

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

Thursday, 9th September, 2021, 6.30 pm - 40 Cumberland Road,  
Wood Green, London N22 7SG (2nd Floor, 1st Meeting Space)

To watch the meeting, click [here](#)

**Members:** Councillors Pippa Connor (Chair), Nick da Costa, Mark Blake,  
Gideon Bull, Eldridge Culverwell, Mahir Demir and Sheila Peacock

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

Quorum: 3

### 1. FILMING AT MEETINGS

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### 2. APOLOGIES FOR ABSENCE

### 3. ITEMS OF URGENT BUSINESS

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

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

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

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

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

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

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

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

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

#### **6. MINUTES (PAGES 1 - 16)**

To approve the minutes of the previous meeting (28<sup>th</sup> June 2021) and the notes from a special briefing meeting (24<sup>th</sup> June 2021).

#### **7. HARINGEY'S INTEGRATED DISCHARGE ARRANGEMENTS (PAGES 17 - 22)**

To provide details to the Panel on:

a) The hospital discharge arrangements currently in place across North Central London to support Haringey residents to return home, including those who have additional care needs out of hospital.

b) The NHS Continuing Health Care (CHC) arrangements in North Central London and how this is joined up with social care services.

#### **8. DAY OPPORTUNITIES SCRUTINY REVIEW (MONITORING OF RECOMMENDATIONS) (PAGES 23 - 34)**

To track progress against the recommendations of the Adult & Health Scrutiny Panel's review report on Day Opportunities that was originally published in June 2019.

**9. CABINET MEMBER QUESTIONS**

An opportunity to question the Cabinet Member for Health, Social Care and Well-being, Cllr Lucia das Neves, on developments within her portfolio.

**10. WORK PROGRAMME UPDATE (PAGES 35 - 38)**

To consider any additions or amendments to the Panel's current work plan for 2021/22.

**11. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

**12. DATES OF FUTURE MEETINGS**

- 15<sup>th</sup> November 2021
- 16<sup>th</sup> December 2021
- 3<sup>rd</sup> March 2022

Dominic O'Brien, Principal Scrutiny Officer

Tel – 020 8489 5896

Fax – 020 8881 5218

Email: dominic.obrien@haringey.gov.uk

Fiona Alderman

Head of Legal & Governance (Monitoring Officer)

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

Wednesday, 01 September 2021

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**MINUTES OF THE SPECIAL BRIEFING MEETING OF THE  
ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY  
24<sup>TH</sup> JUNE 2021, 5:00pm - 6:30pm**

**PRESENT:**

**Councillors: Pippa Connor (Chair), Nick da Costa, Helena Kania,  
Mark Blake, Gideon Bull, Eldridge Culverwell, Mahir Demir and  
Sheila Peacock**

**Co-optees: 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**

None.

**3. 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 Bull noted that he was employed by NHS England.

**4. AT MEDICS TRANSFER OF HOLDINGS TO OPEROSE HEALTH LTD**

Cllr Connor introduced the main item noting that this special additional briefing meeting of the Scrutiny Panel had been called to discuss the transfer of holdings from

AT Medics to Operose Health Ltd and the potential impact of this on GP services in Haringey.

Rachel Lissauer, Director of Integration (Haringey Borough Office) at North Central London CCG, introduced the report noting that AT Medics held 34 Alternative Provider of Medical Services (APMS) contracts across London, 8 of which were in the North Central London area. Only one of these was in Haringey Borough – the St Ann's Road surgery. The concerns that some people had expressed was on the change in control of these contracts from AT Medics to Operose Health Ltd which was a company that held a number of GP and other health service contracts across London and elsewhere in the country.

In terms of the role of the CCG, she explained that AT Medics had to ask permission from the NHS for the change in control. In December 2020, the London CCGs undertook an exercise to do due diligence and reach assurances that the company could provide high quality, safe services for local residents. The CCGs were satisfied of this as a result of the exercise. Assurances had been given that GP services would continue to be run as they are now and these services would also be covered by the CQC quality assurance processes. The commissioning rules and national guidance were applied in the same way as any other GP contract and legal advice was also taken. There was no legal or contractual basis for the CCGs to object to the transfer of control to Operose Health and to do so would have risked both legal challenge and continuity of care for patients. Patient involvement was not a requirement for a change of control unless there was a change in service provision.

Paul Sinden, Chief Operating Officer at North Central London CCG, added that the Primary Care Commissioning Committee requested regular monitoring of the quality of services provided. He said that, while the CCG had published papers in line with their terms of reference, they should have alerted people to the contentious decision that was about to be made. As a piece of learning from that, a meeting now takes place with the five Lead Members for Health and Care for each Borough ahead of each Primary Care Commissioning Committee meeting in order to go through the papers. The CCG would also look again at its procurement process, including the weighting put towards social value and integration.

Asked about the different types of contracts, Paul Sinden said that the original GP contracts with the NHS were for General Medical Services (GMS). These were contracts for life that were only end on retirement or if services were exceptionally poor. Personal Medical Services (PMS) contracts were then introduced as a top up to the GMS contracts which allowed GP practices to opt to provide additional services such as managing people with specific long-term conditions. Alternative Provider of Medical Services (APMS) contracts were then added and, unlike the GMS and PMS contracts, these are time-limited contracts making it easier to change provider if the CCG considered that performance was not meeting the requirements of the contract.

