

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Tuesday, 25th February, 2020, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE**

**Members:** Councillors Pippa Connor (Chair), Patrick Berryman, Nick da Costa, Eldridge Culverwell, Mike Hakata, Felicia Opoku and Matt White

**Co-optees/Non Voting Members:** Helena Kania

Quorum: 3

### 1. FILMING AT MEETINGS

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

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

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

### 2. APOLOGIES FOR ABSENCE

### 3. ITEMS OF URGENT BUSINESS

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

### 4. DECLARATIONS OF INTEREST

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

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

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

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

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

**5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

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

**6. MINUTES (PAGES 1 - 10)**

To approve the minutes of the previous meeting.

**7. CABINET MEMBER QUESTIONS**

An opportunity to question the Cabinet Member for Adults & Health, Cllr Sarah James, on developments within her portfolio.

**8. QUALITY ASSURANCE AND SERVICE IMPROVEMENT (PAGES 11 - 18)**

To receive an overview on quality assurance and service improvement within adult social services, covering both the Council's internal quality assurance process and external mechanisms.

**9. CANNING CRESCENT UPDATE**

Report to follow.

**10. WORK PROGRAMME UPDATE (PAGES 19 - 22)**

To consider potential issues for inclusion within the next work plan.

**11. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

Dominic O'Brien, Principal Scrutiny Officer

Tel – 020 8489 5896

Fax – 020 8881 5218

Email: [dominic.obrien@haringey.gov.uk](mailto:dominic.obrien@haringey.gov.uk)

Bernie Ryan

Assistant Director – Corporate Governance and Monitoring Officer

River Park House, 225 High Road, Wood Green, N22 8HQ

Monday, 17 February 2020

This page is intentionally left blank

## **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON 14<sup>TH</sup> NOVEMBER 2019, 6.30-8.50pm**

### **PRESENT:**

**Councillors: Pippa Connor (Chair), Patrick Berryman, Mike Hakata, Felicia Opoku, Matt White and Helena Kania**

### **23. 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'.

### **24. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Nick da Costa.

### **25. ITEMS OF URGENT BUSINESS**

None.

### **26. 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.

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

None.

### **28. MINUTES**

Cllr Connor noted that there was an outstanding action point from the previous meeting regarding a briefing for Members on prevention and early intervention which would be followed up.

The accuracy of the minutes from the previous meeting was then agreed.

**AGREED: That the minutes of the meeting held on 5<sup>th</sup> September 2019 be approved as an accurate record.**

## **29. ST ANN'S HOSPITAL UPDATE**

Andrew Wright, Director of Strategic Development at Barnet, Enfield and Haringey Mental Health NHS Trust and David Kovar, Managing Director – Haringey at Barnet, Enfield and Haringey Mental Health NHS Trust, gave a presentation to the Panel on the redevelopment of St Ann's Hospital and mental health beds.

The presentation included the following points:

- Construction on a new mental health inpatient building commenced in January and is on time and budget with the new building due to open in summer 2020. It will re-provide the three acute adult wards and the specialist eating disorders unit.
- The second phase involves improvements to the rest of the site which will start in autumn 2020 and be completed by late 2021.
- Images displayed from the slides showed the new pedestrian entranceway from St Ann's Road. One of the objectives of the new layout is to make the hospital clearer and easier for people to find their way around.
- Images were displayed of the interior of the building including a typical patient's bedroom which has en-suite facilities.
- The Trust is currently facing very significant demand pressures. There are currently 28 patients across Barnet, Enfield & Haringey who are in beds outside of these boroughs, though the average is typically about 20. The national target is to eliminate all out of area placements by 2021.
- Additional investment in Crisis Teams and Community Mental Health Teams to support people in their own homes is welcome but would not be enough on its own. The Trust is creating additional 10 beds at Edgware Hospital, which will replace 5 beds currently being used in East London, resulting in a net increase of 5 beds.
- The Trust believes that there is a need for an additional mental health ward in the area, with around 18 beds, in order to meet increasing demand.
- Figures for the Trust's current acute adult bed provision was given as follows:
  - Barnet – 41
  - Enfield – 51
  - Haringey – 50
  - Recovery House beds (one per Borough) – 30
  - Male psychiatric intensive care beds (across the whole Trust) - 14
- The solution to these challenges include partnership working across the whole system with primary care, acute hospitals and social care.

