journey to support practitioners to work with the strength-based approach in an in-depth way that may not previously have been done. Beverley Tarka added that there had been considerable investment in training staff to do things differently.
- In response to a query from Cllr O'Donovan about ensuring that people received the benefits to which they were entitled, Beverley Tarka said that there had been a particular initiative in recent years to help more people to receive Pension Credit and Cllr das Neves added this was an ongoing issue as there were new eligible people in the Borough each year.
- Cllr Connor commented that she had thought that a lot of these efficiencies had already been implemented in previous years. Beverley Tarka said that previous initiatives had related to carrying out initial financial assessments earlier, while this initiative was about more efficient annual reviews.
- Cllr Connor suggested that the Panel should continue to monitor the progress of this initiative as part of its work programme, including how this would be embedded with the usual turnover of staff and what the hidden costs might be such as the costs of more training or longer assessment processes. Cllr Mason

added that there remained question marks over the large estimated size of the saving and Cllr Connor suggested that further evidence was required on how this would be achieved. **(ACTION)**

AHC24_SAV_016 - (Mental Health Service Review)

- Cllr O'Donovan noted that when this item had previously been discussed, he had seen an executive summary of the review and suggested that this be shared with the Panel. **(ACTION)**
- Cllr Brennan requested further details on what steps were being taken to focus on the locality model. Cllr das Neves responded that this was an extensive area of work with three locality hubs across the Borough bringing together staff to deliver services with a different kind of model. While it was acknowledged that the Panel had previously discussed locality working, Vicky Murphy said that she would be happy to provide a future update report to the Panel for review as there had been considerable recent progress and collaboration with partners, Connected Communities and the local voluntary sector. Sara Sutton, Assistant Director for Partnerships and Communities, added that recent developments included collaboration with primary care providers, the Community Chest initiative, healthy neighbourhoods programmes and NHS talking therapies in more community settings. These collaborations took a much more localised approach to the needs of the area and enabled more preventative work.
- Asked by Cllr Connor about the work to address high-cost cases, Vicky Murphy said that this was a continuation of work that had started last year with a number of residents with mental health issues brought back into supported living in-Borough. One strand involved working with housing colleagues to find suitable accommodation with some one-to-one support for people with lower levels of need and the other strand involved using a provider for both accommodation and wrap-around care.

AHC24_SAV_017 - (Grant Review BCF/S75)

- Cllr das Neves informed the Panel that the Better Care Fund was a national funding stream to support health and social care integration and was being redesigned following an external review. Haringey had around £7.8m in the plan and were looking at opportunities to redirect some of the spend from the wider system back into adult social care.
- Cllr Connor asked about the possible risk of not being able to achieve this as it was dependent on a review undertaken with the ICB. Cllr das Neves responded that the Better Care Fund had defined purposes but that there was a possibility on the table to think about how that was used together. Neil Sinclair clarified that the £7.8m in the plan was the local authority's share of the Better Care Fund so did not rely on the ICB directly to repurpose these funds. Beverley Tarka suggested that it would be useful to send the Panel some further written information about the ongoing review and how the funding was used. **(ACTION)**

The Panel then briefly discussed the format of the agenda papers that had been received. Cllr Mason suggested that a short piece of introductory text for each table to explain how they related to one another would be useful in future reports. **(ACTION)** Cllr Connor suggested that some additional explanation on the capital budget should be included in future, including the impact on the revenue budget in terms of interest being paid. **(ACTION)**

Summarising the discussion, Cllr Connor commented that the financial situation was clearly very difficult with a substantive amount of savings required to achieve a balanced budget and that the risks associated with this situation had been highlighted. She informed the Panel that the recommendations proposed by the Panel would be submitted to the Overview & Scrutiny Committee for approval.

RESOLVED:

The recommendations to be submitted to the Overview & Scrutiny Committee were agreed as follows:

- The Panel seeks assurances from Cabinet that the pressures on the Adult Social Care budget would not impact negatively on the quality of care as new contracts were negotiated.
- The Panel seeks assurances from Cabinet that the local voluntary sector would be properly supported in their provision of services to support those who need care and not put under excessive strain as a consequence of budget savings. (New Revenue Savings Proposal - AHC24_SAV_012 - Strength Based Working)
- The Panel welcomed the updated format of the budget scrutiny papers and suggested a couple of further minor amendments for future years:
  a) A short piece of introductory text for each table (in the main report) to explain how they related to one another.
  b) Additional explanatory text on the capital budget appendix, including the impact on the revenue budget in terms of interest incurred.

The requests for additional information were agreed as follows:

- The Panel requested further details on how inflation (including employee cost inflation) had been factored into the projected costs for adult social care.
- In relation to the proposal on funding for Connected Communities in Appendix 4, the Panel noted that the information provided was limited and requested that more substantive details be provided.
- Further details to be provided to reassure the Panel that vulnerable parents and children would not experience a decrease in level of support following the overall reduction in the number of Health Visiting hours. (New Revenue Savings Proposal - AHC24_SAV_008 - 0-19 years Public Health Nursing Services efficiencies)

- Further evidence to be provided to demonstrate that these savings could be achieved. (New Revenue Savings Proposal - AHC24_SAV_010 - Continuing Healthcare)
- The Panel was informed that costs were being reduced through assistive technology and strength-based approaches and that data was available to support this. Relevant data to be provided. (New Revenue Savings Proposal - AHC24_SAV_012 - Strength Based Working)
- On the issue of locality working, the Panel requested details of support groups available in each of the three locality areas in the Borough. (New Revenue Savings Proposal - AHC24_SAV_012 - Strength Based Working)
- The Panel suggested that question marks remained over the large, estimated size of the proposed saving and requested more detailed information about how these would be achieved. (New Revenue Savings Proposal - AHC24_SAV_015 - Service Audit)
- Executive summary of the Mental Health Service Review to be shared with the Panel. (New Revenue Savings Proposal - AHC24_SAV_016 - Mental Health Service Review)
- The Panel was informed that there was an ongoing review being undertaken with the ICB on the Better Care Fund which included £7.8m of Haringey Council funds. Further details to be provided about the ongoing review and how the funded would be used. (New Revenue Savings Proposal - AHC24_SAV_017 - Grant Review BCF/S75)

41. WORK PROGRAMME UPDATE

Dominic O'Brien, Scrutiny Officer, informed the Panel that the items scheduled for the next meeting on 22nd February 2024 included an update on aids and adaptations and a Cabinet Member Questions session with room for one more item to be determined.

It was noted that modern slavery was an item to be scheduled for a future meeting and Cllr Mason proposed that Police training as this issue should be considered as part of this item. **(ACTION)**

42. DATES OF FUTURE MEETINGS

- 22nd February 2024

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

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North Central London Integrated Care System

NCL Start Well programme

Context and objectives

North Central London Integrated Care System

- Today's session is an opportunity to brief you on the proposals that have been developed as part of the Start Well Programme. This Programme of work was initiated in 2021 to ensure maternity, neonatal, children and young people's services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities.
- This is a long programme of work, and no decision has been made on the changes. The ICB Board agreed at its meeting on Tuesday 5 December 2023 to initiate a 14-week consultation period, from 11 December 2023 until 17 March 2024. A decision on the proposals is not expected to be made until Autumn/Winter 2024/25.
- The programme has developed a set of proposals to improve maternity and neonatal and children's surgical services in NCL. The purpose of the briefing today is to:
  - Provide some context on the programme, outline the rationale for change and how the options have been developed
  - Describe the options being put forward for public consultation
  - Outline the potential impact these proposals may have on different populations, including Haringey
  - Capture your views and feedback on the approach to consultation and how best to engage with the populations in Haringey who may be potentially impacted
- The link to the consultation website where you can find more information and details about the programme is: nclhealthandcare.org.uk/start-well

North Central London Integrated Care System

Background and context

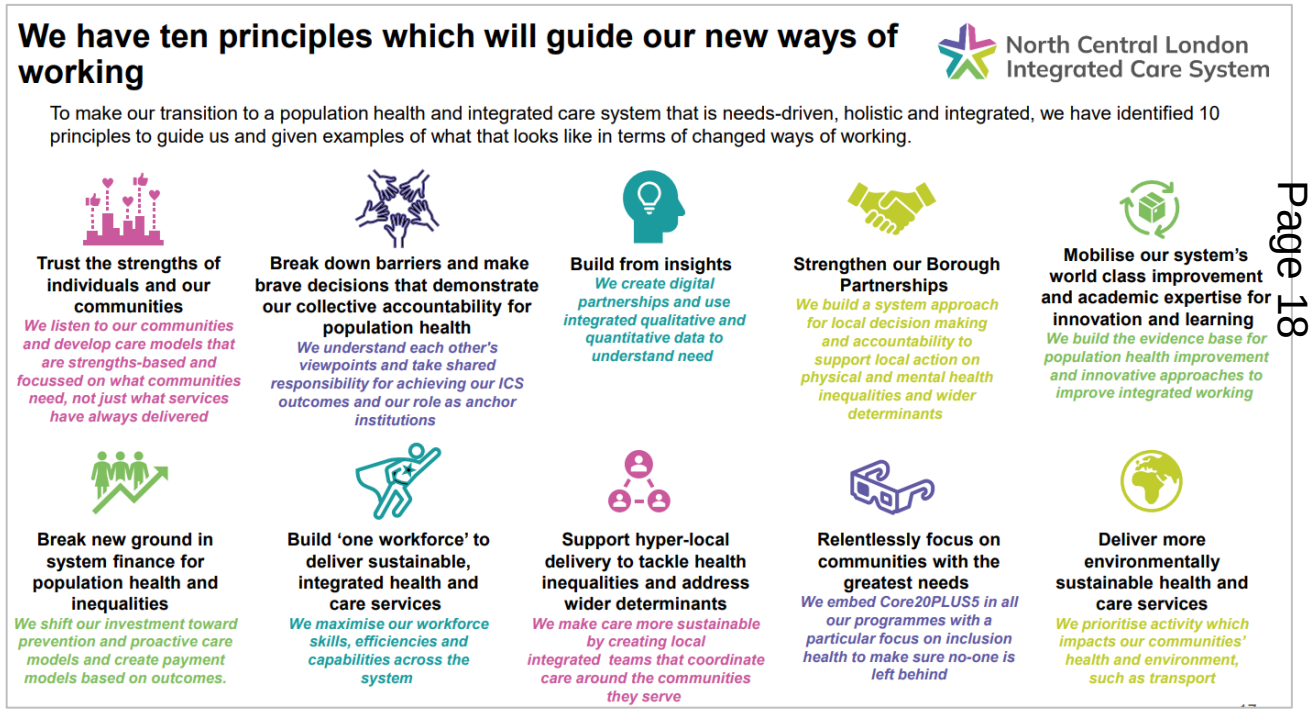
The drivers for this programme and the need for change are rooted in our relentless focus on improving outcomes and reducing inequalities within our population

North Central London Integrated Care System

North Central London ICS has an ambition to provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who choose to use our services.

We know that care received at the beginning of life is a powerful force against health inequalities and a catalyst for improved life chances which is why Start Well is a key priority in our Population Health and Integrated Care Strategy.

Central to the Start Well programme are the needs of pregnant women and people and their babies. We want to ensure our services are in the best position to support families through the life changing journey of pregnancy and birth.



Source: North Central London ICS Population Health and Integrated Care Strategy

https://nclhealthandcare.org.uk/our-working-areas/population-health/

The Start Well programme will support us to tackle inequalities and improve population health outcomes

North Central London Integrated Care System

The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities

- **Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes**
- **There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others**
- **The quality of services could be improved, and some service users face differential outcomes and experience**
- **Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care**
- **Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care**

The ICS also has a number of other programmes which are aiming to achieve population health improvements and integration of care such as a review into community services, mental health services and the implementation of a Long Term Conditions Locally Commissioned Service for Primary Care.

Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners

North Central London Integrated Care System

Start of review
November 21

Agreement across all organisations to commence the programme following Trust Board engagement.

Case for change development
November 21 – May 22

The clinical case for change was co-developed through significant clinical engagement, including: 60 interviews, 12 reference group meetings, 2 large clinical workshops and 5 surgical deep dive sessions

Case for change engagement
July – September 22

Engagement with patients and the public on the case for change, including:

- 207 in depth discussions
- 389 questionnaire responses
- 16 stakeholder meetings
- 2 youth summits

Over **75% of respondents agreed or strongly agreed with opportunities identified**

New care models
July – September 21

Future facing best practice care models were developed. This involved **over 100 clinicians** through workshops and task and finish groups

Options appraisal
November 22 – May 23

Evaluation of options was undertaken through **10** clinical reference group meetings, **8** finance group meetings and **3** patient and public engagement group meetings

Options appraisal workshop
May 23

Programme board workshop where options were narrowed involving local authority partners, Trust reps as well as NEL, NWL and Herts.

Pre-consultation business case development
May 23 – September 23

Drafting of pre-consultation cases that outline proposals and new clinical model to be implemented

IIA engagement
May – June 23

Engagement with **over 120 service users** about their experiences of maternity and neonatal care to build up an understanding of the impact of implementing changes

Clinical senate review
July 23

A panel of over 30 senate panel members reviewed and feedback on proposals. Lead clinicians from NCL represented the programme

Finance assurance
August 23 – September 23

Assurance of capital assumptions for each option through 1:1 assurance meetings with CFOs

Further assurance of wider finance case through CFO group, and sign off in September

NHSE Assurance
November 23

Assurance of proposals by NHSE, a requirement in advance of commencing a consultation. Trust Board sign up to proposals is needed for this

ICB Board
December 5th 23

Seeking approval to commence consultation on proposals

Proposed public consultation
December 23 – March 24

Seeking feedback on proposals which will inform subsequent decision making

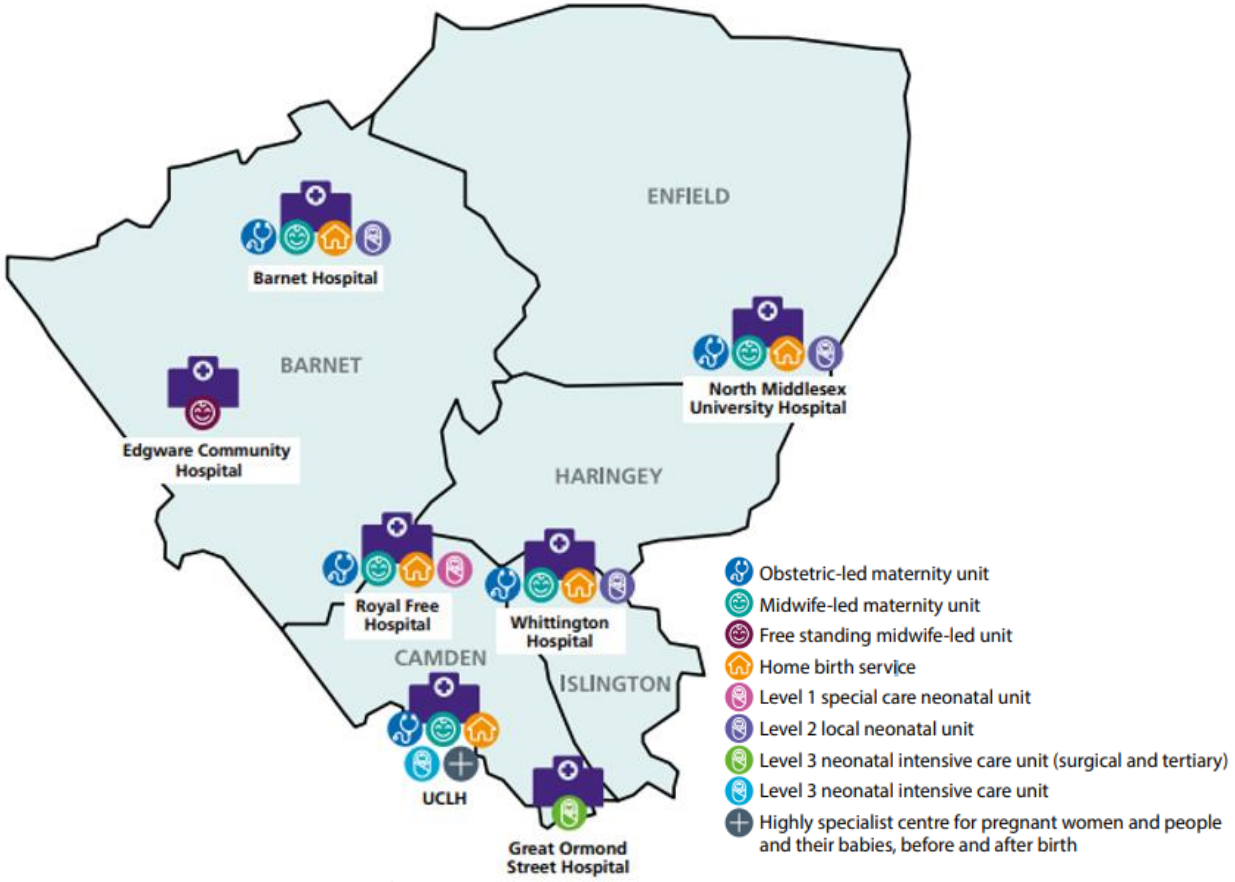
The programme, which began in November 2021, has benefited from extensive clinical and service user input.

