

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Monday, 4th March, 2019, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Pippa Connor (Chair), Nick da Costa, Eldridge Culverwell, Mike Hakata, Felicia Opoku, Sheila Peacock and Yvonne Say

Co-optees/Non Voting Members: Helena Kania

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 - 6)

To approve the minutes of the previous meeting.

7. ADULTS & HEALTH UPDATE (PAGES 7 - 10)

For the panel to receive a short briefing on:

- Osborne Grove Nursing Home – recent progress and current timescales for feasibility study.
- The Making Every Adult Matter (MEAM) approach

8. IMPROVING PRIMARY CARE IN HARINGEY (PAGES 11 - 32)

To update the panel on progress towards improving primary care in Haringey in the context of the North Central London Strategy for General Practice and other developments including provisional funding to open three new GP practice buildings.

9. PHYSICAL ACTIVITY FOR OLDER PEOPLE - SCRUTINY REVIEW UPDATE (PAGES 33 - 60)

To update the Panel on progress made towards the recommendations made in the 2017 scrutiny review on Physical Activity for Older People.

10. WORK PROGRAMME UPDATE (PAGES 61 - 64)

To review/update the current Work Programme.

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

Dominic O'Brien, Principal Scrutiny Officer
Tel – 020 8489 5896
Fax – 020 8881 5218
Email: dominic.obrien@haringey.gov.uk

Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 22 February 2019

This page is intentionally left blank

**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON TUESDAY 29TH JANUARY 2019,
6.30 - 8.40pm**

PRESENT:

Councillors: Pippa Connor (Chair), Eldridge Culverwell, Felicia Opoku and Sheila Peacock.

35. 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'.

36. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Cllr Nick da Costa, Cllr Mike Hakata, Cllr Yvonne Say and co-opted member, Helena Kania.

37. ITEMS OF URGENT BUSINESS

None.

38. 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.

39. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

40. MINUTES

Some amendments had been made to the draft minutes of the previous meeting held on 18th January 2019 that were originally published in the agenda pack. The main changes were:

- An additional paragraph to clarify ways that the Panel felt the Adults & Health budget scrutiny report could be improved in future years.
- That full details of the capital costs associated with the three former day centre buildings (the Haven, the Roundway and the Woodside) be brought back to a meeting of the Panel when these details become available.
- Additional detail on the reasons for the panel's recommendation on budget proposal PA6 (Transfer of High Cost Day Opportunities)

The corrected version had been circulated to Panel Members via email and was also available on the Haringey Council website.

AGREED: That the corrected version of the minutes of the Adults & Health Scrutiny Panel meeting held on 18th January 2019 be approved as an accurate record.

41. MENTAL HEALTH SERVICES

Tim Miller, Lead Commissioner for Adult Mental Health, introduced the presentation of the joint report which had also been co-authored by Dr Katrin Edelman, Clinical Director for Haringey at Barnet, Enfield & Haringey Mental Health Trust and Detective Superintendent Tony Kelly. He commented that it was a good time to have a discussion on mental health as it was around a year into the restructure of Barnet, Enfield & Haringey community services and the ongoing North Central London partnership working. Key points from the report included:

- That mental health services are mainly focused on mental ill health with conditions on a spectrum of severity. Larger services such as IAPT (Improving Access to Psychological Therapies) work with common and less severe conditions but nonetheless have a major impact on people's lives.
- The main pathway is through the NHS, from GPs through to community and specialist services, but there are also pathways through the Council's preventative services and social care.
- The Haringey Wellbeing Network, led by Mind in Haringey, had been commissioned last year which brings together services from a consortium of third sector providers which allows for a coordinated network with improved access and communication between each other and with statutory services.

Dr Katrin Edelman added that a lot of work had been going on to focus on networking to ensure that the most was being made of existing resources and on the restructuring of community services including to work more closely with GPs. The impact of people's social circumstances is also important to mental health, highlighting the need to work with organisations providing services such as benefits advice.

Detective Superintendent Tony Kelly explained the new structure of policing in Haringey and Enfield which had recently moved to the Basic Command Unit (BCU) model. This includes a safeguarding strand which the policing element for mental health now comes within, whereas it previously sat within Operations and Events.

Previously there was a part time officer for this role but now there is a sergeant and three constables working across both boroughs dedicated to mental health investment and enabling partnership work to reduce demand pressures on other agencies and better safeguard individuals.

In response to questions from the panel, Tony Kelly said that there are a significant number of call outs where the police come into contact with people experiencing a mental health episode. These should result in a referral but in future the aim is to develop MARACs (multi-agency risk assessment conferences) to support individuals who come into contact with the police a lot but perhaps do not meet the threshold for being sectioned. Tim Miller concurred that the police are key partners in terms of inter-agency working. There is also work ongoing nationally to reduce the extent to which the police are a front door into mental health services and in Haringey this has involved improving access to crisis pathways such as through a single phone number for crisis services and handover arrangements from the NHS 111 service.

In response to further questions from the panel:

- Dr Edelman said that the crisis team is a relatively small team which has capacity for around 35-40 people (but sometimes has more than that) and the threshold for admission is high.
- Dr Edelman said that a new pilot initiative was to train more people in 'open dialogue' which is a type of treatment developed in Finland which is focused on early intervention when someone is distressed, mobilising existing community and family support networks to support that person.
- Charlotte Pomery, Assistant Director for Commissioning, said that another partnership initiative being implemented is the Making Every Adult Matter (MEAM) approach in Haringey which focuses on individuals who may not meet the threshold for any particular service but may have multiple needs. This could include issues relating to homelessness, substance misuse, history of trauma/abuse, etc which requires various different services working together.
- In relation to a specific casework issue relating to difficulties with pharmacy prescriptions that was raised by a panel member, Tim Miller said that there had been recent training and support for General Practice across the NCL area on mental health, specialist talking therapies had been rolled out for people with physical health conditions. There was also a particular focus on trying to ensure that people get on the right pathway, efforts to build capacity in primary care to support mental health better and also the introduction of specialist pharmacy support into General Practice including on mental health and learning disabilities.
- On who Councillors can contact in relation to casework issues on mental health, Tim Miller said that he is available to help signpost Councillors. Also the Haringey Wellbeing Network is available as a front door to a range of services.
- On joined up care, Charlotte Pomery said that there is a digital programme across the NCL area including the providers and commissioners across the 5 CCGs. There is an Information Exchange which enables access to a single record of a person and a population health management system which supports planning at a population level. The LHCRE (London Health and Care

Record Exemplars) aims to integrate IT systems across the area. This would enable more information to be available at the point of care and prevent people from having to give their details multiple times. This is a major programme of work likely to be a gradual process over the next couple of years.

- On social issues that can contribute towards mental health problems, Tim Miller said that there is a lot of evidence about various relevant social risk factors including poverty, discrimination, bereavement and Adverse Childhood Experiences (ACEs). Some of these can be more prevalent in areas of socio-economic deprivation but other stresses and strain can cause problems in more affluent areas too.
- On suicide prevention, Tim Miller said that Professor David Mosse had built a marvellous network of professionals across agencies along with other stakeholders who are engaged in the quarterly suicide prevention group meetings. On suicide prevention at Archway Bridge, he confirmed that proposals for new safety measures had recently been agreed.
- Charlotte Pomery said that proposals were being worked through to transform the site at Canning Crescent, which was previously a clinic base for the Mental Health Trust. The upper floors will contain supported living units for people with mental health needs. The ground floor will be used for the relocation of Clarendon Recovery College and develop a crisis café with additional funding from NHS England which will support people at risk of an inpatient admission.
- On future increased demand for mental health beds, Andrew Wright said that it would be necessary to increase the alternatives in line with the national NHS long-term plan. A small number of patients currently have to be placed in beds outside of the area so a top priority currently is to increase the number of inpatient beds within the catchment area including through the opening of an additional ward in Barnet in the summer.
- On how people being taken to Section 136 suites have their physical health needs assessed, this ought to be dealt with immediately and, if taken to A&E, patients should not be discharged until any physical injuries had been treated.
- On specialist supported accommodation, Tim Miller confirmed that there are 127 places for people with mental health needs. Improved quality of accommodation is required which the new units of Canning Crescent is contributing towards and more provision of social housing generally where people can be supported to live is also important.
- On the impact of Universal Credit changes, Tim Miller said that the joint mental health budgets were used to invest in advice services including Citizens Advice Haringey to provide benefits and other advice in health settings. The DWP supports staff in services with training on Universal Credit roll out and also co-fund specialist mental health employment services.

