

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

**Monday, 18th September, 2023, 6.30 pm - George Meehan House,
294 High Road, N22 8JZ**

(To watch the live meeting click [here](#) or watch the recording [here](#))

Members: Councillors Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Mason, Sean O'Donovan, Felicia Opoku and Sheila Peacock

Co-optees/Non Voting Members: Ali Amasyali (Co-Optee) and Helena Kania (Co-Optee)

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 - 14)

To approve the minutes of the previous meeting.

7. SUICIDE PREVENTION (PAGES 15 - 24)

To provide an overview of the Haringey Suicide Prevention Strategy.

8. LIVING THROUGH LOCKDOWN REPORT - COUNCIL RESPONSE (PAGES 25 - 62)

To receive an update on the Council's response to the recommendations of the 'Living Through Lockdown' report.

The report was published in August 2020 by the Joint Partnership Board and is provided in full in this pack.

9. CABINET MEMBER QUESTIONS

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

10. WORK PROGRAMME UPDATE (PAGES 63 - 66)

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

- 16th Nov 2023 (6.30pm)
- 12th Dec 2023 (6.30pm)
- 22nd Feb 2024 (6.30pm)

Dominic O'Brien, Principal Scrutiny Officer, dominic.obrien@haringey.gov.uk
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Friday, 08 September 2023

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON THURSDAY 22nd JUNE 2023, 6.30 -
9.10pm**

PRESENT:

**Councillors: Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran,
Mary Mason, Sean O'Donovan, 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

Apologies for absence were received from Cllr Felicia Opoku and Ali Amasyali.

Apologies for absence were also received from Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being.

3. ITEMS OF URGENT BUSINESS

Dominic O'Brien, Scrutiny Officer, said that the terms of reference and protocols for the Overview & Scrutiny Committee and its Panels and the non-voting co-opted Members on the Committee/Panels had been tabled as an item of urgent business. This included the policy areas/remits and the membership for the Committee and each Panel for 2023/24. These documents were for noting.

The report also required the Panel to approve its non-voting co-opted Members for 2023/24. The Panel was permitted to appoint a maximum of three members. There had been two members during 2022/23 (Ali Amasyali and Helena Kania) and no additional applications had been received.

RESOLVED: That Ali Amasyali and Helena Kania be appointed as non-voting co-opted Members of the Adults & Health Scrutiny Panel for 2023/24.

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 Thayahlan Iyngkaran declared an interest by virtue of his membership of the Royal College of Radiologists.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MINUTES

Cllr Connor updated the Panel on a previously agreed action from the Panel's budget scrutiny meeting in December 2022 that dialogue with the finance officers about the 2023/24 budget scrutiny process be commenced as an earlier stage. A discussion had subsequently taken place on 19th June 2023 involving Cllr Connor, the Chair of the Overview & Scrutiny Committee, the Director of Finance and others on the format of the budget scrutiny reports for 2023/24, with particular reference to the capital budget details.

The minutes of the previous Adults & Health Scrutiny Panel meeting were approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 13th March 2023 be approved as an accurate record.

7. DEMENTIA SERVICES UPDATE

Cllr Pippa Connor opened this item by highlighting three specific areas that the Scrutiny Panel would like to hear further information on which were a) details of the budget for the Ageing Well Strategy, b) which organisations received money from this budget, and c) the outcomes that were delivered and how these were measured.

Paul Allen, Head of Integrated Commissioning, then introduced the report on dementia services, noting that it provided an update to the previous report to the Panel at the December 2022 meeting and comprised of three main areas:

- Improving awareness-raising and progress towards a dementia-friendly Haringey;
- Improving diagnostic rates and onward connection to services;
- Improving services for people living with dementia.

On the first area around awareness-raising, Paul Allen said that actions taken since the last report had included appointing a dementia coordinator and relaunching the Dementia-Friendly Haringey Alliance, which had recently had a successful conference. The priority on support for under-served communities had included work through the community ambassador network to spread awareness about spotting the signs and symptoms of dementia and encouraging people to approach their GP for help earlier. An Ageing Well guide was also being developed and funding had been obtained for a training and awareness raising programme on ageing well with a specific module on dementia.

On the second area around diagnostic rates, Paul Allen said that actions taken had included working with GP practices and NHS Trusts to improve diagnostic rates by getting the basics right, including through initial screening. There had been some work with the Dementia Reference Group to develop a dementia chart which describes some of the things that people might expect in accessible language including advice on where to turn if problems escalate. An enhanced health and care homes model and collaboration between primary care community health and care homes had been worked on as around 70% of the care home population had dementia to some extent.

On the third area around improving services, Paul Allen said that support available at acute Trusts had been improved through initiatives such as an assessment unit for frailty. Support in the community was being improved through the 'hub-and-satellite' model set out in the report which involved the Haynes Dementia Centre, the Grace Organisation and other community resources.

Laura Crouch, Senior Services Manager for Community Provisions, Day Opportunities and Shared Lives, spoke about the 'hub-and-satellite' model explaining that the Haynes Dementia Centre was the centre for expertise for dementia in the Borough and that the aim was to develop that expertise elsewhere in the community. There were links developed by the dementia coordinator with Priscilla Wakefield House and other housing associations where dementia-friendly activities (knitting, drama, art therapy, etc.) were being held in the common room areas. They were also looking to expand the Singing for the Brain programme to other parts of the Borough as this was now oversubscribed at Alexandra Palace. There were conversations ongoing with Tottenham Hotspur Football Club about the possibility of obtaining some community space for this.

With regards to the initial questions posed by Cllr Connor about budget and outcomes, Paul Allen said that the Ageing Well Strategy was wider than the dementia issue as it also covered areas such as managing frailty and end of life care. The overall strategy also involved multi-agency working so it was difficult to attribute a single figure to this. However, the Better Care Fund (BCF) plan put a large amount of its £37m budget towards the Ageing Well Strategy. There were also other funders, for example the assessment unit for frailty referred to earlier was funded through acute investment as part of wider contracts. Also included were other services with a community health element. Paul Allen said that he could pull this information together if required but it wouldn't necessarily be fully comprehensive. **(ACTION)**

On outcomes, Paul Allen said that he could share some of the outcome metrics that had been established. For individual services this included statistics on the number of people engaging and the type of activities they were doing, along with wider system measures such as reducing the number of times people have required emergency admissions to hospital. From 2019/20 to 2022/23 there had been a 22% reduction in over-65s going into hospital and an 8% reduction in those who stayed longer than a day. This improvement seemed to be occurring in both more deprived and less deprived areas. The performance framework could be shared with the Panel **(ACTION)**.

Paul Allen and Laura Crouch then responded to questions from the Panel:

- Cllr Iyngkaran asked about waiting times from diagnosis to referral to the Memory Service at St Ann's Hospital as there were some backlog issues. Paul Allen explained that this service was provided by Barnet, Enfield & Haringey Mental Health Trust to provide a formal diagnosis once a GP had identified cognitive impairment. He acknowledged that there was a waiting list, though waiting times had recently improved with further improvement still needed. He added that post-diagnostic support needed to be built up so that the service was able to release patients at an earlier stage. Cllr Connor requested that the latest details on the waiting list be provided to the Panel. **(ACTION)**
- Asked by Cllr Iyngkaran for further details about raising awareness in under-served communities, Laura Crouch said that they had already identified the relevant community groups and that the dementia coordinator role was to build links with those groups. A dementia awareness pack specific to the Borough was being developed which would target specific groups where appropriate and would include an easy-read version and translated versions. Prior to the pandemic, dementia-friendly awareness training had been delivered to Homes for Haringey staff with over 600 participants, leading to an increase in dementia referrals from maintenance staff and community-facing officers. There was now an intention to proactively deliver similar training to community groups across the Borough, supported by the dementia co-ordinator.
- Cllr O'Donovan asked about the work of the Grace Organisation which provided day opportunity services in the east of the Borough, including details of their funding and the expansion of their offer. Laura Crouch explained that the Grace Organisation was a third party charity that took referrals from professional including GPs and social workers or through self-referrals. People could also pay a small fee to join their luncheon club. The Grace Organisation provided services for people with learning disabilities and older/isolated people as well as for the dementia community. It worked alongside the Haynes Centre to improve dementia friendly practices and activities.
- Cllr O'Donovan noted that the Equality Impact Assessment referred to better awareness and support being needed for African, Caribbean and Asian groups and suggested that the Irish community should also be included in this due to the evidence that they were overrepresented in terms of poor health, including dementia. Cllr Mason added that people with limited financial resources should

also be considered as they may sometimes find it more difficult to access services. **(ACTION)**

- Asked by Cllr Mason about support for carers, Vicky Murphy, Service Director for Adult Social Care, explained that the Council provided a carers' offer under the Care Act and a small budget for them to get help and support could be provided as part of the Care Act assessment. There had also recently been consideration of how to strengthen the carers' offer, supported by the development of the locality working approach, so this was in progress. Jon Tomlinson, Senior Head of Brokerage and Quality Assurance, added that there was £200k from the Better Care Fund (BCF) available in the current financial year which could be used for carers' support and so the aim was to speak to carers in localised settings to get a sense of their priorities. Advice and support often tended to come out as a high priority but there may be other priorities highlighted that could strengthen the offer. Cllr Mason suggested that opportunities for carers to meet and support each other could be an important priority area.
- Beverley Tarka, Director for Adults, Health & Communities, said that, as President of ADASS (Association of Directors of Adult Social Services) she had identified support for unpaid carers as her top priority, acknowledging the significant contribution that they made and challenging all local authorities to develop a response in addition to what they were already doing. She emphasised the importance of working alongside carers to identify what was important to them. £25m of additional national funding was expected soon for carers' support.
- Noting the good work of the Haynes Centre in the west of the Borough, Cllr Brennan asked whether a similar centre could be established to serve the east of the Borough. Laura Crouch said that the focus was on the 'hub and spoke' model development which involved identifying other places where dementia activities could be developed in more localised communities. There were also some well-established groups and services in the east of the Borough.
- Helena Kania asked about the support for families of people with dementia to navigate the financial support available to them as this could be a complex area and entitlements could vary for different conditions. Vicky Murphy said that the Connected Communities service and other navigators across the system supported people in obtaining the financial support that they were entitled to. She added that benefits such as attendance allowance should be assessed according to the level of need regardless of diagnosis, for example by assessing mobility needs.
- Asked by Helena Kania about the current situation with carers' assessment waiting times, Vicky Murphy said that she did not have the figures to hand but would provide these to the Panel **(ACTION)**. She added that ADASS had recently published their spring seminar report in which the figures for outstanding assessments were really positive for Haringey.
- Cllr Peacock spoke about the dementia activities that she helped to support including singing at Park Theatre, swimming, the Singing for the Brain group and dementia meetings at the Phoenix Group. She highlighted the importance

of accessible locations with suitable parking facilities. She also explained the difficulties of encouraging some people with dementia to engage with activities as, for example, when moved to sheltered housing, some people tended to stay in their flats due to frailty or sickness. She added that was variation of need because there were different types of dementia and the support required. In response, Jon Tomlinson said that commissioning should be seen as a vehicle for getting the things that people in the community said that they needed the most. The first steps for this were to meet some of the more established groups to get a sense of the biggest issues for them but also then look to invite other members of the community and hard to hear groups to make sure that they picked up all the issues that people wanted to raise.

- Asked by Cllr Peacock about respite for carers, Vicky Murphy said that this could be provided through a direct payment or by commissioning that service. This would also be an issue addressed through the carers and commissioning strategy work that had been discussed. She added that, by moving to the locality approach, she hoped that there would be a front door service that carers could use directly.

Cllr Connor thanked officers for their report and summarised the requests/recommendations from the Panel as:

- Further details on the budget for the Ageing Well Strategy, which organisations received money from this budget, the outcomes that were delivered and how these were measured.
- Details of the waiting list for the Memory Service to be provided.
- For the Panel to continue to be updated on the work with carers to understand their priorities for the use of the BCF funding.
- Details of carers' assessment waiting times to be provided. **(ACTION)**

Cllr O'Donovan added that he would like to see further explanation of how the Grace Organisation were being supported to spread their service offer to the local community. **(ACTION)**

8. WORKFORCE FUNDING AND REFORM AGENDA

Chris Atherton, Principal Social Worker and Head of Quality Assurance & Development for Adult Social Services, introduced the report for this item beginning with social care reform. Proposed measures on liberty protection safeguards and the social care cap had been pushed to the next Parliament. Changes to the Mental Health Act had been pushed back by a Parliamentary Committee which stated that it did not do enough to tackle inequalities and rising detention rates.

