

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY 9TH SEPTEMBER 2021, 6.30-9.25pm

PRESENT:

Councillors: Pippa Connor (Chair), Gideon Bull, Mahir Demir and Sheila Peacock

12. 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'.

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Nick da Costa and Helena Kania.

14. ITEMS OF URGENT BUSINESS

A report was tabled regarding the possible relocation of the Grace Organisation from the Whitehall & Tenterden Centre on Whitehall Street to the disused Council-owned building previously used as the Irish Cultural and Community Centre. This followed a site visit to the Irish Cultural and Community Centre site by the Panel on 7th September 2021.

This report was discussed under the Cabinet Member Questions item.

15. 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 Gideon Bull declared that he was currently employed by NHS England.

16. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

17. MINUTES

The minutes of the previous full Panel meeting and the notes of the additional special meeting were approved as an accurate record.

RESOLVED – That the notes of the special meeting held on 24th June 2021 be approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 28th June 2021 be approved as an accurate record.

18. HARINGEY'S INTEGRATED DISCHARGE ARRANGEMENTS

Hospital Discharge Arrangements

Paul Allen, Head of Integrated Commissioning (Integrated Care & Frailty) at NCL CCG and Haringey Council, introduced the report stressing that there was a multi-agency effort to discharge people from hospital to help them to recover in a safe and timely way, ideally to their own home. Paul Allen added some brief comments on key points in the report:

- There was a process called Discharge to Assess which involved discharging patients out-of-hospital to recover as much as possible and then assessing their long-term needs afterwards. The Covid-19 pandemic had both reinforced the importance of this approach and accelerated the plans for this model to be used.
- Another important area was the establishment of acute-based and multi-agency Integrated Discharge Teams (IDT) including at Whittington Hospital and North Middlesex University Hospital.
- Reporting requirements had changed following the suspension of statutory monitoring of delayed transfers of care in April 2020. Alternative measures on length of stay in hospital were now being used as set out in paragraph 3.8 of the report.
- The report had been written just before the recent government announcement to extend the funding for the additional costs of out-of-hospital placements beyond September.

Alison Kett, Director of Operations for Adult Services at Whittington Health NHS Trust, added that pressures on services the previous winter had been unprecedented. While this had plateaued since then, the Trust was anticipating the coming winter to be challenging with Covid patients in the hospital in addition to the existing caseload, but were now in a much better place to deal with this. From a community perspective, additional funds had been provided to support the prevention of hospital admissions, including through the Rapid Response service.

Nnenna Osuji, Chief Executive of the North Middlesex University Hospital NHS Trust, commended the intra-agency working that had developed during the pandemic and emphasised the importance of having the right discharge arrangements noting that this impacted all the way through to the emergency department. They chaired a joint A&E Delivery Board which looks at inflow, throughflow and outflow. She added that the funding announcement from the government had been welcome ahead of what was likely to be a difficult winter and recognised that a system-wide effort would be required to minimise admissions where possible, optimising patient time in hospital and maximising discharge.

Cllr Gideon Bull asked about the issue of delays in offloading patients from ambulances to A&E. Alison Kett acknowledged the pressures in this area and the knock-on effect on the rest of the system, noting that this was closely scrutinised. Nnenna Osuji added that the Trust aimed to offload 95% of ambulances within 15 minutes. Offload times that exceeded 30 minutes or 60 minutes were also closely monitored with the latter measure regarded as a significant breach. This was regionally and nationally monitored so there was an intense degree of scrutiny involved.

Cllr Bull asked about the assessments carried out on patients prior to discharge. Nnenna Osuji said that the Trust worked hard to ensure that discharge arrangements were safe for patients, both in terms of their clinical safety and also from a therapies point of view. This reflected the importance of working systematically and in partnership to address non-health related considerations and so the Trust was working closely with Connected Communities to pick up on the other aspects of people's quality of life. The Trust had also been piloting a ward at Chase Farm hospital which aimed to focus on these aspects of care before a patient leaves the hospital.

Cllr Peacock asked what measures were in place to ensure that the details of a patient's hospital stay were provided promptly to their GP. Kiran Sanger, Associate Director and Borough Lead for Haringey at Whittington Health NHS Trust, noted that recent changes had enabled the uploading of notes onto a digital system that could be accessed by patients and their GP. Nnenna Osuji also recognised the importance of digital innovations in this area including the OneLondon system which would enable information about a patient's health and care to be accessed by clinicians in different parts of the NHS. She added that, at the point of discharge, a letter is created which should reach the GP within 48 hours and that she would be happy to look into any individual cases raised by Panel Members where this had not happened. Rachel Lissauer, Director of Integration, Haringey Borough at NCL CCG, added that clinical interface meetings were held which were an opportunity for GPs to communicate directly with the senior clinicians and others.

