NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Tuesday, 30th July, 2024, 6.30 pm - George Meehan House, 294 High Road, N22 8JZ

(To watch the live meeting click here or watch the recording here)

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

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

Quorum: 3

1. FILMING AT MEETINGS

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2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

4. DECLARATIONS OF INTEREST

A Member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

6. MINUTES (PAGES 1 - 18)

To approve the minutes of the previous meeting.

7. HARINGEY HEALTH & WELLBEING STRATEGY 2024-29 (PAGES 19 - 38)

To provide details regarding the development of the new Health & Wellbeing Strategy for Haringey.

8. CONTINUING HEALTHCARE

To follow.

9. CABINET MEMBER QUESTIONS

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

10. WORK PROGRAMME UPDATE (PAGES 39 - 42)

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

- 19th Sep 2024 (6:30pm)
- 5th Nov 2024 (6:30pm)
- 17th Dec 2024 (6:30pm)
- 10th Feb 2025 (6:30pm)

Dominic O'Brien, Principal Scrutiny Officer
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Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
River Park House, 225 High Road, Wood Green, N22 8HQ

Monday, 22 July 2024

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Agenda Item 6

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY 22ND FEBRARY 2024, 6.30 - 10.15pm

PRESENT:

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

Co-optees: Ali Amasyali & Helena Kania

43. 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'.

44. APOLOGIES FOR ABSENCE

There were no apologies for absence.

It was noted that Cllr Sheila Peacock was attending the meeting online.

45. ITEMS OF URGENT BUSINESS

None.

46. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Mary Mason declared an interest as a Trustee of the Bridge Renewal Trust.

Cllr Thayahlan Iyngkaran declared an interest as a consultant radiologist and a deputy medical director.

Helena Kania declared an interest as a co-Chair of the Joint Partnership Board.

47. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

A deputation was received by the Panel on the subject of Osborne Grove Nursing Home. This was presented by Mary Langan, chair of the severe complex autism and learning disabilities reference group, Gordon Peters from the Haringey over 50s forum, Ann Gray from the older people's reference group and the Haringey over 50s forum, Sharon Grant, chair of Healthwatch Haringey and a co-Chair of the Joint Partnership Board and Vida Black, chair of the Carers forum.

Gordon Peters set out the key points, stating that:

- A vision for Osborne Grove, as a home of health and well-being integrated into local community life, had been produced in 2017 with several Councillors and others in an early example of co-production. Details of this vision are available online at: https://osbornegrovenursinghome.commonplace.is/
- There had been an established co-production steering group that had worked together on the design and plans for over five years, with due consideration of scale, environmental impact, community interaction and neighbourhood integrity, as well as creating a multifunction facility appropriate to the needs of vulnerable people and a meeting place for local residents and visitors all on one site.
- The project would have provided at least 70 places for elderly people in need of nursing care and people with learning disabilities who would otherwise be placed outside of the borough. This would reduce the long-term financial burden to the Council of making placements elsewhere.
- The project design had been reduced in size to take into account resident and service need feedback and was ready to seek planning permission for building completion within two years when the project was paused in 2023. They were concerned that the project would not recommence for some time or could be deprioritised altogether.
- Communications from the Council had been reduced in 2023 compared with previous years and details such as cost-benefit studies and current working assumptions had not been shared with the co-production steering group.
- The deputation therefore had four requests:
    - That Osborne Grove be made a priority within the Council's Medium Term Financial Strategy (MTFS)
    - The full cost-benefit analysis of the redesigned facility should be provided to stakeholders, including capital costs, revenue costs and the income potential of the facility compared to doing nothing.
    - The co-production steering group should be reconvened before the end of the 2023/24 cycle with an updated timetable for the implementation of the project.
    - The Council should issue a statement specifying that Osborne Grove remained a part of its strategy for health and social care in the Borough and recognised the importance of co-production with local partners.

Mary Langan then emphasised the commitments in the Haringey Labour manifesto for locally delivered care and to empower communities by working with them. She expressed disappointment that the members of the co-production group that had worked on this project for five years, as part of what had been a positive and productive relationship with the Council, were now at this meeting as petitioners. She felt that the recent handling of the project, and the lack of information provided to them, had cast some doubt on the Council's commitment to co-production.

The members of the deputation then responded to questions from the Panel:

- Asked by Cllr Brennan about the decline in communications from the Council, Gordon Peters pointed out that Cllr das Neves had been in contact to explain that there needed to be a pause in the full meetings but offered a one-hour meeting with Vicky Murphy in January. Prior to this meeting, there had been no meetings between approximately February and November 2023. Mary Langan added that, prior to the last year or so, most information on factors such as likely future demand for placements was shared with the co-production steering group. However, this information was now only available in percentage form, or for North Central London as a whole, rather than as hard numbers.
- Asked by Cllr Mason about the financial viability of the project given the Council's current budget difficulties, Gordon Peters responded that at least a medium-term perspective was required as the demand for nursing home placements and also the level of need would increase and so a new nursing home opening by 2025/26 would bring 70 or more residents and the income that would come with them. This was why the details of the cost-benefit analysis were important to see. He also noted that local authorities had preferential capital borrowing rates and could also partner with the NHS who were keen for this project to go ahead.
- In response to a query from Cllr Mason about the importance of bringing services back into the Borough, Gordon Peters said that sending someone to a private placement elsewhere in the country involved a cost that the Council could not control and could not be cost effective compared to in-house provision.
- Asked by Cllr Peacock how many other local authorities in London ran a nursing home, Gordon Peters said that Osborne Grove was the only one in the country which was all the more reason to preserve a unique facility.
- Cllr O'Donovan queried whether the co-production steering group would be part of the review process for capital projects after they had recently been paused. Gordon Peters added that the Council should issue a statement to clarify that the capital financing for Osborne Grove would remain in the budget as part of its medium/long-term strategy.
- Cllr O'Donovan noted that the Osborne Grove site was currently being temporarily used to provide accommodation for vulnerable people suffering

from homelessness. Gordon Peters agreed that there was a need for homeless accommodation across the Borough and that the Council must find ways of providing this, but that this should not be the long-term use for the Osborne Grove site.

- Helena Kania expressed concern about the potential impact of the steering group's experience over Osborne Grove on the future relationships with other community stakeholders who might be involved in co-production work.

Cllr das Neves, Cabinet Member for Health, Social Care and Wellbeing, provided a formal response to the concerns raised, expressing disappointment that the future plans for Osborne Grove had been put on hold. The key points of the response were that:

- The aim of the project had been to enable more Haringey residents to be able to access high quality care in the Borough, to reduce reliance on the private sector and the amount of public money spent on placements.
- The Council had worked in good faith to deliver on these shared aims and Cllr das Neves placed on record her thanks for the time and expertise given by the members of the co-production steering group and Council staff. She acknowledged that there were some things that could have been done differently but said that no kind of joint work could have negated the current economic circumstances.
- However, the economy and the costs of care, construction and borrowing had all risen significantly while the structures and priorities of local health partners had also changed.
- The Council had spent months looking at how to keep the project going but this was not possible and so the co-production steering group was informed of this in December.
- During the pause period, the space would continue to be used for the important function of providing accommodation for homeless residents.

Cllr das Neves then responded to specific points raised by the deputation:

- A significant sum remained in the Council's capital programme for the future development of Osborne Grove nursing home. Resources were available from 2027/28 subject to a business case.
- The Council would be happy to share the financial analysis which set out the changes in costs since the original business case from 2019 including the increased cost of borrowing and construction. **(ACTION)**
- While the Council was planning to keep the co-production steering group informed and updated, they were not in a position to continue the co-production work as the project had been paused.
- With regards to the request for a statement, Cllr das Neves said that she was happy to place on record that the Council remained committed to the shared vision of a local care system providing high quality services to

residents, maximum value for money and, where possible, provided by the public sector.

Cllr Connor commented that a co-production group that had committed time and effort to a project would expect to be an equal partner at a point where there were problems as well as at times when things were working well. While acknowledging that there was a pause and that decision making on the future of the project was for the Cabinet, she also emphasised the importance of communication with the co-production group so that there they understood clearly what this meant for them. She suggested that a meeting with the co-production group should take place shortly and that this should include details about the financial position.

Cllr Brennan added that the co-production group should also have direct input to the decision-making process over what would happen to the project after the pause. Cllr Mason concurred that a co-production strategy should be maintained throughout the ups and downs of a project and suggested that there should be a statement from the Council on the approach to co-production on Osborne Grove. She added that the priorities should include transparency, particularly on finances and open debate.