The new inspection regime for adult social services by the Care Quality Commission (CQC) was being slowly implemented with pilot work ongoing with five local authorities until September 2023 and then another 20 local authorities from then until March 2024. The aim was for all local authorities to be inspected and rated in the two years after that. The CQC had identified four themes for local authority assurance:

- **How local authorities work with people** – including assessment of needs, supporting people to live healthier lives and equity in experience and outcomes.
- **How local authorities provide support** – including market shaping, commissioning, workforce capacity/capability, integration and partnership working.
- **How local authorities ensure safety within the system** – including safeguarding processes/frameworks, reviews, safe systems and continuity of care.
- **Leadership** – Governance, management and sustainability. Learning, improvement and innovation.

Chris Atherton said that, from their work with ADASS and the LGA, it was clear that the CQC would have a particular focus on recruitment, retention and development of staff. The redevelopment of the Council's workforce strategy had therefore aimed to identify the key drivers that relate to its workforce, Haringey as a borough and its connection with the wider system. From this, workforce priorities had been developed including staff welfare and wellbeing, leadership and management traineeship, apprenticeships and career pathways.

He added that it was often difficult to get the workforce supply that was needed and so consideration had been given to developing capacity moving forward. Low vacancy rates improved outcomes for residents, improved service delivery and improved new models of practice. The Council's new social work and occupational therapy officer roles would provide stability to the workforce and future proof services by ensuring a steady flow of social workers and occupational therapists into the service each year by providing clear pathways into professional qualifications.

Chris Atherton, Vicky Murphy and Beverley Tarka then responded to questions from the Panel:

- Helena Kania expressed concern about the extensive staff time taken up by preparing and responding to inspections. Vicky Murphy agreed that this was an issue and said that preparation was key, including the work that had already been done with the commissioning review and the workforce review. They had also joined the ADASS group for peer review and would obtain experience from contact and collaboration with other local authorities. Beverley Tarka added that ADASS had worked closely with DHSC (Department for Health and Social Care) over the development of the inspection framework and were pleased that these focused on people's experience of care and support and the outcomes that people identify for themselves. There would be more learning after the first five pilots had been completed and there was also significant support available from ADASS and the LGA for all local authorities.
- Beverley Tarka also spoke about the recent ADASS spring seminar report which had highlighted the significant pressure that Directors of Adult Social Services were under across the country in terms of demand and responded to need. The government had provided some short-term funding which had seen some improvements, but more sustainable funding was needed for social care in the longer term.

- Asked by Cllr Mason about the reasons for staff leaving, Chris Atherton said that exit interviews were carried out and there were various reasons for people leaving which were not specific to Haringey. Chris Atherton explained that there was currently a challenging picture with a 30% vacancy rate which was being filled with the agency quota. A lot of agency workers moved outside of London as they could get better rates. However, it was not good to be reliant on agency workers because of the inconsistency in care and support to residents. Other issues raised by people leaving included Covid fatigue, work-life balance and the requirements of commuting. Staff surveys had recently been carried out to ascertain what additional support they felt they needed and this information was being used to improve the staff offer. Audits had been carried out on support and supervision for practitioners which would help to develop the role. Cllr Mason commented that a 30% vacancy rate represented a high risk for the Council and that it would be useful to continue to monitor staff turnover rates in future. **(ACTION)** Vicky Murphy added that the Council was currently in the process of transferring six qualified social workers to permanent posts which represented around 15%.
- Cllr O'Donovan asked about progress towards recruitment in the new social work and occupational therapy officer roles. Chris Atherton explained that this was currently in the pilot stage and that there were 10 practitioner roles altogether in areas such as mental health, learning disabilities and adult services. The practitioners were passionate about the opportunities that these roles provided and were involved with assessment, reviews, support and planning. This provided the mould of, for example, a social worker without the level of complexity or risk that a qualified social worker would hold but with the opportunity to follow a career path that could lead to full qualifications. This was developing a completely new model for the workforce to drive forward the outcomes that they wanted to achieve for residents. Vicky Murphy added that this approach would enable more employment opportunities for people with lived experience and draw in these strengths to local communities. Partnership and co-production would also be key elements of this work and this would be included in the CQC inspection.
- Cllr Lyngkaran asked about the cost pressure of agency work on the budget as it was more expensive. Chris Atherton acknowledged that the cost of agency staff was higher than permanent staff and that specific details of the cost could be provided to the Panel in writing. **(ACTION)** However, from a workforce perspective, he felt that Haringey had an excellent offer for permanent staff with the workforce strategy and opportunities for practitioners to do post-qualifying. In the last six years, every application made by internal staff to develop their career pathways and the budget for training and development had remained intact during the previous budget cuts. There was also the general training and learning development offer for staff, some of which was run through commissioned organisations or individuals with particular expertise.
- Cllr Lyngkaran requested further details about staff training, noting that this required a full training plan and funding to support this.

- Cllr Brennan asked about the workforce age graph provided in the agenda papers and expressed concern about the high proportion of older social workers and the impact on the workforce when they retired. Chris Atherton acknowledged that the age profile was an issue, but pointed out that social work tended to be something that people came to later in life and may have experience of working in the care sector before becoming a social worker. However, the current aim was to ensure that there was a more robust offer of bringing students into placements and developing pathways that could lead to the point of qualification including the apprenticeship and social work practitioner roles that had been discussed. This would help to negate some of the age differences.
- Asked by Helena Kania about the involvement of the CQC with carer agencies, Vicky Murphy said that a key line of enquiry for the CQC was on partners and co-production so partners, including agencies, would be engaging with the CQC as part of the inspection process.
- Referring to page 105 of the supplementary agenda pack, Cllr Peacock highlighted that “communication across the piece” had been identified as an issue under ‘workforce’ and observed that for many people in the community, the ideas that had been discussed needed to be communicated in easy-to-understand language. Vicky Murphy responded that there had been work with the communications team, and on the redevelopment of the Council website to improve the information that was available. The new locality approach was also based on communicating with people directly in local communities.

Summarising the key issues that had been raised, Cllr Connor said that the Panel appreciated the challenges involved with the workforce issues but queried whether there were sufficient resources in place to support the new roles and apprenticeships. She added that the new roles of social work officer and occupational therapy officers needed to be explained to residents so that they were aware of who they were interacting with. She also highlighted the risks associated with the high vacancy rate. Cllr Connor suggested that a further update on progress with workforce issues should be scheduled for a later date. **(ACTION)**

On communication and co-production with residents, Cllr Connor observed that there would be a challenge involved with helping residents to understand how they were going to be asked to be engaged in this process. Vicky Murphy said that plans were in place to start that co-production work, starting with a series of workshops and she was keen to continue working with the Panel on the outcomes that they needed to achieve and to obtain feedback.

9. LGA COMMISSIONING REVIEW

Introducing this item, Jon Tomlinson explained that a decision had been taken about a year ago to review the adult social care commissioning function and so the Local Government Association (LGA) had been approached who had suggested taking part in testing out an evaluation tool provided by the Public Services Transformation

Academy. Haringey was the first local authority to use this tool and, over the course of three days in Sep/Oct 2022, engaged with teams across the Council, providers, service users and voluntary organisations. The Review which was then produced included eight different dimensions which were scored with areas highlighted where room for growth had been identified in areas such as relationships, co-production and innovation. From a commissioning perspective, Jon Tomlinson said that there was enthusiasm to drive change, challenge the market and achieve a high-quality level. There were therefore some areas of improvement work, including on strategic direction, data, communication with providers/service users and refreshing documentation to help plan the commissioning cycle. The direction of travel was to be user and outcome centred as set out on the 'progress through the models' slide.

Jon Tomlinson and Vicky Murphy then responded to questions from the Panel:

- Referring to paragraph 1.8 of the Executive Summary of the report, Cllr Connor noted the statement that there were “foundational resources that are lacking within the Adult Social Service Commissioning team” including an overall commissioning strategy, a clear vision about strategic commissioning, leadership and a contracts register. Vicky Murphy highlighted that the commissioning function was still in recovery from the impact of the Covid pandemic and Jon Tomlinson noted that the priority during the pandemic had been ensuring that residents had access to basic services which impacted on other areas of work, such as the commissioning documentation. In terms of other issues, he said that the churn in senior managers across the services would have caused some disruption, so the aim of the current approach was to establish a ‘foundation block’ and clarity of direction to enable consistency irrespective of who was leading commissioning. Cllr Connor observed that the language of the report suggested a lack of strategy and that there would have been a strategy in place prior to the Covid pandemic. Jon Tomlinson confirmed that there had been a strategy in place but said that it was now quite dated, particularly because commissioning had changed as a result of Covid. Various documents, such as the market position statement, and the overall direction of travel therefore needed to be updated. He added that the report had been quite honest about what the key issues were, which was important to enable these to be tackled.
- Cllr Iyngkaran welcomed the transparency of the report and noted that some of the issues highlighted were familiar ones such as silo mentality and poor communication. Asked by Cllr Iyngkaran about the positive points that could be taken from the report, Jon Tomlinson said that the staff being the strongest asset came out clearly in the report. He added that they were happy to be honest and to share and that they were a generally supportive group of staff which boded well for the future.
- Asked by Cllr Connor how staff were being supported, given the critical nature of the report, Beverley Tarka said that the health and wellbeing of staff was paramount and welcomed the spirit in which this exercise had been approached. She added that a culture of learning and absence of defensiveness was important and was pleased that staff felt able to be open

about challenges. Alexandra Domingue, Project Manager in the Commissioning team, explained that she had been involved in the balanced scorecard approach and that the presentation shared with the Panel had also been used as a way of talking to staff about the outcome of their contributions and about what to do next. She added that the largest part of the project plan focused on workforce and there had been collaboration with the Human Resources team on tools to help staff with their experience of the transformation process.

- Cllr O'Donovan asked about the timescales required to implement the commissioning development plan. Jon Tomlinson said that the aim was to have the strategic plan in place within six months and then the action plan would follow from that.
- Cllr Mason queried whether the systems were working properly to support the workforce and the residents and to deliver outputs and outcomes. Vicky Murphy said that she was confident that the right people were in the right roles with the right systems and processes to support the best outcomes. She said that it had been necessary to redesign strategies, policies and process over the past nine months to meet the changes in the service, such as the transition to a new customer interface system and the digitalisation of commissioning strategies. Asked by Cllr Mason how she could have confidence in new systems, Vicky Murphy explained that the new customer interface system was used nationally and would add capabilities for Haringey in terms of payments and financial assessments.
- Cllr Brennan emphasised the need for transparency and outward-facing communication as highlighted in the report. Beverley Tarka said that she fully agreed with this and that this was part of the onward journey.
- Helena Kania expressed the view that the recommendations were not strong enough, particularly in the residents and community area and said that there should be a greater emphasis on consulting and co-producing with the local community. Vicky Murphy agreed to take this comment on board and look to strengthen the approach in that area. **(ACTION)**
- Referring to scorecard approach on the eight aspects set out on page 82 of the agenda pack, Cllr Connor observed that it was difficult to gauge the scores without being to compare it to other local authorities. She noted that the “user and outcome centred” aspect had scored only 30 out of 100 and that this aligned with feedback that she received from carers’ groups that carers were engaging with the Council but experienced a lack of clarity on what support they should be receiving. Alexandra Domingue clarified that, under the scoring system, anything above 75 would indicate no issues to resolve, 50-74 would be classified as ‘good’ and 25-49 would indicate that action was needed for improvement. She added that the aim on communication and coproduction would be get this right across the whole commissioning cycle, including by understanding the experience of residents after a contract was in place and involving them in the quality assurance. Work was ongoing with Public Voice to work with communities on co-production and commissioning engagement.
- Asked by Cllr Connor about previous examples of co-production, Beverley Tarka said that recent co-production work had included on the Chad Gordon

Autism Campus and on Osborne Grove Nursing Home. She explained that each London local authority had scored poorly across the co-production strand in the recent round of peer reviews. She acknowledged that there were mountains to climb to reach genuine co-production and that, while Haringey was able to evidence some good examples, this needed to be embedded across a range of areas including by developing personalised outcomes by shifting the power dynamic between the professional and the person with lived experience. Co-production was not just about engagement but about shifting the power dynamics to give over some of that control, though this wouldn't happen overnight.

