

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Monday, 31st March, 2025, 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: Helena Kania (Co-Optee)

Quorum: 3

1. FILMING AT MEETINGS

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2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

4. DECLARATIONS OF INTEREST

A Member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

6. MINUTES (PAGES 1 - 12)

To approve the minutes of the previous meeting.

7. ACTION TRACKER (PAGES 13 - 24)

A summary of action points from Panel meetings in 2024/25.

8. UPDATE ON NON-VOTING CO-OPTED MEMBERS

To follow.

9. AIDS & ADAPTATIONS / DISABLED FACILITIES GRANT - UPDATE (PAGES 25 - 30)

To receive an update report on progress towards previous recommendations of the Panel on aids & adaptations.

The recommendations were originally made by the Panel at a meeting in Sep 2022: <https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74001>

Previous progress reports on the recommendations were received in:

- Mar 2023: <https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=75471>
- Feb 2024: <https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=78855>

10. PREPAREDNESS IN THE EVENT OF A FUTURE PANDEMIC (PAGES 31 - 50)

To receive a report on the approach to pandemic preparedness in Haringey including learning from the Covid-19 pandemic.

11. COUNCIL RESPONSE TO CQC INSPECTION (PAGES 51 - 72)

To receive a report on the outcome of the recent CQC Adult Social Care inspection.

12. WORK PROGRAMME UPDATE (PAGES 73 - 78)

13. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

14. DATES OF FUTURE MEETINGS

Meeting dates for 2025/26 will be published shortly.

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Fiona Alderman
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George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 26 March 2025

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**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

Adults & Health Scrutiny Panel – Action Tracker 2024-25

MEETING 4 – 17th Dec 2024

No.	ITEM	STATUS	ACTION	RESPONSE
42	Cabinet Member Questions	IN PROGRESS	The Panel recommended that the relevant page of the Haringey website be updated to clearly set out sources of support for individuals and families affected by self-neglect and hoarding.	
41	Cabinet Member Questions	Added to work programme	Policy on self-neglect and hoarding to be considered as a topic for a future Panel meeting.	
40	Cabinet Member Questions (RSV vaccine)	COMPLETE	It was noted that, under national policy, RSV vaccine eligibility applied only to pregnant women and the 75-79 age group. The Panel requested an explanation on why people aged 80+ were not eligible.	<p>Response (Director for Public Health): Saga magazine asked this question to Dr Mary Ramsay, Director of Public Health Programmes at the UK Health Security Agency (UKHSA), who told Saga: <i>“Based on expert advice from the JCVI, Government decide which groups will be eligible for free NHS vaccines.” “Their decision was based on the latest available evidence at that time, including how long protection lasts and how common RSV infection is within different age groups, and they concluded that there is limited evidence of the vaccine being effective in those aged over 80. The JCVI will continue to keep the evidence under review.”</i></p> <p>If you turned 80 after 1 September 2024, you're eligible for the RSV vaccine until 31 August 2025. You're not eligible for the RSV vaccine if you turned 80 on or before 1 September 2024.</p>
39	Cabinet Member Questions	COMPLETE	Figures for RSV hospital admissions at the North Middlesex and Whittington to be provided.	<p>Response (Director for Public Health): Figures are not routinely collected by hospital trust. UKHSA publishes national trends in data relating to RSV</p>

	(RSV vaccine)			Respiratory syncytial virus (RSV) UKHSA data dashboard. There was a spike in infections and admissions from RSV in November and December 2024
38	Cabinet Member Questions (Weight management)	Added to work programme	Information/data on weight management initiatives could be brought to a future Panel meeting.	
37	Savings tracker	Added to work programme	New ways of working – Panel to consider receiving more information about this in 2025/26 e.g. Invest-to-save, recruitment/retention, digital transformation, assistive technology, multidisciplinary working around adults, housing and health.	
36	Savings tracker	IN PROGRESS	CYP_SAV_008 – Transitions – Panel to receive a more detailed breakdown of the cost savings in this area.	Query to be referred to next joint meeting of Adults & Health and Children & Young People’s scrutiny panels on transitions.
35	Savings tracker	Added to work programme	AHC_SAV_021 – Supported Living Review – Panel to monitor review and ensure that support levels for clients were being maintained as the savings were being achieved.	
34	Savings tracker	Added to work programme	AHC_SAV_018 – Grant Review (BCF-S75) – Pressures on both sides and the potential impact on joint commissioning to be noted as an ongoing risk.	
33	Savings tracker	Added to work programme	AHC_SAV_013 – Direct Payments – Panel to consider further scrutiny on how information about Direct Payments was being communicated to residents.	

32	Quality Assurance	Added to work programme	Panel to monitor: - Shortage of care home places in Haringey. - Ongoing pressure on the sector.	
31	Quality Assurance	IN PROGRESS	A written breakdown to be provided of the number of private sector providers and voluntary sector providers in Haringey.	
30	Quality Assurance	IN PROGRESS	It was noted that only two CQC-registered locations in Haringey had undergone inspections in the past 12 months compared to seven in the previous year. CQC to provide a response on the reasons for this.	
29	Quality Assurance	IN PROGRESS	It was noted that 23 out of 86 providers were not yet rating by the CQC (though around half of the 23 were dormant). CQC to be consulted on when they would be inspecting these providers.	

MEETING 3 – 14th Nov 2024

No.	ITEM	STATUS	ACTION	RESPONSE
28	Work programme items	Added to work programme	Items were proposed for addition to the Work Programme: Leisure Services – While this is not directly under the remit of the Panel, it was suggested that there could be some joint scrutiny work on how the AHC Department could have an input into the promotion of leisure services to improve health and wellbeing. Budget – Some detailed work on what proportion of proposed savings from previous years were actually achieved and	Added to Work Programme.

			how they have been mitigated, including through the use of reserves.	
27	Budget 2025/26	COMPLETE	All budget recommendations are compiled in a table for submission to the OSC in Jan 2025 and then, if approved by OSC, to the Cabinet in Feb 2025.	

MEETING 2 – 19th Sep 2024

No.	ITEM	STATUS	ACTION	RESPONSE
26	Safeguarding Adults Board annual report	Added to work programme	Consideration to be given to receiving a future report on gambling harms.	Added to Work Programme.
25	Safeguarding Adults Board annual report	COMPLETE	Individual case to be referred to appropriate officer.	Case has been referred to relevant teams with Vicky Murphy's business manager copied in.
24	Safeguarding Adults Board annual report	Update due in Sep/Nov 2025	Recommendation from the Panel on future reports: - progress on subgroup for implementation of SAR recommendations. - details of mechanisms to support practice improvement and safeguarding across the partnership and how changes in practice were impacting on the lives of residents. (Practice & Improvement subgroup) - that clarification be provided on where Violence Against Women & Girls (VAWG) is addressed through the Board and its subgroups.	Recommendations have been provided to Dr Adi Cooper ahead of next year's report.
23	Smoke-free strategy	COMPLETE	Recommendation from the Panel – that the practice of chewing tobacco to be	The Public Health team have confirmed that this recommendation will be taken forward and added to the tobacco control strategy and action plan.

			included in the strategy and wording to include “tobacco products”.	
22	Smoke-free strategy	Update to be requested in 2025/26	Update to be provided to Panel on work in schools on vaping including the local research/seminar, PSHE education and links with mental health teams.	Added to Work Programme.
21	Dementia services	Update to be requested in summer 2025	Update to be provided to Panel in approximately 9 months on: <ul style="list-style-type: none"> - progress with dementia-friendly GP practices - number of dementia service users - progress on outreach work and ‘centre of excellence’ approach (replicating that of the Haynes Centre in the west of the Borough) in the centre and east of the Borough - progress on the named-person approach where service users/carers have a single point of contact for all details on care plans and other information 	Added to Work Programme.
20	Dementia services	COMPLETE	Recommendation from the Panel – that input be provided to Universal Care Plan for expansion to include dementia patients.	Response from Tim Miller: There is work occurring across London to promote and expand the use of UCP targeting those likely to be using urgent and crisis hospital care. Residents with dementia may have Universal Care Plan’s (UCPs), as would other suitable residents seen by care teams who use the UCP – e.g. care home teams and end of life teams. The Memory Service itself has viewing access to UCP, so are aware of people’s UCPs. Once the service transforms to a diagnosis-to-end of life service, it does aspire to completing the UCP for every patient – which is expected by 2027.