In response to questions from the Panel, Andrew Wright and David Kovar said:

- The Trust considers that the overall additional demand can be met through a combination of the net increase of 5 beds through the changes at Edgware Hospital, a new ward with 18 beds additional and further work to upstream interventions to reduce the need for beds. Dealing with delayed transfers of care could also help with this. These are cases where the patient is clinically well but where another factor, such as housing issues, prevents them from being discharged. These changes taken together would put the overall occupancy rate of the organisation as a whole at around 95%. The next stage of long-term planning would be to aim to reduce that to around 85%.
- The most important aspect of the design is having a modern environment designed specifically for mental health services users. This includes having single en-suite bedrooms, more open common space to enable socialising and a therapeutic environment, IT facilities. The building also meets the latest environmental standards. There is also a comprehensive programme of work planned to improve the model of care within the building.
- The reason that there are male psychiatric intensive care beds within the Trust are and not female ones is due to lack of demand. Camden and Islington NHS Foundation Trust has a female psychiatric ward on the St Pancras site which provides these services for the whole of the North Central London area. This would not be classified as an out of area placement.
- The mental health compact is an agreement between health and care providers in London to get organisations, including the police, to work together more effectively to support patients. The rationale is to try to prevent patients being held for too long in inappropriate locations such as in A&E or occasionally in a police cell and to ensure that they are admitted to a mental health ward as soon as possible where appropriate. However, this can further increase the pressure on mental health beds so the Trust has been actively increasing the staffing complement in the North Middlesex Hospital and improving the way that the mental health team works together with the A&E staff. However, the compact has not increased the number of patients, it just aims to get patients to the right place more quickly.
- On the funding that would be required for a new 18-bed ward, the NCL mental health board is preparing a business case for this. The capital cost is easier as it is a one-off cost but the ongoing revenue cost would be around £2.5m per year.
- A briefing would shortly be provided for the Joint Health Overview & Scrutiny Committee in response to the issues that had previously been raised there and the NCL response to the Long Term Plan will include a chapter which sets out much of this information in more detail.

### **30. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2018/19**

Dr Adi Cooper, Independent Chair of the Haringey Safeguarding Adults Board, introduced the Board's annual report for 2018/19. The Board is required to produce

this report as a statutory duty. The report provides details of how the Board is delivering on its annual Strategic Plan and how it is improving safeguarding for adults in Haringey. It also includes information from partners who have varying roles and responsibilities.

Dr Cooper explained that the Board meets four times a year but that much of the work is carried out through a series of sub-groups. The Safeguarding Adults Reviews sub-group covers one of the largest areas of work and looks at referrals of cases that meet the statutory criteria and to oversee all Safeguarding Adults Reviews (SARs). This year there had been a referral from the Police which didn't meet the threshold for a SAR did require the sub-group to look at issues of homelessness and rough sleeping which became a work programme for the Board. There was also a referral which led to a new priority being identified for 2019/20 to review the transitional safeguarding in conjunction with Children's Services.

In terms of SARs, workshops had been held and progress monitored on the Robert SAR which took place a couple of years ago. The report on the Ms Taylor SAR was published in February 2019 which is the second SAR published in Haringey since the Care Act 2014 was implemented. That report is summarised in the annual report. A successful workshop had recently been held on disseminating and understanding the learning from this SAR.

The Quality Assurance sub-group provides a monitoring function for the Board looking at performance information, care services and policies and procedures. It also provides a function to hold partners to account. The sub-group also looks at the data on safeguarding adults and can escalate any issues that the Board needs to consider.

The Prevention and Learning sub-group's role is to promote awareness across the Borough through actions such as events, information stalls and leaflets on issues such as modern slavery, self-neglect, fire risks and domestic abuse. There is ongoing work on training and development with a focus last year on the charity and voluntary sector to build community awareness of safeguarding.

The report also includes a summary of the Safeguarding Improvement Plan, an NCL Challenge Event bringing partners across the area together to share learning, activity data, the priorities for 2019/20 and the Strategic Plan for 2018-21.

Overall the Board is pushing to move forward each year and improve in different areas and there is a really high level of commitment from partners. There are challenges with the churn of front line staff, changes in organisational structure and pressures of demand and lack of resources on services.