- Cllr Mason commented that few people fully understood co-production and that Councillors would also be part of a learning process as this work progressed. She added that some residents did want professionals to take the lead and provide guidance in some circumstances.
- Cllr Connor asked how the Council's co-production work could best be supported, including from external people with relevant expertise. Cllr O'Donovan noted that co-production was taking place across the country and asked whether the Council was using the academic research and best practice guidance that was available. Beverley Tarka said that the Council had access to good practice information through ADASS and there were other learning opportunities such as a recent 'partners in care' away day which had included an 'expert by experience' Panel speaking about what a good life meant for them. She emphasised that this area of work represented a massive cultural shift and so it would be important to take on board all the resources and support available. Vicky Murphy confirmed that there would be further staff consultation in the future.
- Cllr Connor asked about the appropriate timescales for the Panel to receive the next progress update on this area of work. Beverley Tarka said that it was important to include Councillors in the ongoing process of learning, particularly in relation to the localities work as they knew communities best. Vicky Murphy said that the next update to the Panel could potentially be provided in approximately 6-9 months. **(ACTION)**

10. WORK PROGRAMME UPDATE

Dominic O'Brien, Scrutiny Officer, reported that evidence sessions for the Scrutiny Review on hospital discharge had been continuing, including a recent session with the discharge team at the Whittington Hospital and the Council's sheltered housing team. A second Scrutiny Review on digitalisation and communications with residents was anticipated to begin in the Autumn. The next Panel meeting was scheduled to take place on 18th September 2023 with the agenda items detailed in the work programme report. Cllr Connor noted that further input from Panel Members on the terms of reference for the second Scrutiny Review would be helpful ahead of the Autumn.

11. DATES OF FUTURE MEETINGS

- 18th Sep 2023 (6:30pm)
- 16th Nov 2023 (6:30pm)
- 12th Dec 2023 (6:30pm)
- 22nd Feb 2024 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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Report for:	Adults, Health and Communities Scrutiny Panel, 18 th September 2023
Title:	Haringey Suicide Prevention update
Report authorised by:	Dr Will Maimaris, Interim Director of Public Health
Lead Officer:	Dr Chantelle Fatania, Consultant in Public Health Chantelle.fatania@haringey.gov.uk
Ward(s) affected:	All
Report for Key / Non-Key Decision:	Non-Key Decision

1. Describe the issue under consideration

- 1.1. Suicide prevention is a significant public health priority. Every year, 703,000 people¹ take their life globally and for each completed suicide, there are more than 25 attempts with many others seriously considering suicide². Every death by suicide is a tragic loss of life with widespread and long-lasting ramifications. Both completed suicides and attempts, can have devastating effects on families, friends, colleagues, first responders and communities. It is estimated 135 people are affected by each suicide, resulting in 108 million annually impacted. More broadly, the additional economic cost to society is inconsiderable, approximated at £1.6 million per death including intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as lost output (both waged and unwaged), police time and funerals³.
- 1.2. Suicides are, however, preventable. Approaches to care have seen a recent shift upstream to multi-disciplinary collaboration and a focus on timely, evidence-based intervention. These serve the wider society and improvements in collective health, which not only address suicidal behaviour before it occurs but upskills populations to create mentally healthy individuals and resilient communities.
- 1.3. Challenges in suicide prevention efforts include mental health service budget constraints, stigma surrounding poor mental health, barriers accessing services in addition to long waiting lists and prioritised provision⁴. Research shows 40% of attempts do not present to hospitals with fewer known to services, highlighting considerable unmet need⁵.
- 1.4. Recent concerns over rising suicide rates imputable to COVID-19 remain unfounded yet record high food, energy, fuel and living costs see nearly half of Londoners struggling to make ends meet^{6,7}. Historically, London has the lowest suicide rate of any England region in 10 of the 11 previous years. Nevertheless, there is no room for complacency. Approximately 10 people a week take their life in London which is 10 too many⁸. London's ambition to become a zero-suicide city is an aspiration set by the Mayor of London, Sadiq Khan.

¹ <https://www.who.int/news-room/fact-sheets/detail/suicide>

² <https://www.who.int/news-room/events/detail/2022/09/10/default-calendar/world-suicide-prevention-day-2022#:~:text=Every%2045%20seconds%20someone%20takes,profoundly%20impacted%20by%20suicidal%20behaviour.>

³ Knapp M, McDaid D, Parsonage M (editors) (in press) Mental health promotion and mental illness prevention: The economic case, PSSRU, London School of Economics and Political Science

⁴ https://www.tuc.org.uk/sites/default/files/MentalHealthFundingReport2_0.pdf

⁵ <https://www.cambridge.org/core/journals/psychological-medicine/article/abs/nonrepresentation-at-hospital-following-a-suicide-attempt-a-national-survey/AC0BF1DB18837128174A4A68604A2616>

⁶ <https://www.samirians.org/about-samirians/research-policy/suicide-facts-and-figures/latest-suicide-data>

⁷ <https://www.london.gov.uk/press-releases/mayoral/cost-of-living-crisis-deepens-for-thousands>

⁸ <https://thrivekn.co.uk/campaigns/zerosuicidekn/>

Table 1: Suicide prevention actions achieved over the last 12 months, extracted from the most recent action plan.

Action	Update
<p>Disseminate Haringey's suspected suicide data quarterly.</p>	<p>Haringey Council Public Health extracts suspected suicide data from London's Real Time Suspected Suicide Surveillance (RTSSS) database. These are presented quarterly at each HSPG Meeting. This intelligence facilitates monitoring of crisis events such as the pandemic or the Turkey/Syria earthquake in real time at borough level. It enables the strengthening of comprehensive responsive and preventative strategies in a multisectoral public health approach.</p> <p>A recent notification of the suicide of a public figure made responsive action possible including timely briefings, reminders of sensitive reporting and outreach to the affected community.</p>
<p>Deliver Core Conversation training to two cohorts.</p>	<p>Core Conversations is a pan-London initiative to equip those having wellbeing conversations with adults. This training is lively and interactive using forum theatre to experiment with approaches and techniques. It offers a space for delegates to reflect on their own styles and learn from each other in a safe environment.</p> <p>Three facilitators from Connected Communities, Food Bank, Haringey Council Public Health have been trained to deliver this training. Two sessions (14 June and 3 July 2023) have been held with VCS organisations, community champions and Haringey Council Staff. Demand for the training was high and feedback was overwhelmingly positive.</p> <p>This low-level general training speaks to the many factors contributing to poor mental health and complements suicide specific, Zero Suicide Alliance training. All HSPG Members undertake and promote the 20-minute suicide awareness training which develops confidence in helping someone considering suicide. More than 350,000 Londoners have accessed suicide prevention training since its launch in 2019*.</p> <p>More information on mental health training can be found on Haringey's Resource Hub: www.haringey.gov.uk/mh-resource-hub</p> <p><small>*Borough figures are not available for this training.</small></p>
<p>Retender the North Central London Support-after-Suicide Service.</p>	<p>Amparo (England's largest postvention service provider) commences a 5-year contract on 1st October 2023, supporting 80 beneficiaries annually across the 5 North Central London boroughs of Camden, Islington, Haringey, Barnet and Enfield.</p> <p>Contact with the Support-after-Suicide Service is made within 24 hours, assigning a consistent Suicide Liaison Worker. Post assessment, Support Plans are created, delivering culturally competent and trauma informed support including translation and interpretation needs.</p> <p>Unlimited 121 practical and advocacy support is available, (rather than time-limited models) to flex with changing needs for example, offering intensive contact at points of crisis (2022/23: average 27 weeks in service). Support includes assistance with police investigation, coroner's inquests, clean-up, funeral arrangements, media attention, wills, who to inform about the death, childcare and eldercare options and more. This is in addition to Group Support and Drop-in Sessions.</p> <p>Amparo also collaborates with Councils on Community Response Plans, identifying and responding to clusters.</p>

<p>Create a Gambling Network</p>	<p>The inaugural Gambling Network meeting was held in May 2023. The in-person network aims to collectively reduce harms linked to gambling.</p> <p>It is estimated over 28,000 Haringey residents are harmed by gambling which include debt, homelessness, unemployment, poor mental health, crime, family breakdown, and suicide.</p> <p>A holistic approach to harm reduction is required and reflected in the attendees which included Gambling Harm and VCS organisations, and Haringey Council's Violence Against Women and Girls and Mental Health Team. The second meeting is scheduled for September 2023.</p>
<p>Incorporate Suicide and self-harm questions when assessing Gambling Harms in Haringey Council's Children's Services.</p>	<p>Public Health's Gambling and Mental Health Teams have inserted gambling and mental health questions into the initial assessment when a young person or adult* presents at Haringey Council's Children and Young People's Service . A standard question is asked to all residents and forms the beginning of a flow diagram which assesses gambling harms and mental health concerns associated with problem gambling including but not limited to, suicide. Wording of the questions is sensitive and direct as per Zero Suicide Alliance guidance.</p> <p>Responses are captured on the internal Liquid Logic database. Recommended follow-up and referral steps are outlined in addition to signposting to local assets, pathways and training.</p> <p>This intervention to go live on Liquid Logic on 2nd October 2023. There are plans to replicate this in the Adult's service.</p> <p>*Those accessing CYP Services include: young people aged 16+, adults and families through a variety of referral routes requiring a multitude of support needs e.g. SEND needs, debt, divorce, mental health.</p>
<p>Deliver Gambling Harms training.</p>	<p>Gambling Harms training equips professionals to better understand the harms caused by gambling. Delivered by Gamcare and Haringey Public Health, it educates on how to identify, intervene, and refer residents negatively impacted by gambling, a high suicide risk group. Numerous sessions have been delivered throughout 2023 via MSTeams.</p> <p>Delivered already:</p> <ul style="list-style-type: none"> • 1 for Cllrs • 1 for Cabinet Members • 6 for local public & VCS sector • 1 for Olive Morris Court • 1 primary care staff <p>Upcoming sessions include:</p> <ul style="list-style-type: none"> • 2 for schools (parent & Designated Safeguarding Lead) • 1 for Mulberry Junction • 3 for children's services • 1 for Mind in Haringey

<p>To deliver suicide-specific training to Haringey's professionals and community members (aged 16+).</p>	<p>Barnet, Enfield and Haringey Mental Health Trust commissioned £22k worth of suicide-specific training (half-day SP-OT and 2-day ASSIST Training). It was delivered by PAPYRUS (the Prevention of Young Suicide) and ran from April to October 2022. Introductory and applied suicide prevention skills enabled delegates to recognise and act on signs that someone is having thoughts of suicide. Training was well attended and received good feedback. PAPYRUS reported the development of relationships with key stakeholders, organisations and charities working with young people across the 3 boroughs. They continue to offer 30-minute awareness training in Haringey to increase awareness of PAPYRUS, referral routes and their 24hour free helpline.</p> <p>More information on PAPYRUS and their training: SP-EAK: https://www.papyrus-uk.org/sp-eak/ ASSIST: https://www.papyrus-uk.org/assist/ SP-ARK: https://www.papyrus-uk.org/sp-ark/</p>
<p>Suicide Prevention training for Higher and Further Education staff.</p>	<p>350 higher and further education staff from 80 London colleges and universities across London were trained in a Thrive LDN funded project. This project aimed to equip staff and institutions with knowledge and skills to better understand and prevent suicide, developing safeguarding procedures for vulnerable students. College staff and 4 members from Haringey Sixth Form attended the training programme which ran from April 2022 - March 2023. An evaluation of the city-wide project can be found here: https://thrivedn.co.uk/wp-content/uploads/2023/07/PAPYRUS-Suicide-Prevention-Training-Higher-and-Further-Education-Institutions-Report-2022-23.pdf</p>
<p>Haringey to host its second Great Mental Health Day</p>	<p>On Friday 27 January 2023, Haringey hosted its second Great Mental Health Day to get residents talking about mental health, destigmatise asking for help and raise awareness of the great support available in the borough.</p> <p>The Great Mental Health Day campaign originated in Haringey as part of the wider Great Mental Health programme. It has grown to become a London-wide initiative facilitated regionally by Thrive LDN, now involving all London boroughs as well as a broad range of partners from NHS to grassroot organisations. This year's theme celebrated the power of community kindness.</p> <p>To mark the day, Haringey announced free activities across the borough, from fêtes to webinars, walks to workshops. In excess of 42 Great Mental Health Day events were held across Haringey, more than doubling from its first year. Over 656 Haringey residents interacted with the physical and virtual activities, an 81% increase on last year.</p> <p>This complemented the hundreds of wellbeing events simultaneously held in other London boroughs as part of the city-wide celebration. Online initiatives catered to the digital space, directing residents to digital and app-based support as well as sharing lived experience of mental health across a variety of social media platforms.</p> <p>Plans are underway for Great Mental Health Day 2024.</p>
<p>Review Substance Misuse induction process and create entry pack for new recruits.</p>	<p>Haringey's Substance Misuse Team in Public Health have created an Induction pack for new Substance Misuse and Housing recruits. This educates on Haringey's dynamic drug, alcohol and mental health service pathways as well as available resources to improve signposting.</p>