Cllr Connor concluded that, after the proposed meeting with the co-production group, the Panel would welcome feedback from the Cabinet Member/officers on the agreed future relationship with the group so that the structure is clear going forward. Details on the financial position should also be provided. **(ACTION)**

48. MINUTES

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

RESOLVED – That the minutes of the meeting held on 12th December 2023 be approved as an accurate record.

49. MATERNITY SERVICES & START WELL PROGRAMME

Anna Stewart, Programme Director for Start Well, introduced the report for this item and was joined by Clare Dollery, Medical Director at Whittington Health NHS Trust and Vicky Jones, Medical Director at North Middlesex University Hospital NHS Trust.

Anna Stewart provided an overview of the NCL (North Central London) Start Well programme, a long-term piece of change work to improve maternity and neonatal and children's surgical services. A public consultation was in progress which included details of options to reduce the number of maternity and neonatal units in NCL from five to four:

- Option A would involve the closure of services on the Royal Free site in Hampstead but remain open at the Whittington Hospital site. This was the

preferred option based on the modelled flows of patients and the expected number of staff that would need to be move to a new location.
- Option B would involve the closure of services on the Whittington Hospital site but remain open at the Royal Free site.
- In both cases, the services at UCLH, North Middlesex University Hospital (NMUH) and Barnet Hospital would remain in place.

The proposals were based on a case for improving services and meeting best practice standards against a backdrop of declining birth rates and increasing complexity of both women giving birth and babies who needed care. The changes were not about reducing funding and around £40m of capital investment had been earmarked for the remaining sites. The ICB strongly believed that, by having a smaller number of units, staffing resources could be better used to meet quality standards.

In addition, there were separate proposals for:
- The closure of the birthing suites at Edgware Birth Centre, due to declining use with only 34 births in the last financial year.
- The streamlining of pathways for paediatric surgical care with the consolidation of some surgical care at Great Ormond Street Hospital and day case surgery at UCLH.

The public consultation was due to run until 17th March with several events having taken place in Haringey already. There had been an unprecedented amount of hard-to-reach groups as part of the integrated impact assessment and the data was being used as part of the improvement programme. The Start Well team were keen to hear from a wide range of voluntary and community sector voices and any recommendations from the Panel on local groups would be welcomed.

Anna Stewart, Clare Dollery and Vicky Jones then responded to questions from the Panel:
- Cllr Connor expressed concerns about the existing provision of services given the latest CQC ratings for maternity services at the Whittington Hospital, which was rated as ‘requires improvement’ and at the NMUH, which was rated as ‘inadequate’. Particular areas of concerns raised in the CQC report on the NMUH included staffing issues, a lack of detailed treatment records and failure to implement lessons learned from incidents.
    - Regarding the NMUH, Vicky Jones acknowledged that the CQC report highlighted failings that they were acting to rectify. The visit was in May 2023 and since then there had been a five-day visit from NHS England to inspect services and provide further insights. She also acknowledged that staffing was clearly a big issue, as highlighted in the report, but 20 new midwives had started in the department since then which had made a substantial difference to staffing levels. This had enabled additional focus on an appropriate level of training, sharing/embedding lessons when things had gone wrong and addressing pockets of poor culture that had been

identified in the report. There was also a specific piece of work on organisational development, including external support, which was being monitored on a monthly basis by the Board. Triage processes were being regularly audited to demonstrate compliance with standards. Overall, the issues described in the report were improving and this was demonstrated through audit data.

- Regarding the Whittington, Clare Dollery explained that key areas for improvement in the CQC report were completion of training modules for medical staff and safeguarding training, both of which were now in place, and risk assessing women attending triage, for which a systematic traffic light approach had been implemented and would soon be followed by moving onto the BSOTS national system. The leadership of the unit had received a 'good' rating and the good team working between obstetricians and midwives, including a co-mentoring programme, had been highlighted. She also cited the FGM clinic and the 'Ockenden cafes' initiative, which helped staff to discuss safety issues, as other examples of positive work.
- Anna Stewart added that NCL had an active maternity and neonatal system in which all the providers worked together to foster a learning environment and share good practice.

- Cllr Iyngkaran expressed some sympathy about the CQC ratings as the majority of maternity units nationally were rating as 'requires improvement' or 'inadequate'. However, he requested further details on what was being done to address staffing, culture, training and infrastructure issues and also about water births at NMUH.
  - Vicky Jones said that the increase in midwife numbers had gone a long way to manage shortages and that obstetrician staffing was good. There had been positive feedback about the culture of obstetricians and midwives working together. In terms of infrastructure there were very large rooms which were state of the art. Across the organisation, mandatory training was above the standard. There was still some life support training to complete where the target of 90% had nearly been reached. There had been a specific issue around training to ensure that everyone could undertake an evacuation of the water birth area if required and now all staff had completed that training.
  - Clare Dollery said that, in advance of the CQC inspection they had agreed to fund six new consultants, five of which were now in post with locums in other areas. On culture, the CQC report has acknowledged that staff felt supported, valued and respected, focused on the needs of women receiving care, promoted equality and diversity, provided opportunities for career development and had an open culture in which concerns could be raised. There was also positive commentary about working with Maternity Voices partners. With regards to mandatory training, the staff groups highlighted were all now compliant.

- Cllr Iyngkaran asked whether the Trusts had pushed back on the CQC ratings or any of the issues raised. Vicky Jones and Clare Dollery both said that the usual factual accuracy checks had been completed with corrective data provided to the CQC where necessary.
- Asked by Cllr Brennan for further details on the use of capital funds for modernisation, Anna Stewart explained that, under Option A, the vast majority of the funds would be used to upgrade the unit at the Whittington or, under Option B for the Royal Free. Under either option, some funds would also be made available for other hospitals and there was some additional capacity available at the NMUH that could be used for an increased flow of cases.
- Cllr Mason asked about recent complaints and any whistleblowing and also raised concerns about communications between staff on the ward and with patients.
    - Vicky Jones said that acting on complaints was important and that the Maternity Experience survey was a particularly useful source of feedback. The NMUH had only scored below average on 2 of the 36 questions and the scores had improved from previous years, including on communications issues. The NMUH was highly rated on partners being able to stay overnight on the ward which many families valued. On whistleblowing, the executive team had received letters from staff, but they had shared their names which was a positive sign that they felt able to highlight concerns directly. On communications, the obstetricians and midwives had regular discussions in huddles on safety issues and other points throughout the day.
    - Clare Dollery said that they thought deeply about complaints and how they could be used to improve. The Whittington also had results from the Maternity Experience survey and areas of improvement had included people feeling that they were given appropriate advice and support at the start of labour, information about risks during labour and feeling that their concerns were taken seriously. The CQC had said that the Whittington worked closely with Maternity Voices partnerships who could raise issues when required. They were also carrying out various training programmes, including for maternal and neonatal emergencies.
    - Anna Stewart added that the engagement with patient and resident groups, including specific concerns of various minority groups, was driving the thinking about changes and mitigations that would need to be put in place.
- Referring to pages 30 and 32 of the agenda pack, Cllr O’Donovan noted that under Option A there were projected to be 1,525 Haringey deliveries at NMUH but under Option B there would be 2,146 and asked how this additional capacity would be accommodated. Anna Stewart explained that the sizes of the units that would be closed were different with around 2,500 births per year at the Royal Free compared to just under 3,500 at the Whittington so there would be a larger redistribution under Option B where the Whittington would be closed. Not all cases would go to NMUH but it did have some spare capacity

that wasn't currently being used. There had been close working with the relevant Trusts on the modelling approach for both options.

- Asked by Cllr O'Donovan whether they could reach all the resident groups listed on page 48 of the agenda pack, Anna Stewart said that over 100 community meetings and staff meetings had been held across the five NCL boroughs and also Brent and Harrow, which could potentially be impacted by the changes. Some specific focus groups had also been commissioned through a specialist partner working with asylum seekers, homeless people and communities identified as being impacted geographically due to their proximity to the hospitals. There were also direct mailings to a significant sample of residents in these areas.
- Asked by Cllr Opoku how the ethnicities were defined, Anna Stewart said that these were based on the framing and terminology used by the specialist partner and that the modelling had involved looking at groups based on travel analysis and catchment areas and then overlaid with groups that had poorer outcomes in terms of maternal health.
- Cllr Peacock observed that there was an issue in the Northumberland Park area with Somali women not presenting for prenatal treatment. Anna Stewart confirmed that there had been two or three focus groups with Somali women with experience of using local services in Haringey.
- Cllr Iyngkaran queried the impact on residents of moving some paediatric services. Anna Stewart said that this had been covered in the integrated impact assessment and that, while there were cost implications in terms of travel, these cases typically involved children who were already being admitted quite far afield, including to the Royal London Hospital or the Chelsea & Westminster Hospital. Colleagues from emergency departments considered that the current pathway did not work well for staff or parents and so, through a surgical assessment unit, the pathway could be smoothed with automatic acceptance rather than staff going through a process of phoning around to find a bed.
- A local resident spoke about her experience as the parent of a disabled child who she said was failed by maternity services. She said that, due to the severe nature of her son's disability, they needed to make frequent journeys for appointments and asked about the impact on families such as hers if journey times would be longer and costs higher. Anna Stewart explained that the cases impacted by these changes were predominantly for one-off surgeries rather than for children with complex needs which was a separate pathway. The wider implications of the changes on families would be included in the report following the consultation.

