

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON TUESDAY 17TH DECEMBER 2024, 6.30 - 9.55pm

PRESENT:

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

ATTENDED ONLINE:

Councillors: Mary Mason, Felicia Opoku and Sheila Peacock

Co-opted members: Helena Kania

35. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

36. APOLOGIES FOR ABSENCE

There were no apologies for absence.

Four members of the Panel attended the meeting online: Cllr Mary Mason, Cllr Felicia Opoku, Cllr Sheila Peacock and Helena Kania.

37. ITEMS OF URGENT BUSINESS

None.

38. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Thayahlan Iyngkaran declared an interest as a consultant radiologist and a deputy medical director.

Helena Kania declared an interest as a co-Chair of the Joint Partnership Board.

39. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

A question was received from Nazarella Scianguetta on behalf of the Haringey Wheelchair User Group. Ms Scianguetta spoke about the accessibility difficulties that wheelchair users experienced in Haringey, particularly in relation to restaurants, cafes and shops. Problems included a lack of ramps to enable access when there were steps at the entrances and/or fire exits, obstacles in shop walkways and the layout of tables and lack of space for wheelchairs in cafes/restaurants. Ms Scianguetta queried what the Council was doing to improve accessibility for wheelchair users in Haringey and to enforce existing equality legislation.

It was noted that officers had not received advanced notice of the question and so a full response would need to be provided in writing. **(ACTION)**

40. MINUTES

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

RESOLVED – That the minutes of the meeting held on 14th November 2024 be approved as an accurate record.

41. ACTION TRACKER

Dominic O'Brien, Scrutiny Officer, reported that an update had been received on Action Point 6 which related to Continuing Healthcare figures in Haringey. The full response would be circulated to the Panel. **(ACTION)**

42. APPOINTMENT OF NON-VOTING CO-OPTED MEMBER

Apologies had been received from Eve Trimmingham so this item was deferred to the next meeting.

43. QUALITY ASSURANCE/CQC OVERVIEW

Richmond Kessie, Specialist Commissioning Officer, introduced the report on this item and responded to questions from the Panel:

- Cllr Iyngkaran noted that 23 out of 86 in-Borough providers remained were not yet rated by the CQC and queried how the Council could be reassured about the quality of care being provided. Richmond Kessie clarified that the Council only commissioned with providers rated 'Good' or higher and that, should an existing provider fall below this threshold, a social worker would carry out a welfare visit to establish that clients were receiving good quality care. He added that, of the 23 providers referred to, around half were dormant and not currently providing any services and the Council was encouraging the CQC to inspect the others. He confirmed that Haringey did not commission from any of them.

- Cllr Connor and Cllr Brennan requested that clarification be sought from the CQC on when these providers would be inspected. **(ACTION)**
- Cllr das Neves, Cabinet Member for Health, Social Care and Wellbeing, commented that Council also had a quality assurance role with all providers. Richmond Kessie added that there were currently five providers rated as 'Requires Improvement' that the quality assurance team was working with and felt that they were ready for reinspection with a high chance of acquiring a Good rating.
 - Cllr lyngkaran expressed concern that the number of providers commissioned by Haringey had declined from 250 to 220 in one year. Richmond Kessie responded that there were enough providers available for the Council to be able to place clients. He explained that some providers had left the market because they felt that the previous uplifts provided by the Council were not sufficient for them to be able to provide a good enough service.
 - Cllr lyngkaran requested a written breakdown of the number of private sector providers and voluntary sector providers. **(ACTION)**
 - Asked by Cllr O'Donovan whether the quality assurance team engaged with residents, Richmond Kessie confirmed that they did and that any issues of concern were fed back to the CQC and may also be addressed as part of an improvement plan.
 - Asked by Cllr O'Donovan about the process for following up written complaints, Richmond Kessie explained that the quality assurance team could investigate concerns and could suspend any further placements with the providers if serious issues were proven. In addition, the care management team could review service users currently placed with that provider.
 - Asked by Cllr Mason whether the public could access a full list of providers and ratings, Beverley Tarka, Director of Adults, Health and Communities, said that the CQC published this information on their website.
 - Asked by Cllr Mason about the recording of complaints, Richmond Kessie confirmed that these were recorded and taken through right to the end, including by informing the complainant of any actions taken.
 - Cllr O'Donovan noted the complaints against the Newham provider on page 9 of the report and asked about the support being provided to the Haringey resident placed there. Beverley Tarka said that it was not possible to comment on the specifics of the case as the individual would be identifiable. In general terms, the host Borough would lead on any safeguarding concerns and Haringey's social workers would be closely involved in the support of the individual.
 - Helena Kania asked about the knock-on effect of providers having low CQC ratings on the hospital discharge process. Richmond Kessie explained that, if local providers did not meet the required standard then the Council would look to commission with providers outside of the Borough. There could be circumstances where discharge delays arose from placements out of Borough, sometimes because of complications resulting from client choice. Jo Baty, Service Director for Adult Social Services, added that there were London-wide and nationwide challenges with hospital discharge delays and so it was

