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14 November 2022

To: All Members of the Adults & Health Scrutiny Panel

Dear Member,

Adults & Health Scrutiny Panel - Thursday, 17th November, 2022

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

8. CQC/QUALITY ASSURANCE OVERVIEW (PAGES 1 - 12)

To provide details of recent commissioning and quality assurance activity carried out by the Council in partnership with the Care Quality Commission (CQC), Integrated Care Board (ICB) and other local authorities.

9. DEMENTIA SERVICES (PAGES 13 - 22)

To provide an outline of the Council's approach to Living Well with Dementia, including partnership work.

Yours sincerely

Dominic O'Brien,
Principal Scrutiny Officer

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Report for: Adults and Health Scrutiny Panel – 17th November 2022

Title: Overview of Provider Market in Haringey (April-September 2022)

Report authorised by: Jon Tomlinson, Senior Head of Brokerage, Quality Assurance and Commissioning

Lead Officer: Richmond Kessie, Commissioning and Safeguarding Officer, London Borough of Haringey

Ward affected: N/A

Report for Information

1. Describe the issue under consideration

- 1.1 This brief paper reports on the most recent commissioning and quality assurance activity carried out by Haringey Council (the Council), working in partnership with host local authorities, Integrated Care Board (ICB) and Care Quality Commission (CQC); providing a general overview of inspections carried out in the borough between April 2022 and September 2022.
- 1.2 It is worth noting from the outset that as well as the continued recovery from the Covid pandemic, which significantly impacted the local care sector, there are very real cost pressures for care providers, with inflation, an increase in the National Living Wage and increased costs for basic goods and services. There are significant recruitment and retention issues for the social care workforce nationally which is mirrored in Haringey and the wider North Central London (NCL) sub-region, only exacerbated by the cost-of-living crisis. We continue to build close partnerships the provider market and strive towards delivering high-quality and sustainable services.
- 1.3 The increased profile for the care and support sector nationally, including the pending Social Care Reforms, is to be welcomed particularly where it is supported by appropriate levels of additional central government funding to enable robust delivery of improved outcomes.

2. Cabinet Member Introduction

- 2.1 N/A

3. Recommendations

- 3.1 The Adults & Health Scrutiny Panel is asked to note the paper and comment on the work to support and improve the care sector in Haringey.

4. Reasons for decision

4.1 N/A

5. Alternative Options Considered

5.1 N/A

6. Background Information

6.1 From a quality assurance perspective, the service is working with a number of providers in Haringey currently identified as requiring intervention by either or both the Council and the Integrated Care Board (ICB) and working alongside the CQC as appropriate.

6.2 There are currently 11 providers identified as at high risk requiring intervention by either or both the Council and the ICB. The table below gives the type of establishments, summary of the concerns, number of clients and the outcome of interventions to date.

Service type	Local authority	Haringey Funded residents	Summary	Outcome
Residential and supported living	Haringey	Local Authority (62)	<p>Whistleblowing concerns raised around treatment of staff, employment contracts and concerns around bullying and intimidation. High turnover of staff resulting impacting service delivery specifically for service users with complex needs. Safeguarding issues related to staff training and conduct.</p> <p>Lack of evidence that all 1:1 commissioned services are delivered.</p>	<p>Provider rated Good by the CQC currently. We have shared our concerns with the CQC.</p> <p>Concerns discussed with provider and improvement plan requested as existing approach to recruitment, contracts and management of staff is not sustainable.</p> <p>Provider is willing to work with the council to make necessary changes.</p> <p>We have regular monitoring / meeting in conjunction with safeguarding, commissioning, and social care teams as we require assurance about the provider.</p> <p>Currently we are undertaking a comprehensive investigation of all of the allegations, this is being led by the Safeguarding team.</p>

Home care	Haringey	Local Authority (bundled Hours Provider)	<p>Whistleblowing from staff member alleging: The registered manager has been out of the country for a while, no ECM, poor recruitment practice i.e., no references/DBS for staff, some staff been paid less than NMW, not paying taxes to HMRC, some staff not been paid, fake DBS forms for some staff, fake RA and Care plans. QA team visited and verified all the above.</p> <p>CQC also inspected on 28/10/21 and rated RA</p>	<p>QA team undertook unannounced visit December 2021 and found serious breaches – Shared the information with the CQC and suspended the provider from receiving any new clients.</p> <p>Worked with the provider to require that a new consultant support the provider with the improvement plan.</p> <p>Provider is subject to Establishment Concerns Process (ECP) and embargoed has been put in place as well as bundled hours contract suspension.</p> <p>A New registered manager appointed, Improvement submitted with deadlines.</p> <p>All of the improvements are now in place.</p> <p>The provider is awaiting CQC re-inspection.</p>
Residential Care	Haringey	Local Authority (11)	<p>Provision has changed hands however the new owner does not have a care background.</p> <p>There is currently no manager for the provision, no CQC registered manager, or a responsible person for this provision. QA Team visited and found no information</p>	<p>Establishment Concern Procedure (ECP) has been enacted to manage this provider's improvement.</p> <p>QA Team meeting with provider on a weekly basis to monitor implementation of improvement plan.</p> <p>Two other placing authorities (Camden and Wokingham) informed and advised to review clients.</p> <p>Provider has been placed on embargo.</p>

