

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Monday, 21st September, 2020, 6.30 pm - MS Teams meeting (view it [here](#))**

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

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

Quorum: 3

### 1. FILMING AT MEETINGS

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

### 2. APOLOGIES FOR ABSENCE

### 3. ITEMS OF URGENT BUSINESS

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

#### **4. DECLARATIONS OF INTEREST**

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

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

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

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

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

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

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

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

To approve the minutes of the previous meeting.

#### **7. LEARNING DISABILITY & AUTISM UPDATE (PAGES 11 - 20)**

Update on LD & Autism services including the proposed new services at Waltheof Gardens in the changed circumstances resulting from Covid-19.

#### **8. 'STOCK TAKE' ON CURRENT SITUATION WITH ADULT SERVICES (PAGES 21 - 34)**

Summary of how services have been affected during the Covid-19 pandemic and what has been learnt.

#### **9. CARE HOMES IN HARINGEY (PAGES 35 - 74)**

Summary of the impact of Covid-19 on care homes in Haringey so far, including infection/fatality numbers and details, which care homes were most significantly affected.

#### **10. WORK PROGRAMME 2020/21 (PAGES 75 - 84)**

To discuss items for the work programme for the Panel for 2020/21.

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

To consider any items admitted at item 3 above.

## **12. DATES OF FUTURE MEETINGS**

Dominic O'Brien, Principal Scrutiny Officer, 020 8489 5896

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Bernie Ryan

Assistant Director – Corporate Governance and Monitoring Officer

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

Friday, 11 September 2020

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH  
SCRUTINY PANEL HELD ON TUESDAY 25<sup>th</sup> FEBRUARY 2020,  
6.30 - 8.40pm**

**PRESENT:**

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

**Co-opted Members: Helena Kania**

**45. 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'.

**46. APOLOGIES FOR ABSENCE**

Apologies for lateness had been received from Cllr Mike Hakata.

**47. ITEMS OF URGENT BUSINESS**

Dominic O'Brien, Scrutiny Officer, informed the Panel that, while the minutes of the previous meeting had been available on the Haringey Council website for over a week, they had not been included in the agenda pack for this meeting. The minutes from an earlier meeting had been included instead in error. The correct minutes had since been circulated to the Panel and were tabled under Item 6.

**48. 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.

**49. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**50. MINUTES**

The minutes from the meeting dated January 6<sup>th</sup> 2020 were tabled and their accuracy was agreed by the Panel.

Cllr Connor noted that under item 40 of the minutes it had been recorded that she would be meeting with Sarah Mansuralli, Director of Strategic Commissioning at North Central London CCGs, for a discussion about St Ann's Hospital. The meeting had since taken place and Cllr Connor reported that she had enquired about the lack of rehabilitation beds on the St Ann's Hospital and whether more beds could be added to the new site so that local people can be treated locally. Cllr Connor had also since sent an email to the Mayor of London, as the site is part-owned by the GLA, to ask him to facilitate a further discussion on this matter and was currently awaiting a response.

**AGREED: That the minutes of the meeting held on 6<sup>th</sup> January 2020 be approved as an accurate record.**

## **51. CABINET MEMBER QUESTIONS**

Cllr Sarah James, Cabinet Member for Adults & Health, opened this item with a brief introduction, reporting to the Panel that the budget had been passed at the Full Council meeting the previous evening. This had included:

- provisions to pay the London Living Wage to care staff and others;
- investment in autism and learning disability services at Waltheof Gardens;
- investment in the Linden Road scheme, providing accommodation for people with autism, learning difficulties and challenging behaviour, which would be coming on stream shortly;
- investment in mental health provision at Canning Crescent.

Cllr James then took questions from the Panel on issues within her portfolio.

Helena Kania asked what measures the Council had put in place to protect workers who come into contact with the public and at hubs such as at Waltheof Gardens from the coronavirus. Cllr James said that health advice was being distributed, including by text message from GP practices. The national general health advice is being followed which includes, for example, to self-isolate if displaying any symptoms of the virus. Asked about whether extra provision of hand gels and disinfecting stations would be provided at certain places, Beverley Tarka, Director of Adults and Health, said that Will Maimaris, Director of Public Health, is in close contact with Public Health England and that the whole issue of additional sanitisers had been discussed within the Council. However, at this stage, the conclusion was reached that this was not a proportionate response and could create additional anxiety within staff. The Council was following the Department of Health guidelines and referring staff to these guidelines on the advice of Public Health England. London ADASS (Association of

Directors of Adult Social Services) is currently conducting a survey of all London Boroughs to establish what additional support is required for home care providers.

Cllr da Costa commented that the Council's response was, in his view, a different interpretation of the Public Health England advice which he said was encouraging companies to ensure that people in offices clean and disinfect their hands.

Asked about how Same Day Emergency Care (SDEC) in hospitals might impact on Council services, given that some of these patients being sent home will require more social care, Cllr James said that this will required joined up care and would be addressed through the Borough Plan and partnership working. John Everson, Assistant Director for Adults, added that the Council is working closely on this with the CCGs, Acute Trusts and the A&E Delivery Boards. Any impact on discharge would need to be worked through with the Council as discharge wouldn't be possible without certain Council facilities such as Single Point of Access, Reablement services or intermediate care beds. Work was ongoing on this issue but it was not an area that had been identified as a risk at this stage. Helena Kania expressed concern that statistics might not be collected on what happens to patients after SDEC and on whether they require further hospital treatment. John Everson responded that the Council does already measure the number of people who are discharged but return to hospital within 91 days but acknowledged that this is an important point and would take that away to consider.

Asked by Cllr Da Costa what risk assessment the Council had carried out regarding the government's proposed new points-based immigration system and the potential loss of care workers, Cllr James noted that the Council's plans to pay care workers the London Living Wage is expected to help with the recruitment and retention of staff. She acknowledged that there had already been concerns about the impact of Brexit on foreign workers in the care sector prior to these proposals so it would be necessary to ensure that those who need to apply for settled status are aware of this and do so. Some coordination across the NCL area may be necessary on how to deal with threats to the sustainability of the labour force and to make those views known to the government.

Referring to an article in the Guardian newspaper on 18<sup>th</sup> February 2020, which reported that over 22,000 residents in the NCL area had not received mail sent to them from Barnet and Chase Farm Hospitals following an error by a private contractor, Cllr da Costa asked what contact there had been between the Council and the NHS Trust to ensure that residents were updated on their medical status. Cllr James said that she was not previously aware of this incident but that she would look into this and provide a written response. **(ACTION)**

Referring to an article in the Ham & High newspaper on 20<sup>th</sup> February 2020, which reporting on an inadequate CQC rating for Alexandra Park care home, Cllr da Costa

asked what communication between the Council and care home was ongoing. Beverley Tarka said that quality assurance colleagues were working closely with the CQC and the care home, will support the care home and their service improvement plan and are in the process of reviewing the Council's six clients within the home.

Asked by Cllr Berryman why the capital costs to rebuild Osborne Grove nursing home had escalated from an estimated £7.9m in June 2018 to £35.9m in the budget papers in February 2020, Cllr James said that the original budget line in 2018 was a very rough estimate at best and was based on plans for a much smaller building. The opportunity to expand the site to 70 beds obviously comes with significant additional costs attached to it. It has been through a feasibility study and a process of consultation and co-design process and there had been a suggestion of adding supported housing units to the site as well which was the subject of further work and had pushed the costs up further. GLA funding may be available for this, which could mitigate some of the costs. Cllr Berryman responded that the June 2018 estimate in the Cabinet report had also been for a 70-bed home so this did not explain such a large rise in costs and asked for further details about the supported housing. Beverley Tarka clarified that the recent Cabinet paper was concerned only with the rebuild of the 70-bed care unit but that work was still ongoing work concerning the other site at the front which would be subject to another Cabinet decision. She also said that the more recent proposals for the care unit included a more specialised specification which took on board proposals from the co-design group for the various client groups. Cllr Connor said that the Adults & Health scrutiny panel would continue to monitor the capital spend on Osborne Grove.

Asked by Cllr White for an update on the Waltheof Gardens project, Cllr James said that this was in two parts, a centre for people with autism/learning difficulties and an autism hub to be run by people with autism. She had met with the designers earlier in the week and there had been a lot of input from carers with work on site expected to begin soon which would take around 10 weeks. Potential service users were already in the process of being identified and feedback from carers had been optimistic about the project and positive about the co-design process.

Asked by Cllr Connor whether a dementia hub would be provided in the east of the Borough to mirror the service provided by the Haynes Centre in the west of the Borough, Cllr James said that a review of dementia provision was ongoing which would look at whether more services are needed. She added that the Haynes Centre staff currently do a lot of work to upskill providers elsewhere in the Borough such as at the Grace Organisation and the Cypriot Centre.

Cllr Connor asked for clarification about the funding and delivery models to pay the London Living Wage which, according to the papers from full Council the previous day, had been described as cost neutral by 2024. Beverley Tarka said that, as well as paying the London Living Wage, the aim was also to get quality returns from providers



and so the tendering process would identify a smaller number of providers that are able to meet those quality standards. The Council also aims to increase the use of Direct Payments which are known to be the most cost effective way of delivering social care, as well as giving service users more choice and control. However, only around 25% of payments are made through this route currently so there would be a strand of work to increase the number of Direct Payments workers. That team has a duty to review on a regular basis how money is being spent and whether it is meeting the needs of the care package. Finally, there would be a strand of work to increase the use of assistive technology, which can promote the independence of service users and reduce the cost of paid care. These measures, taken together, would help to mitigate the additional costs associated with paying the London Living Wage to care workers. Asked about the additional social isolation that could result from replacing some care work with assistive technology, Beverley Tarka said that paid care hours would not be taken away but rather that the assistive technology would improve the overall quality of the care package provided. However, the Council recognises social isolation as a problem and the Connected Communities programme aims to take action to address this.

Cllr Connor asked what was being done to establish what would happen financially next year given that the government had provided a one-off £4.9m additional payment for social care this year. Cllr James and Beverley Tarka acknowledged that there was no guarantee of receiving such funds in future years but that the Council monitors the situation through various sources such as London ADASS.

## **52. QUALITY ASSURANCE AND SERVICE IMPROVEMENT**

John Everson, Assistant Director for Adults, introduced the report on this item on the Quality Assurance and Service Improvement infrastructure within the department. Key points included that:

- The internal focus is regulated through the Quality Assurance Board which checks on both the practice within the service and the quality of the service that is delivered to service users and carers.
- This enables the team to look in more detail at individual practice through case file audits and to interrogate complaints and compliments, which helps to inform service improvement plans.
- There is a more robust service improvement management infrastructure recently put in place to focus on areas that face challenges such as getting assessments around occupational therapy.
- The Governance and Improvement team has, among other things, a role in safeguarding and on the outcomes for vulnerable people in the community.
- The external focus includes an audit service provided by Mazars, which carries out its audits in areas where the department feels could improve or needs to be tested. There are a number of these each year which informs future practice.

- The London ADASS network is used for peer review which comes in to look at one of three themes each year – Safeguarding, Commissioning and Use of Resources.
- The Adult Social Care Outcomes Framework (ASCOF) which provides local and national statistics on outcomes that care and support services should achieve and sets a benchmark for how well each Council is performing on these.
- The Local Government Association (LGA) also provides analysis and has recently been involved in some work to better understand demand and cost of care within Haringey.

John Everson then responded to questions from the Panel on each of the different sections within the report.

### Quality Assurance Board

- On the criteria used by the Board, John Everson said that they look at benchmarks of what is considered to be good quality in adult social care such as the indicators used by the ASCOF for example. Considerations include the timeliness of assessments, feedback from service users and carers, compliments and complaints received and CQC ratings.
- Asked whether there is independent input on the Board, he acknowledged that it is an internal board but said that there is external audit from Mazurs who assess the department's practice in key areas as well as the input from London ADASS.
- Asked whether the Local Account (which details the performance and priorities of Adult Social Services) was an online-only document, he confirmed that it was but that it could be printed out on request. Helena Kania commented that paper copies should be made available to the public in libraries. The 2018/19 Local Account has recently been published and it was agreed that this document be shared with the Panel. **(ACTION)**
- On how the questions to service users were structured and whether they were based on pre-set questions or more in-depth interviews, he said that the infrastructure is set up to broadly look at the whole picture. The conversations with service users and carers through the review process is designed to tease out what is working well or not for individuals. There is clearly a need to triangulate the themes of that information with other broader data to identify areas of concern and look at these further, including by exploring them through the strong working relationship with the CQC. The broader data includes the Adult Social Care survey, which comprises of a set of questions that are standardised across the whole country and are used on a more strategic level to get a sense of how services are performing.

## Audit Process

- Panel Members commented that paragraph 2.10 of the report explained only the process around recent audits but did not provide figures or RAG status indicators to demonstrate what the conclusions of the audits were. The Chair requested that recent figures/indicators from these audits be provided to the Panel, perhaps covering a 6-month period. **(ACTION)**
- Asked about the general conclusions that can be drawn from the audit tool, John Everson said that it varies as a random sample of 15 cases is used each month. There is also a high turnover of staff which can affect the results. In some months the indicators can be mainly green but basic mistakes are sometimes identified and, when that happens, clear plans are put in place with that team to mitigate the poor practice and to improve future performance.

