

## Adults and Health Scrutiny Panel - Work Planning 2018-20

### Top Themes from Scrutiny Survey:

1. Supporting people with mental health needs
2. Supporting older people
3. Integration of health and social care
4. Primary care (such as GPs and health centres)
5. Local hospital services

### Issues Suggested in Scrutiny Survey or at Scrutiny Café

No.	Suggestion	Comments and Feedback from Survey and Cafe
1.	Mental Health	<ul style="list-style-type: none"> <li>• Understanding the barriers to residents accessing mental health support in the community;</li> <li>• Considering the early intervention initiatives available to support young people with mental health issues in the borough;</li> <li>• Exploring the housing support to families with mental health needs. Are they accessing secure accommodation? Making sure that consistent support provided and not just to those that shout the loudest;</li> <li>• Examining the pathways between community mental health services and whether this process is working for people;</li> <li>• Having a borough wide mental health strategy – noted that SHENEL had staff psychologists picking up cases from the college;</li> <li>• Exploring the impact on the mental health of residents experiencing anti -social behaviour in their housing area. Examples provided, were of youths congregating and intimidating residents in housing areas and estates. Dispersal strategy was not working as the youths were seen to be moving from area to area. Therefore, the underlying issue seemed not being tackled by the Police and Council;</li> <li>• Increased number of clients who were severely mentally disabled who required personal support to access services. The Law Centre were acting as an advocate for them but they required professional support;</li> <li>• The Law Centre were dealing with clients who were reaching crisis points in their mental health conditions. These crisis points could be avoided through better partnership working between community mental health services to mitigate against such an overwhelming impact on a person’s health and wellbeing;</li> <li>• Increase in claims for IEPT which were mental health related. There was a need for the community health services to better support claimants that wanted to get back into work;</li> <li>• Building a picture of how disadvantageous it is to be an older person with special educational needs, in order to better understand their support needs. Older people with learning disabilities experience isolation, feeling of abandonment and lack of quality relationships.</li> </ul>
2.	Adult Services review	<ul style="list-style-type: none"> <li>• Completing case studies of residents that were previously using the care homes which have now closed in the borough and examining what care services they are</li> </ul>

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		<p>receiving now;</p> <ul style="list-style-type: none"> <li>• What has happened to the residents with learning disabilities and complex needs that were accessing centres that have now been closed? Are the Council spending more money on their support to help them access services outside of the borough?</li> <li>• Adult’s services is a pressing concern for the Council. Considering service provision through a holistic approach and not compartmentalising social care;</li> <li>• Examining the wider impact of closure of the care homes;</li> <li>• Restoring the Autism support centres;</li> <li>• Review of domiciliary care advocated as there seemed to be a rationing of care in the system. Suggested Scrutiny exploring the feasibility of a social enterprise model or bringing care services back in house;</li> <li>• Osbourne Grove – Although, a decision had been made on the centre staying open, there was not yet an understanding on increasing the use of the centre;</li> <li>• Reviewing the outcome of the social care service changes in 2015 and whether the families are making use of the facilities directed to, outside of the borough, or have not accessed services and are falling through the net. Also assessing whether there has been less spend as a result of closing day care centres or if this has actually increased;</li> <li>• Reviewing the commissioning process and how it is managed and maintained as this would be at the core of how some care services are delivered;</li> <li>• Considering the current support to carers as the carer offer isn’t clear, people don’t know what they can ask for, services for carers aren’t funded well and there has been a loss of support facilities for carers;</li> <li>• Reviewing the whole social care assessment process. Personal experience shared of waiting 6 months for an assessment, which was in the end a very poor assessment. Frustration with the system as there was not any channel for disputing/challenging the care being received. Experience of support worker in supported housing premises not capable of providing support. As support housing is contracted, there needs to be a review of the management of the contract;</li> <li>• The closure of the Autism day care centres has caused most of the users to use facilities that are outside of the borough. Personal experience of a better support when in the borough at the day care centre;</li> <li>• Dismantling of universal services in Adult Social Care leading to access issues. Therefore, need to have support services provided by voluntary organisations based in the borough;</li> <li>• What has happened to people who used to use Day Care Centres? What are the costs now of providing different care or have they been missed? Are they at risk of Social Isolation?;</li> <li>• Residents with high needs are being sent out of borough - is this costing more?</li> <li>• Homecare commissioning and conditions for workers;</li> <li>• Quality of social care provided to those with assessed needs;</li> <li>• Researching into the overall condition of over 70s in LBH.</li> </ul>
3.	Pathways to care	<ul style="list-style-type: none"> <li>• How are Adult services and hospitals working together to help residents leaving hospital access care services effectively;</li> <li>• Investigating the support to families with disabled children and the communication</li> </ul>

