

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON TUESDAY 25th FEBRUARY 2020, 6.30 - 8.40pm

PRESENT:

Councillors: Pippa Connor (Chair), Patrick Berryman, Nick da Costa, Eldridge Culverwell, Mike Hakata, Felicia Opoku and Matt White.

Co-opted Members: Helena Kania

45. 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'.

46. APOLOGIES FOR ABSENCE

Apologies for lateness had been received from Cllr Mike Hakata.

47. ITEMS OF URGENT BUSINESS

Dominic O'Brien, Scrutiny Officer, informed the Panel that, while the minutes of the previous meeting had been available on the Haringey Council website for over a week, they had not been included in the agenda pack for this meeting. The minutes from an earlier meeting had been included instead in error. The correct minutes had since been circulated to the Panel and were tabled under Item 6.

48. 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.

49. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

50. MINUTES

The minutes from the meeting dated January 6th 2020 were tabled and their accuracy was agreed by the Panel.

Cllr Connor noted that under item 40 of the minutes it had been recorded that she would be meeting with Sarah Mansuralli, Director of Strategic Commissioning at North Central London CCGs, for a discussion about St Ann's Hospital. The meeting had since taken place and Cllr Connor reported that she had enquired about the lack of reablement beds on the St Ann's Hospital and whether more beds could be added to the new site so that local people can be treated locally. Cllr Connor had also since sent an email to the Mayor of London, as the site is part-owned by the GLA, to ask him to facilitate a further discussion on this matter and was currently awaiting a response.

AGREED: That the minutes of the meeting held on 6th January 2020 be approved as an accurate record.

51. CABINET MEMBER QUESTIONS

Cllr Sarah James, Cabinet Member for Adults & Health, opened this item with a brief introduction, reporting to the Panel that the budget had been passed at the Full Council meeting the previous evening. This had included:

- provisions to pay the London Living Wage to care staff and others;
- investment in autism and learning disability services at Waltheof Gardens;
- investment in the Linden Road scheme, providing accommodation for people with autism, learning difficulties and challenging behaviour, which would be coming on stream shortly;
- investment in mental health provision at Canning Crescent.

Cllr James then took questions from the Panel on issues within her portfolio.

Helena Kania asked what measures the Council had put in place to protect workers who come into contact with the public and at hubs such as at Waltheof Gardens from the coronavirus. Cllr James said that health advice was being distributed, including by text message from GP practices. The national general health advice is being followed which includes, for example, to self-isolate if displaying any symptoms of the virus. Asked about whether extra provision of hand gels and disinfecting stations would be provided at certain places, Beverley Tarka, Director of Adults and Health, said that Will Maimaris, Director of Public Health, is in close contact with Public Health England and that the whole issue of additional sanitisers had been discussed within the Council. However, at this stage, the conclusion was reached that this was not a proportionate response and could create additional anxiety within staff. The Council was following the Department of Health guidelines and referring staff to these guidelines on the advice of Public Health England. London ADASS (Association of

Directors of Adult Social Services) is currently conducting a survey of all London Boroughs to establish what additional support is required for home care providers.

Cllr da Costa commented that the Council's response was, in his view, a different interpretation of the Public Health England advice which he said was encouraging companies to ensure that people in offices clean and disinfect their hands.

Asked about how Same Day Emergency Care (SDEC) in hospitals might impact on Council services, given that some of these patients being sent home will require more social care, Cllr James said that this will required joined up care and would be addressed through the Borough Plan and partnership working. John Everson, Assistant Director for Adults, added that the Council is working closely on this with the CCGs, Acute Trusts and the A&E Delivery Boards. Any impact on discharge would need to be worked through with the Council as discharge wouldn't be possible without certain Council facilities such as Single Point of Access, Reablement services or intermediate care beds. Work was ongoing on this issue but it was not an area that had been identified as a risk at this stage. Helena Kania expressed concern that statistics might not be collected on what happens to patients after SDEC and on whether they require further hospital treatment. John Everson responded that the Council does already measure the number of people who are discharged but return to hospital within 91 days but acknowledged that this is an important point and would take that away to consider.

Asked by Cllr Da Costa what risk assessment the Council had carried out regarding the government's proposed new points-based immigration system and the potential loss of care workers, Cllr James noted that the Council's plans to pay care workers the London Living Wage is expected to help with the recruitment and retention of staff. She acknowledged that there had already been concerns about the impact of Brexit on foreign workers in the care sector prior to these proposals so it would be necessary to ensure that those who need to apply for settled status are aware of this and do so. Some coordination across the NCL area may be necessary on how to deal with threats to the sustainability of the labour force and to make those views known to the government.