Paul Sinden then responded to questions from the Panel:

- Asked by Cllr Culverwell about the criteria for providers of APMS, Paul Sinden said the term 'alternative' referred to the nature of the contract rather than the provider and that there were local providers which held APMS contracts.
- Asked by Helena Kania about the implications of Integrated Care Systems (ICS), Paul Sinden said that the CCG was working on developing 'provider alliances' which would ensure that the voice of General Practice would be heard within the ICS. The Primary Care Provider Alliance would have two peer-selected representatives from each borough and from those there would be two primary care representatives on the overall Provider Alliance for NCL.
- Cllr Bull asked whether there was specific weighting of procurement criteria in favour of local knowledge and expertise. Paul Sinden said that the weightings were being considered and that he would be happy to learn from Haringey Council and others about their procurement practices to ensure that these weightings help to select the most appropriate providers.
- Asked by Cllr Connor whether local determinants of health and the development of local care providers could be included in the weighting of procurement criteria, Paul Sinden said that the CCG had committed to looking at their procurement criteria and would be open to discussion or advice from local authority procurement teams on including these specific criteria.
- Cllr da Costa asked about the relationship between AT Medics and its parent companies such as Circle Health and the referrals of patients to secondary care services which it could have connections with. Paul Sinden said that AT Medics continued to hold contracts in the NCL area and that the CCG would monitor referral patterns from primary care providers and would be alert to any change in this. The CCG would expect local providers to be the recipients of referrals apart from some specialist referrals that might go further afield. The elective recovery programme (being deployed to reduce the waiting list backlog resulting from the pandemic) was making some use of the independent sector and there was a Clinical Prioritisation Group in place to ensure that people were treated in an equitable order. Asked by Cllr Connor whether details on monitoring would be provided to the Lead Members in the pre-meetings prior to the Primary Care Commissioning Committee, Paul Sinden said that this would not necessarily happen routinely because this was not a primary care commissioning issue. However, the Members could be alerted if any changes in referral patterns emerged. Cllr Connor asked for more information to be provided in writing about how this monitoring information would be made available and which committees would be involved. **(ACTION – included in recommendations below)**
- Asked by Cllr Peacock about the ICS reforms, Paul Sinden said that the benefit of an integrated care system was in a collaborative approach and about making decisions in the interests of the whole system rather than that of individual

organisations. Cllr Bull said that while he felt the ICS was a good idea in principle, the concern from residents about it was a perception of it providing a possible back door for privatisation. He also expressed concerns about whether a borough like Haringey without an acute trust would have parity of esteem with boroughs that did. Rachel Lissauer commented that, within the ICS frameworks that had been produced, there was a different focus on procurement than there had been in the past with recognition that health services are different from other kinds of services and a focus on social value in contracts. She had been encouraged by the potential of the ICS work so far to help with issues in Haringey, such as through the Inequality Fund.

- Cllr Connor questioned how local accountability and transparency could be ensured through the ICS, including by ensuring through representation on the ICS Board and ensuring that the information provided was clear, easily available and received at a point at which it would be useful. Paul Sinden said that there would be formal places for local authorities on the ICS Board and then a broader health and care partnership within the ICS statute that would feed in views and information from boroughs into the ICS. There should also be conversations outside of these formal structures, particularly when difficult decisions are coming up.

Emma Dove, Inspection Manager at the CQC London Region, was introduced and it was noted that she was the relationship owner for AT Medics. She explained that the CQC registers and regulates providers to carry out regulated activities. AT Medics had 39 contracts across London registered with the CQC.

Emma Dove then responded to questions from the Panel:

- Asked by Cllr Culverwell regarding complaints about providers, Emma Dove said that the CQC did not currently have any remit to investigate complaints. However, health and social care was changing rapidly and the Secretary of State had asked the CQC to report on systems, the findings of which had been in favour of organisations working together to provide better outcomes for patients.
- Asked by Cllr Connor about changes in primary care during the pandemic, Emma Dove, said that the CQC was conducting a significant piece of work on patient access to GP appointments which had recently changed for a number of patients. This included an increase in video appointments and also appointments being triaged with options such as referrals to pharmacies. The report on this work was expected to be published in August.
- In response to a question from Cllr Connor about inspections, Emma Dove said that information received from various sources and the examination of risk factors help to decide whether an inspection at a particular service was required. Services that had previously been rated as 'Inadequate' would



receive follow-up inspections. Two inspections had been carried out on AT Medics-run practices in London. One was recently based on information received and that report was due to be published the following day (25<sup>th</sup> June). Concerns had been identified and the provider had responded to these. The other inspection involved a practice in Camden registered by AT Medics in April 2020. That report had been published the previous week with Good ratings awarded in most areas. Cllr Connor asked for the Scrutiny Officer to provide these reports to the Panel Members. **(ACTION)** Paul Sinden added that when practices receive 'Inadequate' or 'Requires Improvement' ratings, the CCG sends a contract note to the practice to ensure that the concerns raised are addressed. In Haringey, the practices at Staunton Group Practice, Tynemouth Medical Practice, Stuart Crescent Medical Practice currently had contract notices against them.

- Asked by Helena Kania about her relationship owner role with AT Medics, Emma Dove said she met with AT Medics every 4-6 weeks. This was to maintain an ongoing conversation about their governance arrangements, discuss their plans for the future and establish how they monitor their own services. They are also updated about the CQC inspection programme. Asked whether this had involved Operose Health, she said that she had met with Operose on one occasion so far as an introductory meeting, but no further meetings had yet been considered necessary.
- Asked by Cllr Connor about meetings with the CCG, Emma Dove said that she didn't personally meet with Haringey CCG as she worked in a different area of London, but that CQC inspection managers do meet with their local CCGs on a range of issues. Rachel Lissauer added that there was very good regular contact and information sharing in Haringey with the CQC and with primary care commissioners.