			<p>pertaining to resident's care and support needs on their files despite CQC inspecting service in November and rated Good. Staff files also have limited information regarding DBS, references and training. New owner has produced an improvement plan and has been advised to employ a peripatetic manager to assist implementing their improvement plan.</p>	<p>There is a high level of risk with this provider due to lack of care expertise. Peripatetic Registered Manager working with the home, and CQC registration process underway.</p>
Residential House	Haringey	<p>Local Authority (11 Bed provision – One Camden and 9 Haringey)</p>	<p>Provision re-inspected following 06/21 inspection on 02/22.</p> <p>CQC did not find enough improvement had been made by the provider and therefore still in breach of regulations.</p>	<p>A new manager has been appointed who has produced an improvement plan, placing authorities have been informed and advised to review clients to ascertain client safety and to feedback any concerns to QA team.</p> <p>The provider remains suspended on DPS.</p> <p>QA team visited in August 22 to monitor implementation of improvement plan.</p> <p>Met with the new manager – who has indicated there are areas that require improvement.</p>
Residential Care - LD	Haringey	<p>Local Authority (7 bedded provision – all</p>	<p>Provision inspected 22nd July 2022 and given an overall rating of Inadequate. (Rated</p>	<p>LA and Health Brokerage informed to suspend any placement activity with this organisation;</p>

		Haringey residents)	Inadequate in three areas – Safe, Caring and well led. Rated Requires Improvement in two areas – Effective and Responsive)	<p>We have requested a copy of the improvement plan from Provider to outline how they intend to improve on the concerns raised in the report;</p> <p>LD team informed and advised to review all clients to ascertain safety.</p> <p>The manager has been suspended by the Ambient Care.</p> <p>QA will visit the provision to monitor implementation of the improvement plan.</p>
Extra care housing scheme	Haringey	Local Authority (30)	<p>CQC undertook a focused inspection to check they had followed their action plan, from the previous inspection where they were rated Inadequate, and to confirm they now met legal requirements. CQC's report is in relation to Safe and Well-Led criteria</p> <p>The overall rating for the service has changed from inadequate to requires improvement.</p>	<p>Provider did not have an adequate system in place to routinely monitor missed/late calls, medicines not always managed safely or as prescribed, not enough detail for staff to know when to administer PRN medication, mixed feedback from staff about the registered manager's leadership however improvements in infection prevention and control measures, improved management of residents risks and minimise risk of harm, safer recruitment process and extra measures in place to reduce financial abuse.</p> <p>Ongoing monitoring of service improvement continues. Provider remains suspended from receiving new placements.</p> <p>All residents reviewed in light of the recent focused CQC inspection.</p>

Residential	Enfield	Haringey Local Authority Placement (2)	Numerous complaints; safeguarding; poor leadership; inconsistent documentation	<p>Provider still rated Requires Improvement from last CQC inspection.</p> <p>All service users reviewed and opportunity given to service users to support finding new placement. Currently under provider concerns process, led by Enfield Council. Haringey QA attend Provider Concern meetings.</p>
Residential	Barnet	Local authority (2)	<p>Provider has been recently inspected by CQC and rated Inadequate;</p> <p>Mental Capacity and Best Interests – administering medication covertly and lack of understanding re: use of restraint/restrictions</p> <p>Poor Moving and Handling practices</p> <p>Poor mealtime experiences – lack of choice and an appropriately balanced, nutritious diet (especially at tea-time)</p> <p>Lack of meaningful social activities</p>	<p>Both residents have been reviewed and have given very positive account of their care including families.</p> <p>All new placements are suspended</p> <p>Provider concerns being led by Barnet.</p> <p>CQC inspection in April 22 has shown improvement, provision's rating upgraded to Require Improvement.</p>
Residential Care	Enfield	Local authority (9)	<p>CQC inspection 12/11/21 rated RI – insufficient staffing, poor recruitment practice (no references, gap in employment history not investigated) RA not reviewed, no</p>	<p>Care team advised to review all clients to ensure their safety and to feed back to QA any concerns.</p> <p>LBH clients have been reviewed by review team, no concerns raised with regards to their care and safety.</p>

			care plans for newly admitted residents, no DOLS in place, lack of leadership. A number safeguarding relating to staff not appropriately trained to meet residents challenging behaviour.	The home continues to implement their improvement plan. LB Enfield are happy with the progress and improvement so far. The provider is awaiting CQC reinspection.
Supported Living	Enfield	Local Authority	Safeguarding raised by a resident alleging that manager of the Explicit Core is abusive towards him and the other residents. Safeguarding been managed by Enfield.	All residents of this provision have been moved to another provider, provider suspended from further placements.
Home Care	Islington	Local Authority (bundled Hours Provider)	Whistleblowing re: no DBS on file for staff and carers not staying allocated time. Safeguarding Concerns re: carers not staying allocated time. Possible issue and breach of contract on new CQC registration. Visit completed and staff files were not fit for purpose.	Regular QA visits and meetings to monitor staff files and client files. Regular meetings with the provider to work through improvement plan. Voluntary suspension of new packages agreed by the provider.

