

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday, 22nd June, 2023, 6.30 pm - George Meehan House, 294 High Road, N22 8JZ

Members: Councillors Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Mary 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**

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

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 - 12)

To approve the minutes of the previous meeting.

7. DEMENTIA SERVICES UPDATE (PAGES 13 - 22)

To provide an update on plans and solutions to support people with dementia in the Borough as part of the multi-agency Ageing Well Strategy.

8. WORKFORCE FUNDING AND REFORM AGENDA

Report to follow.

9. LGA COMMISSIONING REVIEW

Report to follow.

10. WORK PROGRAMME UPDATE (PAGES 23 - 26)

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

- 18th September 2023 (6:30pm)
- 16th November 2023 (6:30pm)

- 12th December 2023 (6:30pm)
- 22nd February 2023 (6:30pm)

Dominic O'Brien, Principal Scrutiny Officer, dominic.obrien@haringey.gov.uk
Tel – 020 8489 5896
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Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8HQ

Wednesday, 14 June 2023

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON MONDAY 13TH MARCH 2023, 6.30 -
9:25pm**

PRESENT:

**Councillors: Pippa Connor (Chair), Anna Abela, Cathy Brennan,
Felicia Opoku and Sheila Peacock.**

Co-optees: Ali Amasyali and Helena Kania.

44. 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'.

45. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Thayahlan lyngkaran.

It was noted that Cllr Mary Mason had joined the meeting and that she had expressed an interest in joining the Panel.

46. ITEMS OF URGENT BUSINESS

None.

47. 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.

48. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

49. MINUTES

Cllr Connor highlighted concerns that had expressed by the Panel about the format of the budget papers received at the previous meeting and suggested that the dialogue with finance officers about the budget papers for next year be commenced at an earlier stage. **(ACTION)**

The minutes of the previous meeting were approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 8th December 2022 be approved as an accurate record.

50. WINTER SYSTEM RESILIENCE

Rachel Lissaeur, Director of Integration for Haringey at the North Central London Integrated Care Board (NCL ICB), introduced the report on this item and highlighted the context heading into winter 2022/23. Within primary care, GPs were seeing more people than they had at the same time the previous year and the proportion of face-to-face appointments had also increased while the proportion of people being seen on the same day was around 50% of those presenting to primary care. There was also an increase in Emergency Department attendances, particularly at North Middlesex Hospital, but this was mainly for minor illnesses and there was not an increase in people being admitted to hospital. Staff sickness levels were also up across the country. Emergency Departments were therefore extraordinarily stretched and this was the context for the increased ambulance waiting times. The additional funding provided through the Winter Access fund has been focused on increasing the number of primary care appointments and increasing the primary care presence within the Emergency Department at North Middlesex Hospital.

Rachel Lissaeur went on to explain that the adult social discharge fund was distributed to both local authorities and ICBs with the aim of taking more people through the system, expediting discharges and reducing the length of hospital stays. Additional funding had been put in place to support GPs to see more children face-to-face, to add nursing capacity and acute respiratory infection hubs.

Another initiative was to put two GPs at the Emergency Department at North Middlesex from 8am to 8pm in recognition that there were high numbers of people attending with minor illnesses in need of medication or advice. Over 80% of the available appointment slots had been used, enabling around 200 additional patients to be seen each week.

Rachel Lissaeur, Vicky Murphy, Service Director for Adult Social Services and Cllr Lucia das Neves, Cabinet Member for Health, Social Care & Well-being, then responded to questions from the Panel:

- Asked by Helena Kania how the GP services at the Emergency Department was being publicised, Rachel Lissaeur explained that this wasn't being advertised as such but that patients were triaged with nurses deciding whether someone was suitable to see a GP.
- Asked by Helena Kania about the situation at the Whittington Emergency Department, Rachel Lissaeur said that they also had seen increases in attendances, though not at the same levels as North Middlesex. There were GPs at the front door of the Whittington but they had not received the Winter Access funding. The mix of cases at North Middlesex leant itself better to seeing GPs with a higher proportion of working-age adults and young people. Helena Kania queried whether additional funding was required at the Whittington. Rachel Lissaeur responded that they had a very substantial ambulatory care service that worked efficiently and they didn't have the same level of pressure on their Emergency Department as at North Middlesex, which is why the additional capacity had been added at the North Middlesex. However, the real challenge over the winter in the Whittington had been in freeing up beds.
- Cllr Abela asked whether the promotion of self-care by the Council could help to reduce the pressures on primary care services. Rachel Lissaeur said that GPs tended to be appreciative of the significant support that could be offered by social prescribing, peer support and local area co-ordinators particularly when this relates to chronic conditions. The appointment structure of a GP surgery was not conducive to provide the support that people with chronic conditions needed, which could often be better provided with a holistic approach by a team of different professionals. Most GP surgeries now had a social prescriber at the practice. Cllr das Neves reported on a visit to the new West Green practice where there was a specialist space used for convening groups of people looking at self-management and sharing their experiences, for example around diabetes. It was culturally appropriate because they were coming together as a group and talking about the challenges that they face. She agreed that it was a good question to consider how more support could be provided by having the right spaces to enable people to do this at home or in person.
- Cllr Mason observed that a problem with social prescribing was in building relationships with people who found it more difficult to access services. She suggested selecting other spaces such as food banks and community rooms on estates to connect social prescribing services with more people. She also suggested that interpreters may be needed in some circumstances. Rachel Lissaeur agreed that a lesson from the Covid-19 pandemic was to go to where people were already accessing support. She noted that more people were now back at the places that people traditionally access such as GP practices and emergency departments and that targeted outreach elsewhere was sometimes