In response to questions from the Panel, Dr Cooper, Beverley Tarka, Director of Adults & Health and Charlotte Pomery, AD for Commissioning said:



- That the transition issue with young people was an area that the Board looked at for a number of reasons. This included a SAR in Enfield which involved a woman who was a former looked-after person from Haringey, but there are also a number of SAR cases across the country concerning young people. A recent publication called Mind the Gap from the organisation Research in Practice has highlighted the gap between safeguarding for younger children and adults but less well for adolescents in between the two systems. There is therefore a challenge for local Safeguarding Chairs to consider what should be done locally. The starting point for this is improved joint working for Adult Services and Children's Services.
- On safeguarding in care homes there is a link between poor quality care and abuse so promoting good quality care should be emphasised as a means of prevention. The Board has pushed for regular reports from commissioning colleagues on who is placed in care provision, what the quality of care is and how any problems can be managed so that care quality is monitored. Placements about the borough is a concern for the Board and the same scrutiny and monitoring needs to be in place. A wider proactive audit of out of borough placements had been carried out following the Panorama programme on Whorlton Hall. The Council does not make placements with uninspected care providers. Local inspections are carried out in between CQC inspections in response to a range of triggers.
- Progress against the priorities set out in Appendix 2 is monitored by the Board every couple of months. Mostly they are progressing but there are a couple of pieces of work that the Board was trying to do across the whole NCL area that haven't been progressed due to difficulties in getting all partners to work together. The Chair's approach to priorities has to be ambitious and stretch what the Board is trying to do which is positive but sometimes means that not every objective is achieved.
- The two multi-agency workshops previously mentioned had been about the Robert SAR. The first was on the learning from that review and the follow-up workshop was on inter-agency working. The workshop on the Ms Taylor SAR had focussed on the lessons including the recommendations of the SAR and developments since then. The full range of agencies represented on the Board had been present. There hasn't been a workshop on transitions yet but CAMHS would need to be there as their role is critical. The work on transitions has been delayed because the children's partnership arrangements have been undergoing significant change and the Haringey Children's Partnership had only just been launched in the last couple of weeks.
- The membership of the Quality Assurance sub-group is multi-agency but doesn't directly involve care workers or care providers. The data guides what the group focuses on. The increase of 12 cases of 'Care Home – Residential' as a location of abuse corresponded with a decrease of 11 cases of 'Care Home – Nursing' so this could just be a result of a coding issue. The increase

in the 'Other' category is a concern as it there are issues in determining whether this is due to data or reality. There has been some work going on nationally to develop a more consistent approach on how incidents are categorised. A significant decrease in Police referrals had resulted from work with the Police that improved triaging of safeguarding concerns.

- With regards to the fire safety measures set out at page 34 of the report, these issues are covered by CQC inspections.
- On why the Making Safeguarding Personal section on page 49 of the report stated that outcomes were recorded for only 68%, this was partly because people who are cognitively impaired and cannot articulate an outcomes are not being recorded so this is an area that requires further work to enable the wishes of individuals to be recorded.
- Newer areas of safeguarding such as modern slavery and self-neglect are areas that we are still learning to recognise, do not yet always have a clear picture of and still have relatively few referrals so we do not necessarily know the full extent.

Lauritz Hansen-Bay of the Older People's reference group suggested that neighbourhood watch groups should be provided with a safeguarding guide of what to look for as they are well placed as the largest community group in Haringey to widen the scope of safeguarding.

### **31. CQC UPDATE**

Sujesh Sundarraj, Commissioning and Safeguarding Officer, introduced the report which covered the quality assurance functions in the Council and the CCG and the joint work with the CQC. The Council has a risk register in place for providers and inspections are carried out with different variables used to risk assess including CQC reports, whistleblowing, complaints and feedback from professionals and families.

There are four providers high on the risk register currently as set out in paragraph 2.2 of the report. These all require intervention and the outcomes are recorded on the right hand side of the table which include measures such as improvement plans and increased monitoring visits.

The report also covers the 33-bedded Ernest Dene residential care home which had closed for a two-year period for refurbishment work. This impacted on five service users, who were then reviewed appropriately and supported to move to alternative accommodation.

A total of 13 CQC inspections had been carried out in the previous quarter (Jul-Nov 2019), 12 of which were rated 'good' and 1 rated 'requires improvement'. Out of the overall 22 locations in Haringey rated 'inadequate', 'requires improvement' or

uninspected, there are existing placements in 6 locations. Of the 16 others, there is one rated as 'inadequate' by the CQC but the service provided has now decided to close the business. As a percentage of commissioned services located in Haringey, 91% are rated good with 9% requiring improvement.

With regards to out of borough placements around 80% are in the NCL area. A lot of dialogue and information sharing takes place in the NCL quality sub-group which meets on a monthly basis.