Cllr Connor thanked all the presenters for attending and noted that with various new projects and initiatives ongoing it would be helpful for the Panel to receive a summary list of these and how all the key agencies are connected to them. She also suggested that an update on the Open Dialogue initiative could be provided in around a year's time.

AGREED: That the report be noted and a summary list of new projects and initiatives be provided to the Panel in writing.

AGREED: That an update on the Open Dialogue initiative be scheduled for a future meeting in approximately 12 months' time.

42. CABINET MEMBER Q&A

Cllr Sarah James, Cabinet Member for Adults & Health, addressed the panel noting that she had only been in the post for a very short time but had received some very useful briefings from officers, had met with social care groups and had various meetings in the diary including with the CCG and with the Chair of Healthwatch, Sharon Grant.

Cllr James, Beverley Tarka, Director of Adults & Health, and Charlotte Pomery, Assistant Director for Commissioning, responded to questions from the Panel:

- Cllr James confirmed that she would be happy to visit Osborne Grove Nursing Home soon. Beverley Tarka said that the 2018/19 budget for Osborne Grove was just over £1m but there is a projected overspend of £700k, so a total projected spend of £1.7m. On reducing staffing costs based on the low number of current residents, Beverley Tarka said that the Council's primary aim is to safeguard the residents and provide quality care. There are plans to consolidate the residents into one unit within Osborne Grove, as they are currently situated over three levels. This will enable greater management oversight and the staffing ratio is being assessed. On whether residents might receive better care by being moved elsewhere, Cllr James reiterated that the Cabinet had previously committed to retain Osborne Grove for the remaining residents and that this remains unchanged. The consolidation into one unit should help to alleviate immediate issues and work is ongoing with the co-design group over the redevelopment. Charlotte Pomery said that a design team had been appointed to carry out a feasibility study and is due to meet the co-design group on 5th Feb. In relation to a query from the OSC on their fire safety review, it was confirmed that residents in Osborne Grove are currently located on different floors, hence the move to consolidate residents into one unit on the ground floor. Cllr Connor said that she would pass this information to OSC (**Action – Cllr Connor**).
- Cllr James confirmed that there has been one meeting of the Adults & Social Care Review so far and that the terms of reference have been agreed. On the three day centres that could potentially be brought back into use (Haven/Roundway/Woodside) Charlotte Pomery there had been no change in the position since the budget scrutiny meeting. No decision has been taken on the providers, how large the units would be or the range of services that would be available but the aim would be to bring the units back into use and bring service users that were currently having to travel out of borough back into Haringey. The approach on these matters generally had been one of co-design so officers would work with a group of stakeholders. Cllr James said that there would be up to four Councillors involved in this process but it shouldn't be

Councillor dominated as it would be important to also include carers, services users and other stakeholders.

- Beverley Tarka and John Everson said that anyone subject to a care assessment can receive a copy of the care assessment and the outcomes that have been mutually agreed. Any concerns could be escalated as appropriate.

43. WORK PROGRAMME UPDATE

Principal Scrutiny Officer, Dominic O'Brien said that items need to be added to the 2019/20 meetings in the draft work programme that was provided with the agenda papers. There had been progress on the Day Opportunities review with a number of consultation sessions held recently with carers forums and discussions ongoing with several day centres about potential service user engagement sessions. An evidence session with providers would also be scheduled.

Cllr Opoku said that she had some information on young carers that she would feed in and Cllr Culverwell suggested engaging with elderly people in the Turkish, Greek and Kurdish communities.

44. NEW ITEMS OF URGENT BUSINESS

None.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

Project Update: Osborne Grove Nursing Home**Nursing care capacity in Haringey:**

Osborne Grove Nursing Home is a 32-bed nursing home with 4 residents currently living there. The Home remains under embargo and subject to establishment concerns and no new admissions are accepted. The nursing home has been under establishment concerns for the past 2 years.

Capacity for nursing care provision in Haringey, and indeed in the five boroughs of North Central London, remains insufficient to meet growing demand and increased complexity of needs. At least 80% of Haringey residents in need of nursing care need to be accommodated out of the borough and we remain keen to grow high quality capacity locally.

Feasibility Study:

It remains the Council's intention to develop a high-quality nursing provision at Osborne Grove Nursing Home to achieve outcomes for residents through a model of nursing care (and associated facilities) which is responsive to current and future local need.

Following Cabinet approval in June 2018 to explore options for creating additional and improved care provision on the site of Osborne Grove nursing home, a feasibility study is under way. The brief for the feasibility study has been co-designed through the Osborne Grove Co-Design Steering Group, chaired by the Cabinet Member, and the Group continues to play a role in completing the study.

After a full procurement process, a contract for a multidisciplinary design team to carry out the study was awarded on 7th January 2019. Successful tenderer Frederick Gibberd Partnership (Architects) – selected in part because of their track record and experience in this area of provision – have begun their work and the consultation process with relevant stakeholders. In addition, tenders have been received back for the quantity surveyor role and an appointment is due early March.

It is expected that the feasibility study process will take approximately 14 weeks and will comprise of but is not restricted to:

- Joint visits to local care homes rated highly by the Care Quality commission (CQC)
- Joint stakeholder consultation event at Osborne Grove Nursing Homes
- Engagement with a range of patient groups
- Ecology study
- BREAAAM requirements
- Site plant and planning details
- Massing and design options
- Life cycle costs
- Maintenance issues

The study will define costings for the lifetime of the building, assess the building's future sustainability and environmental impact and will explore the feasibility of providing a mixed-use community offer on the site. The aim is to complete the feasibility study for presentation to Cabinet in June/July 2019. Although this is later than first thought, it is accepted that carrying out more work up front and at this stage will mean that further phases of work are likely to be shorter.

Alongside this work, a sub-group is focusing on the potential mix of uses in the building, including nursing provision, communal space and community facing resources, based on local need and in line with the emerging Ageing Well Strategy for the borough. This work is too feeding into the feasibility study.

This page is intentionally left blank

Making Every Adult Matter Update Briefing

Background

In Summer 2018, a proposal was by approved by Haringey's Health and Wellbeing Board, Corporate Board and Mental Health Executive to explore the Making Every Adult Matter (MEAM) approach. The Council's Housing Support Team then submitted a bid to become one of seven new MEAM adoption areas.

In October 2018 we were informed of our success, and officially became a MEAM adoption area in late November 2018.

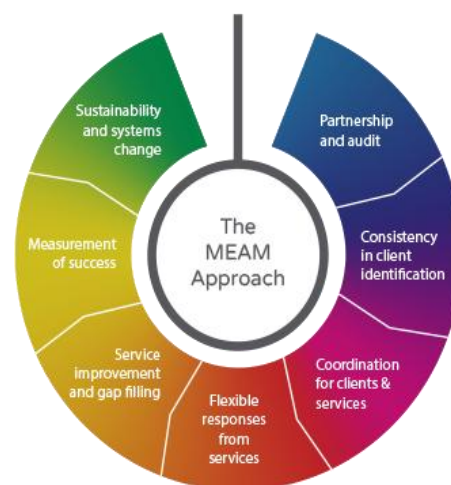
Outline of the MEAM Approach

The MEAM approach looks at the whole system of strategies, organisations, services and working practices involved in the lives of people with complex needs around homelessness, mental health, drug and alcohol dependency and criminal justice. It's founded in the recognition that people's lives are not neatly separated into individual needs and experiences and therefore nor can the organisations, services, policies and practices that they engage with.