- more resource intensive to organise but agreed that it was important to consider where this could be beneficial.
- Cllr Connor asked how much additional funding was received through the Winter Access Fund and whether this would also be received in subsequent years. Vicky Murphy explained that the winter pressures funding emerged from government initiatives. The details of the amounts provided often came at the last minute which could make it challenging to utilise. The Council had worked closely with the Department of Health and the ICB on the plans for staffing and implementation of this funding.
 - Cllr Connor requested further explanation about the deterioration of ambulance response times highlighted on page 18 of the agenda pack and whether 'cohorting' was being carried out to free up more ambulances. Rachel Lissaeur confirmed that there was some cohorting at the North Middlesex and Whittington hospitals but agreed to look into the levels of this and respond in writing to the Panel. **(ACTION)**

Carl Brownsill, the mid-term financial strategy lead for Adult Social Care, presented further slides, explaining that the aim of the Adult Social Care Discharge Funding, as set out on pages 23 & 24 of the agenda pack, was to reduce the delays in discharging people from hospitals. The funding was split between the Council and the ICB. The Council used this for staffing initiatives to strengthen the workforce and to cover the cost of additional care purchasing to help deal with the additional cases from November onwards. The approach was to free up beds with additional support in health and social care settings, including from mental health inpatient settings.

It was noted that the definitions of the various discharge pathways from hospital had been circulated to the Panel Members and were as follows:

Pathway 0 – Simple discharge with no Health / Social Care input.

Pathway 1 – Support to recover at home, able to return home with support from Health and/or Social Care.

Pathway 2 - Rehabilitation in a bedded setting.

Pathway 3 - Life changing event, home is not an option at point of discharge (require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs).

Referring to the slides, Carl Brownsill highlighted the significant increase in Pathway 1 cases in December and said that this additional pressure had continued in January and February.

Setting out the figures for the Discharge Funding, Vicky Murphy said that the Council had received £957k this year, while the ICB had received just over £1m. This had been invested in various projects across the system enabling further work in individuals with complex needs such as 24-hour care or those with homelessness

issues. Two sets of accommodation had been secured – the Ruby Ward which was an intermediate care base shared across NCL as well as five ‘step-down’ flats in Haringey utilised for people who may be homeless or not quite ready to go home. Some wrap-around care was also being provided and additional capacity had been secured in reablement services. She added that, according to the national data set published six weeks previously, Haringey had been ranked 7th best in the country for discharges and throughput. In addition, an organisation called Empower had been brought in to work with the Council and the ICB to support next steps for discharges, with a particular focus on Pathway 1. Additional physio and therapy support in the community would be needed to support this.

Vicky Murphy and Rachel Lissaeur then responded to questions from the Panel:

- Cllr Peacock expressed concerns about people recovering at home and asked how often they were visited and contacted. She added that some had care needs and often required help with essential tasks such as food shopping. Vicky Murphy explained that community services were provided at a level based on the individual person’s needs. Sometimes an individual may have needs that are outside of Pathway 1 that it was important to be mindful of and to step in at an early stage to provide support. She added that wrap-around care, including tasks such as shopping, could be provided where required and suggested that Cllr Peacock speak to her outside the meeting regarding any individual cases that she was concerned about. Asked by Cllr Connor about the funding for wrap-around services, Vicky Murphy said that services had developed and improved significantly in recent years and could provide personal care, meals and medication, while Age UK had a presence in hospitals and offered additional support with a variety of tasks.
- Asked by Cllr Peacock whether the step-down flats were located within sheltered housing schemes, Vicky Murphy said that there was a large portfolio across NCL and all could be accessed by Haringey residents. Rachel Lissaeur added that the first port of call for Haringey residents was usually at Priscilla Wakefield House which was set up for short stays with multi-agency input. There was also Canterbury Ward and Cape Town Ward on the Chase Farm site in Enfield, and also beds at Kings Cross and Mildmay. Where a resident required a step-down bed, there were a range of options across NCL where they could be placed.
- Asked by Cllr Opoku how the levels of Discharge Funding received compared with other boroughs in NCL, Vicky Murphy explained that the funding was provided based on population and throughput so there were slight differences between Boroughs. However, she added that the Council was in conversations about obtaining extra funding for Haringey due to the enormity of the challenge faced this year. Cllr Connor commented that this ought to be weighted according to levels of deprivation and welcomed the challenge that the Council was