19	Dementia services	COMPLETE	Recommendation from the Panel - for the Public Health team to provide support to promote dementia-friendly actions at GP practices.	Response from Director for Public Health – “ <i>The Haringey Public Health Team is part of the Age Well Board in Haringey. Through this board we are contributing to the efforts to make Haringey dementia friendly including supporting participation of GP practices.</i> ”
18	Dementia services	OUTSTANDING	Feedback from Panel to be provided on condition of toilets at Toms Club at Chestnuts Community Centre.	Details have been provided to Chestnuts Community Centre. Response awaited.
17	Dementia services	COMPLETE	Feedback from Panel to be provided on suggestion to advertise the Singing for the Brain sessions at Tottenham Hotspur Stadium more prominently.	Response: Details on the Singing for the Brain Group at Tottenham Hotspurs have been widely shared with the Dementia Friendly Haringey network. The group is also listed in our updated leaflets which have been recently shared and are available to view on our Dementia Friendly Haringey webpage https://new.haringey.gov.uk/health-wellbeing/health-services-support/mental-health-wellbeing/dementia-friendly-haringey Officers will also follow up with Spurs and Alzheimer’s Society to look at how we can further advertise the group.
16	Co-opted members	COMPLETE	Update to be provided on recruitment process.	Report to be brought to November 2024 meeting.
15	Minutes	To be included in future papers	Action tracker to be included in agenda papers for all future meetings.	Action tracker included from November 2024 meeting onwards.

MEETING 1 – 30th Jul 2024

No.	ITEM	STATUS	ACTION	RESPONSE
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14	Cabinet Member Questions	COMPLETE	<p>Response to be provided to the Joint Partnership Review of the Haringey Opportunities Project.</p> <p>Background for Haringey Opportunities Project (HOP) The Haringey Opportunities Project (HOP) is a day opportunities and community service based in Tottenham, N17. It is designed to support adults aged 18+ with severe learning disabilities and autism. Officially launched on 12th August 2021, the project provides a structured environment where individuals can engage in both centre-based activities and opportunities for community involvement.</p> <p>The service accommodates individuals with varying levels of need, ranging from those requiring intensive support to those needing less. Centre404 is the commissioned Positive Behaviour Support (PBS) provider for the service, with the current contract running until 30th June 2025. Due to delays in the initial launch, which was postponed from April 2020 to August 2021, the contract was extended to allow for further improvements and a comprehensive service review.</p> <p>Service Review and Improvement Plan The primary objective of the review was to evaluate Centre404's performance against its contractual commitments and assess the overall quality of service delivery, both at the centre and within the broader community. The review was designed to identify gaps and areas requiring improvement to ensure the service meets the agreed outcomes for individuals with severe learning disabilities and autism.</p> <p>Following the review, key findings and identified areas for improvement were communicated to Centre404. In response, a detailed improvement plan was developed, targeting the specific concerns raised during the review. To ensure continuous improvement and compliance, progress is being closely monitored on a monthly basis. This monitoring includes both scheduled and unscheduled commissioning visits, allowing for a</p>
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				<p>thorough evaluation of service delivery and timely identification of any issues.</p> <p>The results of the HOP review were first presented to the Commissioning Co-production Group, where a summary of the improvement plan was also shared. It was agreed that the full review report would next be submitted to the Severe and Complex Autism and Learning Disability (SCALD) Reference Group for further discussion and input.</p> <p>As part of the preparations for a potential re-commissioning of the service, which is scheduled to end in June 2025, the Commissioning Co-production Board has endorsed the formation of a dedicated working group to oversee the redesign process. This working group will likely include members of SCALD, ensuring a collaborative approach that integrates the perspectives and experiences of family members of current service users. Their involvement is critical to shaping a service that reflects the needs and expectations of the individuals and families it supports.</p> <p>By incorporating the insights of key stakeholders and maintaining rigorous oversight, the improvement plan and working group will guide the ongoing transformation of HOP, ensuring it continues to deliver high-quality, person-centred services in the future.</p>
13	Health & Wellbeing Strategy	Feedback to be considered and also addressed in next update report	<p>Recommendations for consideration and clarifications requested for the next update were:</p> <ul style="list-style-type: none"> It was noted that social isolation was included under the Improving Mental Wellbeing theme, but it was recommended that this could also be included under 	Added to Work Programme.

			<p>Preventative Health theme given the link to dementia and other conditions.</p> <ul style="list-style-type: none"> • There were some challenges acknowledged in how some outcomes could be realistically monitored, such as people accessing green spaces. • Further clarification was requested on how the outcomes, monitoring and reporting would fit within the governance structure. • Further detail would be required on how health policy would be able to link to and influence the Local Plan in relation to housing policy and what realistic outcomes could be achieved given the complexities in this area. • Further detail would be required on how on the future partnership working and community engagement would work in practice. 	
12	Health & Wellbeing Strategy	To be added to 2025-26 Work Programme	Panel to be provided with a further update in 12-18 months.	Added to Work Programme.

11	Health & Wellbeing Strategy	COMPLETE	Further detail was requested on why life expectancy was lower than other parts of the Borough in the Stroud Green ward.	Response from Will Maimaris: "I checked the raw data for this and this revealed an error in what we presented in the map. Life expectancy in Stroud Green Ward for 2016-20 was 79.8 for males (compared to Haringey average of 80.0) and 84.1 for females (compared to Haringey average of 84.6). So, life expectancy is not significantly different from the borough average, and the shading on the map should have been one shade lighter than it was for both females and males for this ward. Please accept my apologies for this error."
10	Health & Wellbeing Strategy	COMPLETE	Information to be circulated about the ABC Parenting programme which provides peer support for new mothers.	ABC parents has been started by clinicians at North Middlesex Hospital aimed at new mums in Haringey and Enfield to support with parenting from a health and wellbeing point of view but also for mothers to build informal networks that can support them. Further details: https://www.northmid.nhs.uk/abcparents/
9	Health & Wellbeing Strategy	COMPLETE	An update was requested on the current status of the ageing and frailty project.	<ul style="list-style-type: none"> The GP Federation are now implementing an Ageing Well (AW) programme across Haringey and Enfield on creating age-friendly environments through the collaboration of local individuals, businesses, and organisations within the borough. They are training AW Friends, Champions and Experts to seed expertise across the boroughs. Age Well festival run by Public Voice in collaborative with partners will be held 21st September in Bruce Castle Park from 12pm to 5pm. The festival will be a day of creative, active and wellness activities for residents to take part in along with music and dance performances to enjoy on the main stage. Link below for more information: https://new.haringey.gov.uk/events/haringey-age-well-festival-2024