## Complaints and Compliments

- Challenged about the assumption in paragraph 2.13 of the report that learning and actions by the teams was the cause of certain issues not being repeated in the complaints, he took the point but said that, for example, the occupational therapy issue had been a particular concern for quite some time and complaints about these were not now being seen in the same way.
- Asked about the number of complaints, John Everson said that in Quarter 2, 12 complaints were upheld.
- Cllr da Costa commented that it would be useful for the Panel to have oversight of the reports that go to the Quality Assurance Board on a quarterly basis.
- In response to a question from the public gallery by Lauritz Hansen-Bay about improving access to information about services that are available, John Everson said it was important to recognise that people can find it difficult to get into a complex system. The Connected Communities programme and the ongoing work to develop a place-based approach North Tottenham is key to this and aims to find solutions to these issues by provided a coordinated first response service for people when they have issues.
- Cllr Connor asked whether a 'suggestions' option could be provided as a more neutral method of providing feedback rather than just compliments or complaints. John Everson said that this sounded like a positive idea and Beverley Tarka said that although this isn't currently an option, there is feedback collated from forums which includes suggestions from service users and carers about what they might like to see being done differently.

### Service Improvement and Business Management

- Asked what service improvements had been identified, John Everson said that one of the key things in the borough plan is on how the department makes sure that the information and advice provided by the first response team is good. However, it had been recognised that the customer experience was not particularly good with people struggling to get through or on hold for a long time for example. To improve that experience the team has put in place technological solutions, such as putting in place an automatic callback system instead of a hold system and improved triaging to direct people to the right areas.

### External Quality Assurance

- On how improvement plans are being put in place following the Mazurs audits, John Everson said that the audits highlight areas for improvement including how the Council brokers and sets up care packages to ensure that the packages were achieving best value for money. The audits on Mental Health and Transitions were not yet published. Asked whether these audits could be shared with the Panel, Beverley Tarka said that she would look into this and report back to the Panel. **(ACTION)**
- Asked how Mazurs are appointed by the Council as a whole and when their appointment is next due to be renewed, Beverley Tarka said that she would check this and report back to the Panel. **(ACTION)**
- Asked whether the outline of the Mazurs audit planned for 2020 on reablement could be provided to the Panel, John Everson said that he would look into this and report back to the Panel. **(ACTION)**
- Asked whether the LGA analysis referred to in paragraph 3.9 of the report could be provided to the Panel, John Everson said that he would check this and report back to the Panel. **(ACTION)** The report had concluded that Haringey was an outlier for the costs paid for some learning disability placements which had helped the team to understand what other local authorities do in these areas. It has also informed work at NCL level around care home placements. These findings don't necessarily always raise issues of concern but sometimes highlight areas where market conditions may be different.

Cllr Connor recommended that a report on quality assurance and service improvement should come back to the Panel again at the same time next year but with additional information including much more data from the internal and external audits. **(ACTION)**

### 53. CANNING CRESCENT UPDATE

Tim Miller, Joint Assistant Director for Vulnerable Adults and Children for Haringey Council and NHS Haringey CCG, introduced the report for this item, noting that the Cabinet had recently given approval to proceed with this development. The Canning Crescent site was previously built as a mental health community centre and had been occupied by Barnet, Enfield and Haringey Mental Health Trust. The Council acquired the site in 2019 and now has approval to develop it into a community mental health recovery centre with partners. The development will include a new home for Clarendon Recovery College, the Council's directly-provided education-based day opportunities service for adult mental health. It will also provide a new Safe Haven (or "crisis café") which is an out of hours, non-clinical service for people who may be experiencing a mental health crisis. The third element is a Recovery House, which is currently run from a Council-run building in Fortis Green and provides six rooms of short-stay accommodation for people who may be experiencing a mental health crisis providing non-clinical support and respite. Moving this service to Canning Crescent would provide an opportunity to expand and redesign the provision. There had originally been an aspiration to provide a supported living scheme on the site but this was not found to be the best option. However, there is still a commitment to deliver the scheme so alternative sites were being looked at including at the Fortis Green building.

Tim Miller then responded to questions from the Panel.

- Asked for further details about the 'recovery college' approach, he said that for a long time service users had been sent to day centres which helped to reduce social isolation but did not always make progress with other issues. The recovery colleges take an educational approach to health and well-being and provide a range of courses focused on mental health which are taught by professionals, family carers and people with lived experience of mental health conditions.
- On how the local community had been involved in the project, he said that people who had previously used the Clarendon had been involved in the design. A group of service users had been working with the Mental Health Trust on the Recovery House redesign project and there had been some focus groups with people at the Recovery College. There had also been some discussion with organisations in the Wood Green area but it has not been in-depth so far as the project had not been approved until very recently. A key principle of the project is that it is embedded in the community and is a resource for the community. It should also be noted that the site was already used as a mental health facility prior to the project being approved. Asked whether he could provide an update in future about how the local community was being involved in the design now that the project had been approved, he confirmed that he would be happy to do so. **(ACTION)**

- Asked about oversight and service user engagement after the service is operational, he said that the approach goes beyond engagement. The Mental Health Trust are doing particularly well in their peer-support worker employment programmes and their vision for the Recovery House is that it is a peer-led service supported by non-peer professionals and, behind them, supported by experienced clinicians. The Mental Health Trust now have a well-established training and induction programme for their peer support workers.
- Asked about access criteria to the Crisis Café, he said that the design work on this is ongoing. However, the feedback from engagement sessions with professionals and people with lived experience so far had been that the Crisis Café should be open access.
- Asked about the finances for the project, he said that there is a Section 75 partnership agreement between the Council and the CCG that brings together the investment into a single agreement and a single vision.
- On whether this could generate savings for the NHS through innovative improvements, he said that the direction of integrated health and social care is the recognition of the interdependencies between the two and that this is a financial issue as well as a clinical issue.

#### **54. WORK PROGRAMME UPDATE**

Dominic O'Brien, Scrutiny Officer, updated Members on the Panel's work programme. Evidence sessions for the Scrutiny Review on Adult Social Care Commissioning would be continuing the following week with a meeting with the Severe and Complex Autism Reference Group (SCALD) to discuss co-design issues.

Other sessions were booked with Council officers and a full list of forthcoming meetings would be circulated to Members by email.

A joint meeting involving Members from both the Adults & Health Scrutiny Panel and the Children & Young People's Scrutiny Panel on the topic of transitions and the forthcoming Autism Strategy was scheduled for 11<sup>th</sup> March 2020.

The Scrutiny Café, a community consultation event to discuss which topics the Scrutiny Committee/Panels should include in their next Work Programmes, was scheduled for 20<sup>th</sup> March 2020.

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

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

**Report for:** Adults and Health Scrutiny Panel, 21 September 2020

**Title:** Learning Disability and Autism update

**Report authorised by:** Charlotte Pomery, Assistant Director Commissioning

**Lead Officer:** Georgie Jones-Conaghan, Lead Commissioner for Learning Disability

**Ward(s) affected:** ALL

**Report for Key/  
Non Key Decision:** Non key decision

**1. Describe the issue under consideration**

- 1.1 The Covid-19 pandemic has had, and continues to have, fundamental impacts across all areas of society but it is recognised to create disproportionate impacts on some residents.
- 1.2 This brief update, set out in the presentation attached at Appendix 1, provides information on continued work to improve outcomes for local residents with a learning disability and or autism during and following the pandemic.

**2. Recommendation**

- 2.1 That the Adults and Health Scrutiny Panel notes the work set out in the attached slide deck to continue to improve outcomes for people with learning disabilities and or autism.

**3. Reasons for decision**

- 3.1 The Panel asked for a progress update.

**4. Alternative options considered**

N/A

**5. Background information**

- 5.1 The content of this update paper is set out in the attached presentation.

**6. Contribution to strategic outcomes**

- 6.1 The Borough Plan enables a partnership approach to meeting a range of priorities, including supporting a vision of a Haringey where strong families, strong networks and strong communities nurture all residents to live well and

achieve their potential. Key objectives in the Borough Plan driven forward through the work outlined here include: enabling people with learning disabilities to enjoy healthy and fulfilling lives, with dignity, staying active and connected in their communities and ensuring adults with multiple and complex needs are supported to achieve improved outcomes through a coordinated partnership approach.

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

N/A

**8. Use of Appendices**

8.1 Appendix 1: Learning Disability services update.

**9. Local Government (Access to Information) Act 1985**

N/A



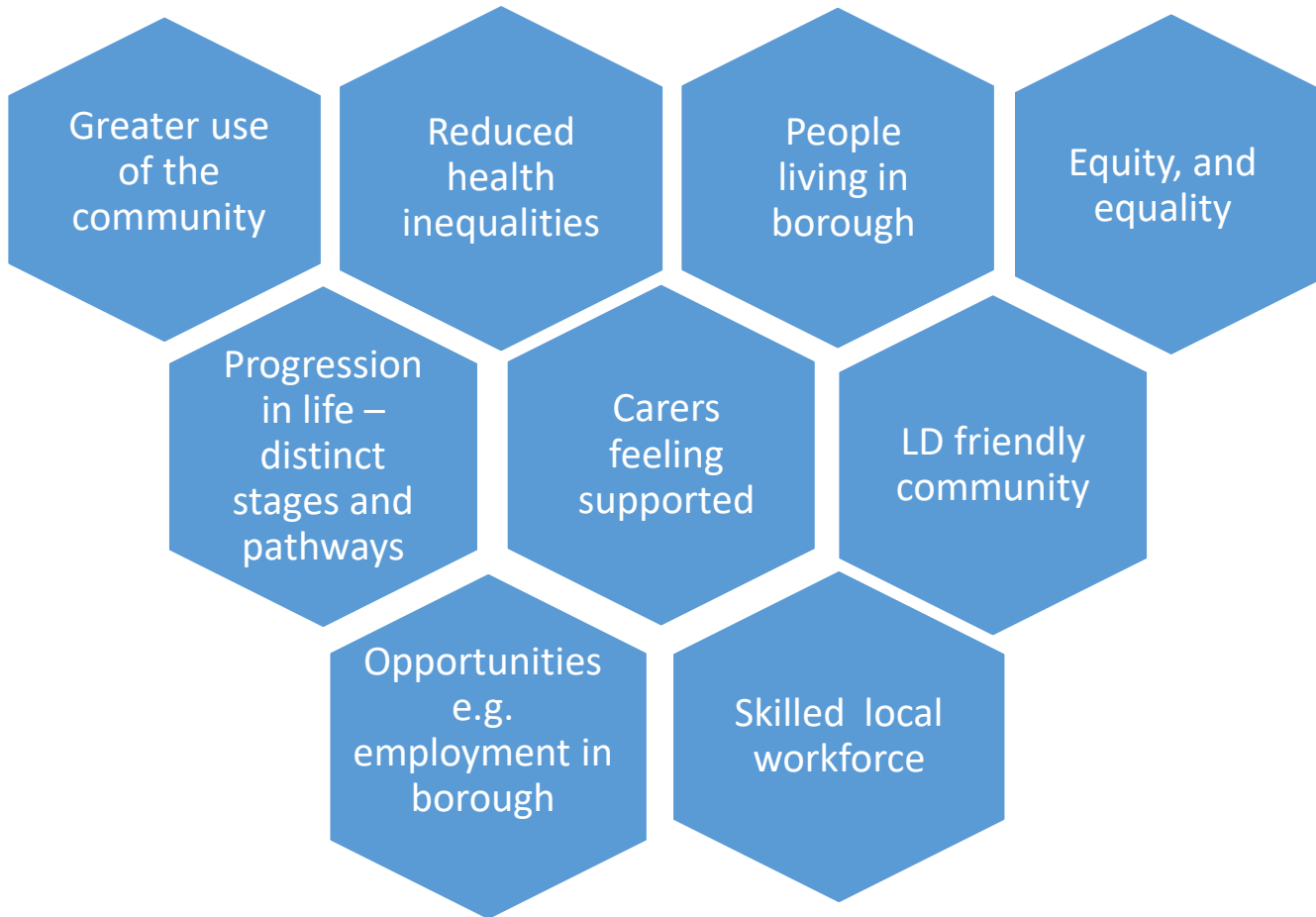
# Adult Learning Disability Services in Haringey Adults and Health Scrutiny

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September 2020

Aim: To develop quality in borough services that support all people with a learning disability to lead fulfilling lives

## Key Outcomes



## + Outcomes Since COVID



# What Haringey Learning Disability and Autism Services are being reviewed and developed to fulfil these outcomes?

- **Housing:** Vibrance/ HAIL move on project, Shared Lives review and service development, developing SEN accommodation at WHL, Linden Road, supported accommodation developed in borough
- **LD&Autism Transformation Programme:** improving AHC's performance to reach 75%, continuing to keep people out of psychiatric hospitals (transforming care), LeDER reviews of all LD deaths
- **Day Opps transformation:** creating specialist hubs at Ermine and Waltheof, support planner reviewing mild to moderate day ops users for less institutional support (also COVID buildings shut, developing innovative alternatives to building based – see R&R slide)
- **Carers Strategy:** carers are better supported for their own health and wellbeing, reduces family breakdown and crisis
- **Autism strategy development:** working across adults, children, health, social care and community services – includes diagnostic, complex care, education, employment, workforce skills, safety, advocacy, and pathways. Autism Hub mobilising currently to provide support with all areas for YP and adults
- **Transition:** Preparing for adulthood pilot, smoother transition pathways, routes into employment and greater independence
- **Haringey Learning Disability Partnership:** Re-commissioning the health and social care LD team to provide outcome focused interventions working as a MDT, and focused on wider LD community wellbeing