- making in this area. The Panel recommended that deprivation levels should be considered as part of the NCL calculations for Discharge Funding. **(ACTION)**
- Asked by Cllr Connor how the funding levels compared with previous years, Rachel Lissaeur said that around £1m was received but this was focused on increasing health capacity rather than being split between the Council and the ICB. There had been slightly more funding available this year through the integrated approach but there was still the challenge of managing the cliff-edge in April without the additional funding.
 - Helena Kania expressed concerns about the lag between discharge and assessment. Vicky Murphy acknowledged that this had been a challenging area this winter and that, due to the higher levels of demand and acuity, some people had been on reablement for longer than they usually would. In terms of demand, the numbers of people coming through the system was as high as 298 in one particular month compared to a normal level of 226. In terms of acuity, the proportion of reablement patients requiring long-term care had increased from 27% to 49%. At present there were two residents that had been there for longer than six weeks. However, there had been some recent workforce changes and so her ambition was that, by the end of March, everyone would be reviewed within 2-3 weeks and then reviewed again at the 6-week stage should they require ongoing reablement.
 - Cllr Mason said that, from her experience of working with a local food bank, she was aware of some residents being discharged without access to their benefits or being placed somewhere without basic utilities and expressed concern about a small number of people slipping through the net of support. Vicky Murphy responded that there was a discharge to assess process for Pathway 0, run by a specialist person, but people could be referred back to Connected Communities services if required. She suggested a further conversation outside of the meeting to pick up on the concerns relating to the specific individuals.
 - Cllr Brennan referred to cases of very vulnerable individuals that she was aware of and asked how quickly people would be assessed where there was urgent need. Vicky Murphy explained that individuals with complex needs would be discharged with appropriate care/support and wrap-around services so the assessment should take place before they leave hospital. However, if their level of need subsequently increased, then there was a rapid response service that can provide additional wrap-around care or a resident could be 'stepped-up' if their home is no longer safe for them. Cllr Brennan commented that some cases that she was aware of were done on a 'discharge to assess' basis. Rachel Lissaeur commented that people were discharged quickly because of the huge pressure on beds, but also that the ethos of 'discharge to assess' was that an assessment was more accurately carried out in someone's normal residence. She added that the issues raised highlighted the importance of communication and reassurance with patients at discharge and assessment.

- Cllr Connor suggested that a card, including the key information points and contact details, could be provided to patients upon discharge. Vicky Murphy agreed to check on the documentation that was given to the patient and to provide this information to the Panel. **(ACTION)**

51. UPDATE - AIDS & ADAPTATIONS

Vicky Murphy noted that significant additional work had been carried out in the area of Aids & Adaptations/Disabled Facilities Grant (DFG) since the previous scrutiny item on this in September 2022. Janet Bradbury, new interim Head of Service covering aids and adaptations, noted that the issues raised by the Scrutiny Panel had largely concerned delays and communication issues. She then presented slides on the recent work which included the following key points:

- Standard letters had been developed and sent to service users at every stage of the process and the wording of these letters had been checked with Disability Action Haringey and they included information about expected timescales and contact details.
- Everyone on the waiting list as of October 2022 (approximately 800 people) received a personal phone call to check that they understood the process and the progress of their case.
- Delays had been reduced through additional capacity in surveying and assessment and the number of people waiting for an adaptation to be completed had reduced from 812 in August 2022 to 448 in February 2023 and it was expected that this would be reduced further through external contracting. Of the remaining 448 people:
 - 66 had seen the work completed but the review stage was still underway;
 - in 125 cases, the work was in the process of taking place;
 - in 184 cases, surveyors were working to draw up specification, arrange for contractors or putting work out to tender;
 - 73 cases were being allocated to an external surveyor.
- In terms of communications, it had been found that officers did not always provide their contact details after a contact with residents and that some residents were unclear about which phone number they should call. This was a particular problem when there were long delays between stages of the work. Residents could now expect to be provided with officer contact details after every visit.
- Residents were also now proactively being provided with a copy of their support plan unless they specifically said that they didn't want it. The support plans included details of what had been agreed with the resident, actions being taken and a list of conversations that had occurred.
- Residents waiting for an adaptation to be completed would be proactively contacted by phone every 4-6 weeks to check how they were doing and to update them on expected timescales.

- The next steps involved continuing the ongoing journey of culture change by carrying out a series of workshops involving staff and engaging with service users to improve their experience, deep diving into complaints and challenging inefficiencies in the system.
- Recruitment was currently being made to occupational therapy and surveyor vacancies, though this was challenging due to current workforce shortages in these areas, particularly for occupational therapists.
- The team was moving to a new client record system which should allow better tracking of timescales. It was also necessary to improve prioritisation of new referrals according to government guidance.
- The team was looking at adding more detailed information to the Council website and had sought advice on commissioning formal advocacy services to support residents in their requests for adaptations.
- A slide displaying the 11 stages of the full adaptation process illustrated how complex the system was and that this was generally expected to take around 12 months from beginning to end depending on the complexity of the case.

Janet Bradbury and Vicky Murphy then responded to questions from the Panel:

- Cllr Abela asked whether public money was used for adaptations when a property was owned by a private provider. Janet Bradbury explained that the disabled services grant legislation set out the conditions required for state money to be applied for, such as access to the property or making a property safe, and this could be requested irrespective of the ownership of the property.
- Cllr Mason spoke about complex cases that she was aware of, including a case involving overcrowding, and asked how these could be prioritised where necessary. Janet Bradbury referred back to the point made previously about prioritisation, on which there was government guidance, and that it was important to accurately assess the higher risk levels that some people had. There were also now four additional customer care officers which would help with this process and tracking cases more closely. She also clarified that it was not possible to agree to a grant for overcrowding reasons, except in cases where there were two siblings who would usually have been expected to share a room but could not do so due to a disability.
- Cllr Connor expressed surprise that 12 months was seen as an expected timescale for an adaptation to be carried out as she had previously approximated this to be closer to 6 months in cases where nothing went wrong. Janet Bradbury clarified that the government guidance categorised cases as urgent/non-urgent and simple/complex. The shortest target timescales were 55 working days for urgent and simple cases (such as a stairlift) whereas the non-urgent and complex cases were closer to 12 months. For example, the installation of a through floor lift could have a lead-in time of three months from order, so these kind of issues lengthened the overall completion time. There could also be complexities arising from negotiations with residents who may

have not have the same views on the alterations required as the professionals involved.