Cllr Connor summed up the Panel's conclusions which included support for Option A as outlined in the report. She also reiterated concerns about the NMUH's CQC rating for maternity services and said that the Panel should continue to receive further information about the investment to improve

services at the NMUH and other hospitals as a result of this programme. Finally, she highlighted the need to consider any unintended consequences of the changes that might emerge from the consultation and, in particular, any concerns raised by residents about transport issues and how these would be offset. (ACTION)

50. AIDS & ADAPTATIONS - UPDATE

Kerine Smith, Acting Head of Service, introduced the report for this item which provided an update on progress against the recommendations on communication issues and delays previously made by the Panel in September 2022:

- A key action was on initial assessments and ensuring that the family was fully involved. The occupational therapists were now providing more regular updates with a 4-6 week pathway review including details on their position on the waiting list. An additional occupational therapist (OT) and occupational therapist assistant (OTA) had been recruited. The OTs were working closely with those within the adaptation process and there was also an adaptation delivery manager overseeing the process and providing further support.
- Another recommendation was for the Council to offer advocates and this was now being done at the assessment stage with residents referred to Voiceability, Disability Action Haringey, POWhER and Connected Communities.
- On the recommendation that key decisions should be confirmed in writing, a series of communication actions carried out by the service was provided in the report including a summary of input to the resident following an assessment/review, support plans and a copy of the OT specification.
- On the recommendations that delays should be explained to residents and that details of a named contact should be provided to residents, everyone on the waiting list had been contacted in the past year and the additional recruitment had improved capacity for individual communications with residents.
- On the recommendation that suggestions made by residents/families should be recorded on the case file, the new case management system enabled this to be recorded using bespoke forms.
- A recommendation on recording and communicating delays and timescales to residents had been addressed through a new recording system for all adult social services.
- On the recommendation about widening provider choices for aids and adaptations, it was noted that standard equipment was provided through a contract involving a consortium of 20 local authorities. Further details about this were provided in the report.

Kerine Smith responded to questions from the Panel:

- Asked by Cllr Connor about further reducing the waiting list, Kerine Smith explained that the waiting list was for the OT assessment after which the

recommendations were passed to the adaptation team which included the surveyors. In addition to the new recruitment, some of the OT assessments were being outsourced to speed this part of the process up.

- With reference to a specific case, Cllr Iyngkaran queried what happened where a Haringey resident was discharged out of the Borough because their current home was unsuitable. Beverley Tarka, Director of Adults, Health & Communities, said that it was not generally the policy of the Council to place people out of Borough but that she would be happy to look into the details of the specific case outside of the meeting. Cllr Lucia das Neves, Cabinet Member for Health Social Care & Wellbeing, highlighted the impact of the housing crisis and that the Council was consequently in a position of having to place some residents out of Borough when other options were unavailable.
- A local resident with experience of using the aids and adaptations service for her disabled son, disagreed that the service had improved, citing further delays, poor communications, lack of record keeping and difficulties in obtaining the correct information in meetings or updates on questions/actions. Cllr Connor asked how the team approached complex cases such as this where coordination with various other services was a factor. Kerine Smith explained that the meetings were held with families, Council staff and other organisations involved with supporting the family. Jon Tomlinson, Senior Head of Service for Commissioning, Brokerage & Quality Assurance, added that the actions and improvement plan had been put in place to change processes that had previously not worked well, particularly with communication, keeping people informed and responding to the issues that they raised. Cllr das Neves commented that, while she it would not be appropriate to share details of an individual case in the meeting, there were some points raised that she would take up with the team outside of the meeting.
- A local resident involved with the same case observed that interruptions in continuity could be an issue with useful, detailed discussions having taken place before an individual leaves the service and the issues then not being followed up. Cllr das Neves acknowledged that communications were not always good enough and that she had heard the frustration in relation to complex cases. She added that the waiting list was very high following the pandemic but that there had been successful recruitment of more staff and the waiting list had now been halved, meaning that a lot of people now had their adaptation and that it was working.
- Cllr Mason referred to an individual case which involved the installation of a stairlift where the family had been waiting for 12 months and said that the length of the wait time had not been made clear at the outset. She recommended that a clear expectation of timescales should be set out following the initial assessment. Cllr Connor added that there should a clear explanation of any delays and that the resident should be given the opportunity to discuss any changes. **(ACTION)**

- Cllr Brennan observed that the proposed changes on communications, as set out in the report, appeared to be very positive but asked how successful implementation would be achieved. Jon Tomlinson said that there was a performance management team meeting each month and that these issues could potentially be built into that performance report. **(ACTION)** Kerine Smith added that an Aids & Adaptations Board had recently been created to meet regularly and develop an action plan to deliver changes.
- Cllr Brennan asked about the use of agencies for advocacy and Cllr O'Donovan added that it was important to ensure that organisations providing advocacy services were active and well resourced. Beverley Tarka explained that advocacy services in Haringey, such as POWhER, Voiceability and Disability Action Haringey, were commissioned by the Council. She also noted that many people chose to use a family member to act as their advocate. Cllr das Neves added that, while the Council generally pursued a policy of insourcing, this was an example of a service where its users valued the independence brought by an external organisation. Kerine Smith confirmed that all those who took up the offer of an advocate were provided with one so there was not a shortage in terms of resourcing.
- A local resident highlighted the significant demands placed on Disability Action Haringey from casework such as the complex issues relating to her family's case. Cllr das Neves responded that there was an issue about the sustainability of organisations such as this and that there were ongoing conversations with partner organisations about the different activities that they were called upon to do and how they should be supported.
- Helena Kania asked whether an electronic record was kept when a family member or friend was acting as an advocate. Kerine Smith confirmed that their system included a section for the details of the main person that should be contacted in relation to the case and that there was an option to select 'advocate' on the field showing the relationship status to the client.
- A local resident commented that it was the OT's responsibility to write their report, including specifications, and send this to the resident but queried what process was in place to record this and ensure that it happened. Kerine Smith explained that these details were recorded on the case management system and that OTs and surveyors got supervision once a month where each of their cases was looked at and any necessary actions followed up. Cllr O'Donovan noted that some timescales for this were set out on page 69 of the agenda pack. Kerine Smith responded that the some of the exact specifications for timescales were still being worked on. Cllr Connor recommended that timescales should be specified, including details of actions to be taken if these timescales were exceeded, should be provided to the Panel. **(ACTION)** Cllr Brennan suggested that automated alerts could be added on an electronic system to trigger actions. Jon Tomlinson agreed to look into this further and

commented that this could be picked up in the performance report process that he mentioned previously. **(ACTION)**

- Noting the progress cited in the report on individual communications with residents about the adaptation process, Cllr Connor asked about the timescales and monitoring for this. Kerine Smith said that residents were now contacted every 4-6 weeks to provide an update on where there were in the process. This had been made possible by the recruitment of the new OTAs and an adaptation delivery manager. Asked by Cllr Iyngkaran about the total number of active cases, Kerine Smith said that there were 289 cases on the waiting list. She added that, in March 2023, there had been 448 cases on the waiting list and that a piece of work was carried out to call all of them to provide an update. The further update calls every 4-6 weeks were a follow-up measure implemented after this initial work. These calls were primarily to update residents on where they were in the process but were also an opportunity to review any issues, for example if the resident's needs had changed.
- A local resident commented that her preference was not to be contacted on a mobile phone as record keeping was more difficult and that it was important to keep an audit trail. Asked by Cllr Connor about the records of update phone calls, Kerine Smith said that these were added to the case management system. She confirmed that the preferred method of contact could also be specified on the case management system.
- Asked by Helena Kania about the recommendation to provide residents with a named person and contact details for their case, Kerine Smith confirmed that this was now happening, initially for the OT and then for the surveyor when the case reached that stage.
- Regarding the recommendation that suggestions made by residents/families should be recorded on the case file, Cllr Connor commented that this could be complicated when there were differences of opinion on how a case should progress. Kerine Smith explained that the initial meetings would involve the client (and their advocate if required), the OT and the surveyor and then, if agreement on a decision was not reached, then a panel meeting would be set up involving managers to look at the options and determine the best way forward. Beverley Tarka referred to a previous complex case where a family representative had been invited to participate in the panel meeting and it had led to a positive outcome.
- Cllr O'Donovan commented that, if there were undue delays, there should be a trigger for action to be taken. Cllr Iyngkaran asked whether apologies and/or compensation is provided to residents in such cases. Kerine Smith said that, where a complaint was received, and it was accepted that it was the fault of the Council then apologies were made and she confirmed that there had been circumstances where compensation had been paid.
- A local resident cited an example in her family's case where an item had been cancelled without being reordered but that this had not been communicated to

them. Cllr Connor highlighted the importance of keeping residents updated about changes relevant to their case.