<p>Deliver Harm Reduction training.</p>	<p>The Grove Drug Service delivers Harm Reduction Training to Haringey's Housing and drug/alcohol services. Course content includes drug awareness, overdose prevention and naloxone administration. The training offered is to expand into additional substances and further engage LGBTQ+ populations. A partnership with London Friends seeks to make services more LGBTQ+ inclusive and cover topics pertinent to this population including Chemsex.</p>
<p>Host Recovery Pride 2023.</p>	<p>Organised by people in recovery and supporting organisations, Recovery Pride is a symbol of hope to recovering addicts and a celebration of Haringey's services. Held in late September, the event seeks to challenge discrimination and educate on treatment. Substance misuse services alongside wellness activities, mental health support, lived experience, connection activities and art exhibits seek to reduce stigma of using services and being in recovery. On the day, quiet spaces for reflection and a memorial book will be available to remember those impacted to drugs and alcohol.</p> <p>Recovery Pride: 10am-4pm on 29th September at The Grove, 9 Bruce Grove, Tottenham, London N17 6RA.</p>
<p>Commission a Black Men's Project.</p>	<p>A community-led Black Men's project is currently being commissioned for Haringey residents. Set to launch before Christmas 2023, the preventative programme seeks to support 80 men lead better lives and build a community to keep people well. 4 12-week cycles offer peer support and mentorship on a number of co-designed topics including family dynamics, finance, healthy relationships, racism and grief, bereavement and loss.</p>
<p>Work with men's suicide charities</p>	<p>James' Place (opened 2022 - London-wide charity for men 18+ with active suicidal crisis) have provided short term talking therapy in-person covering Haringey within their remit. They have been working with Haringey Crisis Team and other NHS/community networks within Haringey in an effort to establish professional referral partnerships. Regularly attend the HSPG meetings and input on strategy discussion.</p>
<p>Reducing harms to CYP</p>	<p>Open Door is a service offering Young People aged 12-25, evidence-based talking therapies .They have a core service operating in community settings that are non-stigmatising- based both in Crouch End and in Tottenham.</p> <p>They have a variety of ongoing partnerships:</p> <ul style="list-style-type: none"> - NHS Tavistock First Step service and the Haringey Young Adult Service – to provide therapy to care leavers - VCS mentoring service, Sister System- to provide therapy to girls and young women who are care experienced - VCS organisation Markfield, to provide therapy and parent work to support autistic yp pre, during and post diagnosis - Leading provider of Inequalities funding- aiming to tackle mental health inequalities for cyp in Haringey. They work on this with Tottenham hotspurs foundation and Deep Black (charity providing support for emotional wellbeing in schools) - Ongoing providing a day a week of therapy at the Haringey Autism Hub with 16-25 year olds - School counselling service in a local secondary school in Tottenham- Mulberry Woodside. - Attendance at the Haringey suicide prevention group <p>They are also conducting ongoing research into psychotherapy through an Randomised Control Trial in partnership with University College London.</p> <p>They also offer NHS funded training posts which are ongoing for CAMHS services.</p>

<p>Protect women and children (VAWG)</p>	<p>The Domestic abuse, stalking, harassment and honour abuse based checklist (DASH RIC) is the sector wide risk assessment tool for Domestic Abuse (with additional sheets/questions for Honour Based Abuse and stalking and harassment), completed with victim/survivors. This has been developed by specialist VAWG services and will become the standard in Haringey and wider. These include Hearthstone, Nia, Galop, Solace, IMECE locally in Haringey, as well as the police as standard, and also by other DASH trained multi-agency professionals. Within this there are specific questions about depression/suicidal thoughts and MH problems.</p> <p>Hearthstone (Haringey's in-house Domestic Abuse service) commissioned a 4 year contract for counselling services for victim/survivors. In this, 40 Hearthstone clients per year can access a counselling assessment, 6 sessions of counselling support, and a final exit session including any onward referrals. This contract completes in September and the service will be reprocurd.</p> <p>IRIS Training is offered to 25 of Haringey's 33 GP practices. The link between domestic abuse and suicidality is explored within this IRIS training as well as ongoing updates.</p> <p>LGBTQ people have an increased risk of self-harm and suicide. Haringey commission a specialist Independent Domestic Violence Advocate, provided by Galop.</p> <p>Where domestic abuse is fatal, either through homicide or suicide, Advocacy After Fatal Domestic Abuse (AAFDA) can support the families. This is leading practice for those involved in a Domestic Homicide Review (DHR) process. DHRs should be completed from domestic homicides and suicides that result from domestic abuse.</p>
<p>Reduce harm with respect to railways</p>	<p>Samaritans engage specifically with the rail industry. They offer Managing Suicidal Contacts course and Trauma Support Courses to all rail colleagues who work in customer focused/people roles.</p> <p>In addition, they have been working to train journalists who report on suicides, so they can learn the importance of reporting on suicides responsibly, especially on the rail. We also offer this training to train operating companies and their comms teams so they know how to talk to journalists who might be asking for a comment and so they can learn about responsible reporting.</p> <p>They also offer a programme to go into schools to offer support to friends and the school when there a rail-related young person's suicide. In addition, dedicated volunteers talk to schools in general about mental health.</p> <p>They are also planning to bring their Small Talk Saves Lives roadshow (with a Samaritans branded trailer) to bring together organisations that provide a broad range of support including well-being and mental health, to provide information, guidance and support to local residents.</p>
<p>Support for construction workers</p>	<p>Mind in Haringey attends the construction partnership meetings on a quarterly basis and signposts to the Haringey wellbeing network and other services which can support construction workers with their mental health and wellbeing</p>

2. Suicide Data

2.1. Suicide rates in England show a continued decline since the post-war peak in the early 1960s⁹. An overall decrease in registered suicide numbers between 2015-2021 in North Central London boroughs is seen in the line graph below.

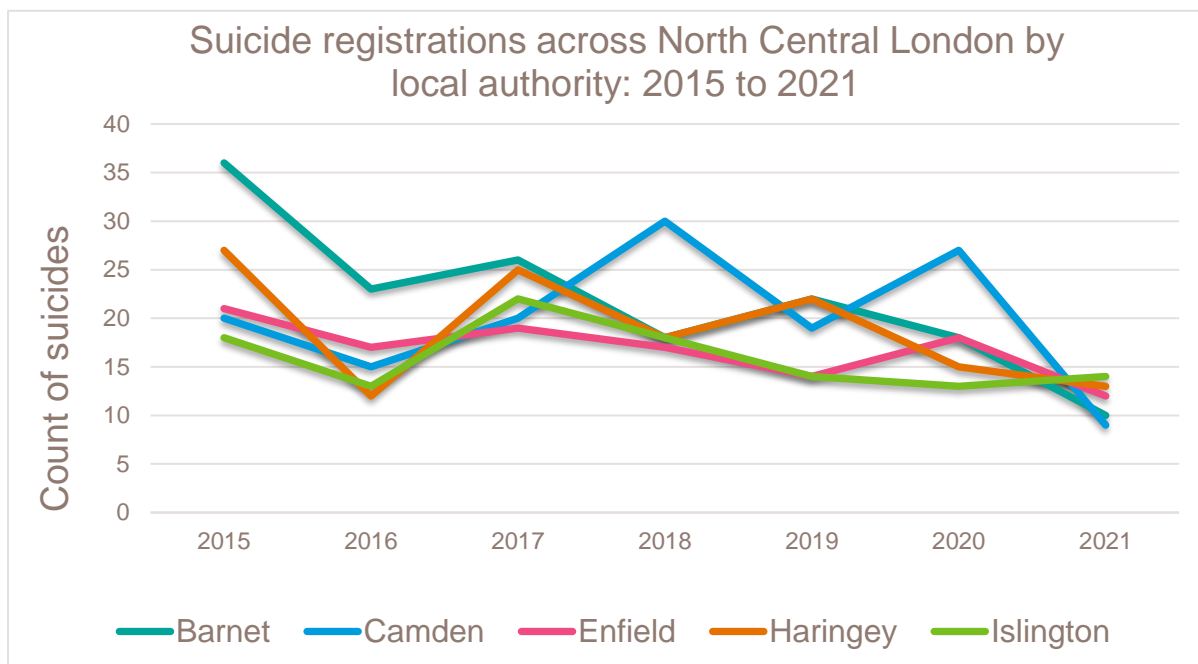


Figure 1: Number of suicides in North Central London boroughs, registered between 2015 and 2021.

2.2. In 2019-2021, 50 people were confirmed to have died by suicide in Haringey¹⁰. A standardised suicide rate of 7.2 per 100,000 people places Haringey 18th out of the 32 London boroughs, in-line with the London region (7.2) and below the England rate of 10.4 per 100,000. Although 50 deaths over 2 years represent a personal tragedy with potentially devastating consequences, statistically speaking these are small numbers.

Borough	Total count of suicides for 2019-2021	Rate per 100,000, 2019-21
Barnet	50	4.8
Enfield	44	5.3
Haringey	50	7.2
Islington	41	7.9
Camden	55	8.9

Table 2: Total count and suicide rates per 100,000 in North Central London boroughs, registered between 2019 and 2021.

2.3. Aggregation determines male residents were 3 times more likely to die by suicide despite being less likely, compared to women, to experience suicidal thoughts and to attempt suicide¹¹. Regardless of gender, the highest proportion of suicides are in the 25-44 age bracket, collectively accounting for 54% of all suspected suicides in Haringey.

2.4. The majority of Haringey's suicides are recorded as White North European followed by White South European and residents with Black heritage, reflective of borough ethnicity data. By far the most common method of suicide is 'Hanging', following national trends and subsequently translating to place of death, predominantly occurring at the home address.

⁹ Haringey suicide report

¹⁰ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

¹¹ https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf

- 2.5. Whilst nobody is immune to suicidal ideation, risk factors for poor mental health have been identified as ‘characteristics, variables, or hazards that make it more likely an individual will develop a mental health disorder’¹². The majority of those that took their life lived in the east of the borough which exhibit high concentrations of risk factors such as socio-economic deprivation, substance abuse, unemployment and homelessness¹³.
- 2.6. Local Authority Public Health, statutory partners and Voluntary and Community Sector (VCS) organisations strive to lessen the risk of suicidal behaviour by addressing factors at the individual (e.g., bereavement), family (e.g., poor quality parent-child relationships), community (e.g., lack of connectedness to people or institutions), and societal levels (e.g. inequalities in access to opportunities and services) of the social ecology¹⁴. These efforts attempt to reduce Haringey’s suicide incidence cost, calculated at £80 million for the period between 2019-2021¹⁵.