The Panel then discussed the recommendations of the Panel based on the conversation that had taken place which were summarised by Cllr Connor as follows:

**1 – That there should be recognition of the importance of local accountability and transparency. This should include appropriate links between committees such as the ICS Board and representatives of local communities. There also needed to be clarity about how information on contractual issues, monitoring of referrals and about providers' connections to other services and providers would be made available including which committee that information would be provided to.**

**2 – That there should be clarification about the procurement criteria and how this should be weighted, including:**

- **Social value**
- **Local determinants of health**

- **Development of local care providers with local knowledge (including a level playing field for smaller providers)**

**3 - The Panel had heard about how the CCG and CQC share information and identify risk. The Panel requested clarification about how information, such as the information about AT Medics, is shared more widely.**

**4 - The Panel requested clarification about how various local authority and patient groups (such as the Health & Wellbeing Board, Borough Partnerships and healthcare partnerships) would sit within new ICS board and how the flow of information would work. It was noted that a chart illustrating this would be useful if possible.**

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

**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 11<sup>th</sup> 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 service users 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 11<sup>th</sup> 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 20<sup>th</sup> 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 20<sup>th</sup> 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
- 15<sup>th</sup> November 2021
- 16<sup>th</sup> December 2021
- 3<sup>rd</sup> March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

**Report for:** Adults and Health Scrutiny Panel – 9<sup>th</sup> September 2021

**Title:** Current and Future Arrangements for NHS Continuing Healthcare, Hospital Discharge and Out-of-Hospital Services in Haringey

**Report authorised by:** Beverley Tarka, Director of Adults and Health  
Alex Smith, Director of Transformation  
Marisa Rose, Director of Continuing Healthcare  
Both North Central London Clinical Commissioning Group (CCG)

**Lead Officer:** Paul Allen, Head of Integrated Commissioning (Older People & Frailty), North Central London CCG and Council  
[paul.allen14@nhs.net](mailto:paul.allen14@nhs.net)

**Ward(s) affected:** All

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

## 1. Describe the issue under consideration

- 1.1 This report describes the hospital discharge arrangements currently in place across North Central London to support Haringey residents to return home, and in particular to support those individuals who have additional care needs out-of-hospital. It also discusses the impact of these changes on patients and on the care system as a whole and the plans for future sustainability beyond the pandemic.
- 1.2 This report also sets out NHS Continuing Health Care (CHC) arrangements in North Central London and how this is joined up with social care services.

## 2. Recommendations

- 2.1 The Scrutiny Committee to note and discuss the contents of this report.

## 3. Background and Discussion

### 3.1 *Changes to Hospital Discharge Processes During the COVID Pandemic*

- 3.2 Prior to and during the pandemic, staff in each hospital in North Central London, in community health services, CHC teams, and Councils worked together to triage the needs of those hospital patients approaching discharge who were identified as needing care and support to return home. This network of support included North Middlesex University Hospital (NMUH) and Whittington Hospital, the two acute hospitals which admit the significant majority (>90%) of emergency patients who are Haringey residents; as well community health, mental health and adult social care.

- 3.3 Two aims of partners working together to facilitate hospital discharge are to:
- Ensure as many patients as possible can return directly home in a timely and safe way as soon as they are fit to do so – ‘Home First’;
  - Ensure as few decisions as possible about a patient’s long-term care needs are made when the patient is in the hospital bed and at a low ebb. Instead, a patient should be discharged out-of-hospital and then their long-term care needs assessed (an approach called ‘Discharge-to-Assess’ (D2A)). An individual who might need care and support should be given every chance to recover post-discharge by accessing out-of-hospital short-term care in people’s home or in bedded care.
- 3.4 Typically 75-85% of hospital patients go directly home without help from statutory care and health care to do so, though they may get help to return and settle home from the Bridge Renewal Trust’s Hospital to Home voluntary service the CCG and Council fund. Hospital patients are followed up, if clinically required, when they return home by their GP practices, who will be alerted to the spell in hospital via a discharge summary sent from the acute hospital.
- 3.5 The remaining 15-25% of discharged patients have health conditions, additional needs or social circumstances that need be resolved or supported out-of-hospital, at least in the short-term. In Haringey, the options for such patients are:
- a) To return home and receive short-term reablement and/or a package of care/NHS community health support. ‘Reablement’ is the term describing short-term intensive, time-limited therapeutic intervention typically over a 2-3 week period with the aim of improving an individual’s ability to undertake daily tasks, such as getting around and about, washing, bathing etc. as part of their recovery;
  - b) To be discharged to a community bed supported by nurses and therapists typically for up to 6 weeks to rehabilitate, i.e. to recover health and ability to undertake daily tasks. In Haringey, the majority of these patients (60%) are able to return home with support after this episode;
  - c) To return or be admitted directly to long-term care homes or alternative setting (e.g. a hospice) because their potential for rehabilitation is agreed by partners to be very limited. Given the above aims, option (c) should be avoided if possible.
- 3.6 The above aims, D2A approach and out-of-hospital support services were in place pre-pandemic. What has changed in the pandemic is the process by which discharges are administered, the configuration of some of the services across North Central London and additional funding available to support these processes in 2020/21 and 2021/22.
- 3.7 In August 2020 – during the pandemic - the Government set a target that at least 95% of people discharged from hospital would return home with or without out-of-hospital services, and that no more than 1% would be admitted or re-admitted to care homes as long-term placements. Generally, Haringey complies well against these targets: 94% of Haringey patients were discharged home between Aug-20 and Jul-21; and 1.8% were placed in long-term care home placements, slightly higher than national expectations.
- 3.8 New national Hospital Guidance was issued in March 2020 and subsequently revised in August 2020 and June 2021. These changes included:

