

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY, 1ST NOVEMBER 2018, 6.30 - 9.25 pm

PRESENT:

**Councillors: Pippa Connor (Chair), Nick da Costa, Mike Hakata,
Sarah James, Felicia Opoku, Sheila Peacock and Yvonne Say**

15. 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'.

16. APOLOGIES FOR ABSENCE

Apologies for absence had been received from co-opted member, Helena Kania.

17. ITEMS OF URGENT BUSINESS

None.

18. 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.

19. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

Cllr Peray Ahmet, Cabinet Member for Adults & Health, provided a brief update to the panel on the following points:

- Budget planning and consultation was ongoing ahead of the next financial year, with adult social care services continuing to suffer from reductions to the budget of 40% since 2010 but the Council would do its utmost to protect the most vulnerable. Supporting vulnerable adults is a key objective of the new Borough Plan which is currently out for consultation.
- At the most recent Cabinet meeting [on October 9th], approval was given to plans for the acquisition of the freehold of the former health centre in Canning Crescent and to repurpose the building as a new multi-use mental health hub which will have 21 sheltered units and a crisis café.
- A meeting had been held last week on the redesign of adult social care.

- Plans were being developed to bring some of the closed day care centres back into use.
- Plans for a single homelessness hub had been approved at a previous Cabinet meeting.
- An “Understanding Adult Social Care” event was being held on 6th November at Tottenham Green leisure centre.

Cllr Ahmet and Charlotte Pomery, Assistant Director for Commissioning, responded to questions on the following issues:

- Options were being considered on future plans for OGNH. A co-design group chaired by Cllr Ahmet continues to meet and there is also a sub-group chaired by Gordon Peters. Representatives of the CCG attend these groups. It is anticipated that a decision on the future of OGNH would be made by Cabinet in March 2019 with the possible development process then taking approximately 18-24 months.
- On the possible reopening of day care centres, there was still a commitment to the Day Opportunities model and further discussions would take place on the future approach with the co-design groups but the main aim was to bring those assets back into use while following a needs-led approach. There was no timeline decided for this yet.

20. MINUTES

With regards to the minutes of the meeting held on 4th September 2018:

- Beverley Tarka, Director of Adults and Health, provided a performance update summary on Osborne Grove Nursing Home (OGNH) which was an action point from the previous meeting. She reported that:
 - There are a range of audits which identify how well the home is doing against the five CQC criteria including from the Council’s own Commissioning Quality Assurance team, the CCG and from external auditor Mazurs.
 - The OGNH Steering Group provides oversight and direction on areas including performance, safeguarding and the improvement plan.
 - Five safeguarding alerts had been raised in the last three months.
 - Improvement was required on fall risk assessments, recording of care given, mental health care including dementia, continence care, infection prevention/control, variety of activities and variety of menu.
 - Revised care plans were now in place, key worker arrangements had been implemented and a new clinical lead was in place.
 - The Mazurs audit had awarded a ‘substantial’ rating across a number of different areas including governance and staffing.
- In response to questions from members of the panel, Beverley Tarka said that:
 - The areas that required improvement, according to the Mazurs audit, were mainly operational practices such as the lack of a central operational manual, monitoring of staff claims and maintenance of the asset register.
 - The CQC report had highlighted issues with record keeping and there had been extensive monitoring and oversight to improve recording practice but there was still further room for improvement.
 - The Head of Operations, who directly line manages the registered manager at OGNH, has a place on the oversight committee.

- There is a service improvement plan and an ongoing programme of audit to address the issues of concern but there is no specific timeline for this as they relate to ongoing practice issues.
- In relation to whether the embargo on new residents at OGNH could be lifted, there had been a clear Cabinet decision in June to keep the existing residents there but not to admit any new residents.
- In relation to recent reported safeguarding alerts, it was not possible to provide the panel with additional information on this as this could be too easily identifiable due to the limited number of clients at OGNH.

AGREED: That the minutes of the Adults & Health Scrutiny Panel meeting held on 4th September 2018 be approved as an accurate record.

21. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2017/18

Dr Adi Cooper, Independent Chair of the Haringey Safeguarding Adults Board presented the Board's annual report for 2017/18. The publication of an annual report is one of the three statutory duties that the Board has under the Care Act 2014 and it provides the opportunity to set out the Board's achievements, priorities and future improvements to the way that vulnerable people are safeguarded. Particular points highlighted by Dr Cooper included:

- That attendance at the Board is good and growing, now including representation from social housing providers and the local DWP.
- The Board has undertaken its first Safeguarding Adult Review (SAR) following the death of Robert which has been helpful in identifying areas for action, development and learning.
- The Board has started to do work across the North Central London (NCL) area to try to develop more aligned ways of working.

