

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON MONDAY 28th JUNE 2021, 6:30pm- 8:45pm

PRESENT:

Councillors: Pippa Connor (Chair), Nick da Costa, Mark Blake and Mahir Demir

ATTENDED ONLINE:

Councillors: Gideon Bull and Sheila Peacock

Co-opted Members: Helena Kania

1. 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.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Gideon Bull and Cllr Eldridge Culverwell who both had clashes with other meetings. Cllr Bull attended part of the meeting online.

Apologies were also received from Cllr Sheila Peacock who was not able to join the meeting in-person but did join the whole meeting online.

3. ITEMS OF URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

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

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

Cllr Nick da Costa declared an interest by virtue of his ownership of a company working with the NHS, medical providers and healthcare practitioners on a variety of projects, none of which, to his knowledge, work in Haringey Borough though they do work in surrounding areas and with service providers across London.

Cllr Mahir Demir and Cllr Gideon Bull both noted that they were employed by the NHS.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MINUTES

Following a query from Cllr da Costa, the scrutiny officer advised that there were a number of actions relating to further information required on the locality working item. It had been agreed with senior officers that the additional information would be presented to the Panel at a future meeting, which was most likely to be the meeting in November 2021.

The accuracy of the minutes of the previous meeting was agreed as an accurate record.

AGREED: That the minutes of the meeting held on 11th March 2021 be approved as an accurate record.

7. CQC UPDATE AND OVERVIEW OF PROVIDER MARKET IN THE CARE SECTOR

Margaret Lynes, Inspection Manager at the Care Quality Commission (London Region), provided an overview of inspection work in Haringey Borough. There were 81 registered locations in Haringey, 32 of which were residential homes and 49 of which were community-based services. The Covid-19 pandemic had caused a dramatic impact on the number of inspections that could be carried out and so any on-site visits were carried out in response to risk. The number of these that were necessary in Haringey was low compared to some other areas.

The general approach during the early stages of the pandemic was a supportive one with service providers being contacted to ascertain how they were managing and flagging any particular concerns such as a lack of PPE. An Emergency Support Framework (ESF) was introduced to enable the targeting of local advice, guidance and support to providers and care staff.

After the initial support phase, a Transitional Monitoring Approach (TMA) was introduced, enabling more inspections to take place but doing so remotely where possible and limiting the physical presence of inspectors at premises. This was a more detailed approach than the ESF

with more data required from providers and more intelligence gathered in order to more accurately assess risk.

An Infection Prevention and Control (IPC) methodology was developed to enable targeted inspections of practices relating to infection prevention and control in care homes. This was used to identify both good practice which could be shared and providers where services required improvement and could be given additional support and guidance. Around 500-700 of these inspections were being carried out per month and the IPC methodology continued to be included as part of care home inspections.

Margaret Lynes then responded to questions from the Panel:

- Asked by Cllr Connor what difference the changes in practice had made to the public reports following inspections, Margaret Lynes said that the purpose of the ESF was not to produce reports but instead to identify issues and provide advice and support where necessary. Reports that had been produced through physical inspections did not have as much service user voice as they would like due to the need to avoid close contact with residents. Inspectors also took additional precautions when visiting care homes including the use of PPE, weekly covid tests and a lateral flow test prior to the visit. As the methodology had developed, service user voice was being obtained through the use of 'Experts by Experience' and by contacting relatives' representatives of service users.
- Asked by Cllr Connor about the guidance for visiting care homes, Margaret Lynes said that the CQC position was that service providers should follow government guidelines. The CQC had established that some providers had chosen to go beyond the government guidance and so the CQC had firmly said that providers should follow the government guidance unless there were very good reasons why they shouldn't. She was not aware of any care homes in Haringey that had imposed their own restrictions.
- Cllr da Costa asked whether the limitations on visits would cause a backlog when inspections resume. Margaret Lynes said that the transitional arrangements had allowed every service to be looked at and put into different risk bands which would enable the CQC to make judgments on services that should be prioritised for inspections in future.
- Asked by Cllr Demir whether the CQC would be going back to inspect certain service providers, she said that premises rated as 'Inadequate' would be prioritised for further visits with others prioritised on the basis on risk.
- Cllr Connor noted that, according to the Council report to the Panel, only 5 CQC inspection reports had been carried out between June 2020 and June 2021 and asked whether, in such circumstances, risk was being accurately assessed. Margaret Lynes said that she was confident that the methodology would identify risk but noted that risk was a changing landscape. She acknowledged that there had been a relatively low number of inspections in Haringey, mainly because risk was identified elsewhere. However, risk data was analysed and reviewed on a monthly basis which would identify any changes that would require an inspection.