				<ul style="list-style-type: none"> The West Frailty project is continuing to gather self-assessments from older residents using an adjusted clinical frailty assessment tool – the findings will be analysed and learning identified in due course.
8	Continuing Healthcare	COMPLETE	Data was requested on CHC assessments for people in care homes.	<p>The responses to action points 2 to 8 are all addressed in ATTACHMENT A1.</p> <p>Additional information has also been provided in relation to action points 2 and 3 – please see ATTACHMENTS A2 to A6.</p> <p>Follow up information on action point 6 was requested by the Panel from the ICB – please see ATTACHMENT A7.</p>
7	Continuing Healthcare	COMPLETE	Information was requested on the work being carried out by the ICB on upscaling awareness of CHC across NCL.	
6	Continuing Healthcare	COMPLETE	Information was requested on why CHC figures in Haringey/NCL was significantly lower than the national average.	
5	Continuing Healthcare	COMPLETE	Data on health inequalities and ethnicity relating to the recipients of CHC in Haringey was requested.	
4	Continuing Healthcare	COMPLETE	Clarification was requested on the funding for advocacy services for residents undertaking the assessment process.	
3	Continuing Healthcare	COMPLETE	<p>The information provided to residents should:</p> <ul style="list-style-type: none"> - Make clear that the recording of assessments can be requested. - Make clear how decisions could be challenged and explain the process for this. - Provide details on financial assessment/eligibility and 	

			ensure that residents are clear about any financial contribution that may be required from them.	
2	Continuing Healthcare	COMPLETE	The Panel emphasised that clear written information should be provided to residents/families/carers/advocates prior to any assessment or checklist taking place so that they were clear about the process and the questions that would be asked.	
1	Minutes	COMPLETE	Update to be provided on liaison with the Osborne Grove co-production group.	Verbal update provided at Panel meeting on 19 th September 2024. A further meeting with the co-production group was expected in February 2025.

Report for: Adults and Health Scrutiny Panel – 31 March 2025

Title: Update – Aids & Adaptations and Disabled Facilities Grant (DFG)

Report authorised by: Jo Baty, Interim Service Director – Adult Social Services

Lead Officer: Amanda Edwards – Service Manager, OT
Alexandra Domingue – Programme Manager,
Commissioning, Brokerage and QA team, Adult Social
Services

Ward(s) affected: All

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

1. Describe the issue under consideration

1.1. This report updates the Adults and Health Scrutiny Panel on the Council's response to its previous eight recommendation areas concerning Aids & Adaptations and the Disabled Facilities Grant (DFG). It also provides a general overview of further improvements to the service that have been implemented or are planned, aiming to enhance the timeliness of providing equipment and adaptations, and to improve communication with residents.

2. Background information

2.1. The Panel first received a report from the Head of Integrated Care on this issue in September 2022. During this meeting, several residents shared details of their experience of the Occupational Therapy (OT) Aids and Adaptations service. Some residents reported difficulties in getting aids and adaptations installed in their homes. Concerns were raised about communications with residents and delays to work being completed.

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

2.3. In March 2023, an update report on the progress made towards these recommendations was presented to the panel. It was reported that significant additional work had been carried out to increase capacity, reduce delays and improve communications.

2.4. In February 2024, the Panel received another update, which included representations from members of the community. While progress had been made, it was acknowledged that further work was needed to improve waiting times and communication with residents who had an assessed and had eligible need for an OT Aid and / or Adaptation.

3. Overview of changes to the Aids and Adaptations Service during 2024/25

3.1. In March 2024, a project board was established to oversee significant improvements in the Council's service delivery related to Aids & Adaptations provided by both Housing Revenue Account and Disabled Facilities Grant (DFG) funding streams.

The primary goal is to enhance the timeliness of providing equipment and adaptations, and to improve communication with residents.

- 3.2. The Board reviews initiatives across four main workstreams: Residents, Workforce, Foundations & Information and Finance, to ensure that all elements that contribute to a positive Resident journey through the OT and Adaptations teams are within the improvement journey.
- 3.3. Benchmarking with other Local Authorities in March and April 2024 identified some models of best practice due to their low Adaptations waiting list. We are adopting two key elements of their approach. One is creating a shortlist of adaptations suppliers with whom surveyors will work regularly. The second change is around better and more consistent contact with residents throughout the process.
- 3.4. One of the key initiatives has been creating resilience and support within the OT workforce. This has included the creation of an OT Duty Team, which was established to triage OT cases and reduce inappropriate referrals to the OT Team.
- 3.5. The OT Duty team assess all OT contacts to determine whether a referral to the OT Team is necessary or if needs can be met through low-level equipment or other smaller interventions. This approach has significantly improved the speed at which residents are seen and has reduced the number of referrals to the main OT team.
- 3.6. Occupational Therapy Assistants (OTAs) have been employed to contact residents on the waiting list under our 4-6 week contact pathway, ensuring they are informed about their status and addressing any short-term equipment needs. It has enabled the OT team to reassess priority of residents on the waiting list as well. Despite considerable pressure on resourcing this process, residents continue to be contacted, and everyone on the waiting list from on or prior to September 2024 has been contacted.
- 3.7. In October 2024, we secured resource for two OT agencies to work on the council's behalf to help us clear our OT waiting list. At the time of writing, our OT waiting list has reduced from a peak of 1,105 cases to 436. We will be working with our Procurement colleagues to secure a medium-term resourcing solution to keep our waiting list low, whilst we examine the extent to which the OT Duty Team might provide the support needed to manage our current and future workload without an external resource in addition.
- 3.8. We continue to face considerable recruitment needs across all OT teams, due to a national shortage of OTs. This does have an operational impact, but the Team Managers work hard to ensure that residents are contacted regularly and that priority cases are dealt with by either the external OT agencies or our own OT teams.
- 3.9. Advice and Assessment Officers (AAOs) within the Adaptations Team, have been actively contacting residents on the Adaptations Waiting List to keep them updated and reprioritise cases as needed, again under our 4-6 week contact pathway. Additionally, methods to manage complex adaptations have been developed, including regular officer meetings. Where needed, client specific action plans and regular meetings with residents and their family members are also provided.

- 3.10. The Adaptation Waiting List peaked at 220 in March 2024, and by October was down to 30 cases. Though it has increased to 153 at the time of writing, this is due to the use of the external OT agencies clearing the backlog of OT assessments. The Adaptations team has been fully resourced with 6 Surveyors and a Team Manager, and they continue to work at pace through cases.
- 3.11. A resident feedback form has been reinstated to gather information about service satisfaction, and complaints and compliments monitoring has been embedded to ensure continuous improvement. Resident feedback about adaptations indicates a high level of satisfaction with Adaptations. Complaints generally are about delays, but we expect that as other initiatives are embedded, there will be a decrease in complaints of this type.
- 3.12. A performance and management information dashboard has been implemented to help managers monitor progress and the impact of the OT Duty and external OT agency teams.
- 3.13. We are finalising an OT Aids and Adaptations Policy, that reflects our improved processes and practices. This policy will clearly outline what residents can expect from the service. The draft of the Policy will be shared with internal and external stakeholders with an aim to have it completed and through our governance processes by the end of June 2025.
- 3.14. The procurement team has been working with OT to onboard and recommission Adaptations suppliers to streamline the commissioning process for contractors and enhance contract management. This change aims to reduce the time the Adaptations process takes, by limiting the number of suppliers with whom we work in this area. The procurement process will also ensure that specialist equipment can be procured directly with specialist suppliers.
- 3.15. By building relationships with a select group of providers experienced in working with vulnerable residents, we can ensure better and more efficient support for those with additional needs. This forms part of our direct learning from the benchmarking work undertaken.