North Central London Integrated Care System

Maternity and neonatal services proposals

How maternity and neonatal care is currently organised in North Central London

North Central London Integrated Care System



In our five boroughs we have **five maternity and neonatal units** and a **standalone midwifery led birth centre**:

- Five obstetric units
- Five alongside midwifery-led units
- One standalone midwifery-led unit at Edgware Community Hospital
- One special care neonatal unit (level 1)
- Three local neonatal units (level 2)
- Two NICUs (level 3 – one of which is at GOSH and out of scope of the proposals)

Pregnant women and people can access maternity care at their unit of choice. This means people who live within Barnet, Camden, Haringey, Enfield or Islington may choose a hospital outside of these area and those who live outside the NCL boroughs can access maternity care at a hospital within NCL

There are important clinical drivers for change in our maternity and neonatal services

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NCL has a declining birth rate, with increasing complexity of service users. There is insufficient activity and staff to sustain five maternity and neonatal units in the long term

Staffing levels do not always meet best practice guidance and there are high vacancy rates which frequently compromise service provision. This often leads to the inability to staff birth centres – meaning the choice of midwifery-led care is often compromised

The level 1 unit at the Royal Free Hospital was only 37% occupied in 2021/22. The number of admissions to the unit have been falling and there are expensive and complex mitigations in place to maintain its safety. This unit does not provide equitable care to service users and it represents a clinical risk, which requires a long-term solution as identified by the London Neonatal Operational Delivery Network and the Trust

The maternity and neonatal estate at the Whittington Hospital does not meet with modern best practice building standards. It has no ensuite bathrooms in its labour ward, its neonatal unit is cramped with risks around infection control. These risks are actively mitigated by excellent staff and clinical processes; however, this does create increased pressure on staff to safely deliver the service

Maternity CQC re-inspections has identified challenges with maternity services in NCL and there are opportunities to improve their quality

Edgware Birth Centre supports an ever-decreasing number of women to give birth – in 22/23 only 34 women gave birth there. Given the declining birth rate and increasing complexity of births it is unlikely this will increase in the future

Our vision for maternity and neonatal care is delivered through our new care model

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The new care model proposes:

- **Bringing together maternity and neonatal care into four units as opposed to our current five**
- **Three level 2 neonatal units as well as the specialist NICU at UCLH**
- **No longer having a level 1 neonatal unit**
- **No longer having a standalone midwifery-led birth centre**

Our vision for maternity and neonatal services

Provision of high-quality equitable care: all units being able to provide the same level of neonatal care will address the current inequity of having a level 1 neonatal unit as local provision for those closest to that level 1 unit is less comprehensive than the local provision for those closer to any of the level 2 centres

Units that provide sustainable activity numbers: through consolidation, we will have larger units which are more clinically sustainable in the long term given the declining NCL birth rate and the need to make best use of our scarce workforce

Workforce resilience: units staffed in line with best practice, supporting our teams to deliver high quality care**.** Delivering this over four units as opposed to five means increased workforce resilience and units will be less vulnerable to short term closures – ensuring that choice of birth setting can be facilitated in a more consistent way. This may also help deliver greater continuity of care to parents, which is currently a challenge to deliver as our workforce are spread thinly

The right capacity to meet demand: ensuring that NCL has access to the right level of capacity to meet changing needs of our population – including access to specialist care where it may be needed

Environment that provides a positive patient experience: investing in our estate and making improvements that will address current issues. We will invest in making sure we have optimally sized units, meaning better value for money and wider benefits of adopting the new care model

Options for consultation – maternity and neonates

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Our preferred option

Option A: *UCLH, North Mid, Barnet, Whittington*

UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Maternity and neonatal services would cease to be provided

Option B: *UCLH, North Mid, Barnet, Royal Free*

UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Maternity and neonatal services would cease to be provided

Closure of the birthing suites at Edgware Birth Centre

Both options being put forward for consultation are deemed to be implementable

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The status quo is not an option for consultation because:

- The way services are currently set up won't meet the long-term needs of our population and doesn't resolve the challenges identified in our case for change
- Staffing services across five sites as opposed to four would continue to be a challenge and not make best use of our skilled workforce
- The neonatal unit at the Royal Free Hospital would continue to need support to maintain the skills of staff and this does not represent a long term, sustainable solution

Both proposed options being put forward for consultation have been deemed to be implementable and we are consulting on both options.

Option A has been identified as the preferred option for consultation because:

- it would mean fewer staff needing to move to a new location
- option B would mean some people would need to go to hospitals in North East London that would struggle to have capacity for this because of rising birth rates in some parts of North East London
- while option A would mean some people would need to go to hospitals in North West London, those hospitals have confirmed they have capacity for this as the number of births in North West London is falling

Future flows have been projected for each option, using an approach which considers choice

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Note: LSOA is a Lower Super Output Area and is the smallest granularity of geography that is used for travel time analysis. Typically, there are 1,000-2,000 residents within an LSOA.

Approach	Description
1 **For each LSOA identify the closest hospital for the catchment population**	• The catchment population for the patient flow analysis has been defined as all LSOAs in NCL where there was activity in the 2021/22 baseline year and any LSOAs for whom an NCL site is the closest hospital, this includes any populations living in neighbouring boroughs. • The neighbouring ICSs have been defined as all London ICSs plus Hertfordshire and West Essex ICS • The closest hospital is found using the Travel Time API (Google), calculating the travel time in minutes at peak time
2 **Calculate the number of deliveries at each in scope hospital in 21/22 by LSOA**	• The volume of activity at each of the in-scope hospitals has been calculated for each of the LSOAs in the catchment population • The hospitals that are in scope of this work are all acute NCL hospitals and the following neighbouring units: St Mary's, Chelsea and Westminster, Northwick Park, Homerton, Whipps Cross, Royal London, Princess Alexandra, Watford General, Newham, Luton and Lister Hospitals
3 **Understand in each LSOA the number of people giving birth at their closest unit or choosing to give birth elsewhere**	• It is modelled that **everyone in an LSOA flows to their nearest unit by travel time (car/driving at peak times)**. If this unit is modelled as closed, then the population will be modelled as flowing to the next nearest. • However, if over 80% of people in any LSOA are currently choosing to go to a unit further away than their nearest by travel time, then everyone in that LSOA is modelled to travel further to the unit of choice. • In each option, when a unit closes, everyone who was modelled to go to that unit is then modelled to **go to their nearest hospital instead**

We identified the people who may be impacted by the proposals

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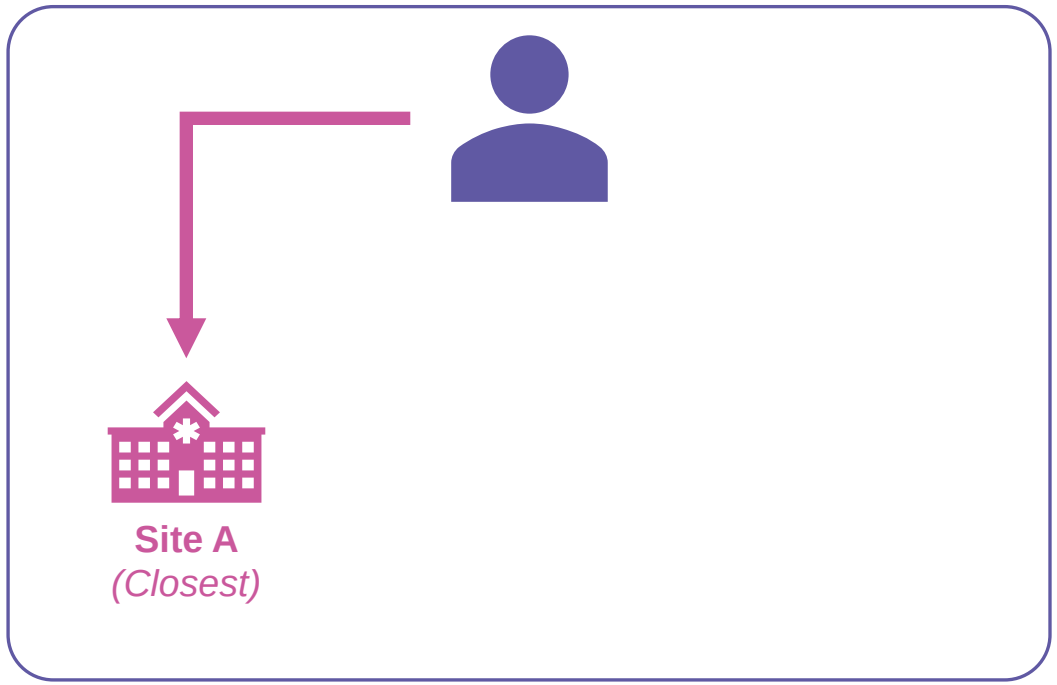
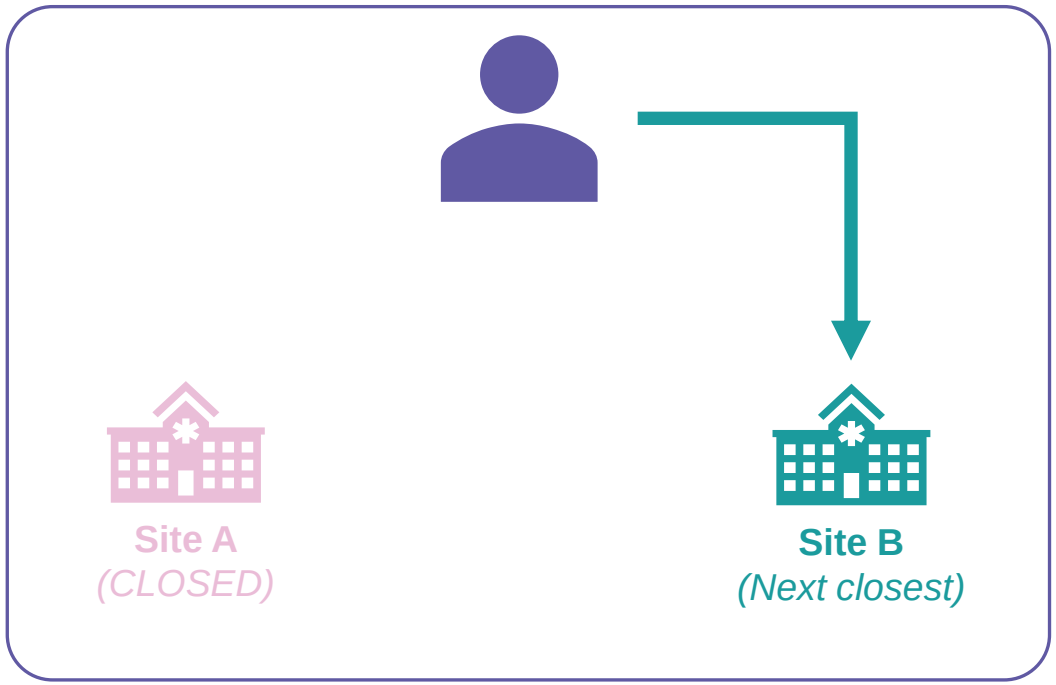
- We looked at where people currently live and identified geographies whose closest hospital is Royal Free (option A) or Whittington (option B)
- For the impacted populations we looked at what the next closest hospital would be and projected the activity to the next nearest unit. All activity in that LSOA is flowed to this hospital.
- This modelling is based on historic activity and a set of assumptions and therefore is indicative. Whilst the modelling approach has factored in choice there may be individuals within the impacted LSOAs who choose a hospital that is further away than the closest.

Currently: where people go now (the closest)



Future: Predicted flow if maternity unit at Site A closed



The proposals in option A would result in 2,560 deliveries being being moved to another unit

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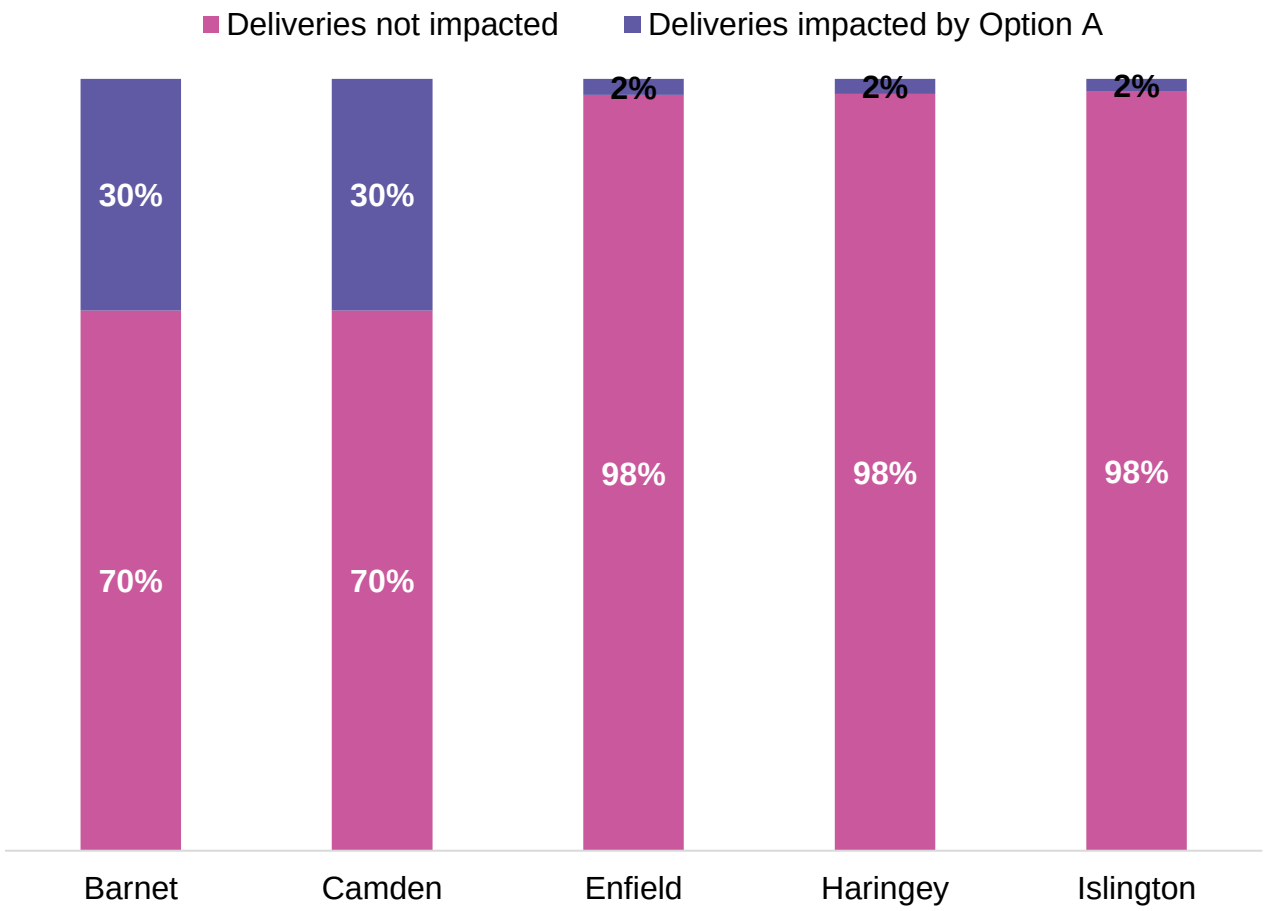
- Based on future activity modelling, in option A, 2,560 deliveries are would be moved from the Royal Free Hospital to another unit. This includes units that may be outside of NCL.
- Of the 2,560, 73% (1,860) are NCL residents and the remaining 27% (700) are non-NCL residents.
- Of the NCL residents impacted:
  - 1,211 live in Barnet
  - 475 live in Camden
  - 77 live in Enfield
  - 61 live in Haringey
  - 36 live in Islington
- The proportion of total deliveries impacted by NCL borough is set out in the graph to the right

Proportion of activity which may being impacted by borough



In Option A 98% of activity for Haringey would remain at the same hospital

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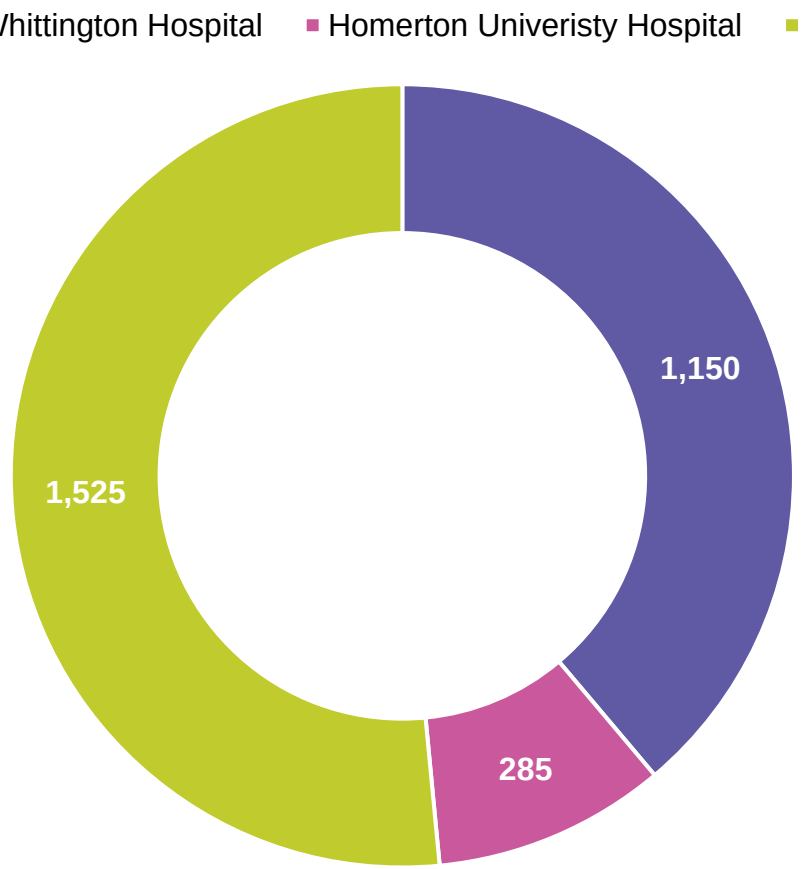
- Based on future activity modelling, in option A, 98% of deliveries for individuals who live in Enfield, would remain at the same unit. This includes individuals who live in Haringey but are actively choosing to deliver at a unit further away than the closest.
- 2% of individuals would be required to deliver at a different unit if the Royal Free Hospital was modelled as closed (61 deliveries in total)
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Whittington Hospital (+26 deliveries)
  - North Mid (+34 deliveries)
  - Homerton University Hospital (+1 delivery)
- The graph to the right highlights in option A where **all deliveries** for individuals who live in Haringey would be. This includes deliveries where the unit would not change.