# LD Day Opportunities Strategy: post Covid

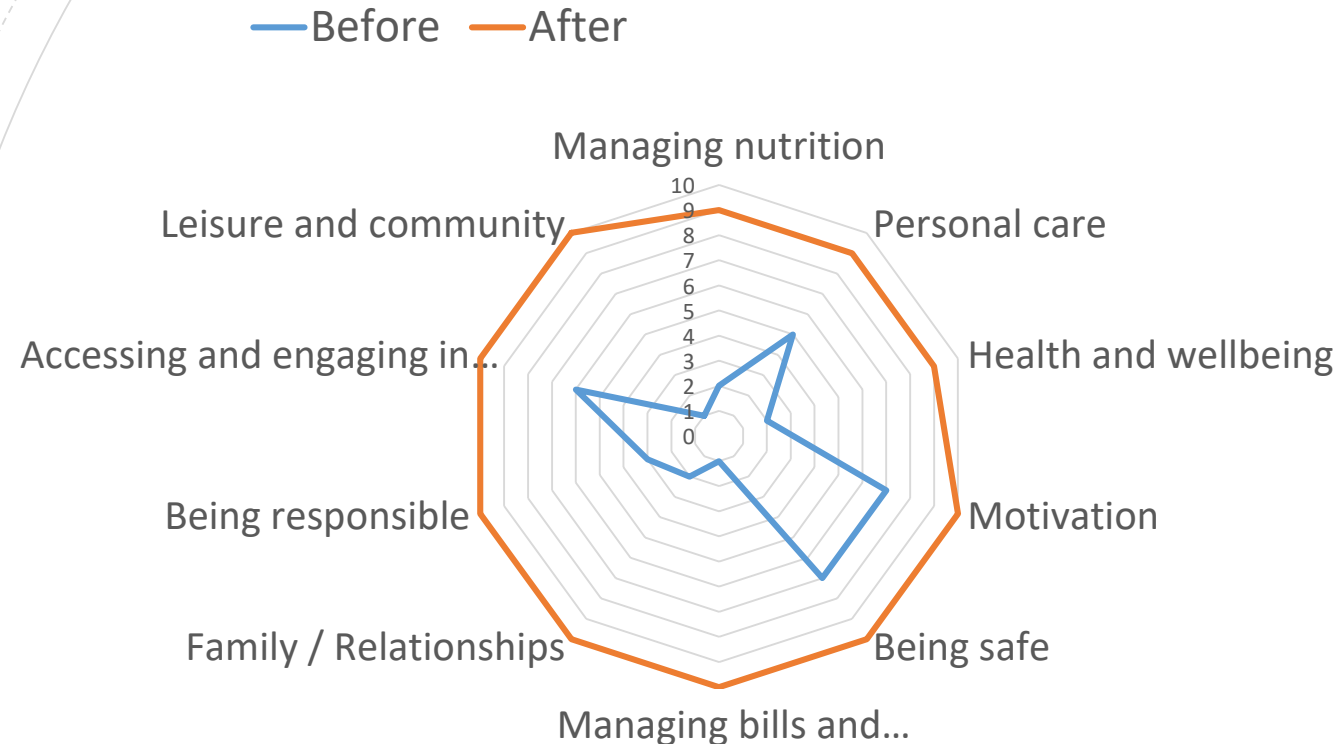
Day opportunities objective	Covid Recovery and renewal plan
<p>Develop Waltheof Gardens for Complex LD and Autism</p> <ul style="list-style-type: none"> <li>- Centre 404 as provider</li> </ul>	<ul style="list-style-type: none"> <li>- Centre 404 has started mobilisation, offering community outreach and 'without Walls' model. Some carers reticent in the context of Covid and without a building base. Need flexible day ops in terms of how they deliver care and adhere to Covid guidance</li> <li>- Contractors ready to start on site at the end of September – co-produced specification and commissioning process</li> <li>- Staff team employed, including autistic people – Autism Hub starting to operate on community outreach model, building engagement and support</li> </ul>
<p>'Move on' people with low to moderate needs from Ermine, and Ermine becomes PMLD service</p>	<ul style="list-style-type: none"> <li>- Vibrance support planner started August 2020, 35 people identified to benefit</li> <li>- Area 51 college graduates identified to move to Ermine from September. Phased approach and 'new offer' of Covid mixing building, virtual, outreach and connected community offer – so less building based now and in future</li> <li>- 10 other out of borough clients identified to move to Ermine for new offer</li> </ul>
<p>Community offer – market development</p>	<ul style="list-style-type: none"> <li>- Plan is for: Supported employment; Disability Action Haringey: LD user led group, Shared Lives neighbourhood short breaks model, digital inclusion offer, connected communities and LAC, 'Preparing 4 adulthood' model, and autism hub to support a community offer..</li> </ul>

# How are LD services being developed with their users and stakeholders?

- **Co-production:** Waltheof Gardens hub and day service: Services are designed by their users, carers and key stakeholders e.g. designing service and building, helping procure provider. Services are also being provided in cooperative ways e.g. Autism hub employing autistic people to work with autistic residents to develop service specification, then users will sit on board to help steer the service, user feedback to be regularly gathered to inform service development = iterative and embedded coproduction
- **Person-centred support planning:** Shared Lives, Ermine Road, Vibrance/ HAIL move-on – work carried out by social workers with individuals, families, their circle of support to ensure change happens at pace and based on people's interests and values. Change can be slower but more successful longer term.
- **Strengths-based approach:** Professionals, supported by the LD community and clients, moving to a strengths and not deficit model of assessing need. This brings greater opportunities for people, focusing on users' interests and aspirations, and ties in with better person centred support
- **Outcome measures:** The impact of LD services are measured for people. There is greater emphasis on people progressing and having paths that mirror life more generally for most e.g. entering and leaving education, living independently, employment, retirement, moving to older people's services

# Case study - Outcome from Preparing for Adulthood (P4A) pilot

A is a 19 yr old man. He graded where he felt he was in his life against key P4A outcomes at the beginning of his work with the P4A worker (in blue). After a few months of intensive support he graded how he felt against the same outcomes (in orange). This shows a significant improvement in his skills, confidence, and plans for the future



Following the support received from the P4A worker, A is able to manage his money and personal hygiene. His relationship with his mum has improved, he is eating more healthily and he feels more responsible. He is looking to increase his employment

# What's next?

- Continuing to follow Covid guidance whilst trying to ensure services can operate in some capacity to support learning disabled residents. And monitoring this as the situation changes over the coming months
- Supported employment to be primary expectation for young people leaving college
- Expanding virtual and digital offer – already enhanced through Covid – working as part of wider Digital Inclusion work across the Council and partners
- Working with Disability Action Haringey to champion LD user led rights and awareness
- Reviewing age related pathways for people with learning disabilities as they grow older: OP LD services/ dementia LD services
- Auditing and acting on diversity and equality issues affecting LD populations in line with wider addressing racial injustice programme
- Developing LD strategy document, co-produced with residents

# And for Waltheof Gardens?

- Working with providers so ALL our day services offer flexible support. Thereby adhering to Covid guidance and still operating some type of service for our LD residents and carers (e.g expanding digital offer, community/ home support, welfare checks..)
- Contractor starting on site at end of September, buildings open in January
- Dedicated project social worker being recruited to provide strengths based approach and person centred reviews of users and their families
- Outcome of exercise to rename the provisions at Waltheof Gardens anticipated in September - names suggested and voted on by stakeholders
- Ermine Road developing their building and service to provide excellent PMLD support. Working with health colleagues in HLDP – September to March
- Autism Hub- developing their online offer and dedicated micro-site; building relationships with local autism community and residents September – January



**Report for:** Adults and Health Scrutiny Panel

**Date:** 21 September 2020

**Title:** **Briefing: Impact of Lockdown on Adult Social Care Services and 'Stocktake' of Current Position**

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

**Lead Officer:** John Everson, Assistant Director, Adult Social Care

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

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

**1. Describe the issue under consideration**

This briefing provides an overview of changes made to the delivery of services following the implementation of lockdown arrangements by government, on 23 March 2020, in response to the COVID-19 (C-19) pandemic. It also describes work currently being undertaken terms of planning for a second wave.

**2. Cabinet Member Introduction**

N/A.

**3. Recommendations**

That the panel note:

- a) Changes in service delivery within adult social care made during lockdown in response to the C-19 pandemic (*outlined under paragraph 6 of this report*).
- b) How performance and risk have been monitored and managed during this period.
- c) How adult social care is building on lessons learnt and positive changes made during lockdown and planning for a potential second wave.

**4. Reasons for decision**

N/A (*report is for information*).

**5. Alternative options considered**

N/A (*report is for information*).

## 6. Background information

### a) Overview – Approach to Service Delivery During Lockdown

At the outset of the pandemic our principle priority was establishing arrangements that would enable services to continue to function effectively. In order achieve this, **resources were reviewed and where possible flexed, creating capacity to meet any new demand created by Covid.**

Work to re-configure services was developed at pace and overseen by the **Adults and Health C-19 Response and Resilience group.**

A number of changes to the way services are delivered were made swiftly following the implementation of lockdown arrangements:

- **Day services reconfiguration**

In response to social distancing guidelines issued by the government in March, and the high health risks associated with those who attend day services, physical attendance at Day Services was stopped. Services flexed accordingly and following careful analyses of all service user support needs, moved to an **outreach model** whereby the daytime needs of clients were met.

**Community team staff also played a key role in supporting the delivery of food to shielded residents and the delivery of Personal Protective Equipment (PPE) supplies across Haringey and in assessing new referrals, reviewing and providing support to people with complex needs, their families and carers via regular phone calls.**

- **Hospital discharge**

Supporting our most vulnerable residents' home from hospital was a key priority to support the health system to respond to the pandemic. New national hospital discharge guidance was issued and we rapidly reconfigured Hospital Discharge Teams to create **new discharge hubs at the North Middlesex and Whittington hospitals, operating on a 7-day, 8am to 8pm service model, enabling us** to meet the surge in patients and enable fast discharge.

At the peak of the pandemic, **double the number of discharges usually seen per week** were being managed by ASC.

- **Intermediate care**

In response to the need created by C-19, new intermediate care options were put in place, to support people who did not need to be in hospital but who were not ready to go home, were developed swiftly and implemented with Health partners at Osbourne Grove Nursing Home and Protheroe House. These provided additional intermediate bedded care capacity people discharged from hospital care, who were not well enough to return home.

- **Community Reablement Service (CRS)**

The CRS was remodelled to increase capacity and meet increased demand during the pandemic with, with the **hours available increasing from 600 to 1,300**, which was achieved by rapidly recruiting new carers and changing rotas.

Our front-line reablement care workers led the way in supporting Haringey's COVID-19 patients to return safely to home from hospital and supported to recover.

- **Mental Health Services**

Our Mental Health teams worked in **close partnership with the BEH Trust, CCG and voluntary** sector to offer people support. Cross borough arrangements were established at pace, where feasible, for ensure mental health assessments for Haringey residents were undertaken. Locality based Mental Health teams introduced an '**Attend Anywhere**' **online platform offering secure video consultations for those living in the community**, helping to reduce unnecessary travel and making it easier for people to stay at home.

The **Clarendon Recovery College and locality teams** also reached out to offer support by regularly telephoning people, throughout lockdown. Another initiative led by the college was **development of a virtual Safe Haven**.

- **Community Alarm Service (CAS)**

New shifts patterns were implemented to provide additional coverage across the team and the service maintained full delivery throughout lockdown.

- **Safeguarding**

During lockdown ASC Safeguarding teams have flexed to meet demand and have used pooling arrangements to provide continuous cover.

- **Supporting Family Carers**

In April, a group of volunteer staff, supported by the ASC First Response Team, **contacted over six hundred family carers to carry out welfare checks** and advice and guidance were published on the Council's website.

- **Connected Communities**

The pandemic and lockdown arrangements have had particular impact on our most vulnerable residents. The local authority as whole flexed to provide humanitarian assistance to those most in need.

**Protecting residents shielding during lockdown was a key priority and staff from our community teams** helped facilitate the delivery of food parcels to vulnerable residents during lockdown.

Development of our Connected Communities model was accelerated during lockdown. As we move away from the initial humanitarian assistance response, the Connected Communities model is focussing on building community

resilience and strength. As the model evolves, Adult Social Care services will be aligned to it.

## **b) Impact on ASC Service Delivery and Risk Management**

The impact of rapidly flexing our services to meet demand and of re-configuring services within short timescales has been **mitigated through risk management and business continuity arrangements** overseen by the Adults and Health C-19 Response and Resilience group. To enable the group to monitor how services were performing and the impact of lockdown, **a set of KPIs and dashboard, were created** and reviewed by the group on a weekly basis.

Additionally, the **Association of Directors Adult Social Services (ADASS)** developed a Market Insight Tool, which provided an overview of bed occupancy rates, availability of PPE and an overview of capacity within the market at both a local, sub regional and London level. This was also drawn on in terms of performance monitoring.

Indicators monitored included:

- Hospital capacity and bed occupancy rates
- Reablement team capacity
- Capacity in care homes & Homecare capacity
- PPE % of Care Homes in Haringey with Less than 5 Days' Supply (and comparison with London average)

## **c) Current Work – Building on Positive Change**

Whilst this period has been challenging, positive new ways of working have been identified and these will be retained and developed. There are several channels for this work including the ASC service improvement planning and quality and assurance arrangements and transformation programme.

Key themes to build on and reflect within approach to ASC services include:

- **New ways of working**  
Greater use of IT communication platforms has enabled staff to work away from an office environment without a reduction in performance and in some areas with marked increased performance. We will review how these changes can be suitably sustained and embedded where appropriate.
- **Integration and partnership working**  
Moving towards greater integration of practice, systems, finance arrangements and sharing of data. Building on the work of the Haringey Borough Partnership we have new opportunities to create seamless health and care services for our residents to ensure they get the right support, at the right time in the right place.
- **Skills, creativity and agility of staff and teams**  
Building on and fostering the outstanding behaviours, skills and competencies of staff who have demonstrated more creative and agile ways of working in a time of crisis.