4. Progress to date against Scrutiny's recommendations

- 4.1. This section summarises the progress made on the recommendations for change proposed by the Panel in 2022.

4.2. **Recommendation: *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.***

- 4.2.1. **Progress:** Through the Support Planning process, residents and their families are kept informed of what equipment can be procured to meet the resident's eligible needs, which includes discussions about what equipment options there may be in each case. Complex cases are now managed through weekly case discussions and/or monthly supervisions with the involved staff members.

4.2.2. **Next Steps:** Ensure that if families want more details about the equipment/adaptation and its installation that the pilot of implementing a workplan update process is implemented more widely across the service.

4.3. **Recommendation:** *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.*

4.3.1. **Progress:** The Council has a statutory duty to offer advocacy to individuals who lack mental capacity as defined under the Mental Capacity Act 2005 AND have no one who can advocate on their behalf; and / or who are within a safeguarding process and/or who are undergoing a change of accommodation. We continue to fund advocacy services for these statutory requirements. We actively signpost residents to advocacy services whenever they are eligible and wish to access them.

4.3.2. **Next Steps:** Signpost residents to advocacy services as part of our initial contact information we share with residents, so they can buy-in this service themselves should they wish.

4.4. **Recommendation:** *Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of them.*

4.4.1. **Progress:** Residents receive support plans from OTs which clearly outline their eligible needs and how they will be met. We have made significant progress in supporting families with more complex adaptations by offering monthly meetings (where required) and developing a workplan that outlines when different aspects of the build will take place and the estimated dates of completion. The plan is updated and sent to families weekly, or at least monthly, depending on their preferences.

4.4.2. **Next Steps:** Ensure our auditing processes review communications at key stages of the process, and that we monitor staff performance regularly.

4.5. **Recommendation:** *There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.*

4.5.1. **Progress:** Occupational Therapy Assistants (OTA's) and Advice and Assessment Officers (AAO's) are working through contacting every resident on the OT and Adaptations Waiting Lists respectively to check in with residents to determine if any needs have changed, and if any interim equipment or support can be offered. Originally, the OT Waiting list comprised 815 residents when this process started. It is now around the 430 mark, but this includes residents who have been added to the list since the process started.

4.5.2. The waiting list for Adaptations dropped to around 35 in October, and while it has risen to just over 150 (due to the work taking place to reduce the OT waiting list), it continues to keep at-pace. The AAOs continue communication with residents on the waiting list to ensure any changes to circumstances that might change the urgency for the adaptation are monitored.

4.5.3. **Next Steps:** Continue to allocate cases to the external OT agencies to continue to reduce the waiting list and maintain recruitment of OTAs and

OTs where financially possible. AAOs continue to maintain regular contact with residents on the Adaptations waiting list.

4.6. Recommendation: *A named person and contact details should be provided to the resident/family and kept up to date during the process.*

4.6.1. **Progress:** Due to the movement between teams during the Resident journey in the OT process, it is not possible to assign a named person throughout the entire process as inevitably, the person will change as a resident moves from e.g. an allocated OT to a Surveyor. However, residents can re-contact the OTAs and AAOs to discuss their case if needed following the initial contacts from the 4-6 telephone call pathway.

4.6.2. **Next Steps:** Ensure that all information shared with residents, especially in introductory conversations with Adult Social Care, give clear guidance on contact information for residents, and make this as personalised as possible.

4.7. Recommendation: *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.*

4.7.1. **Progress:** The suggestions made by the resident and family are recorded on the case file and captured within the assessments, support plan and housing needs plans throughout the process.

4.7.2. **Next Steps:** Use our auditing processes to ensure this is enshrined in day-to-day practice.

4.8. Recommendation: *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.*

4.8.1. **Progress:** The Council's case management system ("LAS") has been improved to help us track the movement of cases between teams along the entire OT Aids & Adaptations process. This allows us to see when progress is made on a case and how long it is with any given member of staff. In addition, staff members are now informing the residents at each step of their adaptations on a 4–6-week basis. Managers monitor case allocations and progress within each individual case with their practitioners via team meetings and 1:1 supervision. This ensures that any delays are understood and can then be communicated with the resident effectively.

4.8.2. **Next Steps:** Currently there is no function on LAS to alert managers to delays in process. However, this has been discussed with the Performance team who are in discussion with the LAS developers to see if this functionality can be added. In the meantime, case timeframes and progress are monitored by our team managers in supervisions, team meetings and actioned as required.

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

4.9.1. **Progress:** A purchasing solution for Specialist Equipment and Adaptation provisions is being procured via the Dynamic Purchasing System (DPS) in the coming months, which will provide a choice of supplier for residents via the OT and Adaptations Services. We remain engaged in discussions with our NRS Consortium colleagues for the purchase of mainstream equipment. Our contract monitoring information and qualitative information suggests that the supplier's performance is improving.

4.9.2. **Next Steps:** We continue to work with our NRS Consortium colleagues to manage the contract and improve delivery to Haringey residents. This includes attendance and feedback via both Operational and Director-level Consortium groups. Contract monitoring indicates some opportunities for further development, and group members remain open to all options we can use within the contract and going forwards.

5. Recommendations

5.1. The Committee to note the contents of this report, endorse our approach and help us consider how we can sustain and build on improvements to our support for residents, given the financial climate within which we work.

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

6.1. Finance and Procurement

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

6.2. Legal

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

6.3. Equality

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

7. Use of Appendices

N/A

Haringey's Preparedness in the event of a Future Pandemic

Briefing to Adults and Health Scrutiny Panel, 30th March 2025

Dr Will Maimaris- Director of Public Health

Damani Goldstein- Consultant in Public Health

Angharad Shambler- Senior Public Health Strategist

Rob Stevenson- Principal Emergency Planning Officer

Background, Context & Learning

Background

- In December 2024, we marked five years since COVID-19 was first identified in Wuhan, China. The profound impact of the pandemic remains evident in our communities and reinforces the critical importance of strengthening pandemic preparedness, ensuring we are on the front foot to get ahead of future biological threats.
- The threat and potential impact of pandemics are such that they remain the highest risk on the national risk register and continue to direct significant amounts of activity on a global basis. It is the only risk with level 4 for likelihood with impacts considered Catastrophic.
- Experts believe the most likely cause of a future pandemic will be a respiratory virus; however, the government continues to plan and prepare for a range of pandemic and emerging infectious disease scenarios

National & Regional Context

- **No current national guidance-** National Respiratory Pandemic Response Plan currently in development & National Pandemic Exercise 'PEGASUS' will run in Autumn 2025 (of which London Resilience Forum will take part in, feeding back to Haringey Resilience Forum)
- **National COVID-19 enquiry ongoing.** Haringey (via Public Health and Emergency planning teams) and other local authorities have been asked to submit information to support the modules and wider learning. This will feed into the London and local plans.
- **NHS Framework for managing the response to pandemic diseases published July 2024**
- **London Resilience Unit, Interim Pandemic Response framework guidance released late 2023.** This replaces previous Influenza and Coronavirus response frameworks.
- **Other London Local Authorities have developed interim pandemic plans** i.e. Camden, Tower Hamlets, to be updated on issuing of national guidance. However, some Local authorities are still referencing older pandemic influenza plans.