Option A: Projected deliveries by site for all Haringey borough residents



The proposals in option B would result in 3,391 deliveries being being moved to another unit

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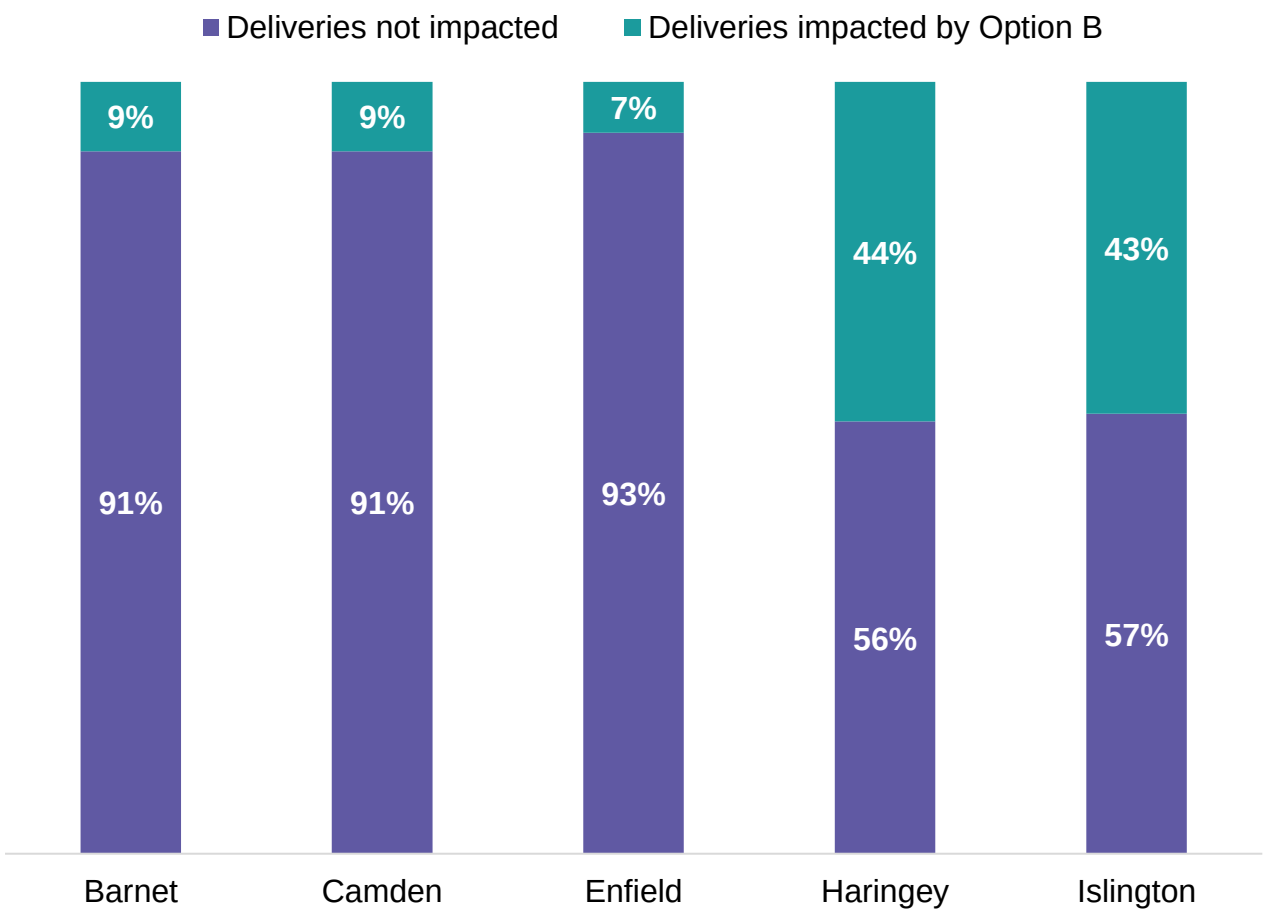
- Based on future activity modelling, in option B, 3,391 deliveries would be moved from the Whittington Hospital to another unit. This includes units that may be outside of NCL.
- Of the 3,391, 88% (2,978) are NCL residents and the remaining 11% (413) are non-NCL residents.
- Of the NCL residents impacted:
  - 360 live in Barnet
  - 151 live in Camden
  - 230 live in Enfield
  - 1,294 live in Haringey
  - 943 live in Islington
- The proportion of total deliveries impacted by borough is set out in the graph to the right

Proportion of activity which may being impacted by borough



In Option B 56% of activity for Haringey would remain at the same hospital

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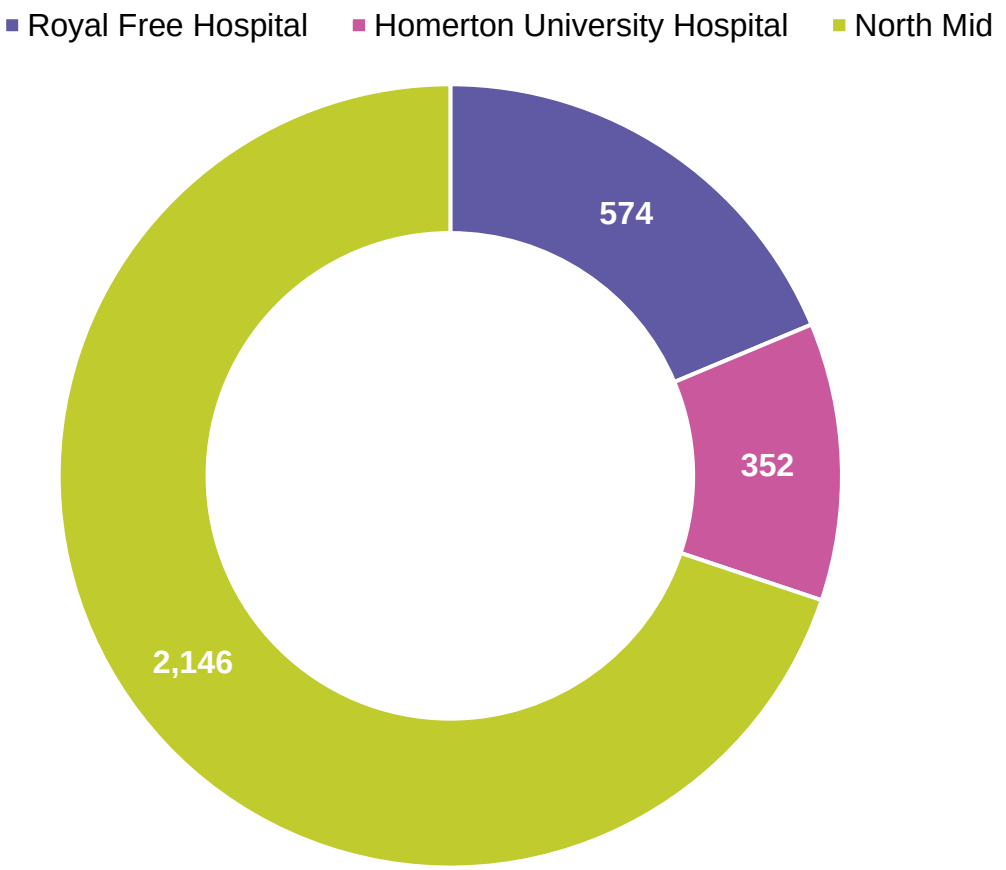
- Based on future activity modelling, in option B, 56% of deliveries for individuals who live in Haringey, would remain at the same unit. This includes individuals who live in Haringey but are actively choosing to deliver at a unit further away than the closest.
- 44% of individuals would be required to deliver at a different unit if the Whittington Hospital was modelled as closed (1,294 total deliveries).
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Royal Free Hospital (+411 deliveries)
  - North Mid (+794 deliveries)
  - Homerton University Hospital (+89 deliveries)
- The graph to the right highlights in option B where **all deliveries** for individuals who live in Haringey would be. This includes deliveries where the unit would not change.

Option B: Projected deliveries by site for all Haringey borough residents



Two specific geographical areas were identified as being more vulnerable to the impact of our proposals

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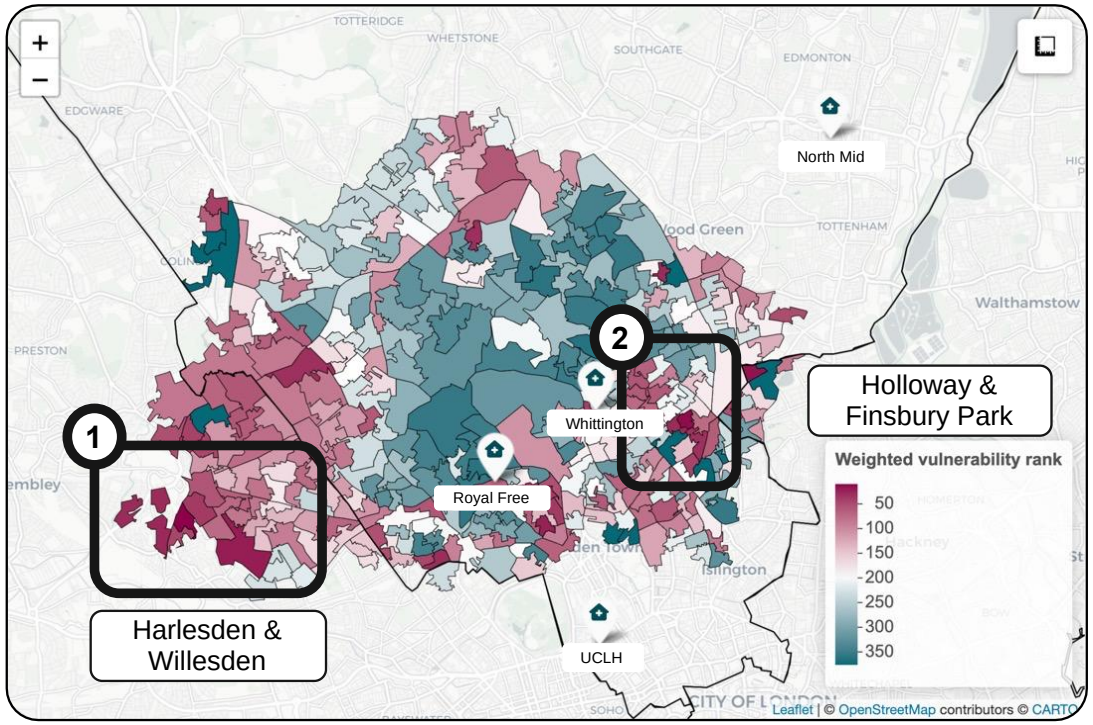

Weightings were used to ranks all LSOAs from highest to lowest against a range of metrics including ethnic minorities, deprivation and poor health outcomes where 1 = worst, 400 = best. A weighted average was then developed for each LSOA and used to identify populations who may be more vulnerable to the impact of our proposals

- **Two geographical areas** were identified as having residents who may be more vulnerable to the impact of our proposals because they face barriers to accessing services due to living in areas of deprivation and having high levels of poor general health
- As a result of the proposals, people in **Harlesden and Willesden** (option A), and **Holloway and Finsbury** (option B) may need additional support to:
  - **Access the hospital site** if they are disabled/in poor health or are not proficient in English
  - **Travel to hospital by taxi**, if required, as it will cost an additional £4-£5 per journey
  - **Access services online** as they may have lower digital proficiency
  - **Care for other family members** as they may be a lone parent
- **Black African and Black Caribbean** populations are concentrated in these geographies and have poorer maternity outcomes
- Harlesden has a large proportion of **Bangladeshi and Pakistani** populations, who are more likely to have worse maternal health outcomes

There are a range of population groups who may be impacted if we were to implement either option A or B

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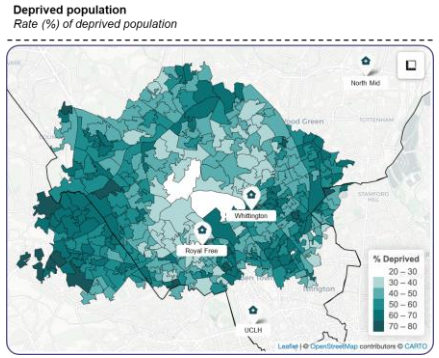
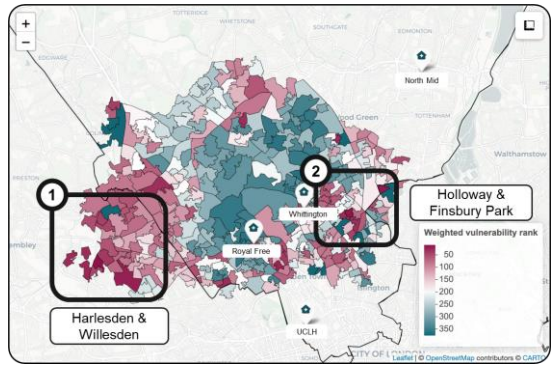
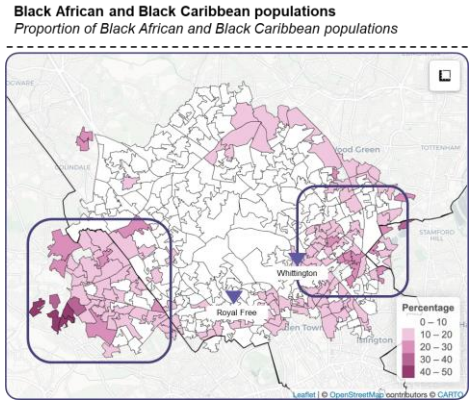
Women and people who live in deprived areas: there is a link between people living in deprivation and adverse outcomes from maternity and neonatal care. People living in these areas may be particularly impacted by increased taxi costs if either option A or B were to be implemented.



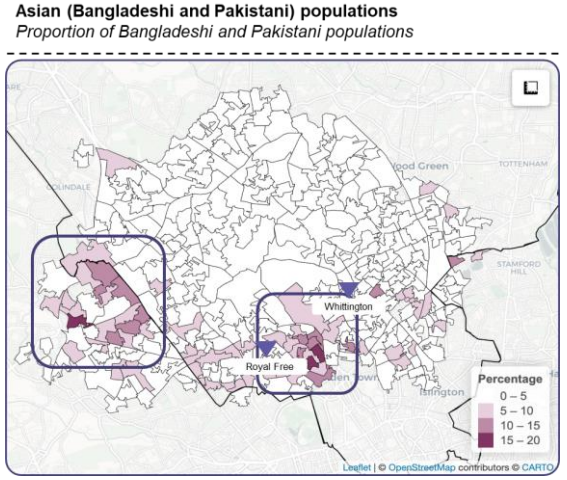
People living in geographic areas who may have vulnerabilities: we identified two neighbouring areas with a higher concentration of people who may be vulnerable to service changes. **Harlesden and Willesden** would be more impacted by option A and **Holloway and Finsbury Park** would be more impacted by option B. The reason that these areas have been identified is due to their higher concentration of people who belong to an ethnic minority, people with poorer English proficiency and areas of higher deprivation. Mitigations for these populations include a focus on continuity of care and ensuring there is integration with other local services



Black African (including Somali) and Black Caribbean women and people of childbearing age: there is evidence that Black African and Black Caribbean women and people may experience poorer maternity outcomes. The impact on Black African and Black Caribbean women of proposed changes may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of their wider health needs during pregnancy.