In response to questions from the Panel, Sujesh Sundarraj, Beverley Tarka and Charlotte Pomery, said:

- That there are two residents at Osborne Grove and there is always ongoing work to improve the offer of care there regardless of whether it may close in the future. The 'requires improvement' rating has been in place for a long time since the last CQC inspection and staff have been working to improve the care provided.
- Regarding homecare services provided by another borough which do not have sufficiently high rating, these are monitored through the quality assurance process and social workers are also asked to carry out reviews.
- There are a total of 85 registered locations in Haringey which include homecare, nursing, residential supported living, etc. The placements in locations rated 'requires improvement' were pre-existing before that rating was imposed by the CQC. After this the care of the service users were reviewed.
- Asked why Peregrine House care home did not appear on the list of locations that 'requires improvement' this was because a new CQC rating of 'good' was in place following an inspection that took place earlier in the week.
- Arrangements for staffing and resources for quality assurance was constantly being reviewed and there is additional capacity through the joint work with the CCG. An additional staff role had recently been added to support quality assurance.

## **32. DOMESTIC VIOLENCE PERPETRATOR SERVICE**

Will Maimaris, Director of Public Health, provided an update on Haringey's domestic violence perpetrator scheme. He described domestic violence as endemic with three out of ten women suffering domestic violence in their lifetime. Haringey has one of the highest levels of domestic violence in London. Haringey Council has a Violence Against Women and Girls (VAWG) Strategy for 2016-2026 which has 4 key strategic priorities. The report focuses on prevention and intervention strategies which target domestic violence perpetrators. This is a new area with emerging evidence.

Haringey's programme in this area since 2016 is the Domestic Violence Intervention Project (DVIP) commissioned through the Richmond Fellowship which works closely with Children's Social Care. The programme has three core elements which are an expert risk assessment, a violence prevention programme for perpetrators and a

women's support service. The programme is currently oversubscribed with 64 referrals received in 2018/19 and 28 places commissioned. One limitation is that it is an English language programme but 60% of the men referred speak English as a second language so steps are being taken to identify community groups to train individuals as interpreters and mentors to perpetrators. The main concern with the programme is that the interventions could be taking place at an earlier stage to reduce harm. The programme also has links to other services such as the substance misuse service.

In response to questions from the Panel, Will Maimaris said:

- On whether the budget of £70,000 was too small, this was only a part of the overall VAWG strategy which has a budget of £700k overall. There is also a multi-agency MARAC where cases are discussed. However, it is important to recognise that this is an area where more investment is needed. Cllr Berryman asked for further information about how the domestic violence budget has changed over the last ten years and Will Maimaris said that he would send these details in writing. **(ACTION)**
- The service is stretched in terms of resources and there is a case for expansion but it is also embedded in Children's Social Care so there is other capacity there in support.
- Evidence is emerging but a literature review has been carried out which could be shared with the Panel. **(ACTION)** More approaches could be developed and tested in the local delivery if more funding was available.
- On whether the length of time for the interventions were sufficient to change quite entrenched behaviour, the evidence is not clear on this but there is also a question of ensuring appropriate follow up work from social care.
- On how abused men are supported, the services directly commissioned are for women and girls as the vast majority of victims are women and girls but there are some nationally provided programmes for men.

The Panel requested that a further update on this topic is provided in around 9 months time. **(ACTION)**

### **33. PERFORMANCE UPDATE - Q1 (2019/20)**

Charlotte Pomery presented the performance indicators for the People priority for Q1 of 2019/20. This includes three outcome measures on children & young people although parts of these cover some of the transition issues. In terms of Adults & Health the two areas of focus are outcome 7 on healthy and fulfilling lives and outcome 8 on strong communities. Will Maimaris said that one of the indicators, healthy life expectancy, is the years lived in good health and there is a significant gap of 15 years between the west and east of the borough which underpins all of the efforts that the Council is making on public health.

Charlotte Pomery said that the Green-Amber indicator on non-elective admissions to hospital and the Green indicator on delayed transfers of care reflects the partnership work carried out through the Better Care Fund. The indicator on the proportion of adult safeguarding cases with risks removed or reduced is also on track. The proportion of residents with a high happiness score had not recently been surveyed which is why it is grey in the report. Similarly data is not always regularly available for some of the Strong Communities indicators so some of these are grey as well. Overall, the relevant parts of the performance wheel are green, amber or grey.

Asked how happiness is measured, Charlotte Pomery said that this is typically done through a survey using the Royal Edinburgh score. Asked about enabling more people to walk and cycle, Will Maimaris said that a briefing note on active travelling had been provided for a previous scrutiny panel meeting which could be recirculated. **(ACTION)** There is also a Physical Activity Strategy for the Borough. Cllr Connor commented that though the physical activity indicator was green, Haringey was still well behind some other boroughs such as Islington. Charlotte Pomery said that quite ambitious targets had been set and that green indicators mean that the target is on track and not necessarily that everything is as good as it could be.