The approach has seven broad stages, which starts by bringing together the partnership of organisations, represented at frontline and leadership levels.

The work of the partnership during the initial three-year period is experimental and based on the local context. It could include small changes to service delivery as well as significant strategic changes in commissioning, policy and strategy.

The next step explores what the key elements of the MEAM approach in Haringey will look like. This is led by the Practitioners Group, who will then identify the group of 25 people with complex needs who will be the first beneficiaries of the MEAM approach during its first three years.



Update on Progress

The MEAM approach in Haringey is in its early stages. The table below outlines the key milestones achieved to date and the known next steps.

| Project Area | Actions Completed | Next Steps | By When |
|--------------------------|---|--|------------|
| MEAM Strategic Board | Group formed – chaired identified Draft Terms of Reference Draft Information Sharing Protocol | Agree draft documents | April 2019 |
| MEAM Practitioners Group | Group formed – chair identified Draft Terms of Reference Draft Information Sharing Protocol | Agree draft documents Agree the 'Haringey MEAM offer' | March 2019 |
| Systems Navigator | Job description created and evaluated Role advertised/Shortlisted/Interviews set | Appoint to role | March 2019 |
| The 'MEAM 25' Cohort | NDT Assessment tool agreed Initial nominations made | Agree the 'MEAM 25' Engage a Peer Advisor | April 2019 |

This page is intentionally left blank

Improving primary care in Haringey

Haringey Adults and Health Panel
4 March 2019

Introduction: the national and NCL context

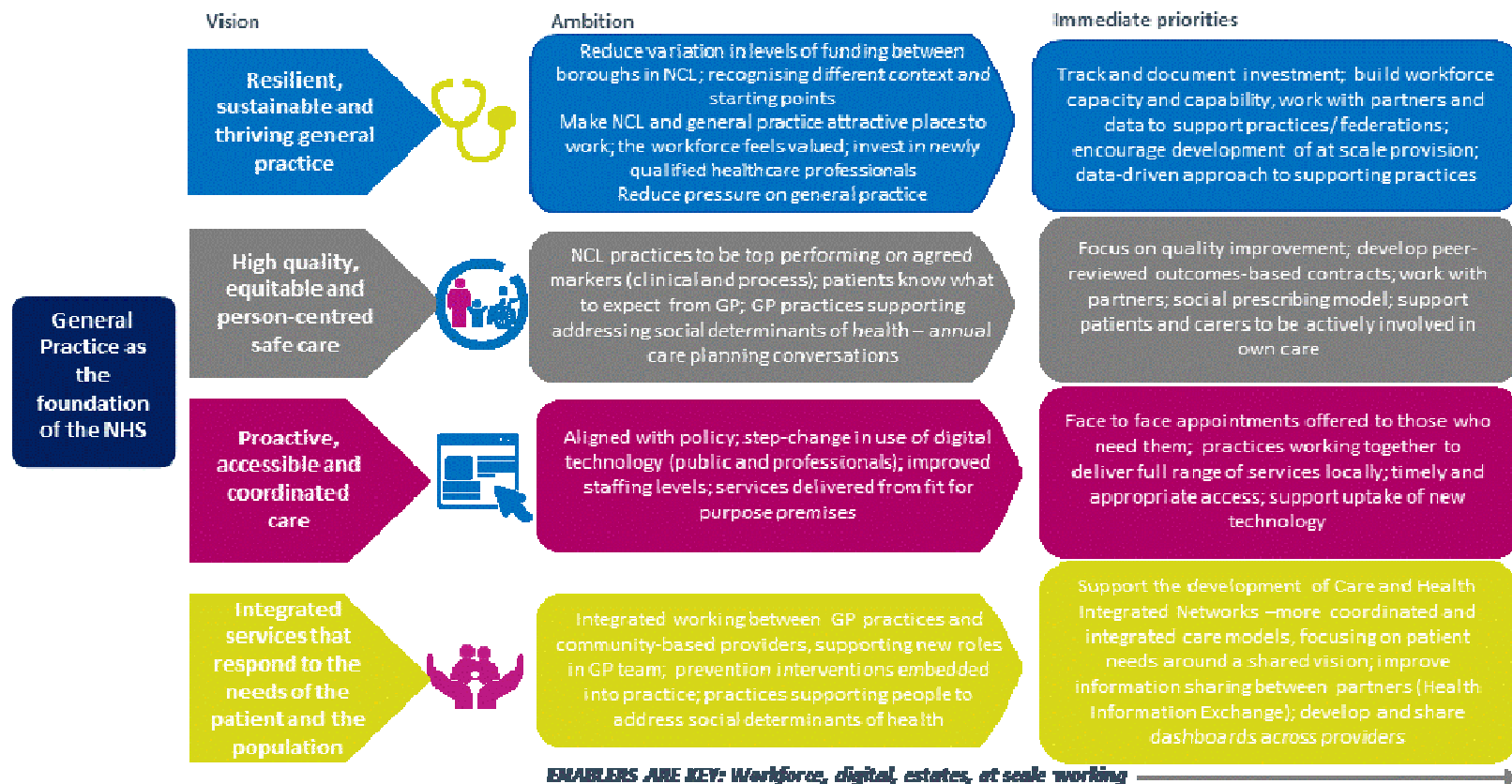
The North Central London Strategy for General Practice

Haringey's local work in primary care has been taking place against the backdrop of a North Central London-wide Strategy for General Practice, which sets out why things need to change, including:

- There is a growing population and a growing demand for services and people living with increasingly complex and longterm conditions
- There are differences in the quality of GP practices - from patient satisfaction in how easy it is to get an appointment to availability and use of technology for GP services, to variation in clinical outcomes. There is also variation in the historical levels of funding in primary care and variation in the condition of primary care estate.
- There are significant workforce pressures, with a high proportion of GPs set to retire in the next 10 years, recruitment and retention challenges, a shortage of general practice nurses, and fewer GPs looking for partnerships.
- There is a big financial challenge in the NHS with demand for services higher than the funding available, and a big financial deficit to plug.

These challenges are reflected in Haringey and across London.

To address these challenges, the NCL GP strategy outlines plans to ensure that people can access high quality general practice, and that those providing care are better supported to deliver it. The vision is for proactive, accessible and coordinated care, with a focus on GP practices working together over bigger areas and collaborating with other services (primary care networks). A one page summary of the strategy is below:



The full version of the NCL GP strategy is available on Haringey CCG's website:

<http://www.haringeyccg.nhs.uk/Downloads/Strategies/111418%20-%20NCL%20GP%20strategy%20-%20FINAL.pdf>

The NHS Long Term Plan

- The NHS Long Term Plan (LTP) was published in January and included a commitment to invest £4.5 billion more in primary medical and community health services by 2023/24.
- A new five year GP contract has also been agreed.
- A big focus of the LTP and the new GP contract is investment in the development of primary care networks (and how these will link with integrated care systems):
 - Primary care networks will include bigger teams of health professionals working together in local communities e.g. clinical pharmacists, physiotherapists, and social prescribing link workers. This will allow GPs to focus more on patients with complex needs.
- Another big focus is on IT funding and development which will allow both people and practices to benefit from the latest digital technologies. By way of an example, all patients will have the right to digital-first primary care, including web and video consultations by 2021.
- More information about the LTP can be found here: <https://www.longtermplan.nhs.uk/>