Asian women and people of childbearing age: there is evidence that Asian (particularly Bangladeshi and Pakistani) women and people may experience worse outcomes from maternity care. The impact for them may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of wider health needs given evidence of higher prevalence of conditions such as diabetes.



There are a range of population groups who may be impacted if we were to implement either option A or B

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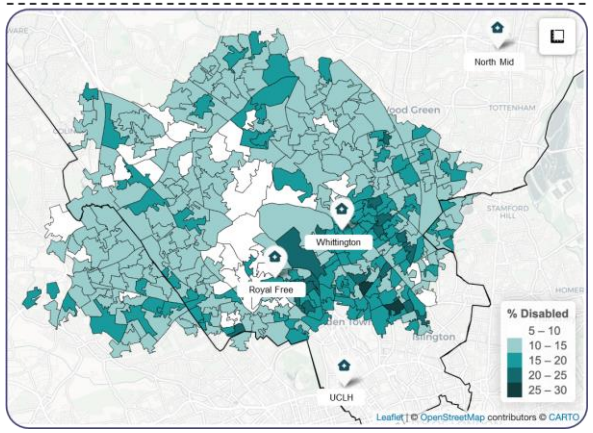
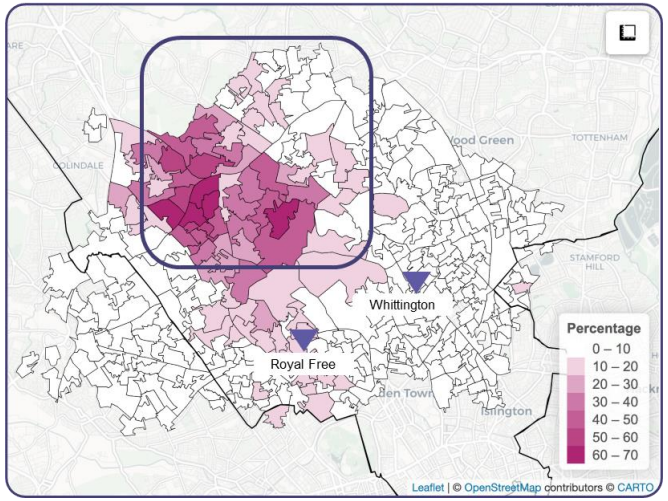
Women and people of childbearing age with disabilities (including learning disabilities): people with disabilities may be more impacted by proposed changes due to challenges navigating to an unfamiliar hospital site, taxi costs due to lower car ownership and the physical accessibility of hospital sites.

People with a disability
Rate (%) of people with a disability



Jewish Population
Proportion of Jewish populations



Women and people from the orthodox Jewish community: Orthodox Jewish people may be impacted by the proposed changes, particularly around Option A. Consideration may need to be given for the specific needs of this group around maternity care. This includes requirements around Kosher food, observance of Shabbat and the impact on travel and ability to access online or digital materials.

Through engagement with service users to date, we have developed mitigations that may need to be put in place to support service users with a range of different needs should a decision be taken to implement proposals. This covers areas such as:

- Communication and information sharing
- Travel and transport
- Ongoing engagement with communities

There are a number of other service users who have characteristics that make them potentially more impacted should we implement option A or B which our IIA identifies. This includes older and younger pregnant women and people, people with poor literacy, women and people in inclusion health groups and

We would seek as a priority to engage with all of these groups during the proposed consultation period.

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The birthing suites at Edgware Birth Centre

We are also proposing closing the birthing suites at Edgware Birth Centre

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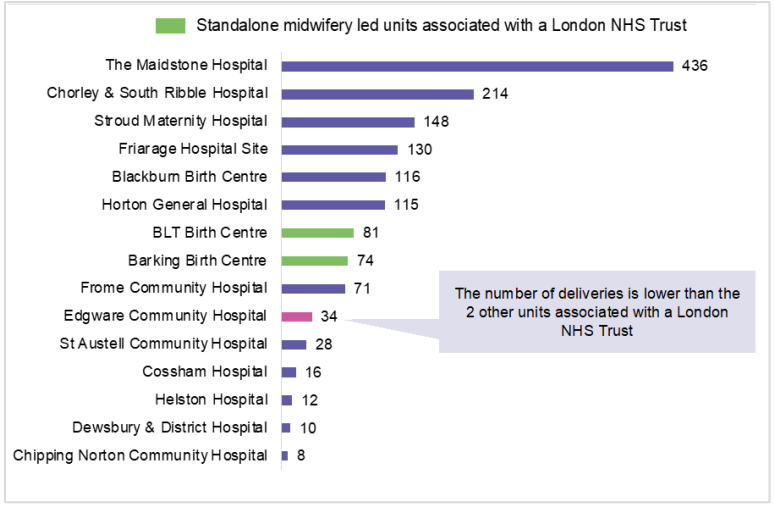
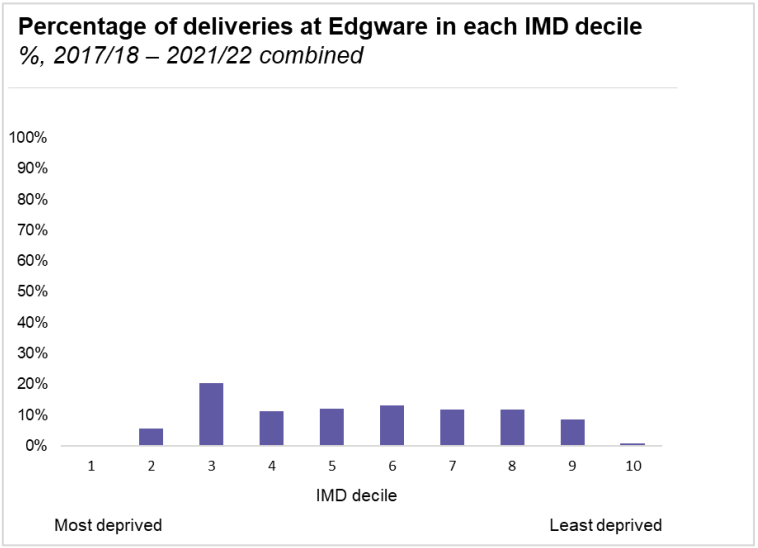
Case for change for Edgware Birth Centre

- Edgware Birth Centre does not provide the right type of capacity for our population, with analysis suggesting only 30% of women across NCL would be clinically appropriate to give birth there and an even smaller number of this 30% would be within close travelling distance of the unit
- Births are becoming more complex and anticipated to decline over the next 10 years, meaning it would be very difficult to increase activity numbers at the unit
- The number of births at the unit has been declining every year since 2017 and it is one of units with the smallest number of births in the country, with only 34 births in the last financial year
- We do not have the workforce to support the unit as well as our other alongside midwifery-led units which leads to short term closures of the service
- There are opportunities to use the space at the site in a more efficient way and provide antenatal and post natal services for our local population there that are more in line with their needs





We propose to consult on this as a separate proposal alongside the maternity and neonatal proposals. They are not dependent on one another.

North Central London Integrated Care System

Surgery for babies and children

There are several important clinical drivers for change in our paediatric surgical services

North Central London Integrated Care System

There is currently a lack of defined emergency surgical pathways for young children meaning that clinicians in emergency departments make multiple enquires to secure the right pathway for individual children.

Some children are transferred up to three times before receiving emergency surgical treatment in the right setting. From April 2020 to March 2021, 144 children and young people were transferred from an NCL provider to other hospitals for an emergency surgical procedure

Access to surgical and anaesthetic workforce to deliver care for young children is limited at local sites and scarce nationally, with the ability to undertake an operation often dependent on the skills of the individual staff on duty that day

There are some operations being undertaken in very low volumes at local sites which raises questions about the ability of staff to maintain their skills

There is lack of clarity on the role of Great Ormond Street Hospital in caring for local NCL children and young people requiring surgery, alongside its tertiary and quaternary work

Children are not always looked after in age-appropriate environments, or on child-only lists which does not represent a high-quality patient experience

There are long waits for planned operations, particularly in ENT and Dentistry, and there are opportunities to consider how these high-volume specialties better manage demand and capacity

There were broader opportunities to improve identified through the case for change which are being addressed through other programmes of work.

Our proposals will improve quality outcomes and patient experience for paediatric surgical care

North Central London Integrated Care System

Paediatric surgery care model benefits

Access
Paediatric surgical care will be delivered in the appropriate setting to ensure that all patients receive the care they require as quickly as possible

Workforce
Make best use of paediatric surgeons and consultant paediatric anaesthetists to deliver planned and emergency surgical care to children at a fewer number of sites

Sustainable services
Consolidating low volume specialties and ensuring staff maintain competencies will ensure that surgical services remain sustainable

Environment
Ensure all children receive care in a child friendly environment where possible, on dedicated children's surgical lists

Surgical pathways
Providing clarity on surgical pathways reduces time taken to find a bed at local units or transfer children

Proposed option for consultation – paediatric surgery

North Central London Integrated Care System

- We developed and appraised options for the location of planned and emergency surgical services for children and young people in NCL
- Following our options appraisal, there is one option for consultation for the location of the ‘Centre of expertise: day case’ and ‘Centre of expertise: emergency and planned inpatient’

Option for consultation

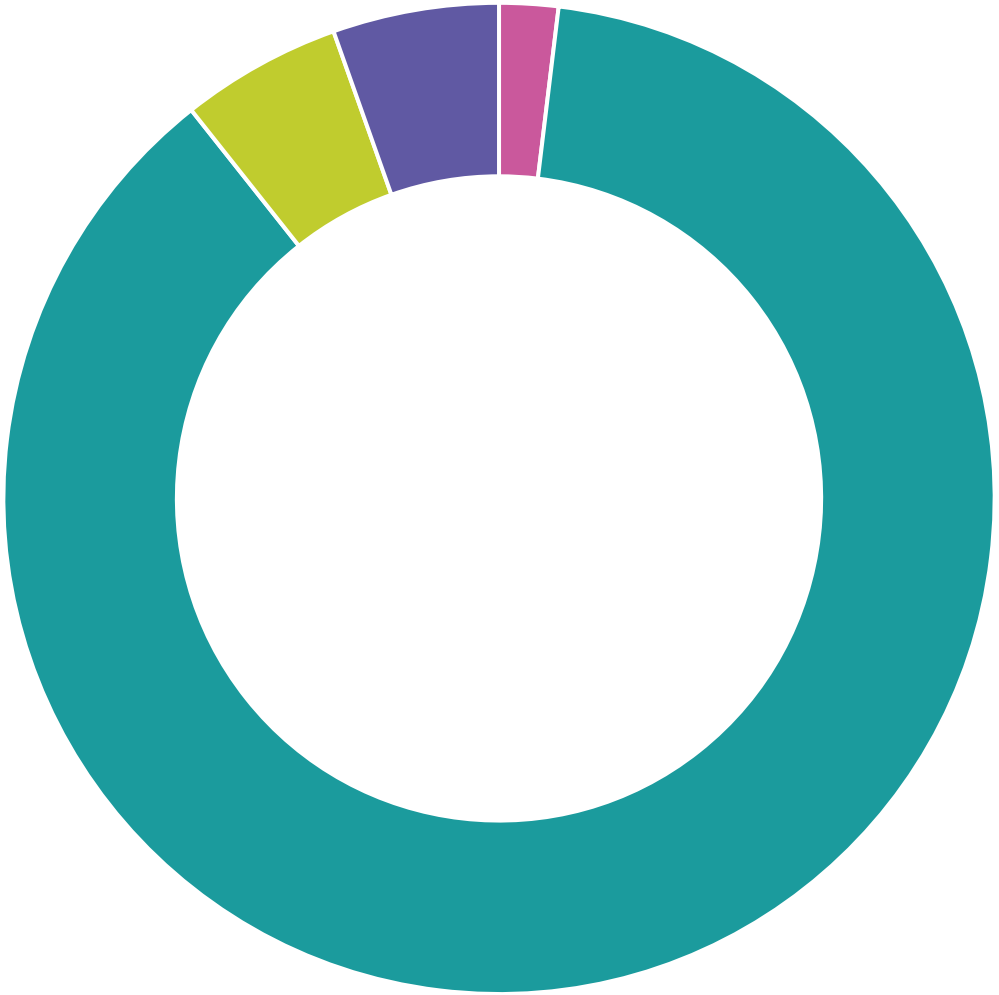
Centre of Expertise: emergency & planned inpatient		Centre of Expertise: day case	
GOSH	Would deliver majority of surgical care for children under 3 years and under 5 years (general surgery and urology). Would provide planned inpatient surgery for children age 1 years and over for low volume specialties.	UCLH	Would delivers all day case surgery for children age 1 and 2 years. Would provide day case activity for all children age 3 years and over for low volume specialties.

The proposed care model would move less than 10% of paediatric surgical care in NCL

North Central London Integrated Care System

Centre of Expertise: Daycase – c.300 children
Bringing together planned daycase activity

Centre of Expertise: Emergency & planned inpatient – c. 300 children for surgical care and c.1,000 children for surgical assessment
Bringing together emergency for very young children and planned inpatient care



Out of area
Emergency paediatric surgical activity that would continue to be delivered outside NCL (e.g., major trauma)

Local and specialist units
Most of the emergency and planned activity would remain at local units or at specialist units. This means that children and young people are seen at the place best suited to their needs.

North Central London Integrated Care System

The consultation

The programme has benefited from substantial input from service users and local communities and public consultation will expand the reach of the engagement to date

North Central London Integrated Care System

Case for change development

- Review of existing patient experience insights data from 11 different sources
- Establishment of a youth mentoring scheme and youth summits
- Targeted engagement with a small number of patient groups

Care model development

- Establishment of the Patient and Public Engagement Group (PPEG) to review and input into care models
- Feedback from case for change engagement informed their development
- Two youth summits involving 35 young people

IIA Engagement

- 11-week targeted engagement period focussing on those with protected characteristics and at risk of poorer outcomes
- 38 sessions held, reaching 124 patients

Case for change engagement

- A 10-week engagement programme
- 43 engagement events
- 207 in-depth conversations
- 389 questionnaires completed

Options appraisal

- PPEG responsible for development and initial evaluation of access criteria
- PPEG Chair a member of the programme board and participated in the programme board workshop for the options appraisal

Public Consultation

- Widely promoted high volume engagement with all staff, stakeholders and residents
- Some in-depth conversations with targeted groups
- A formal part of our statutory duties around major service change and ongoing involvement of people and communities

14-week public consultation from mid-December 2023

North Central London Integrated Care System

Approval given to commence a 14-week consultation to gather views from service users, stakeholders, residents and staff, running from **11 December – 17 March 2024.**

Development of the consultation plan

The Consultation Plan is a working document which details the purpose, scope and plan of how we will deliver this public consultation.

The consultation is being jointly run by NCL Integrated Care Board, on behalf of the Integrated Care System and its partner organisations, and NHS England as the commissioner of some specialised neonatal and surgical services.

The plan has been reviewed by our Programme Board, NHSE at a formal assurance meeting, and Healthwatch representatives. The plan will be iterative, and we will monitor progress throughout the consultation to ensure we are meeting our objectives.

The consultation will be overseen by the Start Well Programme Board, and we will provide regular updates on planning and delivery. Responses will be independently collected and analysed by an external organisation in line with best practice.

At the end of the consultation period, we will have an independently drafted report detailing the feedback received during the 14-week period.