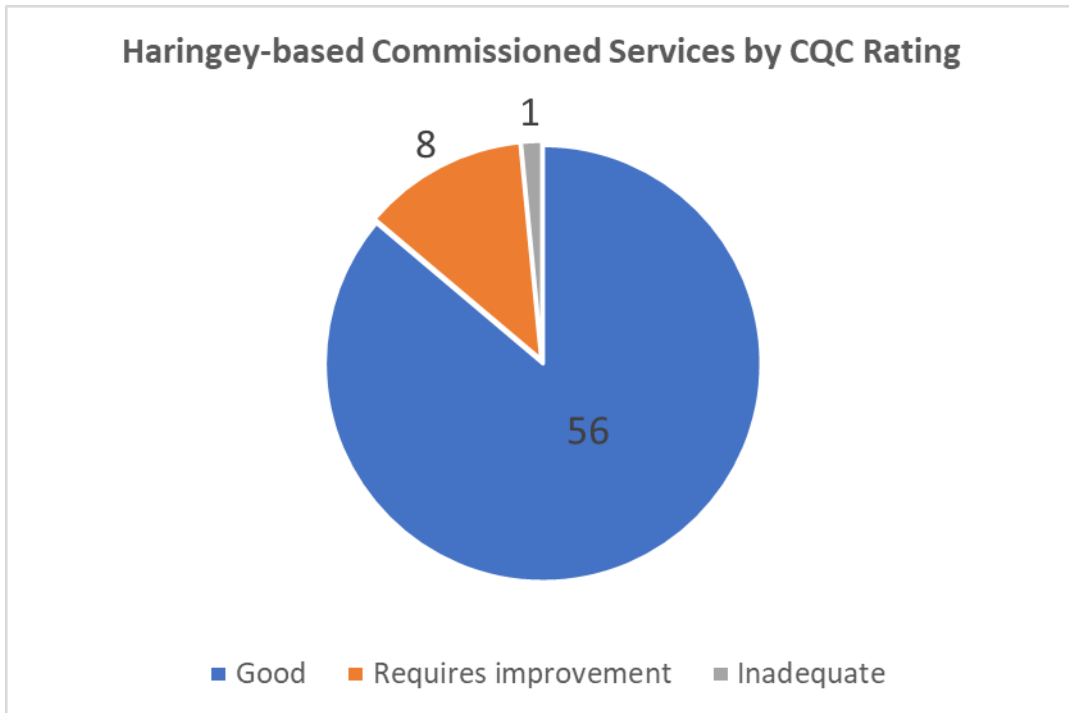
- I. Since April 22, there have been no new closure notifications or new providers registrations within Haringey area.
- II. 15 CQC inspection report has been published between since April 22. 13 were rated Good/Outstanding, 3 Requires Improvement and 1 Adequate.

	Outstanding	Good	Requires Improvement	Inadequate	Total
Community based	1	9	2	-	12
Care Home	-	1	1	1	3
Total	1	10	3	1	15

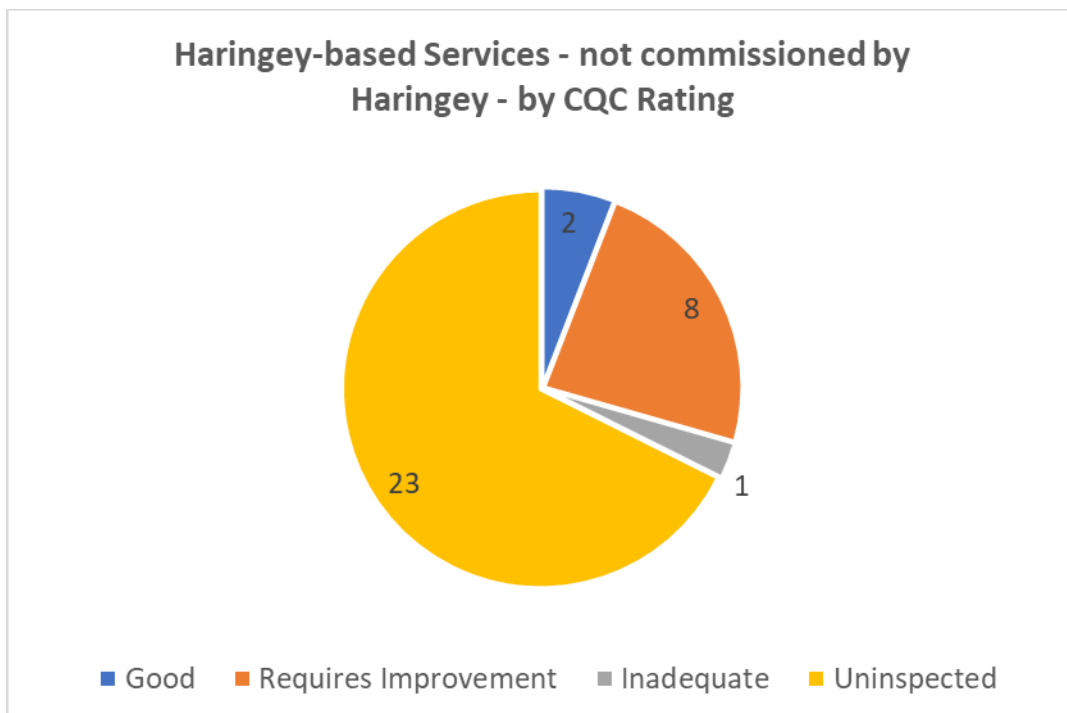
- III. As at September 2022, 32 locations are overall CQC rated Inadequate, Requires Improvement, or Uninspected in Haringey. We have pre-existing placements with the following 9 locations:

Provider Name	Service type	CQC Overall Rating
Chitimali Locum Medical Limited	Residential	Requires improvement
Panacea Senior care limited	Home care	Requires improvement
Ashness Care Limited	Residential	Requires improvement
Embrace UK ltd	Home care	Requires improvement
One Housing group	Extra care	Requires Improvement
Ambient Support	Residential	Inadequate
Sama Care	Home Care	Requires improvement
Nissi Home Care Limited	Home Care	Requires improvement
Circle of Care Services limited	Home care	Requires improvement

As at September 2022, of the 65 registered location in the borough that Haringey commissions with, 56 (86%) are rated Good, 8 (12%) Requires Improvement, and 1 Inadequate.