Asked about the healthy life expectancy figures which were showing as red, Will Maimaris said that there is a long time lag with the data which presents problems in tracking progress. The Haringey life expectancy has improved and overtaken the London average, though there are significant inequalities within the borough. Asked why the indicators life expectancy at birth is showing as red for men and green for women, Will Maimaris said that he would provide further details on this in writing. **(ACTION)**

#### **34. DATES OF FUTURE MEETINGS**

- 6<sup>th</sup> January 2020 (6:30pm)
- 25<sup>th</sup> February 2020 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

This page is intentionally left blank

**Report for:** Adults and Health Scrutiny Panel, 25<sup>th</sup> February 2020

**Title:** Quality Assurance and Service Improvement

**Report authorised by:** Beverley Tarka, Director of Adults & Health

**Lead Officer:** Chris Atherton, Adult Principal Social Worker and Head of Quality Assurance and Development

**Ward(s) affected:** N/A

**Report for Key/  
Non Key Decision:** N/A

## **1. Background**

- 1.1 Service improvement within adult social services is fundamental in our journey to provide better and more timely outcomes for our residents. Ensuring that our service is responsive, supportive and enables residents to get the most out of their lives is only possible if we continue to look at ways in which we improve the way we work with our residents. This report will focus on the two main areas; our internal quality assurance process, which includes our quality assurance board, learning from complaints and case file audits, and external mechanisms such as external audit, ASCOF and Peer Reviews.

## **2. Internal Quality Assurance:**

### **Quality Assurance Board**

- 2.1 The purpose of the Adult Social Services Quality Assurance Board is to ensure that quality assurance arrangements are in place across Adults Social Services to gather information on the quality of services provided, service user feedback and data on the outcomes achieved for people using Adult Social Services. The board ensures that this information is analysed and used to inform service delivery as well as strategic planning and commissioning.
- 2.2 It meets quarterly and is made up of heads of service and managers from adult services and commissioning and is responsible for overseeing quality assurance across Adult Social Services and will report on the safeguarding elements of its work to the multi-agency Quality Assurance sub-group of the Safeguarding Adults Board on a quarterly basis.
- 2.3 The oversight and governance of quality assurance will be provided by the Adult Social Services Quality Assurance Board through the following:

- Monitoring the impact and quality of service delivery to improve outcomes for service users and/or carers.
- Ensuring practice standards within Adult Social Services are being consistently delivered to a high level, identifying any areas for improvement, and ensuring that the workforce is appropriately trained to maintain these standards.
- Analysing information from customer complaints and compliments and turning this into tangible actions for service improvement.
- Establishing links between performance management and quality assurance such that these are informed by one another.
- Analysis of case file audits to understanding the areas of practice that require improvement.
- Monitor quality of data recording
- Establishing a systematic learning culture across Adult Social Services
- Ensuring that there is a systematic approach to addressing areas of improvement through the identification and allocation of resources to undertake activity to support sustainable improvements
- Sharing information, best practice and experience
- Ensuring robust monitoring and reporting on the quality of care delivered by external providers of adults' social care across Haringey
- Providing assurance required by Adult Social Services' regulators and responding to new government initiatives, directives and legislation
- Making sure that services to support people are provided without discrimination to people with the protected characteristics identified in the Equality Act 2010
- Producing an annual Local Account detailing Adult Social Services' performance and priorities for residents, service users and other local partners.

### **Audits**

- 2.4 The audit process is a key element within the Quality Assurance Board and has been developed to support best practice and quality assure the work that is being undertaken by practitioners across adult services. This process is vital in helping us understand where the gaps in skills, knowledge and practice are. The audit tool is used as a supportive mechanism that also highlights examples of best practice not just areas for improvement.
- 2.5 Each month the performance team pull a random sample of fifteen cases from the First Response, Reablement, Learning Disability, Assessment and Safeguarding teams. The responsibility for completing the audits is shared across the management structure ensuring that no manager audits cases from their own team.
- 2.6 Each area within the audit tool is rated in the following way:

**Green** - Information in this section is both detailed and accurate. This represents the standard that is to be expected of practitioners in Haringey.



**Amber** - Sections have been completed however it is lacking in the required detail or has aspects that might be missing. Section would benefit from greater depth and more analysis/detail being provided.