Charlotte Pomery, Assistant Director for Commissioning, added that regular communication had taken place throughout the pandemic between the CQC, the Quality Assurance teams at the Council and the CCG and care providers so inspections alone were not relied upon as the

only way of identifying issues. Margaret Lynes agreed that these communication channels had proved valuable and noted that the Adults department at the Council had been very responsive to the CQC during this pandemic.

Charlotte Pomery then introduced the Council's report on the provider market in Haringey, which included a table of providers that the Council was working with due to an identified need for intervention. As an example, the first on the list had been rated as 'Good' by the CQC but an establishment concern process had still been initiated due to other concerns.

Of the 5 CQC inspection reports produced between June 2020 and June 2021, one had been rated 'Good', two rated 'Requires Improvement' and two rated 'Inadequate'. A number of closures had also taken place but this was largely due to business decisions rather than care quality issues.

Section 7 of the report outlined the response to Covid-19 including the vaccination programme for residents and staff, infection control, testing, use of PPE and communications work. Additional government funding for infection control had just been announced. These measures were expected to be necessary for quite some time to come.

Charlotte Pomery then responded to questions from the Panel:

- In response to a question from Cllr Demir about services that had been rated 'Inadequate', Charlotte Pomery said the Council immediately looks at areas highlighted in the CQC report, looks at the improvement plan drafted by the provider, takes a risk based approach suspending any new placements and, if necessary, reviews individual care packages. Service users may want to move to an alternative placement, though this is often a big decision for care home residents for example and some individuals may want to remain.
- Asked by Cllr Demir about what had happened to services user at Burghley Road after the closure of services there, Charlotte Pomery said that she would provide details to the Panel in writing. **(ACTION)**
- Asked by Cllr Blake about cost comparisons and value for money, Charlotte Pomery said that the Council currently paid the London Living Wage for home care. An hourly rate of £18.00-£18.50 was required to enable this to be paid. For supported living, the Council benchmarks with other local authorities and there were different rates for different care groups and this was monitored closely. For nursing/residential care the Council worked closely with partner authorities across north central London so that there was a detailed idea of benchmarking rates. Asked by Cllr Demir whether provider costs had risen during the pandemic, she said that there had been some additional costs caused by PPE, the need for social distancing and staff sickness but the government funding provided, including through the Infection Control Fund, had helped to cover this. There could be implications from longer-term trends, such as the initial decline in care placements as families were concerned about Covid risk, and these trends would need to be monitored over time.
- Asked by Cllr da Costa about the CQC ratings of the 6 new providers outlined in paragraph 6.4 of the report, Charlotte Pomery said that she would be able to provide details of these to the Panel in writing. **(ACTION)**