North Central London ICS Context

- NCL Integrated Care Board (ICB) have a pandemic response plan
- The NCL team act as a key point of contact for ICS emergency planning teams, providing support, guidance and conduct yearly assurance processes
- North Middlesex & Whittington NHS Trusts have their own Emergency planning teams and pandemic plans
- NCL ICB have been working with London Boroughs and UK Health Security Agency (UKHSA) to develop a pan-London MOU for outbreak management, and will influence local plans

Local Context

- Existing Haringey Multi-Agency Pandemic Influenza Plan & Emergency Management Plan
- ICS/Council COVID-19 learning – Council reported learning/reflection on the first 2 COVID waves
- Department focused lessons learned from COVID-19 pandemic i.e. Public Health, COVID-19 Vaccination Programme

What was learned from the COVID Pandemic?

Method of Learning/Output	Examples of Areas reviewed
Council-Wide COVID Debrief Meetings and Reports (Waves 1 & 2)	Entering and Exiting Lockdowns; Community Engagement & Support; Staff Health & Wellbeing; Building Community Resilience; Adults Health & Surge Planning
Departmental focused learning i.e. Public Health Lessons Learned Report	Reviewed engagement & support schools and care homes with advice/guidance through qualitative feedback
Haringey COVID-19 Vaccine Programme: Lessons learned strategic group and highlight report	Improved planning & coordination; access & availability; strengthening communication & engagement actions

Strengths and Areas for Improvement

Areas for improvement are highlighted in the pandemic preparedness plans development and form the priority work of the Haringey Health Protection Forum

Topic Area	Strengths	Areas for Improvement
Engaging and Supporting Vulnerable Groups through improved relationships with VCS/groups	<ul style="list-style-type: none"> Regular delivery of Health & Wellbeing events through funding and partnerships i.e. Black Communities Healthy Living and Lifestyle Fair Regular health and wellbeing focused updates at VCS forum/multi-faith forum Outbreak and control plans and training for our asylum seeker/contingency hotels and rough sleeping/homeless/supported living services 	<ul style="list-style-type: none"> Financial Resource & Plans for/enough available space to house rough sleepers and those who may require self-isolation in a future pandemic
Reducing spread of infections	<ul style="list-style-type: none"> Ongoing support to schools, nurseries and care homes by Public Health through attending relevant forums and sharing communications An established Health Protection Forum with multi-agency partners including UKHSA, to monitor risks to health from infectious disease/outbreaks Departmental Business Continuity Planning & local COVID-19 response learning 	<ul style="list-style-type: none"> Plans for Infection, Prevention & Control (IPC) capacity across the NCL ICB area. Currently a lack of clarity around Infection, Prevention & Control (IPC) protocols for NCL and capacity Senior Management Training on Responding to Major Emergencies for Adults & Health directorate (planned)
Vaccinations	<ul style="list-style-type: none"> Haringey Health Champions, promoting vaccination uptake (and wider health & wellbeing services) amongst several community groups* Vaccination resources in many languages, targeted to different audiences Outreach activities to promote vaccinations amongst community groups and pop-up vaccination clinics, through dedicated Immunisations community engagement officer Established multi-agency partnership groups which focus on improving uptake of Immunisations and tackling key barriers/mistrust 	<ul style="list-style-type: none"> Resources and interventions to tackle vaccine fatigue and hesitancy, leading to lower COVID-19 and Flu booster uptake, particularly among certain community groups and Health & Care staff in NHS trusts (ongoing)
Staff Health & Wellbeing	<ul style="list-style-type: none"> Established Mental Health & Wellbeing Support Provision for Staff and Residents Mechanisms for efficient working from home for non-essential services 	

Our Approach to Pandemic Preparedness in Haringey

Local Pandemic Plan Proposals

- There will be 2 distinct angles for Haringey's future pandemic response:
 - Public Health focus
 - Council business delivery (led by EP&R team) focus
- These will be captured as 2 separate inter-related plans:
 - Multi-agency
 - Council

Haringey's Multi-agency Pandemic Response Plan (2025-2035)

LONDON BOROUGH OF HARINGEY
MULTI-AGENCY PANDEMIC RESPONSE
PLAN

- Multi-agency plan to be led by Public Health
- Plan to capture Public health and wider Haringey health & care services lessons learned, delivering tangible outcomes/processes to enable us to be prepared for a future pandemic.
- The plan will also be informed by stakeholder interviews with departmental colleagues from housing, adult and children's social care, public health, communities, safer neighbourhoods/policing, and other relevant colleagues.

Domains of the Multi-Agency Plan*

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Objectives:

- ☐ Provide local strategic leadership as part of a multi-agency response.
- ☐ Provide a framework for communications between responding agencies to ensure a co-ordinated response.
- ☐ Identify key areas of responsibility between agencies.
- ☐ Identify trigger points for escalation.
- ☐ Establish key areas for joint external communications.

Leadership: The Director of Public Health (DPH) will have lead responsibility for recommending that local Strategic Coordination is required.

Response Structures: A local multi-agency pandemic plan response board which could repurpose existing governance such as a local Health and Wellbeing Board to provide public engagement and community leadership

Cross-cutting themes: Inequalities and disproportionate impacts; Countering misinformation; Vulnerable groups; prioritising vulnerabilities

Haringey's Multi-agency Pandemic Response Plan (2025-2035)



- The Multi-agency Pandemic Response plan will primarily focus on Response Action
- However, the Haringey Health Protection Forum will also identify **key actions required in the preparedness to deliver this plan and identified areas for improvement.** For example, this may include reviewing progress of the Haringey Health Champion programme and wider community engagement action, Communication/Messaging, Development of Action Cards/Protocols, Data & Intelligence, Vaccination Uptake, Identification of vulnerable groups, etc.

Proposed Governance: Multi-Agency Pandemic Response Plan

Level	Board/Group Name	Responsibility
Corporate	Health & Wellbeing Board/Corporate Leadership Team	Sign off plan, ensure buy-in of senior partners, wide sharing of plan
Strategic	Haringey Resilience Forum (with oversight from London Resilience Forum)	Seek assurance of pandemic preparedness plan/readiness to respond; Approval of updated versions from outcomes and recommendations that follow on from formal exercises
Plan Oversight & Development	Haringey Health Protection Forum	Development, oversight & monitoring of plan/Desktop Review/Exercising Plan
Influential/Operational	Haringey Immunisations & Screening Group, Haringey Routine Vaccination Group, Inequalities, Intelligence, Health Champions	Members from these groups may feed into the pandemic preparedness plan, support in exercising and enacting aspects of the plan (where required)

Haringey's Council Pandemic Response Plan (2025 - 2030)

- This plan will be coordinated by the Emergency Planning & Resilience team, supported by Services across the council.
- It will reflect pandemic specific learning from waves 1 and 2 from the COVID-19 pandemic and align with the Council's existing **Emergency Management Plan**.
- The Council Pandemic Response plan will primarily focus on Response Action.

Governance: Council Pandemic Response Plan (2025 - 2030)

- The plan will be presented to and approved by the Resilience and Emergency Planning Board (REPB), which meets quarterly, and the Corporate Leadership Team.
- The plan will be maintained annually with a rigorous review every 5 years at the Resilience and Emergency Planning Board.
- Tabletop exercises will be held annually linked to plan maintenance.