**Red** - Section is incomplete with either very little or no information/evidence provided by the practitioner.

- 2.7 Additionally, managers must provide comments against each section regardless of where the rating falls. This provides narrative to the scoring and allows us to clearly identify both areas of poor and excellent practice that can be relayed back to managers and staff. At the end of the audit tool an overall rating (Outstanding, Good, Requires Improvement, Inadequate) and narrative for the case file is provided.
- 2.8 Performance flag any case files rated as requires improvement or inadequate with the responsible manager. They will discuss the issues with the relevant worker in supervision as well as identifying any areas of improvement they require. Performance will also share data from all the audits with team managers and identify any common themes around practice improvement.
- 2.9 Audit results and areas for practice improvement are discussed at the Adults Quality Assurance Board which are held quarterly. Where there are identified areas of skills, knowledge or practice gaps agreements are made with managers present on how this will be supported either through workshops, forums or formalised training.
- 2.10 Learning from recent audits have highlighted the need for further practitioner development around Strengths Based Working, Supervision and Mental Capacity. We have therefore further tailored our learning and development plan to internally develop as well as commission a programme of learning to support practice and improve outcomes for those accessing services. This includes 6 new mental capacity training sessions (March-May), a two-day supervision course for managers (July) and our programme of Strengths Based working pilot in the East of the borough (February).

### **Complaints and Compliments**

- 2.11 Like audits, complaints and compliments are also used as a learning tool through the Quality Assurance Board with quarterly reports, actions and learning logs from managers involved in responding to those complaints.  
  
In Q.2 the action and learning log had 12 upheld complaints. The three main areas for issues being raised were:
  - 1. Time to undertake Occupational Therapy (OT) assessments
  - 2. Interface issues with First Response Team (FRT)
  - 3. Practice not meeting the required standard.
- 2.12 In these cases, apologies were provided to the individual and action is taken within teams either at an individual, team or service level to ensure that the same mistakes are not repeated, and better service is being provided. In

relation to the issue 1 we have recruited more OT and OTA into our service which will reduce the waiting times. Issue 2 has been raised with our IT team as it is a technical issue and this is being resolved. Issue 3 the manager has spoken directly with the practitioner around expectations of the service and comms have been sent to teams to reinforce best practice

- 2.13 During Q.1 and Q.2 we have seen through the learning logs that, although there are some similar elements in nature of the complaints, such as timeliness of assessments/reviews, we are not seeing repetition of the exact same issues being raised which demonstrates that the learning and actions being taken by teams is having an impact on the services that we are delivering.
- 2.14 The board will also use take look at how more strategic recommendations can be made around service improvement as well as opportunities to develop the skill, knowledge and competencies of our frontline practitioners. This has seen us recently work with our adult legal team to develop a new learning and support programme for 2020 including training on *Decision making by Managers under the Care Act 2014 and Mental Capacity Act 2015* and *Pitfalls to Avoid and Adults with NRPF: Local Authority Duties & Powers*.

### **Service Improvement and Business Management**

- 2.15 The Service Improvement function provides a cohesion around service improvement initiatives across ASC, and ensures that these are aligned to corporate priorities, the borough plan and other internal projects, plans and statutory requirements.
- Identification of service improvement initiatives for ASC
  - Implementation of new systems and processes to support improvement initiatives
  - Analysis of performance indicators, client surveys, corporate projects and initiatives and professional practice within ASC
  - Working with the Council's Performance and Finance teams to monitor delivery of performance, against change objectives and ensuring that the right measures are embedded and reflected in performance reporting
  - Horizon scanning and identifying and planning for changes in national policy and guidance with respect to Adult Social Care
  - Providing leadership and delivery of corporately driven pieces of work, including:
    - Borough Plan
    - Performance Reporting
    - Medium Term Financial Strategy (MTFS)
    - Transformation and Invest to Save Projects
    - Freedom of Information (FOIs), Member Enquiries, Complaints, and Subject Access Requests (SARs)

### **Governance and Improvement**

- 2.16 The governance and improvement team's role is to ensure that we are doing the right things and doing things right. Good governance means focusing on the services purpose and on outcomes for residents and service users by ensuring compliance with statutory regulations and with a focus on quality of practice and effectiveness of our service delivery. The team has the following roles and responsibilities that are linked with service improvement:

- Management of the Quality Assurance Board.
- Compliance monitoring for our regulated services (Reablement and Osborne)
- Management of the Safeguarding Adults Board including
  - Safeguarding Adult Reviews Subgroup (including the co-ordination of any Safeguarding Adults Reviews undertaken and dissemination of learning)
  - Quality Assurance Subgroup
  - Prevention and Learning Subgroup
- Co-ordination of external auditing and monitoring of improvement plans.