Haringey context: why things need to change

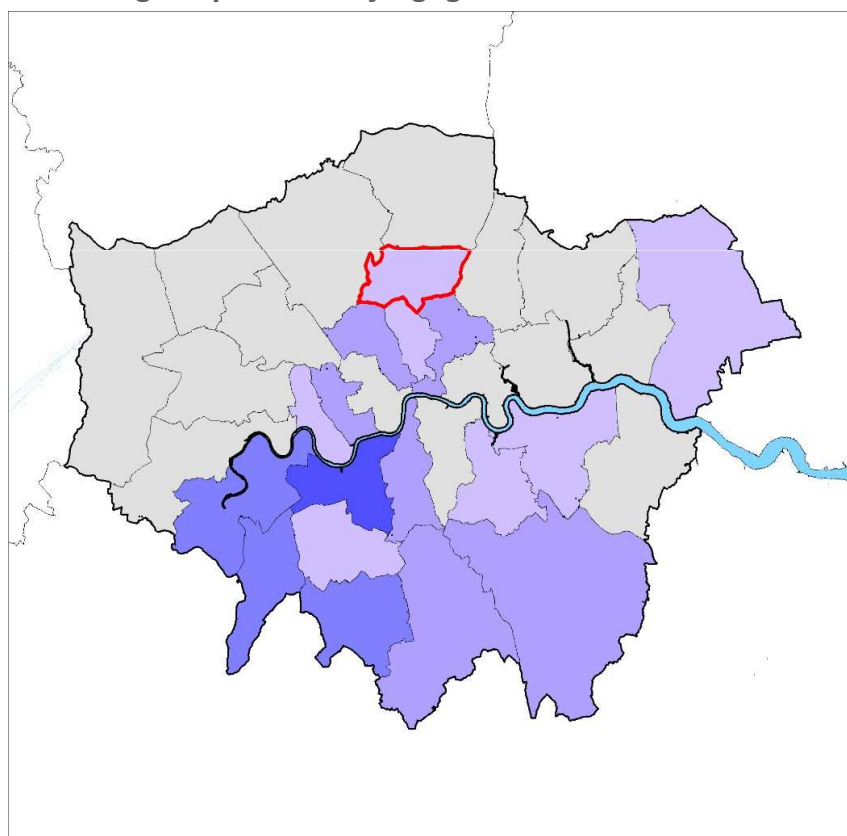
We need more capacity

- In 2014, Healthwatch Haringey reported that residents in Tottenham Hale ward were having serious difficulties accessing local GP services and concluded that the equivalent of a GP practice that could hold 6,000 patients was required.
- This echoed feedback that we had heard directly from residents, MPs, councillors and primary care colleagues.
- In response, the CCG developed a joint 'Strategic Premises Development Plan' with NHS England and Haringey Council.
- This plan concluded there were three priority areas in Haringey where investment was needed in primary care premises to increase the capacity of practices to be able to take more patients:
 - Tottenham Hale
 - Wood Green
 - Green Lanes/Harringay.

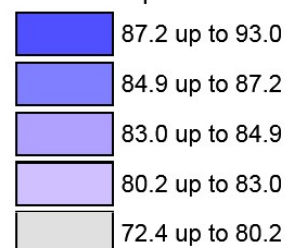
Overall patient satisfaction with primary care in Haringey is around the London average

The map compares Haringey CCG's patient satisfaction levels with other London CCGs in the 2018 Ipsos-Mori survey. The question is "Overall, how would you describe your experience of your GP practice"?

Percentage of patients saying 'good'



Overall Experience of GP practice



Results range from

74%
to
87%

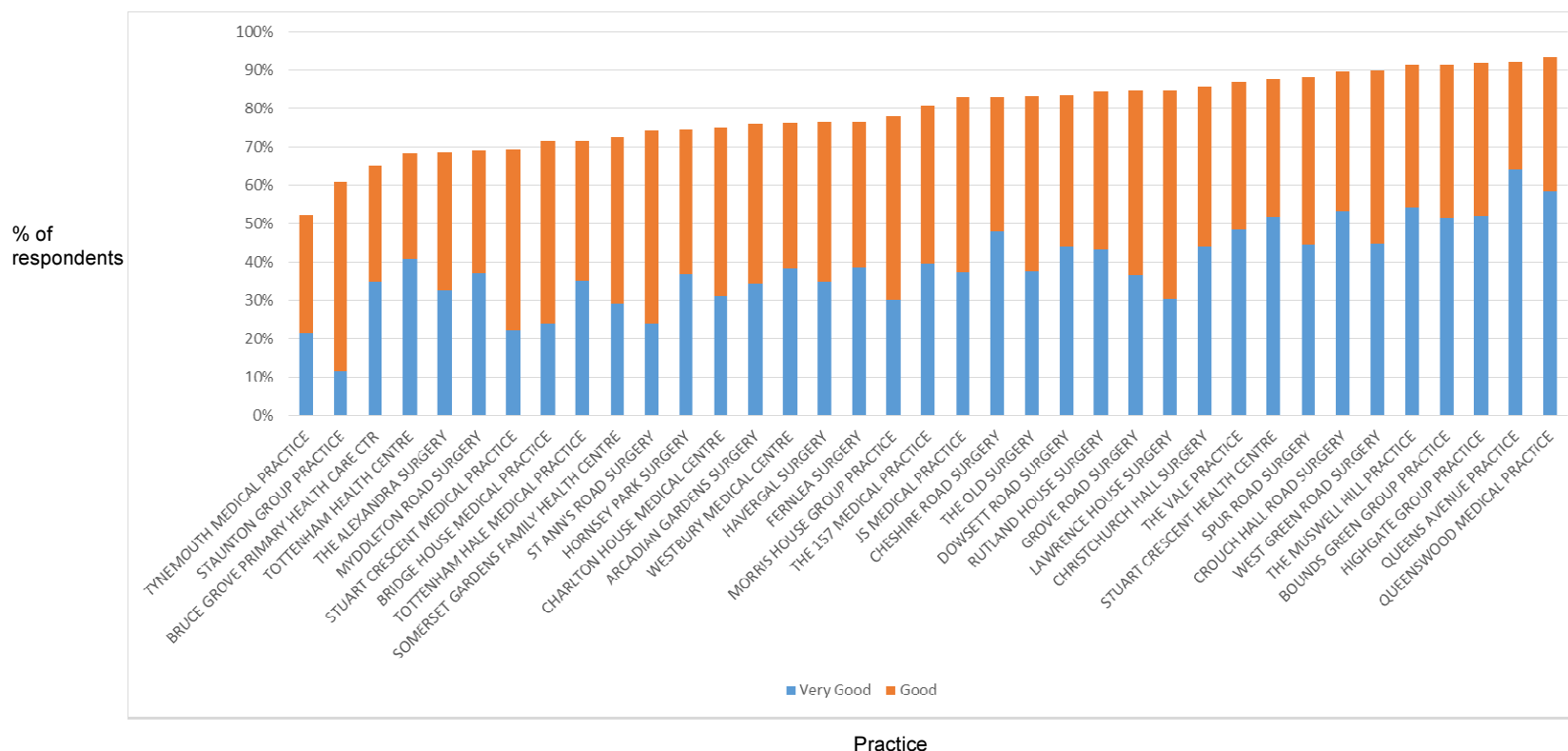
Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

However, there are significant variations in patient satisfaction between practices

The chart shows the proportion of patients who describe their GP surgery as 'good', broken down by very good and fairly good.

Chart: Proportion of patients who describe their GP surgery as good, broken down by very good and fairly good



There are significant variations between practices. Some of our practices record comparatively high levels of patient satisfaction. At the lower end, Tynemouth and Staunton have low patient satisfaction and have also been placed in special measures by the Care Quality Commission.

Looking forward, we are concerned that our current model of primary care is not sustainable

The traditional model of general practice faces real challenges:

- **We have an ageing workforce.** 31% of Haringey's GPs are over 55, which is a higher ratio than any other north central London CCG. The CCG estimates that at 16 of our 37 practices, leading GPs are approaching retirement. For the most part, these are smaller practices, between them serving 29% of our population.
- Increased regulation and accountability means that being a GP Partner is an ever more demanding role – it is effectively running an independent business as well as providing clinical care. As older GPs come to retirement, their practices are at risk. **Younger GPs are, for the most part, not taking on roles in these smaller practices.** A partnership model is more sustainable in our larger practices (Queenswood, Lawrence House, Bounds Green) where those responsibilities are shared.
- **Difficulties in recruiting** mean that many practices are heavily reliant on locum GPs which is an expensive resource and diverts spending away from improving services.

Many of our primary care premises are inadequate

Many of our smaller practices in Haringey are operating from converted residential properties. This inhibits the range of services that can be offered and makes them unattractive to staff. None of our converted residential properties has a disabled lift which places a limitation on the use of clinical space.