3. Haringey’s Suicide Prevention assets

- 3.1. Prevention is vital in ensuring few reach a point of crisis, supporting Haringey’s population to keep mentally well.
- 3.2. To coordinate local action planning and strengthen joint working, Haringey hosts a Suicide Prevention Group (HSPG). This inter-agency partnership shapes community-based prevention planning and implementation. Broad membership includes children services, Metropolitan Police, Barnet Enfield Haringey Mental Health Trust, British Transport Police and local charities. Here, intelligence is appropriately shared across agencies to reduce deaths from suicide and support those affected.
- 3.3. Suicide prevention actions are guided by local need as well as the National Prevention Strategy, Office for Health Improvement and Disparities (OHID) and National Institute for Health and Care Excellence (NICE) guidelines. Haringey’s Action Plan is annually updated with borough priority areas identified by HSPG members.
- 3.4. The Suicide Prevention 2023-24 Action Plan and 2023-28 local Strategy is currently being refreshed, awaiting national guidance, anticipated shortly. Concurrently, £10 million grant funding is to be released for VCS organisations in England across 2023-24 to 2024-25 to meet increased demand, developing innovative preventative services for those at-risk of suicide.

4. Recommendations

- 4.1. Adults, Health and Communities Scrutiny Panel notes progress on Suicide Prevention in Haringey through multiagency working.

5. Reasons for decision

N/A

6. Contribution to strategic outcomes

- [Corporate Delivery Plan for 2023-2024](#)
- [The Haringey Deal](#)
- [NHS Long Term Plan, 2019](#)
- [A Cross-government suicide prevention workplan, 2019](#)
- [The NHS five year forward view for mental health, 2016](#)
- [Preventing suicide in England: A cross-government outcomes strategy to save lives, 2012](#)

7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

¹² Werner and Smith, 1992; Garnezy, 1983 - <https://www.ncbi.nlm.nih.gov/books/NBK236306/>

¹³ https://www.haringey.gov.uk/sites/haringey.gov.uk/files/drugs_haringey_sia.pdf

¹⁴ https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue2-a.pdf

¹⁵ https://eprints.lse.ac.uk/39300/1/Mental_health_promotion_and_mental_illness_prevention%28author%29.pdf

7.1. Finance and Procurement

7.1.1 This is an update report for noting and as such there are no direct financial implications associated with this report.

7.2. Legal

7.2.1. This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

7.3. Equality

7.3.1. Haringey's Suicide Prevention Action Plan uses a multifaceted, multiagency approach to reduce suicide and support those affected. Its implementation proactively identifies and engages high-risk and marginalised communities to reduce inequity in Haringey's mental health support.

8. Use of Appendices

N/A

9. Local Government (Access to Information) Act 1985

N/A

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Report for: Adults and Health Scrutiny Panel – 18th Sep 2023

Title: Update to Response to Recommendations in the Living Through Lockdown Report

Report authorised by: Sara Sutton,
Assistant Director Partnerships & Communities

Lead Officer: Frankie White
Business Support Lead for Partnerships, Communities & Housing Support

Ward(s) affected: All

Report for Key / Non-Key Decision: Non-Key Decision

1. Describe the issue under consideration

1.1. The Adults and Health Scrutiny Committee requested a further update on the Council's response to the recommendations of the 'Living Through Lockdown' report.

2. Background information

2.1. The 'Living Through Lockdown' report was published in August 2020 by the Joint Partnership Board (JPB) and an update on the Council and partners response was provided to the Adults & Health Scrutiny Committee in March 2022.

2.2. The report provides a summary of issues and concerns experienced by adult social care service users and carers during the first lockdown of the Covid-19 pandemic in Haringey from March 2020 and highlighted several recommendations. The report covered a wide range of areas and was compiled through a series of interviews and meetings carried out by Public Voice with the Joint Partnership Board. The Joint Partnership Board was set up in 2017 to ensure that vulnerable groups in Haringey have a voice in the way NHS services and social care are provided for them. Public Voice, which runs and manages Healthwatch Haringey, was commissioned by Haringey Council to establish and support the running of the Joint Partnership Board and its reference groups.

2.3. Since the report was published, the Council and statutory partnerships have used the findings and recommendations to implement new initiatives and changes in service delivery. This report provides an overview of these.

3. New initiatives implemented

3.1. **Bereavement Counselling** was made available through the Community Bereavement Framework and widely promoted through a range of local networks and forums during the pandemic.

The Haringey Bereavement Service is now provided directly by St Joseph's Hospice in partnership with the Haringey Palliative Care Service. The service is

open to adults aged 18+, who live in the borough of Haringey and have been bereaved. They will also try to provide information and link to other relevant organisations. All counselling and bereavement support provided is confidential and provided free of charge. The service is funded as part of the NHS Haringey Palliative Care Service

- 3.1.1. The ICB and Council intend to extend the support available through St. Joseph's Hospice in the latter half of 2023, and there are also other culturally specific bereavement support solutions being developed in Haringey.
- 3.1.2. A Bereavement After Suicide service was commissioned in response to the pandemic and continues to be funded by the Council's Public Health team.
- 3.2 **Food Networks:** The Council had a comprehensive food delivery offer during the pandemic, which included all vulnerable residents, not just food bank users. We used all our networks to try to ensure we reached all those in need in the borough and included food and essential supplies in a weekly package delivered to people's homes.
 - 3.2.1 After originally coming together in 2020 during the pandemic, Haringey Food Network had the backing of Haringey Council and many other organisations, before it transitioned to a constituted organisation early in 2022, with a slight change of name as the **Haringey Community Food Network (HCFN)**. HCFN is still well supported by the Council currently funds a Food Network Co-ordinator, through Bridge Renewal Trust to support the network.
 - 3.2.2 HCFN is a network of food growers, suppliers, emergency food providers, food banks, community kitchens, food delivery services, homeless outreach projects and food support organisations across Haringey. They operate on a belief that everyone in Haringey should have easy access to affordable, healthy, equitable and culturally appropriate food.
 - 3.2.3 HCFN members collaborate to offer as comprehensive a food service as possible for those in need, and distribute food donated in Haringey as evenly as they can. HCFN is now placed to directly apply for grants and funding to find more sustainable solutions and is working with other local and nationwide organisations to learn what options are viable.
 - 3.2.4 HCFN will be a key partner in the development and delivery of the Haringey Food Action Plan, which is being presented to Cabinet in September 2023.
- 3.3 **Community Networks:** The **Turkish and Kurdish Community Network** was established in February 2021, responding to one of the recommendations in Healthwatch's report on the impact of Covid-19 on Turkish and Kurdish communities. The report highlighted the need for culturally appropriate and accessible mental health services, as well as a platform for residents, community representatives and organisations to share their experiences, needs and opportunities with statutory services – the establishment of the Network responded directly to the latter recommendation, with a broad set of issues spanning health, employment and emergency response being covered in the Network meetings. The **Somali Community Network** was established later in 2021 using similar principles; but was established in response to calls from community

representatives and residents following the murder of young Somali males in the borough. The **Women's Network** was established in November 2021, and the **Latin American and Latin Caribbean Network** in October 2022.

- 3.4 **Coordination Group Addressing Racism & Racial Equity in Health and Care Group:** The **Coordinating Group Addressing Racism** was established in the summer of 2020 following the murder of George Floyd and the significant disparities in healthcare and outcomes that were highlighted by the Covid-19 pandemic. The Group brought senior leaders together from influential organisations across Haringey to understand data, share good practice and provide constructive challenge. A number of successful projects have been delivered through the group spanning policy, education, and community safety and policing. The Racial Equity in Health and Care was established as a subgroup in 2022 and is co-chaired by Nnenna Osuji and Geoffrey Ocen and brings colleagues together from across the health and care partnership to understand differential outcomes and plan to address these collectively.
- 3.5 The **Finance Support Team** was created in response to the pandemic and continuing Cost of Living Crisis by helping to ensure all Haringey residents get the help and support available to them. Routinely helping Haringey residents improve their financial situation, by:
- setting up a debt payment plan
 - help with child care costs
 - unclaimed benefits you may not be aware of
 - introducing you to employment support
 - reducing and managing rent and utility arrears
 - applying for grants and increasing your income
 - managing finances and budgeting
 - ensuring you are paying the right amount of council tax
- 3.5.1 The team has a direct online presence as well as dedicated email and phonenumber.
- 3.5.2 As part of this offer the **Haringey, Here to Help** campaign was launched which provided clear and easy access to information of all the help and support available directly to residents.
- 3.5.3 During the campaign a booklet was produced in multiple languages and sent to every household in the borough detailing the various offers of help available during the continuing cost of living crisis. This is also available online, here: [Haringey, Here to Help | Haringey Council](#).
- 3.5.4 This campaign clearly demonstrates an improvement in our communication approach as well as a commitment to ensuring we improve access to information for residents; a recommendation that was originally highlighted in the Living Through Lockdown report.
- 3.6 **Haringey Borough Partnership:** The Haringey Borough Partnership is a collaboration between the main providers of health and care services for people in Haringey. Our goal is to improve the health and wellbeing of Haringey residents through reaching people early to avoid crisis; through more joined up ways of working and delivering services across health and care.

- 3.6.1 Since the pandemic the Board has been refreshed and has a renewed focus on reducing health inequalities that were further impacted Covid-19.
- **Start Well**; Giving children and young people the best start in life (0-25 years).
 - **Live Well**; Improving the health and wellbeing of working-age adults (16 to 65).
 - **Age Well**; Working together to support people with frailty (mainly aged over 65) to live and age well.
 - **Neighbourhoods and Health Inequalities**; Reducing inequality in outcomes; embedding joint working.
- 3.6.2 As part of our focus to reduce health inequalities, the Haringey Borough Partnership and North Central London Integrated Care Board **Inequalities Fund (IF) Programme** was established in 2021 across 5 NCL Boroughs to tackle health inequalities. Both Haringey and Enfield received a higher level of the £5m investment from NCL ICB than other Boroughs due to their proportionately higher levels of deprivation, particularly amongst the (often most diverse) wards in the east. In 2023/24 this represented a £1.5m for Haringey with a further £200k invested to support some of the (all age) projects in the Programme from Haringey's Better Care Fund ICB Minimum Allocation. The Inequalities Fund works on the basis that whilst the NCL Integrated Care System (ICS) can allocate resources, Boroughs should largely take responsibility for prioritisation, shaping and delivering these schemes.
- 3.6.3 In Haringey, this means that the **Neighbourhood & Health Inequalities Board** has oversight of the Haringey IF investment and development, that is delivered through our Healthy Neighbourhoods Programme. The Programme aims to promote equity of access, outcomes and experience for under-served groups and communities across NCL, particularly amongst those Haringey residents living in the 20% most deprived neighbourhoods in England. It does so through developing new approaches to improve engagement and trust with these communities and to tackle entrenched health inequalities.
- Its objectives are to:
- Develop innovative and collaborative approaches to delivering high-impact, measurable changes in inequalities across NCL, and addressing the underlying causes of health inequalities;
 - Create solutions which break down barriers between organisations and both develop new and extend existing relationships within boroughs, multi-borough and NCL-wide partnerships;
 - Target the most deprived communities and reaching out proactively to our resident black and minority ethnic populations, in line with the NHS aims associated with addressing equity.
 - Work alongside our population, the VCSE and our partners across health and care in making a difference to the lives of our people.
- 3.6.4 **Healthy Neighbourhoods** is a multi-agency collaboration between NHS, primary care, Council and VCSE partners on behalf of the Haringey Borough Partnership, working with diverse under-served communities living in the east of the Borough to address health inequalities. Its intention is to co-design and deliver a range of preventative and planned care solutions to improve health, well-being and life chances.

3.6.5 A total of 16 projects are underway, delivered by a range of VCS partners and grassroots organisations under the following themes.

- Ensuring Best Start in Life (largely focussed on childhood weight management, healthy eating and speech and language):
- Improving Prevention, Diagnosis and Management of Acquired long-term conditions (kidney disease, cardiovascular disease/hyper-tension and COPD);
- Improving mental well-being and encouraging people to come forward for help, particularly focussed on younger people from non-White British ethnic backgrounds;
- Supporting Vulnerable People including those with severe & multiple disadvantage and those with sickle cell disorders, to recognise even within deprived communities, there are individuals who have greater need.
- A cross-cutting theme, Community Empowerment, ensures there is sufficient VCSE engagement and investment to support community asset-building and co-design in the emerging models, and people in these under-served communities feel better able to 'have their say' on local services.