Domains of the Council Response Plan*

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Objectives:

- ☐ Provide local strategic and tactical leadership for delivering council services during a pandemic.
- ☐ Identify key areas of responsibility of council services.
- ☐ Identify trigger points for escalation.
- ☐ Identify niche pandemic specific actions with usual emergency response processes.
- ☐ Highlight specific business continuity actions relevant to a pandemic.

Leadership: Definition of the process for appointing and sustaining the leadership of the response to a pandemic.

Response Structures: Template for nuances required to existing emergency response structures to adapt to a long-term, pandemic response

Proposed Timeframes for Haringey's Pandemic Plan Development/Implementation



Plan	Timeframe	Training & Exercising
Haringey's Multi-agency Pandemic Response Plan	1st draft by next Haringey Resilience Forum (June 2025)	The plan will be maintained through a desktop review once a year, and Pandemic tabletop/scenarios once every 2 years with feedback reviewed and actions agreed at Haringey Resilience Forum.
Haringey's Council Pandemic Response Plan	1st draft to first REPB of 2025-26 (April 2025), with consultation ready for July meeting (for sign-off/approval)	The plan will be maintained annually because of the severity of the pandemic risk. Following the plan, training will be provided to the relevant services, with a tabletop exercise to validate the plan and training. Training and tabletop exercises will be scheduled every 2 years after.

How and when would the plans be activated?

- Following guidance from UK Government, i.e. National Declaration of a Pandemic
- Council's Emergency plan is triggered (sets out Gold/Silver/Bronze action)
- Pandemic Preparedness Plans will be activated alongside inter-related plans held by Emergency Planning & Resilience Team, Council's Mass Fatalities Plan, Excess Deaths Plan etc.
- Supported by wider NCL/London strategic emergency response structures

Other considerations/ Support from Scrutiny Board members

- Once plans drafted should be taken as an item to Oversight & Scrutiny board
- Any questions on the general approach to preparedness i.e. lessons learned/plan development?
- Looking at the domains of the multi-agency plan led by Public Health, any questions/anything that needs to be captured that isn't?
- Do you have any other feedback on strengths and areas of improvement for our focused areas? Vaccinations, reducing spread of infections, engaging and supporting with communities

Adult Social Care CQC Inspection Outcome Adults and Health Scrutiny Panel

March 31st 2025



London Borough of Haringey

Requires improvement 



Quality statement scores



Quality statement scores

Assessing needs

Score: 2 ●

Supporting people to lead healthier lives

Score: 2 ●

Equity in experience and outcomes

Score: 2 ●

Care provision, integration and continuity

Score: 2 ●

Partnerships and communities

Score: 3 ●

Safe pathways, systems and transitions

Score: 2 ●

Safeguarding

Score: 3 ●

Governance, management and sustainability

Score: 2 ●

Learning, improvement and innovation

Score: 2 ●

Overall score

Overall Summary

Local Authority rating and quality statement scores

Requires Improvement: Evidence shows some shortfalls

Summary

1. Experience of care and support was mixed.
2. Most feedback from unpaid carers was negative and related to the availability, quality and outcomes of assessments.
3. Carers with access to support gave feedback that staff were responsive and supported them.
4. Assessments were broadly person-centred, strength-based and reviewed people's needs but.
5. Timeliness of assessments and reviews were a barrier for people.
6. Contacting the local authority was also a barrier, with information not always being accessible.
7. People had positive experiences of being supported by multi-agency integrated teams which enabled people to access services and stay independent.
8. There were mixed experiences of transitions between services such as Children's to Adult services.
9. Most people who used services felt safe but contact with people and partners following safeguarding referrals was not always consistent.
10. People were receiving increased engagement through co-production activities such as carers and co-production groups.

Theme 1. How the Local Authority works with people

Assessing Needs

Strengths

- People who already had an allocated worker told us their workers were contactable and responsive to them.
- The local authority had adopted their own model of strengths-based practice to support person-centred assessments and deliver outcome focused support for people and staff teams told CQC they used a person-centred and strength-based approach.
- Referral pathway arrangements supported co-ordinated approaches across different agencies and services. For example, the learning disability service had multi-disciplinary pathways to support co-ordination, including a complex physical health needs pathway and a dementia pathway.
- As part of their new localities model, the local authority's front-door for social care was also being transformed. Leaders and staff felt this would improve the local authority's responsiveness to those requiring support from adult social care services.
- The local authority had systems to mitigate risk across their waiting lists. Referrals were being screened and prioritised to ensure people with the most urgent needs were contacted more quickly.
- Senior leaders told us they had acted to make improvements to their unpaid carers offer, which included an improvement plan. This included improved systems to support staff with completing carers' assessments; drop-in services for carers to access assessments and support; a further commissioned partner who supported with information and advice, and the creation of a carers coproduction group.
- A team consistently referred to by other staff teams was the Connected Communities team. This team provided bespoke support for people until they had access to the services they needed.
- Other services within the borough which supported people with non-eligible needs included the autism hub, which supported over 500 autistic people.
- A further example was the Haynes dementia hub, which was a local authority run service providing dementia support and awareness to the wider community.
- Frontline staff gave examples of when advocacy was used to support people and accessed support from the commissioned advocacy provider to develop understanding and support referral decision making.

Theme 1. How the Local Authority works with people

Assessing Needs

Areas of development

- Access to assessments and reviews was limited due to challenges contacting the local authority.
- People and partners told us contacting the local authority over the phone to request assessments or support was time consuming as it was difficult to get through to speak with staff.
- Assessments and care planning arrangements were not always completed in a timely manner
- Some relatives felt their loved one's needs had not been holistically assessed, and long-term goals and support for independence had not been considered. A person-centred approach was not always consistent.
- Care providers gave mixed feedback about their involvement in reviews. Some providers told us they were consulted when reviews were taking place, but others felt they were not involved with the process
- Some carers told us support for their wellbeing could be improved. These carers reflected support had not had a positive impact on their lives and their health and wellbeing was declining.
- Accessibility of information, assessments, reviews and services were a barrier for some carers
- Some carers told us they were waiting prolonged periods to access assessments, reviews and decisions on commissioned support.
- The local authority had a significant backlog of financial assessments
- People did not always have timely access to advocacy. Some frontline teams told us delays in accessing advocacy could lead to delays in processes such as assessments and reviews.