necessary to work closely with NHS colleagues and the brokerage teams to try to secure the best place for each resident. She also confirmed that people placed out of Borough could be brought back in Borough when places become available.

- Cllr Connor noted that, according to paragraph 6.3 of the report, no new care homes had been registered in Haringey in the previous 12 months and queried whether this trend was specific to Haringey. Richmond Kessie responded that this was a nationwide issue. He added that the Council would explore ways of keeping residents at home with support and also had a number of step-down flats as alternatives to placing people in care homes. However, there were some Haringey residents who required care home placements and wished to remain in Haringey, but had to be placed out of Borough due to the shortage of places in Haringey. Beverley Tarka added that providers were being impacted by the recent changes to National Insurance and the Living Wage so there was a national conversation about the impact on the stability of the provider market and the knock-on effects on hospital discharge. Cllr das Neves added that the Council had written a response to a recent consultation on the future of the NHS which had included concerns around social care and community services. Cllr Connor suggested that the Panel note this shortage of places in Haringey and ongoing pressure on the sector as ongoing risks to be monitored.

(ACTION)

- Asked by Cllr Iyngkaran about the capacity of the quality assurance team to visit providers, Beverley Tarka explained that visits were based on an assessment of risk and would often be prioritised when issues had been raised about specific care homes. She added that the Council had long-standing relationships with providers across the North Central London area and there were also annual reviews of individuals carried out by social workers. Prioritisation was therefore based on an overall risk assessment informed by multiple sources of information.
- Cllr Connor referred to paragraph 6.4 of the report which stated that 15 providers commissioned to provide care by Haringey had been identified as high risk and expressed concerns that they had a significant number of residents placed with them. Beverley Tarka explained that there had been past occasions when the Council had worked in conjunction with the CQC to close down premises where there was considered to be high risk but that these are rare incidences. More often the approach was to work with providers through a service improvement plan and working with individuals and their families about meeting their needs. Richmond Kessie added that individuals were offered a choice about whether they would prefer to stay with their current provider or switch to a different provider.
- Cllr Connor referred to paragraph 6.5 of the report regarding the Employers Sponsorship Licence and noted that three out-of-Borough providers had their licenses suspended in the past 12 months querying what happened to the clients. Richmond Kessie explained that the clients would still have their allocated support workers and that the Council would visit the provider to ensure that they were doing what was required by the Home Office to get their

- licence reinstated. One of the three providers referred to in the report had now already had their licence reinstated.
- Cllr Connor referred to paragraph 6.6 of the report which stated that only two CQC-registered locations in Haringey had undergone inspections in the past 12 months compared to seven in the previous year. Cllr Connor requested that a written response be obtained from the CQC on the reasons for this. **(ACTION)** She also reiterated the Panel's concerns about the providers that had not yet been inspected by the CQC and that a response should be obtained on this point.

44. SAVINGS TRACKER

Cllr Connor reminded the Panel that this was an item that had been deferred from the previous meeting on the Budget. She commented that the format of the tracker had been improved since the previous meeting and was now much clearer.