- Cllr Opoku commented that service user representation could help with improvements to services and asked whether this had been considered for the new Aids & Adaptations Board. Kerine Smith explained that the Board had only just been set up and that a recent meeting had been held to discuss terms of reference and who would be involved. There was no service user involvement yet at this stage, but any future involvement had not yet been determined. Cllr Connor added that some residents may not know or may not have the confidence to put in complaints or escalate cases and asked how the experience of residents such as this would be considered. Kerine Smith responded that a future planned initiative was to hold a workshop with residents to look at their journeys and the issues that they had encountered. Cllr Connor emphasised the importance of providing feedback to residents who had participated in a workshop about the changes that were being implemented as a result of their input. **(ACTION)**
- Asked by Cllr Iyngkaran about the internal processes for learning lessons from mistakes, Beverley Tarka explained that there was a Quality Assurance Board that examined complaints and considered how issues could be prevented from happening again.
- Asked by a local resident how local ward Councillors provided feedback from their conversations with carers and others, Cllr Connor explained that she would regularly submit issues on specific cases or concerns raised about services through the Council's Members Enquiry system. Cllr das Neves added that she met with Cllr Connor on a monthly basis and that she often received feedback from residents via these meetings. She would also receive feedback on these issues from other Councillors and from community engagement events such as roving surgeries or meetings with faith leaders and others.
- Asked by Cllr Connor whether it was possible to commission enough services through the contract involving a consortium of London local authorities, Jon Tomlinson said that they were currently working with a newly appointed manager in this area on how to widen choice and would need to come back to the Panel with some further details in due course. **(ACTION)**
- Cllr O'Donovan requested details of when the draft Aids and Adaptations Policy 2024-27 would be finalised and it was agreed that this information would be provided to the Panel in writing. **(ACTION)**

Cllr Connor then moved to invoke Committee Standing Order 63 to allow Committee Standing Order 18 to be suspended and allow the meeting to continue after 10pm. This was to complete the business on the agenda. The Panel agreed this motion without dissent.

RESOLVED – The Panel recommended that:

- A clear explanation of any delays to be provided to residents and the resident to be given the opportunity to discuss any changes.
- Feedback to be provided to residents who had participated in a workshop about the changes that were being implemented as a result of their input.
- Successful implementation of proposed changes on communications to be monitored (potentially built into the monthly performance management report).
- Details to be provided on how the coordination of complex cases involving multiple services will be managed.
- Target timescales for a standard adaptation to be specified, including details of actions to be taken if these timescales were exceeded (including the possible use of automated alerts), to be provided to the Panel.
- Details to be provided about how services could be commissioned through the NRS contract to widen choice.
- Details to be provided of when the draft Aids and Adaptations Policy 2024-27 would be finalised.

51. CABINET MEMBER QUESTIONS

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, responded to questions from the Panel on issues related to her portfolio:

- Cllr Mason asked about the future of the Burgoyne Road project which she had understood had been due to replace two women's refuges in Hornsey which were no longer fit for purpose. Cllr das Neves noted that Burgoyne Road was no longer in her portfolio as it now sat with Housing. She explained that the main difficulty with the project was that the funding required from the GLA was no longer forthcoming and agreed to provide a written response on refuge provision for women, which may require input from Cllr Williams as Cabinet Member for Housing Services. **(ACTION)**
- Cllr O'Donovan raised concerns that life expectancy in Haringey had gone down and was now amongst the worst in London and observed that factors may include Covid, poverty and air quality. Cllr das Neves agreed that this was worrying and added that 'healthy life expectancy' rates and the gap in rates between the west and east of the Borough were also causes for concern. She added that the impact of poverty on this was a large multi-faceted issue and advocated the development of a 'Marmot' approach nationally to tackle health inequalities. Will Maimaris, Director for Public Health, said that Covid deaths in Haringey had been relatively low compared to statistical neighbours. However, the broader picture in terms of life expectancy related to poverty and issues such as housing. The male life expectancy had gone down in particular. Further details were available in the Council's annual public health reports which Will Maimaris would circulate for information. **(ACTION)** Cllr das Neves highlighted the impact of 'long Covid' on people's health, particularly those with multiple health conditions.
- In response to a request from Cllr Iyngkaran for an update on Canning Crescent, Cllr das Neves reported that she had recently signed a decision to

give the contract to an organisation to finish the project because the previous contractor had gone voluntarily bankrupt. However, the new organisation had also now gone voluntarily bankrupt so the project was back in the same situation and future options were being discussed. A lot of local authorities were seeing these issues with contractors at present due to economic circumstances.

- Asked by Cllr Iyngkaran about the uptake of the measles vaccine in Haringey, Will Maimaris explained that there was some concern about the increase in measles cases nationally and in London and acknowledged that vaccination rates were low in London and parts of Haringey. He had previously circulated a briefing on this to all Councillors which he would recirculate. **(ACTION)** This included information about communications campaigns and targeted work in areas with low take-up rates.
- Cllr das Neves reported that Haringey had the highest rate of flu vaccinations in schools in North Central London because of the partnership work with schools from the public health team.
- In response to a question from Cllr Connor about Osborne Grove Nursing Home, Cllr das Neves confirmed that the process had been paused for two years and would then be reconsidered. She added that they would be working with an external organisation on best practice, training and support for co-production. On communication with the existing co-production group, she wished to place on record that the group had been contacted in mid-2023 regarding the problems with the project, but a suitable date could not be found and this was regrettably not then picked up in the autumn. Cllr Connor requested that further information be provided to the Panel about the co-production work on best practice when this became available. **(ACTION)**
- Cllr Connor raised concerns about the use of physician associate positions in GP practices. Cllr das Neves acknowledged that there had been a tragic case of a death in the Borough relating to this issue. She was concerned that there was a shortage of GPs and emphasised the importance of patients understanding the role of the person they were seeing when using a GP practice as there were rules that patients should not be seen twice by a physician associate except in certain circumstances. Cllr das Neves added that she had written to the ICB about the role of physician associates and they had agreed to discuss this at the Health and Wellbeing Board. She also added that there was a role for physician associates, but that this required the right kind of oversight and that it was important to learn from GP practices with good practice in this area.
- Cllr Mason drew attention to a recent report stating that Haringey had the largest number of low paid workers in London. Cllr das Neves suggested that this could be examined further by the Overview & Scrutiny Committee.

52. WORK PROGRAMME UPDATE

It was noted that a further evidence session for the Panel's scrutiny review on hospital discharge would be taking place the following week.

53. DATES OF FUTURE MEETINGS

Meeting dates for 2024/25 will be published shortly.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

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Developing a New Health and Wellbeing Strategy for Haringey 2024-29

Update for Scrutiny

Will Maimaris, Director of Public Health

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Background

The Health and Wellbeing Board

- The Health and Wellbeing Board is a partnership board with Council, ICB, NHS Trust and Community leadership that oversees our health improvement priorities for Haringey. It is chaired by Cllr Lucia das Neves, Haringey Council cabinet member for Adult Social Care, Health and Wellbeing
- **Our overall aim is to improve residents' health, prevent illness and reduce inequality in Haringey** and the Health and Wellbeing strategy will set out our priorities for the next 5 years.