As at September 2022, of the 34 locations in the borough that Haringey does not currently commission with, 23 (85%) of these are uninspected,



North Central London Integrated Care Board (NCL ICB)'s Quality Assurance Summary – Care Homes (as at September 2022)

IV. COVID-19 Care Homes Cases

- Currently there are no Homes with COVID-19 cases.
- QA team along with our PH colleagues continue to support providers with the necessary IPC measures to manage and prevent further cases.

V. Technology

NHS Mail: The majority of local care homes have their own NHS mail accounts to allow secure transfer of digital information.

IPads: IPads have been rolled out across care homes in the borough with support from NHS Digital.

Remote monitoring project – Whzan

15 care homes and 4 Supported Living locations in Haringey are participating in a project to up-scale the remote monitoring in care homes.

They are using a telehealth tool kit called Whzan, an all-in-one telehealth case which measures vital signs (Temp, Blood Pressure, Respiration, Pulse), records photos and performs multiple assessments including Royal College of Physicians National Early Warning Score (NEWS2). Care homes staff can share this information with clinicians directly to plan and monitor resident's health status and recognise soft signs of deterioration. The project will also help care home staff to improve communication with clinicians such as the GP and London Ambulance Service.

QA team meet the Federation4Health team on a regular basis to support them with the role out of the tool to other care homes.

A Care setting in Haringey has agreed to participate in a short video to highlight the benefits of Whazan to their staff and residents.

DSPT – Data Security and Protection Tool kit (NHSx)

The Data Security and Protection Toolkit (DSPT) is a helpful annual self-assessment for CQC registered health and care organisations. It shows care providers what they need to do to keep people's information safe, meet CQC and other legal requirements and to protect your business from the risk of a data breach or a cyber-attack.

Communication briefings have been sent to all the providers. The NCL ICB lead on the DSPT has attended the care home providers weekly surgery. Support and Workshops have been offered to social care providers to help them complete the DSPT tool kit.

VI. Training

Regular virtual bite size training sessions on different topics relevant to social care have been organised and facilitated by the NCL nurse educator team. Examples of these sessions were pressure ulcer prevention, delirium, falls prevention and Medication Administration Errors.

VII. Well-being support for staff

Advice and support are provided to social care staff through the NCL well-being hub and workshops from Whittington Health IAPT (Improving Access to Psychological Therapies). The QA team continues to share resources with social care providers.

7. Contribution to Strategic Outcomes

7.1 Meeting the needs of local residents through the provision of high quality care enables key elements of the Borough Plan 2019 – 2023 and enables delivery of statutory obligations under the Care Act 2014.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities) – Not applicable

8.1 N/A

9. Use of Appendices

9.1 N/A

10. Local Government (Access to Information) Act 1995

10.1 N/A

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Report for: Adults and Health Scrutiny Panel – 17th November 2022

Title: Update on Living Well with Dementia in Haringey

Report authorised by: Beverley Tarka, Director of Adults, Health and Communities

Lead Officer: Paul Allen, Head of Integrated Commissioning (Older People and Frailty) Paul.allen14@nhs.net

Ward(s) affected: All

Report for Key / Non Key Decision: Non Key Decision

1. Describe the issue under consideration

- 1.1 This paper outlines our approach to Living Well with Dementia, which forms an important section of Haringey's joint and multi-agency Ageing Well Strategy and our progress towards progressing this section and plans for improvement over the next year or so.
- 1.2 The overall aim multi-agency Council, NHS and voluntary sector partners agreed as part of the Age Well Board is to ensure people with dementia are diagnosed as early as possible and that they and their carers get the right treatment, care and support for them that will help them live as long, fulfilling and healthy lives as possible as they age.
- 1.3 We set out this report to recognise that whilst we have made some improvements in the support that is available, partners recognise there is a need to improve these statutory services and to bring solutions together in a way that feels like a more coordinated and holistic approach to the response people with lived experience of the condition tell us is needed.
- 1.4 Partners – the Council and NHS working with partners such as the voluntary sector - are currently implementing a plan of support that is guided by these groups, notably the Dementia Reference Group, and this includes 'getting the basics right' following the delays to progress against plans caused by the pandemic in some services. Some of the solutions relate to mobilising the community to develop a 'dementia-friendly Haringey' – small things can make a big difference to people's lives, and this can simply be about mainstream services we all use becoming more 'dementia-friendly'.
- 1.5 We are asking the Panel to note the contents of this report, endorse our approach and to help us identify community-based opportunities to connect things together or for future development.

2. Background information

- 2.1 Dementia is a term describing a collection of conditions, such as Alzheimer's Disease or vascular dementia, associated with the brain. These conditions affect individual's memory, ability to undertake everyday tasks, communication,

problem-solving and perception. Some people may develop behavioural and psychological symptoms such as wandering, depression or hallucinations as their conditions develop. One in three aged 65+ will develop dementia as they age with the risk of acquiring the condition increasing as they get older.

- 2.2 Sadly, dementia is progressive condition, which means symptoms gradually get worse and we know getting a diagnosis can be devastating for individuals and families. However, people can live well with dementia for a number of years if they get access to the treatment and support they need early enough, such as the right medication, helping people remember their life stories and continuing to be physically active. There's evidence leading a healthy lifestyle – being active, eating well and managing your weight – can reduce your risk of acquiring dementia. Conversely, some medical conditions – such as high blood pressure and obesity – increase this risk, particularly for vascular dementia.
- 2.3 There are c. 2,200 residents thought to be living with dementia in Haringey in 2022, and this figure is projected to increase. Figures 1 & 2 contains some facts and figures about the condition and is taken from Haringey's Ageing Well Strategy 2019-2022, which has a section dedicated to Living Well with Dementia. Around two-thirds of people with dementia are diagnosed as such (and with which type of dementia). This figure needs to increase as we know too many people with cognitive impairment are diagnosed at an advanced stage of the condition.