Key Legal Duties

This consultation will fulfil our duty under the

- **NHS Act 2006** (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022)
  - to ensure that people who use NHS services are involved in the development and consideration of proposals for change in the way services are provided and decisions about how they operate
  - to consult local authorities
  - To regard the need to reduce health inequalities in access and outcomes
  - consider the 'triple aim' with regard to the health and wellbeing of people, quality of services and efficient and sustainable use of resources
- **Equality Act 2010** (Public Sector Equality Duty) to demonstrate how we have taken account of the nine protected characteristics and given regard to:
  - Eliminate discrimination, harassment and victimisation
  - Advance equality of opportunity
  - Foster good relations
- **The Gunning Principles for a fair consultation**

Through consultation we are seeking to gather views from a diverse range of voices

North Central London Integrated Care System

We will deliver a 14-week formal public consultation, in line with best practice that complies with our legal requirements and duties. Our aims are:

- To inform stakeholders about how proposals have been developed in a clear, simple and accessible way that allows for 'intelligent consideration'
- Provide adequate time and opportunities for staff, residents and stakeholders to give their views on proposals, and the potential impacts
- Ensure a diverse range of voices are heard
- Seek alternative proposals or evidence not yet considered
- Understand the advantages and disadvantages of the proposed change and any unintended consequences
- Explore what mitigations might be used to reduce the impact of disadvantages
- Find out what matters most to patients and how this might affect implementation
- Provide analysis of responses to enable conscientious consideration before a decision is made

Consultation aims

- Raise awareness of consultation with staff, patients, service users and residents and encourage to participate
- Remind people that their views matter and encourage them to share feedback through direct engagement
- Encourage participation from a diverse range of voices by providing adequate time and opportunities for people to respond
- Focus resources on hearing from people with protected characteristics and more impacted groups
- Provide staff engagement mechanisms all for health and care staff in NCL during the consultation period.
- Capture stakeholder attitudes of key groups and influencers on the proposals and the consultation process

Consultation materials and promotion

North Central London Integrated Care System

Consultation materials

We have developed materials that explain the proposals and rationale in a clear and accessible way.

Information is available on our website and in hard copy, with an easy read, different formats and translated versions

In line with best practice, we have commissioned an experienced independent organisation to collate and analyse responses to the consultation.

This includes a questionnaire that will cover the three components of our proposals:

- Maternity and neonatal services proposals
- Edgware birthing suites proposals
- Surgery for babies and children

We are asking for each of these elements:

- To what extent do you agree/disagree with our proposals
- What are the main disadvantages and how could we address these?
- Are there any other solutions or information we should consider?

We will promote and encourage participation in the consultation in several ways:

Displays: in key locations we will promote the opportunity to respond to the consultation such as in NCL hospitals and clinics and other healthcare settings such as GP surgeries and pharmacies

Online promotion: social media channels, such as Facebook, Instagram, X and Linkedin, will be used to reach out to potential participants in the consultation. Branded graphics will be produced that are aligned with the look and feel of printed materials

Partner channels: all providers and partners such as councils will be asked to profile the consultation on their websites and through newsletters and other public facing channels and drive traffic to the NCL ICB website.

VCSE networks: we will provide content including information and visual materials and ask colleagues in voluntary and community sector organisations to use their channels to promote the consultation.

Media: We will seek to promote the consultation through earned (free) or paid-for content in local newspapers, newsletters and local radio.

Our consultation approach includes a focus on the groups identified through our IIA

North Central London Integrated Care System

Our approach does the following:

- Builds on previous engagement contacts, over 300 VCSE organisations will be contacted to take part in the consultation
- Work with partners, including councils and VCSE organisations, ICBs in neighbouring areas
- Prioritising groups identified by the interim IIA or with protected characteristics or at greater risk of health inequality
- Targeted engagement in geographical areas where there may be particular impact drawn out in the interim IIA, including areas outside of North Central London
- Identify the best ways of reaching and engaging priority groups i.e. through third parties and trusted partners
- Ensure we develop a range of opportunities for stakeholders to respond to the consultation
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Make sure there is equality monitoring of participants to ensure the views received reflect the local population

Resident groups we will be targeting through the consultation

- Black African (including Somali) and Black Caribbean women
- Asian women and people of childbearing age who (with a particular focus on Pakistani and Bangladeshi women)
- People living in areas of deprivation
- Orthodox Jewish women
- People with disabilities
- People living in Harlesden and Willesden
- People living in Holloway and Finsbury Park
- Older women of childbearing age (40+)
- Younger women of childbearing age (under 20)
- Women with mental health problems
- People from LGBTQ+ communities
- People who are carers
- People with poor English proficiency
- People with poor literacy
- People belonging to inclusion health groups such as people who are homeless, dependent on drugs and alcohol, asylum seekers and Gypsy, Roma and Traveller

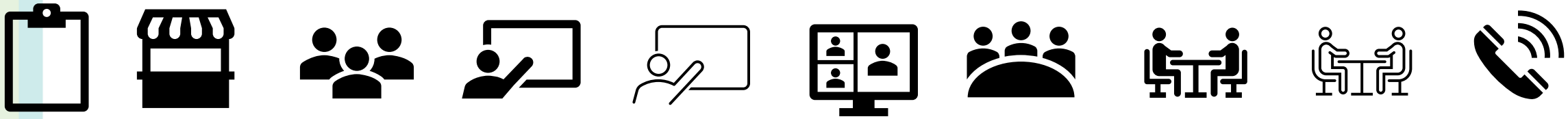
We will tailor our engagement techniques during the consultation period

North Central London Integrated Care System

- Broad range of techniques will be used, tailored to each audience and their level of interest.
- Opportunities online and face to face
- Working with third-party advocates (VCSE) to reach communities who may not engage directly
- Materials in accessible formats including Easy Read and translations
- Mechanisms in place to capture and analyse outputs.

Light engagement → **Deeper engagement**

Survey distributed on email	Drop in event/stall: face to face	Attendance at meeting: short agenda slot	Presentation and feedback: Start Well Team	Presentation and feedback: commissioned	Small group discussion online	Small group discussion: face to face	Interactive workshop: Start Well Team	Interactive workshop: commissioned	Telephone / online interviews



This type of engagement will be **promoted widely** to allow **a range of people to participate** in the consultation and give their views

This type of engagement will **focus on groups with protected characteristics and those identified by the IIA as potentially being more impacted** to understand their views and impact of the options in a meaningful way

North Central London Integrated Care System

Next steps

Next Steps

North Central London Integrated Care System

Consultation input	• We would welcome your support and suggestions in terms of who we should reach out to and are very happy to come along to meetings and events • Please share the opportunity to take part in the consultation with your networks
Evaluating responses to the consultation	• We are working with an independent partner to evaluate consultation responses. • We will continue assess our approach and review demographic information on responses to date. • Following the consultation period, we will publish an evaluation of the responses, in a report produced by this independent organisation, this will include who we reached during the consultation.
After consultation	• Feedback will inform future decision-making, the next steps and how plans would be implemented. • Following consultation, we expect NCL ICB Board, on behalf of NCL Integrated Care System and alongside NHS England who commission neonatal and specialist surgical services for children, after consideration of the consultation outcome, to make a decision by the end of 2024 or early 2025.

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Report for: Adults and Health Scrutiny Panel – 22nd Feb 2024

Title: Update – Aids & Adaptations and Disabled Facilities Grant

Report authorised by: Vicky Murphy, Service Director – Adult Social Services

Lead Officer: Kerine Smith – Acting Head of Service
Amanda Edwards – Service Manager
Adult Social Services

Ward(s) affected: All

Report for Key / Non-Key Decision: Non-Key Decision

1. Describe the issue under consideration

1.1. The Adults and Health Scrutiny Panel requested a further update on the Council's response to its previous recommendations on Aids & Adaptations and Disabled Facilities Grant.

2. Background information

2.1. The Panel received a report from the Head of Integrated Care on this issue in September 2022 and heard directly from a number of residents who shared details of the difficulties that they had experienced in getting aids and adaptations installed in their homes. Concerns were raised about communications with residents and delays to work being completed. Full minutes of this meeting are available at: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74001

2.2. The Panel subsequently made a series of recommendations for change which were:

- When the initial assessment is made by the Occupational Therapist, the resident/family requiring the aid/adaptation should remain part of the process around the procurement of the aid/adaptation and be actively involved in any changes or updates to the agreed provision.
- An advocate should be offered by the Council (rather than only when specifically requested) to help with the initial discussion and remain part of the process to provide support to the resident where required. An advocate should also be made available where required when a resident was attending a meeting of an assessment Panel.
- Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.
- There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.
- A named person and contact details should be provided to the resident/family and kept up to date during the process.
- Suggestions made by the resident/family should be recorded on the case file and treated in the same way as those from professional staff as the resident/family are experts in their own case and situation.
- A record should be kept by the Council of all delays and the timescales agreed with the resident/family. Where the agreed timescales are

exceeded, there should be an alert triggered so that the resident/family can be appropriately updated on progress with expectations set and urgent issues to be prioritised.

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

2.3. An update report on the progress made towards these recommendations was presented to the panel in March 2023. It was reported that significant additional work had been carried out to increase capacity, reduce delays and improve communications. Full minutes of this meeting are available at: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=75471

3. New process & improvements

3.1 Staff are now extremely pro-active in keeping the resident's up to date with where their adaptations are up to by direct phone calls and emails, include timescales and delays if any to ensure that there is complete transparency of the situation.

3.2 From April there will be a major recruitment drive to ensure with have enough staff to meet the needs of the user and to ensure that the waiting lists are as low as possible.

3.3 All residents are now being provided with the OT & Surveyors direct contact details at the initial contact allocation stage and again after the initial home visit and the service keeps the resident updated by written communication or by phone calls at each stage of the process to explain the progress and next steps and includes contact details of contractors following the tendering process. Once the adaptations are deemed as technically feasible.

3.4 There has been an increased investment of approximately £250,000.00 in year for DFG, which has been used specifically to fund an increase in staff to ensure that we meet the demands and improve resident experiences.

4. Recommendations

4.1. The Committee to note the contents of this report and help us consider how we can sustain and build on improvements to our support for residents.

5. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

5.1. Finance and Procurement

This is an update report for noting and as such there are no direct financial implications associated with this report.

5.2. Legal

This is an update report for noting and as such there are no recommendations for action.

5.3. Equality

This is an update report for noting and as such there are no recommendations for action.

6. Use of Appendices

Appendix A – Updated PowerPoint presentation
Appendix B - Draft Aids & Adaptations Policy
Appendix C – 6 weekly review pathways

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Adults Health and Scrutiny Panel – Feb Update

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

UPDATE: **Upon making contact the OT and surveyors will ensure that the residents can either represent themselves, or where they cannot, they will ensure that an advocate such as a family member can be invited to participate and/or advocate during the assessment and subsequent visits.**

The Occupational Therapist Service places the resident at the centre of the process as it is their adaptations journey. The OT's keep the resident informed about the process and if any changes are to be made the OTs discuss this and agree the changes with the resident before proceeding forwards.

Residents have the option of arranging their own adaptations with new guidance in place. The DFG guidance has been written so individuals are clear on how to proceed with doing this. The OTs would support the resident's if they chose to go down this route. However, there may be disagreements about how needs can be met or how to adapt the resident's property as the adaptations need to be necessary, appropriate, reasonable, and practicable.

The OTs will work with the resident to resolve any issues or clearly explain why a certain adaptation or piece of equipment cannot be provided. Sometimes this is related to professional judgement, risk assessments or best use of public funds.

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.

UPDATE: **Where is it thought the resident would benefit from an advocate, the resident will be referred to Voiceability, Disability Action Haringey, Connected Communities and/or Powher for additional support. There are also instances where family members, long term friends or neighbours are supportive in the care needs. This is of course at the discretion of the resident. We are working with our performance team to establish how many residents have been directed through these pathways and staff are now trained to promote direct payments to support such a service.**

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.

UPDATE: **The service continues to provide a summary of input to the resident following an assessment or review. where necessary the service is also completing complimentary phone calls to a nearest relative or advocate where one is identified. To further confirm the needs assessed and actions the team are now sending out the support plans which captures the area of need and/or disagreement. The service has now complied a compressive information pack which details the process should a resident wish to pursue their own scheme. The occupational Therapist also provide the resident with a copy of the OT specification for sign off and approval. The surveyors also provide a copy of the drawings were requested before works are commenced.**

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

UPDATE: **Everyone on the waiting list was contacted in last year.**

Changes should not be made without the persons full agreement. The service is still working through a backlog of delays, but this is being addressed and we should see a significant reduction in this over the next few months.

For 2024 we now have an Occupational Therapist devoted to the adaptation service along with an Occupational Therapy Assistant. Should the needs of the resident change at the point when adapts are due to be installed, both parties are on hand to reassess. There is an additional 2 OTA's to keep in contact with residents on the waiting list for adaptations, and complete reviews once adapts are installed where appropriate. In addition to the adaptations team manager, the service has now employed an adaptations service delivery manager in place to assist with the day to day running of the service and queries from our residents. The adaptations manager is now able to look at streamline processes with the Service Manager.

There has been a significant reduction in the number of complaints received for Aids and Adaptations, we are at lowest number for a significant number of years and at present there are only 2 awaiting a response.

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.

UPDATE: The resident/family views are recorded on a resident's Support Plan and sent to the service user. OTs & Surveyors 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.

The service now uses a more intuitive system named Liquid logic. Within this there are now bespoke forms that have been created which allow the service to look at the granular details of where an adaptation may have been delayed. Items such as property owner consent, grant forms pending, dates of initial site visits can now be reported on under this new form / system.

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.

UPDATE: A new recording system is now in place for all adult Social Services. This was 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.

We continue to face an increase of requests and therefore, we continue with recruitment and bolstering the team to include additional surveyors who can oversee the works and OTA's who can contact the residents where any reports are flagged / updates are required.

Actions requested by Scrutiny

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

UPDATE: 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. We recognise that there have been some teething issues with the NRS contract. We have therefore been working closely with our equipment manager and NRS management to resolve issues. The service now completes a log of delays experienced and flag any issues of concern with immediate effect. 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 remain in contact with the resident and proactively manage the order and provision of equipment.

We have recently commissioned a company to clear a minimum of 100 cases per month, which will help significantly with our backlog and ensure that residents are dealt with far more efficiently and effectively.

Next steps

Customer	Consult	Communicate	Challenge	Culture	Complaints
Produce resident journey to focus on a persons experience rather than the process (workshop)	Engage with people who use the service to improve the resident journey (workshop)	Continue to prioritize communication and improved service to residents (case audits and quality checks)	Challenge and change inefficiencies in the system/process and remove these where possible	Move to a person centered culture and challenge when LBH customer standards are not met . Be accessible and approachable.	Deep dive into complaints to change practice, culture and understand what went wrong . Change practice or systems to improve performance.

Recruit	Review	Reduce	Timescales	Information	Advocacy
Recruit to OT and Surveyor vacancies . (funds currently being used to purchase additional assessments and surveyors)	Review staffing needs against demand and agree realistic plan for meeting demand .	Reduce delays by using data to track timescales, regular reporting and intelligence and whole systems approach .	Agree timescales and a prioritization method in line with DFG Govt guidance	More detailed information on website and to residents at the start of the journey.	Commission formal advocacy for people requestion adaptations

Next steps - update

1. We are learning from complaints to ensure that any recurring issues are dealt with.

2. We have identified that the overall issue within the complaints is the length of time adapts have taken to be on site / completed. When looking at the root cause of the issues we have identified a long-standing difficulty to recruit to surveying roles, but this is currently being addressed and will support this area considerably.

3. The service also completed a workshop review of processes within the adaptation team and identified via swim lanes that although there are many staff involved in any one DFG application and install, that overall, the systems currently being used are inefficient. Issues were noted with the procurement, sign off and multi authorisation of the same adaptation which inherently led to additional delays.

4. We are currently working with the team, finance, and procurement to explore how we can better streamline processes.

5. Due to both services having length waiting list and having to deal with issues relating to a new recording system and a new equipment contract with NRS has impacted upon the delays. However, we are looking to recruit 3 agency Surveyors, 2 agency OTs and 2 OT Assistants, plus we are in the process of tendering for OT agency assessors to clear the backlog cases who could take up to 100 cases per month to ensure the safety of our residents.

6. We are currently trying to reduce our timescales for major adapts by virtue of procuring a direct contract with a lift manufacturer. This would essentially negate the need to place cases out to tender and unnecessary quotes from prospective contractors. Should a direct contract for lift be in place we believe the timeframe for adapts would be much improved for our residents and in turn reduce any associated risks with delays.

Process – major adaptation (non DFG)

Haringey LONDON

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

Adaptations example - update

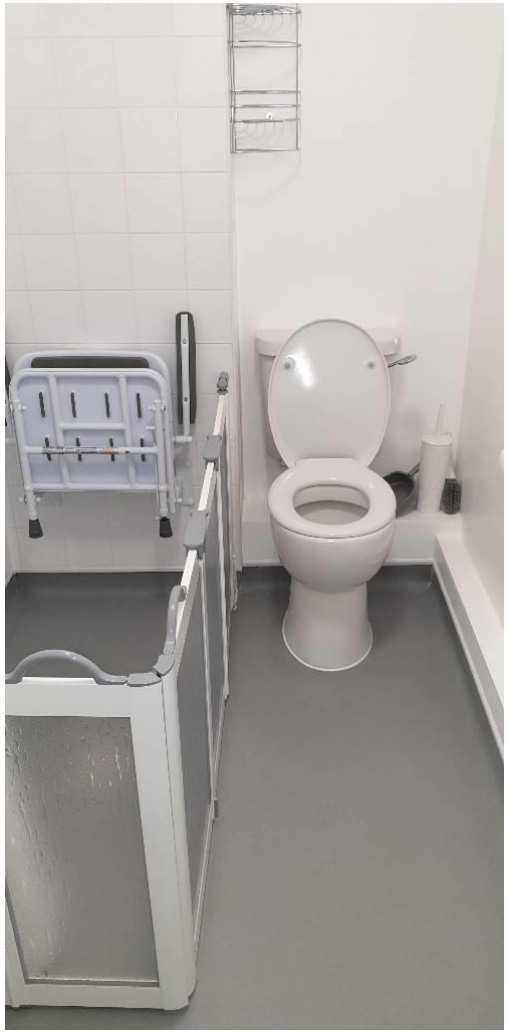
Adult resident, living with complex health and disability needs. Living in a ground floor 1 bed apartment. OT completed assessment for a Level Access Shower which was agreed with the resident. The OT & Surveyor worked together with the resident and a survey visited was carried out. Work started on site with no issues and is now fully completed.