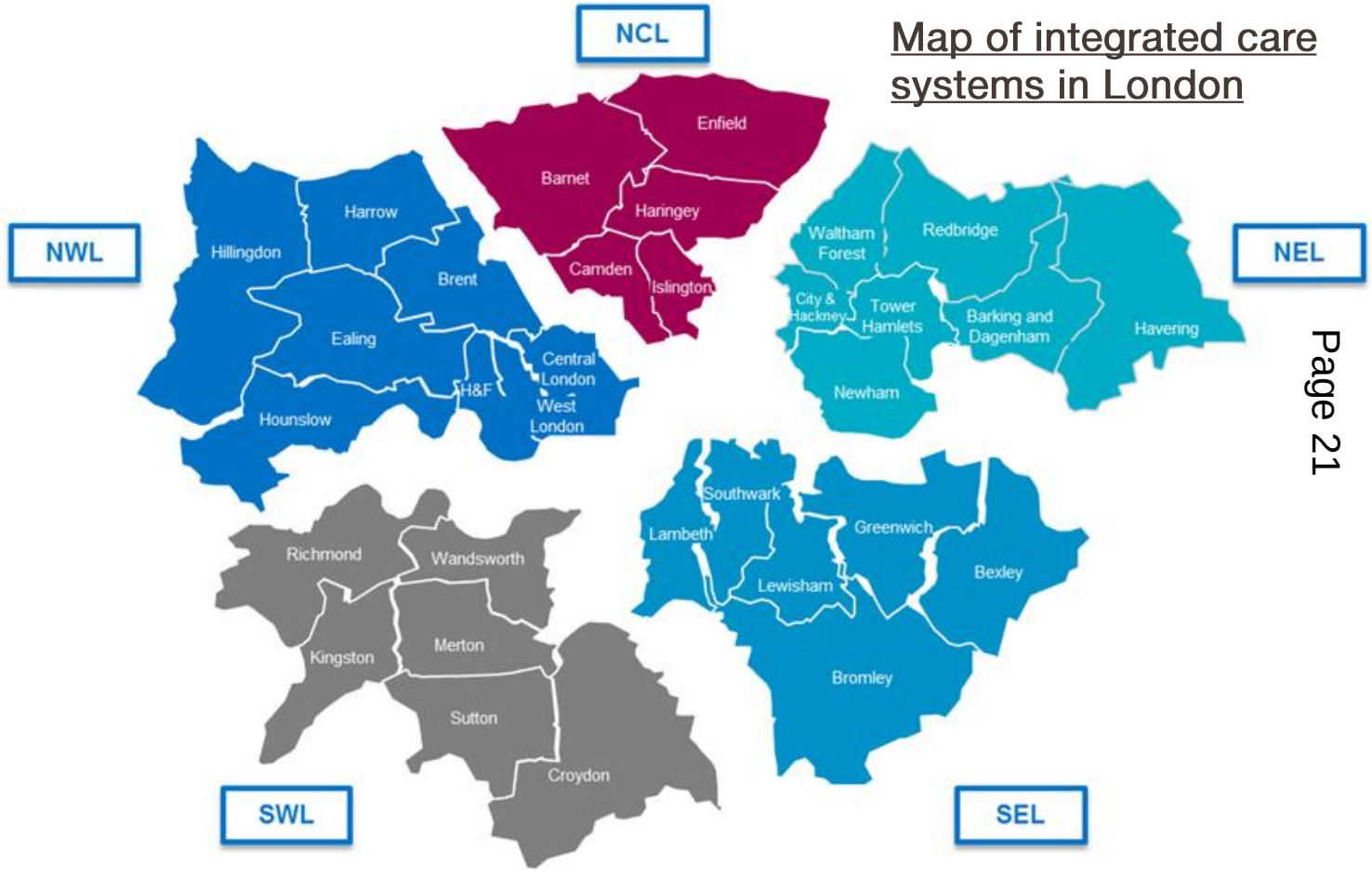
Developing the new Health and Wellbeing Strategy

- We are taking a collaborative approach to developing our new strategy for 2024-29
- We tried to reach out to as many residents and local partner organisations as we could in the available time to understand what really mattered to their health.
- The strategy themes were based on findings from our engagement and on data about health issues in the borough
- The strategy will link with the 10 year Borough vision which is currently being developed

Context: Geography and Decision Making Impacting Health in London

- National level – Economic, welfare housing policy, licensing, regulatory and planning frameworks, funding for health and local government
- London level – GLA – limited devolution – Transport, policing, some planning and housing levers
- Integrated Care System level – NHS commissioning, population health strategies
- Borough level – Health and Wellbeing Board (and Strategy), Borough health and care partnerships, Council levers on health (e.g. housing, planning). Haringey Deal (community engagement)

Map of integrated care systems in London



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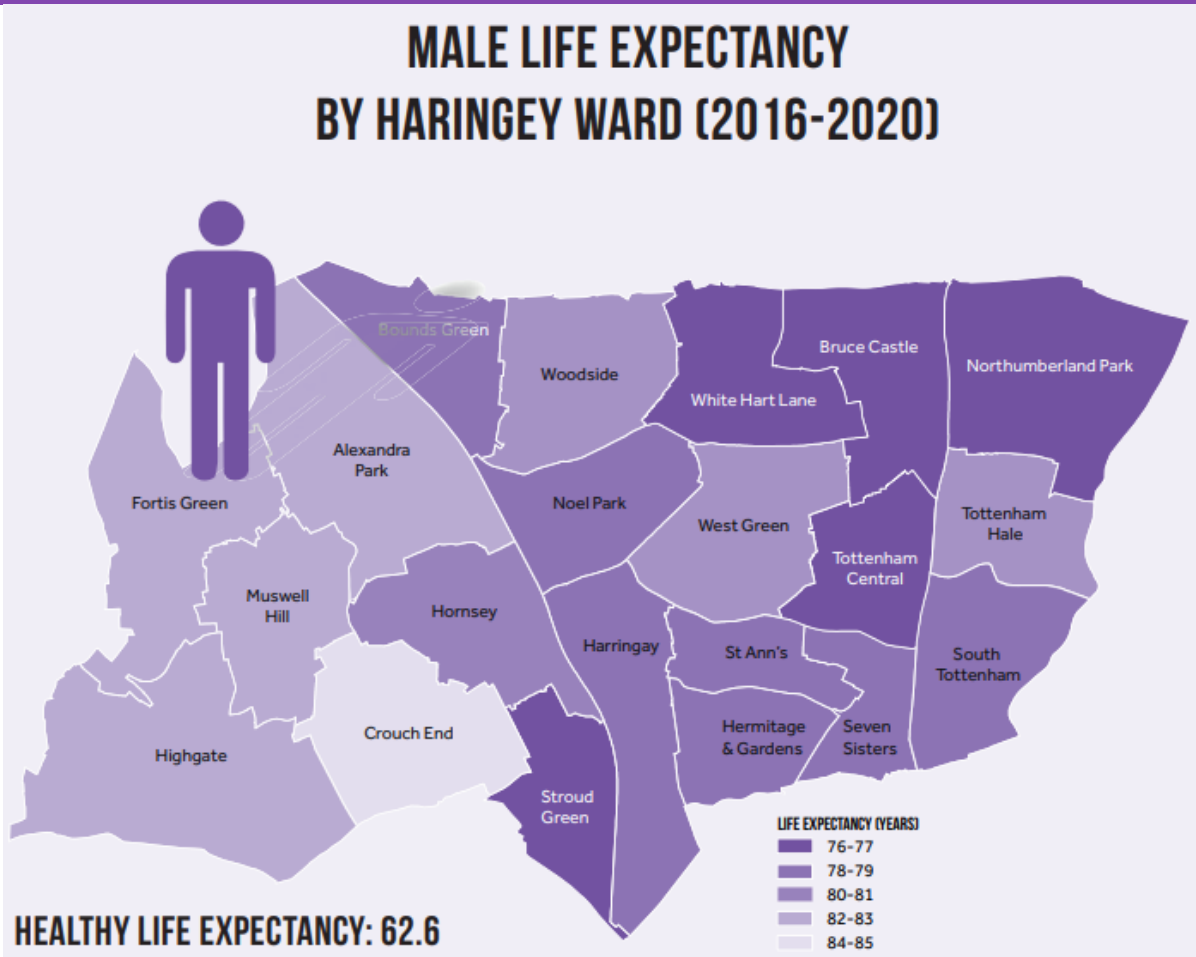
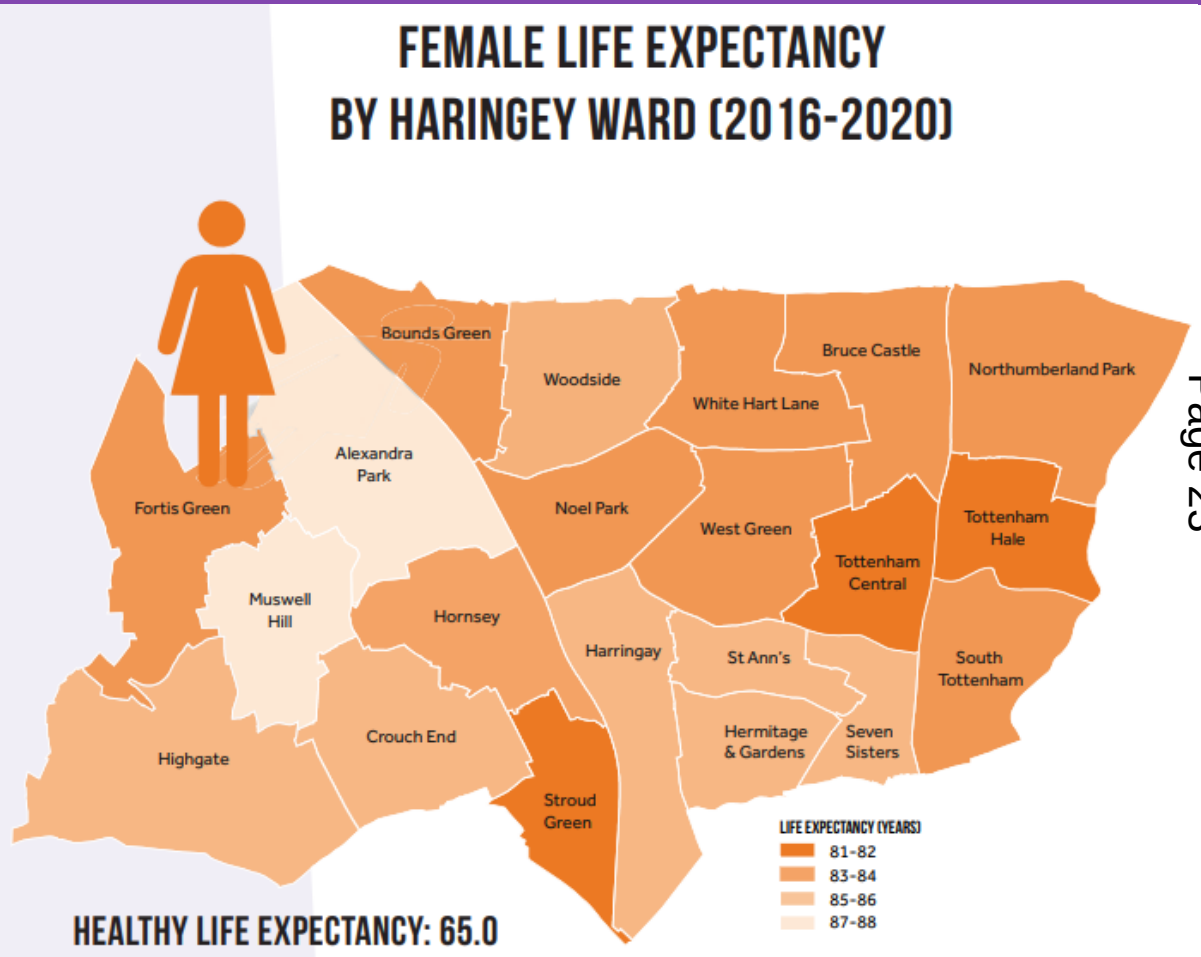
Key Haringey health facts to guide strategy (more info in appendix)