Dementia: Key Information

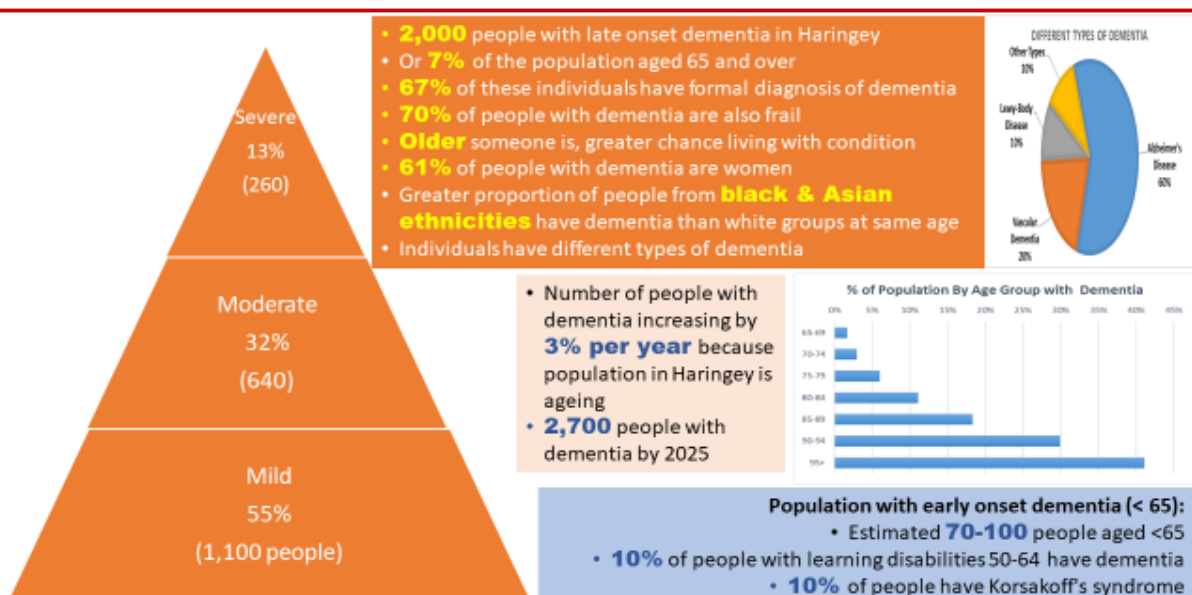


Figure 1 – Facts and Figures on dementia in Haringey (Ageing Well Strategy)

- 2.4 There are several reasons why not everyone with the condition is diagnosed early, but one is the relatively poor understanding about cognitive impairment and dementia amongst the population, including in specific under-served (often deprived) communities and ethnic groups. This lack of understanding –

including about who to approach to get help - mitigates against people coming forward for diagnosis and help earlier.

- 2.5 Based on the national approach of the Alzheimer's Society, we are looking to develop a 'Dementia-Friendly Haringey' in which all of us know more about the condition ('Dementia Friends') and organisations, including health and care organisations, but all sorts of other organisations, such as those in the housing, retail, service or financial sectors, can make suitable adjustments to their services to better support individuals. We therefore want to mobilise our communities to play their part in tackling these issues as we know simple changes can make a big difference.

Dementia: Key Information

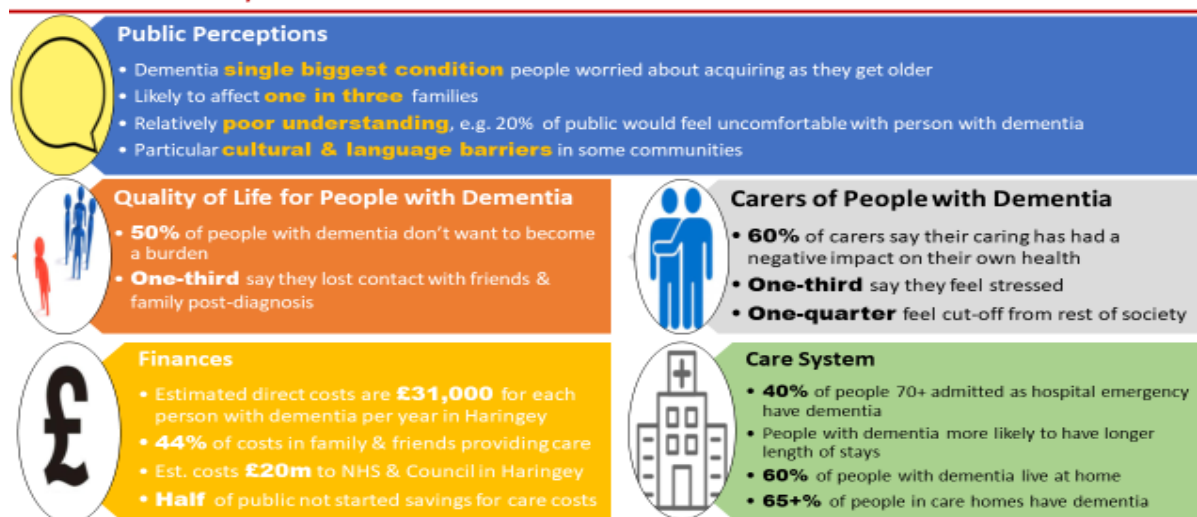


Figure 2 – Intelligence about Dementia (Ageing Well Strategy)