- *Establishment of acute-based and multi-agency Integrated Discharge Teams (IDT)* - one per hospital including at Whittington and North Middlesex University Hospital;
- *Re-focus on 'D2A'* and deferring formal CHC or Care Act assessments until the individual is out-of-hospital if at all possible. This had less of an impact on Haringey as Borough partners promoted D2A for several years, together with a focus on providing jointly-funded short-term interventions for patients who need it. Doing so helps patients recover their health and function as far as they can – and helps mitigate the costs of long-term care for the NHS and adult social care that would otherwise arise;
- *National investment for community health and adult social care to fund additional short-term out-of-hospital placement and care costs* incurred during the pandemic. Partners in Haringey utilised this funding to ensure more patients were discharged in a timely and safe way to meet their needs and recover. This funding was needed to meet demand-led pressures during the pandemic: the number of reablement cases the Council worked with more than doubled at the height of Wave 2 (Winter 2020/21) compared to pre-pandemic levels. This would not have been possible to meet this demand without the support of partners (particularly WHT) and access to the national funding scheme. This support for recovery is not only beneficial and valued by patients but also mitigates the need or the level of statutory Council or CCG-funded long-term. For example, over 75% of discharged patients who had a short spell of reablement in their home subsequently did not need long-term care.
- *Revised expectations on reporting* and targets including suspension of statutory monitoring of delayed transfers of care ('delayed discharges') since April 2020 – this is the reason no analysis of delays is included in this report.

One of the new measures is the number of people who have length of stays of 21 or more days in hospital. The proportion of people (all ages and 65+) who stayed 21+ days in hospital decreased by 23% and 35%, respectively, between 2019/20 and 2020/21, far greater than the reduction in emergency admissions (both 15%). This means people, particularly those with complex needs, were typically discharged more quickly in hospital during the pandemic.

### 3.9 *Post-Pandemic Discharge and Out-of-Hospital Planning*

3.10 The expectation is that the IDT and post-discharge arrangements will continue for Haringey residents throughout 2021/22. Partners have recommitted themselves to the underlying aims to discharge people in a safe and timely way with an emphasis on Home First and recovery before deciding on long-term needs. Our objective is therefore to provide high-quality patient care in and out-of-hospital, discharging patients as quickly as possible from hospital once they are medically fit to do so to avoid the risk of deconditioning. Doing so will also help partners manage the flow of all patients from A&E to discharge and into the community during what is anticipated to be a challenging winter period as the NHS continues to recover from the pandemic.

3.11 To do so, partners in NCL are currently planning 'post-pandemic' discharge arrangements. This has already resulted in NCL CCG and its partners receiving funding from NHSE as part of an accelerator programme to strengthen IDTs and post-

discharge services in the remainder of 2021/22. This includes investing in both adult social care and community health services to continue to plan and deliver out-of-hospital services with acute colleagues.

- 3.12 The Council and CCG are currently reviewing the implications of the end of the additional national Hospital Discharge funding to support additional packages of care and placements. Findings so far suggest the legacy of the pandemic may result in demand-led financial pressures on Council and CCG budgets in terms of short-term and long-term care and support. NMUH, in particular, is already seeing increased presentation and admission rates during the last month. Partners are working together to review if there is likely to be any material difference in the overall level of patients' care and support needs pre and post-pandemic and if so, how the system works together to address the implication of these changes.
- 3.13 The NHS and Council is currently planning investment in joint out-of-hospital services for the autumn and winter as part of the Better Care Fund Plan and system resilience requirements. There will be a particular emphasis on services to facilitate hospital discharge and aid recovery in the short-term, e.g. further expanding short-term recovery and support at home or better supporting those patients whose housing environment may not be suitable for them. NCL CCG and its Council and acute hospital partners were also recently successful in securing additional funding for a short-term recovery facility for those hospital patients who at risk of homelessness/rough sleeping, and expanding the team to support their health, well-being and move-on within Haringey.
- 3.14 NCL CCG is also planning to increase resourcing and investment in Haringey's urgent care services to prevent hospital presentation and admission in the first place through its WHT-led Rapid Response service. This service, linked to 111, supports people identified as 'nearing crisis' in their own homes and can respond within 2 hours for the most urgent cases. Patients' conditions are stabilised and their cases subsequently transferred to suitable health services, including the patient's own GP practice. During the pandemic, the number of people the service was able to see increased by nearly 50% of pre-pandemic levels and partners are committed to building on this success story.
- 3.15 ***NHS Continuing Health Care Process***
- 3.16 NHS Continuing Healthcare (CHC) is a package of care, provided to an individual over the age of 18, which is solely funded by the NHS. To be eligible for CHC an individual must be assessed and found to have a "primary health need". Once eligible CCGs will commissioning a package of care to meet health and associated social care needs that have arisen as a result of disability, accident or illness. The Standing Rules Regulations require CCGs to have regard to the National Framework for Continuing Healthcare and Funded Nursing Care, October 2018 revised. (Henceforth referred to as "the Framework").
- 3.17 Eligibility for CHC is based on the totality of assessed needs rather than a diagnosis, setting of care or the ability of a provider to manage the care needs. Screening for CHC



is completed via a Checklist. This can be completed by the Council and / or CHC working together to establish whether an individual's needs are of the level that a full CHC assessment is required.