3.6.6 One of these projects directly builds upon the Community Protect model that was implemented in during the pandemic. It continues to build and embed a network of community champions who would work to support residents in the local diverse communities, including to support empowerment of individuals and groups to engage with a wider set of physical and mental health and social issues.

3.7 A pilot **Community Chest** model was also created under the Healthy Neighbourhoods Programme to enable micro, small and medium funding grants to be awarded to Voluntary and Community Sector (VCS) and grassroots organisations to work with, and support, under-served groups. A further 7 projects are underway under the pilot.

3.8 The projects will be evaluated in quarter 4 of 2023/24.

3.9 The Bridge Renewal Trust, our strategic partner in the VCS, was originally awarded the '**Home from Hospital Service**' contract in April 2020. The contract is funded through the Better Care Fund and is agreed annually, with the decision currently being made about its future from April 2024. The service supports Haringey residents aged 18 and over to:

- Return home safely from hospital (effective discharge)
- Reduce the number of re-admissions within 28 days for residents who have accessed the Home from Hospital service (excluding residents with scheduled appointments)
- Have a supported discharge from emergency departments and medical assessment wards (admission avoidance) as well as,
- increase the Number of people sustained in their communities following an admission to hospital.

3.9.1 In the first year of lockdown, 2020, the service highlight report indicated a 92% satisfaction rate from residents, with 96% receiving onward referrals to organisations within the community and no patients readmitted to hospital due to lack of support.

4. Recommendations

- 4.1. The Committee to note the contents of this report, endorse our approach and help us consider how we can sustain and build on improvements to our support for residents.

5. Reasons for decision

- 5.1. N/A

6. Contribution to strategic outcomes

- 6.1. The programmes detailed in this update report enable the Council to deliver against a number of Corporate Plan objectives and priorities. Most specifically Theme 1 - Resident experience, participation and collaboration, Theme 3 - Children and young people, Theme 4 - Adults, health and welfare, Theme 7 - Culturally Rich Borough and Theme 8 - Place and economy.

7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

- 7.1. Finance and Procurement

This is an update report for noting and as such there are no direct financial implications associated with this report.

- 7.2. Legal

This is an update report for noting and as such there are no recommendations for action.

- 7.3. Equality

This is an update report for noting and as such there are no recommendations for action.

8. Use of Appendices

Appendix A – Living Through Lockdown report (Healthwatch Haringey - Aug 2020)

9. Local Government (Access to Information) Act 1985

N/A

Living Through Lockdown

Lessons from Haringey's
most vulnerable service users

August 2020

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Introduction

This report is a summary of issues and concerns experienced by adult social care service users and carers during the lockdown in Haringey. Suggestions for service improvements are also presented. All points included were raised by the Haringey Joint Partnership Board and its reference groups, between April and August 2020.

During the Covid-19 lockdown, Haringey's pre-existing service user groups (termed reference groups) continued their work, where possible, through a variety of channels including Zoom, phone calls and email exchanges. They shared their experiences of health and social care services in Haringey during this difficult time; raising issues and challenges and making suggestions for improvements.

Feedback from the reference groups is invaluable in terms of hearing directly from Haringey residents about their experiences of health and social care. All feedback has been summarised in this report so local and national decision-makers can use it to inform their Covid-19 strategy and planning going forwards, particularly in terms of making plans for Autumn/Winter 2020.

The report is divided into sections by the themes reported across all the reference groups. It sets out what has worked well, issues and challenges, and suggestions for improvements.

The following reference groups have contributed to this report:

- Autism
- Carers
- Dementia
- Learning Disability
- Mental Health
- Older People
- Physical Disability
- SCALD (Severe and Complex Autism and Learning Disability)
- Transitions

All information within this report was gathered between April and August 2020 through meetings held online and individual feedback over the phone and by email.

The Joint Partnership Board

The Joint Partnership Board was set up in 2017 to ensure that vulnerable groups in Haringey have a voice in the way NHS services and social care are provided for them. Public Voice, which runs and manages Healthwatch Haringey, was commissioned by Haringey Council to establish and support the running of the Joint Partnership Board and its reference groups.

The Joint Partnership Board consists of nine independent reference groups formed of NHS and social care service users and carers from the wide range of services in Haringey. The reference groups represent the interests of specific user groups, to ensure their voices are heard and their particular needs and aspirations are taken into account. Each reference group covers a specific thematic area: Autism, Learning Disability, Older People, Severe and Complex Autism and Learning Disability, Mental Health, Physical Disability, Dementia, Transitions and Carers. The groups are made up of adult members and focus on the issues of adult social care and public health. The transitions reference group focusses on the process of older children moving from being supported by children's services to adult services.

The Joint Partnership Board is committed to effective partnership working, with an emphasis on empowering service users, carers and other residents as equal partners in meaningfully contributing to, developing and achieving strategic priorities.

Public Voice

Public Voice is a Community Interest Company which, amongst other projects, delivers Healthwatch Haringey and supports the Joint Partnership Board. The mission of Public Voice is to improve neighbourhoods, the lives of the people who live in them, and the public services they use. This is achieved through community engagement, individual user engagement and community intervention, collecting the combined voices of citizens, gathering evidence and ultimately taking action to bring about positive change, now and in the future.

As the lockdown carries on and evolves, Public Voice will continue to support the Joint Partnership Board and its reference groups, cataloging concerns and gathering additional feedback and suggestions for service improvements. We will share this report with our wide range of stakeholders and partners including Healthwatch England.

Executive Summary

The Covid-19 pandemic, and the unprecedented national lockdown, was an enormous challenge for health and social care providers as well as service users in Haringey.

Although many concerns were raised and the pandemic created a great deal of anxiety for Haringey's reference groups, some changes and action taken in response were seen as highly positive.

Some concerns and positive occurrences were expressed across all reference groups.

What has worked well

- **Community spirit and volunteers.** Both were highly praised by reference group members.
- **Connected Communities.** A programme established in 2018 by Haringey Council to improve access to council and voluntary services. During the lockdown, Connected Communities helped residents access essential items including food and other support they needed.
- **Mutual aid groups.** Formed during lockdown at the neighbourhood level and building strong links with statutory and Voluntary and Community Sector services and vice versa. These groups provided a wide range of support for others in their community - for example checking on neighbours and shopping on behalf of others. The mutual aid groups were praised and appreciated.
- **Telephone support.** Reference group members appreciated having someone to speak to on the phone when calling Haringey Council. Phone calls made from the Council, Clinical Commissioning Group (CCG) and other organisations to check on carers were well received. A telephone befriending service set up by Public Voice's Reach

and Connect service, was also seen as an important and successful method of tackling isolation.

Concerns and points raised

- **Information and communication.** Information about Covid-19 risks and service availability should be better communicated to residents, especially considering language barriers and disabilities.
- **Digital inclusion.** Digital exclusion is commonplace amongst vulnerable groups and therefore digital access (internet and email) cannot be relied on either as a means of communication or of accessing help and support.
- **Digital enablement.** A common concern was that there was not enough support for service users to access digital services where there was a will to do so with support.
- **Virtual services.** Over the phone and online appointments should not replace face-to-face appointments as it does not work for everyone. However, a combination of both could work. Language barriers and disabilities should also be taken into consideration.
- **Provision for people with disabilities.** New and evolving provision should consider the needs and requirements of all service users.
- **Sustainability, community, volunteers and mutual aid groups.** There are fears that the capacity of the Voluntary and Community Sector and mutual aid groups which has supplemented the statutory services during the lockdown may be short-lived when normality returns. Without serious work to retain this capacity, it is feared that big gaps will emerge in essential support for vulnerable people.
- **Undetected vulnerable people.** It was felt that many vulnerable people would be unknown to the Council and NHS, or may have been waiting for diagnosis at the start of lockdown. These people may not have received support they needed.

Proposals and suggestions

1. **Communicate more, faster and better.** Across all reference groups it was felt that changes to services, actions taken, and future planning should be better communicated by the Council and NHS.
2. **Provide digital and face-to-face access to services.** As the lockdown is eased, it is felt that face-to-face access to services should be resumed but not at the expense of digital service provision introduced during the lockdown.

It was repeatedly commented on that, where possible and appropriate, digital service access should be offered alongside traditional face-to-face provision.

3. Greater coordination and consistency.

In various ways the reference groups felt that services, communication, information and advice should be centralised between the NHS and Haringey Council to facilitate clearer and more tailored communication, guidance and service provision.

4. Digital enablement. It is strongly felt that more work should be done to enable those currently unable to access services digitally.

5. Default financial assistance. It was felt that where steps are taken to lessen a financial burden (e.g. possible suspension of council tax collection), these should be done automatically rather than expecting an individual to apply, which may be very difficult for a vulnerable person in a state of raised anxiety, depression or ill-health due to the lockdown and pandemic.

Care Assessments and Annual Reviews

Care Assessments ensure appropriate support is provided to service users and Carers. Annual reviews are an opportunity to discuss what is working, what isn't working and what might need to change within a service user or carer support plan. Assessments form a vital part of care provision.

What has worked well

- **Remote annual reviews.** Some annual reviews had been conducted over the phone or via video call and some of those who had experienced this were happy with the process.
- **Remote appointments.** Over the phone and online video calls were seen as a positive outcome by some, particularly those with physical disabilities and parents of young people with learning disabilities and/or autism. They found these forms of virtual assessments removed the stress and anxiety involved in traveling to different venues for assessments. Service users reported feeling more relaxed in the comfort of their own home.

Concerns and points raised

- **Assessments and annual reviews.** At the beginning of the lockdown service users and carers wondered if annual reviews and care assessments would continue and, if so, in what format they would be carried out. Concerns existed that delayed care assessments would create problems including a lack of care, backlog of cases and further delays.
- **Care Act easements.** The Coronavirus Act 2020 was met with considerable concern. As the new Act allows Local Authority's to disregard the Care Act without incurring any penalty and as such the new Act was seen as a backwards step.

In particular, it was felt that it would result in the timescale for assessments being extended and support plans already in place not being met.

- **Transitioning uncertainty.** As many health professionals involved were drafted into the frontline fight against Covid-19. Parents of those moving from children's services to adult services care were worried and did not know whether the move to adult service care had stopped or been paused.

Proposals and suggestions

- 1. Process and time information.** Clear Information about ongoing processes, including timings, should be available to those involved in the assessment and review process where there is any disruption. This must be available in an easy read format.
- 2. Non-digital routes to care and assessment.** Provision has to be made for those who do not have access to the internet. No assumptions should be made about access to the internet by vulnerable groups, and face-to-face options must continue to be available where required.
- 3. Appointment format choice.** Moving forward, it would be good to continue offering over the phone and online appointments, in addition to face-to-face appointments, even when life returns to normal.
- 4. Support for use of technology.** Support workers need to help individuals access and use digital technology confidently.
- 5. Universal contact.** Haringey Council should ensure they contact all those with learning difficulties living dependently.
- 6. Communicating changes.** Any future or ongoing easement of the Care Act to be fully explained to the wider community.
- 7. Share the backlog plan.** Where Covid-19 has caused a shortfall in assessment and review targets, the Council should communicate its plan to address the shortfall, and any backlog, with both the Joint Partnership Board and individual service users.

Carers and Caring

Carers play a vital role in supporting vulnerable service users. They are often family members, working unpaid around the clock to provide care for loved ones. During lockdown, carers have been under an enormous amount of physical and emotional stress as many day centres and supported living accommodation venues were closed, this led to an increase in the amount of care they were required to provide.

What has worked well

- **Digital peer support.** Some carers become familiar with meeting online and using WhatsApp groups to support each other.
- **Calls to carers.** Calls made from the Council and other organisations to carers were much appreciated.
- **Letters to carers.** Letters sent to carers from the Council at the start of the pandemic were also well received.
- **Closer family contact.** People with dementia have benefited from closer family contact.
- **Quieter environments.** For some, the lockdown created a quieter environment, greater routine and reduced levels of anxiety. For those with dementia in particular, this led to some reports of people sleeping better.
- **Mutual aid groups.** Many carers appreciated the extra voluntary support provided by community members.