In response to questions from members of the panel, Dr Cooper, Beverley Tarka, Director of Adults and Health, John Everson, Assistant Director for Adults and Charlotte Pomery, Assistant Director for Commissioning said:

- That Homes for Haringey (HfH) are a member of the Board. There is not presently any representation from higher education providers but this would be worth exploring.
- With regards to the statement that over 60% of the Board's financing comes from Council (paragraph 1.9), the remainder of the funding comes from health and the police. There is never enough resources to do everything that the Board would like to do but there are conversations ongoing at national, regional and local levels about contributions from partners and about how to make the best use of the resources that are available.
- The SAR had been taken to the suicide prevention group which had been helpful although suicide prevention does not necessarily fit neatly into adult safeguarding.
- Processes put in place since the SAR mean that principal social workers now sit on the panels with housing colleagues in cases where vulnerabilities have been identified. This does not change HfH protocols but allows for knowledge on vulnerabilities to be explored as part of discussions as part of the learning from the SAR was that panel at the time didn't have full understanding of Robert's circumstances. An action plan for the SAR will include monitoring the embedding of new practices. Members with concerns about individual cases can raise these through Astrid Kjellberg-Obst, Executive Director of Operations at HfH.

- With regards to the outstanding action points on paragraph these were completed or ongoing as stated except for the one on staffing where there was a revised date although there had been some recent success in recruiting permanent staff to the vacant posts and the end was to complete this by the end of the year.
- The community alarm system (known as Lifeline) has its own operational performance information and so this was not included in the report but this information could be made available if required. Any safeguarding alerts originating from this system would be included within the report.
- The improvements to staff awareness about Making Safeguarding Personal (MSP) (paragraph 2.2.1) predominantly refers to Council staff although the expectation should be that staff from all partners would endeavour to work in this way. Evidencing that kind of data would likely require multi-agency case file audit work. The sub-group on quality assurance is developing a multi-agency audit tool which could help to collect this kind of data in future and further information is likely to be available in the next annual report.
- On the NCL learning event in Nov 2017 (paragraph 2.3), another event was planned this December so this was becoming an annual event and would help to improve joint strategic planning year on year across the sub-region.
- The delivery of safeguarding training (paragraph 2.4.1) in the care sector could be challenging because of the high turnover of staff but a lot of work with partners on workforce development was ongoing across the NCL area, including by developing portability of training between providers and maximising resources available to support training.
- There are aspirations to develop joint working with the Local Safeguarding Children Board (LSCB) through the action plan for this year. National changes around LSCBs are currently ongoing.
- On the low levels of MCA and DoLS training take-up at North Middlesex hospital (paragraph 3.4), Dr Cooper agreed to request an update be requested from North Middlesex and provide these details to the panel in due course. **(Action: Dr Adi Cooper)**
- Three advocacy services had recently been commissioned by the Council, one under the Childrens Act, one on mental health advocacy for adults and one under the Care Act for adults.
- It was difficult to obtain data on the types of abuse that occur within the home, officers agreed to check whether there was any data on this that could be provided. **(Action: Charlotte Pomery)**
- With regards to the demographic data in section 4 of the report, the reason that household income levels were not provided was because this was not included in the national returns and ward level data was not provided because the numbers were too small to be meaningful. The panel was concerned that information on social class was not available.

In summing up the panel's recommendations Cllr Connor commented that:

- A short summary capturing the key areas of the annual report would be useful next time given the length of the report.
- It would also be useful to receive information at the next annual report about process on the multi-agency case file audit tool.

- More information should be collected on safeguarding within the home setting and more training could be targeted at people that have access to vulnerable individuals within the home.
- Progress on joint working with the LSCB would be useful in next annual report.
- Information on ward data would be welcomed in the next annual report.
- Any additional learning from the membership of the DWP on the Board would be welcomed in the next annual report.

AGREED: That the Board's Annual Report for 2017/18 be noted with consideration to be given to the panel's aforementioned recommendations.

22. SUICIDE PREVENTION

Chantelle Fatania, Consultant in Public Health presented the update report on the Haringey Suicide Prevention Action Plan, supported by Professor David Mosse, Chair of the Haringey Suicide Prevention Group (HSPG), and Tim Miller, CCG commissioner for Mental Health.

Chantelle Fatania said that 55 people had died by suicide in Haringey between 2014 and 2016 representing a suicide rate of 10.3 per 100,000 people. This was the fifth highest in London and higher than the overall rate for England of 9.9 per 100,000 people. A 2016 audit of suicides in Haringey found that 75% of people of deaths were male, the highest rate being those aged 25-44, which is similar to national trends. 66% of deaths took place in the east of the borough.

The factors leading to suicide are often complex and a result of multiple factors so no one organisation is able to influence them all. A collaborative multi-agency approach to suicide prevention is therefore required and so the HSPG coordinates a range of local organisations to reduce risk factors and reinforce protective factors, particularly by providing social support to vulnerable people, raising awareness around suicide and supporting people who have been bereaved by suicide. The HSPG meets on a quarterly basis and the membership includes Haringey Public Health, the Clinical Commissioning Group, Metropolitan Police, Barnet Enfield Haringey Mental Health Trust, British Transport Police and local charities. The Haringey Suicide Prevention Action Plan uses the national Suicide Prevention Strategy for England's six "Areas for Action" framework as a best practice model. Actions within the plan include:

- A suicide prevention respite retreat provided by the Maytree charity supporting people in suicidal crisis in a non-medical setting.
- A psychiatric liaison service in the A&E department of North Middlesex Hospital, including peer support workers to support those in suicidal crisis.
- The Haringey well-being network led by the Mind charity which provides an integrated mental health support service.
- Mental health first aid training has been provided to over 200 front-line workers and residents in the last year.
- Suicide prevention fencing at Archway Bridge had recently been approved.