- Asked by Cllr Connor about addressing the concerns raised on certain providers, as outlined in paragraph 6.1 of the report, Charlotte Pomery said that a lot of improvement support could be provided through online communications though there had also been some direct visits, prioritised based on assessed risk. Timescales for change would vary depending on the nature of the issues. Cllr Connor asked for a more detailed timeframe for dealing with the issues to be provided to the Panel.
(ACTION)
- In response to a query from Cllr Connor about the vaccination programme for residents and staff, as set out in paragraph 7.2 of the report, Charlotte Pomery said that there were now targets for vaccinations in care home settings and a huge amount of work was being done to encourage and support residents and staff to get fully vaccinated. This included an offer of a choice of vaccine, easier access to vaccines and briefings from practitioners and clinicians. There were a core of residents and staff who were either unwilling or unable to receive the vaccine and it was possible that the government would make it mandatory for care home staff to be vaccinated.
- Asked by Cllr Connor about the short notice given for relocation of residents from the Mary Feilding Guild, Charlotte Pomery said that the Council had no residents placed there so there were no commissioning issues. From a safeguarding point of view, it was a challenging process and there were clearly issues with the building and other factors such as a change of ownership. There was a concerted effort by the Council to support residents, working closely with the provider and carrying out assessments of the needs of individual residents. All residents were moved to alternative accommodation before the deadline, though the legislative framework in this area would have protected residents in any event.

8. LIVING THROUGH LOCKDOWN - COUNCIL RESPONSE

Cllr Connor reminded the Panel that this item related to the report published in 2020 by the Joint Partnership Board (JPB) and that the Panel had previously backed the recommendations in the report and determined to monitor the Council's response to them.

Helena Kania, a co-Chair of the JPB, said that the JPB was a group of reference groups which provided a forum which liaises with the Council over a wide range of issues. Representation on the JPB included representation from people groups including those who are carers, frail, autistic, with mental health problems or with learning disabilities.

Helena Kania said that she had recently liaised with Charlotte Pomery over this and had concluded that a lot of the recommendations related to long-term changes that would need to be embedded and monitored over a period of time. She estimated that by December it would be possible to see whether the changes were working and suggested that this be brought back to the Panel at around this point as a quick item. **(ACTION)** Charlotte Pomery added that she was keen to ensure that the report's recommendations changed the culture and the way that the Council does things in a tangible way.

Asked by Cllr Connor if there was further detail available about the Council's response to specific recommendations, Charlotte Pomery said that the report had been widely circulated within the Council, was very much part of the recovery and renewal work and there had been progress in various areas. This included communications with residents for example, but it

was felt that the changes needed to become more embedded and that it was important to understand the shift in culture before coming back to the Panel on this.

Cllr das Neves added that the report had been mentioned in several different contexts since her recent appointment to the Cabinet and featured heavily in the policy debate in various areas.

9. PUBLIC HEALTH RESPONSE TO COVID-19 PANDEMIC

Dr Will Maimaris, Director for Public Health, along with Jim Pomeroy and Eduardo Lopez Salas from the policy team, presented information about the broad impact on health and wellbeing caused by the pandemic in Haringey. Key points included:

- Since the beginning of the pandemic up to 11th June 2021, 514 deaths had been registered in Haringey with Covid-19 on the death certificate.
- Haringey's age-standardised Covid-19 death rate of 281 per 100,000 (Mar 2020 to Mar 2021) was slightly above the median for London boroughs and below the worst hit boroughs which were in excess of 400 per 100,000.
- Areas in the east of the borough, including Tottenham Green East, Bruce Grove South and Northumberland Park recorded the highest death rates. However, the East-West contrast was not without exception – Highgate Wood had one of the highest rates while Tottenham Lea Valley had one of the lowest.
- There was a moderate to strong correlation between higher rates of Covid-19 deaths and areas with a higher proportion of people from BAME backgrounds.
- 82.6% of Haringey residents over the age of 70 had received a first vaccination by the week ending 20th June 2021. Of these, 95.1% had also received their second vaccination. There was a geographical disparity with 70+ vaccination rates of over 90% in several areas in the west of the borough and areas with only 75% in the east of the borough.
- 70+ first vaccination rates varied significantly by ethnicity. Rates for residents with Asian and White backgrounds were around 90%, but those from Black backgrounds were below 80% including people from Caribbean backgrounds at around 75%.
- 53.4% of Haringey residents over the age of 16 had received a first vaccination by the week ending 20th June 2021. This was below the national average rate of 70.8%. A total of 32.5% of 16+ Haringey residents had received both vaccinations. Vaccination rates were higher in the west of the borough than in the east.
- Data from the CCG showed that, in the 12-month period from Apr 2020 to Mar 2021, there were around 45,000 secondary care referrals, a decrease of 30% from the 64,000 referrals of the same 12-month period the previous year. Completed treatments also declined by 36% from just over 450,000 in 2019 to under 290,000 in 2020/21. This was attributed to the measures required to manage the impact of Covid-19 and the increase in waiting times. The largest declines in treatments were in Ophthalmology, Trauma & Orthopaedics and Ear, Nose & Throat.
- There had been a decline in average life satisfaction in Haringey residents during the first 6 months of the pandemic, according to data from the Annual Population Survey. On a 10-point scale there had been a decline from 7.7 to 7.0, one of the highest declines in London. The NHS Mental Health Forecast Tool predicted a significant increase in demand for mental health services as a result of Covid-19.