Concerns and points raised

- **Carers' ages.** Many carers in Haringey are over the age of 60 and many are also classed by the government as vulnerable to Covid-19. Many of the people they care for are likely to be part of the shielded group.
- **Carer's database.** It is understood that the Council's carers database is not up to date. Additionally, there is an issue with unidentified carers in Haringey.
- **Personal Protective Equipment (PPE).** Carers did not always have access to Personal Protective Equipment.
- **IT support.** Many carers are digitally excluded, and were therefore not able to obtain the information and support they needed promptly during the crisis.
- **Respite care.** With day centres closed during lockdown, many carers had 24/7 responsibilities with no access to relief or respite. This placed them at risk of "burnout" and those being cared for at greater risk from a safeguarding perspective.
- **Do not resuscitate orders.** Reports of automatic "do not resuscitate" orders for people with a Learning Difficulty being imposed, caused alarm and concern amongst carers and service users.
- **Unpaid carers.** Unpaid carers are not officially recognised and therefore not eligible for priority entry to supermarkets. At times of scarcity in shops this created difficulty in obtaining basic items for some carers.
- **Transport.** Carers' transport was also highlighted as an issue, as public transport was restricted and seen as a risk to use.
- **Community support for all.** Although mutual aid groups and neighbours were extremely helpful, concern was raised regarding some vulnerable groups, such as those with autism, who may be semi-invisible to their neighbours, or have unwittingly distanced themselves due to a lack of understanding of their communication styles. Neighbours may be less willing to help people they have considered to be "rude" or socially distant.
- **Lack of voluntary sector support for autistic people.** Concerns were raised that there is a lack of voluntary sector support for those with autism, which is a particular problem as many universal services are often inaccessible or inappropriate for those with autism.

Proposals and suggestions

1. **Identity cards for carers.** Unpaid carers to have identity cards. Carers could use these to get priority entry to supermarkets. Alternatively, unpaid carers could be given headed letters to facilitate priority access.
2. **Supply of essentials.** Haringey Council could seek/obtain certain key essentials for carers, such as tissues, eggs, bread, milk etc. and organise delivery to homes.
3. **Transport for carers.** Carers transport pick-ups could be organised.
4. **Continued online appointments.** Online appointments to continue being offered even after things go back to normal. Face-to-face appointments and examinations should still be available for those that require them.
5. **Regular updates.** Weekly 'check-ins' should be carried out by the Council or Clinical Commissioning Group (CCG) to check how carers are doing.
6. **Pharmacy support.** The Council/Clinical Commissioning Group (CCG) should ensure that at least one local pharmacy in the west of the borough and another in the east are stocked with the most common medications for people with special needs.
7. **Continuation of essential services.** Ensure services such as rubbish and clinical waste collection continue during an emergency such as Covid-19.
8. **Day centres and home care facilities.** The Joint Partnership Board should assess which day centres and day-care activities remained open during lockdown and why those that closed did so.
9. **Support for vulnerable and older carers.** Both Haringey Council and the NHS should reflect on the challenges faced by the many carers who are themselves over 60. Following this, the Council should communicate how the age of carers of those with learning difficulties or autism figure in the Council's Covid-19 policies (and in adult services policies generally).
10. **Consider unknown vulnerable people.** Haringey Council and the NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.
11. **Future planning.** With a view to planning for a future emergency, data should be provided to detail:
 - a. How many carers have had Covid-19 and the support they received.
 - b. How many adults with learning difficulties and/or autism have had Covid-19 and the support they received.
 - c. How many families where both the carer and cared for had Covid-19 and the support they received.
 - d. The experience of families affected by Covid-19.

- 12. Do not resuscitate order legal assessments.** The Council should access records of vulnerable individuals to ensure blanket “Do Not Resuscitate” orders have not been put in place within the borough, and legal action should be taken if they have been put in place.
- 13. Refer inappropriate use of do not resuscitate orders.** The inappropriate use of do not resuscitate orders should be seen as a safeguarding concern to be referred to the Safeguarding Adults Board.
- 14. Apps:** Apps could be used for people with autism.

Mental Health and Wellbeing

Mental health and wellbeing are extremely important to a person's quality of life. People's experience of the lockdown has contributed to increased anxiety, worry and a feeling of isolation.

What has worked well

- **Gardening.** Residents with gardens, especially those shielding, considered themselves lucky as it helped them cope with lockdown.
- **Remote access to services.** Existing service users reported being able to access mental health services over the phone and online which was seen as positive.
- **Community spirit.** Increased community spirit was reported as contributing to improved mental health.
- **Social media.** Use of social media platforms for support was reported.

Concerns and points raised

- **Isolation.** Feelings of loneliness and isolation contributed to mental and physical health problems. In particular it was felt that the impact of social isolation would hasten the mental decline of those with dementia.
- **Digital inclusion.** Access to the internet and technology are not available to all.
- **Substance misuse.** Alcohol and drug abuse rose during the lockdown.

- **Bereavement.** Losing loved ones and not being able to attend funerals.
- **Carers.** Mental and physical health impact caused by additional caring responsibilities and concerns.
- **Shielding.** Those shielding found it very difficult to not go outside and have human contact. This created additional pressures to their mental health.
- **Post-Traumatic Stress Disorder (PTSD).** After the lockdown is over, it was felt there might be a rise in post-traumatic stress disorder (PTSD).
- **Young People.** The impact of lockdown on young people's mental health, especially from vulnerable households, might have long-term effects.
- **Self-care.** As many autistic people may have been in a state of high anxiety due to lockdown, concern was reported that executive functioning was likely to have been adversely affected and the ability for self-care may have been negatively impacted.
- **Increased risk of self-harm.** Concerns were raised that self-harm may have increased during lockdown. In particular some vulnerable groups, such as those with autism, are already at high risk of suicide and self-harm. It was felt that accessing appropriate care, which is already difficult, would have become even harder in lockdown.

Proposals and suggestions

1. **Provision for bereavement counselling.** Bereavement counselling should be made available.
2. **Bereavement counselling specific to those with learning difficulties.** Bereavement counselling should be made available to people with a learning disability.
3. **Public events.** When possible, a public event should be held to acknowledge the suppressed grief felt by many.
4. **Resources to target alcohol and drug abuse.** Additional resources should be put in place to tackle increased alcohol and drug abuse.
5. **Additional respite support.** Respite arrangements for vulnerable carers should be increased.
6. **Inter-service referrals.** Mental health services should be able to refer people to other services for extra support; Haringey Reach and Connect, for example.
7. **Make future plans available.** The local Mental Health Trust should provide information on their plans to address post-coronavirus mental health issues.
8. **Default financial assistance.** It was felt that as vulnerable people would be highly likely to be experiencing enhanced anxiety, depression or ill-health, any assistance to lessen financial burdens (e.g. possible suspension of council tax) should be done automatically rather than individuals being expected to apply for relief - which they may not be able to do.

Housing and Sheltered Accommodation

Appropriate, safe, housing and accommodation is of vital importance to all service users. Issues in this area were felt very keenly.

Concerns and points raised

- **Monitoring of cleaning and Personal Protective Equipment (PPE).** Members expressed concerns regarding the cleaning of communal areas, availability of Personal Protective Equipment and wondered about the monitoring procedures to ensure that those living in sheltered accommodation were being looked after. There were also questions about how external housing providers were being monitored.
- **Visiting.** Some members were concerned they could not visit their relatives living in sheltered schemes.
- **Hostels.** Concern was raised about whether people living in hostels are able to self-isolate or not.
- **Evictions.** Housing eviction of vulnerable people was mentioned as a point of concern which could become a serious question after the ban on public notice evictions is lifted.

Proposals and suggestions

1. **Provision of Personal Protective Equipment (PPE)** should be made for staff and residents.
2. **Hand sanitiser** should be available throughout buildings.

3. **Information and advice** regarding evictions within government guidelines should be made freely available.
4. **Haringey Council should inform the Joint Partnership Board on their plans to:**
 - a. prevent and reduce evictions now these are possible again.
 - b. prevent vulnerable people, or people who have learning difficulties, from being evicted.
5. **Haringey Council should report whether they have considered:**
 - a. pausing Council Tax for those who are facing severe hardship.
 - b. repayment plans to enable people to catch up on overdue rent.

Care Homes

Providing care and accommodation for people who need extra support in their daily lives in times of Covid-19 has been extremely challenging for care home staff, residents and their families.

What has worked well

- **Remote connections.** Some care homes have enabled residents to contact their families, and vice versa, using social media which was reported as being very comforting.

Concerns and points raised

- **Infection rates.** There were concerns about infection rates in care homes, and the discharge of Covid-19 patients from hospital back into care homes.
- **Personal Protective Equipment (PPE).** Concerns about Personal Protective Equipment availability were reported.
- **Contacting loved ones.** Not all care homes offered digital facilities for families to connect with their loved ones. Where they did, it was often the case that hard pressed staff could not be spared to support patients in using it.
- **Safeguarding/digital technology.** As some care homes now enable the use of technology for contacting loved ones, there is concern regarding safeguarding when using digital technology.

Proposals and suggestions

- 1. Keep families connected.** In all care settings facilities should be in place to enable families to remain in touch with family members.
- 2. Keep friends connected.** Add friends to the list of those able to visit/communicate with residents as many residents no longer have living family members.
- 3. Resident digital support.** Staff should support residents accessing and using digital technology to do things online and keep in touch with friends and family - especially those residents funded by the Council. In particular, access to FaceTime, Skype, Zoom and Microsoft Teams should be facilitated.

Parks and Recreation Facilities

Parks formed an important part of physical and mental health wellness provision during the lockdown. Where park access was disrupted a significant impact was felt by service users and their families.

What has worked well

- **Open parks.** Haringey kept its many parks open. Members reported using the parks for walking and exercise which had a positive impact on their health and mental wellbeing.
- **Seating.** Haringey did not cordon off park benches as some other boroughs did.

Concerns and points raised

- **Car parks within the parks.** Even though parks were kept open, associated car parks were not. This was a huge issue to those with restricted mobility who could not use the parks for exercise. For many family members of people with a severe and complex learning disability, unable to access day centres or supported living units, this was a particular issue.
- **Facilities in parks.** Cafes and toilets in parks were closed, an especially limiting factor for many vulnerable people.
- **Staff/security personnel in parks.** Concerns about the lack of security personal in parks and issues of anti-social behaviour taking place.
- **Swimming pools.** Swimming pool closures was an issue for those with restricted mobility who benefit from aquatic exercise.

Proposals and suggestions

- 1. Free and open car parks.** Car parks should be open and free of charge to those who are using parks as an alternative provision.
- 2. Consider health impacts.** To consider the effects on physical and mental health of people who are already at risk because of being denied access to pools and parks.
- 3. Keep cafés open.** Cafés in parks should be open (though people do understand why they were not able to stay open).
- 4. Keep toilets open.** Toilets in parks should be open.
- 5. Make parks safer.** Look at making parks safer for vulnerable people.
- 6. Park time for the vulnerable.** The possibility of a quiet hour where vulnerable people could feel safer and more confident to go to a park was proposed.
- 7. Protection for vulnerable park users.** Introduce voluntary patrols to safeguard vulnerable people against anti-social behaviour within parks.
- 8. Priority car park access.** Car parks could be opened to blue badge owners only.
- 9. Share information on decisions made.** Haringey Council should provide the rationale for closing car parks during the lockdown. They should inform the Joint Partnership Board about car parking arrangements.

Parking

Parking provision during lockdown was seen as an essential part of enabling mobility and access for vulnerable service users. Disruption to parking was seen as a difficulty by many service users.

Concerns and points raised

- **Disabled parking.** Some disabled parking was given over to facilitate socially distanced queuing outside shops.
- **Poor communication.** Information on parking was very poorly communicated, such as the relaxation of many parking restrictions.

Proposals and suggestions

1. **Extra parking for those who need it.** Extra parking should be made available for blue badge holders.
2. **Improved parking information.** Communication on parking and disability parking should be improved.

Personal Budgets and Assistants

Personal budgets enable service users to have greater choice and control over the care and support they receive. Many service users employ the service of a Personal Assistant (PA), but during the lockdown this arrangement was particularly challenging for some service users.

Concerns and points raised

- **Personal Protective Equipment (PPE).** There were serious concerns that Personal Protective Equipment was not provided to service users, carers or assistants.
- **Personal assistants.** Some people decided not to allow their personal assistants into their home as some also work in care homes. They were worried about the risk of infection.