Referring to an article in the Guardian newspaper on 18th February 2020, which reported that over 22,000 residents in the NCL area had not received mail sent to them from Barnet and Chase Farm Hospitals following an error by a private contractor, Cllr da Costa asked what contact there had been between the Council and the NHS Trust to ensure that residents were updated on their medical status. Cllr James said that she was not previously aware of this incident but that she would look into this and provide a written response. **(ACTION)**

Referring to an article in the Ham & High newspaper on 20th February 2020, which reporting on an inadequate CQC rating for Alexandra Park care home, Cllr da Costa

asked what communication between the Council and care home was ongoing. Beverley Tarka said that quality assurance colleagues were working closely with the CQC and the care home, will support the care home and their service improvement plan and are in the process of reviewing the Council's six clients within the home.

Asked by Cllr Berryman why the capital costs to rebuild Osborne Grove nursing home had escalated from an estimated £7.9m in June 2018 to £35.9m in the budget papers in February 2020, Cllr James said that the original budget line in 2018 was a very rough estimate at best and was based on plans for a much smaller building. The opportunity to expand the site to 70 beds obviously comes with significant additional costs attached to it. It has been through a feasibility study and a process of consultation and co-design process and there had been a suggestion of adding supported housing units to the site as well which was the subject of further work and had pushed the costs up further. GLA funding may be available for this, which could mitigate some of the costs. Cllr Berryman responded that the June 2018 estimate in the Cabinet report had also been for a 70-bed home so this did not explain such a large rise in costs and asked for further details about the supported housing. Beverley Tarka clarified that the recent Cabinet paper was concerned only with the rebuild of the 70-bed care unit but that work was still ongoing work concerning the other site at the front which would be subject to another Cabinet decision. She also said that the more recent proposals for the care unit included a more specialised specification which took on board proposals from the co-design group for the various client groups. Cllr Connor said that the Adults & Health scrutiny panel would continue to monitor the capital spend on Osborne Grove.

Asked by Cllr White for an update on the Waltheof Gardens project, Cllr James said that this was in two parts, a centre for people with autism/learning difficulties and an autism hub to be run by people with autism. She had met with the designers earlier in the week and there had been a lot of input from carers with work on site expected to begin soon which would take around 10 weeks. Potential service users were already in the process of being identified and feedback from carers had been optimistic about the project and positive about the co-design process.

Asked by Cllr Connor whether a dementia hub would be provided in the east of the Borough to mirror the service provided by the Haynes Centre in the west of the Borough, Cllr James said that a review of dementia provision was ongoing which would look at whether more services are needed. She added that the Haynes Centre staff currently do a lot of work to upskill providers elsewhere in the Borough such as at the Grace Organisation and the Cypriot Centre.

Cllr Connor asked for clarification about the funding and delivery models to pay the London Living Wage which, according to the papers from full Council the previous day, had been described as cost neutral by 2024. Beverley Tarka said that, as well as paying the London Living Wage, the aim was also to get quality returns from providers

and so the tendering process would identify a smaller number of providers that are able to meet those quality standards. The Council also aims to increase the use of Direct Payments which are known to be the most cost effective way of delivering social care, as well as giving service users more choice and control. However, only around 25% of payments are made through this route currently so there would be a strand of work to increase the number of Direct Payments workers. That team has a duty to review on a regular basis how money is being spent and whether it is meeting the needs of the care package. Finally, there would be a strand of work to increase the use of assistive technology, which can promote the independence of service users and reduce the cost of paid care. These measures, taken together, would help to mitigate the additional costs associated with paying the London Living Wage to care workers. Asked about the additional social isolation that could result from replacing some care work with assistive technology, Beverley Tarka said that paid care hours would not be taken away but rather that the assistive technology would improve the overall quality of the care package provided. However, the Council recognises social isolation as a problem and the Connected Communities programme aims to take action to address this.

Cllr Connor asked what was being done to establish what would happen financially next year given that the government had provided a one-off £4.9m additional payment for social care this year. Cllr James and Beverley Tarka acknowledged that there was no guarantee of receiving such funds in future years but that the Council monitors the situation through various sources such as London ADASS.

52. QUALITY ASSURANCE AND SERVICE IMPROVEMENT

John Everson, Assistant Director for Adults, introduced the report on this item on the Quality Assurance and Service Improvement infrastructure within the department. Key points included that:

- The internal focus is regulated through the Quality Assurance Board which checks on both the practice within the service and the quality of the service that is delivered to service users and carers.
- This enables the team to look in more detail at individual practice through case file audits and to interrogate complaints and compliments, which helps to inform service improvement plans.
- There is a more robust service improvement management infrastructure recently put in place to focus on areas that face challenges such as getting assessments around occupational therapy.
- The Governance and Improvement team has, among other things, a role in safeguarding and on the outcomes for vulnerable people in the community.
- The external focus includes an audit service provided by Mazars, which carries out its audits in areas where the department feels could improve or needs to be tested. There are a number of these each year which informs future practice.