- 2.6 We know many people living with dementia often have other conditions. The impact on individuals and families may be compounded by personal circumstances, such as living alone. We want to encourage people with dementia and their families to plan for the future and avoid preventable crises, such as being admitted to hospital or care home or carers feeling unable to cope any more. Working together to support people to live well with dementia is vitally important and has its own section in this Strategy.
- 2.7 Diagnosing the precise type of dementia and organising treatment needs specialist input. We follow NHSE clinical (NICE) guidance in Haringey in which patients with cognitive impairment are referred (e.g. following a hospital episode) or self-refer to their GP practice. The GP will rule out all other medical reasons for the impairment first; if there aren't any obvious reasons or other conditions causing the symptoms (e.g. delirium, adverse reaction to existing medication), the GP will refer the patient onto the Barnet, Enfield & Haringey MH Trust Memory Service for a formal diagnosis. The Memory Service will diagnosis, assess and care plan treatment and support with the patient and families with their GP and others as needed (e.g. a navigator or social worker). The Service and MH Trust provide some services to support individuals and patients, including day opportunities and therapies.

- 2.8 The primary purpose of the Memory Service is to work with the individual in the first few weeks and months of their diagnosis, and, whilst patients can be reviewed if their conditions change, long-term care of the patient is transferred to primary care, who will continue to monitor individuals' needs. Many people with dementia are also frail or have other physical or mental health conditions. Haringey's Multi-Agency Care & Coordination Team (MACCT), a GP-led multi-disciplinary team of nurses, therapists, pharmacists, social workers, MH workers and VCSE colleagues, manages and care plans the needs of people with significant frailty or multi-morbidity living in the community, some of whom have dementia, with primary care. Similarly, our Enhanced Health in Care Homes (EHCH) team is a nurse-led team managing older people in care homes with a GP lead for each home in Haringey, many of whom have dementia.
- 2.9 Partners, including people with lived experience, identified a set of actions to better support people with dementia in the Living Well with Dementia section of the Strategy. Whilst some of these actions have progressed (e.g. expanding our EHCH or MACC Team), the pandemic impacted on our ability to progress all our of improvements over the last 2 years.
- 2.10 Services were also disrupted during the pandemic and some key services, including the Memory Service and face-to-face day opportunities at the Haynes Day Centre and BEH MH Trust's Tom's Clubs were closed during the height of the pandemic. In addition, there is a continued legacy of the pandemic, with face-to-face number of patients at Haynes Day Centre for example lower than they were pre-pandemic, and, as with all care services, there are issues with workforce recruitment, retention and sickness absence services are managing.
- 2.11 These services have now re-opened and have also adopted new ways of working, e.g. digitally enabled virtual contact with clients to keep in touch. GP and hospital consultant referrals to the Memory Service are now only slightly lower than they were pre-pandemic – around 400 per annum – and our diagnostic rate in Haringey has recovered, so that about two-thirds of patients likely to have dementia are diagnosed on GP registers currently (similar to pre-pandemic levels). This recovery was achieved due to the dedication of Haringey's primary, community and mental health staff, e.g. the overall number of patient consultations is now c. 25% higher than it was pre-pandemic, with the largest increase in practices serving more deprived neighbourhoods.
- 2.12 Working with people with lived experience with dementia and multi-agency professionals, Haringey developed an aspirational pathway of support for people with dementia and their families. Appendix 1 summarises this journey. Its key features are to provide as seamless and holistic support as possible to better support older adults from acquiring the condition (e.g. ensuring more older people are physically active and adopt healthy lifestyles), through to encouraging people to come forward earlier for diagnosis and treatment, and support as their condition(s) advance.
- 2.13 However, listening to the experience of people with dementia and carers, partners acknowledge we could do more to better support people with dementia as we recover from the pandemic. We are working closely with the Dementia Reference Group, a group of people with lived experience of dementia, to help

us understand and guide priorities for improvement. Key areas highlighted to us by patients and carers include the need to:

- a. Work with under-served communities and groups in Haringey to raise awareness about cognitive impairment and dementia to encourage people and families to spot symptoms and signs and come forward to their GP for help sooner rather than later.
- b. Work with health and care professionals and voluntary sector to improve their own confidence and knowledge of working with people with cognitive impairment and dementia and 'what to do next'. We are currently developing an 'Ageing Well' tiered awareness-raising and training programme with Enfield for health and care professionals
- c. Relaunch our 'Dementia Action Alliance' through a conference with organisations (those who are members and those who are not) to refresh commitments to better support people with dementia through up to 3 simple actions they can take. Plans are advanced to organise this conference for early in 2023.
- d. Appoint a Dementia Coordinator to promote the above activities and encourage further partnerships to emerge to better support individuals.
- e. Work with our GP practices, NHS Trusts and Council to improve the consistency, join up and recovery of services for people with dementia post-pandemic and working to 'get the basics right' in services – for example, working with practices with lower diagnostic rates than average. We have recently put a bid in for funding of a dedicated Dementia Facilitator to work with partners to improve their services.
- f. Improve the support available in hospital settings, discharge out-of-hospital, for people with dementia and families working with Whittington Hospital and North Middlesex University Hospital and their community as part of 'getting the basics right'. This includes, for example, ensuring that discharge home and onward support is as well-connected and seamless as possible.
- g. Work with people with dementia and families to establish a 'dementia support' network post-Memory Service to ensure everyone with a diagnosis has someone – a professional or trained volunteer depending on the level of need - they can turn for help and support and who gets in touch with them routinely if they want and help navigate what can be a complex care system. We want to pilot this approach in 2022/23 with a view to rapidly expanding this solution next financial year. People with lived experience tell us this is the most important priority for them.
- h. Improving key solutions to better support individuals, and 'join up' the offer across Haringey and nationally. Many carers told us one thing they would value are things that would improve their ability to cope and better understand the condition, particularly access to psychological therapies. The MH Trust offer access to therapeutic courses to people with diagnosed needs, but we could do more to expand this 'offer' and provide it in different ways and at different points to carers as their loved ones' condition changes.