Asked by Cllr Connor how further feedback was obtained by GPs and clinicians after discharge, Kiran Sanger said that Discharge Alerts could be raised if there were any particular issues raised following a discharge. This enabled patterns to be identified from a governance level. Nnenna Osuji added that active monitoring of existing commitments, such as letters to GPs within 48 hours, and dealing with any exceptions was a proactive step that was taken. Outcome measures looked at what had happened 28 days after discharge as well as at the hospital stay itself. There were also individual feedback mechanisms such as the complaints process. Alison Kett said that the benefits of an Integrated Care System across the NCL area included the standardisation of the Discharge Alert process. Beverley Tarka, Director of Adults & Health at Haringey Council, emphasised the integrated nature of the discharge team including the role of social workers and the reablement and rehabilitation teams which enabled integrated after-care for patients.

Cllr Bull highlighted the importance of discharge arrangements for people with severe mental health issues and suggested that this be considered at a future meeting. Cllr Connor confirmed that mental health was included in the Panel's current work plan.

NHS Continuing Healthcare

Cllr Connor asked about the funding arrangements for NHS Continuing Healthcare (CHC) and how excess demand for this funding was managed. Marisa Rose, Director of Continuing Healthcare for NCL CCG, explained that there was a national framework for CHC which was administered at a local level with scrutiny from NHS England through benchmarking of how many people were assessed and how many qualified for funding. NCL CCG was currently in the middle of the pack for this benchmarking. In terms of the process, as people were identified for CHC a checklist was reviewed before they were progressed to a full assessment. CHC was assessed on needs rather than diagnosis.

Asked by Cllr Connor about the qualifications of the person carrying out the checklist stage and how advocates for the patients were included in this process, Alison Kett explained that Whittington Health provided assessors so there was separation between the clinical assessment and where the money sits. The assessors were experienced, trained, there was national guidance to meet and every assessment had to be quality checked so this provided consistency. The recommendation had to be based not just on the decision of the assessor but also had to be agreed in conjunction with the social worker and then the CCG would consider whether the evidence supported the recommendation. An appeal process was also available to individuals who were not satisfied with the recommendation. Marisa Rose said that if an advocate was identified by the individual or a medical professional then everything possible would be done to ensure that the advocate was included as part of the process. Cllr Connor said that not everyone would know how to request an advocate

and suggested that advice on this should be provided to patients and their families at the outset. **(ACTION)**

Asked by Cllr Mahir Demir how people know that this service exists, Marisa Rose said that information was readily available on the NHS website but that, as people go through a clinical process, the clinicians and social workers involved would outline the next stages. CHC was technically a funding mechanism to meet people's ongoing needs so that was no need to specifically promote this. Assessments now tended to be carried out in the community post-discharge rather than in hospital as used to be the case and this was generally more suitable.

Asked whether there was any analysis about which part of the borough people going through CHC assessments came from, Marisa Rose said that the number of people assessed for CHC was relatively small. Across Haringey, as of June 2021, 376 people were on CHC so as the numbers were relatively small this was not typically broken down by ward level. She said that she could check whether it would be possible to provide this information. **(ACTION)**

19. DAY OPPORTUNITIES SCRUTINY REVIEW (MONITORING OF RECOMMENDATIONS)

Cllr Connor noted that the report provided updates on the recommendations from the Panel's previous Scrutiny Review on Day Opportunities in Haringey.

Recommendation 1 related to Canning Crescent. Charlotte Pomery, AD for Commissioning, explained that Canning Crescent was previously a mental health clinic owned by Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT) before the premises was purchased by the Council. It was being redeveloped with stakeholders as a new crisis café for people at risk of mental health crisis and a space for the relocated Clarendon Recovery College which was for people coming through mental illness. It was being delivered by BEH-MHT and the Council working with service users. A neighbourhood engagement event had recently been held.