#### **d) Planning at NCL Level and Preparation for a Second Wave**

Since the gradual easing of lockdown arrangements, planning and work around preparation for a second wave has been taking place at local and at a North Central London Level. This includes:

- **Care Sector Support Workstream**

Practical interventions, in partnership with LBH and the Clinical Commissioning Group (CCG), including PPE, advice and guidance and testing.

- **Support those more vulnerable, including shielded patients, as we move into autumn and winter**

This includes information about flu vaccinations, that the NHS 'is open for business' and reaching out to vulnerable communities and groups.

- **Business Continuity arrangements to support responsiveness**

Adult Social Care and Community/Acute Health Partners are all currently reviewing and updating.

- **ASC Covid-19 Response and Resilience Group**

Provides weekly scrutiny and oversight on KPIs, planning, risks and actions required to enable this and escalate as required to relevant workstreams, local and NCL partners and LBH Gold.

- **Hospital Admissions and Discharge**

Ensuring that the health and social care arrangements are in place to reduce unnecessary hospital admissions and support people home from hospital when they are ready to leave. Areas of focus include:

- **Nursing Rapid Response** to avoid hospitalization
- **Nursing and social care input into acute SPAs** and to support people at home
- **Short-term intermediate care beds**
- **Additional intensive 24-hour packages of care** to facilitate timely discharge.
- **Maintaining increased Re-ablement Capacity**
- **Flexibly use of workforce** to 'turn-up' capacity when required in key areas

#### **7) Contribution to strategic outcomes**

Adult and Health services are measured under Outcomes 7 and 8 of the Council's Borough Plan:

- **Outcome 7:** All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities
- **Outcome 8:** Strong communities where people look out and care for one another

All planned work within ASC takes into account these objectives and our KPIs in all areas are aligned to these.

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

**Finance**

Changes since lockdown has created additional pressures above and beyond business as usual levels as Adult Social Services has had to meet greater demand and expand it's capacity. Specific grant funding has been provided by NHS England as part of the C-19 support scheme to cover a portion of these costs, the remainder of which will fall within Adult Social Services. The Council has received additional C-19 funding that will be apportioned towards the service.

The materialisation of a second wave will bring renewed pressures in areas similar to those we have seen, which presents a financial risk going forward.

**Procurement**

The contents of this report are noted, there are no procurement implications.

**Legal**

There are no legal implications arising from the recommendations in the report.

**9) Equality**

Any changes in service delivery, updated and new policies, within ASC, will be subject to a full EQIA, in line with the Council's policy and statutory requirements.

**10) Use of Appendices**

Appendix: ASC Response to Lockdown and Changes in Service Delivery

**11) Local Government (Access to Information) Act 1985**

N/A.

## **Adult Social Care – Service Delivery During Lockdown**

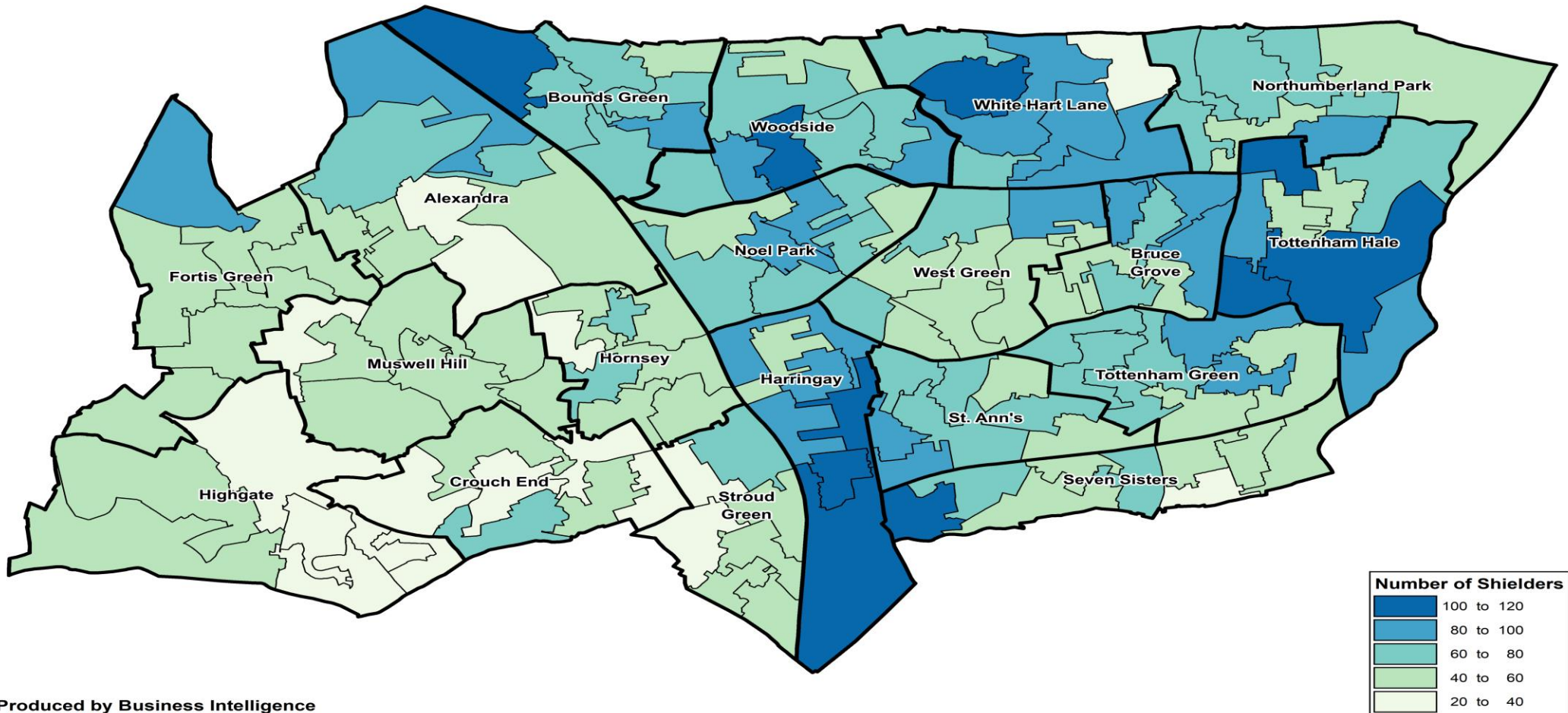
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**Adults and Health Scrutiny Panel: 21 September 2020**



## 1) Support for Shielded and Vulnerable Groups

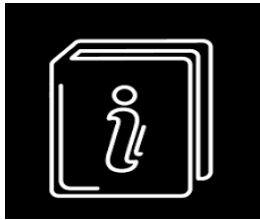
**NHS Shielded List** (9,308 Individuals) – this map shows the number of households in the borough, by ward, with shielded residents.





## 1) Support for Shielded and Vulnerable Groups

Ensuring that shielded and other vulnerable residents were supported during lockdown was a key priority for the Local Authority and resource from across the organisation was flexed to meet demand. As part of this **ASC supported the Connected Communities team** fielded requests for support from shielding residents.



**Over 2,400 Shielders** have been spoken to, triaged and offered **information, advice, guidance and support** from Connected Communities workers. **Over half (53%)** don't require support, the remaining **got the support they required** (as at 17/7/20).

The number who say they are **in need of essential supplies** is updated daily in a file received from Government. Connected Communities phone **all** these **within 2 working days**.

In May, CC helpline received **364 (19%)** calls from self-identified shielders. Nearly **all** of these had a **question about food** compared to 62% of all calls. Over **540 medication deliveries** – all made by DBS checked local volunteers working with Community Pharmacy through Connected Communities and local organisations such as Public Voice



Age breakdown of those **self referrals** shielding who **needed supplies** at 19/6/20 was :

- **37% age 65+**
- **56% aged 18-64**
- **7% children**

**100% of those shielding** who were in need of supplies had a **food package delivered** by the next day latest or on the **same day**.

**Proactive calls** to people in the shielding list who said that their basic care needs were **Not being met**.

A number of changes in service delivery were made from mid-March onwards **to flex capacity to meet new demand** created by COVID-19 and lockdown arrangements. These included:

- **Reablement Service (CRS) led the way in supporting C19 patients back to their homes.**
- The reablement service remodelled to increase capacity (**they doubled the number of hours from 600 to 1300**) by recruiting new carers and changing rotas.
- **Intermediate Care: Developed and Implemented new models of care with Health Partners at Osborne Grove & Prothero House** – new intermediate bedded care capacity to support the surge in very poorly people leaving hospital admission who are not well enough to go home.
- **Hospital Discharge: Supporting Haringey’s most vulnerable residents, who have had C19, home from hospital** - New hospital discharge guidance has meant ASC have had to totally reconfigure Hospital Discharge Teams, with Brokerage to create **new discharge Hubs at NMUH & Whittington** to meet the surge in patients and enable fast discharge – including moving to an **7 day service model**. **ASC were managing double the number of discharges they usually manage in a week.**
- **Supporting Family Carers;** A staff volunteer group supported by FRT, working in partnership with the CCG has contacted family carers to carry out **welfare checks to over 600 households**

- **Mental Health Services** worked in close partnership with the Trust, CCG and voluntary sector to offer people support. **The Recovery College and Locality teams** reached out and offered support by regularly telephoning people.
- **Wellbeing hub run by MIND** offered a more intense support to those who may be struggling on their own and feel very isolated.
- **Clarendon College** is leading on the developing a virtual Safe Haven ( a virtual crisis café) and looking to develop on line courses for learners.
- Locality based Mental Health teams introducing **‘anytime anywhere’ an online platform to conduct virtual visits** to people. All MH teams are linking up with Community Connectors to ensure vulnerable people can receive regular food parcels.
- **Day Services Reconfiguration** – Day services have moved to an **outreach model** that not only support service users but have been instrumental in supporting **food deliveries**. Community team staff are assessing new referrals, reviewing and providing **support to people with complex needs**, their families and carers via regular phone calls.
- **Mental health reablement** is in development to facilitate hospital discharge using local MH providers.

## 3) Monitoring Impact on and Performance of Service During Lockdown



We use the London **ADASS Market Insight Tool** to monitor COVID-19 activities to produce Live daily SITREP reports on Capacity, Workforce, Clients and PPE stock from bed based and home care providers.

### Adult Social Care – Covid-19 (Coronavirus) Metrics

Demand and Capacity – Increase in Duty  
Emergency Request for Additional Support

Safeguarding monitoring – numbers and abuse  
types trend e.g. Domestic abuse

Assessment and reviews – monitoring incoming  
numbers and completion rate

Council data sets linked to healthcare – **HealthAnalytics** which supports admissions and discharges from hospitals – Transfer of care monitoring report. It also assists in identifying and supporting vulnerable individuals.



A jointly established **capacity tracker** provides daily monitoring reports on placement vacancies from care home, community, hospice and acute who accept Covid-19 patient's

### Summary of Demand:

- **Currently nearing 'normal' non-COVID non-elective (NEL)** admissions for Haringey
- **Anticipate c. 10% increase in NEL demand into winter in hospital** without a 'COVID Wave II peak' – this is the normal winter variation compared to the summer
- If it occurs, **COVID Wave II may add up to a further increase to NEL admissions at 'peak COVID'** – but its effect is likely to be time-limited over several weeks. Modelling is evolving so it should be noted that working assumptions are developing.
- **This assumes there is no decrease in non-COVID NEL admissions** – although this is what happened in Wave I COVID

### Plans for Winter and COVID Wave II

Plans for winter and COVID II are currently being developed and evolving with partners, including:

- **Nursing Rapid Response** to avoid hospitalization
- Additional **nursing and social care input into acute SPAs** and to support people at home
- Short-term **intermediate care beds**
- Additional intensive **24-hour packages of care** to facilitate timely discharge.
- Increased **Re-ablement Capacity**
- **Flexibly use of social care/OT workforce** to turn-up capacity when required in key areas
- **Enhanced Health in Care Homes model** in response to Government guidance and will consider our options about strengthening the model for winter

*(Continued)*

- **Care Sector Support Workstream** - practical interventions (in partnership with LBH & CCG): Inc PPE, advice and guidance, testing etc.
- **Support those more vulnerable, including shielded patients, as we move into autumn and winter.** This includes information about flu vaccinations, that the NHS 'is open for business' and reaching out to vulnerable communities and groups.
- **Review and address System-wide need for short-term intermediate care and rehabilitation bed needs across NCL** ahead of winter.
- **Business Continuity arrangements to support responsiveness** - Adult Social Care and Community/Acute Health Partners are all currently reviewing and updating.
- **ASC Covid-19 Response and Resilience Group** provides weekly scrutiny and oversight on KPIs, planning, risks and actions required to enable this and escalate as required to relevant workstreams, local and NCL partners and LBH Gold.

**Report for:** Adults and Health Scrutiny Panel, 21 September 2020

**Title:** Care Homes

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

**Lead Officer:** Priyal Shah, Senior Commissioning Manager, NHS North Central London CCG

**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** Non key decision

**1. Describe the issue under consideration**

- 1.1 This report provides an update on the impact of COVID-19 on Haringey care homes, the learning and support plans going forward.

**2. Recommendation**

- 2.1 The Panel is asked to note the update on care homes during COVID-19.

**3. Reasons for decision**

- 3.1 The Panel asked for a progress update.

**4. Alternative options considered**

N/A

**5. Background information**

- 5.1 The content of this update paper is set out in the attached presentation.

**6. Contribution to strategic outcomes**

- 6.1 This report contributes to the Council's Priority 2, People, where all adults (including care home residents) are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities. Adults with multiple and complex needs will be supported to achieve improved outcomes through a coordinated partnership approach.