Dr Will Maimaris, Jim Pomeroy and Eduardo Lopez Salas then responded to questions from the Panel:

- Asked by Cllr Gideon Bull why there was a disparity in Covid death rates between the west and east parts of White Hart Lane ward, Dr Will Maimaris said that the figures represented crude death rates across a number of relatively small areas and that disparities could emerge as a result of differing age profiles in certain areas.
- In response to a query from Cllr Gideon Bull about arrangements for Ophthalmology work, Dr Will Maimaris said that the decline in treatments related mainly to cataract operations and that, while referrals had continued, a backlog had built up for the operations themselves. The NHS had an elective recovery programme to deal with backlogs of treatment.
- Asked by Cllr Blake about how to increase uptake in the vaccine in communities with lower vaccine rates, Dr Will Maimaris said that there had been a briefing on this for all Councillors and the slides could be circulated. **(ACTION)** There were differences in vaccine uptake across different ethnic groups with the lowest rates among Black-African, Black Caribbean, White Other (particularly eastern European) and Gypsy Roma Traveller. However, the aspiration had been to reach at least 75% vaccination rates in over 70s in all ethnic groups which had reached. A lot of work had been done by faith leaders, the community and voluntary sector, Councillors and MPs to support the Council and the NHS in these efforts. There had also been pop-up vaccination initiatives in community locations such as mosques and food banks and at large locations such as the Tottenham Hotspur stadium. These interventions would remain ongoing throughout the summer as restrictions are lifted.
- In response to a question from Cllr Blake about the likelihood of vaccinations for schoolchildren, Dr Will Maimaris said that the health impact of Covid-19 on children was low but it had been very disruptive to their education and this would continue if they remained unvaccinated and the self-isolation requirements remained the same. Vaccinating children would also have a wider protective effect but there was a national debate continuing on this.
- Helena Kania asked about the booster vaccination programme and the likely impact of Covid-19 in the winter. Dr Will Maimaris said that this hadn't been confirmed yet but his view was that it was extremely likely to happen in the autumn and would probably involve vulnerable groups being invited for a third vaccine dose rather than a universal programme. He added that the Delta variant was spreading mainly in unvaccinated groups, such as younger people. It was thought that the spread of Covid would be more likely in the winter, but it was also possible that vaccinations would help to hold the infection rates down.
- Cllr Connor observed that, according to the slides, the vaccination rate for residents over the age of 16 was as low as 40-46% in some areas. Jim Pomeroy noted that this was most likely because the vaccination programme had only recently become more easily accessible to younger age groups. Dr Will Maimaris added that the gap in take-up rates between the east and west should close but this would take time to achieve. The community initiatives aimed at increasing take-up rates would be continuing over the following weeks concentrated in the areas with lower rates. The vaccination rates in older people were higher and getting the vaccine had become the norm for older people across all ethnic groups. This would help to keep hospitalisations down.