- Haringey has some great assets such as a young and diverse population, good transport links, high quality schools and valued green spaces.
- Haringey is the 4th most deprived borough in London and neighbourhoods in east Haringey are amongst some of the most deprived in London.
- Life expectancy in Haringey for men is 78.5 years, and for women is 84.0 years. Life expectancy increased over the 2000s and early 2010s but began to stall prior to the COVID pandemic in Haringey. Life expectancy fell during the COVID pandemic, but is now beginning to recover.
- Healthy life expectancy, which is a measure of years lived in good health is 65 for females in Haringey and 62 for males.
- Figures for life expectancy are statistically similar to England for males in Haringey and higher than England for females
- Healthy life expectancy is similar to the England average for both males and females
- There are, however significant inequalities in health outcomes including life expectancy aligned with deprivation. A man in the least deprived wards will live on average 7 more years than a man from one of the most deprived wards. For women this difference is over four years, and for both genders this difference has widened since the 2017-19 period.
- There are significant inequalities in health and wellbeing in people from minoritised communities, disabled people and people experiencing social exclusion.
- Cancer and cardiovascular diseases (e.g. heart attacks and strokes) are the main causes of death in adults.
- Mental health issues are significant in all ages.
- The wider building blocks of health such as good quality housing, secure and fulfilling employment and good air quality have a profound influence on health and wellbeing.

Life expectancy





Engagement approach for Haringey Health and Wellbeing Strategy

- There has been a wide range of engagement on the topic of health and wellbeing in the past year or so in Haringey, so we wanted to ensure what we've heard in previous engagement is reflected in the new strategy.
- To fill some of the gaps, we also designed a series of new engagement opportunities last Autumn and Winter.

Questions we asked in our engagement:

1. What does good health look like to you and those around you?
2. What will help you/those around you achieve good health and wellbeing?
3. What are the key challenges to better health? What might help you/those around you overcome these challenges?
4. Thinking about your community, what are the top 3 issues we should be addressing/focusing our efforts on? [Examples to choose from included: Housing; Our environment; Access to healthcare (for example, GP, specialist services); Mental Health and Wellbeing, Addiction including gambling, alcohol, smoking;

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Additional routes of engagement for Health and Wellbeing Strategy

Approach	Target Audience
Online resident survey	General Public
Library engagement sessions	Residents accessing libraries and other Council services
Learning Disability Carers Forum	
Get Haringey Talking event at Triangle Children's Centre	Children and families
Stakeholder workshop	Voluntary Community Sectors, Community leaders, other residents' representatives, and the Council and the NHS services/departments representing communities
People's Day event at Tottenham Leisure Centre	Older people
Joint Partnership Board – reference groups	Engagement with joint partnership board, representing specific population groups.

Note that these engagement routes supplemented existing knowledge we had from community research for example from Bridge Renewal Trust and Healthwatch and from our own work

Themes of New Haringey Health and Wellbeing Strategy that have come from our engagement and health data

Housing and Health

- Improve existing homes
  - Tackling overcrowding
  - Tackling damp and mould
  - Reduce fuel poverty
- Ensure homes are available for families with high levels of need
- Homelessness and health

Improving Mental Wellbeing

- Improve access to preventative mental health services
- Improve access to crisis support services
- Increase opportunities for participation in community activities
  - Leisure and physical activity
  - Culture
- Reduce social isolation and increase connectedness

Healthy Place Shaping

- Reduce air pollution
- Ensure everyone has access to affordable, healthy food
- Improve access to green spaces and parks
- Focus on Healthier High Streets (tackle proliferation of gambling and hot food takeaways)
- Improve disabled access to local facilities

Preventative Health and Care Strategies

- Access to good quality preventative health and care in neighbourhoods
- Measurable improvements and improvements in equity in key outcomes including rates of childhood immunisation, premature mortality from strokes and heart attacks, stillbirth rates and speech and language development in children
- Holistic support for specific groups for example people with learning disabilities and carers

Principles of delivery of the strategy – how we will work together with residents

1. Co-production and working with people
Our communities know what they need the most. We will engage and work with people to ensure our services are accessible, acceptable and effective as well as culturally sensitive.

2. Knowing our communities
We will make every effort to listen to and work closely with our residents, communities and community organisations. We will use data-led insights to better understand who our residents are, and how we can best work with them. We will support community organisations to thrive.

3. Stronger partnership working
We are stronger when we work together in a more collective and open way. We will all do our bit to deliver the strategy. Our primary aim will be the health of the population of Haringey as a place and we believe we can only do this collectively.

4. Equity and challenging discrimination and racism
We will act collectively to challenge systemic discrimination and racism

5. Advocating for high-quality local services that are resourced to meet the needs of our residents
We will advocate for high quality local health and care services, and that Haringey receives the right funding to meet the needs of our communities particularly those with the highest needs

6. Taking an all-age approach
All the themes of our strategy will take an all-age approach, looking at the impact of issues on children and young people, working age adults and older people.