- Asked by Cllr Connor about the likely timescales for the next steps, including the website changes, advocacy and co-design work, Janet Bradbury said that the workshops were expected to begin in April with work proceeding in May and June. Cllr Connor suggested that it would be useful for the Scrutiny Panel to receive a further update after there had been further progress on the website, advocacy, co-design and workforce items perhaps at the beginning of next year. **(ACTION)** Vicky Murphy indicated that officers were happy to do this, had found the feedback from the Panel useful and would update the Panel on timescales.
- Asked by Cllr Connor how the views of service users would be considered when measuring improvements to the service, Vicky Murphy said that this would include user/lived experience in a multitude of ways, including complaints, user feedback, one-to-one meetings and co-production around the pathways.

52. CABINET MEMBER QUESTIONS

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, began this item by setting out some recent developments in her portfolio area:

- Mental health was a key priority area and the public health team had recently held a workshop with mental health providers across the borough from the statutory and voluntary/community sectors to discuss existing services and possible gaps. She acknowledged that Councillors had been concerned about some of the casework that they had picked up around mental health issues and wanted to see more preventative action and the addressing of gaps in services.
- Gambling harms was also an important issue and, while the Council was limited in how it could prevent gambling establishments from opening in the High Streets, efforts had recently been made to look at support services. A summit had recently been held around gambling harms and a government White Paper was expected soon.
- On the issue of Violence Against Women & Girls (VAWG), Cllr das Neves had recently visited a secondary school in the Borough along with a worker from Solace Women's Aid and had a good conversation with young women about what they experience in schools. This raised questions about ensuring that girls and boys in schools across the whole borough had access to those type of conversations. The Council would soon begin the process of commissioning VAWG services and this would involve Councillors and people with lived experience. The reach of services had been increased to include older women and LGBTQ+ women.

Cllr das Neves then responded to questions from the Panel:

- Cllr Connor noted that the Overview & Scrutiny Committee had recommended in 2022 that research be undertaken in Haringey to strengthen the evidence base on gambling harms, which could potentially be used as part of a decision to refuse applications for gambling licences. Cllr das Neves said that the Council had been waiting for some considerable time to hear about potential funding for this. She added that some useful conversations had emerged from the recent summit with people who were interested in being involved with this work so it was hoped that progress could be made on this soon. However, she was not persuaded that the research would necessarily enable the Council to refuse licensing applications due to the emphasis of national legislation on permitting applications and so the content of the Government's forthcoming White Paper would have to be looked at closely. In response to a question from Cllr Opoku about what Councils can do collectively, Cllr das Neves said that she had been speaking to some of her NCL counterparts about this and one option could be a collective written response to the Government's White Paper after it was published.
- Asked by Cllr Abela for further details on the support provided to residents dealing with gambling addiction, Cllr das Neves said that people could access a helpline but there were two workers who were going to come in to provide coaching and psychosocial support, including by having a presence on the High Street. Cllr das Neves said that she could provide further details about this work through a written response. **(ACTION)**
- Cllr Connor requested further details about the commissioning of VAWG services and the likely timescales for this. Will Maimaris, Director of Public Health, said that the 'Protect Our Women' project that was being delivered with Solace was an innovative programme that had been recognised at a recent London-wide meeting as being an example of good practice. However, it was a small project and it would be continuing until at least April 2024 so any recommendations for change from scrutiny would be welcome. Cllr das Neves added that feedback from young women at a Haringey school had included that they felt objectified by society and so it was important to listen to those messages and to ensure that these issues were acknowledged in all schools.
- Cllr Mason noted the recent legislative change through the Domestic Abuse Act with children classed as victims and asked what support was being provided to children in such circumstances. Will Maimaris explained that an Independent Domestic Violence Advocate (IDVA) for children had recently been commissioned and would be linked to children's social care services.
- Cllr Mason highlighted the importance of children themselves being advocates for change in terms of the culture around VAWG. Cllr das Neves agreed with this and reiterated the strong clear voices of the young people that she had heard at the school recently who she hoped would be supported to lead on this issue.