Theme 1. How the Local Authority works with people

Supporting people to live healthier lives

Strengths

- Adult social care was embedded into wider local authority plans and strategies to support prevention.
- The current housing strategy, a coproduced Rough Sleeping Strategy (2023-2027), and plans for a new coproduced homelessness strategy, were targeting prevention of homelessness and supported people to reduce risks to their health and wellbeing.
- The local authority worked with partners to fund prevention activity, such as the mental health wellbeing network.
- The Multi-Agency Care and Co-ordination Team (MACCT) was an integrated service which supported adults living with frailty and/or multi-morbidity concerns to maintain or improve their health, independence and well-being.
- The Connected Communities team also supported a prevent, reduce, delay approach.
- The local authority's website had a range of resources which supported prevention. For example, information was available for ageing well, including an ageing well guide for people which was produced with partners.
- There had been an ongoing transformation of reablement services - reablement pathways had become more efficient, with the service completing 99.2% assessments within 28 days
- The local authority had expanded staffing within the OT team through recruitment. The team used screening and prioritisation to triage referrals based on risk. OTs on duty review referrals and where there was urgent need, assessments were completed within 48 hours. Frontline teams were trusted assessors which supported people to access low-level aids and equipment in a timelier manner and reduced workload on OTs.
- The local authority also had an assistive technology offer to support people to remain independent and frontline staff teams were passionate about supporting people with their independence using aids and equipment

Theme 1. How the Local Authority works with people

Supporting people to live healthier lives

Strengths continued

- The local authority incorporated adaptations and equipment into their future planning
- The Connected Communities team supported access to information and advice - a positive example of proactively supporting people to access information.
- A dementia co-ordinator supported people with dementia and their relatives with accessing information. A partner told us this role had a positive impact for the community as the role supported knowledge of services and they also held events to promote understanding and dementia awareness across the borough.
- There was no waiting list for direct payments and carers who did access direct payments were positive about their experience. They told us the direct payment was manageable and allowed them to take their relatives into the community and take part in activities.
- The local authority understood barriers to accessing direct payments and was taking steps to remove them

Areas of development

- There was a significant waiting list for people accessing occupational therapy (OT) assessments and this impacted on people getting timely access to equipment
- People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs
- A key issue highlighted was people not being able to get through to speak with the local authority and some partners told us the local authority website was difficult to navigate and understand for people which prevented them accessing information easily.
- Some carers felt it was difficult to get information and advice directly from the local authority and unpaid carers were not consistently signposted to commissioned information services and would have to source information themselves.

Theme 1 – How the Local Authority works with people

Equity in experience and outcomes

Strengths

- Senior leaders understood the impact of inequalities across the borough, with identifying and listening to seldom-heard groups a priority for the local authority and worked closely with key partners to better understand and reduce local health inequalities.
- Example; 'Community Voices' used researchers who represented their own community groups to speak with a range of people from different ethnic backgrounds to understand their experiences of the cost-of-living crisis.
- Haringey commissioned a range of health inequalities projects, with 17 projects overseen by a Neighbourhoods & Inequalities Board.
- local authority had also supported the introduction of community health champions and proactively approached to engage communities such as the Gypsy, Roma and Traveller community.
- People and staff gave examples of staff having a good understanding of cultural diversity
- Frontline teams told us how they received training to support communication with people with learning disabilities, autism, neurodivergence and hearing impairments. This supported staff to make conversations more accessible for people.
- The local authority had a rehabilitation officer who supported people with sensory needs, such as those who had a sight and/or hearing loss

Weaknesses

- Support for unpaid carers from ethnic minority communities was an area for development.
- Partners told us there was a lack of information available in other accessible formats and said the local authority's website did not include information in different languages

Theme 2 – Providing Support

Care provision, integration and continuity

Strengths

- Haringey had launched a commissioning coproduction board and there was some evidence the board had begun to influence processes such as quality assurance of services
- partners were positive about the provision of the local Autism Hub, which was coproduced and described as an exemplar service
- People told us they were supported to access homecare support, which was flexible, person centred and of good quality.
- The local authority worked closely with the NCL system to retain oversight of residential and nursing care provision across the system.
- A partner told us a specialist provision which offered high quality services and advice was the Dementia Hub
- The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed
- Care providers told us quality assurance processes supported them to improve their systems and practices
- The local authority was focused on improving people's voice in improving quality of services. For example, the Commissioning Coproduction Board had developed a methodology to support people's voice in contract management and quality reviews of services
- The local authority had identified the need to increase personal care services for people using direct payments and commissioned a partner to promote the role of becoming a personal assistant to support people's choice in services

Theme 2 – Providing Support

Care provision, integration and continuity

Areas of development

- People's access to a diverse range of local support options which were effective, affordable, and high-quality was inconsistent
- partners told us about gaps in service provision in the area. This included care homes, dementia-friendly services, specialist accommodation for autistic people, complex placements and mental health provision
- People and partners were not always included in market shaping activity
- Capacity for care and support within the borough was limited and as a result, a large proportion of care and support was commissioned out of the borough.
- There was not a clear process for reviewing the quality of people's placements outside of the NCL system – and the backlog and delays of people's statutory Care Act annual reviews highlighted a potential risk of concerns about people's care services not being known to the local authority

Theme 2 – Providing Support

Partnerships and communities

Strengths

- The local authority was developing strong partnerships and worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area
- The Haringey Borough Partnership helped strengthen internal and external relationships with Children's services, Public Health, Housing and senior health partners.
- the Integrated Reablement team were undergoing a transformation and had seen improvements in its performance, working closely with a health Rapid Response team
- a positive working example of a multiagency drugs and alcohol team who supported people to achieve better outcomes
- Staff told us they had received support and training to take part in joint funding discussions with health colleagues
- The local authority used pooled resources, such as the Better Care Fund, to deliver positive outcomes for people through integrated services. This included the reablement pathway and the MACCT.
- People told us adult social care and housing had worked closely together to support them to get support.
- A commissioned VCSE partner was also part of the carer's coproduction group, and a staff member told us links with this partner were strong. The partner told us they were hopeful their membership of the group would support outreach to new carers
- The local authority also worked with the ICB to fund VCSE-led projects. For example, a senior leader told us about 'Tottenham Talking'

Theme 2 – Providing Support

Partnerships and communities

Areas for development

- Partnership working to facilitate agreement of funding splits was an area for development. Data showed the local authority had a disproportionate level of health funding for complex care packages as compared to other areas and this impacted on the local authority financially.
- JPB - there was mixed feedback from partners on whether they felt listened to or had opportunities to inform strategies and projects
- Still scope for improvement of integration of adult social care and health services
- Where Section 75 agreements were not in place, such as with the Mental Health Trust, teams worked with health partners to support people, but approaches could be inconsistent. There was mixed feedback from staff on how well these processes worked.

Theme 3 – How the Local Authority ensures safety within the system

Safe pathways, systems and transitions

Strengths

- Staff spoke about cohesive partnerships within the local authority which supported safe, secure, and timely sharing of information to enable people to move safely between services.
- The local authority understood the importance of safety and the risks people faced across their care journey. They identified and mitigated risks to safely manage peoples' care.
- There were clear, person-centred pathways and protocols to help prevent risk to people's continuity of care
- Pathways for identifying, assessing, and allocating complex and non-complex cases for people moving between children and adult services were well-understood by the local authority

Areas of development

- some inconsistencies with how care and support was planned and organised with people, together with partners and communities to support safe transitions.
- the local authority could improve communication and timeliness of hospital discharges.
- Leaders, staff, and people identified safe, effective transitions from Children's to Adult services was an area for development and people's and carers' experiences of transitions between Children's and Adult services were mixed
- However, details around how they planned with carers to minimise risk when they could not fulfil their caring duties were vague

Theme 3 – How the Local Authority ensures safety within the system

Safeguarding

Strengths

- Staff also told us the safeguarding systems and processes were person-centred and reflected peoples' wishes to support them to remain safe.
- there was a clear procedure for triaging urgent police referrals and the actions leading to a protection measure being implemented
- Safeguarding concerns which did not meet the statutory referral criteria were processed in appropriate ways which informed internal colleagues and community health partners of the risks to people
- SAB chair told us there had been successes in transitional safeguarding
- Local authority staff were supported to access training and learning from SARs and partners were supported to improve practices to keep people safe
- Effective processes were in place to respond to Deprivation of Liberty Safeguards (DoLS)
- There was no waiting list for concerns or s.42 enquiries
- There was clarity on what constituted a s.42 safeguarding concern and when s.42 safeguarding enquiries were required, and this was applied consistently
- Staff we spoke with demonstrated a strong understanding of a personalised approach to safeguarding and this was reflected in examples they gave