Neil Sinclair, Head of Finance (People), and Jo Baty responded to questions from the Panel about the savings tracker:

AHC SAV_001 – Improved practices and processes to ensure that residents receive the right level of care

- Cllr Brennan noted the comment on the tracker that this item was *“forecasted red from the start as the target is so large”* and queried whether the target was realistic. Jo Baty clarified that the improvements to processes and practices referred to the reviews undertaken by social workers and ensuring that support packages were proportionate to the needs of the resident. This item also included the changes with Continuing Healthcare funding. Beverley Tarka explained that this was due to how budget processes worked and the establishment of a narrative when the approach to savings was developed. As the year then progressed there was improvement of processes and practices in various different areas, which meant that there was some duplication in the tracker (specifically combined with AHC_SAV_011 – Continuing Healthcare & AHC_SAV_012 – Strength Based Working). It was not possible to change the original narrative from a finance perspective but it was all part of the same overall exercise. So while two of the three budget lines were red, the overall target for the three lines was £2.2m and this was on track to be achieved through AHC_SAV_011 as set out on the tracker.
- Asked by Cllr Mason whether these changes were reflected on a risk register, Beverley Tarka explained that there was regular monthly monitoring of the savings trajectory and the risk of delivery with mitigations identified where necessary. The tracker showed an overall risk of non-delivery of savings of around £2.6m and the Finance took all risks into consideration when publishing budget monitoring reports. Neil Sinclair added that the risks of non-delivery had an impact on the forecast of the overall position for the Council and that this was a consistent ongoing process.

AHC SAV_004 – Contract Reviews

- Cllr Connor noted that the tracker referred to resource constraints within the Commissioning team and requested further detail on progress in this area. Beverley Tarka explained that there had been joint commissioners prior to the recent decision of the ICB to reduce their revenue costs by 30%. There were now local authority-based commissioners and the required restructuring had taken some time, leading to the challenge in delivering savings. Going forward, there was an invest-to-save proposal to enhance the commissioning resource as this was key to achieving a number of strategic sustainable outcomes over the course of the MTFS period. Jo Baty added that they were already thinking about what would be required next year to bring savings through and so some of the savings line would be rolled forward and adjusted next year as commissioning capacity was developed.

AHC SAV 011 – Continuing Healthcare

- Asked about progress on this item, Beverley Tarka noted that there had been investment in this project to embed knowledge and competency throughout the teams engaged in this process.
- Helena Kania expressed concerns that Continuing Healthcare was underfunded and was difficult to obtain for people who needed it. Beverley Tarka emphasised that the Council had overachieved on the savings target but acknowledged that it could be challenging for people to obtain a Continuing Healthcare assessment. The national trends around Continuing Healthcare were reducing and London was particularly adversely affected. She added that it could sometimes be helpful for experts with a legal framework and background to champion families when they needed to appeal and make their case.

AHC SAV 013 – Direct Payments

- Cllr Connor noted that this saving involved a long term increase in the use of Direct Payments and queried why more people weren't moving to Direct Payments. Jo Baty responded that, while some people saw them as enabling more choice and control, some others felt that it involved more administration for them personally in managing their own budget. This work was championed locally by Disability Action Haringey who were proactively engaged as part of locality teams. She added that Direct Payments were often an effective way of working with young people and their families to consider what options were possible for them and to help them build independence and to exercise choice and control.
- Asked by Cllr Iyngkaran how more people to be persuaded to move to Direct Payments, Cllr das Neves observed that the status quo could be hard to change for some people. Jo Baty added that there could be a need for champions and advocates to support people in making this change as some may have the impression that Direct Payments sound financial and bureaucratic. It may also be necessary to adopt a more targeted approach as young people may want the opportunity for more creative choices whereas older people might be more likely to prioritise the availability of care. Cllr

Connor noted that it may be helpful for the Panel to obtain a greater understanding of how Direct Payments was being communicated to residents. **(ACTION)**

AHC SAV 018 – Grant Review (BCF-S75)