Similarly, we want to develop a ‘hub-and-satellite’ model of support, with the Haynes and MH Trust staff acting as ‘dementia experts’ in our system to provide coordination and expertise to a distributed network of support across the Borough and into localities and communities. Our aim is to provide the help and support people need at the right time as soon after a diagnosis as possible and then onward beyond this point.

- i. Improving diagnosis and onward support for younger adults with dementia and their families, including those with learning disabilities (particularly Downs Syndrome), who are at particular risk of early onset dementia.
- 2.14 We have listened to what people have told us needs to improve and acknowledge there are areas for improvement to better support individuals and their families post-pandemic. We have a wider set of plans overseen through the Age Well Board to take forward these priorities and are currently developing an Ageing Well outcomes framework (incorporating dementia), which will tell us whether we are being successful in progressing this agenda. This framework will incorporate quantitative measures, e.g. whether diagnostic rates are improving and the variation across practices. It will include the views of people with lived experience of dementia – their perspectives on a set of expectations agreed through the Dementia Reference Group – on a range of issues important to them.
- 2.15 We will feedback routinely our progress against the plan and these outcomes and seek further priorities for improvement through the Reference Group and extended network of residents’ and patients’ views.
- 2.16 One area we want to particularly highlight where good progress has been made is the early help information and support for people as they get older. This discussion relates to wider issues associated with ageing well, though an important aspect of the information and support relates to dementia.

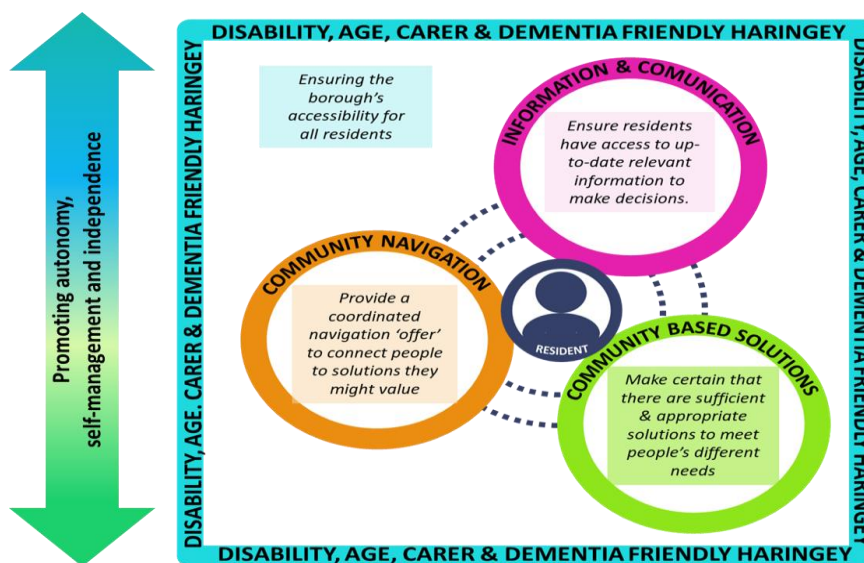


Figure 3 – Our Early Help & Prevention Work-Streams for Ageing Well

2.17 We have progressed this early help project as part of our overall Strategy. Its aim is to improve information, advice and community solutions and assets older people and those with long-term conditions may value. It has three work-streams we are currently progressing, as outlined in Figure 4 below, and we have made progress on all the work-streams:

- Created Age Well Guide and Ageing Well Resources on Council website (with a page dedicated to dementia) and linked to key partners' website, e.g. our NHS Trusts, GP practice sites and voluntary sector organisations. The Guide aimed at those aged 50 and over has hints and tips to look after yourself, and where to go for help, on a range of topics, including one section on memory and confusion. We have distributed 3,000 paper copies across Haringey. Our next steps are to target some of the information to specific groups of individuals and communities that may utilise these messages and to encourage behaviour change built around Public Health's Making Every Contact Count.
- Development of a community of practice (called NavNet) amongst volunteers and statutory sector professionals who have an element of social prescribing or community navigation in their roles or functions – people who can provide front-line advice or connect people to opportunities or services they may value. Participants, which includes staff working with people with dementia, form a 'network of expertise' to mutually support each other in this connection and are connected via a WhatsApp group which pools expertise/contacts to problem solve individual (entirely anonymised) cases together or encourages people to post 'notice board' messages about events, opportunities and services to the group. Membership has increased from 20 to 170 members and we have recently invested in the VCSE to build on NavNet's success. For example, our GP-based social prescribers have around twice as many cases in primary care than the NCL average – and we have expanded the number of such prescribers in Haringey.
- Brought together and developed a range of social opportunities and community assets on a set of themes, for example on:
 - Physical activation, mental well-being and so on. We have recently invested in expanding, for example, our walks programme in parks in Haringey, with a dedicated walk for people with dementia
 - Work with Bruce Castle Museum to promote collection of oral histories of people with dementia. Not only are these life stories a valuable archival resource to the museum, but the act of remembrance stimulates individuals' memory and promotes better management of the condition and sense of purpose. The Museum has since agreed to host monthly get together for people with dementia and carers and has showcased these stories.

Our plans to support people with dementia explore how we might expand and further invest and bring together these opportunities in 2023/24. One opportunity remains to problem solve and develop further community-led opportunities as part of our emphasis on a strength-based approach to supporting individuals with our partners. These opportunities relate to more targeted solutions for people with the condition and carers, e.g. improved

access to therapies, but also ‘normalising dementia’ in mainstream services and solutions.