Proposals and suggestions

1. **Free Personal Protective Equipment (PPE).** Personal Protective Equipment, including visors, should be free for those with personal assistants.
2. **Changes to care support plan rules.** Spending on Personal Protective Equipment should be allowed even if it is not part of a specific care support plan.
3. **Add to the key workers list.** Personal assistants should be regarded as key workers.
4. **Introduce reserve assistants.** Given the dependency of many on their assistants, a reserve capacity of assistants, who do not work in care homes, ought to be built up by the Council, who could be deployed if necessary, during a similar crisis in future.

Food Provision

Many households have benefited from receiving food parcels for health or financial reasons.

What has worked well

- **Food parcels.** Residents appreciated receiving food parcels.
- **Food provision.** Food parcels have been provided to thousands of residents in need.

Concerns and points raised

- **Food shopping.** Unpaid carers found it difficult to find time to go to supermarkets, especially when queues were long and they did not have priority entry.
- **Religious and cultural diets, and unsuitable food.** Food parcels contained food that did not always conform to the dietary needs of the individuals receiving them.
- **Poor advice on unused food.** Recipients of food parcels were unsure what to do with food they did not use, for example, could it be passed on to others or would this run the risk of spreading infection.
- **Difficulties accessing food provision.** Concerns were raised that amongst vulnerable groups, heightened anxiety would be very likely which would result in decreasing ability for self-care including an inability in some cases to access and organise food deliveries.
- **Rationing.** Many vulnerable people, for example those with autism, have restricted diets and only eat certain types of foods. If rationing occurred, formally or informally, this could have had a negative impact on individuals health and the health of those they care for.

Proposals and suggestions

- 1. Tailored food parcels.** Food parcels should take into consideration an individual's specific dietary needs.
- 2. Review food-aid.** A review should be undertaken to ensure that all eligible vulnerable people were allocated food aid.
- 3. Unpaid carers ID.** Unpaid carers should be supplied with temporary ID cards to allow entry to reserved slots in supermarkets.
- 4. Advice on food use.** Advice should be given on what to do with food that is not used.

NHS and Primary Care Services

As a substantial element of care provided is through the NHS, changes to service provision during lockdown often had a substantial impact on service users. Positive changes and continuation of services were greatly appreciated.

What has worked well

- **Phone and online appointments.** Appointments being offered over the phone or online during the lockdown was seen as positive.
- **Hospital phone contact.** Contact with hospitals by phone was reported as being very good.
- **Podiatry services.** Urgent podiatry services remained accessible.
- **NHS 111.** It was reported that the NHS 111 service worked well, particularly during out of hours times.
- **Pharmacy services.** Pharmacists stepped in to support the community with emergency and non-emergency advice when GPs were unavailable.

Concerns and points raised

- **Blood tests.** Not all GP practices offer blood test services, those that do usually only do so for people aged over 65. This is a particular issue for those who require regular blood tests and those shielding.
- **GP access/clinical provision.** A number of people were unable to get through to their GPs by phone. Some practices only provided very minimal services, in some cases only admin and repeat prescriptions. There was also a concern that lack of physical examination could lead to misdiagnosis and medical needs going unnoticed.

- **Appointments, treatments and operations.** Issues with cancellations and treatment/operation delays were reported.
- **GP and hospital appointment rescheduling.** Hospitals were sometimes slow to reschedule appointments. Some appointments, for example screenings, were cancelled without any follow-up appointment being booked.
- **Access and knowledge of pharmacy deliveries.** Concerns were raised that some pharmacies did not increase, or promote, deliveries of medications. Although delivery services exist it was felt that few people knew of them.
- **E-consulting.** Moving to virtual appointments is an issue for those who are digitally excluded, and for those who are vulnerable, for example - people with mild to moderate learning difficulties, who may not have carers to support them. Face-to-face appointments should be available once they can be done safely.
- **Delays and difficulties with health assessment.** Concerns about health assessments for vulnerable people and over 60s not being done on time. Additionally, it is understood that health assessments for over 60s are not being undertaken in the west of the Borough. Cognitive testing can be difficult to do remotely.
- **Fear of accessing services.** Concerns were raised that the fear of going to a hospital may have deterred people from seeking the help they needed. For example, the fear of sensory over-stimulation may deter someone with autism from seeking medical help, i.e. the fear of being taken into a noisy and crowded hospital may have been too overwhelming to face.
- **Community care assessments.** Concerns about community care assessments not being undertaken.
- **Hospital visits.** Those who are told to attend hospital appointments, or to have blood tests done, worried about the risk of contracting the virus.
- **Remote hospital assessments.** There was a concern that remote assessments, by phone or online, do not have the same holistic approach to assessment that in-person appointments do and are therefore not as thorough. Therefore, it was felt that these should not become the only way of accessing medical assessments.
- **Covid-19 tests.** Confusion as to who could be tested and where.
- **Covid-19 recovery.** Though an evolving area of medical knowledge, there was concern that not enough information existed on pathways of recovery from Covid-19.

- **Shielding letters.** Concerns were noted that letters instructing vulnerable people to shield arrived late, with some users reporting letters arriving in May. As a result, some vulnerable people (who often knew they needed to shield themselves) could not access help such as food parcels and reserve delivery slots unless they were identified by a mutual aid group.
- **Disagreement on who needed to shield.** In some cases, users were concerned that there was a disagreement between the NHS and their GP on the necessity of shielding or not.
- **Contacting and triaging difficulties.** In the case of autistic people, concerns were raised as they may require a variety of ways to contact services. Using the phone can be difficult or impossible, as can pro-actively getting in touch for help during a time of increased stress. If autistic people do contact service providers, they can be in danger of being 'triaged out' of getting support if frontline staff do not understand autistic needs, or if the criteria for eligibility are insufficient to cover autistic needs.
- **Memory assessment services.** As these services closed across London during lockdown, it was not understood what was being done for those on the waiting list in terms of identifying who on the list needed help and sharing this information appropriately.
- **Classification of dental treatments.** Concern were raised that there was no clear explanation of what constituted a dental emergency.
- **Difficulties accessing dental services.** Concern was raised that there was differing access to treatment appointments.
- **Undetected vulnerable people.** Concerns were raised that those who are considered 'hidden' - cohorts of vulnerable people - may be unknown to the Council and NHS, for example those with early stage dementia, would not have received support they needed.
- **Covid-19 related delirium.** Concerns were raised that planning would be required with regard to Covid-19 related 'delirium,' which would be likely to affect people with dementia in particular and could cause a rise in the number of dementia cases in the near future.

Proposals and suggestions

1. **Universal blood tests.** GPs should offer blood tests to those shielding regardless of age.
2. **Consultation protocol.** Protocol should be developed to ensure that different GPs and hospitals offer a consistent and appropriate route to care.
3. **Post Covid-19 care advice.** A Clinical Commissioning Group (CCG) inspired statement, or widely available advice, on what to look out for after someone has recovered from Covid-19.

4. **Ensure test availability.** The Council/ Clinical Commissioning Group (CCG) should ensure information on local tests is accessible and available.
5. **Share health assessment plans.** The Clinical Commissioning Group (CCG) should provide more information on health assessments and plans to address any shortcomings, if there are any.
6. **GP clinical care review.** The Clinical Commissioning Group should review what GPs have provided in terms of clinical care.
7. **GP home visits.** GPs should offer home visits for those who need them.
8. **Consult on e-consultations.** An ongoing consultation should be arranged with patient groups in regard to e-consultations and phone assessments.
9. **Understand e-consultations.** Statistics should be gathered on the success and failure of e-consultations.
10. **Improve follow-up.** Better follow-up on rearranged appointments and screening by both hospitals and GPs should be put in place.
11. **Free Personal Protective Equipment (PPE) for dental care.** Free Personal Protective Equipment should be made available for NHS dental care.
12. **Share future plans.** Information should be shared with the Joint Partnership Board on the strategy and vision for opticians and dentists in the new normal.
13. **Provide recovery information.** Pathways to recovery should be set out.
14. **Universal shielders list.** A common list of local shielders should be established and shared between GPs and the NHS. This should be kept up to date on an ongoing basis.
15. **Consider unknown vulnerable people.** The Council and NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.
16. **Dental paths for non-emergency treatment.** A path to advice and treatment should be made clear to those with non-emergency dental needs.
17. **Share information on digital inclusion.** The Clinical Commissioning Group (CCG) should provide information on:
 - a. how they plan to ensure digital enablement.
 - b. how they will ensure the digitally excluded can continue to access services and receive care.

Appendix

Joint Partnership Board

Co-Chairs: Sharon Grant
Helena Kania
Andrew Carpenter

Reference Group Chairs

Autism Reference Group

Chair: Andrew Carpenter

Carers Reference Group

Chair: Isha Turay

Dementia Reference Group

Chair: Tim Miller / Paul Allen

Learning Disabilities Reference Group

Chair: Debbie Floyd / Patricia Charlesworth

Mental Health Reference Group

Chair: Sue Wedge

Older People Reference Group

Chair: Gordon Peters

Physical Disabilities Reference Group

Chair: Graham Day

SCALD (Severe and Complex Autism and Learning Disability) Reference Group

Chair: Mary Langan

Transitions Reference Group

Chair: Public Voice (the group is in the process of electing a new Chair)

Contact us



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Visit us: www.healthwatchharingey.org.uk



Follow us: @HWHaringey



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Adults and Health Scrutiny Panel

Work Plan 2022 - 24

<p>1. Scrutiny review projects; 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
Discharge from hospital	First evidence session held with officers in February 2023. Further sessions have recently taken place with final sessions are expected shortly.	Ongoing
Digitalisation and communications with residents		Due to begin Autumn 2023.

<p>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.</p>	
Date	Agenda Items

2022-23	
21 July 2022	<ul style="list-style-type: none"> • Cabinet Member Questions – Adults & Health • Place & Partnerships
15 September 2022	<ul style="list-style-type: none"> • Living Through Lockdown report (Joint Partnerships Boards) – Update on Council/NHS response to recommendations • Aids and Adaptations – Delays and Supplier/Contractor issues • Finance/Performance update
17 November 2022	<ul style="list-style-type: none"> • Haringey Safeguarding Adults Board (HSAB) Annual Report • CQC Overview • Dementia services
8 December 2022 (Budget Meeting)	<ul style="list-style-type: none"> • Scrutiny of 2023/24 Budget and MTFS
9 February 2023	<ul style="list-style-type: none"> • Joint meeting with Children & Young People’s Scrutiny Panel on transitions between children’s and adult services.
13 March 2023	<ul style="list-style-type: none"> • Cabinet Member Questions – Adults & Health • Update – Aids & Adaptations • Winter system resilience

2023-24	
22 June 2023	<ul style="list-style-type: none"> • LGA Commissioning Review • Dementia services update • Workforce funding and reform agenda
18 September 2023	<ul style="list-style-type: none"> • Living Through Lockdown report - Joint Partnerships Board (to include details of new initiatives that the Council had established as a result of the report recommendations.) • Suicide prevention/mental health • Cabinet Member Questions – Adults & Health
16 November 2023	<ul style="list-style-type: none"> • Haringey Safeguarding Adults Board (HSAB) Annual Report (to include update on modern slavery) • CQC Overview (<i>NOTE: CQC colleague to be invited to meeting</i>) • Update - Adult Social Care Commissioning & Co-production Scrutiny Review
12 December 2023 (Budget Meeting)	<ul style="list-style-type: none"> • Scrutiny of 2024/25 Budget and MTFS
22 February 2024	<ul style="list-style-type: none"> • Aids and Adaptations/Disabled Facilities Grant (DFG) – Improvements to service • Cabinet Member Questions – Adults & Health

To be allocated:

- **LGA Peer Review** – Further update to be scheduled. Previous update was in June 2023.
- **Workforce reform agenda** – Further update to be scheduled. Previous update was in June 2023. At the previous update It was noted that the 30% vacancy rate in Adult Social Care represented a risk and so it would be useful to monitor staff turnover and the vacancy rate at the next update on this issue.

- **Integrated Care System (ICS)** – At a meeting in July 2022 it was suggested that a further report be brought to a future meeting including details on: a) the development of the co-design/co-production process; and b) the communications/engagement process for the next suitable new project.
- **Osborne Grove Nursing Home**
- **Preparedness for a future pandemic**