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

N/A

**8. Use of Appendices**

8.1 Appendix 1:

**9. Local Government (Access to Information) Act 1985**

N/A



# Care homes

## Adults and Health Scrutiny Panel

21 September 2020

# Summary

- There are 33 care homes with 490 beds in Haringey, with 46% older people residential, 24% nursing, 21% learning disability and 9% mental health beds
- Between March and June, there were 10 outbreaks declared in Haringey Care Homes and 61 deaths
- Care homes experiences challenges accessing PPE, implementing Infection Prevention and Control measures, stopping visitation and managing staffing
- Council and NHS provided extensive support across a range of areas, and the picture in Haringey has been one of high levels of trust and support across the sector at such a challenging time
- We are continuing to build on the learning and are working with the care home providers to collaboratively plan for the winter and a potential second wave

# Care homes in Haringey

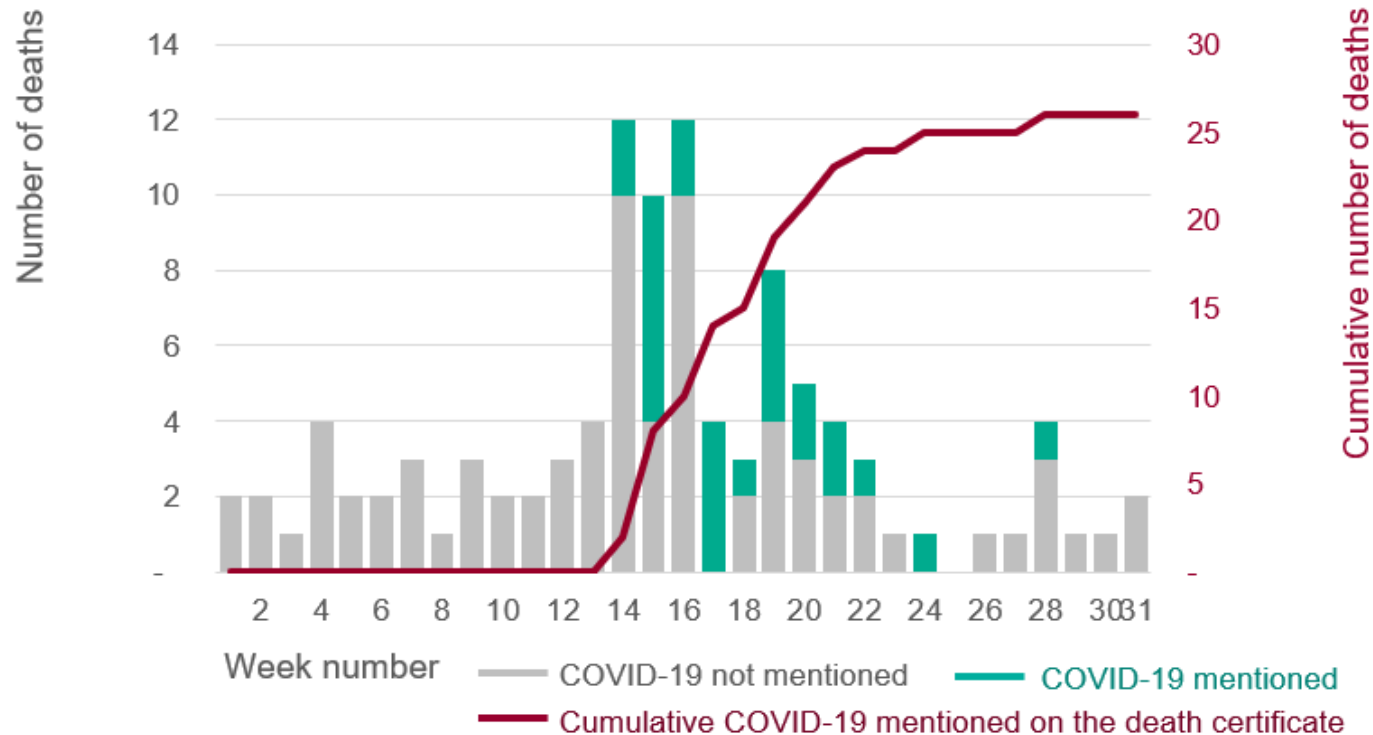
	Older people residential	Older people nursing	Learning disability	Mental health	Total
Homes	7	1	17	8	33
Beds	225	117	103	45	490

# Impact of COVID-19 on care homes in Haringey

- It is not possible from the data available to report the number of care home residents who tested positive for COVID-19
- ONS figures state there were 26 deaths related to COVID-19 in Haringey's care home population. However, this is likely an underestimate.
- Data collected locally from Older People's Care homes show that:
  - In the 3 months prior to COVID- 19, there were 17 deaths in Haringey's care home residents (Dec-Feb).
  - Since the 1<sup>st</sup> March, there have been 61 deaths among the same population
    - 23 were confirmed COVID-19
    - 28 were suspected COVID-19
- PHE declared 10 outbreaks in the borough's care homes
- Since June, deaths have reduced significantly and continue to be low.

# Care home deaths

**Trend in numbers of deaths by cause and cumulative COVID-19 deaths, deaths that occurred up to 31 July 2020 but were registered up to the 8 August 2020, by week, where place of death was recorded as 'Care Home', Haringey**



# Deaths in Older People's Care Homes with declared outbreaks, Haringey March – May 2020

Care Home	Total number of deaths (COVID and non-COVID)	Confirmed COVID-19	Suspected COVID-19
1	31	8	21
2	17	5	3
3	9	5	2
4	3	1	1
5	1	0	0

(data from other care homes e.g. learning difficulties not available)

# Haringey placements

	Total placements	In Haringey	Outside Haringey
Current placements	638	196	442 (223 within NCL)
Since 1 <sup>st</sup> March 2020	75	29	46

- 65% of all placements are within North Central London.
- Any placement made outside this region is primarily based on service user / family preferences and in rare cases dependent on specialism of services.
- The Council also only places with provisions that are rated 'Good' or 'Outstanding' at the time of the placement.

# Challenges, support provided and lessons learned

- In the initial phase of Covid, care homes faced a number of challenges.
- We worked closely with care providers within Haringey and with the NCL boroughs to jointly develop solutions and iteratively improve our approach as we gained more clarity.
- An NCL care homes After Action Review has been completed with care home providers, community services, Council and CCG staff



# Challenges

## PPE and infection control

- Access to PPE, use of PPE and infection prevention skills and knowledge  
Implementing isolation and COVID restrictions in care homes

## Information and guidance

- Coordination of communication and information  
Training and support to interpret national guidance to local care settings  
Rapid upskilling of staff and managers

## Staffing and Financial challenges

- Staff sickness, isolation and training  
Financial challenges faced by care providers to support residents and staff and implement guidance

## Hospital discharge

- Clarity on discharge processes, testing and results and precautions required

## Clinical support

- Access to clinical and psychological support including end of life care for residents and bereavement support for staff and families

# Support provided



**Infection prevention and control** - good information and guidance via webinars and infection control helpline



**Workforce** – link to Proud to Care North London



**Increased communication** – weekly briefings and information on Council website. Daily calls



**PPE** - emergency PPE provided to carers and providers



**Workforce** – support to ensure that no workers negatively impacted if they needed to isolate



**Psychological support** and bereavement training for staff



**Testing** – improved access to Covid testing



**Financial security** - care homes received grant payment



**Clinical support** including palliative care, mental health crisis, pharmacy advice

# Feedback from care providers

Priscilla Wakefield House:  
“We can't do it without you  
and we applaud each of you  
for your continued efforts in  
supporting us with our  
present position.”

Kamino Homecare:  
“yesterday I joined  
the registered  
managers WhatsApp  
group which was  
very helpful”

Meadows Care Home: “thank  
you for all the support we have  
received from you guys over the  
last few months – all of you have  
been really amazing. We really  
found out who is who, and if it  
had not been for the local  
authority team we would not  
have come through this as well  
as we did.

I hope you feel appreciated, and  
know what a massive difference  
all of Haringey's help and advice  
has made to care homes, like  
ourselves

Page 47

Edenvale “We cannot thank  
you enough for your support  
and excellent communication  
strategy, when your team is  
looking at what worked well  
definitely this is something  
you can be proud of”.

Embrace UK: “Thank you all for  
your continuous support at this  
difficult times especially in  
making PPE available and  
without your support we  
wouldn't have made it.”

Marcus & Marcus: “Thanks  
so much for all your  
support during this difficult  
time. We appreciate it very  
much.”

Meadows Care Home: “We all feel we  
are more supported with Farzad and  
his team then anyone else in this  
rather distressing times where we are  
able to contact out of hours and still  
get a response”

# Lessons Learned

## NCL After Action Review

	Learning and recommendations	Actions implemented
<b>Covid-19 guidance and information</b>	<ul style="list-style-type: none"> <li>Number and speed of release of national and regional guidance; large amount of information to work through</li> </ul>	<ul style="list-style-type: none"> <li>Information and guidance collated and explained in weekly briefings by Council Public Health team</li> <li>Single portal for Covid-related information by Haringey Council and NCL</li> </ul>
<b>PPE</b>	<ul style="list-style-type: none"> <li>Access to PPE (initially) and safe use of PPE</li> <li>Ongoing training needed</li> </ul>	<ul style="list-style-type: none"> <li>Council led coordination of PPE supply, including emergency supplies for care providers.</li> <li>Weekly training webinars on infection prevention and control</li> </ul>
<b>Testing</b>	<ul style="list-style-type: none"> <li>Limited access to testing and local oversight of care home outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>Coordination of testing through local hospitals</li> <li>National routine testing of care home staff and residents being rolled out</li> <li>Local Public Health oversight of cases and potential outbreaks</li> </ul>
<b>Hospital discharge</b>	<ul style="list-style-type: none"> <li>Need clear protocols for hospital discharge to care homes and care taken to prevent outbreaks in care homes</li> </ul>	<ul style="list-style-type: none"> <li>Discharge protocols for Covid-19 positive residents to care homes being developed and will be implemented across NCL</li> </ul>

# Lessons Learned

## NCL After Action Review

	Learning and recommendations	Actions implemented
<b>Engagement and co-production</b>	<ul style="list-style-type: none"> <li>With speed of guidance and rapid implementation there was limited opportunity to co-produce solutions with care homes initially</li> </ul>	<ul style="list-style-type: none"> <li>Care home providers forum now well established to jointly agree local solutions and pathways</li> <li>More frequent contact with care homes to identify issues and resolve them</li> </ul>
<b>Provider organisational responses</b>	<ul style="list-style-type: none"> <li>Business Continuity Plans should be shared where appropriate so that support is readily available</li> <li>Identified opportunity for care providers to support each other</li> </ul>	<ul style="list-style-type: none"> <li>Care home providers supported to review and update their business continuity plans</li> <li>NCL care home managers WhatsApp group created to provide mutual support and advice</li> </ul>
<b>Workforce and staff wellbeing</b>	<ul style="list-style-type: none"> <li>Staffing challenges due to shielding, sickness</li> <li>Bereavement and psychological support for staff</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment supported through NCL Proud to Care portal</li> <li>Bereavement training and psychological support for care home staff organised by Haringey Council</li> </ul>
<b>Clinical support</b>	<ul style="list-style-type: none"> <li>Clinical care and support with End of Life Care for care home residents and access to medicines</li> </ul>	<ul style="list-style-type: none"> <li>Proactive support from GPs and Haringey Specialist Palliative Care Service</li> <li>Increased access to End of Life Care medicines through local community pharmacies</li> </ul>
<b>Digital access</b>	<ul style="list-style-type: none"> <li>Support with digital as care homes had variable access to devices and internet connectivity</li> </ul>	<ul style="list-style-type: none"> <li>Facebook portals deployed to enable care home residents keep in touch with families <a href="https://www.haringey.gov.uk">haringey.gov.uk</a></li> <li>NCL led digital maturity support for care homes</li> </ul>

# Lessons Learned NCL After Action Review



## Innovations shared

- Care homes set up isolation rooms/areas for covid-positive residents.
- Designing activities that could be undertaken online or via devices.
- Setting up WhatsApp group for rapid communication and support between care home managers.
- Use of digital technology for appointments, meetings and keeping in touch with families.
- Dedicated staff to coordinate calls with relatives for continuity.