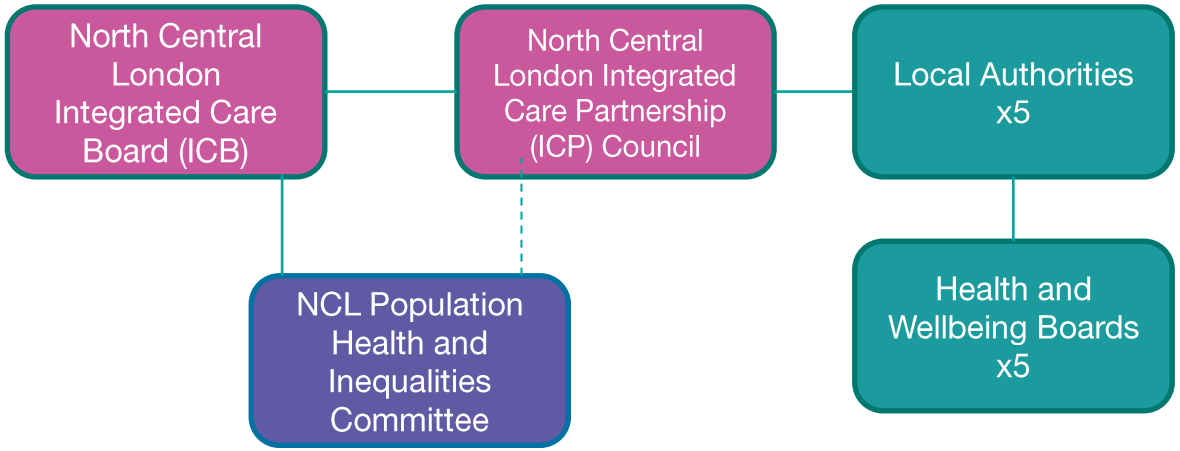
Next Steps

- Action plans for first 18 months of strategy being developed for each theme area are being developed
  - This will link into existing plans and governance including council corporate delivery plans, NHS Trust strategies and Haringey Borough Partnership and NCL ICB population health strategy
- An outcomes framework is being developed
- The draft strategy will be reviewed by Health and Wellbeing Board in September for sign off
- The Health and Wellbeing Board will have oversight of the strategy, with delivery of specific actions feeding in through other council and partnership governance routes
- Updates on progress on actions and metrics will be received after 12-18 months

Example of an action plan for a theme of the Health and Wellbeing Strategy

Broad Objective	Priority Actions for first 12 to 18 months of strategy
Housing and Health: Ensure homes are available for residents with high levels of need	Expand supply of bespoke council homes for people and families with specific needs (target of 300 bespoke homes by 2031)
	Begin work on new programme of building supported housing (target of 300 units by 2031)
	New council housing allocations policy adopted by end 2024/25 with a view to taking into account health and care needs
	Prepare a strategy on the future needs of housing for older people in Haringey by end 24/25
	Look at opportunities for key worker housing for health and care staff e.g. on St Ann's Hospital Site

Context – Links between Health and Wellbeing Boards and NHS ICB population health governance



- The integrated care partnership council is the forum where elected leaders from each council come together with senior officers from North Central London councils and the ICB to steer the partnership work on population health improvement for NCL
- The Population Health & Inequalities (PHI) Committee has been in place since February 2021, prior to the formal establishment of the ICB (Integrated Care Board) and the formation of the Integrated Care Partnership.
- The NCL PHI Committee is designated by the ICP to have oversight of the delivery of the NCL Population Health & Integrated Care Strategy. A delivery plan for this NCL wide strategy is now being completed (led by the ICB) and we are aligning it with our Health and Wellbeing Strategy Action plan

The Haringey Borough Partnership will support the delivery of the strategy

Haringey Borough Partnership (HBP) is a collaboration between the main providers of health and care services for people in Haringey. Our goal is to improve the health and wellbeing of Haringey residents through reaching people early to avoid crisis; through more joined up ways of working and delivering services across health and care.

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NHS Whittington Health NHS Trust

bridge renewal trust for happy and healthier communities

NHS North Middlesex University Hospital NHS Trust

Barnet, Enfield and Haringey NHS Mental Health NHS Trust

A University Teaching Trust

HARINGEY GP FEDERATION

NHS North Central London Integrated Care Board

Public Voice

Health & Wellbeing Board Links to Haringey Borough Partnership Governance

START · LIVE · AGE
WELL
HARINGEY BOROUGH PARTNERSHIP

Haringey Borough Partnership Exec

Co-chair: Andy Donald (CEO Haringey Council), Clare Dollery (CEO, Whittington Health)

Start Well	Live Well	Age Well	⇔	Neighborhoods and Health Inequalities
Giving children and young people the best start in life (0-25 years); CYP health care and MH ops oversight group	Improving the health and wellbeing of working-age adults (aged from 16 to 65); MH Ops Oversight Group	Adult Ops Oversight Group; Working together to support people with frailty (mainly aged over 65) to live and age well		Neigh-bourhood delivery; Reducing inequality in outcomes; embedding joint working
Mental health and wellbeing for young people Speech language and communication Autism Pathway	Community mental health and wellbeing Inclusion health	Staying well and healthy Frailty pathway Out of hospital support		Maximising impact of work to reduce health inequalities Joint working at neighbourhood level Enablers of integration
	Long term conditions (Chair Sharon Seber)			
Screening, vaccinations and immunisations (Chair Damani and Rachel)				
Board Chair: Ann Graham	Board Chair: Beverly Tarka and Natalie Fox	Board Chair: Miles Bogle		Board Chair: Jonathan Gardener/ Richard Gourlay

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Developing an outcomes framework for the Health and Wellbeing Strategy

Challenge

To support this strategy, a borough level outcomes framework to track key indicators linked to our four themes is proposed. However, the HWBS themes are wide ranging and complex, requiring a multi-agency response so demonstrating tangible impact will be difficult.

How could we address this?

- We could identify a small number of process measures aligned to each shared objective which will track and showcase progress made by key partners to help achieve these ambitions.
- These process measures should be aligned to existing measures/ service data to ensure that the best available data is utilised.
- Alongside these process measures, headline outcome measures should also be included where appropriate to monitor trends for Haringey as a whole.
- As part of this we should also seek to identify key indicators that can be used to monitor change in inequalities within the borough.

Proposed application

HWB Board will maintain strategic oversight of the strategy so will be consulted on the best use of a framework. We suggest that:

- The metrics are reviewed annually to assess progress against the strategy.
- 'Deep dives' could enable us to review areas of health and wellbeing, along with local action where it is more difficult to track progress.

Example of measures for inclusion in an outcomes framework

Example metrics for illustrative purposes only

Theme: Healthy Place Shaping			
Shared objectives	**Outcome measures**	**Process measures**	**Equity measures**
Healthier highstreets **e.g. Smokefree environments**	% adults who are current smokers [1,2]	# of quits through the local stop smoking service (One You)	• Smoking prevalence in adults in routine and manual occupations • Smoking prevalence in adults with a long term mental health condition (18+)
Access to green spaces and parks	% of physically active adults and children [1,2]	# of additional open spaces in areas of deficiency [3]	TBC *Work to improve inequalities monitoring is taking place across the system*
	Long term measures included for monitoring	Medium term measures to indicate progress of partners contributions	Long term measures included for monitoring inequalities

[1] Included in NCL IBC Outcomes framework
[2] Included in the NCL IBC Sentinel metrics (draft)

[3] Parks and Greenspaces Strategy

Considerations for Scrutiny

- Is there a theme that Scrutiny would like to focus on as the strategy is implemented
- Comments on the outcomes framework
  - Does the framework presented here allow scrutiny to monitor progress against the strategy
  - What further information will be needed for scrutiny to review and support progress of the strategy

Appendix: Health in Haringey at a glance

People

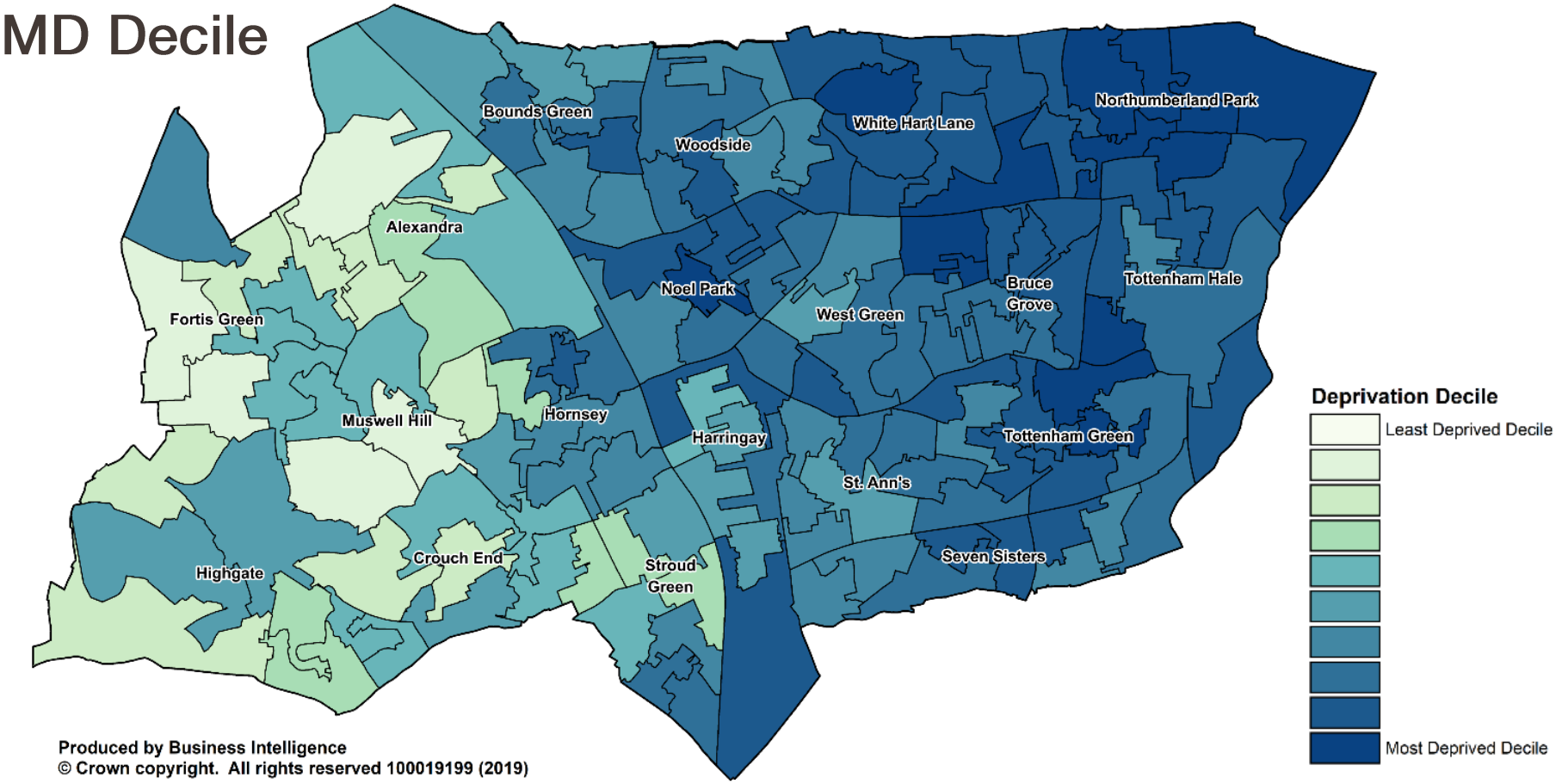
- 264,200 residents (Census, 2021)
- Ageing population (24% increase in ages 65+ since 2011), younger than London, catching up
- Young, ethnically diverse population 67% of residents are from ethnic minorities.
- Over 180 languages spoken by residents, and 30% of residents do not speak English as their main language.
- 39% of residents are Christian, 32% have no religion, 13% are Muslim and 4% are Jewish.