- Asked by Helena Kania whether there were any figures available on the number of NHS health checks (for those aged 40-74) being carried out, Will Maimaris explained that the budgets for this were under significant pressure and so a decision had been made some time ago to prioritise the east of the borough due to the higher prevalence of cardiovascular disease. It had been difficult to get GP surgeries to pick up those checks, particularly during the Covid-19 pandemic, and so the GP Federation had recently been commissioned to improve this. The figures for the NHS health checks could be provided to the Panel in writing. **(ACTION)** Vicky Murphy added that health checks for children and adults with learning disabilities were at 72.5% in Haringey as of January which was the highest rate in the NCL area. Asked by Cllr Peacock why the health checks stopped at age 74, Will Maimaris said that the checks were intended for prevention and that those in the older age brackets should typically be seeing their GPs on a regular basis for other reasons.
- Cllr Brennan noted that the Solace programme had been active in some schools and asked whether there was a target for it to reach all schools in the Borough. Cllr das Neves said that there was not a specific target but that the issue was resourcing the programme and prioritising the areas that it ought to reach sooner rather than later. However, she felt that young people had responded well to the Solace worker and that ideally they would be going into every school as soon as possible.
- Asked by Cllr Peacock about action to support residents with dementia, Cllr das Neves said that she had recently attended virtual reality dementia training in Wood Green which aimed to simulate dementia and this training would be used by people working with residents who have dementia. She added that there were good dementia services in the Borough and that a new dementia coordinator would be starting soon to help boost outreach work.
- Cllr Connor asked whether new dementia hubs could be established, similar to those in Wood Green and Tottenham, as these could help to attract residents and provide support in a more focused way. Cllr das Neves said that this was a good question that could be wrapped into a conversation about localities and what could be made available, perhaps through the JHOSC (Joint Health Overview & Scrutiny Committee). Cllr Brennan commented that there were some good dementia services in the Borough but that more needed to be done to communicate this to residents. Beverley Tarka responded that this would be an important part of the new dementia coordinator role and help to build a Borough-wide support network for people with dementia. Cllr das Neves said that there needed to be information provided in both electronic and print formats and that this was part of a larger piece of work within the Council of communicating better with residents about all the services available to them.
- Cllr Connor raised a concern that had emerged from a recent Carers Forum meeting where it had been understood that carers of people with disabilities

who were on Income Support would have to pay a charge to the commissioning unit. Vicky Murphy clarified that this was a communications error and that this information was not correct. She explained that anyone receiving benefits would not be expected to pay the kind of amounts that had been mentioned. Everyone would have an individual financial assessment and it had also been agreed that an advice surgery would be held once a month at the Winkfield Centre to support people with learning disabilities and their families/carers in going through this process. Cllr das Neves suggested that a written response could be provided to help clarify this matter and provide some reassurance to those with concerns. **(ACTION)**

53. WORK PROGRAMME UPDATE

Dominic O'Brien, Scrutiny Officer, reported that the first meeting of 2023/24 would be on 22nd June 2023 with further meetings to follow in September, November, December and February. An update to the Council's response to the Living Through Lockdown report produced by the Joint Partnership Board was due to be considered at the September meeting. The November meeting would include updates on the Haringey Safeguarding Adults Board (HSAB) annual report, the CQC/quality assurance and on the responses to the Panel's Scrutiny Review on co-production. In relation to the HSAB annual report, the Panel had asked for information about modern slavery to be included in the update. Updates on the Osborne Grove Nursing Home project and on the workforce strategy were also expected but were yet to have a date scheduled.

The Scrutiny Review being carried out by the Panel was on discharge from hospital (including barriers to discharge relating to sheltered housing) with another Review on digitalisation and communications with residents expected to take place later in the year.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

Report for: Adults and Health Scrutiny Panel

Title: Update on Dementia Solutions in Haringey

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

Lead Officer: Paul Allen, Head of Integrated Commissioning (Older People and Frailty) and Laura Crouch, Senior Services Manager- Community Provisions, Day Opportunities and Shared Lives
Paul.allen14@nhs.net
Laura.Crouch@haringey.gov.uk

Ward(s) affected: All

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

1. Describe the issue under consideration

- 1.1 This paper is an update on the plans and solutions to support people with dementia in the Borough, which forms an important section of Haringey's joint and multi-agency Ageing Well Strategy overseen through the Age Well Board.
- 1.2 The overall aim multi-agency Council, NHS and voluntary sector Age Well partners agreed 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 to help them live as long, fulfilling and healthy lives as possible.
- 1.3 A report was presented to December 2022's Scrutiny Panel to outline some of the issues and challenges, plans and improvements partners had made in relation to improving services for people with dementia. At the time, the Panel agreed the Council and NHS would report back to outline progress, particularly in relation to developing community assets for people with dementia. This report provides a summary of this progress so far.

2. Background information

- 2.1 Dementia is a term describing a collection of progressive 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.
- 2.2 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.
- 2.3 It is important to ensure people have the right dementia diagnosis and access to the right treatment. This diagnosis can be complex and is undertaken at the Barnet, Enfield & Haringey MH Trust (BEHMHT) Memory Service at St. Ann's

Hospital. Patients are referred to the service through patients' GPs, who will seek to rule out other reasons for cognitive impairment, e.g. confusion due to UTI etc.