### **3. External Quality Assurance**

#### **External Audits**

- 3.1 External audit is an essential part of the Council's governance arrangements and its purpose is to enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight. It achieves this by providing an independent, objective assurance and consulting activity designed to add value and improve the Council's operations.
- 3.2 The Council's external audit service is provided by Mazars who specialise in audit, accountancy, tax, legal and advisory services and the contract is overseen by the Head of Audit and Risk Management. Mazars have a large public sector practice delivering internal audits all over the country.
- 3.3 In 2019 Mazars undertook audits in three areas within Adult Services which covered High Cost Care Packages, Mental Health and Transitions. Once the audits are completed, they are discussed with the relevant service areas and an improvement plan is put in place for any recommendations that are made. The High Cost Care Package at present is the only published report which was rated as substantial with four recommendations made. We currently have two audits planned for 2020 that will look at reablement and demand management.

#### **London ADASS Subgroups and Peer Reviews**

- 3.4 London ADASS aims to improve the quality of work done in the sector, particularly with regard to outcomes for local people. The peer review process is key to leading this improvement.

- 3.5 Boroughs can choose one of three themes – Safeguarding, Commissioning and Use of Resources. In Haringey we have participated in all areas in previous years and are planning to conduct another peer review of safeguarding later this year.
- 3.6 Linking peer reviews to the wider London ADASS priorities and structures is also important with regards to continual improvement of Adult Social Care. We have representatives on all the ADASS subgroups. The London ADASS subgroups cover 12 areas that include commissioning, carers, workforce and safeguarding. These groups provide opportunity to look at sector related issues and to think collectively of innovative ways of working to improve practice.

### **ASCOF**

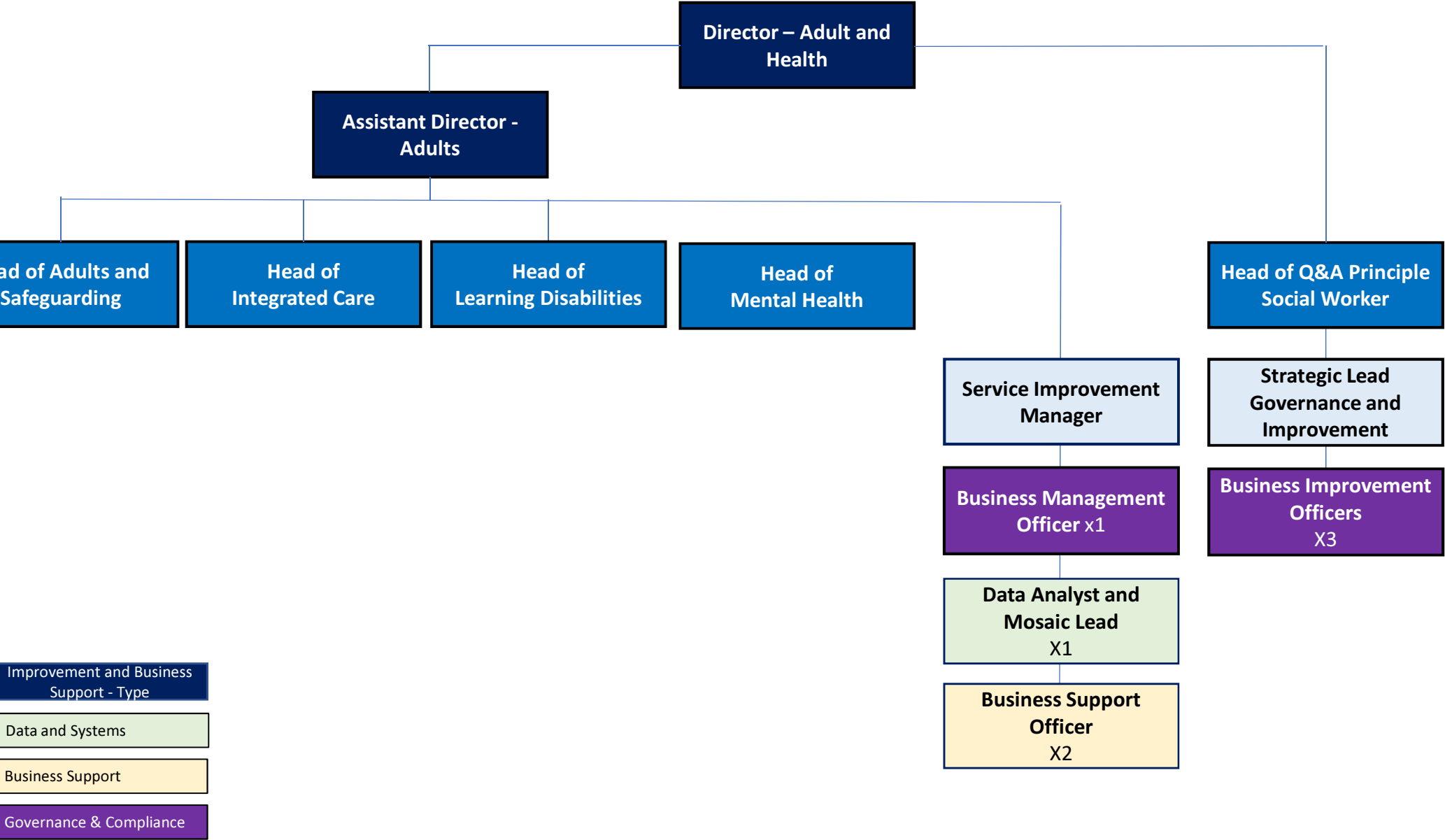
- 3.7 The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.
- 3.8 Data is gathered by our performance team and shared with the Assistant Director and Heads of Service on a monthly basis through the AD's Director Management Team meeting (DMT), it is also discussed with teams at their monthly performance call over. Where there is under performance against the ASCOF measures remedial actions can be implemented across teams.