Place

- 25 Green Flag Parks (judged to be welcoming, safe and well managed with active community involvement).
- 120 venues where cultural activity takes place, and over 70 events occurring annually.
- 77% of trips by foot, cycle, public transport in 2019
  - 36% walking
  - 38% public transport
  - 3% cycle

Deprivation

2019 IMD Decile Ranks



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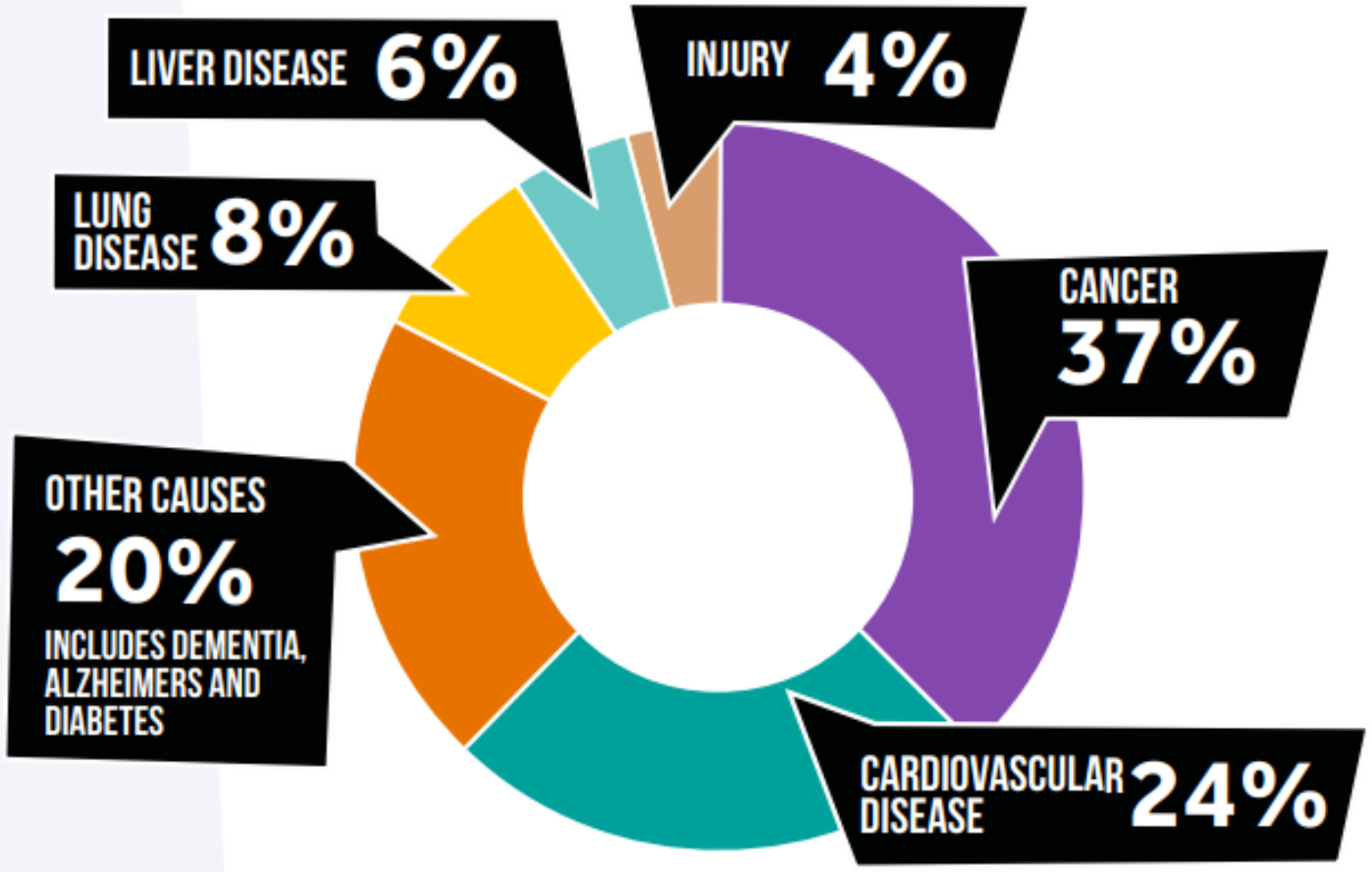
Main causes of death in Haringey



Adults and Health Scrutiny Panel

Work Plan 2024 - 25

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.

Project	Comments	Status
Hospital discharge	To review delays to hospital discharge in Haringey. Evidence sessions for this Review have now been completed.	Report to be published shortly.
Digitalisation and communications with residents	To review the current arrangements for communication processes and systems for residents presenting with complex needs involving a multidisciplinary team including: • How the team communicates between one another regarding the actions needed to facilitate care for the resident. • How the team communicates with the resident and family members, how it provides a single point of contact, plan of actions and timeframe for these actions. • How the team communicates with Council Members who request details about the actions and the timeframes for these actions to be carried out. • What systems are in place to facilitate the above to take place.	ToR approved Evidence sessions to commence in autumn 2024

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.	
Date	**Agenda Items**

2024-25	
30 July 2024	• Cabinet Member Questions – Adults & Health • Haringey Health & Wellbeing Strategy 2024-29 • Continuing Healthcare
19 September 2024	• Haringey Safeguarding Adults Board (HSAB) Annual Report
5 November 2024	• Quality Assurance/CQC Overview
17 December 2024 (Budget Meeting)	• Scrutiny of 2024/25 Budget and MTFS
10 February 2025	• Cabinet Member Questions – Adults & Health

To be allocated:

- **Support provided to people with dementia** (including the work of Dementia Coordinators, NHS services, Dementia Hubs, specialist dementia nurses and the involvement of voluntary organisations.)
- **Continuing Healthcare** (assessments)
- **Modern Slavery** (including training for Police)
- **Adult Social Care Commissioning and Co-production Board –** Previous update in November 2023, next update anticipated 6-9 months later.
- **LGA Peer Review** – Further update to be scheduled. Previous update was in June 2023. Strategic plan is expected to be in place by Jan 2024.
- **Workforce reform agenda** – Further update to be scheduled. Previous update was in June 2023. At the previous update it was noted that the 30% vacancy rate in Adult Social Care represented a risk and so it would be useful to monitor staff turnover and the vacancy rate at the next update on this issue.
- **Integrated Care System** (ICS) – At a meeting in July 2022 it was suggested that a further report be brought to a future meeting including details on: a) the development of the co-design/co-production process; and b) the communications/engagement process for the next suitable new project.
- **Osborne Grove Nursing Home**
- **Preparedness for a future pandemic**

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