Pictures from Dowsett Road surgery



Transforming primary care

All of the work that we are doing in Haringey is aligned with the NCL strategy for general practice and the ambitions set out in the NHS Long Term Plan

We have developed a transformational programme of work programme, which includes:

- **Improving access.** Supporting the GP Federation to provide evening and weekend GP appointments for everyone in Haringey in 4 'hubs'.
- Funding Quality Improvement Support Teams (QIST) to work with our practices to help them to increase their access for patients and **improve their productivity** and 'time to care'.
- Major **investment in our primary care estate**, including bringing practices together
- **Developing networks.** This includes primary care networks and helping our practices to work together more effectively over larger areas (in line with the Long Term Plan ambitions), as well as care and health integrated networks where our practices will work together with other services and providers to support population health.
- **Investing in the workforce.** This includes providing funding to recruit and retain GPs, to support the development of the next generation of GP leaders, to train practice managers and to develop reception staff. Haringey is hosting the first five international GPs recruited to North Central London. We are also investing in primary care workforce at scale e.g. primary care pharmacists who work between practices.
- **Sharing innovation.** Sharing learning from the initiatives that have worked really well in our practices, as a result of the funding they received to help them improve access in line with the GP Forward View Strategy.
- **Improving IT.** We are developing new secure IT networks across all primary care sites, improving broadband connections, and introducing online consultations for patients (Haringey Federation, Bounds Green, Westbury and Muswell Hill practices in the first wave)

Transforming our estate

We have a once in a generation opportunity to secure transformational investment in primary care

In response to the Healthwatch Haringey report, and our 'Strategic Premises Development Plan', we have secured £10m in funding for new premises from NHS England's 'Estates and Technology Transformation Fund', subject to business cases being approved.

The new buildings will be home to existing practices in Haringey, who have applied to move into them:

- **Iceland site** in Wood Green (Arcadian Gardens practice; proposed partners are Myddleton Road and Alexandra Surgery, but a final decision has not been made)
- **Hawes and Curtis** building in Harringay (West Green practice)
- **Welbourne Centre** in Tottenham Hale (incorporating Dowsett Road Surgery and Tottenham Hale Medical Practice who are currently in a temporary site)

Business cases are in the process of being submitted to secure the funding. If successful, the new buildings would be open in April 2021.

In addition, we are preparing a business case for a new primary care building on the Muswell Hill roundabout. Muswell Hill and Rutland House practices would merge and move into this building, with Queens Avenue joining in a couple of years when the lease on their building expires.

The work to improve estates and develop primary care capacity has been championed by Haringey's Health and Wellbeing Board which includes representation from Haringey Council, the CCG, Healthwatch and the voluntary and community sector.

Beyond this, we are pursuing additional opportunities to improve our estate

Further potential developments include:

- applications for London Improvement Grant funding to develop capacity at Bridge House (Haringay), Fernlea (South Tottenham) and Westbury Medical Centre. These combined developments increase patient capacity by 20,000 to respond to projected population growth.
- new premises for Charlton House practice, which is in a listed building that is unsuitable for modern service delivery.
- potential use of land on the Tottenham Hotspur site as a new building for the Tottenham Health Centre and to respond to the projected population growth in the area.

The investment in the estate is a unique opportunity to transform primary care in Haringey

Looking to the future, the new estate will:

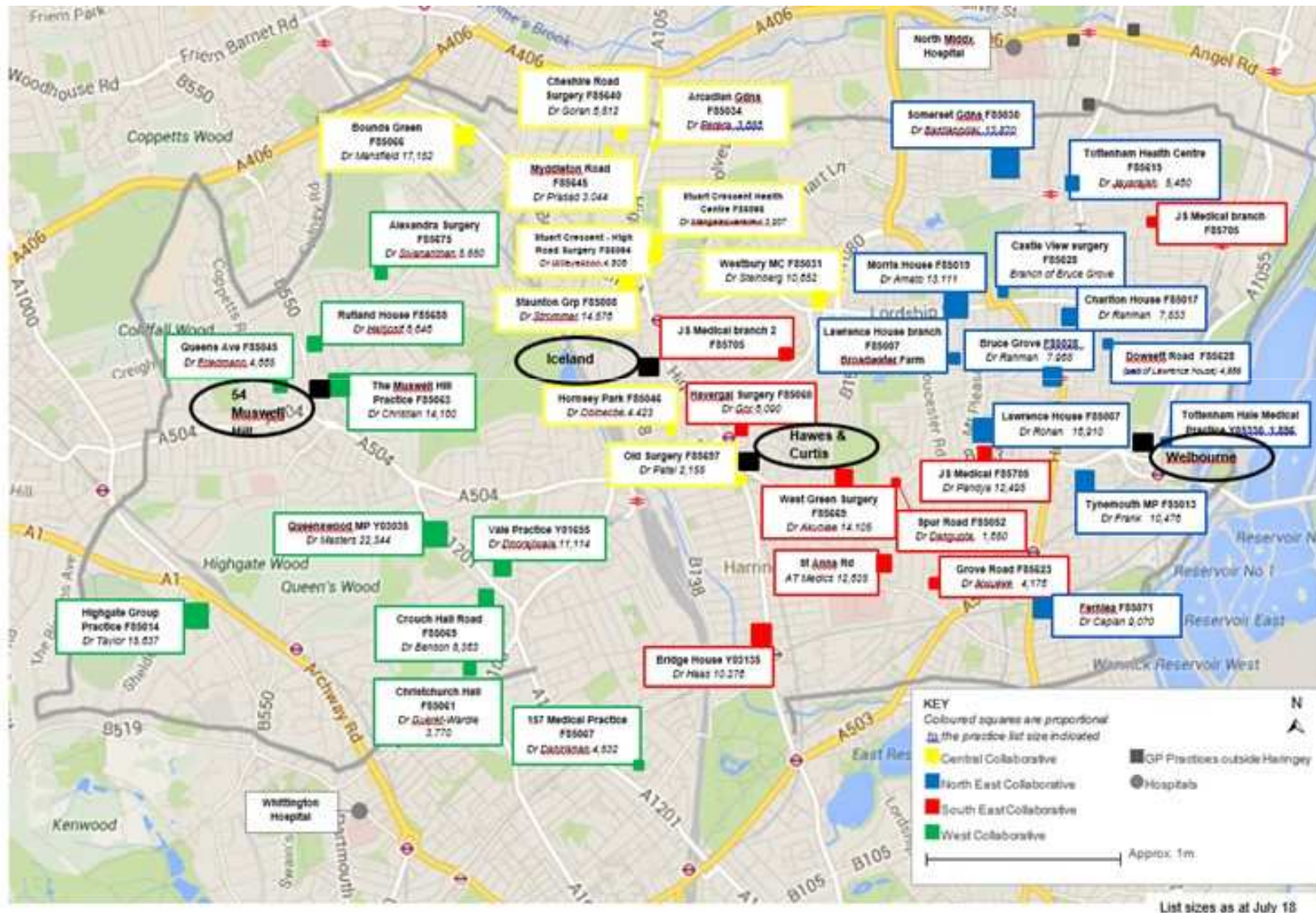
- bring additional capacity into the system. This is fundamental for Haringey in that it enables us to respond to the projected population growth
- improve the overall experience for all patients
- provide modern, fit for purpose environments which are appropriate for people with disabilities and limited mobility
- help respond to the workforce challenges. The consolidation of practices into larger centres is also a consolidation of the GP Partner cohort. New premises provide more attractive places to work in, making it easier to recruit and retain staff.
- support the transformation of care.
- manage patients with long-term conditions (for example, diabetes and COPD) more effectively out of the hospital setting. West Green practice has won a national innovation award for long-term conditions management from their current inadequate building (15,000m²). The potential service proposition from the purpose-built Hawes and Curtis site (90,000m²) is exciting.

We will engage with patients and the broader community throughout

Haringey CCG has commissioned Healthwatch to work with us to engage local patients in the practices which are planning to move into the new buildings, and the wider community.