# Protecting care homes

Haringey and NCL boroughs have implemented a number of actions to mitigate the risk of outbreaks in care homes based on the NCL After Action Review and a Public Health literature review on reducing impact of Covid-19 in social care settings

# Mitigating risk in care homes

<b>Outbreak management plan</b>	<ul style="list-style-type: none"> <li>Haringey Council Local Outbreak Management Plan</li> <li>Public Health monitoring of cases and outbreaks</li> </ul>	
<b>Testing</b>	<ul style="list-style-type: none"> <li>National routine re-testing scheme for older people's care homes</li> <li>NCL coordinating local testing for other care homes and care settings</li> <li>Local training on administering tests (swabs) for care home staff</li> </ul>	
<b>Infection prevention and control</b>	<ul style="list-style-type: none"> <li>Council supports with access to PPE, including emergency supply</li> <li>Ongoing weekly training webinars on infection prevention and testing</li> <li>NCL-wide infection control and prevention helpline</li> </ul>	Page 52
<b>Visiting guidance</b>	<ul style="list-style-type: none"> <li>NCL Public Health webinar on implementing safe visiting in care homes</li> <li>Local Director of Public Health oversight on local outbreaks and impact on care home visiting</li> </ul>	
<b>Staff testing and isolation</b>	<ul style="list-style-type: none"> <li>Staff testing being implemented in care homes</li> <li>Care homes supported to review policies for staff isolation and to limiting movement between care settings</li> </ul>	
<b>Discharge protocols</b>	<ul style="list-style-type: none"> <li>Developing NCL-wide discharge protocols that reflect the need to protect care homes from Covid outbreaks as well as ensuring residents' experience and quality of care is prioritised</li> </ul>	



# Mitigating risk in care homes

## Communication, information sharing and engagement with care homes

Ongoing engagement with care homes to coproduce plans and solutions as situation changes:

- Weekly briefings are sent to care providers from the Director of Public Health consolidating updates and guidance
- Weekly NCL webinars on relevant topics including clinical support, visiting, testing etc.
- Monthly engagement forums with residential care providers
- Weekly calls (initially daily) to care homes to discuss key issues such as PPE, testing, infection prevention measures, national and regional guidance
- A dedicated webpage on the Council website collating all relevant information, guidance and publication for health and social care

## Flu vaccination

- Local flu plan initiated
- Flu immunisation tracker developed

## Enhanced clinical support

- A GP clinical lead assigned for each care home with proactive weekly calls to care homes
- Multidisciplinary clinical support available for care home residents

# Strategic and operational support for care homes

## Use of data and intelligence

Market Insight Tool and NHS Capacity Tracker

## Governance

Regular operational and strategic meetings with key partners

## Financial resilience

Distribution of IPC funding, London Living Wage

## Workforce

Proud to Care, NCL support for career development

## Digital

NCL digital maturity support, training on NHS Mail, Teams

# GP services to care homes

## GP

**GP clinical lead** has been allocated for each care home

**Weekly GP call** to each care home to review residents identified by care home as clinical priority

**GP out of hours access** available for care homes via Haringey GP Access Hubs

## Health services

**Multidisciplinary input** including medication reviews and personalised care planning available for residents

**Direct access for care homes to specialist services** including Rapid Response, Palliative Care Service, Mental Health Crisis Support, Pharmacy, Hospital advice, Infection Prevention and Control helpline

## Equipment

**Extra vital signs equipment** delivered to care homes including pulse oximeters, thermometers, blood pressure monitors, pen torches to support clinical care

# Infection control grant

The Council received £358.5k (50% of allocation) from Central Government in June 2020 of which £269k (75%) was dispensed to 34 residential care providers in located in Haringey; Providers spent

- 21.5% of the allocation on isolating residents within the care home,
- 18% was restricting staff movement within the care homes.
- 23% on paying staff full wages while isolating following a positive test.
- 37.4% on other measures including deep cleaning, PPE, recruitment of staff, alternative travel arrangements, staff accommodation costs.

Remainder of 25% has been allocated to supported living and other providers.

The remainder of grant amount £358.5k (50% of allocation) from Central Government is expected in August 2020.



# Haringey Care Homes in the time of Covid-19

July 2020



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## Haringey care homes in the time of Covid-19

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## Haringey care homes in the time of Covid-19

### Introduction

In these very challenging times for the social care sector, Healthwatch Haringey wanted to understand and capture the experiences of Haringey care home managers in the time of Covid-19, looking at how well supported they feel and if they are able to access the basics they need to provide a good quality of care to their residents.

We were keen to ensure the experiences of Haringey care home managers and their feedback informed the Borough Partnership's and the Council's strategy and operational plans around Covid-19, so care homes are well supported to meet the challenge of Covid-19 in the months ahead.

We would like to say a big **thank you** to all the care home managers who took time out of their very demanding day to complete our survey for us, and provide us with such rich and detailed data on their experiences as Haringey care home managers in the time of Covid.

### Executive Summary

We emailed a survey to all care homes in Haringey in June 2020 and got 17 responses - a good mix of settings (nursing homes, older people, mental health and learning disability), and a good mix of large and small care homes. Survey respondents are listed at Appendix A and the care home survey can be found at Appendix B.

Our key findings were:

- **Covid.** Around one third of Haringey care homes had had Covid cases amongst their residents and/or staff.
- **Staffing.** Over the last 8 weeks some care homes had experienced significant staffing difficulties because of staff absence, but currently no care homes were experiencing significant staffing difficulties because of staff absence. Some care homes felt staff absence would be an ongoing problem.
- **Testing.** Care homes did have access to Covid tests for staff, but some care homes could not access Covid tests for their residents.
- **PPE.** All care homes had been able to provide their staff with sufficient PPE, but some were worried about future supplies of PPE, and the two items most commonly mentioned as being in very short supply were face masks and hand sanitisers.
- **GPs.** GP consultations with care home residents were taking place over the phone or by videocall, and most care homes had had a positive experience with this.

- **Hospital interface.** 45% of care homes said residents coming/returning to their care homes from hospital were still not being tested for Covid before being discharged into their care. Care homes felt hospitals needed to do more work on ensuring good discharge planning and support was in place prior to residents being discharged from hospital.
- **Advice and guidance.** The best source of support was the NHSE webinars. Virtually all the care homes were aware of these webinars, had attended them and made use of them, and were very positive about the information and the knowledge shared. Care homes said they knew where to go for, and how to access, further advice and guidance if they needed it and said there had not been any gaps in the provision of advice and guidance.
- **Satisfaction.** Overall, care homes had excellent experiences of the level of support provided by their parent company and by Haringey Council, and good experiences of the support provided by the CCG, NHS England, the CQC and the VCS. There were mixed experiences of the support provided by GPs, and some care homes experienced problems with hospitals.
- **Thinking about the next 6 months.** The support most needed by care homes in the next 3 months was access to, and provision of PPE; ongoing Covid briefings and information; advice and guidance; support and training; and access to Covid tests for residents both in the care home and on discharge from hospital. In the next 4 to 6 months, care home managers would also value forums so they can provide feedback on what went well and lessons learned; further staff training on pandemics; a review of service user fees now costs of service provision are rising; more funding for more staff, and greater stability.
- **Thinking beyond the next 6 months.** There are likely to be significant changes to services in the coming months including social distancing; more checks before admitting new residents; and changes to visiting arrangements.
- **Financial sustainability and viability.** 40% of care homes managers were not sure whether their care home would be financially viable beyond the next 12 months. The main threats were identified as vacancies and low occupancy levels; rising costs of PPE and other equipment; rising staff costs; staff leaving due to high risk and low financial reward; and service user fees no longer covering rising costs.

The following sections present the data behind these key findings and explore these issues in more depth.

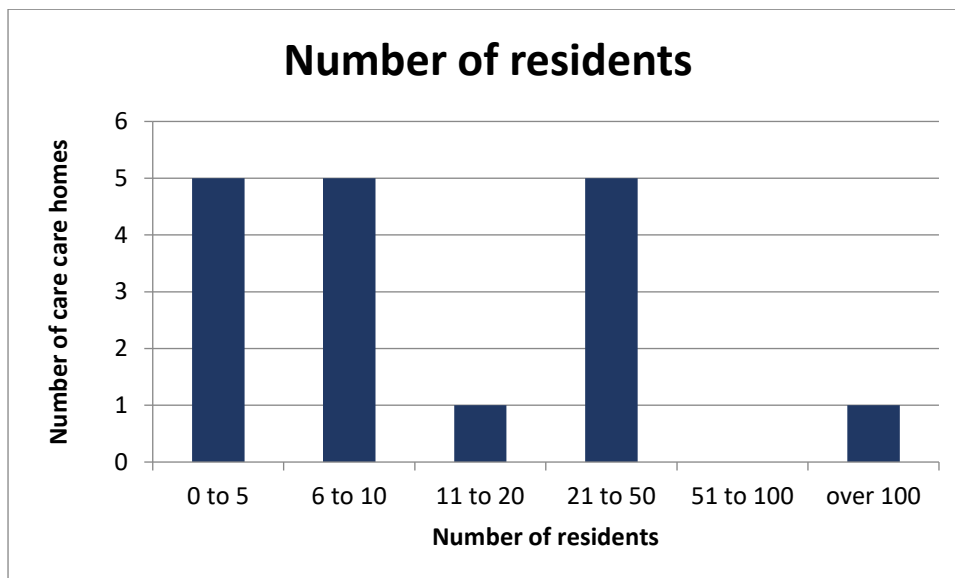


## Findings

The 17 Haringey care homes who responded to our survey are listed in Appendix A.

We had large and small care homes responding to the survey - the largest had 117 residents and 160 staff, and the smallest 2 residents and 4 staff.

### Number of residents



### Number of staff



### Covid

Around one third of Haringey care homes had had Covid cases amongst their residents and/or staff.

Number of residents who have/have had Covid	Number of care homes
0 residents	11
1 to 5 residents	3
6 to 10 residents	2

Number of staff who have/have had Covid	Number of care homes
0 staff	10
1 to 5 staff	4
6 to 10 staff	2

### Staffing

We asked about the number of staff absent due to the need to self-isolate because they or members of their household had Covid symptoms.

No. of staff absent due to need to self-isolate	Number of care homes
0 staff	4
1 to 5 staff	8
6 to 10 staff	2
Over 10 staff	1

In the last 8 weeks, 5 care homes had experienced significant staffing difficulties because of staff absence, with one care home commenting that at certain times they had had to depend on agency staff.

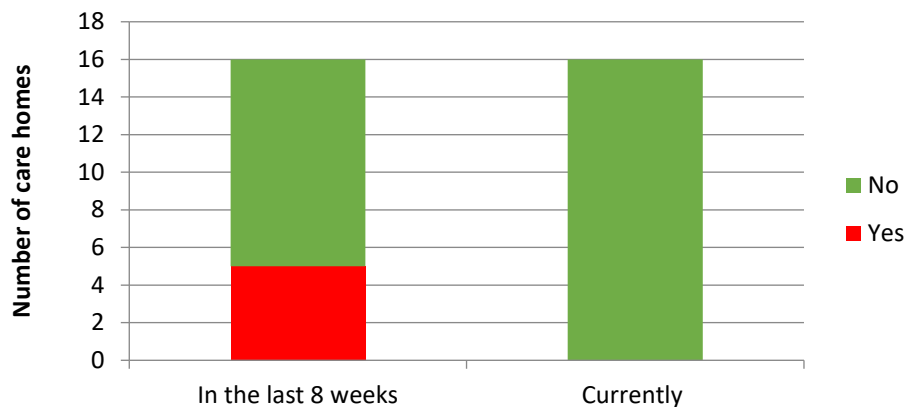
However, **currently** no care homes were experiencing significant staffing difficulties because of staff absence, with one care home commenting the situation had got a lot better.

Only 3 out of 16 care homes thought staff absence would be an ongoing problem.

Of the few who thought staff absence would be an ongoing problem, the plans they had made and the actions taken to mitigate this included:

- Using agency staff or bank staff or staff from a pool
- Increasing use of overtime
- Promoting access to Covid tests for staff to minimise incidences of self-isolation
- Recruiting more staff, and
- Suspending annual leave whilst there are ongoing staffing difficulties.

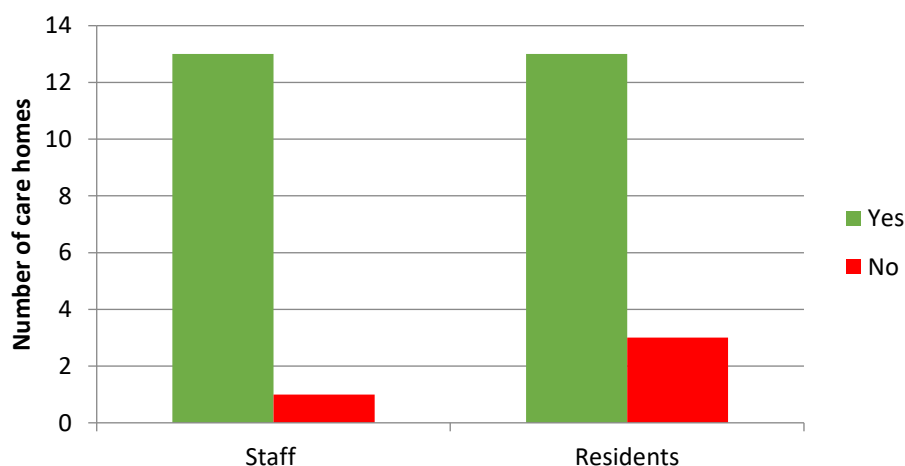
### Significant staffing difficulties because of staff absence



### Testing

Most care homes (13 out of 14) said they had access to Covid tests for staff but some care homes (3 out of 16) said they could not access Covid tests for their residents.

### Access to Covid tests



### PPE

All care homes (16 out of 16) said they had been able to provide their staff with sufficient PPE.

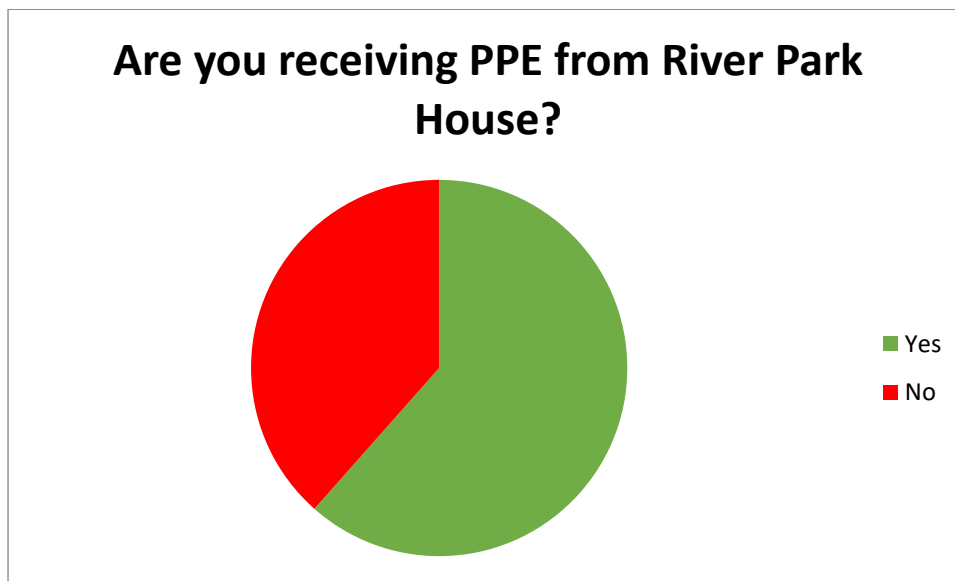
In terms of PPE, there were two particular items consistently mentioned as being in very short supply - face masks (mentioned by 5 care homes) and hand sanitisers (mentioned by 4 care homes).