- Cllr O'Donovan requested further details on negotiating with the ICB as specified in the tracker. Cllr das Neves said that the issues in this area had been documented in the public domain and that, across North Central London, local authorities had taken a joint approach in some areas. She added that this set out a challenge on building relationships on budgets in order to drive forward a prevention and early intervention agenda. Beverley Tarka added that there were bound to be tensions when there were two financially challenged systems but she felt that there was a real motivation to reset how they worked together going forward. Cllr das Neves added that the Council Leader would now sit on the Integrated Care Board which was a further opportunity for collaboration. Cllr Connor suggested that the Panel should note the joint pressures and commissioning work in this area as an ongoing risk area to monitor. **(ACTION)**

AHC SAV 019 – Mental Health Service Review

- Cllr Connor noted that this saving involved a focus on bringing high-cost out of Borough placements back into local provision of care and requested further detail on the capacity of local providers to do this. Jo Baty said that there was part of the capacity to do this but added that there was also a need to develop the local mental health offer, be creative and look at what others were doing. This included areas such as housing, employment and creative day opportunities as well as strengthening the Council's position on Section 117 arrangements. Beverley Tarka added that, in terms of benchmarking, Haringey was an outlier in the cost of care and support packages for people with mental health needs. With social workers seconded to the Trust, the Council had less control and some people had ended up in very expensive out-of-Borough placements. Bringing the social workers back in-house had enabled more control and focus on the holistic outcomes for individuals. The future development of accommodation pathways and holistic support also had the potential to reduce costs as it was starting from a high base.

AHC SAV 021 – Supported Living Review

- Asked by Cllr Connor for further detail on the proposed savings and the resource constraints in the Commissioning Team, Beverley Tarka explained that this was about the cost of care and getting better at commissioning for outcomes rather than activity. In some cases, support needs may not be as high as originally envisaged and so improvements were required in how the costs of that support were reviewed in order to ensure value for money.
- Cllr Connor queried how often it would be possible to undertake reviews, noting that it had previously been challenging to do so with the care plan reviews.

Beverley Tarka explained that there were currently two separate processes with the social worker and then the contract commissioner. By bringing these two processes together it would be possible to achieve better outcomes, for example through better monitoring of staff to client ratios. She noted that a provider would always flag when there was a need for an increase in costs but that the Council had not always been as proactive when there was a reduced need for support. This required additional capacity on the commissioning side with an invest-to-save approach.

- Cllr Connor commented that the Panel may wish to continue to monitor this piece of work in order to be reassured that support levels for clients were being maintained as savings were being achieved. **(ACTION)**

CYP SAV 008 – Transitions

- Asked by Cllr Connor about the recruitment issues set out in the tracker, Jo Baty explained that the transitions team was a relatively small team based in the Children's department with an initial 38 young people transitioning through to adult social care. This would need to be scaled up in future years with higher numbers expected. Efficiencies in transitions required a corporate response as a range of different services may be required when transitioning into adulthood. Neil Sinclair added that the initial business case from 2023 included assumptions based on the available data at the time but, now that project delivery was in progress, the savings could be reprofiled in future years as better data became available.
- Cllr Connor expressed concern about reducing funding in this area when the feedback to Councillors from families is that they required more support and suggested that a more detailed breakdown of the savings would be useful in future. Cllr das Neves commented that nationally there was less money associated with individuals after they turned 18 and so this could mean that there were issues with people's expectations after transitioning. Adult Social Care had a duty to provide care under the Care Act and also a financial duty to meet national expectations. Part of the work in this area was to start on that journey earlier to help prepare for that change. She added that it would also be helpful to develop system-wide thinking on how best to improve outcomes for young people with complex needs including on opportunities for work and reducing repeat admissions to hospital. Cllr Connor commented that it would be helpful for the Panel to see a more detailed breakdown of the cost savings in this area. **(ACTION)** Cllr das Neves suggested that this area of work could be usefully discussed in more detail at a future scrutiny meeting. **(ACTION)**
- Cllr O'Donovan underlined the importance of taking a long-term view of changes in this area in order to ensure that outcomes and costs were not worsened in future.
- Cllr Mason highlighted the substantial increase in mental health concerns among young people and the importance of maintaining support for them after the age of 18.