The resident's environmental challenges were to manage her self-care safely or independently. We replaced the existing bathroom with a level access shower to now she can independently shower and manage her self-care needs independently without the need for cares.

The resident was very happy with the outcome and the adaptation and customer care she received from the OT and Adaptation services exceeded her expectations.

Before

After



Aids and Adaptations Policy 2024-2027

Contents:

1.0 Foreword

The London Borough of Haringey is committed to ensure that every resident hasa fair opportunity to succeed in a rapidly changing world. One of the key themes of the Borough Manifesto, Haringey Together, is an emphasis on Haringey being a place which supports residents to achieve independent, healthy, safe and fulfilling lives.

The Government's Disabled Facilities Grants (DFGs) makes it mandatory for the Council toprovide grants to disabled residents to enable them to make changes to their home. This does, however, depend on a resident's income and savings, and the amount a resident canreceive is capped at £30,000, with some resident's having to contribute towards the cost of any works.

Whilst the Council has been delivering mandatory DFGs to its residents, we recognised that many disabled residents may not qualify for a mandatory DFG, and that the limitations of themandatory DFGs may result in the funding being insufficient or not diverse enough to meet other related costs. The mandatory requirements do not explicitly consider the variety of needs of our residents living in Haringey.

As the Champion for Disabled People, I believe it is paramount to have a comprehensive, fair, and attainable local Aids and Adaptations Policy, designed to support all disabled people to continue living safely and independently in their homes with privacy and dignity foras long as possible, or, if this is not possible or practical, to assist them in finding suitable alternative accommodation.

I therefore fully support the implementation of the Council's new Aids and Adaptations Policy, which includes six additional discretionary grants, designed to reach more disabledresidents and diverse enough to meet costs that the mandatory DFGs could not cover.

The discretionary grants are subject to the funding allocated to the Council each year and whilst mandatory DFGs must be awarded, the Council is committed to maximise the discretionary use of this funding to support as many of our disabled residents to live safelyand independently in their homes as possible. We cannot predict how the Government willallocate future DFG funding; however the objective of this policy is to support as many residents as possible to achieve independent, healthy, safe and fulfilling lives, with the limited funding we have, for as long as it is available.

As a Council we remain resolute in our commitment and duty to address the local needs of Haringey residents now and in the future and I truly believe we can achieve this with the new Aids and Adaptations Policy; ensuring that no one is left behind.

2.0 Introduction

This policy sets out how Haringey Council (the Council) will offer financial helpfor adapting homes in the Borough, together with the conditions and eligibility criteria associated with each type of assistance. Its aim is to support residents to improve their health and wellbeing by addressing problems with unsuitable homes that do not meet their needs.

The amount of discretionary assistance to be given each year will be determined by theCouncil and will be dependent upon the level of resources available.

Assistance delivered through this policy will also help us to achieve the aims and objectivesof the Council as set out in several of its strategies and plans; helping to deliver actions andmake improved living a reality for residents.

Ensuring that homes are decent, accessible, safe, and secure is not only important for the health and wellbeing of residents but is vital for the sustainability of communities. In a period of increasing pressures on resources it is important to target assistance to meet the needs ofthe most vulnerable residents in the borough.

This policy and its provisions apply to any residents living in owner-occupied homes, housing association and private rented tenants (referred to as tenants in this policy). Assistance for tenants of Haringey Council is defined within a separate policy.

3.0 Legal Context

The **Housing Grants, Construction and Regeneration Act 1996** (the 1996 Act) places a statutory duty on Local Authorities to help qualifying disabled people[1] for home adaptations. These works (called eligible works) must be considered “necessary and appropriate” to meettheir needs and “reasonable and practical” regarding the age and condition of the property. These are called Disabled Facilities Grants (DFGs).

As well as these mandatory grants, Local Authorities also have the general power under the **Regulatory Reform (Housing Assistance) (England and Wales) Order 2002** (the RRO) to give assistance for home repairs, improvements, and adaptations for the purpose of improving living conditions in its area.

Funding for this assistance is provided through the Better Care Fund (BCF) which combinesmoney from health and social care budgets to deliver health and care services. Any assistance provided from this fund must only be used for the specific purpose of funding adaptations for disabled people who qualify for a Disabled Facilities Grant made under the 1996 Act or the RRO.

The Care Act 2014 requires local authorities to identify, provide and arrange services, facilities and resources to prevent, delay or reduce the needs of individuals either for care orsupport. This includes the adaptation of properties.

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1 These are defined as disabled under section 100 of the Housing Grants, Construction andRegeneration Act 1996

Under the **Housing Act 2004**, Local Authorities have a duty to keep housing conditions under review, including having regard to hazards that might be dangerous or prejudicial tohealth for certain vulnerable groups.

The **Social Care White Paper "People at the Heart of Care**[2]" outlines several ambitions that the Government intends to introduce in the coming months/years and this policy will need to reflect those changes. However, many of the changes relating to the DFG that areoutlined in the paper are subject to public consultation and therefore this policy remains relevant to enable the council to deliver against its corporate priorities and promises to residents. The Paper emphasizes the close links between housing and social care and includes an ambition to make "every decision about care a decision about housing". This increased emphasis on linking housing with care provides a solid foundation for the aims and ambitions set out in this policy.

4.0 Local Context

To be updated with local information and statistics.

5.0 Equality and Diversity

The Council is committed to fulfilling its roles as an employer, service provider, purchaser ofgoods and services and community leader without discrimination. We will apply this policy fairly and give equal treatment regardless of age, disability, gender, sexual orientation, transgender status/gender reassignment, race and religion/belief. All members, employeesand agents of the Council must seek to eliminate discrimination and promote equality and good relations between all groups. The Council's equality information can be found on the council's website.

We want to improve the lives and well-being of everyone in the Borough. This policy is particularly relevant for anyone who has a disability or long -term condition. Our aim is to ensure that people have a safe and suitable home and immediate surrounding areas so thatthey can live independently in their current home for as long as is possible.

The Council and its agents will record and monitor data to gain insight on the impact of thispolicy on diverse customers and help improve operational processes.

6.0 Principles of assistance

The Council recognises that the primary responsibility for repairing and maintaining a property rests with the owner[3]. However, the Council has certain statutory responsibilities to

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3 The owner' is defined as the owner occupier or landlord.

fulfil and must also take steps to protect and assist vulnerable members of the communitywhilst providing advice to all residents to help them maintain their own homes and utilise government funding where appropriate.

The Council provides support to older and disabled individuals, and their carers, to help them to remain living independently, confidently safely and with dignity in their own homes. Housing assistance can help to reduce the impact of a disabling environment and therefore maximise independence. It can help to prevent or delay the need for care and support, bothof which are central themes of the Care Act 2014.

In addition, housing assistance provides support to carers in their caring role and underpinsa wide range of customer and carer outcomes including improved safety, greater independence, personal resilience, and well-being.

7.0 Summary of Types of Assistance available

The following assistance is available from the council to residents in the Borough:

- Mandatory Disabled Facilities Grants (DFGs)

These are grants that local authorities must make available to their disabled residents whomeet the required qualification criteria as set out in the 1996 Act, and the accompanying regulations and subsequent amendments.

The following grants are discretionary and are offered subject to Council funding and resources available at the time:

- Adaptations Grant
- Top-Up Grant
- Safe & Well Grant
- Relocation Grant
- Sensory Needs Assistance
- Professional Fees Grant

Following assessment of need and the resources available to the council, new initiativesmay be developed and added at a future date.

Further details of all these types of assistance can be found in the appendices to this policy.

8.0 How assistance is delivered

For applications for the Mandatory Disabled Facilities Grants and the Discretionary Adaptations Grant, there are three options available to residents regarding how they canapply for assistance which are outlined below.

For all other forms of assistance details regarding how to apply can be found in the relevantpolicy appendix.

Option 1 – Managed application process

The Council's DFG support service will fully manage the application on behalf of the applicant. The Team will handle everything on behalf of the applicant through an agreementbetween the applicant and the service. This is the easiest and least stressful option for an

applicant, particularly for more extensive adaptations, as the service will organise and manage both the application and the work.

The Team will:

- Where applicable, assess the applicant's financial circumstances by a statutory **means test** which will identify any contribution to be paid towards the cost of theworks.
- Arrange for a technical officer to visit to discuss how the adaptations can be provided in the home and what building works or alterations are required to provide them.
- Draw up a schedule of works and plans (and planning permission or building regulations approval if required).
- Assist in the completion of the formal DFG application forms.
- Supervise the contractor on site on behalf of the applicant.
- Deal with any unforeseen works and interim payments.
- Arrange final payment to the contractor and collect any certificates and guaranteesfrom them and pass them on the applicant.

Option 2 – Customer Contractor process

This option is where an applicant may wish to use the services of the Council's DFG support service to prepare their application for DFG, including the preparation of drawings but wishesto use their own choice of contractor to carry out the works.

A comprehensive information pack will be provided to any applicants who wish to pursue thisoption including the role that the DFG Support Service and the responsibilities regarding the works which will transfer to the applicant.

Option 3 – Customer Managed process

This option is where an applicant may wish to complete all elements of the application, supporting information and building management themselves. An applicant can use theirown architect or draftsman and contractors to plan, develop or build a preferred scheme.

A comprehensive information pack will be provided to any applicants who wish to pursue their own application which outlines the information required to make a DFG application andthe requirements to receive DFG funding.

A summary of the responsibilities within each of these application routes can be found in Appendix 2.

9.0 Fees and Ancillary charges

The Council will consider reasonable fees for financial assistance. The following fees will beeligible for financial assistance if they have been properly incurred in making an application or seeking approval for the proposed works, or to ensure the satisfactory completion of works assisted under this policy when funded through Mandatory Disabled Facilities Grant funding or any associated grants;

- Confirmation, if sought by the Council, that the applicant has a relevant owner interest
- Relevant legal fees
- Technical and structural surveys

- Design and preparation of plans and drawings
- Preparation of schedules of relevant works
- Assistance in completing forms.
- Applications for building regulations approval (including application fee and preparation of related documents), planning permission, listed building consentand conservation area consent (and similar)
- Obtaining of estimates
- Consideration of tenders
- Supervision of the relevant works
- Disconnection and reconnection of utilities where necessitated by relevant works
- Payment of contractors
- In a case where the application is for adaptations support, the reasonable services, and charges of a (private) occupational therapist in relation to the relevant works.

It is important to note that if a private occupational therapist is used then the Council will stillseek input from the Council's Occupational Therapy Service to determine the works that areeligible for Disabled Facilities Grant funding.

10.0 Prioritisation

Where possible the Council will commence consideration of an enquiry for assessment for financial support or other services within this policy in chronological order of receipt of enquiry (for DFG this would be from receipt of referral from the OT service), subject to thefollowing provisions;

- An enquiry must be considered as urgent if the customer would be unable to remain in their home safely unless the works are expedited, notwithstanding thatcare in the home is provided, OR that required works are necessary to facilitate discharge from hospital or nursing or residential care or palliative care where required,
- Any future priority scheme agreed for DFGs
- The property subject of the enquiry is in such a condition as to present an immediate and significant danger to the occupants or visitors.
- For the purposes of budgetary control, a category of financial assistance may begiven priority over another, or sums may be switched between categories but NOT to the detriment of mandatory DFGs
- For the purposes of policy or project implementation a category of financial assistance may be given priority over another

Where resources (financial, staffing or other) are limited, those services which are providedfor vulnerable groups, or the most vulnerable individuals will take priority over other types ofassistance or cases.

Where a property, case, customer, or category of service is to be considered outside of chronological order the Equipment and Adaptations Manager will sanction the action and awritten record will be retained on file in justification of that decision.

11.0 Complaints

The Aids and Adaptions Policy does not have an appeal process in relation to what adaptations have been recommended by the Occupational Therapist. If the service user isnot in agreement with the OT recommendations, then this needs to be discussed with the OT Manager in the first instance.

If the service user is still not satisfied with the discussion outcome with the OT Manager,then they can proceed with the Council's complaints procedure.

The Council has a formal complaints procedure that will apply in relation to aspects of complaints about the implementation of any of the processes flowing from the policy. Detailsof the complaint's procedure will be provided on request or can be viewed on the Council's website - Make a complaint | Haringey Council

Any such complaint will be treated seriously and will (if necessary) be reflected in subsequent reviews of this policy or in amendments to the way that services are delivered.

Any member of the public who is dissatisfied with the performance of the DFG service in administering this policy may make a formal complaint through the Council's procedure. However, we would encourage both the public and the staff (and their supervisors) to try to address any misunderstandings or disagreements by mutual agreement – within the jurisdiction of the staff to do so – to avoid the need for a matter to escalate to formality. Staffmust make the Equipment and Adaptations Manager aware of such issues even if resolved,to facilitate learning and service improvement.

12.0 Service standards

There is no national standard for the services provided through this policy excepting a statutory requirement for Councils to determine valid and fully made applications for mandatory DFG within six months. This does not account for pre-application activities such as the screening process and the 'application support' and administration including occupational therapy assessment, means testing, producing specifications, finding contractors etc. In practice, when an application is received by the DFG service it is practically complete and ready for an almost instant decision. In a few cases there may be details to pursue, such as proof of property ownership, landlord or owner's permission etc., and if there are alternative schemes under consideration or issues to do with financing the customers contribution. However, the service records all key activities and dates and can report on a variety of measures, including date enquiry received, date application submitted, date determined, date works started, value of works and contributions, date works finished, and completed as in signed-off.

Legislation also requires that works be completed within 12 months of any DFG grant approval being issued, but this can be extended by negotiation if there are valid reasons todo so, such as the customer receiving care, occasional changes in contractor or specification, complex snagging etc.

Locally, the service aims to apply the funding it receives fully each year with minimal waitinglists and with maximum benefit to customers.

The Team is committed to ensuring good quality customer service and the performance measures used are based around measuring and improving the quality of service and customer outcomes as well as ensuring improvements in the speed of service delivery.

13.0 Key definitions, references and abbreviations

- **RRO** – Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 http://www.legislation.gov.uk/uksi/2002/1860/article/3/made
- **The 'Act' (1996)** – Housing Grants, Construction and Regeneration Act 1996 http://www.legislation.gov.uk/ukpga/1996/53/contents
- **Total Council DFG** – the Disabled Facilities Grant that the Local Authority receives
- **Individually awarded DFG**- the Disabled Facilities Grant that individuals receive following the assessment and eligibility processes outlined above
- **DDFA** – Discretionary Disabled Facilities Assistance
- **BCF** – Better Care Fund
- **HHSRS** – the Housing Health and Safety Rating System, the prescribed system underthe Housing Act 2004 for measuring hazards associated with housing conditions
- **ECO** – Energy Company Obligation
- **Certified Date** – the date certified by the service on behalf of the Council as that on which the execution of eligible works is completed to the Councils satisfaction. In thisinstance being the works complete date.
- **Dwelling** – a building or part of a building occupied or intended to be occupied as a separate dwelling, together with any yard, garden, outhouse, and appurtenance belonging to it or usually enjoyed with it.
- **Exempt disposal** – a disposal or transfer of the whole or part of the premises to a person whose main residence is the property and who is (a) one of the joint owners ofthe dwelling, or (b) the wife, husband, or partner (including same sex) of the owner or one of the joint owners of that property.
- **Relevant disposal** – a conveyance of the freehold or an assignment of the lease, or thegranting of a long lease (one of over 21 years, otherwise than at rack rent)
- **Customer** – individuals being assessed or receiving a DFG
- **Carer** – individuals who look after people with care and support needs in a personal capacity
- **Contractor** – organisation commissioned to support the DFG process, including architects and building companies
- **Member of family –** a person is a member of the applicant's family if they are the spouse of the applicant or living together as partners, or is the grandparent, parent ordependent child of the applicant or their spouse or partner (inclusive of same sex partners, stepchildren, adopted and foster children).
- **Owner-occupier** – whilst this term is self-explanatory, where appropriate it will include certain tenants with repairing type leases (sometimes called FRI or Full Repairing and Insuring Leases, of a suitable duration) who would otherwise be unable to insist their 'superior landlord' undertake renovations. Repairing lease tenants would qualify for DFGin their own right, with permission

14.0 Appendix 1 – Grants Available

A. Mandatory Disabled Facilities Grant

This is included for context and information purposes. The Council will award mandatory Disabled Facilities Grant (DFG) according to the governing legislation – principally the 1996 Housing Grants, Construction and Regeneration Act and subordinate Regulations and Orders as amended - and guidance issued by central Government, and which details amongst other matters the types of work that are to be funded, the maximum grant payable (currently £30,000),and the appropriate test of financial resources where applicable.