5 out of 16 care homes were worried about future supplies of PPE and running short of PPE going forwards.

Of those who were worried, the plans they had made and the actions they had taken to mitigate this included:

- Identifying additional suppliers and supply chains
- Accessing NHS PPE UK
- Contacting the local authority to access stocks
- Contacting the National Disruption Helpline, and
- Planning ahead and ordering ahead to ensure there is always a good advance level of stock onsite.

8 out of 13 care homes were receiving PPE from River Park House.



### GP services

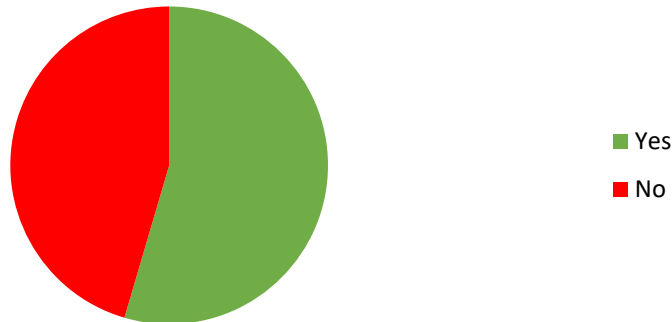
None of the care homes who responded to our survey had GPs still coming into their care homes, and so GP consultations with care home residents were taking place over the phone or by videocall.

Most care homes had had a positive experience, with 13 out of 16 saying they had not encountered any difficulties in accessing GP services for their residents. One care home said long waiting times had been an issue, and two care homes said they had experienced difficulties but did not specify what these were.

### Hospital interface

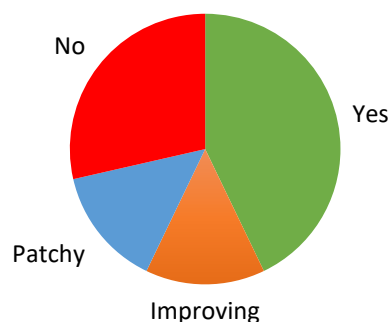
5 of the 11 care homes (45%) who responded to this question said residents coming/returning to their care homes from hospital were still not being tested for Covid before being discharged into their care.

**Are residents discharged from hospital now tested for Covid prior to coming/returning to your care home?**



In terms of whether good discharge planning and support was in place when residents were coming/returning to care homes from hospital, 3 care homes responded positively, 1 care home said this was a lot better now than when the pandemic started, 1 care home said it was patchy, and 2 care homes responded negatively.

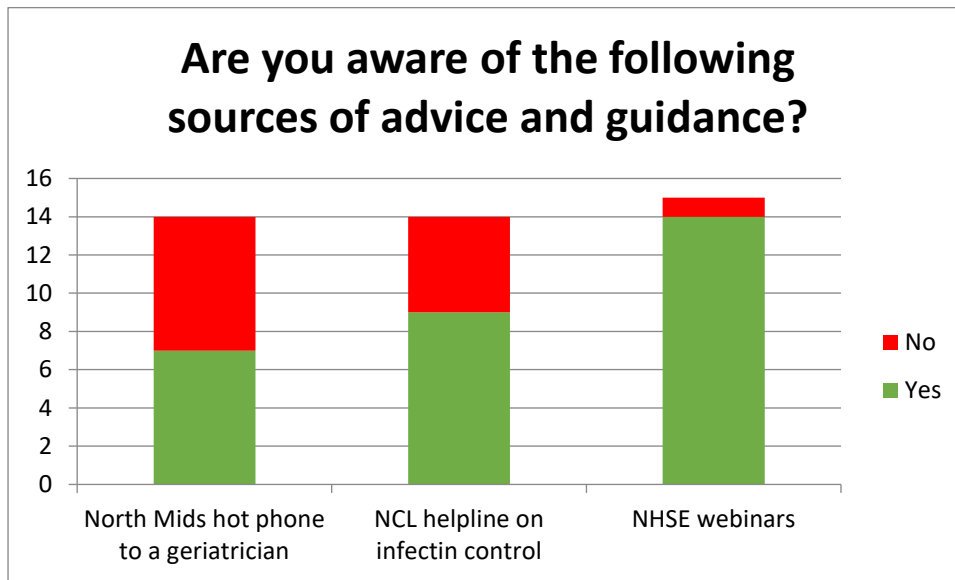
**Good discharge planning in place when residents are coming/returning to your care home from hospital?**



### Advice and guidance

There were differing levels of awareness amongst care homes of the North Mids Hospital hot phone to speak to a geriatrician and the NCL helpline on infection control. Those care homes who were aware of these sources of support had not made use of them, bar one care home.

But virtually all the care homes were aware of the NHSE webinars, had attended them and made use of them, and were very positive about the information and the knowledge shared through these webinars.



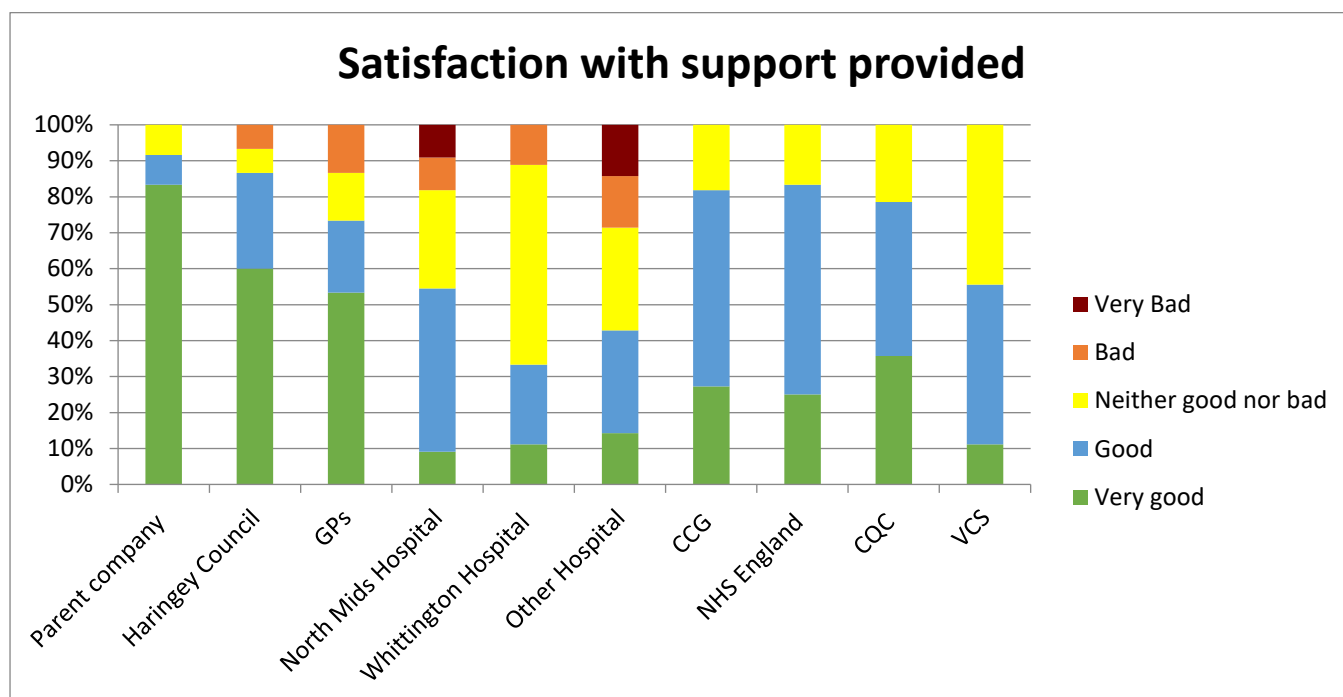
Very encouragingly, all the care homes (15 out of 15) said they knew where to go for, and how to access further advice and guidance if they needed it.

Almost all (13 out of 14) care homes said there had not been any gaps in the provision of advice and guidance, with two care homes specifically commenting on how helpful Haringey Council and the CCG had been in supporting them.

### Satisfaction

Rate your experience of the support provided by each of the following organisations:

	Very good	Good	Neither good nor bad	Bad	Very Bad	Not applicable
Parent company	10	1	1	0	0	2
Haringey Council	9	4	1	1	0	0
GPs	8	3	2	2	0	0
North Mids Hospital	1	5	3	1	1	4
Whittington Hospital	1	2	5	1	0	6
Other Hospital	1	2	2	1	1	7
CCG	3	6	2	0	0	3
NHS England	3	7	2	0	0	3
CQC	5	6	3	0	0	1
VCS	1	4	4	0	0	6



Overall, care homes had excellent experiences of the level of support provided by their parent company and by Haringey Council, and good experiences of the support provided by the CCG, NHS England, the CQC and the VCS. There were mixed experiences of the support provided by GPs, and some care homes experienced problems with hospitals.

### Thinking about the next 6 months

We explored what further help and support care homes needed from their Parent Company, the Council, NHS bodies, CQC, VCS etc over the next 6 months to enable them to provide a good quality of care to their residents.

#### a) Next 3 months

The support most needed in the next 3 months was:

- access to, and provision of, PPE
- ongoing Covid briefings and information
- advice and guidance
- support and training, and
- access to Covid tests for residents both in the care home and on discharge from hospital.

#### b) Next 4 - 6 months

In this later period, as well as the continuing provision of all the support highlighted in the first 3 months, care home managers would also value:

- forums so they can provide feedback on what went well and lessons learned
- further staff training on pandemics

- a review of service user fees now costs of service provision are rising
- more funding for more staff, and
- greater stability.

### Thinking beyond the next 6 months

#### Service changes

Almost all (13 out of 15) care home managers thought their service would have to adapt in the future in the following ways:

- Ensuring there is always a good supply of PPE in stock onsite
- Tighter infection control
- More frequent cleaning and more emphasis on cleanliness and hygiene
- Social distancing
- Staff training development, especially around IT
- More planning and preparation to deal with future pandemics
- More scrutiny and checks before admitting new residents
- Tighter health and safety standards, and
- Changes to visiting arrangements.

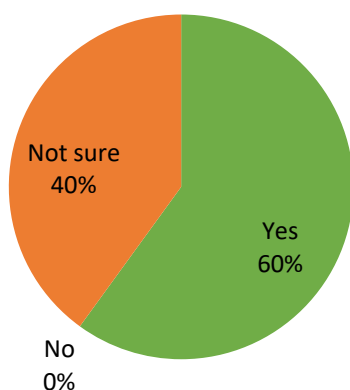
It seems clear that there will be changes to care homes - how they are run and service provision - in the aftermath of Covid.

#### Financial sustainability and viability

9 out of 15 care home managers felt their care home would be financially viable and sustainable beyond the next 12 months, but 6 out of 15 (40%) were not sure.

The six care home managers who were not sure whether their care home would be financially viable and sustainable beyond the next 12 months were managing all sizes of care homes (from the largest to the smallest) and represented all the different care settings (nursing home, older people, mental health and learning disability).

#### **Will your care home be financially viable and sustainable beyond the next 12 months?**





For the six care home managers who were not sure about the future financial sustainability of their care home, the main threats to their viability were identified as:

- Vacancies and low occupancy levels due to the aftermath of the virus - both through Covid deaths and the reduced demand for care home places
- Rising costs of PPE
- Rising costs of other equipment
- Rising costs of essentials eg food
- Rising staff costs
- Staff leaving due to high risk and low financial reward, and
- Service user fees no longer enough to cover rising costs.

### Open question

Finally, we asked care home managers if there was anything else they wanted to tell us about, or feedback to us, and these were their responses:

- Central government grant money is very specific and does not cover money spent to support the care home since late February. It does not allow care homes to support care staff now, unless they are ill. It does not support allowing residents to connect with visitors through different communication channels eg smartphones, ipads, laptops. It is not as useful as it could have been because it is so specific in how the money can be used
- Central government did not support the care home sector - there was limited access to Covid tests for staff and residents initially, and residents were discharged from hospital without having to take a Covid test
- Supported living is being ignored even though these settings provide many of the same services as are provided through residential care
- Service user fees need to be uplifted yearly to reflect rising care home costs, and
- Haringey Council has been excellent with providing information, updates, briefing and supplies of PPE.

### Conclusion

We would like to say a big **thank you** to all the care home managers who took time out of their very demanding day to complete our survey for us, and provide us with such rich and detailed data on their experiences as Haringey care home managers in the time of Covid.

We have collated their responses in this report and are sharing their feedback directly with Haringey Council and its NHS partners so the experiences of Haringey care home managers can inform the Council's strategy and operational plans for dealing with Covid in the months to come.