We are also engaging more widely with other stakeholders, including councillors, MPs, primary care colleagues and the voluntary and community sector, to talk about all the work that is happening in primary care in Haringey.

Map of all the current GP practices in Haringey, along with the locations of the proposed new buildings.



This page is intentionally left blank

Haringey Primary Care Estates Development: Engagement

Introduction

Haringey CCG has been allocated approximately £10 million in provisional funding from NHS England to open three new GP practice buildings. The new buildings will be home to existing practices who have applied to move into them, and located in areas where there are identified primary care capacity needs: Tottenham Hale, Wood Green and Green Lanes. These buildings will be modern, purpose built practices, with the capacity for more patients to use them and for other services to be provided alongside the GP services.

We have commissioned Healthwatch to support us with our engagement with patients and residents about these proposals, and this document summarises what we are doing.

Phase 1 pre engagement (summer 2018):

Throughout the summer of 2018 staff from Healthwatch Haringey worked closely with GP Practices at Arcadian Gardens NHS Medical Centre, Lawrence House Surgery, and West Green Surgery which are likely to lead 3 of the new GP practice buildings in Haringey. The aim was to target their patient participation groups (PPGs), promote and publicise focus groups aligned to each practice and to promote an online survey. Focus (reference) groups were held at three sites where the new GP practice buildings are proposed to be located:

- Tottenham Hale - Welbourne site
- Green Lanes- The Hawes and Curtis site
- Mayes Road - Iceland site

An online survey for patients at the three practices was also distributed.

Summary of what we heard:

The majority of ideas and suggestions were common across all three sites. Patients in Haringey want:

- Access to a range of secondary health services in their local community rather than needing to travel to a hospital
- The ability to have blood and urine tests taken at their local GP/health centre
- Better access to talking therapies

These things were repeatedly highlighted across the three locations, though with a slightly different emphasis depending on the area. Overall, what we heard during the engagement reflects Haringey residents' concerns about access to health services in the community and close to home, access to social care and mental health services and GP capacity, particularly in the east of the borough. There was a feeling that the proposed new GP practice buildings present an opportunity to tackle these challenges

Phase 2 pre engagement (February/March 2019):

There are now 4 locations being considered as part of this work (funding from NHS England has been applied for to support the development of a new GP practice building, for existing practices to move into, in Muswell Hill).

Summary for Haringey Adults and Health Panel: February 2019

Engagement with all practices affected by the proposals will take place across February and March 2019, starting with Muswell Hill, Hawes and Curtis and the Welbourne site, with the Iceland development to follow once there has been a decision made on the planning permission for the site. Healthwatch Haringey will be carrying out half day, on-site visits to all of the practices where they will talk with patients, asking the following questions:

- Do you have any concerns about the proposed move?
 - If yes – Is there anything you would like to see done to address these concerns?
- What do you think are the positive impacts of the proposed move?
- Is there anything within your current practice which you would like to see changed or could be improved?
- Do you have any particular accessibility needs you would like or need to see addressed if the proposed move takes place?
- What do you like about your current practice? If the proposed move takes place what would you like to see continue?

Demographic data will be collected to identify if the cohort being engaged is representative of patients registered with the practice.

Next steps

Healthwatch will analyse the phase 2 pre engagement, including the demographics, which will inform the next stage of our engagement plans.

We will also know in the coming months whether the outline business cases for the new buildings have been approved.

Report for: Adults and Health Scrutiny Panel – 4th March 2019

Title: Physical Activity for Older People Scrutiny Project

Report authorised by : Charlotte Pomery, Assistant Director for Commissioning

Lead Officer: Andrea Keeble, Commissioning Manager for Active Communities
Tel 020 8489 5712 or email andrea.keeble@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

- 1.1 In the summer and autumn of 2016, the Adults and Health Scrutiny Panel undertook an in-depth piece of work regarding Haringey's approach to increasing physical activity among older adults and a number of recommendations were made (as detailed in Appendix 1).
- 1.2 This report provides an update on actions that were agreed by Cabinet on 27 March 2017 (attached as Appendix 1) in response to implementing the Overview and Scrutiny Committee recommendations.

2. Introduction

- 2.1 The Council welcomes the attention that the Committee has given to how we can address the low rates of physical activity among older people in the borough. Physical activity is one of the strongest positive influences on our health and wellbeing over our lifetime – from our early years, to supporting healthy aging – and key to reducing the demand for health and social care. Our strategic commitment to prevention and maximising independence means that we need to focus on how to increase the physical activity of all our residents, including those who are older.
- 2.2 As the report illustrates, many Council and commissioned services have a role to play in encouraging and enabling physical activity. Our existing commitment to providing free access to leisure centres for those aged 65+ is a strong foundation, but Haringey – in line with the rest of London and England – continues to have low rates of physical activity amongst older people. As such, we welcome the contribution in this report to how our current offer and approach can be amplified even as we face severe financial challenges.
- 2.3 We are developing through our Design Framework for Integrated Health and Care a whole system approach to public health and care which is both broader and deeper than our traditional focus on providing social care. This incorporates our commitment to prevention with efforts of improving health and wellbeing

through all council services and policies. The detailed recommendations provided by the Committee will be aligned with this overall strategic approach.

3. Recommendations

- 3.1 The Adults & Health scrutiny panel is asked to note the progress made to date to achieve their recommendations (attached as Appendix 1).

4. Background information

- 4.1 Physically active older people have a lower risk of ill-health including dementia and have higher levels of physical and cognitive function, psychological wellbeing and independence than inactive older people.

- 4.2 The Adult & Health Scrutiny Panel's review of physical activity for older people was established:

(a) To understand the physical activity for older people's provision locally, particularly for the most vulnerable older people such as those residing in care homes;

(b) To consider local and national good practise and emerging evidence around the importance of physical activity and how to increase uptake of physical activity in general and specifically for older people;

(c) To reflect on the strategic picture nationally and locally including the drive to integrate action around physical activity in all policy and utilise levers to increase physical activity that are available to the Council and its partners;

(d) In light of the above, recommendations were made to the Council for interventions and changes that could be put in place to ensure being active is an easy and attractive choice for older people and thus increase the amount of physical activity older people do.

5. Update on recommendations

- 5.1 The current position regarding the Panel's recommendations are contained in full in Appendix 1. Since reporting back in March 2018 tremendous progress has been made, despite funding limitations. The following summarises these key actions:

- 5.2 Recommendations 1, 16, 17, 18, 19, 20 and 21 – These recommendations relate to the utilisation of all policy levers, training and governance to embed active lifestyles. For example, the new Borough Plan's Place Theme has a vision of *'A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.'*

Outcome 10 'A Healthier, Active and Greener Place' includes the Objective: 'Increase the levels of physical activity across the borough'

- 5.3 Recommendations 2, 18, 14 and 22 – These recommendations focus on

commissioning activity. For example, the CCG and the Council's Adult Services have since 2017 developed approaches to integrate physical activity into care pathways. As part of this approach new initiatives such as GP Gyms have proved very successful. Homes for Haringey have a number of new projects in this area including partnering with Groundwork London to draw in Comic Relief funding for a 'Silver Sports' project.

- 5.4 Recommendations 8, 9, 11 and 15 – These recommendations deal with improving the communication and marketing of physical activity opportunities as well as mapping them. This has led to better and more extensive distribution of marketing materials, better sharing of information and the development of a leaflet, which focusses on the activities that are available and suitable for an older audience.
- 5.5 Recommendations 3, 4, 5, 6 and 10 – The operator of the Council's leisure facilities; Fusion, have a key role to play in increasing access and participation of older people and these recommendations relate to this. Fusion have for example signed up to the Dementia Alliance and now have a number of dementia friendly sessions at the centres. Year on year the number of over 60's attending the leisure centres is increasing, for example, 22,000 more over 60's attended in 2018 compared to 2017.
- 5.6 Recommendations 12 and 23 – These recommendations focus on seeking funding, particularly for an 'Active Ageing' Project. While large funding pots have not been drawn down, a number of smaller initiatives have received funding to progress the overall 'Active Ageing' Project. Successes include the early work with the Mayor of London's Laureus Model City project. Haringey is one of three London boroughs to be chosen for this bottom up collaborative project focussing resources in the east of the borough on physical activity projects that the community wants.