Qualifying Criteria

All owner-occupiers and tenants, licensees or occupiers who can satisfy the criteria in sections 19-22 of the 1996 Act are eligible to *apply* for DFG, but applicants must be aged 18 or over (thisdoes not apply to the disabled person, who may be younger). Tenants of Social Housing Providers and private landlords are also eligible to apply, but Council tenants should apply directly to the Housing Department which has a parallel and equally effective system for adaptations. Being eligible to apply does not automatically confer approval – some cases will not meet statutory tests as described below, and others may have significant means tested contributions more than the cost of works.

As a part of the application process, the Council will require certificates relating to property ownership and future occupation and will request permission from the owner. The Council wouldreasonably want to ensure the tenant has the right to carry out the works and that the landlord would not object or attempt to reinstate the property and evict the client.

Qualifying Works

Those works eligible for mandatory DFG are set out in section 23(1) of the 1996 Act, as amended. These are;

i. facilitating access by the disabled occupant to and from the dwelling, qualifying houseboat or qualifying park home, (now including the garden) or

ii. making the dwelling, qualifying houseboat or qualifying park home safe for the disabled occupant and other persons residing with them;

iii. facilitating access by the disabled occupant to a room used or usable as the principalfamily room;

iv. facilitating access by the disabled occupant to, or providing for the disabled occupant, aroom used or usable for sleeping;

v. facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a lavatory, or facilitating the use by the disabled occupant of sucha facility;

vi. facilitating access by the disabled occupant to, or providing for the disabled occupant, aroom in which there is a bath or shower (or both), or facilitating the use by the disabled occupant of such a facility;

vii. facilitating access by the disabled occupant to, or providing for the disabled occupant, aroom in which there is a wash hand basin, or facilitating the use by the disabled occupant of such a facility;

viii. facilitating the preparation and cooking of food by the disabled occupant;

ix. improving any heating system in the dwelling, qualifying houseboat or qualifying park home to meet the needs of the disabled occupant or, if there is no existing heating system or any such system is unsuitable for use by the disabled occupant, providing aheating system suitable to meet their needs;

x. facilitating the use by the disabled occupant of a source of power, light or heat by altering the position of one or more means of access to or control of that source or byproviding additional means of control;

xi. facilitating access and movement by the disabled occupant around the dwelling, qualifying houseboat or qualifying park home in order to enable them to care for a person who is normally resident and is in need of such care;

xii. facilitating access to and from a garden by a disabled occupant; or making access to agarden safe for a disabled occupant.

Local enhancement to DFG in Haringey

Warranty Provision

The Council will include as part of the mandatory DFG the cost of a maintenance agreement fora period of five (5) years (where available) from the certified date for stair lifts, through-floor lifts,Clos-o-mat type toilet, step-lifts and similar equipment installed with the assistance of that grant.Where maintenance agreements of 5 years are not available through the Manufacturer the Council will fund the maximum warranty that is available. Where installing a reconditioned stair lift, any unspent warranty will be increased to the full 5 years if possible.

Necessary, Appropriate, Reasonable & Practicable

A DFG will only be made if the works are both 'necessary and appropriate' and 'reasonably practicable'. Where an applicant prefers a different scheme of works to that approved by the Council, the Council may offer to 'offset' the value of the original scheme towards those greaterworks with appropriate safeguards. This is at the discretion of the Council.

Works which have been started prior to the approval of an application will not be eligible for financial assistance.

Unexpected works which arise during the carrying out of eligible works will be considered for assistance if the works could not have been reasonably foreseen and if they are vital to the completion of a safe and effective adaptation.

Unforeseen works carried out without prior approval of the Council will not be eligible for assistance. Where unforeseen works are necessary these will be added to the grant up to the specified maximum for mandatory DFG. Costs above the mandatory grant maximum may be supported as discretionary assistance in accordance with this policy. Care must be taken when agreeing to schemes of works on third-party property such as tenanted accommodation, that theproperty owner is fully engaged with the decision process. This is also particularly important where an architect or similar is acting on the customers behalf, and where issues such as planning permission, building control and other regulation are involved.

Contractors

The Council's DFG award is for a sum of funding only and is not inclusive or exclusive of usingspecified contractors or products. Customers may specify and choose their own contractors, agent, products, and design – but take responsibility for those choices, as long as the

contractors are suitably qualified, and the result meets the Council Equipment and AdaptationsService and Occupational Therapist's requirements.

Financial Assistance

Mandatory DFG will be subject to a means test in accordance with the regulations made under the 1996 Act, as amended. The maximum mandatory DFG award is currently £30,000 minus any contribution required by a 'means test' (test of financial resources). Successive applicationsmay be awarded for those persons whose condition is degenerative, or they develop additional needs. If the maximum grant limit is changed by statute then the maximum available DFG award by Haringey Council will reflect this, and similarly if the means test is changed then Haringey Council will use the current means test outlined within Statute where appropriate.

At the time of publication, where successive applications are awarded, the applicants' assessed contribution to the first grant award will be considered if within the period of the contribution originally calculated (10 years if owner, 5 years if tenant).

NOTE: where an applicant is in receipt of a recognised, qualifying, means tested benefit they will not be further means tested and they will have no calculated contribution to make. Where works are for the benefit of a child or young person of 19 years of age or younger at the date ofapplication – they too will be exempt from a means test.

Order of processing applications

DFG applications or recommendations will usually be processed in chronological order, in linewith any approved priority system, excepting in emergency circumstances at the discretion of the Council.

Recovery of assistance awarded

Some mandatory DFG may be recoverable in accordance with permitted values. Where the customer is an owner-occupier and not a tenant, and the works are to provide an extension thena sum of up to £10,000 may be recovered. This sum would only be recovered if the property were sold or title otherwise transferred within 10 years of the certified (completion) date of works, subject to the Council's discretion to reduce or waive in the case of financial hardship. Allrecoverable costs would be registered as a land charge against the property.

NOTE: this is separate and different to the potential repayment of grant in the event of a breachof occupancy conditions or detected fraud. Also, Councils are entitled to recalculate grant awards in limited circumstances, such as for example if any relevant insurance claims are pending, and to cease making payments and to seek repayment in some cases as detailed in sections 40-42 of the 1996 Act.

Conditions relating to Contractors, Standard of Works and Invoices

In approving an application for financial assistance, the Council will require as a condition thatthe eligible works are carried out in accordance with any required specification.

The eligible works must be carried out by the contractor(s) upon whose estimate the financial assistance is based, or if two estimates were submitted, by one of those contractors. The Council's consent must be obtained prior to the works if a contractor who did not submit an estimate is to carry out the works, and if an agreement is given, an estimate from the new contractor must be submitted to the Council (this does not automatically convey a difference inrevised grant award – any additional costs must be separately financed by the client).

An invoice, demand or receipt will not be acceptable if it is given by the applicant or a memberof the applicant's family. Where works are carried out by the applicant or a member of their family, only the cost of materials used will be eligible for financial assistance.

It is a condition of the financial assistance that the eligible works are carried out within 12 months of the date of approval of the application. This period may be extended by the Council ifit thinks fit, particularly where it is satisfied that the eligible works cannot be completed for good cause. All requests for additional time must be made in writing before the 12-month period endsand approved extra time will be confirmed in writing by the Council.

The payment of the financial assistance to the applicant will be dependent upon the works beingcarried out to a standard that is satisfactory to the Council and upon receipt of a satisfactory invoice, demand, or receipt for the works and any preliminary or ancillary services or changes.

The Council will usually make payments direct to the contractor on behalf of the client, and notusually to the applicant. Where the applicant disagrees with a payment made direct to a contractor, no payment shall be made until any dispute is resolved. Legislation permits the Council to make payment by delivering to the applicant an instrument of payment in a form made payable to the contractor, OR by making payment direct to the applicant in accordance with information provided prior to grant approval.

NOTE: Contractors receiving direct payment may be required to provide sufficient information tobe set up on the Council's financial systems – BUT this should not frustrate the client's choice, as the mandatory DFG grant (only) is an award of funds and not an award tied to a specific contractor with additional financial conditions.

Future occupation of the dwelling

It is a condition of the grant that throughout the grant condition period (that is 5 years fromthe date of certification) the dwelling is occupied in accordance with the intention stated inthe certificate of owner occupation or availability for letting or intended tenancy.

Customer Own Schemes (COS)

Customers who meet the Disabled Facilities Grant (DFG) eligibility and are therefore entitled toa grant allocation may wish to 'top-up' the DFG funding. The DFG recommendation by the Occupational Therapist will be for the most cost-effective solution which meets all identified needs and will look to adapt an existing property. Where a customer wishes to pursue a different scheme, they will be responsible for the difference in costs between the DFG 'Mandatory Scheme' and the final cost of the works, including unforeseen costs.

The DFG team surveyor and Occupational Therapist will work with the customer, their architectand builders as applicable, to ensure that the final scheme meets the disabled person's needs and where applicable planning and building control regulations have been adhered too.

If a client pursues their own scheme, not the mandatory scheme, then the Council will provide acopy of all necessary documentation required for a valid and complete application to be made and will provide an information pack regarding how to proceed. In these circumstances the applicant would follow application 'Option B – Adaptations Grant' outlined in the policy and will fully manage their application process and subsequent build.

Repayment

Where a charge (repayable grant) is due for recovery, on receipt of a written request from the responsible person the Equipment and Adaptations Manager will consider the options to reduceor

waive repayment in particular circumstances to be determined in accordance with the following criteria;

- the extent to which the recipient of the grant would suffer financial hardship were they tobe required to repay all or any of the grant;
- whether the disposal of the premises is to enable the recipient of the grant to take up employment, or to change the location of their employment;
- whether the disposal is made for reasons connected with the physical or mental healthor wellbeing of the recipient of the grant or of a disabled occupant of the premises;
- whether the disposal is made to enable the recipient of the grant to live with, or near, any person who is disabled or infirm and in need of care, which the recipient of the grant is intending to provide, or who is intending to provide care of which the recipient of the grant is in need by reason of disability or infirmity.

If that initial decision is not accepted and further appealed, details of that appeal will be determined by the Head of Commissioning, in discussion with the appropriate Head of Servicewithin Care and Support.

All recoverable charges will be recorded as local land charges.

The land charge will be placed in accordance with 2008 General Consent[4] which enabled local authorities to place a local land charge for the portion of the grant over £5,000. The charge canbe up to £10,000 and applies if the owner wants to sell the property within 10 years of the certified (completion) date.

Worked examples of the charge are given below:

	Total Grant Awarded	Exempt Amount	Remaining Value of Grant	Charge Placed
Example A	£12,000	£5,000	£7,000	£7,000
Example B	£15,000	£5,000	£10,000	£10,000
Example C	£25,000	£5,000	£20,000	£10,000

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7811/generalconsent2008.pdf

B. Adaptations Grant

Aims

This grant aims to support residents who are unable to access the Mandatory DFG due tomeans test considerations to receive funding for adaptations to help them remain living intheir home.

How will it be funded?

The grants would be funded from the DFG Budget from a dedicated part of the budget held solely for discretionary purposes. The value of this budget will be set annually and reviewedbi-annually by the Commissioning Director in consultation with the Strategic Director for Adults and Children's and the Cabinet Member and Champion for Disabled People.

The grant will only be available whilst funds permit as it is a discretionary grant. Funding maybe withdrawn with immediate effect, however in such circumstances mandatory DFG will continue to be available.

Who will it help and what works will be done?

It will use the same eligibility criteria as the Mandatory DFG but will not be means tested.

Anyone eligible for a Disabled Facilities Grant is also eligible for an Adaptations Grant including any person who is, or is applying on behalf of someone who is:

- registered or registerable[5] as disabled

A person over the age of 18 is eligible to apply for an Adaptations Grant under the same criteria as a Disabled Facilities Grant, this can be for themselves or on behalf of the disabledperson if they:

- own their own home as a freeholder or leaseholder (with at least 5 years left to run),
- are a tenant or life tenant,
- or have a license to occupy a park home on a licensed site and live in the Haringey

Unless otherwise stated in this document all other aspects of the provision of Disabled Facilities Grant under the Housing Grants Construction and Regeneration Act 1996 and associated regulations and guidance shall apply including the list of eligible works.

The eligible works will be determined in consultation with a suitably qualified professional which includes an Occupational Therapist and the cost of the eligible works shall be determined so as to provide 'best value'. These may be decided by an appropriate scheduleof rates, a 'mini tender' process or in exceptional circumstances, a single quotation for the eligible works.

The eligible works shall be 'necessary and appropriate' to meet the needs of the disabled occupant and it must be 'reasonable and practicable' to carry out the relevant works havingregard to the age and condition of the dwelling. Regard shall be had to the associated guidance and good practice in determining these factors.

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[5] registerable - the person is eligible under the definition of disabled as defined under section 6(1) ofthe Equality Act

Will it be means-tested?

Any grant eligible works paid under this grant will not be subject to a 'means test' of the financial resources of the disabled occupant. Therefore, they will be entitled to receive a fullgrant to cover the cost of the eligible works up to £15,000 (including any fees and VAT).

How much funding might be available?

The maximum amount of funding available is £15,000 including any VAT and fees.

Will there be a charge against the property?

There will be no land charge placed against a property for works funded through this grant.

Conditions attached to the grant

The person must be a permanent resident of Haringey and the property mustbe their permanent address.

A maximum of one application for discretionary top-up funding will be considered in any 5-year period.

The person applying for the grant will normally need to confirm that the disabled person (thiscould be themselves or somebody that they are applying for intends to live at the property subject to the Haringey Adaptations Grant for the next five years, as their main residence.

If the property is jointly owned, the applicant will need to get the written consent from any joint owners (who do not live at the property as their main residence), that they confirm theeligible works can be completed to the property.

If the applicant is a tenant, the applicant will need to obtain the written consent of the property owner agreeing that the eligible works can be completed to the property.

How to apply?

Through the Equipment and Adaptations Team.

Funding will be awarded on a case-by-case basis as outlined above.

C. Top-Up Grant

Aims

The aim of the scheme is to help the vulnerable members of the community where the Mandatory Disabled Facilities Grant (DFG) is insufficient to cover the full cost of the works orwhere the works are out of scope of the legislation but by completing them there would be demonstrable savings to the wider public purse and clear benefits to the applicant and/or their family/carers.

How will it be funded?

The grants would be funded from the DFG Budget from a dedicated part of the budget held solely for discretionary purposes. The value of this budget will be set annually and reviewedbi-annually by the Commissioning Director in consultation with the Strategic Director for Adults and Children's and the Cabinet Member and Champion for Disabled People.

The grant will only be available whilst funds permit as it is a discretionary grant. Funding maybe withdrawn with immediate effect, however in such circumstances mandatory DFG will continue to be available.

Who will it help?

Those eligible for Mandatory DFG assistance.

Will it be means-tested?

There will be no additional formal means test.

How much funding might be available?

Discretionary Top-Up Grant may be awarded and will be subject to the availability of resources.

Where the additional funding required is less than £15,000 then the decision will be based upon evidence provided by the relevant officer to the Equipment and Adaptations Manager.

However, if funding is required above £15,001 then it must be presented to a AdaptationsPanel which would include Senior Representative from Care and Support and Equipmentand Adaptations, and alternative options, such as moving, would need to have been demonstrated to have been explored in full; including contributions from landlords for housing association or private tenants.

Will there be a charge against the property?

For owner-occupiers funding will be registered, in full, as a local land charge against the property for a period of 10 years and will be recovered on the sale or transfer of the property,subject to rules regarding exempt sales.

Note – this is separate to the £10,000 recoverable DFG for extensions which also expires at10 years from certification of works completion.

Conditions attached to the grant

The person must be a permanent resident of Haringey and the property mustbe their permanent address.

Conditions restricting future use and ownership of the property – the following additional conditions will apply where the Council has made an award;

- The owner will notify the Council in writing if a relevant disposal of the property is proposed.
- The owner of the property will provide, within 21 days of a written notice from the Council, a statement confirming the ownership and occupancy of the dwelling. Ifthe property has been sold or transferred the statement will include the date of transfer of ownership.
- Discretionary Top-Up funding will be registered as a charge against the property and will be repayable on sale or transfer of the property, subject to exempt sales.The charge will be binding on successors in title.
- It is a condition of funding that where an owner makes a relevant disposal of the dwelling, other than an exempt disposal, the grant shall be repayable subject to above.
- If a relevant disposal takes place after a period of 10 years after the certified dateof completion of works, no amount shall be recovered which, after repayment of all charges registered against the property, results in owner(s) having a residual equity of less than £10,000. No account will be taken by the Council of charges subsequent to the charges registered by the Council.
- If the property is transferred, or the sale price does not reflect the market price,the Council will have the right to seek an independent valuation of the market value, which will be binding on both parties, in order to recover the grant repayable.