## Appendix A: Survey respondents

17 in total:

Priscilla Wakefield House Nursing Home	Nursing home
The Highgate (partially completed)	Nursing home
The Fer View Residential Care Home	Older people
Spring lane	Older people
The Meadow	Older people
Peregrine House	Older people
Brownlow Residential Care Home	Older people
Earlham House	Mental Health
44 & 60 Chesterfield Gardens N4	Mental Health
Forward support	Mental Health
Choice Support- Endymion Road	Learning disabilities
Unifiedcare ltd	Learning disabilities
Choice Support - Carlingford Road	Learning disabilities
Pine House	Learning disabilities
Meridian Walk	Learning disabilities
Bedford Road	Learning disabilities
HAIL Burghley Road (partially completed)	Learning disabilities

## Appendix B: Care home survey

### Care homes in the time of Covid-19: Haringey care homes survey

#### Introduction

In these very challenging times for the social care sector, Healthwatch Haringey wanted to understand and capture the experiences of Haringey care home managers in the time of Covid-19, looking at how well supported they feel and if they are able to access the basics they need to provide a good quality of care to their residents.

We are surveying all care homes in Haringey to ensure their experiences and feedback inform the Borough Partnership's and the Council's strategy and operational plans around Covid-19, so care homes are well supported to meet the challenge of Covid-19 in the months ahead.

We have designed a simple survey to cover the main issues that have been raised directly with us or picked up by the media, and we have provided an open question at the end so you can raise any other issues with us that we have not asked about.

We hope the survey will take less than 15 minutes to complete, and all the information provided will be used to inform the Council's ongoing response to Covid-19.

**Name of Care Home:**

**Number of Residents:**

**Number of Staff:**

#### Covid

1. How many of your residents have/have had Covid?
2. How many of your staff have/have had Covid?

#### Staffing

3. How many of your staff have been absent due to the need to self-isolate because they or members of their household have Covid symptoms?
4. Have you encountered significant staffing difficulties because of staff absence:
  - a) In the last eight weeks
  - b) Currently
5. Do you think staff absence will be an ongoing problem? Y/N  
If yes, what plans have you made/action have you taken to mitigate this?

#### Testing

6. Are your residents able to access tests for Covid?
7. Are your staff able to access tests for Covid?

PPE

8. Have you been able to provide your staff with sufficient PPE?
9. If there has been a shortage of PPE, does that relate to a particular item of PPE or is it across the board?
10. Are you worried about future supplies of PPE? I.e about running short of PPE?
11. If yes, what plans have you made/action have you taken to mitigate this?
12. Are you receiving PPE from River Park House?

GP services

13. Do GPs still come into your care home?
14. If no, how are GP services delivered to your residents and are you content with the process?
15. Have you encountered any difficulties in accessing GP services for your residents?

Hospital interface

16. Are residents coming/returning to your care home from hospital now tested for Covid before they are discharged into your care?
17. Is good discharge planning and support in place when residents are coming/returning to your care home from hospital?

Advice and guidance

18. Are you aware of the North Mids Hospital hot phone to speak to a geriatrician? Have you used it and what was your experience?
19. Are you aware of the NCL helpline on infection control? Have you used it and what was your experience?

20. Are you aware of the NHSE webinars? Have you attended and what was your experience?

21. Do you know where to go for, and how to access, further advice and guidance if you need it?

22. Have there been any gaps in the provision of advice and guidance? I.e what do you need that you have not received?

### Satisfaction

23. Rate your experience of the support provided by each of the following organisations:

Organisation	Very good	Good	Neither good nor bad	Bad	Very Bad	Not applicable
Your parent company						
Haringey Council						
GPs						
North Mids Hospital						
Whittington Hospital						
Other Hospital						
CCG						
NHS England						
CQC						
Voluntary and community sector						

### Thinking about the next 6 months

#### Future support

24. What help and support do you need from your Company, the Council, NHS bodies, CQC, VCS etc to enable you to provide a good quality of care for your residents in the:

a) Next 4 weeks

b) Next 3 months

c) Next 3 - 6 months

### Thinking beyond the next 6 months

#### Service changes

25. Do you think your service will have to adapt in the future and, if yes, what will these changes be?

#### Financial sustainability and viability

26. Do you think your care home will be financially sustainable and viable beyond the next 12 months?

Yes

No

Not sure

27. If No or Not Sure what are the main threats to your viability?

#### Open question

28. Is there anything else you want to tell us about, or feedback to us, that we have not covered in the questions above?

Thank you for sharing your experiences.

We will be collating this information across care homes in Haringey, and sharing this feedback directly with Haringey Council to inform the Council's strategy and operational plans for dealing with Covid.

**Report for** Adults & Health Scrutiny Panel – 21 September 2020

**Title:** Work Programme 2020-21

**Report authorised by:** Ayshe Simsek, Democratic Services and Scrutiny Manager

**Lead Officer:** Dominic O'Brien, Principal Scrutiny Officer  
Tel: 020 8489 5896, e-mail: [dominic.obrien@haringey.gov.uk](mailto:dominic.obrien@haringey.gov.uk)

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

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

### 1. Describe the issue under consideration

- 1.1 This report presents an outline workplan for 2020-21 and requests the views of the Panel on priorities and issues to be added.

### 2. Recommendations

- 2.1 That the Panel approves the draft current work programme for 2020-21, attached as **Appendix A**.
- 2.2 That consideration be given to any additional issues to be added to the work plan.
- 2.3 That the Overview and Scrutiny Committee be requested to endorse the workplan for the Panel at its meeting on 6 October.

### 3. Reasons for decision

- 3.1 The Overview and Scrutiny Committee and its Panels completed their workplans for 2018-20 and were in the process of developing new ones for 2020-22 when the Covid-19 crisis occurred. A scrutiny survey had been undertaken and analysed as part of this process. Another Scrutiny Café event was also planned but this needed to be postponed.
- 3.2 During lockdown, the normal work of the Committee and its Panels was suspended. Regular virtual meetings of the Committee were arranged though, with short, focused agendas. In order not to divert or distract key officers and partners from responding to the crisis, these centred around Cabinet Member questions with officer involvement and the need for written reports reduced. The first round of Panel meetings for the year were cancelled.
- 3.3 With the crisis now past its initial peak and some degree of normality returning, the Committee and its Panels are now in a position to resume their normal work, albeit with the need for virtual meetings for the foreseeable future. The Panel will therefore need to give further consideration to how it develops its workplan.

A key part of this will be plans for how the borough recovers from the Covid-19 pandemic.

- 3.4 The need to continue to hold meetings virtually will mean that agendas for meetings will have to continue to be kept short and focussed. It may also constrain some evidence gathering activities.

#### **4. Alternative options considered**

- 4.1 The Panel could choose not to review its work programme but this could diminish knowledge of the work of Overview and Scrutiny and would fail to keep the full membership updated on any changes to the work programme.

#### **5. Background information**

- 5.1 A draft outline workplan for 2020-21 has been developed for the Panel and this is attached as **Appendix A**. The items within it comprise the following:
- Agenda items that were allocated to the Panel meeting on 21<sup>st</sup> Sep 2020.
  - Questions for the Cabinet Member for Adults & Health;
  - Scrutiny of the budget;
- 5.2 There are also a number of possible agenda items previously raised by Panel Members that have been provisionally allocated to future meetings on 17<sup>th</sup> Nov 2020 and 23<sup>rd</sup> Feb 2021. There may also be other items that the Panel wishes to add to the workplan.
- 5.3 In order to assist the Panel in prioritising items, feedback from the Scrutiny Survey that took place in February is attached as **Appendix B**.

##### *Review on Adult Social Care Commissioning*

- 5.4 The Panel began a review on Adult Social Care Commissioning late last year and held several evidence sessions from January 2020 to March 2020. The Review was suspended due to the Covid-19 pandemic and is expected to resume shortly.

##### *Forward Plan*

- 5.5 Since the implementation of the Local Government Act and the introduction of the Council's Forward Plan, scrutiny members have found the Plan to be a useful tool in planning the overview and scrutiny work programme. The Forward Plan is updated each month but sets out key decisions for a 3-month period.
- 5.6 To ensure the information provided to the Panel is up to date, a copy of the most recent Forward Plan can be viewed via the link below:

<http://www.minutes.haringey.gov.uk/mgListPlans.aspx?RP=110&RD=0&J=1>



- 5.7 The Panel may want to consider the Forward Plan and discuss whether any of these items require further investigation or monitoring via scrutiny.

## **6. Contribution to strategic outcomes**

- 6.1 The contribution of scrutiny to the corporate priorities will be considered routinely as part of the Panel's work.

## **7. Statutory Officers comments**

### **Finance and Procurement**

- 7.1 There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications these will be highlighted at that time.

### **Legal**

- 7.2 There are no immediate legal implications arising from the report.
- 7.3 In accordance with the Council's Constitution, the approval of the future scrutiny work programme falls within the remit of the OSC.
- 7.4 Under Section 21 (6) of the Local Government Act 2000, an OSC has the power to appoint one or more sub-committees to discharge any of its functions. In accordance with the Constitution, the appointment of Scrutiny Panels (to assist the scrutiny function) falls within the remit of the OSC.
- 7.5 Scrutiny Panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each scrutiny panel produces must be approved by the Overview and Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols.

### **Equality**

- 7.6 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
  - Advance equality of opportunity between people who share those protected characteristics and people who do not;
  - Foster good relations between people who share those characteristics and people who do not.

7.7 The Panel should ensure that it addresses these duties by considering them within its work plan, as well as individual pieces of work. This should include considering and clearly stating;

- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
- Whether the impact on particular groups is fair and proportionate;
- Whether there is equality of access to services and fair representation of all groups within Haringey;
- Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.

7.8 The Panel should ensure equalities comments are based on evidence. Wherever possible this should include demographic and service level data and evidence of residents/service users views gathered through consultation.

## **8. Use of Appendices**

Appendix A – Adults & Health Scrutiny Panel; Work Plan for 2020/21

Appendix B – Feedback from Scrutiny Survey

## **9. Local Government (Access to Information) Act 1985**

N/A

## Adults and Health Scrutiny Panel

### Work Plan 2020 - 21

<b>1. Scrutiny review projects;</b> These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.		
Project	Comments	Status
Adult Social Care commissioning	<p>This scrutiny review was established to examine the process behind commissioning decision-making including the overall strategic approach to commissioning, how decisions are tracked and measured, what key performance indicators are used, how return on investment is calculated and what criteria are used for tendering decisions.</p> <p>The Panel held an initial briefing session with Council officers in November 2019 followed by a number of evidence sessions with Council officers and external witnesses from January 2020 to March 2020.</p> <p>The Review was suspended in March 2020 due to the Covid-19 pandemic and is expected to resume shortly.</p>	In progress

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
<b>2020-21</b>	
<b>21 September 2020</b>	<ul style="list-style-type: none"> <li>• Learning Disabilities/Autism Centre &amp; Autism Hub               <ul style="list-style-type: none"> <li>○ Update on the opening of the new services at Waltheof Gardens in the changed circumstances resulting from Covid-19.</li> </ul> </li> <li>• ‘Stock take’ on current situation with Adult services               <ul style="list-style-type: none"> <li>○ Summary of how services have been affected during the Covid-19 pandemic and what has been learnt.</li> </ul> </li> <li>• Care homes in Haringey               <ul style="list-style-type: none"> <li>○ Summary of the impact of Covid-19 on care homes in Haringey so far, including infection/fatality numbers and details, which care homes were most significantly affected.</li> </ul> </li> <li>• Work Planning               <ul style="list-style-type: none"> <li>○ To discuss items for the work plan for the Panel for 2020/21.</li> </ul> </li> </ul>
<b>17 November 2020</b>	<ul style="list-style-type: none"> <li>• Domestic abuse               <ul style="list-style-type: none"> <li>○ Action being taken by the Council to support people affected by domestic abuse given the increased risk factors resulting from Covid-19 restrictions.</li> </ul> </li> <li>• Mental health</li> </ul>

	<ul style="list-style-type: none"> <li>○ Challenges with the co-ordination of mental health service and action being taken by the Council to support the mental health needs of people in isolation due to Covid-19 restrictions, particularly those who do not have support networks.</li> <li>• Cabinet Member Questions – Adults &amp; Health</li> </ul>
<b>10 December 2020 (Budget Meeting)</b>	<ul style="list-style-type: none"> <li>• Budget scrutiny</li> </ul>
<b>23 February 2021</b>	<ul style="list-style-type: none"> <li>• Locality working in North Tottenham</li> <li>• Cabinet Member Questions – Adults &amp; Health</li> </ul>

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**Adults and Health issues – feedback received from Scrutiny Survey 2020**

“Against a backdrop of decreasing budgets and increasing poverty and deprivation, informal unpaid carers, people who are for a family member are at breaking point. In particular so called sandwich carers and those who care with people with particularly complex needs. As budgets for services plummet, they are being asked to do more and more care. As benefits evaporate, they are forced into working unsociable hours. Carers report greater levels of ill health - mental and physical.”

“What health and social care services are available, where, when and how to access them? A one-stop shop with a website is badly needed. One person phoned a statutory body person asking for a service. Her call was passed onto four extensions who could not give her the information she wanted. The fourth extension passed her back to the first!”

“The relationship between the LA and Health needs an urgent review particularly with the expected changes that are due to occur reference the CCG , development of the Borough Partnership Board etc.”

“Need an online directory of all health & social care services covering Haringey and surrounding boroughs as people do not know what services are available, where they are located, when they are open nor how to access them. There is needed a one-stop-shop that answers phone and visitor queries as well as keeping the directory up to date. Currently there are too many websites covering this (NHS, CCG, Council, Bridge Renewal Trust members, charities, religious groups, commercial).”

“Shortage of provision for elderly needing residential care.”

“Access to mental health services, particularly crisis services. Also the reason why access to services appear to be restricted to Haringey residents who are registered with a GP in the borough instead of being open to all residents in the borough (as is the case in neighbouring London boroughs - leaving people unable to access mental health support in an emergency, even if suicidal.”

“Mental health care crisis borne of loneliness - as a borough, we are one of most unneighbourly as you seem swamped by all the extremophile behaviours in the borough.”

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