### **LGA Resources**

- 3.9 We have recently worked with the Local Government Association to better understand demand and cost of care within Haringey. We have been supported in this analysis by John Jackson (National Care and Health Improvement Advisor for the LGA) who worked with us to provide a report that analysed the financial position of adult social care based on national and local data.

## **4. Appendix**

- 4.1 *Quality Assurance and Service Improvement Structure Chart attached*



This page is intentionally left blank

## Adults and Health Scrutiny Panel - Draft Work Plan 2018-20

**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
Care Home Commissioning	Report submitted to Overview & Scrutiny Committee – June 2019. Response from Cabinet provided – October 2019.
Day Opportunities	Report submitted to Overview & Scrutiny Committee – June 2019. Response from Cabinet provided – October 2019.
ASC Commissioning	Briefing session for Panel held on 18 <sup>th</sup> Nov. ToR approved by OSC on 25 <sup>th</sup> Nov. Evidence sessions currently in progress and expected to be completed by end of March 2020.

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	Potential Items
<b>4 September 2018</b>	<ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Appointment of Non-Voting Co-opted Member</li> <li>• Performance Update</li> <li>• Cabinet Member Questions; Adults and Health</li> <li>• Community Well-Being Framework</li> </ul>
<b>4 October 2018</b>	<ul style="list-style-type: none"> <li>• Care Homes Review – Evidence Session</li> </ul>
<b>1 November 2018</b>	<ul style="list-style-type: none"> <li>• Haringey Safeguarding Adults Board Annual Report 2017-18</li> <li>• Financial Monitoring; To receive an update on the financial performance relating to Corporate Plan Priority 2.</li> <li>• Suicide Prevention</li> </ul>
<b>13 December 2018</b>	<ul style="list-style-type: none"> <li>• Budget Scrutiny</li> </ul>
<b>29 January 2019</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions; Adults and Health</li> <li>• Mental Health</li> </ul>



<b>4 March 2019</b>	<ul style="list-style-type: none"> <li>• Physical Activity for Older People – update</li> <li>• Improving Primary Care in Haringey</li> </ul>
<b>20 June 2019</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions</li> <li>• Budget overview</li> <li>• Locality working in North Tottenham</li> <li>• Suicide Prevention update</li> </ul>
<b>5 September 2019</b>	<ul style="list-style-type: none"> <li>• Budget overview</li> <li>• Osborne Grove update</li> <li>• Prevention &amp; early intervention</li> </ul>
<b>14 November 2019</b>	<ul style="list-style-type: none"> <li>• Budget &amp; performance update</li> <li>• Haringey Safeguarding Adults Board (HSAB) 2018/19 annual report</li> <li>• CQC update</li> <li>• St Ann's Hospital update</li> <li>• Violence Against Women &amp; Girls (VAWG) strategy</li> </ul>
<b>6 January 2020</b>	<ul style="list-style-type: none"> <li>• Budget Scrutiny</li> <li>• Joint funding – Council/CCG</li> </ul>
<b>25 February 2020</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions</li> <li>• Quality Assurance and Service Improvement</li> <li>• Canning Crescent update</li> </ul>

The next work programme will commence from June 2020. Items to carry forward to the next work programme are:

- An expected follow-up item on locality working in North Tottenham

This page is intentionally left blank