Cllr Demir noted that the recommendation included a reference to the model adopted by Mosaic Clubhouse in Lambeth and said that this was a brilliant service, centred on service user involvement. Charlotte Pomery said that they had looked at best practice from various different models in responding to the recommendation made by the Panel. The model of the Clubhouse was a mixed model that responded to service user need, avoiding admission, supporting discharge and helping people to live in the community safely. Asked by Cllr Connor about co-production, Charlotte Pomery said that a group of service users were working with clinicians and practitioners to develop the model.

Cllr Peacock expressed concerns about the impact on people with mental health needs of the previous closure of mental health facilities at 684 High Road in Tottenham. Charlotte Pomery said that this underlined why such provisions were needed in local communities that are inclusive, accessible and provide meaningful occupations for people with mental health needs. Cllr Peacock highlighted the transport issues for people in Tottenham to get to these new services in Wood Green. Charlotte Pomery responded that the crisis café was an additional service in the borough which was centrally located and had good transport links. Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, noted that one of the relocated services was originally located in the west of the borough and that it would be useful to review what other provision was available in other parts of the borough. The Council was fully committed to continuing this new service and partnering with BEH-MHT should help with sustainability of the funding and prevent the kind of closures that Cllr Peacock had referred to in the future. She added that the building in Canning Crescent would provide a therapeutic space for people with a good amount of space and interaction between different services.

Cllr Bull raised the importance of preventative measures on mental health. Charlotte Pomery agreed that access to good quality education, employment, housing, and many other factors were clearly relevant to maintaining good mental well-being and so wider preventative measures were fundamentally important. Beverley Tarka concurred with this and added that the Council had recently been successful in a bid to the Great Mental Health fund which would provide over £300k to support wider community mental health.

Recommendation 2 related to the three former day centres that were brought back into use. Cllr Bull welcomed the provision of new services at Waltheof Gardens and asked about current day care provision for older residents with physical frailty. Beverley Tarka said that Disability Action Haringey was now based at Winkfield Resource Centre supporting people with disabilities with purpose-built provision to support the development of independent living skills. Charlotte Pomery added that the Ageing Well partnership approach had developed a range of support options for older people. The Grace Organisation formed part of the provision in the east of the borough while the Haynes Centre provided specialist dementia care in the west of the borough. Cllr Peacock commended the facilities and activities provided for older people at Protheroe House and Lorenzo House in Tottenham. Asked by Cllr Connor how residents in the east of borough could access specialist dementia care, Charlotte Pomery said that part of the framework approach to day opportunities was to consider a centre of excellence in the east. Much of this work had been paused due to the pandemic but this was currently being revisited and so this could potentially be discussed at the Panel at a later date. **(ACTION)**

Recommendation 3 related to using the re-opened centres as part of a wider community offer. Charlotte Pomery informed the Panel that one of the posts being

recruited to at the Chad Gordon Autism Campus was an Activity Coordinator which involved brokering the use of the space at times when the centres were not being used for day opportunities. The campus had launched in August and the spaces were designed to be autism friendly so were an asset to be used by other groups that would benefit from this. Cllr das Neves agreed with the importance of maximising the use of new spaces and opening them up to the wider community.

On Recommendation 4, which focused on the capital allocation for the re-opened centres, Cllr Bull asked where responsibility lay within the Council for the maintenance of the buildings. Charlotte Pomery responded that the Adults team played a co-ordinating role with other parts of the Council. Regular maintenance of the buildings sat with Corporate Landlord while maintenance of the outside grounds was partly supported by the Adults team through the services users involved in therapeutic activities such as gardening for example, in partnership with the Parks team. Any significant capital work to improve the buildings would sit with Capital Works.

Recommendation 6 related to demonstrating social value. Cllr das Neves said that the Bridge Renewal Trust provided support to organisations in the Borough as how to do this and that it was a learning journey for many. The Council had done a lot of work to consider how best to enable organisations to show the impact that they have. Charlotte Pomery added that a matrix was used for the Local Area Coordinator model to measure social value and that a public health approach had been taken in building social value into commissioning with a focus on social isolation, local employment, health and wellbeing and impact on mental health. Cllr das Neves added that there had been a lot of discussion recently about how to engage service users and residents in the commissioning and monitoring of services and this connects to social value as it emphasises the point of view of the community rather than the Council.

On Recommendation 7, which was about the reduction of social isolation, Charlotte Pomery commented that this was an issue that had been exacerbated by the Covid pandemic. Many residents were still affected by anxiety about leaving their homes and the Council recognised the importance of addressing social isolation.