- 2.4 People can live well with dementia for several years if they get access the treatment, medication and support that they need early enough, helping people reminisce about their life and continuing to be physically active. There's evidence leading a healthy lifestyle – being active, eating well and managing your weight – can also reduce risk of acquiring some forms of dementia.
- 2.5 One in three aged 65+ will develop dementia as they age with the risk of acquiring the condition increasing as they get older, with Alzheimer's Disease being the most common. There are 2,300 residents thought to be living with dementia in Haringey in 2023. Around two-thirds of these residents are currently diagnosed with the condition. This figure needs to increase and that we need to diagnosis people with the condition earlier.
- 2.6 One barrier to early diagnosis is the relatively poor understanding about dementia amongst the population, including in specific (often deprived) communities and ethnic groups. This lack of understanding, including about who to check with if there's a problem, mitigates against people coming forward for diagnosis, getting help earlier and plan for the future, including how to avoid preventable crises, such as being admitted to hospital or care home or carers feeling unable to cope any more. Dementia may also be just one of several conditions people live with.
- 2.7 The Scrutiny Committee report in December outlined our network of health-orientated services for people with dementia. The Committee were particularly interested in one aspect of the partnership work which related to developing a network of community assets to support people with lived experience in the community, including raising awareness of the condition, as part of developing a 'Dementia-Friendly Haringey'. The December report set out some priorities for improvement, and the current report provides an update on progress so far.
- 2.8 We continue to listen to the experience of people with dementia and carers. Along with other representative forums, we work closely with the Public Voice-led Dementia Reference Group, a group of residents with lived experience of dementia, to work with professionals to help us understand and guide improvement priorities. For example, we conducted workshops with the Group on topics such as post-diagnostic support and improving safety and managing crises. We have adopted an approach to dialogue and feedback which reflects: 'We said, we did together, this is the impact it made'.
- 2.9 As a result of these discussions with residents and partners, we have created an improvement partnership plan within our multi-agency Age Well Programme which includes actions in this report. We feedback routinely on progress and these outcomes and seek further opportunities through our Age Well partnership, the Reference Group and extended network of residents' and patients' views.
- 2.10 It is relatively early to describe the impact of these improvements, but partners, including those with lived experience, involved in the dementia project are developing a framework with people with lived experience to determine how we

monitor improvements in outcomes and wider impact of our health and care system. These proposed outcomes include issues such as ensuring:

- More people and organisations are aware of the condition and what are the practical things they can do to help. This could mean making suitable adjustments to their lifestyles (people) and or their 'offer' (organisations) – and growing our multi-agency Dementia-Friendly Haringey Alliance.
- Diagnostic rates increase towards 80% and making these diagnostic rates more consistent and diagnoses timely across GP practices and Primary Care Networks in Haringey.
- More people are diagnosed earlier with the condition and get the help and treatment they need earlier.
- More people with lived experience with dementia (including carers) feel better supported (in terms of treatment, physical and mental well-being, safety, stimulation, social inclusion etc.) prior to, at or post-diagnosis and know who they can turn to for help if they feel they are approaching crises.
- More people can live at home as independently as possible for longer.
- There is equity of access, outcomes and experience against the above measures including within potentially under-served communities and groups.

2.11 Based on ongoing feedback from those with lived experience of the conditions and our partners locally and nationally, key areas for improvement were:

- Awareness-raising about the condition to the public and those that are likely to interact with people at risk of, or who are living with, dementia
- Early diagnosis and improving the onward connection to solutions in the community, particularly post-diagnostic support more consistently
- Better joined up services to support people living with the condition including a 'hub-and-satellite' model to bring care and support closer to people.
- Progressing towards a 'Dementia-Friendly Haringey'.

2.12 *Improve Awareness-Raising & Progress towards Dementia-Friendly Haringey*

2.13 The key actions identified in the December report were:

- Appoint a Dementia Coordinator to promote the above activities and encourage further partnerships to emerge to better support individuals.*
- Relaunch our 'Dementia-Friendly Haringey Alliance' through a conference with organisations to refresh commitments to better support people with dementia through up to 3 simple actions they can take.*
- 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.*
- 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 and others, such as those in the voluntary sector, who work with or alongside older people.*

2.14 Since the last update we have:

- Appointed a Dementia Coordinator in Q4 2022/23 who has taken forward engagement with the people with lived experience for dementia and with partners committed to building a Dementia-Friendly Haringey.
- The Co-ordinator reconvened 60+ organisations in the 'Dementia-Friendly Haringey Alliance' in Q1 2022/23. The Alliance is a forum of organisations – care and support agencies, retailers, VCSEs, service sector organisations and so on – who committed actions to help improve some aspect of people living with dementia's lives. We intend to also coordinate an NCL-wide approach for some organisations (e.g. Transport for London, BEH MH Trust, Metropolitan Police) that operate on an NCL or London footprint.
- We have organised a Dementia-Friendly Haringey conference in June 2023 as part of the relaunch to invite existing members to re-commit 3 actions and encourage new organisational members to join for the first time.
- Having secured North Central London Integrated Care Board funding, we are now in advanced planning of the Ageing Well awareness-raising and training and intend to pilot the first training sessions in early October with a view to roll out across Haringey and Enfield to a range of partners. The content will largely follow the structure of the [Age Well Guide](#) and [Ageing Well Resources](#) on Council website (with a [page dedicated to dementia](#))

The Guide is aimed at those aged 50+ (and those that work with them) and has hints and tips to look after yourself and where to go for help, on several topics, including one section on cognition. We have already agreed one of the training modules for our Age Well Champions strand will focus on dementia. Ensuring staff or volunteers getting to know more about dementia as an Age Well Friend or Champion could be one of organisations' key actions they may commit to as part of Dementia-Friendly Haringey.