- Helena Kania asked why the decline in average life satisfaction in Haringey residents according to the Annual Population Survey had been worse than much of the rest of London. Jim Pomeroy said that there were socio-economic factors with employment issues acutely impacting on residents of Haringey. The Borough Plan update going to Cabinet in July would provide details on the Council's response to Covid including on the physical and mental health impacts and also financial resilience and deprivation issues. Asked by Helena Kania when the life satisfaction data would be updated he said that this was a national survey carried out only on an annual basis but that the Council had other ways of engaging with residents in the borough such as through the Citizens Panel and other consultation exercises. Helena Kania suggested that the Panel continues to monitor this data when the following year's data became available. **(ACTION)** Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-Being said that mental health and well-being was high on her priority list. She added that she would be happy to discuss with the Chair of the Panel what further information on this issue could be brought to the Panel and to continue the discussion on how to work better in partnership with others in the community to support people's mental well-being. **(ACTION)** Cllr Connor noted that the North Central London Joint Health Overview and Scrutiny Committee would be receiving a report on mental health in October.
- Cllr da Costa asked for data about completed treatments in Oncology as this was not included in the slide provided. He also asked whether the data for "Trauma & Orthopaedics" could be separated into two categories rather than grouped together. Jim Pomeroy said that he would look into whether this information was available from the CCG and respond to the Panel in writing. **(ACTION)**
- Cllr Connor asked whether the decline in completed treatments had affected Haringey residents disproportionately compared to other London boroughs. Jim Pomeroy said that he would look into whether this information was available from the CCG and respond to the Panel in writing. **(ACTION)**

10. WORK PROGRAMME 2021/22

Cllr Connor updated the Panel on the Work Programme. Following discussions with officers, the terms of reference for the proposed scrutiny review on sheltered housing had been amended. Dominic O'Brien, Scrutiny Officer, outlined the new terms of reference which remained on broadly similar lines and focused on three key areas:

- Issues identified from various sources of information about the experience of residents living in sheltered housing. This should include any recent pilot projects, any recent co-production work or more general feedback from residents or other stakeholders.
- Support measures taken to address issues impacting on the quality of life of some residents, specifically:
 - Residents experiencing mental health difficulties;
 - Residents experiencing alcohol/drug misuse issues;
 - Residents reporting problems with anti-social behaviour.
- The wider care and support provided to residents living in sheltered housing, including:
 - Ensuring that residents know who to communicate with when they need to access help/support on a wide range of issues;

- Measures with a preventative approach to potential health and social care issues;
- Measures that promote aging well.

Dominic O'Brien informed the Panel that the next step would be to organise a meeting involved the Chair of the Adults & Health Scrutiny Panel, the Chair of the Housing & Regeneration Scrutiny Panel, officers from the Adults team and officers from Homes for Haringey to agree on the format for the evidence sessions and the information that the Scrutiny Panels would require.

Cllr Connor noted that a follow up report on the recommendations of the Panel's previous scrutiny review on Day Opportunities was scheduled for the September 2021 meeting of the Panel.

The issue of delayed discharge was discussed and it was agreed that this could be considered at the September 2021 Panel meeting if pertinent lines of enquiry could be identified. It was agreed that Cllr Demir, Helena Kania and Dominic O'Brien would liaise on this topic and report back to the Chair. **(ACTION)**

It was also intended that another report on locality working would be provided to the November 2021 meeting of the Panel and it was hoped that visits to key sites in the borough relating to this work could be organised in prior to this meeting.

Cllr Connor noted that the Panel had been advised earlier in the meeting that further details on the Council response to the JPB's Living Through Lockdown report would likely be available in December 2021. However, the Panel would be focused on the budget at that time and after that the next scheduled Panel meeting was not until March 2022. It was agreed that it would be preferable for this report to be received at the November 2021 Panel meeting if that were possible. **(ACTION)**

It was agreed that updates on Violence Against Women & Girls, Integrated Care Systems and CQC inspections should be scheduled for the March 2022 Panel meeting. **(ACTION)**

Cllr Demir enquired about Council House adaptations and whether or not this work was carried out in-house. Cllr Connor responded that the Panel had not scrutinised this issue for some years but that enquiries on this could be made. **(ACTION)**

11. DATES OF FUTURE MEETINGS

- 9th September 2021
- 15th November 2021
- 16th December 2021
- 3rd March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair

Date