- The London ADASS network is used for peer review which comes in to look at one of three themes each year – Safeguarding, Commissioning and Use of Resources.
- The Adult Social Care Outcomes Framework (ASCOF) which provides local and national statistics on outcomes that care and support services should achieve and sets a benchmark for how well each Council is performing on these.
- The Local Government Association (LGA) also provides analysis and has recently been involved in some work to better understand demand and cost of care within Haringey.

John Everson then responded to questions from the Panel on each of the different sections within the report.

Quality Assurance Board

- On the criteria used by the Board, John Everson said that they look at benchmarks of what is considered to be good quality in adult social care such as the indicators used by the ASCOF for example. Considerations include the timeliness of assessments, feedback from service users and carers, compliments and complaints received and CQC ratings.
- Asked whether there is independent input on the Board, he acknowledged that it is an internal board but said that there is external audit from Mazurs who assess the department's practice in key areas as well as the input from London ADASS.
- Asked whether the Local Account (which details the performance and priorities of Adult Social Services) was an online-only document, he confirmed that it was but that it could be printed out on request. Helena Kania commented that paper copies should be made available to the public in libraries. The 2018/19 Local Account has recently been published and it was agreed that this document be shared with the Panel. **(ACTION)**
- On how the questions to service users were structured and whether they were based on pre-set questions or more in-depth interviews, he said that the infrastructure is set up to broadly look at the whole picture. The conversations with service users and carers through the review process is designed to tease out what is working well or not for individuals. There is clearly a need to triangulate the themes of that information with other broader data to identify areas of concern and look at these further, including by exploring them through the strong working relationship with the CQC. The broader data includes the Adult Social Care survey, which comprises of a set of questions that are standardised across the whole country and are used on a more strategic level to get a sense of how services are performing.

Audit Process

- Panel Members commented that paragraph 2.10 of the report explained only the process around recent audits but did not provide figures or RAG status indicators to demonstrate what the conclusions of the audits were. The Chair requested that recent figures/indicators from these audits be provided to the Panel, perhaps covering a 6-month period. **(ACTION)**
- Asked about the general conclusions that can be drawn from the audit tool, John Everson said that it varies as a random sample of 15 cases is used each month. There is also a high turnover of staff which can affect the results. In some months the indicators can be mainly green but basic mistakes are sometimes identified and, when that happens, clear plans are put in place with that team to mitigate the poor practice and to improve future performance.

Complaints and Compliments

- Challenged about the assumption in paragraph 2.13 of the report that learning and actions by the teams was the cause of certain issues not being repeated in the complaints, he took the point but said that, for example, the occupational therapy issue had been a particular concern for quite some time and complaints about these were not now being seen in the same way.
- Asked about the number of complaints, John Everson said that in Quarter 2, 12 complaints were upheld.
- Cllr da Costa commented that it would be useful for the Panel to have oversight of the reports that go to the Quality Assurance Board on a quarterly basis.
- In response to a question from the public gallery by Lauritz Hansen-Bay about improving access to information about services that are available, John Everson said it was important to recognise that people can find it difficult to get into a complex system. The Connected Communities programme and the ongoing work to develop a place-based approach North Tottenham is key to this and aims to find solutions to these issues by provided a coordinated first response service for people when they have issues.
- Cllr Connor asked whether a 'suggestions' option could be provided as a more neutral method of providing feedback rather than just compliments or complaints. John Everson said that this sounded like a positive idea and Beverley Tarka said that although this isn't currently an option, there is feedback collated from forums which includes suggestions from service users and carers about what they might like to see being done differently.

Service Improvement and Business Management

- Asked what service improvements had been identified, John Everson said that one of the key things in the borough plan is on how the department makes sure that the information and advice provided by the first response team is good. However, it had been recognised that the customer experience was not particularly good with people struggling to get through or on hold for a long time for example. To improve that experience the team has put in place technological solutions, such as putting in place an automatic callback system instead of a hold system and improved triaging to direct people to the right areas.