- 3.18 An individual's and / or their representative must be aware and engaged in the assessment processes, receiving advice and information as required. NCL CCG will seek appropriate consent prior to the assessment taking place. An individual's needs will be assessed by a multidisciplinary team, which will include at least one representative from both the CCG commissioned CHC service and the Council, who will collate all necessary evidence and, together with the completion of a Decision Support Tool, present the recommendation to NCL CCG who is responsible for the decision making in regards to eligibility for CHC.
- 3.19 Once an eligibility decision has been made and an individual is found to have a primary health need and therefore eligible for CHC NCL CCG will commission a care package to meet their assessed needs. When commissioning a care package the CCG will take into account the wishes of the individual and / or their representative in regards to how the care will be delivered alongside the ability to deliver the care package safely.
- 3.20 Care packages will be reviewed at minimum during the first 12 weeks of provision and subsequently annually or earlier if required. During the care package review, if it is found that care needs have changed then the individual will be subject to a repeat CHC assessment, completed, as previously, jointly with the Council representative, to establish on going eligibility. If the individual no longer demonstrates a primary health need then they will no longer be eligible for CHC.
- 3.21 For those individuals resident in a care home with nursing who have been assessed as not eligible for CHC a Funded Nurse (FNC) assessment will be considered. FNC is funding provided by the CCG to care homes with nursing to support the provision of nursing care by a registered nurse. Since 2007 FNC has been a nationally set flat weekly rate.
- 3.22 There are circumstances in which an individual, who has been assessed as not eligible for CHC, may receive CCG funding for an element of their care, if it has been identified as beyond that which the Council can legally provide. This funding will only be considered if it is more than incidental or ancillary to the care needs provided by the Council and above current CCG commissioned services. The CHC commissioned service will work closely with the Council to establish a joint package of care, clearly identifying who is responsible for commissioning particular elements of the care package.
- 3.23 Individuals and / or their representatives can appeal against the eligibility decision made by the CCG. Details on how to appeal will be provided in the CHC outcome letters sent to the individuals / representatives. The appeal process is detailed in the NCL CCG CHC Appeals Policy.
- 3.24 Individuals who are not eligible for Continuing Healthcare may still be eligible for Council-funded care and support, subject to a Care Act Assessment.

- 3.25 As Haringey's established approach has always been to promote "D2A" the principle and practice of discharging people out of hospital, ideally home, and supporting recovery prior to a CHC / Care Act assessments this will continue. There is no change to this approach as a result of the pandemic

## 4. Contribution to strategic outcomes

- 4.1 The approach contribute to objectives within both the Place and People Themes of the Borough Plan.

Place Theme: *A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.*

People Theme: *Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.*

## 5. Background Papers

- 5.1 Department of Health & Social Care: Hospital discharge and community support: policy and operating model, August 2020  
[Hospital discharge and community support: policy and operating model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462222/hospital-discharge-and-community-support-policy-and-operating-model-august-2020.pdf)
- 5.2 Department of Health & Social Care: National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, October 2018 (Revised)  
[National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462222/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care-october-2018-revised.pdf)

**Report:** Adults and Health Scrutiny Panel - 9<sup>th</sup> September 2021

**Title:** Response to Adults and Health Scrutiny Panel Recommendations on Day Opportunities

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

**Lead Officer:** Tim Miller, Joint Assistant Director for Vulnerable People

**Ward affected: All**

### **Report for Information**

#### **1. Describe the issue under consideration**

1.1 The purpose of this report is to provide an update to the Adults and Health Scrutiny Panel on our constantly evolving approach to day opportunities, which has been shaped by the recent Scrutiny Panel Review and its recommendations.

1.2 The Council has been actively co-producing its approach to day opportunities over some years now. There has, for example, been significant work leading up to the opening of the Chad Gordon Autism Campus in August this year, which marks a milestone in bringing back into use two former day centres to meet current needs. The focus on co-production will continue as users and carers continue to play an active role in how the provisions are shaped and steered. In addition, there has been work to develop the former Canning Crescent site and to build our wider framework for enabling day opportunities as well as work to develop our older people's offer in the east of the borough and to shape our information for local residents.

1.3 Attached to this brief report, is an update on the Council's response to the recommendations of the Adults and Health Scrutiny Panel review into day opportunities in the borough.

#### **2. Cabinet Member Introduction**

2.1 N/A

#### **3. Recommendations**

3.1 The Adults and Health Scrutiny Panel is asked to note the update and to comment on the work to continue to improve day opportunities provision in Haringey.

#### **4. Reasons for decision**

4.1 N/A

#### **5. Alternative Options Considered**

5.1 N/A

**6. Background Information**

- 6.1 The attached document seeks to provide an update on the work to improve day opportunities provision in the borough. Over the past two years, and notwithstanding the Covid-19 pandemic, there has been considerable work to co-design and implement the day opportunities provision at the Chad Gordon Autism Campus, formerly known as Waltheof Gardens. This opened in August 2021 and is responding to a range of needs, building on people’s strengths and wishes. In addition, there has been progress across the wider set of recommendations including co-production to develop the offer at Canning Crescent, where construction works are currently underway.

**7. Contribution to Strategic Outcomes**

- 7.1 Our renewed approach to day opportunities supports delivery of the Borough Plan 2019 – 2023 and enables the community facing work needed to ensure we develop inclusive models of day provision in Haringey.