General

- Cllr Iyngkaran noted that, of the overall savings target of £5.5m, only £2.9m was projected to be achieved and asked what confidence there was that the remaining £2.6m could also be achieved by the end of the financial year. Neil Sinclair responded that there had been a significant amount of work undertaken to review the savings and that £2.9m was a fair representation of the likely delivery of savings by the end of the financial year.
- Asked by Cllr Connor how the £2.6m total of unachieved savings would be addressed, Beverley Tarka said that the Department was constantly working on mitigations as an ongoing process.
- Cllr Mason noted the pressures on recruitment and resources noted against the savings marked as red and queried whether these vulnerabilities could be better factored in when the savings targets were set at the beginning of the year. Beverley Tarka responded that Adult Social Care had historically achieved around 80% of savings so there was a good track record and they had a high level of confidence in these savings. However, there had been significant additional challenges in the past year, mainly in the form of demand pressures and also a CQC assurance process, which had led to resources being diverted to deal with these. The savings targets were monitored each month with mitigations being put in place where possible. Looking ahead, it was anticipated that the care sector as a whole was expected to face ongoing challenges with rising demand and increases in complexity of need, particularly with frailty and dementia. This could also have a knock-on effect on the NHS, such as through issues with hospital discharge, and further underlined the need for sustainable funding for adult social care which she said was an under-resourced sector.
- Asked by Cllr Connor about any further invest-to-save work ongoing in adult social care, Jo Baty said that recruiting and retaining high quality staff was an ongoing challenge in adult social care and so there were initiatives in this area such as recruitment days, improved induction for new staff and a strengthened workforce development programme. Beverley Tarka added that there were opportunities resulting from the bringing together of Adults and Housing because of the link between adult social care and accommodation pathways. The development of assistive technology also provided future opportunities, while acknowledging the importance of digital inclusion. Sara Sutton then spoke about wider digital transformation as a way of creating efficiency opportunities and freeing up capacity within the workforce to focus on delivering best outcomes for residents. She also added that there were further opportunities for multidisciplinary working across adults, housing and health. Cllr Connor suggested that it would be useful for the Panel to see more about new ways of working as part of the Panel's next work programme. **(ACTION)**
- Cllr O'Donovan acknowledged the work that had been done to achieve the savings as well as maintaining a high quality of care for residents.

45. CABINET MEMBER QUESTIONS

Cllr Lucia das Neves, Cabinet Member for Health, Social Care & Well-being responded to questions from the Panel on issues relating to her portfolio:

- In the context of the current financial pressures, Helena Kania questioned the effectiveness of prevention initiatives such as on weight management. Cllr das Neves said that Haringey was one of the only London Boroughs that has a holistic service looking at people's smoking, weight, psychological needs and other factors together. Will Maimaris, Director for Public Health, added that the new weight management service offered a 12-week course which included a series of sessions on the various factors mentioned. He clarified that the Council commissioned 'Tier 2' weight management services while the NCL ICB commissioned 'Tier 3' weight management services which could include prescription of weight loss drugs. There were currently some gaps in Tier 3 provision in NCL which the ICB was currently looking to address. Cllr das Neves suggested that some detailed data on outcomes could be brought to a future scrutiny meeting (**ACTION**) but that Haringey outcomes were broadly in line with or better than London averages. She also noted that much of the public health budget was ring fenced. On a specific case raised by Helena Kania, she suggested that further details could be provided outside of the meeting.
- Cllr Mason expressed concerns about people with long-term health needs living in poor housing conditions. Cllr das Neves acknowledged the increasing difficulties of housing people in London and said that the Council was looking at a refreshed allocations policy. She added that issues such as exposure to damp and mould were also important to address as this could impact on long-term health and well-being. Sara Sutton, AD for Partnerships & Communities, explained that the intention was for the refreshed allocations policy to go out to consultation in the New Year and that there were some proposed changes that took account of the priority status that might be required for people with different types of complex health needs. Other relevant areas of the Council's work in this area included:
 - The building of new homes including bespoke homes built around the needs of individuals.
 - The Housing Improvement Board which looked at issues including repairs, damp and mould.
 - A recently implemented Responsive Repairs Policy which prioritised vulnerable residents.
 - A Vulnerable Residents Policy which focused on cases involving greater need and complexity and how they are prioritised.
 - The work of the Private Rented Sector team and the licensing arrangements which aimed to raise standards in that sector.
 - The new Adults, Housing & Health Directorate would provide an opportunity to integrate areas of working, particularly where there was complexity and vulnerability.
 - A complex needs panel which took referrals from relevant social care teams and considered evidence about needs to inform recommendations on housing outcomes.
- Cllr Iyngkaran raised the issue of the surge in RSV virus cases nationally and asked about the situation in Haringey including vaccine uptake. Will Maimaris