The December report also discussed 'NavNet', our community of practice and practical problem-solving forum amongst volunteers and statutory sector professionals who have an element of social prescribing or community navigation in their roles – people who can provide front-line advice or connect people to opportunities or services they may value. Membership has accelerated from an initial 20 people coming together to take forward to 170 (December report) to 220+. We now have a full-time VCSE NavNet coordinator. We will promote training and awareness-raising opportunities amongst members including in relation to dementia and Ageing Well training.

- The above actions remain a work in progress, and we know we need to do more. For example, the Dementia Coordinator will work with our Community Ambassadors to reach out to specific communities and groups in which understanding of the conditions and access to onward diagnosis and support might need to improve later in 2023/24.

2.15 *Improve Diagnostic Rates and Onward Connection to Services*

- 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. We have recently put a bid in for funding of a dedicated Dementia Facilitator to work with*

partners to improve their services. [Unfortunately, Haringey was not successful in this bid process which was heavily over-prescribed]

- f. 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.*
- 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.*

2.16 Since the last update we have:

- Conducted an in-depth analysis of individual GP practice diagnostic rates to determine those practices who may have a lower than anticipated number of older patients on their list diagnosed with dementia. We are currently working with several practices via their Primary Care Networks, and the communities (and community representatives) they serve, to determine how we can encourage people to come forward for cognitive checks earlier and get the right diagnosis for them. This will be a priority area for action in the second half of 2023/24 and we will ensure that this work is undertaken in parallel with development of our locality working with practices across Haringey. This includes a particular focus on identifying early onset dementia, including as part of annual health checks for people with learning disabilities.
- In conjunction with the Dementia Reference Group, we are currently developing a Charter for people and families living with dementia, so there is a direct link to practical things people tell us would help them and the improvements and outcomes discussed above. For example, one aspect of the Charter refers to knowing who individuals can turn to help them navigate the care system post-diagnosis, and knowing who to contact in crises arise.
- Partners are working to expand their organisational capacity to ensure people can access statutory assessments and services in a timely way, against a backdrop of rising demand. For example, the number of GP consultations in Haringey increased by 30% between 2019/20 and 2022/23, including in practices serving the 20% most deprived communities. However, improving access to services continues to be a priority amongst partners over the next 18 months, and we will seek to make better use of existing, and expand, resources and capacity to meet demand.
- One example of this approach relates to the better use of the multi-agency Enhanced Health in Care Homes (EHCH) model. EHCH is a dedicated service run by community health in conjunction with primary care and care homes to ensure residents' needs are identified via routine surgeries for those with escalating health needs or crises. The service has been well-received and is now in its second year of full operation. Partners are now expanding the service to support the physical health needs of people with learning disabilities in independent living homes as they age - research suggests these individuals are at greater risk of becoming frail and developing dementia at an early age.

2.17 *Improve Key Services for People Living with Dementia*

- h. 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.*
- i. Improving key solutions to better support individuals, and 'join up' the offer across Haringey and nationally. This includes developing 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.*

2.18 Since the last update we have:

- Successfully piloted an improved assessment unit for patients with frailty, including those with cognitive impairment or dementia, at NMUH to best triage the needs of individuals who need a spell in hospital. The pilot so far is promising and has demonstrated improved outcomes for patients due to more timely access to diagnostics and treatment (including onward referral to Memory Service when they have returned home, if needed, if the patient has suspected dementia but this has not been diagnosed), reduced mortality and length of stay.
- Continued to develop our 'hub-and-satellite' model. We now have a variety of joined-up 'offers' across the Borough:
 - Haynes Dementia Centre, which now supports patients prior to post-assessment.
 - Grace Organisation, who moved into their new location at Pretoria Road ('the Irish Centre') in March 2023
 - Cypriot Centre operate a day service for people with dementia
 - Tom's Club at St. Ann's Hospital and at the HaynesPlus additional sessional day opportunities provided by the Alzheimer's Society ('Singing for the Brain') at Alexandra Palace and at Bruce Castle Museum; whilst we have also expanded our Haringey walks to enhance the support for people with dementia as a way of keeping people physically active and supporting carers.
- The Haynes continues to offer a multi facing holistic approach to care. Providing cognitive stimulation through day-to-day activities, specialised sessions and an emphasis on maximising physical wellbeing. Alongside the prescribed service we also offer placement for drop ins, these are attended by people with dementia or who are awaiting a dementia diagnosis, they attend with a carer and utilise our facilities and activities. Lastly, the service provides carer support and acts as an information centre. The Haynes Carers Group has monthly support for holistic professionals, advocates, even a masseuse. The information area provides flyers, and information to anyone seeking guidance or advice on dementia and is also used as a community repository for advertising events. The new Dementia Co-ordinator is working towards making a robust dementia network across the borough which will enable our delivery model to be shared by others and

equally anyone else providing support or activities for those with dementia will become connected.