**8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities) – Not applicable**

**8 Use of Appendices**

- 8.1 Appendix A – Presentation

**9 Local Government (Access to Information) Act 1995**

- 10.1 N/A

## September 2021 Response to A&H Scrutiny Panel Recommendations on Day Opportunities

|   | Recommendation   | Response (Oct 2019)   | Who and when  | Progress update September 2021   |
|---|--|---|---|--|
| 1 | In developing proposals to transform the site at Canning Crescent to support people with mental health problems, commissioners should consider what lessons could be learned from the model of mental health adopted by Mosaic Clubhouse in Lambeth.   | <b>AGREED</b> - This recommendation is timely as commissioners are keen for the Canning Crescent provision both to be built on the voice of the user and to reflect best practice across London and beyond. Co-design work with users and other stakeholders is already underway as is research into similar models of community-based support elsewhere. The Cabinet Member for Adults and Health has recently visited Mosaic and is also interested in this model.  | Tim Miller, Lead Commissioner for Mental Health<br><br>October 2019   | Works have started on site. Recently had neighbour engagement event with another one to be held in a few months' time.<br>Service model co-production ongoing between providers and with service users.  |
| 2 | Of the three former day centres proposed to be brought back into use:<br><br>One should be used to expand capacity to support service users by providing specialist dementia support in the east of the borough<br><br>One should be used to expand capacity to support service users by providing specialist learning disabilities/autism support<br><br>One should be used to expand capacity to support a broader | <b>PARTIALLY AGREED</b> - There are proposals for each of the three former day centres to be brought back into use as follows:<br>a. One is being developed to offer specialist learning disabilities/autism day opportunities and support<br>b. One is being developed to offer an autism hub focused on autistic people without a learning disability and employment support to a range of disabled and older people<br>c. One is being developed as supported living for people with complex needs including behaviour that challenges rather than as day provision, because of its location and the wider need in the borough | Charlotte Pomery<br><br>October 2019<br><br>Through the Day Opportunities Working Group of the Adult Social Care Redesign Group | Programme delivery on track.<br><br>The Chad Gordon Autism Campus at 20A&B Waltheof Gardens N17 was launched on 12 <sup>th</sup> August 2021.<br>The site comprises two new services: Haringey Opportunities Project (HOP), a 'PBS' service for adults with learning disabilities and autism, and #ActuallyHaringey (#AH) adults with autism non-LD.<br><br>Centre 404 are commissioned to provide care and support for the HOP under the PBS framework. The service has referrals |

|   | Recommendation  | Response (Oct 2019)  | Who and when | Progress update September 2021   |
|---|---|--|--------------|--|
|   | range of service users with physical disabilities and other conditions  | <p>There are proposals to develop the provision of specialist dementia support in the East of the borough.</p> <p>These proposals are being led through the Day Opportunities Working Group of the Adult Social Care Redesign Group.</p>   |              | <p>coming in and we are looking at around 30 service users.</p> <p>Ermine Road is the Council's inhouse Learning Disabilities day service.</p> <p>We are moving forward with developing supported living for people with complex needs including behaviour that challenges at the third former day centre site. We have secured Council and NHS funding to develop the setting for young people with a range of complex needs as they enter adulthood.</p> |
| 3 | The spaces provided by the re-opened centres should be used as part of a wider community offer, including after 4pm when day centre service users are not using them, in order to generate income and provide an additional community resource. | <p><b>AGREED</b> - The staffing for the repurposed day provision at Waltheof Gardens includes a Resources Manager to ensure use of the buildings is optimised throughout the week, including evenings and weekends, to offer a wider community resource and to generate income as appropriate.</p> <p>These proposals are being led through the Day Opportunities Working Group of the Adult Social Care Redesign Group.</p> | Tim Miller   | <p>It is very much part of our planning that services should be available as part of a wider community offer.</p> <p>As an example, #actuallyharingey has developed a flexible and blended model through lockdowns to extend access and will be looking to generate wider community access now the centre is launched and open.</p> <p>Funding from partners including the NHS and the Big Lottery are incorporated into services.</p>                     |

|   | Recommendation  | Response (Oct 2019)  | Who and when | Progress update September 2021   |
|---|---|--|--------------|--|
|   |   |  |              | Canning Crescent will offer an evening and weekend programme of crisis support and a public-facing café, generating income as part of ensuring the service is embedded in a wider community offer.   |
| 4 | That the capital allocation provided to bring the former day centres back into use must be sufficient to ensure that they are fit for purpose, that they be suitably adapted to meet the needs of specific type of service users and that all service users, carers and providers will have confidence that they are suitable high-quality spaces to use. | <p><b>AGREED</b> - The importance of the physical design and condition of the buildings and wider site is not underestimated and work is underway to ensure these support the wider offer.</p> <p>These proposals are being led through the Day Opportunities Working Group of the Adult Social Care Redesign Group.</p> | Tim Miller   | <p>All capital bids have been carefully developed with operational leads and supported by coproduction with users and carers to ensure facilities will meet people's needs and provide quality environments.</p> <p>Works are overseen by Major Projects and/or Corporate Landlord colleagues to ensure expertise in development delivery.</p> |

|   | Recommendation  | Response (Oct 2019)   | Who and when   | Progress update September 2021  |
|---|---|---|--|---|
| 5 | That commissioners should report to the Adults and Health Scrutiny Panel on an annual basis about progress at the new day centres to enable the Panel to monitor the quality of service delivery and value for money that is being achieved.  | <p><b>AGREED</b> - An annual report will be brought forward to Adults and Health Scrutiny Panel providing an update on the delivery of the day opportunities offer at Waltheof Gardens.</p> <p>These proposals are being led through the Day Opportunities Working Group of the Adult Social Care Redesign Group.</p> | <p>Charlotte Pomery,<br/>Assistant Director<br/>Commissioning</p> <p>Annually</p>  | This will be brought forward in due course once the first year of operations has been reached at each of the newly develop day provisions.  |
| 6 | To provide more support to service providers on how they can demonstrate social value in order to benefit from rent reductions from Haringey Council, including by allocating each applicant with a named officer tasked with providing guidance on how to navigate this process and helping them to understand what actions are required to deliver the Council's social value objectives. | <p><b>NOTED FOR INCLUSION IN THE COMMUNITY BUILDINGS REVIEW</b> - A review of the offer from the Council as landlord to community organisations is currently underway and will be reported in due course, this recommendation has been noted for inclusion in the wider review.</p>                                   | <p>Charlotte Pomery,<br/>Assistant Director<br/>Commissioning</p> <p>This work sits between Margaret Gallagher (data and insight) and Poppy Thomas' (VCS Coordinator) teams.</p> | <p>In development as part of the Council's Community Building approach which sits within the wider Voluntary and Community Sector Strategy and the Community Framework.</p> <p>Both evidencing and more importantly delivering social value are key priorities for us in this area of work.</p> |