3. Recommendations

- 3.1 That the Panel considers how we can sustain and build on improvements to our support for people with dementia and their families.

4. Reasons for decision

- 4.1 N/A

5 Contribution to strategic outcomes

The Borough Plan 2019-2023, NHS Long Term Plan, Haringey’s Community Strategy and the Better Care Fund.

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

- 6.1 Finance and Procurement

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

- 6.2 Legal

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

- 6.3 Equality

An EQIA was produced for the overall Ageing Well Strategy and its programme at the time of its publication. The implementation of the AW Programme, and the Living Well Section within it, was seen as positive against several characteristics along age, including better supporting under-served groups and communities, including those living with disabilities, those living in deprived areas and key ethnic groups, e.g. better awareness-raising and support for people from black African and Caribbean groups and some Asian groups who are less likely to come forward with cognitive impairment for professional help. Some of the actions we plan are described above.

7 Use of Appendices

Appendix 1 – Aspiration Dementia Pathway for Haringey (summary)

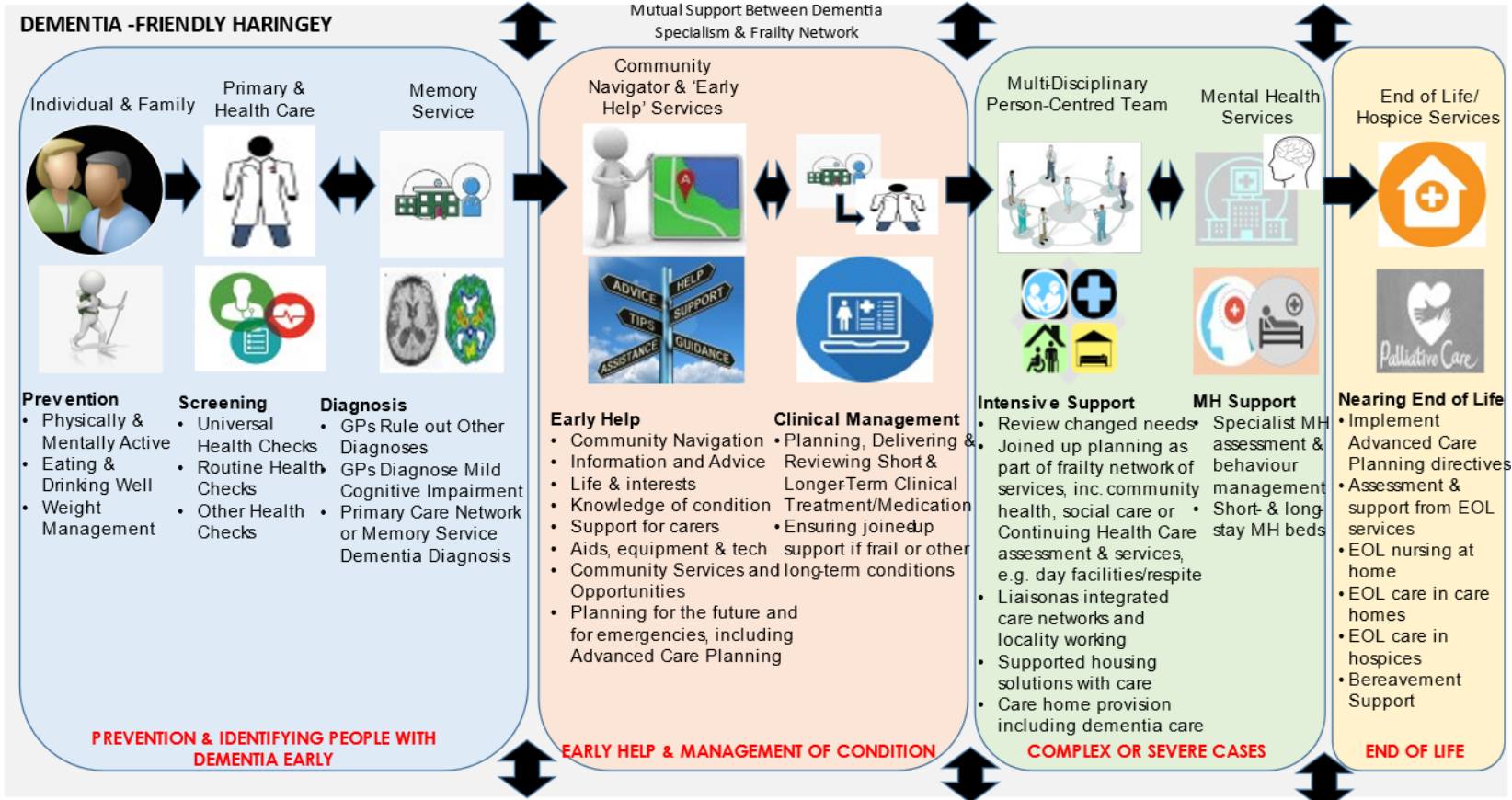
8 Local Government (Access to Information) Act 1985

N/A

SUMMARY OF DEMENTIA PATHWAY



WIDER FRAILTY NETWORK



ACUTE CRISIS MANAGEMENT AND RECOVERY



- Specialist support for dementia
- Discharge to assess & intermediate care



- Out-of-hours GPs
- Rapid Response at Home
- MH Crisis Resolution
- Safe & Sound Alarm Service



- Person & Carer Crisis Plans Implemented
- Emergency Respite Care



- Specialist Palliative Crisis Care