said that the figures for RSV hospital admissions at the North Middlesex and Whittington could be provided in writing. **(ACTION)** He added that a recent success had been the schools-based flu vaccination programme and that Haringey had now moved from being the worst performing Borough in North Central London to the best performing. The Council also worked with the NHS on flu vaccination for over-65s and other at risk groups. Across London as a whole, the rate of vaccine uptake was lower than before the Covid pandemic which was a concern. The vaccine for RSV had recently been introduced for people in the 75-79 age groups and for pregnant women and the uptake had been better than expected. Cllr Peacock expressed concern that people aged 80 or older were not currently eligible for the vaccine and requested an explanation for why this was the national policy. **(ACTION)**

- Cllr O'Donovan raised the issue of self-neglect and hoarding and what more could be done to support such individuals and their families. Cllr das Neves acknowledged that these could often be difficult and complex cases, balancing the need to ensure that people are safe and well and respecting the rights of individuals to make decisions for themselves. She added that the Council had an existing policy in this area which was due for renewal in 2025 and there were voluntary sector organisations that worked in this area so there could be an opportunity for the Panel to do some scrutiny work in this area. **(ACTION)** Beverley Tarka informed the Panel that self-neglect and hoarding had been a recent focus of the Haringey Safeguarding Adults Board (HSAB) including recent input from the local Fire commander with the Fire service able to carry out house visits and risk assessments. Cllr O'Donovan noted that information on this issue was not easy to find on the Council's website (though there was information on the NCL ICB website) and Cllr Connor suggested that the relevant page of the website should be updated including information about the various sources of support available and how to contact them. **(ACTION)**
- Asked by Cllr Connor about the implications of the creation of the new Adults, Housing & Health Directorate, Cllr das Neves said that this would hopefully enable more cross-working in certain areas and maximising impact, for example with the house building programme and in ensuring that housing was prioritised within the Health and Wellbeing strategy.

46. WORK PROGRAMME UPDATE

Scrutiny Officer, Dominic O'Brien, informed the Panel that a key item scheduled for the next meeting on 10th February was the Council's response to the recent CQC inspection. The other main topics on the agenda were a report on preparedness for a future pandemic and an update on aids and adaptations. However, the CQC report was not expected to be available until the New Year and so it was now no longer anticipated that it would be possible to provide the Council's full response in time for 10th February. It was therefore proposed that the meeting be postponed until March.

The initial draft work programme for 2025/26 had been included in the agenda papers but there were still a number of vacant slots where topics could be allocated, including

topics that had been suggested through the Scrutiny Café consultation earlier in the year.

Comments on possible topics for the Work Programme were made:

- Cllr Brennan suggested that the policy on self-neglect and hoarding that was discussed earlier in the meeting could be added to the Work Programme. Cllr O'Donovan added that the timing of this would be important so that any discussion fed into the development of the Council's refreshed policy in this area.
- Cllr Mason proposed that a topic arising from the Scrutiny Café should be added to the agenda for the first meeting of 2025/26. She suggested that the topic could be either communications with residents or the impact of poor housing conditions on health & wellbeing.
- Cllr Connor noted that the Council's Autism Strategy was another priority topic that had arisen from the Scrutiny Café. **(ACTIONS)**

47. DATES OF FUTURE MEETINGS

- 31st March 2025 (6:30pm)

NOTE: The meeting previously scheduled for 10th February 2025 was postponed.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date