As noted in 7.3 Homes for Haringey and Groundwork London have received funding from Comic Relief for physical activity projects, with a view to engage 300 older Tottenham residents over 2 years.

6. Contribution to strategic outcomes

- 6.1 The recommendations and responses made will contribute to objectives within both the Place and People Themes of the new Borough Plan
- 6.2 Place Theme: *A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.*
- 6.3 People Theme: *Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.*

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

- 7.1 Finance and Procurement

- 7.1.1 Recommendations and responses set out in Appendix 1 are cost neutral. There are financial implications but as detailed in the responses, these are subject to:
- External funding being achieved
 - Separate decision making processes e.g. any contract negotiation around the Leisure Management contract with Fusion

7.1.2 It is therefore expected that the majority of recommendations could be enacted with minimal financial impact to the Council.

7.1.3 There are no savings identified but it could be expected that savings would accrue over time if older residents were more active and healthy.

7.2 Legal

7.2.1 Under Section 9F of the Local Government Act 2000 ('LGA'), the Overview and Scrutiny Committee has the power to make reports or recommendations to Cabinet on matters which affect the Council's area or the inhabitants of its area.

7.2.2 Under Section 9FE of the LGA there is a duty on Cabinet to respond to the Report, indicating what (if any) action Cabinet proposes to take, within two months of receiving the Report and recommendations.

7.3 Equality

7.3.1 The Council has a public sector equality duty under the Equality Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- advance equality of opportunity between people who share those protected characteristics and people who do not;
- foster good relations between people who share those characteristics and people who do not.

7.3.2 The recommendations of the Panel when fulfilled will contribute towards tackling the poor levels of physical activity amongst older people by advancing equality of opportunity between older people and the wider population.

7.3.3 As many older people are also disabled, the focus on offering more targeted activities for people with dementia and associated conditions is also positive.

7.3.4 Older people make up the largest cohort of the inactive in the borough. Inactivity contributes significantly to a wide range of conditions which inhibit an individual from enjoying life. Efforts to reduce this will improve social cohesion and advance the ability of older people to participate in civic life.

7.3.5 Inactivity in older people is worse for BAME and women in this group, thus a

more targeted approach to increase activity, as outlined in the recommendations, will reduce the inequality experienced by people from BAME communities and women.

8. Use of Appendices

8.1 Appendix 1 – Responses and updates to the Overview & Scrutiny Committee's report recommendations.

This page is intentionally left blank

Appendix 1

Physical Activity for Older People Project – Conclusions and recommendations of Overview and Scrutiny Committee, responses and updates to recommendations

| Overall comments on the report | | | | |
|--------------------------------|--|---|---------------------------------|---|
| | The Council welcomes the attention being given to how we can address the low rates of physical activity among older people in the borough. Physical activity is one of the strongest positive influences on health and wellbeing over our lifetime – from our early years, to supporting healthy ageing – and key to reducing the demand for health and social care. | | | |
| | Recommendation | Response (Agreed / Not agreed / Partially agreed) | Who and when | Update – Current Progress, March 2019 |
| 1 | That the findings/recommendations from the Physical Activity for Older People Scrutiny Review be considered in full as part of the 2017 refresh of Haringey's Physical Activity and Sport Framework | Agreed | Andrea Keeble March 2019 | <p>The Borough Plan's People Priority has a vision of a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential. One of the objectives within this theme is that: All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities</p> <p>Place Theme has a vision of 'A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.'</p> <p>Outcome 10 'A Healthier, Active and Greener Place' includes the Objective: 'Increase the levels of physical activity across the borough'</p> <p>In the draft Physical Activity and Sport Strategy 2019 -2023 (due to be adopted at the June 2019 Cabinet) three of the Themes from the Borough Plan are developed as aims for the strategy: 'Active People', 'Active Place' and 'Active Economy'.</p> |

| | | | | |
|---|---|---------|--|--|
| | | | | <p>Objectives and goals for the 3 aims include specific items relevant to older people e.g. 'Care Pathways: Physical activity is visible and pro-actively used in health and social care pathways to improve physical and mental health and wellbeing'.</p> <p>The draft Physical Activity and Sport Strategy also emphasises the Whole Systems Approach to increasing physical activity.</p> |
| 2 | That, in developing the design framework for Haringey's model for integrated health and care, the Assistant Director for Adult Social Services and the Director of Commissioning for Haringey CCG, be asked to ensure physical activity is included within all care pathways, with interventions available across the prevention pyramid (population, community, personal). | Agreed. | <p>Jon Everson / Marco Inzani</p> <p>June 2017 and ongoing</p> | <p>The Design Framework and associated Prevention Pyramid approach was agreed by Cabinet in May 2017. This now helps frame and inform service and commissioning developments across Adults Health and Care. To take the action forward - Next step discussions to inform developments related to Health and Care Closer to Home Networks will seek to reflect the Physical Activity agenda as a key prevention approach in local areas,</p> <p>2019 Update - Integrated Care Networks have developed across Haringey and have focused on two key areas: Frailty and Diabetes. Within the Integrated Care Networks are care navigators who link patients into different community and statutory services to improve health and wellbeing. Care navigators have been able to work with patients and to link them to appropriate community-based services including physical activity.</p> <p>In addition, GP Gyms have been running in Central Haringey as a way of encouraging people who would not normally attend exercise classes to participate through facilitated engagement i.e. being brought to classes by a professional the patient already knows. The service has won an award for this project.</p> |
| 3 | That consideration be given to how the Fusion Annual Service Plan can be used to provide a wider range of activities | Agreed | <p>Fusion /Andrea Keeble</p> <p>Annually</p> | <p>In addition to a range of classes within the standard programmes at the centres suitable for older people, Annual Service Planning has identified additional opportunities. The Better with Age programme has been extended to Broadwater Farm and Park Road and several new classes targeted at older people have started at Broadwater</p> |

| | | | | |
|---|---|--------|--|--|
| | for older people within the current leisure centre programme, including at New River Sport and Fitness. | | | <p>Farm.</p> <p>Additionally, the Annual Service Plan has specific participation targets for older people. Every month in 2018, except December the 60+ numbers at the leisure centres increased compared to 2017. Overall attendance numbers in this cohort increased by 22,000 in 2018 compared to 2017.</p> |
| 4 | That in addition to the concession/free access already provided, should an opportunity arise to renegotiate parts of the Leisure Centre contract, consideration should be given to using the subsidy to encourage more residents aged 50+ through the door. | Agreed | <p>Stephen McDonnell/Andrea Keeble</p> <p>If an opportunity for renegotiation arises</p> | <p>Note any decision about contract renegotiation and the Council's negotiating position are subject to a separate decision making process which has not yet commenced.</p> <p>Currently officers are conducting a review of the leisure centre concession scheme and the associated pricing. This review will be complete by December 2019. Following from this a renegotiation of relevant sections of the contract with Fusion may be required.</p> |
| 5 | That the Better With Age programme (targeted at 50+) be provided: (i) more frequently at Tottenham Green Pools and Fitness and (ii) at other locations. | Agreed | <p>Fusion/Andrea Keeble</p> <p>Annually</p> | See section 3. Additionally Active Communities/Adults and Fusion are regularly reviewing the programme and through this process more bespoke classes and other suitable sessions are set up for key groups in this cohort e.g. for people with dementia |
| 6 | That Fusion be asked to sign up to the Haringey Dementia Action Alliance. | Agreed | <p>Fusion/Andrea Keeble</p> <p>Annually</p> | <p>Fusion have signed up to the Alliance and their action plan can be viewed:</p> <p>https://www.dementiaaction.org.uk/members_and_action_plans/7159-fusion_lifestyle_haringey</p> |
| 7 | That consideration be given to how the Fusion | Agreed | Fusion/Andrea Keeble | Data has been analysed and targets for older people's use have been set for this year. |