External Quality Assurance

- On how improvement plans are being put in place following the Mazurs audits, John Everson said that the audits highlight areas for improvement including how the Council brokers and sets up care packages to ensure that the packages were achieving best value for money. The audits on Mental Health and Transitions were not yet published. Asked whether these audits could be shared with the Panel, Beverley Tarka said that she would look into this and report back to the Panel. **(ACTION)**
- Asked how Mazurs are appointed by the Council as a whole and when their appointment is next due to be renewed, Beverley Tarka said that she would check this and report back to the Panel. **(ACTION)**
- Asked whether the outline of the Mazurs audit planned for 2020 on reablement could be provided to the Panel, John Everson said that he would look into this and report back to the Panel. **(ACTION)**
- Asked whether the LGA analysis referred to in paragraph 3.9 of the report could be provided to the Panel, John Everson said that he would check this and report back to the Panel. **(ACTION)** The report had concluded that Haringey was an outlier for the costs paid for some learning disability placements which had helped the team to understand what other local authorities do in these areas. It has also informed work at NCL level around care home placements. These findings don't necessarily always raise issues of concern but sometimes highlight areas where market conditions may be different.

Cllr Connor recommended that a report on quality assurance and service improvement should come back to the Panel again at the same time next year but with additional information including much more data from the internal and external audits. **(ACTION)**

53. CANNING CRESCENT UPDATE

Tim Miller, Joint Assistant Director for Vulnerable Adults and Children for Haringey Council and NHS Haringey CCG, introduced the report for this item, noting that the Cabinet had recently given approval to proceed with this development. The Canning Crescent site was previously built as a mental health community centre and had been occupied by Barnet, Enfield and Haringey Mental Health Trust. The Council acquired the site in 2019 and now has approval to develop it into a community mental health recovery centre with partners. The development will include a new home for Clarendon Recovery College, the Council's directly-provided education-based day opportunities service for adult mental health. It will also provide a new Safe Haven (or "crisis café") which is an out of hours, non-clinical service for people who may be experiencing a mental health crisis. The third element is a Recovery House, which is currently run from a Council-run building in Fortis Green and provides six rooms of short-stay accommodation for people who may be experiencing a mental health crisis providing non-clinical support and respite. Moving this service to Canning Crescent would provide an opportunity to expand and redesign the provision. There had originally been an aspiration to provide a supported living scheme on the site but this was not found to be the best option. However, there is still a commitment to deliver the scheme so alternative sites were being looked at including at the Fortis Green building.

Tim Miller then responded to questions from the Panel.

- Asked for further details about the 'recovery college' approach, he said that for a long time service users had been sent to day centres which helped to reduce social isolation but did not always make progress with other issues. The recovery colleges take an educational approach to health and well-being and provide a range of courses focused on mental health which are taught by professionals, family carers and people with lived experience of mental health conditions.
- On how the local community had been involved in the project, he said that people who had previously used the Clarendon had been involved in the design. A group of service users had been working with the Mental Health Trust on the Recovery House redesign project and there had been some focus groups with people at the Recovery College. There had also been some discussion with organisations in the Wood Green area but it has not been in-depth so far as the project had not been approved until very recently. A key principle of the project is that it is embedded in the community and is a resource for the community. It should also be noted that the site was already used as a mental health facility prior to the project being approved. Asked whether he could provide an update in future about how the local community was being involved in the design now that the project had been approved, he confirmed that he would be happy to do so. **(ACTION)**

- Asked about oversight and service user engagement after the service is operational, he said that the approach goes beyond engagement. The Mental Health Trust are doing particularly well in their peer-support worker employment programmes and their vision for the Recovery House is that it is a peer-led service supported by non-peer professionals and, behind them, supported by experienced clinicians. The Mental Health Trust now have a well-established training and induction programme for their peer support workers.
- Asked about access criteria to the Crisis Café, he said that the design work on this is ongoing. However, the feedback from engagement sessions with professionals and people with lived experience so far had been that the Crisis Café should be open access.
- Asked about the finances for the project, he said that there is a Section 75 partnership agreement between the Council and the CCG that brings together the investment into a single agreement and a single vision.
- On whether this could generate savings for the NHS through innovative improvements, he said that the direction of integrated health and social care is the recognition of the interdependencies between the two and that this is a financial issue as well as a clinical issue.

54. WORK PROGRAMME UPDATE

Dominic O'Brien, Scrutiny Officer, updated Members on the Panel's work programme. Evidence sessions for the Scrutiny Review on Adult Social Care Commissioning would be continuing the following week with a meeting with the Severe and Complex Autism Reference Group (SCALD) to discuss co-design issues.

Other sessions were booked with Council officers and a full list of forthcoming meetings would be circulated to Members by email.

A joint meeting involving Members from both the Adults & Health Scrutiny Panel and the Children & Young People's Scrutiny Panel on the topic of transitions and the forthcoming Autism Strategy was scheduled for 11th March 2020.

The Scrutiny Café, a community consultation event to discuss which topics the Scrutiny Committee/Panels should include in their next Work Programmes, was scheduled for 20th March 2020.

55. NEW ITEMS OF URGENT BUSINESS

CHAIR: Councillor Pippa Connor

Signed by Chair

Date