- The Grace Organisation move into new premises was co-designed with them to ensure the facility adequately met the needs of users of the day service in accordance with recognised dementia standards. The new facility is similar in size to their previous premises and re-provides spaces such as the large activity space, activity/consultation space for visiting health care workers, and a commercial kitchen to deliver their meals on wheels services and to support the luncheon club previously hosted at the Irish Centre. Additionally, office space and meeting rooms are provided on the first floor. Features of the design include:
 - Distinctive wayfinding with areas themed and clear consistent signage, contrasting finishes to help people with dementia navigate and clear sight lines for staff and carers.
 - Natural, but not bright, light where possible.
 - Barrier free access throughout the building, both internally and externally.
 - Separation of activities to make sure people are stimulated
 - Spaces for both staff delivering the service and for service users.
 - Use of the centre's communal hall space at specified times throughout the week.
- The above action remains a work in progress, and we know we need to do more. For example, the above solutions need to be more readily available post-diagnosis to people with lived experience with dementia rather than at the end of a sometimes lengthy and complex health and/or social care assessment. We are looking for ways to invest in our capacity to meet the demand for services and activities (including development of our Dementia Friendly Haringey 'offers') whilst at the same time seeking to improve the timeliness of statutory assessments. For example, we are exploring how we can improve access to psychological therapies to support people with lived experience come to terms with their or their loved one's diagnosis and best manage their lives and relationships post-diagnosis.

3. Recommendations

- 3.1 The Panel 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 people with dementia and their families.

4. Reasons for decision

- 4.1 N/A

5 Contribution to strategic outcomes

- 5.1 The Haringey Deal, 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)

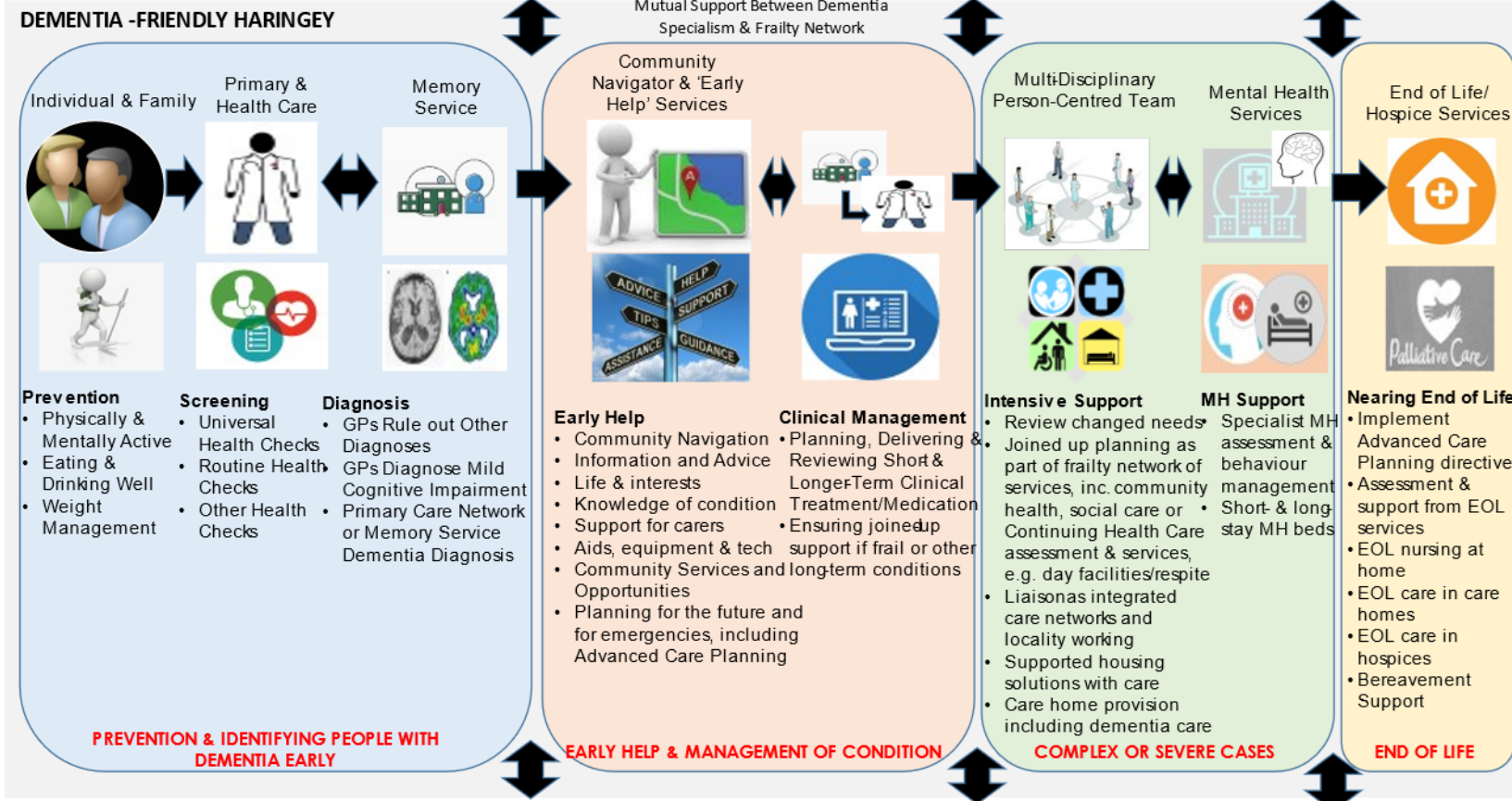
8 Local Government (Access to Information) Act 1985

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

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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	The focus of this Review First evidence session held with officers in February 2023. Further sessions due to take place in June/July.	Ongoing
Digitalisation and communications with residents		Due to begin Sep 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:

- **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**

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