If the applicant for discretionary top-up funding is a tenant then the Council will liaise with the appropriate landlord to explore whether alternative funding options, such as funding from the landlord and/or moving to alternative suitable accommodation is an option, before approvingtop-up funding.

Applications will be considered for Top-Up once works have already been started and unforeseen costs arise, if the scheme is a Mandatory Scheme.

Where an applicant is pursuing a 'preferred' scheme and has received the maximum eligiblegrant funding then applications for discretionary funding for unforeseen works will not be considered.

A maximum of one application for discretionary top-up funding will be considered in any 5-year period.

How to apply?

Through the Equipment and Adaptations Team.

Funding will be awarded on a case-by-case basis as outlined above.

D. Safe & Well Grant

Aims

The Safe and Well Grant is available for property clearances and cleaning and essential property repairs which are identified as necessary by either social services or the HoardingService to support vulnerable residents remain in their homes.

How will it be funded?

The grants would be funded from the DFG Budget from a dedicated part of the budget held solely for discretionary purposes. The value of this budget will be set annually and reviewedbi-annually by the Commissioning Director in consultation with the Strategic Director for Adults and Children's and the Cabinet Member and Champion for Disabled People.

The grant will only be available whilst funds permit as it is a discretionary grant. Funding maybe withdrawn with immediate effect, however in such circumstances mandatory DFG will continue to be available.

What works might be included?

Eligible works could include the following (this list is not exhaustive):

1. Property clearance and disposal works where accumulated possessions are identified as posing a significant risk to the safety and welfare of occupants or neighbours

   And / or

2. Works to protect the health, safety and welfare of the occupier; for example (but not limited to) category 1 or high scoring category 2 hazards under the Housing Health and Safety Rating System, particularly where the property is occupied by a memberof the most vulnerable group for that hazard. Areas of work which could be includedare:
   - Water supply, drainage and heating issues
   - Electrical and gas safety works
   - Repairs or modifications to stairs, floors and steps
   - Safety and security repairs

Will it be means-tested?

Any grant eligible works paid under this grant will not be subject to a 'means test' of the financial resources of the disabled occupant. Therefore, they will be entitled to receive a fullgrant to cover the cost of the eligible works up to £5,000 (including any fees and VAT).

How much funding might be available?

The maximum grant funding available is £5,000 (including any VAT and fees)

Will there be a charge against the property?

There will be no land charge placed against a property for works funded through this grant.

Conditions attached to the Grant

The person must be a permanent resident of Haringey and the property mustbe their permanent address.

A maximum of one application will be considered in any 5-year period.

The grant will only be available whilst funds permit as it is a discretionary grant. Funding maybe withdrawn with immediate effect, however in such circumstances mandatory DFG will continue to be available.

How to apply?

Through the Council's Adult Social Care Team or the Hoarding Support Service.

Funding will be awarded on a case-by-case basis at the discretion of the Council's Senior Management.

E. Relocation Grant

Aims

The aim of the scheme is to help vulnerable members of the community where it is not possible to adapt their current home, but by supporting them to move to more suitable accommodation there would be demonstrable savings to the wider public purse and clearbenefits to both the applicant and/or their family/carers.

How will it be funded?

The grants would be funded from the DFG Budget from a dedicated part of the budget held solely for discretionary purposes. The value of this budget will be set annually and reviewedbi-annually by the Commissioning Director in consultation with the Strategic Director for Adults and Children's and the Cabinet Member and Champion for Disabled People.

The grant will only be available whilst funds permit as it is a discretionary grant. Funding maybe withdrawn with immediate effect, however in such circumstances mandatory DFG will continue to be available.

Who will it help?

Those deemed eligible for Mandatory DFG assistance.

Will it be means-tested?

Yes, the Mandatory DFG means test will apply, unless the disabled person is a child or on passporting benefits.

Any subsequent DFG applications will consider contributions made towards this grant aspart of any calculation.

Support to Move/ Relocate

Funding may be available to assist the disabled person to move to a more suitable propertywhere it is impracticable to adapt or more cost effective than adapting the current home of adisabled person to make it suitable for their present or future needs, even though the new property may need some adaptation.

Criteria for consideration in cases of help-to-move/relocate; (this is not an exclusive or exhaustive list, as other factors may become apparent with experience):

- The disabled person may need to move to give or receive care, or to receive medical treatment.
- The disabled person may need to move to maintain or gain employment.
- The cost of works to the current property may exceed the benefit to the client.
- The cost of works may exceed the available grant and loan maximum and any available client or third-party contribution.
- The client's calculated contribution may be unaffordable, and moving/buying is abetter financial solution.
- The client may need to move to reduce rent and/or release spare bedrooms whichthey can no longer afford (e.g. benefits cap and/or the spare room subsidy).
- A different property may provide a greater benefit for the client for the funds.
- The current property may not be adaptable, and another property may be more amenable to adaptation.

- The current property may contain hazards or defects which would not be sufficiently addressed by the works or otherwise by the client or owner.
- The property owner (landlord) refuses to permit the adaptation.
- The property is for sale, or pending foreclosure, bankruptcy (as security against debt)or repossession.
- The tenancy is due to end and not be renewed or is otherwise unstable.
- Relationship breakdown.
- The client wishes to downsize

Funding will not be given towards the purchase price of an alternative property but may be provided towards legal and moving costs.

Moving and house purchase finance will be determined on a case-by-case basis determinedby:

- the tenure and location of the original and new properties
- the residual equity and any increased mortgage debt
- whether moving within the Council's jurisdiction, or beyond
- whether the original property is unadaptable, unaffordable or poor value to adapt,
- whether moving is purely an occupier choice or because of a landlord's refusal topermit adaptation.

Mandatory DFG of up to £30,000 is available for adaptations in properties residents havemoved to (within the local area only) but may be reduced by any assessed contributions.

Help to move assistance is available to owner-occupiers and to tenants' subject to individual determination.

As there are too many variables to set a fixed policy on awards for moving or buying property, each case will be determined on its merits subject to resources by recommendation from the Case Officer to the Equipment and Adaptations Manager.

How much funding might be available?

Help to Move funding may be awarded and will be subject to the availability of resources. Amaximum of £10,000 including any applicable VAT may be available to support costs solelyassociated with moving home.

Will there be a charge against the property?

There will be no land charge registered against the property.

Conditions attached to the Grant

The person must currently be a permanent resident of Haringey and the new property must be their intended permanent address. The new property does not need to bein Haringey. Any adaptations required at the new property will be undertakenby the responsible local authority in which the new property is located.

A maximum of one application will be considered in any 5-year period.

How to apply?

Through the equipment and adaptations team and social care occupational therapy services.

Funding will be awarded on a case-by-case basis at the discretion of the Council's Senior Management.

F. Sensory Needs assistance

Aims

Where the disabled person is diagnosed with dementia, or other cognitive impairment or sensory disability or a recognised long term behavioural condition including but not limited tosuch conditions as Autism, Attention Deficit and Hyperactivity Disorder (ADHD) etc., works to make homes 'friendly' and to help the person live safely, manage their surroundings, and retain their independence for longer will be eligible for funding. Works could include items such as:

- making changes to lighting to improve brightness and visibility
- changing cupboard doors to glass fronted ones to aid recognition of items inside
- redecorating selected dark coloured walls that will give a calmer effect
- replacing selected floor coverings that cause confusion or safety issues
- replacing bathroom toilet seats and rails with coloured to improve visual perception
- installing signage for easier recognition
- ensuring safe access to the property and that it is free from hazards
- carbon monoxide/cold/heat alarms

This case is not exhaustive and each case will be considered with the assistance and advicefrom the referring agency.

How will it be funded?

The grants would be funded from the DFG Budget from a dedicated part of the budget held solely for discretionary purposes. The value of this budget will be set annually and reviewedbi-annually by the Commissioning Director in consultation with the Strategic Director for Adults and Children's and the Cabinet Member and Champion for Disabled People.

The grant will only be available whilst funds permit as it is a discretionary grant. Funding maybe withdrawn with immediate effect, however in such circumstances mandatory DFG will continue to be available.

Who will it help?

It will help anyone who is a permanent resident within Haringey with a clinical diagnosis of dementia/Alzheimer's Disease or memory loss or other recognised cognitive or behavioural condition.

Will it be means tested?

There will be no means test.

How much funding might be available?

The maximum funding available is £2,500 per applicant/property.

Will there be a charge against the property?

No, there will be no charge placed against the property.

Will there be any conditions attached?

The person must be a permanent resident of Haringey and the property mustbe their permanent address.

A maximum of one application will be considered in any 5-year period.

How to apply?

Applicants must be referred by one of the following services and the works must be recommended by them:

- Social Worker
- GP
- Alzheimer's Society
- School OT Service
- Social Care OT Service
- School nurse
- Autism Support Service

G. Professional Fees Grant

Aims

For the preparation of a Mandatory DFG application is it sometimes necessary to incur professional fees, such as for Architectural services, which if the works are unable to proceed are not able to be paid under the mandatory DFG if works are cancelled when noformal application for assistance has been made.

The purpose of this grant is to enable those fees to be paid in those instances where the cancellation of the application is due to circumstances beyond the control of either the applicant or the equipment and adaptations service.

The professional fees grant will not be available in circumstances where an applicant changes their mind regarding proceeding with an adaptation after fees have been incurred.

How will it be funded?

The grants would be funded from the DFG Budget from a dedicated part of the budget held solely for discretionary purposes. The value of this budget will be set annually and reviewedbi-annually by the Commissioning Director in consultation with the Strategic Director for Adults and Children's and the Cabinet Member and Champion for Disabled People.

The grant will only be available whilst funds permit as it is a discretionary grant. Funding maybe withdrawn with immediate effect, however in such circumstances mandatory DFG will continue to be available.

Who will it help?

It will help anyone who is eligible to apply for a Mandatory DFG, subject to all personal and financial eligibility criteria.

Will it be means tested?

The Mandatory DFG means test will apply.

How much funding might be available?

The maximum funding available is £2,500 per applicant/property.

Will there be a charge against the property?

No, there will be no charge placed against the property.

Will there be any conditions attached?

The person must be a permanent resident of Haringey and the property mustbe their permanent address.

A maximum of one application will be considered in any 5-year period.

How to apply?

Funding will be awarded by the Equipment and Adaptations Manager in appropriate casesand a record of cases maintained for audit and scrutiny.

15.0 Appendix 2 – Summary of Responsibilities

Document	Reason	Managed Application Process	Customer Contractor Process	Customer Managed Process
Completed and signed application form	To apply for the funding	Haringey	Haringey	Applicant
Proof of financial circumstances to support your test of resources	As detailed in the application form	Haringey	Haringey	Applicant
Signed Certificate of Ownership/ Tenancy	To prove ownership of the property	Haringey	Haringey	Applicant
Completed Owner's Certificate	To confirm your intention to remain in the property for 5 years following completion of the works	Haringey	Haringey	Applicant
Asbestos Report (if required)	To ensure safe working environment	Haringey	Haringey	Applicant
Land registry check/ Landlord permission	To prove ownership/ provide consent from landlord to the works	Haringey	Haringey	Applicant
Signed general consent form	To agree to repay the grant funding in line withthe charge outlined in the Housing Assistance Policy	Haringey	Haringey	Applicant
Specification of works	To provide full specification of works	Haringey	Haringey	Applicant
Drawings/ Plans (if required)	To show the design of the scheme	Haringey	Haringey	Applicant
OT Approval of design	To confirm that the design meets your assessed need	Haringey	Haringey	Applicant
Planning approval (if required)	To confirm works can proceed	Haringey	Haringey	Applicant
Building regulation approval (if required)	To confirm works can proceed	Haringey	Haringey	Applicant
Obtain contractors estimates	A minimum of **2 estimates** for the works, including VAT. Any VAT elements to be clearly identified	Haringey	Haringey & Applicant	Applicant

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Adaptation 4-6 weekly Review Pathway

V0.1

Feb 2024

Purpose of pathway:

To have regular contact and communication with each Service user on the waitlist for completion of adaptations to provide a high-quality service focused on the service users' needs enabling them to become as independent as possible within their own environment and to be able to access the community.

Procedure:

To work from an excel spreadsheet, to contact all service users from the waiting list of unallocated cases awaiting a surveyor.

1. Check LAS system to review where in the process the service user is up to.

- Data cleansing – check contact details is correct, demographics, if any duplicate records and consent to sharing.
- What adaptation are they waiting for?
- Have there been any delays?
- Has progress been stalled anywhere?
- What needs to happen next to move the adaptations on?
- Speak to team members such as original assessing Occupational Therapist for clarification if not clear.
- Report any unexpected delays to Team Manager.

2. Contact the service user by telephone or family member if more applicable.

- How is the service user managing?
- Are there at risk? Is the person taking risk reducing methods (e.g.: sleeping downstairs in the interim) Reinforce contingency measures.
- Are we waiting for the service user to provide any information back to us?
- Do they have a copy of their support plan/ specification/ non-agency info? (re send if not)
- Do they have the closure letter from the OT with a contact phone number? (Remind of correct phone number)
- Provide information on status of adaptation and apologise if there has been a delay.
- Order any interim equipment if needed.
- Signpost to other agency if needed or at risk.
- Remind service user of contact number for NRS if relevant.
- Record all information on LAS.

- Record on spreadsheet that person has been contacted including dates and time of call and add next review call to LAS.

Document Control

Approval Status	Approved
Summary of change	n/a
Contact (Job Title)	Amanda Edwards / Service Manager
Implementation date	01/02/2024
Decision making body & date of approval	n/a

Revision History			
Version	**Date**	**Summary**	**Name**

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Adults and Health Scrutiny Panel

Work Plan 2022 - 24

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

Project	Comments	Status
Discharge from hospital	First evidence session held with officers in February 2023. Further sessions have recently taken place with final sessions expected in February 2024.	Ongoing
Digitalisation and communications with residents	Terms of reference approved by the Panel in November 2023.	ToR approved

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

Date	Agenda Items

2022-23	
21 July 2022	• Cabinet Member Questions – Adults & Health • Place & Partnerships
15 September 2022	• Living Through Lockdown report (Joint Partnerships Boards) – Update on Council/NHS response to recommendations • Aids and Adaptations – Delays and Supplier/Contractor issues • Finance/Performance update
17 November 2022	• Haringey Safeguarding Adults Board (HSAB) Annual Report • CQC Overview • Dementia services
8 December 2022 (Budget Meeting)	• Scrutiny of 2023/24 Budget and MTFS
9 February 2023	• Joint meeting with Children & Young People's Scrutiny Panel on transitions between children's and adult services.
13 March 2023	• Cabinet Member Questions – Adults & Health • Update – Aids & Adaptations • Winter system resilience

2023-24	
22 June 2023	• LGA Commissioning Review • Dementia services update • Workforce funding and reform agenda
18 September 2023	• Living Through Lockdown report - Joint Partnerships Board (to include details of new initiatives that the Council had established as a result of the report recommendations.) • Suicide prevention/mental health • Cabinet Member Questions – Adults & Health
16 November 2023	• Haringey Safeguarding Adults Board (HSAB) Annual Report (to include update on modern slavery) • Quality Assurance/CQC Overview • Update - Adult Social Care Commissioning & Co-production Scrutiny Review
12 December 2023 (Budget Meeting)	• Scrutiny of 2024/25 Budget and MTFS
22 February 2024	• Maternity services • Aids and Adaptations/Disabled Facilities Grant (DFG) – Improvements to service • Cabinet Member Questions – Adults & Health
March 2024	• Joint meeting with Children & Young People's Scrutiny Panel on transitions between children's and adult services.

To be allocated:

- **Modern Slavery (including training for Police)**

- **Safeguarding (possible separate piece of scrutiny work on a specific area of safeguarding)**
- **Adult Social Care Commissioning and Co-production Board –** Previous update in November 2023, next update anticipated 6-9 months later.
- **LGA Peer Review** – Further update to be scheduled. Previous update was in June 2023. Strategic plan is expected to be in place by Jan 2024.
- **Workforce reform agenda** – Further update to be scheduled. Previous update was in June 2023. At the previous update it was noted that the 30% vacancy rate in Adult Social Care represented a risk and so it would be useful to monitor staff turnover and the vacancy rate at the next update on this issue.
- **Integrated Care System** (ICS) – At a meeting in July 2022 it was suggested that a further report be brought to a future meeting including details on: a) the development of the co-design/co-production process; and b) the communications/engagement process for the next suitable new project.
- **Osborne Grove Nursing Home**
- **Preparedness for a future pandemic**