Professor David Mosse commented that, according to Public Health England guidelines the responsibility for local implementation of the national Suicide Prevention Strategy had been passed down to local authorities. While there was no mandatory requirement to do this, the recommendations were to establish a local suicide prevention plan, a local suicide prevention group and to carry out a suicide audit. This had happened in Haringey but what was different about the HSPG is that the lead is from within the community, hosted by Mind and with buy-in

from a wide range of organisation, both statutory and non-statutory. There was almost no financial backing from the local authority – a small amount of funding provided one member of staff for one day a week but the rest of the work is done on a voluntary basis. The HSPG has put together a business plan for suicide liaison service in the North Central London (NCL) area which would provide timely practical and emotional support for people who have been bereaved by suicide. This type of support is currently unavailable and there is a well evidenced business plan but no money had been made available. While the HSPG is providing an exemplary example of what the government expects through its national Suicide Prevention Strategy it is doing so with very little financial backing.

Responding to questions from the panel, Chantelle Fatania, Professor David Mosse and Tim Miller said:

- That the suicide data from coroners is a problem and that there is almost certainly a significant underestimation of the number of suicides in the official figures. The coroners' data also does not provide details on sexual orientation or ethnicity so there are no national figures on these. Without this data it is more difficult to identify communities in need of particular support.
- Participation from LGBT+ groups in Haringey with the HSPG would be welcomed.
- An app called Kooth, which provides online counselling and peer-to-peer support to 10-16 year olds, had been operational in other boroughs and had been shown to be effective.
- Recent analysis suggests that men working in the construction industry, many of whom are of eastern European origin, are at particularly high risk of suicide. Addressing this requires a multi-agency approach including buy-in from the construction industry. Cllr Connor agreed to raise this with the relevant Cabinet Members. **(Action - Cllr Connor)**
- Peer-supported Open Dialogue (POD) is being trialled in the south-east of Haringey. The principles of a person-first rather than diagnosis-first approach can be applied to primary care settings as well as in A&E settings.

Cllr Connor welcomed the presentations and agreed to take up the issue of suicide liaison service business plan with the Chair of the Joint Health Overview & Scrutiny Committee for the NCL area, Cllr Alison Kelly. **(Action - Cllr Connor)**

Will Maimaris, Director of Public Health, commented that the issue of funding was a challenging one in the current circumstances but the suicide liaison service proposal and the Kooth app could both be looked at.

23. PRIORITY 2 BUDGET POSITION (QUARTER 1 - 2018/19)

John Everson, Assistant Director for Adults, introduced the report on the budget position for Priority 2 of the Corporate Plan for Quarter 1 of 2018/19 and made the following points:

- There were a number of projected overspends totalling £4.4m.
- £3.5m of the overspend related to adult care packages, £2.9m of which related to underlying care package pressures that were brought forward from the previous year and £0.6m of which related to planned savings that had not been delivered. £1.8m out of the £2.4m of planned savings had been met however and work would continue on attempting to deliver the remaining £0.6m.
- £0.7m of the overspend related to the increased costs relating to the ongoing situation at Osborne Grove Nursing Home.

- £0.1m of the overspend related to variance on commissioning costs.

Responding to questions from the panel, John Everson and Beverley Tarka said:

- On the section marked “Other” in Table 1 of the report, further details about the breakdown could be provided to the panel in writing. **(Action – John Everson)**
- On the care packages overspend, the complexity of care is an issue which can be difficult to manage and creates a lot of the extra cost. People are being supported at an earlier stage, including through providing the right information and reablement at the right point but there are also opportunities to improve and provide better value care.
- On care assessments, practitioners are supported to use a strength-based approach building on the positives that an individual has with the aim of providing both value for money and quality of support. In relation to concerns that social workers could be put under pressure when assessing due to limited resources, it was pointed out that the functions of commissioning and assessments have been separated out in recent years with a separate brokerage team sourcing the care packages.
- The annual budget for OGNH is just over £1m so, with the overspend included, the total cost is approximately £1.7m.

Cllr Connor recommended that an overview on capital budget should be provided in addition to the revenue budget in future reports. More detail on budget pressures rather than just headline figures could also be provided.

AGREED: That the report be noted.

24. WORK PROGRAMME UPDATE

The panel discussed the draft work programme and preparations for the proposed scrutiny review on day opportunities. It was noted that the Joint Partnerships Board’s reference groups could be a useful source of information about the views of carers and service users about day opportunities. Various day centres, carers groups and luncheon clubs could also be approached in order to try and obtain a diverse range of views from across the borough.

25. NEW ITEMS OF URGENT BUSINESS

None.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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