|          | <b>Recommendation</b>   | <b>Response (Oct 2019)</b>   | <b>Who and when</b>                                      | <b>Progress update September 2021</b>  |
|----------|---|--|--|--|
| <b>7</b> | To give the reduction of social isolation strong consideration in the assessment of eligibility for rent discounts for Council-owned community buildings  | <b>AGREED</b> - Social isolation is already included and considered, as it falls within the Health and Wellbeing domain of the Social Value Framework.   | Charlotte Pomery,<br>Assistant Director<br>Commissioning | As previous update.  |
| <b>8</b> | To emphasise the lack of strong east to west transport links and the strength of feeling about the need for accessible and reliable transport needs to be taken into account when determining which services should be provided at the three ex-day centres in order to ensure that more service users can access support in their part of the borough. | <b>AGREED</b> - Ensuring access to any provision is a core element of its design and development and is being taken into account in both the offer to be made from each provision and the identification of users to be supported there.<br><br>These proposals are being led through the Day Opportunities Working Group of the Adult Social Care Redesign Group. | Tim Miller   | As agreed, ensuring access to the services is part of the core offer as appropriate, users are being supported to access these services according to their individual needs.<br><br>We are further developing our localities approach across the borough, which seeks to ensure that residents are able to access a range of interventions in their local area to meet their needs and build on their strengths. |

|   | Recommendation   | Response (Oct 2019)  | Who and when  | Progress update September 2021  |
|---|--|--|---|---|
| 9 | <p>To ensure that part of the funding offer for day opportunities needs to include transport as this is a high level need which is essential to enable accessibility. Proposed transport arrangements should always be included in the written information provided to service users after an assessment (see recommendations 13 &amp; 14). Senior officers should have oversight of the written information given to service users around the different transport offers and how they will be assessed.</p> | <p><b>AGREED</b> - Assessing travel needs and ensuring the requisite support is in place to enable users to travel to those provisions which will meet their needs is already a core part of the assessment and provision process.</p> | <p>Laura Crouch<br/>Service Manager-<br/>Community<br/>provisions and Day<br/>opportunities</p> | <p>Assessing individuals' travel needs and offering help to access the service if it is required is already a core part of the assessment and provision.<br/>Each Opportunity will have its own transport offer, we would always discuss this during the review stage and assess if an offer can be made by the service. However allocation to an already resourced mode of transport will depend on multiple factors- capacity, postcode, time to take to and from, persons ability to be in a crowded enclosed space for periods of up to 90 minutes, physically requirements of access. In most cases we will ask:</p> <ol style="list-style-type: none"> <li>1. Can the person use normative transport measures either with family or a carer</li> <li>2. Can the family/carer utilise a prescribed vehicle</li> <li>3. Can we provide suitable transport</li> <li>4. If not we will work with the social worker and family to find an alternative, taxi etc?</li> </ol> <p>If we can provide transport we will then do a Risk Assessment for that individual to ensure their transport can be managed safely.<br/>We don't tend to advertise our transport offer and go on a case-by-case basis.</p> |

|    | Recommendation   | Response (Oct 2019)   | Who and when  | Progress update September 2021   |
|----|--|---|---|--|
| 10 | To redesign the Haricare website page to ensure that information is presented in a way that is accessible and user-friendly.   | <b>PARTIALLY AGREED</b> - There has been considerable development, based on engagement with users, carers and wider stakeholders, on Haricare leading to a series of ongoing improvements in design and functionality. These will continue to ensure that high quality, up to date information is presented in the most accessible way.   | Ngozi Anuforo,<br>Head of Strategic Commissioning<br>Early Help and Culture | The Covid-19 Pandemic has had a significant impact on our information and communication functions in the Council. We have made significant progress in reaching all residents in the borough through an increased emphasis on translation and on different media for communication, as well as through Community Champions who are able to relay public health messages in direct and accessible ways. In light of this, we are reviewing our approach to Haricare and how information is shared through our webpages. |
| 11 | To provide guidance on adult social care provision in the Borough, including clear information about the pathways to services in a printed booklet, based on a similar format to that of the Preparing for Adulthood Pathway Guide, which could be made available in a range of community settings and distributed by front-line staff including social workers, GPs and other primary care staff and Local Area Coordinators. | <b>PARTIALLY AGREED</b> - As part of the work of the wider Adult Social Care Redesign Group, consideration will be given to how information about adult social care provision is best presented and whether a printed booklet can remain up to date and relevant.<br><br>The current thinking is that the expanded co-ordinator offer, described below, might form a stronger basis for an improved information offer given it will always be more up to date and responsive to individual needs. The issues are always about relevance and accuracy. | Jeni Plummer<br>Acting AD ASC   | We are testing out this approach through the development of the Ageing Well Guide, which has been developed with local residents:<br><a href="https://www.haringey.gov.uk/ageing-well-haringey">https://www.haringey.gov.uk/ageing-well-haringey</a>   |

|    | Recommendation  | Response (Oct 2019)  | Who and when                                       | Progress update September 2021  |
|----|---|--|--|---|
|    |   | In addition, Bridge Renewal Trust has developed a comprehensive asset map for the borough, with deep dives into specific wards. And Haringey Over 50s Group has also recently produced a number of directories to provide information.   |  |   |
| 12 | To expand the use of Local Area Coordinators and/or Dementia Care Navigators in Haringey to improve access to information about day opportunities and community care provision, particularly for people who are more socially isolated. | <p><b>AGREED</b> - The expansion of our network of community based co-ordinators has already got underway and includes:</p> <ul style="list-style-type: none"> <li>- 4 more Local Area Co-ordinators bringing the number up to 6 in total</li> <li>- A Reach and Connect offer for all residents over 50</li> <li>- Social prescribing resources for each of the 8 Primary Care Networks</li> <li>- Expanded Connected Communities offer, now operating across the borough</li> <li>- Dementia care navigators still in place</li> </ul> <p>The workers operating across these services are aware of each other and will meet regularly through an Engagement Forum to ensure best exchange of information and intelligence about the full range of community provision.</p> | Charlotte Pomery, Assistant Director Commissioning | <p>6 Local Area Coordinators in post and an expanded Connected Communities team offering support across the borough.</p> <p>NavNet: a staff led Engagement Forum is operating well and facilitating the building of professional relationships and networks and sharing of information.</p> |