Recommendations 8 and 9 focused on transport links to access services and Charlotte Pomery agreed that the importance of this was recognised with measures such as the provision of transport services or buddying/mentoring systems to help people reach services. The importance of local provision, as discussed earlier in the meeting, was also recognised as a key part of addressing this. Asked about the comment in the report that the transport offer didn't tend to be advertised, Jeni Plummer, AD for Adult Social Care, clarified that this was because it would usually be offered directly on an individual basis and included in their care and support plan if required.

Cllr Connor noted that Recommendation 10 referred to the Haricare website which she said still contained some out-of-date information. Charlotte Pomery acknowledged the importance of information provision and said that, as noted in the report, the Department was moving more towards targeted information and campaigns such as through the new Ageing Well Guide. All directories rely on information being regularly updated and often the resources available to do this was limited. Cllr das Neves added that feedback from users and a content design approach was increasingly part of ensuring that the right information was delivered at the right time in the right format. Charlotte Pomery also highlighted the new NavNet initiative which involved frontline practitioners coming together to share information to improve navigation of services.

Cllr Connor expressed support for the Preparing for Adulthood Pathway Guide referred to under Recommendation 11 as an example of information being provided in the right way. Cllr das Neves informed the Panel that she was shortly due to talk to Cllr Zena Brabazon, Cabinet Member for Early Years, Children and Families, about transitions between services and the provision of the right information to people was a relevant part of this.

Asked by Cllr Peacock about the Dementia Care Navigators referred to under Recommendation 12, Charlotte Pomery said that a number of these Navigators were now in place to help support people with dementia through the system. The Ageing Well Guide also helped to supplement this advice with information about the services available to people in this area.

Recommendation 14 referred to the establishment of a secure online portal to enable service users and carers to access documents. Asked by Cllr Connor about the timescales for the new care management system referred to in the report, Beverley Tarka confirmed that there would be an approximately 18-24 month implementation period.

Cllr Connor noted that information about the payment of the London Living Wage referred to in Recommendation 15 would be provided in the Annual Report.

Cllr Connor highlighted the provision of dementia support in the east of the borough and the provision of mental health support in Northumberland Park as areas that could be monitored further by the Panel. **(ACTION)** Cllr das Neves suggested that it may be useful to look at a summary of the overall mental health offer at a future Panel meeting. **(ACTION)**

20. CABINET MEMBER QUESTIONS

Cllr das Neves, Cabinet Member for Health, Social Care and Well-being, introduced this item with an update on some key issues:

- Mental wellbeing had been identified as a priority and some public health funding had recently been secured to support this, as had been discussed earlier in the meeting. World Suicide Prevention Day was taking place that week and partner agencies were hosting an event to promote this. Partnership working was needed so that services look at needs throughout the borough and bring together all the expertise and knowledge together.
- There had recently been an increase in demand for care services since the pandemic, including an increase in more complex needs and cases involving 'Long Covid'. The lack of stable funding and a strategic approach from the government was a challenge, particularly because of the need for investment in the workforce. The Council had committed to paying the London Living Wage to care staff and to ensuring that providers were doing the same.
- Co-production had been an important priority in recent years and a lot had been learned in how to work with service users, people with lived experience and the wider community, to build projects including through the work on Osborne Grove. There was more to do to develop this approach in terms of commissioning, governance and management of services.
- Violence Against Women and Girls (VAWG) was an important area and the Council was looking at ways to bring in more funds to resource this area, including through a bid to the Home Office on safety for women at night.
- Discussions had been taking place recently on food poverty, including support for the Haringey Food Network and other projects in the borough.
- There had been conversations about collaborative working, for example by coming together with mental health services and criminal justice to address substance misuse.
- The Council's ongoing pandemic response remained an important area of work including air quality monitoring for schools to reduce the transmission of Covid and different approaches to make the vaccine available in community settings.

Cllr das Neves and senior officers then responded to questions from the Panel:

- Cllr Connor explained that the Panel had visited the site of Irish Centre in Tottenham earlier in the week as part of the Panel's examination of proposals to relocate the Grace Organisation (a provider of day opportunity services) to part of the building. She noted that the building seemed to be in poor condition and asked about the source of the capital funding required for renovation work. Cllr das Neves confirmed that further details could be provided about this in writing. **(ACTION)** Cllr Peacock said that she had previously been vice-Chair of the Irish Centre and had been shocked to see the poor condition of the building and the wasted food found inside. Charlotte Pomery said that the building was currently a construction site and that investment was currently being made on the enhancement works to the building. The wasted food had been there when the building had been vacated and would be removed as part of the clearance works.