Theme 3 – How the Local Authority ensures safety within the system

Safeguarding

Areas of development

- While there were processes to support staff to raise safeguarding concerns, these were not always followed.
- Care providers were not always supported to learn from safeguarding investigations
- Partners told us they did not always receive updates, outcomes and responses when making safeguarding referrals
- However, staff told us statutory advocacy was not always readily accessible, and it took up to 6 weeks to get an advocate for people

Governance, Management and Sustainability

Strengths

- There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities
- Leaders were visible, capable and compassionate
- Governance structures supported internal working relationships
- Senior leaders told us they undertook, along with managers and senior practitioners, a range of audits and supervisions including monthly case file audits and thematic audits

Areas of development

- There was not an up-to-date Carers Strategy, with the previous strategy running between 2020-2023
- Use of agency/locum staff was significant, making up 26% of the adult social care workforce (full time equivalents) as of July 2024 and turnover of staff also impacted people receiving services
- Systems to support leaders accessing data were not always consistent.

Learning improvement and innovation

Strengths

- The local authority had committed to improving relationships with communities and to work with people to support them to have a say in decision making. This approach was beginning to embed, with new strategies taking a coproduced approach
- The local authority had introduced carers and commissioning coproduction groups. These processes were still being developed but a partner told us people felt more listened to with this approach, and it was more representative of communities
- The local authority worked closely with peers to support and improve their practice (e.g. LGA Peer Review)
- ‘Technology for our Ageing Population: Panel for Innovation’ (TAPPI) project
- Staff told us of a positive working culture which supported continuous learning and improvement
- Good progression opportunities, PSW, DASS, ASYE, Locality Team opportunities as examples
- Establishment and collaboration with Disability Action Haringey
- 7 Min Briefings

Areas of development

- Partners told us coproduction was not well embedded, and this was recognised by the local authority
- Other concerns included the local authority not investing in supporting people to take part in coproduction which created barriers for people
- Taking forward recommendations of review of Joint Partnership Board

Communications and engagement



Assurance is also about keeping our colleagues, partners and importantly carers, people in receipt of care and support are engaged through existing governance and co-production opportunities such as the commissioning co-production group, JPB and carers co-production group.

To date this has included:

- Staff briefing Sessions
- Communications sent to Haringey Borough Partnership Executive, Safeguarding Adults Board and Joint Partnership Board (JPB)
- All Member briefing
- Meetings held with Healthwatch Advisory Board, LD Carers Forum, Carers Reference Group and JPB
- Health and Wellbeing Board
- Adults & Health Scrutiny agenda item

Assurance and oversight



- Adults Improvement Board (AIB) established, chaired by Chief Executive, Andy Donald and with cross-party member representation on the Board
- First meeting of the AIB was held on 10th March 2025 and future meetings will be held every 8/9 weeks
- Draft Adult Social Care Improvement Plan is currently in development
- Co-production of improvements will be facilitated through Commissioning and Carers Co-production Groups and the Joint Partnership Board
- Improvement plan will be monitored at the AIB
- Regular updates will be presented to Adults and Health Scrutiny Panel

Questions from Adults and Health Scrutiny Panel?

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Adults and Health Scrutiny Panel

Work Plan 2024 - 26

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
Hospital discharge	To review delays to hospital discharge in Haringey. Evidence sessions for this Review have now been completed.	Report to be published April/May 2025.
Sheltered Housing	It has been proposed that a working group will be established to visit sheltered housing in the Borough and ascertain the current issues and concerns.	

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

2024-25	
30 July 2024	<ul style="list-style-type: none"> • Cabinet Member Questions – Adults & Health • Haringey Health & Wellbeing Strategy 2024-29 • Continuing Healthcare
19 September 2024	<ul style="list-style-type: none"> • Haringey Safeguarding Adults Board (HSAB) Annual Report • Dementia services • Smoke-free Strategy
14 November 2024 (Budget Meeting)	<ul style="list-style-type: none"> • Scrutiny of 2025/26 Budget and MTFS
17 December 2024	<ul style="list-style-type: none"> • Quality Assurance/CQC Overview • Savings Tracker 2024/25 • Cabinet Member Questions – Adults & Health
10 February 2025	<ul style="list-style-type: none"> • Preparedness for a future pandemic • CQC Inspection

	<ul style="list-style-type: none"> • Aids & Adaptations update
2025-26	
June/July 2025	<ul style="list-style-type: none"> • Cabinet Member Questions – Adults & Health • <i>Dementia update (provisional)</i> • VACANT
September 2025	<ul style="list-style-type: none"> • Haringey Safeguarding Adults Board (HSAB) Annual Report • Quality Assurance/CQC Overview • VACANT
November 2025	<ul style="list-style-type: none"> • Scrutiny of 2026/27 Budget and MTFS
December 2025	<ul style="list-style-type: none"> • <i>Health and Wellbeing Strategy update (provisional)</i> • VACANT • VACANT
February 2026	<ul style="list-style-type: none"> • Cabinet Member Questions – Adults & Health • VACANT • VACANT

To be allocated

Issues arising from scrutiny consultation exercise:

- **Communications with residents**
- **Impact of Housing Conditions on Health and Wellbeing**
- **Autism Strategy 2021-2031**
- **Support for Carers**

Issues arising from previous work programme or follow up from current work programme:

- **Self-neglect and hoarding** – The Council’s policy on self-neglect and hoarding is due to be refreshed in 2025.
- **Weight Management** – Panel to consider receiving information/data on performance on weight management initiatives.
- **Adult social care: New ways of working** - Panel to consider receiving more information about this in 2025/26 e.g. Invest-to-save, recruitment/retention, digital transformation, assistive technology, multidisciplinary working around adults, housing and health.
- **Care homes** - Panel to monitor shortage of care home places in Haringey and ongoing pressure on the sector.
- **Leisure Services** – While this is not directly under the remit of the Panel, it was suggested that there could be some joint scrutiny work on how the AHC Department could have an input into the promotion of leisure services to improve health and wellbeing.
- **Budget** – Some detailed work on what proportion of proposed savings from previous years were actually achieved and how they have been mitigated, including through the use of reserves.
- **Osborne Grove Nursing Home**
- **Health & Wellbeing Strategy** – Last update provided in July 2024. Next update suggested for late 2025/early 2026. A number of recommendations for issues to be included in the next update was specified in July 2024.
- **Gambling harms**
- **Dementia services** – Last update provided in September 2024. Next update suggested for summer 2025. A number of recommendations for issues to be included in the next update was specified in September 2024.
- **Smoke-free Strategy** - Last update provided in September 2024. Further update suggested for 2025/26 on work in schools on vaping, PSHE education and links with mental health teams.
- **Continuing Healthcare** – Last update provided in July 2024.

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

Issues arising from savings tracker:

- **Direct Payments** – Panel to consider further scrutiny on how information about Direct Payments was being communicated to residents.
- **Grant Review (BCF-S75)** – Pressures on both sides and the potential impact on joint commissioning to be noted as an ongoing risk.
- **Supported Living Review** – Panel to monitor review and ensure that support levels for clients were being maintained as the savings were being achieved.

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