|           | <b>Recommendation</b>   | <b>Response (Oct 2019)</b>   | <b>Who and when</b>   | <b>Progress update September 2021</b>   |
|-----------|---|--|---|---|
| <b>13</b> | To check and verify that all individuals that are assessed by Haringey Council under the Care Act are all receiving a written copy of their assessment.   | <b>AGREED</b> - This forms part of the ongoing quality assurance function within Adult Social Care which is monitored through regular audit, listening to the voice of users and carers and continuous professional development for staff.   | Chris Atherton,<br>Principal Social Worker                    | Yes, as previous update.  |
| <b>14</b> | To establish a secure online portal to enable service users and carers (as well as Social Workers) to have easier and faster access to all assessment and review documents in order to a better understanding of any changes to the Service User's care plan. Enable Service Users and Carers to be able to comment directly via this portal with the Social Worker who undertook the assessment in relation to any queries around the care plan. This would allow changes in care to be tracked and rational behind any changes to be explained. | <b>NOTED FOR INCLUSION IN THE SPECIFICAITON OF REQUIREMENTS FOR A CARE MANAGEMENT SYSTEM</b> - There is an opportunity, in the recommissioning of the Council's care management system currently underway, to specify requirements with regard to ensuring users and carers, as well as practitioners, have access to assessment and review documents as a matter of practice. This recommendation will be fed into this wider piece of work to ensure it can be responded to fully. | Jeni Plummer ,<br>Acting Assistant Director Adult Social Care | The new care management system has now been procured and work is just getting underway to implement it across the Council. A comprehensive implementation programme is being developed to steer the implementation. |

|    | Recommendation  | Response (Oct 2019)   | Who and when   | Progress update September 2021  |
|----|---|---|--|---|
| 15 | To provide further information to the Adults & Health Scrutiny Panel throughout the course of the ongoing refresh of day opportunities about the payment levels being made to service providers and to ensure that service providers are paid at a sufficient rate to enable them to pay their staff at or above the level of the London Living Wage. | <p><b>AGREED, SUBJECT TO THE COUNCIL'S POLICY POSITION AND THE NEED FOR COMMERCIAL CONFIDENTIALITY</b> - Information as requested, subject to any commercial confidentiality, will form part of the annual update report to Adults and Health Scrutiny Panel agreed above.</p> <p>Haringey Council has signed up to the Ethical Care Charter and is a LLW Accredited organisation, commitments which it is delivering in a planned way within a sustainability and affordability framework.</p> | Farzad Fazilat,<br>Head of Quality Assurance and Brokerage | As per the 2019 update, we will include this information in the Annual Report. We are committed to payment of the London Living Wage across all care provisions in the borough. |

## Adults and Health Scrutiny Panel

### Work Plan 2021 - 22

| <p><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.</p> |  |   |
|---|--|---|
| 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 final evidence sessions were held in March/April 2021 and the final report is expected to be published shortly.</p> | In progress                             |
| Sheltered Housing   | <p>The aim of this scrutiny project is to review the current arrangements for the provision of sheltered housing in Haringey including the care and support provided to residents living in sheltered housing.</p> <p>Two evidence sessions involving senior officers, sheltered housing residents and support and well-being workers have been set up to take place in September 2021.</p>  | Evidence gathering to begin in Sep 2021 |

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>2021-22</b>                                       |   |
| <b>24 June 2021</b><br>(Additional briefing meeting) | <ul style="list-style-type: none"> <li>• Transfer of GP contracts from AT Medics to Operose Health</li> </ul>   |
| <b>28 June 2021</b>                                  | <ul style="list-style-type: none"> <li>• CQC Overview</li> <li>• Living Through Lockdown report (Joint Partnerships Boards) – response to recommendations</li> <li>• Public health response to Covid-19 pandemic</li> </ul>         |
| <b>9 September 2021</b>                              | <ul style="list-style-type: none"> <li>• Cabinet Member Questions – Adults &amp; Health</li> <li>• Day Opportunities Scrutiny Review – Follow up</li> <li>• Hospital Discharge Arrangements &amp; Continuing Health Care</li> </ul> |
| <b>15 November 2021</b>                              | <ul style="list-style-type: none"> <li>• Haringey Safeguarding Adults Board – Annual Report 2020/21</li> <li>• Locality Working overview</li> </ul>   |



|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Update – Response to recommendations of JPB Living Through Lockdown report</li> </ul>  |
| <b>16 December 2021<br/>(Budget Meeting)</b> | <ul style="list-style-type: none"> <li>• Budget scrutiny</li> </ul>   |
| <b>3 March 2022</b>                          | <ul style="list-style-type: none"> <li>• Cabinet Member Questions – Adults &amp; Health</li> <li>• CQC Overview</li> <li>• Update – Violence Against Women &amp; Girls (including number of refuge spaces)</li> <li>• Update – Integrated Care Systems</li> </ul> |

Possible items to be allocated to Panel meetings:

- Impact of NCL CCG merger
- New community mental health model
- Supporting older people post-pandemic
- IAPT waiting times
- Carers Strategy (including the care assessment process, advocacy services, personal budgets, availability of information about care services and support for young carers)
- Council house adaptations

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