- Cllr Bull commented that the situation with the Irish Centre site was an example of a Council-owned community building that should have been passed back to the Council's property team when the community use ended and did not appear to have been looked after properly. Cllr das Neves said that the point had been heard loud and clear and would be fed back to relevant officers. **(ACTION)**
- Asked for an update on Osborne Grove, Cllr das Neves said that the design had been impressive and that wider public consultation would be taking place soon.
- Noting that it was Suicide Prevention Day that week, Cllr Connor asked about the progress of the Haringey suicide prevention group and the actions that the Panel had previously heard about in relation to suicide prevention in the construction industry. Cllr das Neves replied that she had attended a meeting of the suicide prevention group which was very active and brought together a range of public bodies, community groups and others from across the borough. Will Maimaris, Director for Public Health, added that following the Scrutiny Panel meeting about this, he and his team had spoken to representatives of the local construction industry and shared information about suicide prevention and mental health at work resources. Those organisations had a real interest in that and some of them already had well-being at work programmes. The focus had shifted during the emergency response to the pandemic but strong links had been made between the public health team and the local construction industry on things like Covid testing so there could be future opportunities to revisit suicide prevention. **(ACTION)**
- Asked by Cllr Demir what discussions she'd had with the CCG about holding private providers such as Centene to account, Cllr das Neves said that there was little satisfaction about how the Centene process had been carried out but it was not something that the Council controls. She added that there were worries about the slow creep of privatisation generally across the NHS as well as the current demands and pressures on the workforce.
- Cllr Demir asked about the implications of the Government's recent announcement to raise National Insurance rates on social care funding in Haringey. Cllr das Neves said that, from what had been announced by the Government, she didn't expect much change in social care before 2025/26 although she felt that real change and reform was needed in social care. Beverley Tarka added that there had not been a lot of clarity so far in the Government's announcement and that, while the headlines had been about the cost of paying for care and the cap, there was very little remaining for social care reform and bringing parity between social care and the NHS in terms of pay, training and development. The Government had said that a White Paper was expected in the Autumn, but this had been expected for many years. The Spending Review, also in the Autumn, could provide more detail.
- Cllr Connor asked about a national news story about the deaths of three people with learning disabilities in a private hospital in Norfolk and asked whether any

Haringey residents with learning disabilities were placed with private providers. Beverley Tarka said that it was very unfortunate that such failures continued to happen in the health and care system 10 years on from the incidents at Winterbourne View in Gloucestershire. In Haringey, some people with complex needs were placed outside of the borough in specialist provision. Active relationships were created by the Council with the provider to enable quality assurance of the provision. Asked by Cllr Connor whether the service users had all been placed with providers which had Good or Outstanding ratings from the CQC, Beverley Tarka pointed out that that people could be placed when the rating was Good or Outstanding but that rating could change over time. The Council's approach with a provider whose rating had declined was to support them to improve their performance. There had previously been occasions where the Council had needed to close provision in cases where this had not proved possible. Cllr das Neves and Beverley Tarka said that further information could be provided on the Establishment Concerns Procedure which illustrates the way that the Council works in this area. **(ACTION)**

- Asked by Cllr Connor about the immunisation of care staff against Covid-19, Beverley Tarka said that this would be a legal requirement from the Government so the Council had no control over this. By November 11th all care home staff would be required to have been double-jabbed. Coordinated, integrated work, with a risk management approach, was taking place across the NCL area to collect the evidence with daily calls to all of the care homes. In terms of the workforce, care providers were very concerned about the implications of the requirement, combined with the impact of Brexit, and there were concerns that some staff would walk away. Rigorous risk assessments had been carried out regarding other Council staff who needed to access care homes and it was felt that there was a robust risk management plan in place on this. External trade staff going into care homes had also been a consideration. Leaflets had been produced to remind trade staff about the importance of being vaccinated. In addition, letters were being provided to care staff who did decide to leave to make clear that the door was left open for them to return if they wished to do so.

21. WORK PROGRAMME UPDATE

Cllr Connor reminded the Panel that evidence sessions would be taking place for the Review on Health and Care in Sheltered Housing on 29th September.

A site visit to see the localities work in north Tottenham was planned to take place prior to the next Panel meeting where there would be an agenda item on this issue.

22. DATES OF FUTURE MEETINGS

- 15th November 2021

- 16th December 2021
- 3rd March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair

Date