

## Scrutiny Café 2024 – 20 September 2024

### Adults and Health Scrutiny Panel

#### *Top Priorities from Scrutiny Café within terms of reference:*

1. Communications with Residents
2. Impact of Housing Conditions on Health and Wellbeing
3. Autism Strategy
4. Support for Carers

#### **Top Priorities from Scrutiny Survey within terms of reference**

1. Mental Health and Wellbeing (75 responses)
2. Adults Social Care (69)
3. Violence Against Women & Girls (62)
4. Transitioning from childhood to adulthood (36)
5. Refugee and migrant wellbeing (33)

#### **Issues Suggested at Scrutiny Café**

<b>Suggestion</b>	<b>Comments and Feedback from Cafe</b>	<b>Priority – High, Medium or Low</b>	<b>Proposed Action</b> (Item for Panel meeting/potential review/Cabinet Member Question/no further action).
1) Communications with Residents	<p>When residents had issues, the communications back from the Council were not always prompt or clear. Residents did not always know what was happening and did not feel that they were part of decisions.</p> <p>Residents needed to have confidence that the Council would always come back to them and respond to their concerns/queries/requests otherwise they became frustrated. A lack of communications could contribute to depression, anxiety, stress, and feelings of powerlessness from not being responded to.</p> <p>Consideration should be given to what systems were being used and what worked well in other organisations.</p> <p>Scrutiny should examine the demand for services compared to the supply of staff. A small team of staff could be taking a large number of calls from residents on a daily basis, which inevitably led to delays in responses to residents. Statistics on</p>		

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	<p>this should be gathered by Scrutiny and shared with the public.</p> <p>Consideration should be given to the future use of AI (Artificial Intelligence) technologies in the call centre, in order to automate some routine tasks and reduce the demands on staff.</p> <p>There had been a review looking at consultative structures in 2016 which was critical of the Council but it was felt that, were a similar review to be carried out in 2024, the findings would be even worse.</p> <p>Co-production could be improved and better monitored. Hammersmith &amp; Fulham was an example of where this was being done well.</p> <p>Does the Council take issues and complaints seriously?</p> <p>There should be greater transparency and accountability of Council services.</p>		
2) Impact of Housing Conditions on Health and Wellbeing	<p>There should be greater understanding of the relationship between housing conditions and health &amp; wellbeing.</p> <p>Social prescribers found that as much as 25% of their referrals related to a housing issue. This could include issues such as damp and mould which impact on health and wellbeing. Issues with poor housing conditions could also lead to additional costs for health services.</p> <p>When the Council was contacted about issues with repairs or damp/mould, it was difficult to get action taken.</p> <p>There needed to be greater provision of accessible and supported housing in Haringey including for disabled people/wheelchair users. The difficulty in being able to move into supported housing could lead to people having to move out of London, away from their support network.</p> <p>There were long waiting times for adaptations to housing, including for owner-occupiers.</p> <p>There was little help and assistance available to tenants of sheltered housing who require help.</p>		

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3) Autism Strategy	<p>Haringey has a 10-year All Age Autism Strategy for 2021-2031. Was the Strategy meeting the needs of people with autism and is it measuring the right outcomes?</p> <p>While there were support services in Haringey for people with severe autism and for those with autism who were high-functioning, there was little for autistic people in the middle of the spectrum. People in this situation typically had very low employment rates and needed support with work opportunities. The Shaw Trust worked in this area, but Haringey did not appear to be a part of this.</p>		
4) Support for Carers	<p>Carers were often frustrated when dealing with statutory services and their expectations became lower over time. Carers needed to be better supported, including with advocacy services where necessary.</p> <p>Evidence should be gathered on what support carers currently received and what support had worked well in the past, including during the Covid pandemic.</p> <p>The views of the Carers Forum should be listened to by Council officers.</p>		
5) Waiting lists for Adult Social Care	<p>Waiting lists are too high, including for assessments and this should be investigated.</p> <p>In areas such as Occupational Therapy, Physio and Social Workers, there were too few staff and caseloads that were too large.</p>		
6) GP services	<p>GP services needed to be scrutinised in order to understand which people were falling through the gaps.</p> <p>There should also be comparison of the services provided by different GP practices.</p>		
7) Governance Structures	<p>There were various bodies in health and social care that had overlapping responsibilities and this led to fragmentation in governance. These bodies included the Health &amp; Wellbeing Board, the Joint Partnership Board, HealthWatch and the Ageing Well Board.</p>		
8) Engagement of residents in Scrutiny	<p>Scrutiny should improve links with the local community. Residents were not aware of the work of Scrutiny or how to attend meetings. There should be a mailing list for</p>		

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	information to be distributed and this should include organisations such as the Joint Partnership Board, Carers groups, Disability Action groups, Older People’s groups.		
9) Other issues mentioned	<ul style="list-style-type: none"> <li>• The review of Haringey Opportunities Project (a day opportunities and community service for people with severe learning disabilities and autism, based in N17) from the Joint Partnership Board.</li> <li>• Was money spent well? There was a risk of funds being scattered across different groups but without solving the problems.</li> <li>• There should be a greater role for mutual aid groups, as there had been during the Covid pandemic. This could help with errands for those reliant on care services.</li> <li>• The new localities approach had divided the Borough into three parts (west, central and east) but this was not well known/understood by residents.</li> <li>• There were examples of chaotic lack of coordination with hospital discharge teams.</li> <li>• How could Scrutiny contribute to the implementation of the Ageing Well Strategy?</li> <li>• Funding for adult education – there was increasing demand for courses and high needs funded places at colleges, leading to waiting lists.</li> <li>• Could the return of Age UK to Haringey be facilitated? If not, how could support be provided in the Borough to compensate for their absence?</li> <li>• Accessibility for wheelchair users should be improved at the Diagnostic Centre in Wood Green and also in cafes, restaurants and shops.</li> <li>• Impact of cost of living on residents.</li> </ul>		