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		<p>around pathways to care;</p> <ul style="list-style-type: none"> <li>• Making care pathways easier to access by making sure that the different care services are joined up and local;</li> <li>• Review of the transition arrangements between Children and Adults Social Care services which occurs between the ages of 14 to 25. There was feedback from parents of delays in the system and the application of different thresholds of support. For example, a support service that was being provided by Children’s services may not be continued by Adults services;</li> <li>• Personal experience shared of lack of support and care in Adult Social Care service for carers when first in need. A carer may suddenly have to find themselves trying to navigate the system. Basic information is not easily to hand when in this stressful situation;</li> <li>• Personal experience shared of frontline staff not being helpful or kind to a carer on the phone in what was a stressful situation. Similar experience with GP;</li> <li>• Also carers spoke about their experiences with social workers and having to manage them to ensure care is provided. Also they did not share their reports with the carers to provide an understanding of the actions being taken forward and having a say in this;</li> <li>• Supporting people with complex needs;</li> <li>• Autistic adults (without a learning disability ]constantly forgotten despite huge needs, for example recent research into massively increased suicide rates, etc.</li> </ul>
4.	Engagement	<ul style="list-style-type: none"> <li>• Partners working with the Council to strengthen community care services and meet local needs;</li> <li>• How to empower residents to take better care of their health as a preventative strategy;</li> <li>• Exploring how residents can get more involved in community activities;</li> <li>• There was comments on the lack of dynamism in the community in relation to Adult Social Care. There was a lack of a community engagement in the borough to support the work in adult social care. Experience shared of working in housing estates where there was a lack of voluntary sector presence which was leading to a lack of engagement between residents. There was lottery funding available and funding for tackling isolation but there was no engagement with communities to help set up voluntary groups to access this funding and support;</li> <li>• Supporting disabilities related voluntary sector organisation in the borough, there was examples provided of where funding by the Council has stopped and the groups feel abandoned and not supported to find alternative sources of funding and in turn support their membership;</li> <li>• Need to build up partnerships with local communities and build pride in the borough heritage;</li> <li>• Need to look at best practices from providers, outside the borough, to help improve Council care offer;</li> <li>• Connecting up arts projects, sport, health, well-being education and innovation to improved mental and physical health and wellbeing for all;</li> <li>• Social care strategies (along with other support) need to be implemented with much greater involvement from and support for local communities.</li> </ul>

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5.	Access to services	<ul style="list-style-type: none"> <li>• There were around 130 small community groups at the Selby Centre, including Adult Social Care groups. Exploring why ethnic minority communities are preferring to access the support through these groups rather than through the main Council service;</li> <li>• Review the impact of waiting times on how community health agencies and schools work together. There was currently a 14 month waiting time for a child to access speech and language therapy and this had an impact on the support and outcomes for the child;</li> <li>• Supporting everyone affected by the government's Hostile Environment policy: refugees, migrants, other BAME people;</li> <li>• Supporting young people with disabilities access employment and helping them get those employability skills so they have more control over their lives;</li> <li>• Supporting Women and BAME communities to access the right healthcare provisions e.g. ensuring healthcare professionals are empathetic and can relate to the barriers Women and BAME communities face.</li> </ul>
6.	Adult Learning	<ul style="list-style-type: none"> <li>• Noted that SHENEL offered free courses for Adults at level 2 and there was not a significant take up of this opportunity. Therefore, exploring the support and awareness around adults taking up more learning to increase their skills in turn support access to higher pay.</li> </ul>
7.	Housing support for older people	<ul style="list-style-type: none"> <li>• Examining the housing support to older LGBT residents. Greater understanding needed of the needs of LGBT residents who are now elderly and requiring specific health care services;</li> <li>• Concern about the reduction of wardens in sheltered and supported housing. The number had reduced from 32 to 8 and these remaining number were covering the whole borough. There had been a visit to a resident in the N17 scheme who was very demoralised by the change in support and was afraid to leave her premises. There was concern that the associated changes/improvements to support scheme to mitigate the reduction in wardens had not materialised and this had left the elderly residents feeling isolated and unsupported;</li> <li>• Concern about the new model of support in sheltered housing, residents were indicating that there was no one around during the day and this was causing anxiety for the residents in the potential response available if a specific health issue was experienced;</li> <li>• Considering the impact of housing estate demolition's on the health of older people. Often older people are more affected by their home being pulled down than other younger residents as they did not understand the process and what is happening to their home. This situation may cause mental health issues and earlier death;</li> <li>• More resources needed to give residents advice around private and temporary accommodation, especially around repairs;</li> <li>• Need more funding for older people services provided by HFH</li> </ul>

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8.	Queries/ questions for the Cabinet Member	<ul style="list-style-type: none"> <li>• There seems to be no overall database kept of the support needs of disabled people in the borough living in social housing. An example was provided of a resident in a wheelchair who had had her home adapted at the age of 20 but was required to move due to changing health needs and there was no records kept of how her home had been adapted to inform the suitability of new accommodation;</li> <li>• Recent Labour manifesto referred to and the pledge to a review Adult Social Care in the borough. There were questions about how this was being taken forward and when this review would report? Cllr Connor agreed to check with the Cabinet Member for Adults and Health who co-ordinating was taking this review forward and the engagement planned with community groups;</li> <li>• Drug and alcohol addiction - what has happened to these services in Haringey following the ending of DAAT Strategy Board?;</li> </ul>
9.	Other issues	<ul style="list-style-type: none"> <li>• Need to improve Community Health provision;</li> <li>• Following the recent discussion about the potential partnership between the North Mid and Royal free it was important to understand how much funding the North Middlesex Hospital receives. Concern over the Royal Free taking over the North Mid Hospital and the selling off of NHS Estates;</li> <li>• How we upskill receptionist working in GP practices so they can signpost people to other services? Currently being done in Waltham Forest;</li> <li>• Health of people from BAME communities.</li> </ul>