| | | | | |
|---|---|--|---|---|
| | Annual Service Plan can be used to facilitate inclusive activities, including those that support older people with learning and/or physical disabilities. | | Annually | Note programme activity section 3 and 5 |
| 8 | <p>That:</p> <p>(a) A major publicity campaign led by the Council, in partnership with Fusion, be delivered once a year to raise awareness of the concessionary access, leisure provision and activities that are available for older residents.</p> <p>(b) The Communities, Leisure and Partnerships Team review all Council communication material relating to activities for older people, including pages on the Council's website, to ensure information is up to date and clearly describes the</p> | <p>A - Partially agreed</p> <p>B- Partially Agreed</p> | <p>Andrea Keeble, Council Communications Team & Fusion</p> <p>Annual review</p> | <p>A) Fusion is committed to various Open Days to raise awareness and promote the service to older people and people with disabilities</p> <p>B) This is an ongoing piece of work</p> <p>The Council's website is regularly updated.</p> <p>A new leaflet has been developed outlining all the opportunities for physical activity and sport for older people in the borough. This booklet will be updated at least annually</p> <p>This can be viewed here:</p> <p>https://www.haringey.gov.uk/libraries-sport-and-leisure/sport-and-leisure/healthy-lifestyles</p> |

| | | | | |
|---|--|------------|--|---|
| | <p>activities available and where to go for further information.</p> <p>(c) Fusion be asked to review all their communication material relating to activities for older people, including pages on their website, to ensure information is up to date and clearly describes the activities available and where to go for further information</p> | C - Agreed | | <p>C) Note recent new publicity material for older people from Fusion. Note Dementia Alliance link – see 6</p> <p><u>General Comment</u> Wider than just advice there is a need to, where possible, activate other levers available to the Council and partners; strategic, policy, organisational etc to create a physical activity friendly environment</p> <p>Regeneration opportunities to be exploited to make being active the easy choice through taking a 'Healthy Streets' approach to design, developing green grids, cycle ways etc</p> <p>Behaviour change programmes utilised where funding is available to embed more positive attitudes towards being physically active</p> <p>This is detailed in the Physical Activity and Sport Strategy due to be adopted in June 2019</p> |
| 9 | <p>That the top line messages below be used by commissioners, policy makers and practitioners to ensure clear and simple advice is provided to older people (including frailer, older people) on physical activity:</p> <ul style="list-style-type: none"> ➤ Taking part in any amount of physical activity will provide some essential | Agreed | <p>Andrea Keeble Will Maimaris & partners</p> <p>Ongoing</p> | <p>The main leaflet material issued and updated regularly by Active Communities is distributed widely. This is called 'Free & Affordable Ways to be Active'. This leaflet is extremely popular and has this advice within it as well as details of 'free and affordable physical activity'</p> <p>https://www.haringey.gov.uk/sites/haringeygovuk/files/keep-fit-leaflet.pdf</p> <p>Other outreach opportunities to be exploited to get these messages out. An Outreach Plan/Calendar is developed annually to aid the promotion of these messages</p> |

| | | | | |
|----|--|------------------|--|--|
| | <p>benefits to both physical and mental health</p> <ul style="list-style-type: none"> ➤ Some physical activity is better than none! ➤ Everyone should limit and break up the amount of time spent being sedentary (sitting). ➤ Physical activity should be built up gradually. ➤ Physical activity should provide a sense of enjoyment and purpose. ➤ Physical activity is everyone's business and everyone benefits. | | | <p>One You Haringey are offering 6 and 12 week introductions to getting physically active. As part of the refresh of their services they have added specific activities to their schedule and in particular some are of a more gentle nature which are appealing to inactive residents and specific demographic groups e.g. older people.</p> <p>Relevant officers from Public Health, Parks and Active Communities are very engaged with the planning team and attempting to embed messages within the base building blocks of the planned regeneration schemes.</p> <p>Behaviour change programmes utilised, where funding is available, to embed more positive attitudes towards being physically active</p> <p>See section 1 regards Borough Plan and Physical Activity and Sport Strategy</p> <p>Note new booklet detailing all the physical activity opportunities available in the borough for older people</p> |
| 10 | That consideration be given to how the Active for Life programme could be incorporated into the wider Fusion contract which ends in 2032, once the Public Health contract | Partially Agreed | Stephen McDonnell / Andrea Keeble / Will Maimaris/Diane Farmer | The Active for Life programme has been extended and will now need renewal or alternative action before the end of March 2020. Therefore for the next 12 months all AFL exercise on referral classes and the led walks scheme will continue. |

| | | | | |
|----|--|---------------------------------------|---|---|
| | <p>Health Groups is provided on notice boards across the borough, including at all libraries.</p> <p>(d) Fusion be asked to ensure information about Haringey's Walking for Health Groups is displayed at all Leisure Centres across the borough.</p> <p>(e) The Director for Public Health be asked to work with Fusion to ensure information provided about Haringey's Walking for Health Groups, including online, is updated to include information on the duration, type and level (easy, medium, hard) of each walk.</p> | d & e - Agreed | Andrea Keeble & Fusion | |
| 12 | That the Council and CCG consider the use of small grants (rather than commissioned contracts) and establish a small grant fund (possibly with collaboration with the wards budgets, overseen | Partially Agreed – subject to funding | <p>Andrea Keeble/CCG/Bridge Renewal</p> <p>When funding becomes available</p> | <p>Source of such funding to be determined.</p> <p>Meanwhile Active Communities in liaison with Bridge Renewal will assist relevant groups to draw down funds from sources not available to the Council</p> <p>e.g. recently the Council and the Bridge Renewal Trust have been successful in engaging with the Mayor of London's Laureus Model</p> |

| | | | | |
|----|--|---------------------------------------|---|---|
| | by the Bridge Renewal Trust) to support small scale local activity sessions for older people. | | | <p>City. This is a bottom up approach to increasing physical activity and includes a grant programme. A local Steering Group has been set up and the group is currently agreeing the Vision, Outcomes and Success Measures. Where grant money goes cannot be predetermined, however it would be expected that embedding more opportunities for older people to be active will feature.</p> <p>The Council also committed a small amount of funding to the Oomph – Wellness Project. With a Sport England matched contribution, care workers at three sites, received training and equipment to deliver fun physical activity sessions to clients.</p> <p>The Wembley Stadium Trust fund provided funds for Walking Football and Netball sessions.</p> <p>Note Homes for Haringey projects in section 14</p> |
| 13 | That, subject to funding being identified, the Council should support (a) the continuation of Silverfit within Lordship Rec and (b) the provision of another session e.g. in the Northumberland Park area. This support should include working with Silverfit to promote sessions across the local community | Partially Agreed – subject to funding | <p>Andrea Keeble</p> <p>Ongoing at Lordship</p> <p>Seeking funding for another location</p> | <p>A wider discussion is required amongst partners around the value of Silverfit and similar older people's programmes that utilise a combination of excellent social interaction and fun activities to improve physical activity and reduce social isolation</p> <p>If the good value is agreed, then ensuring that there is reliable source of funding for such programmes is important.</p> <p>There is ongoing discussion regards funding for budget year 19-20</p> |
| 14 | That the Council help to facilitate opportunities for Homes for Haringey to meet with commissioners and providers of activities so that underused spaces | Agreed | Jasper South | <p>We are continuing to further develop the range of activities and services at our eight Support and Well-Being Hubs. This has included many initiatives that promote physical activity. In addition to those previously reported, examples include –</p> <ul style="list-style-type: none"> Three gardening projects at Sophia House, Latimer House and Brookside which promote physical activity for older |

| | | | | |
|--|---|--|--|--|
| | <p>in sheltered housing and elsewhere, such as underused lounges and tenant's/community rooms in blocks, can be used productively for physical activities for older people.</p> | | | <p>people, looking specifically at residents who misuse substances and residents who are frail and have dementia, carried out in partnership with, and using funding secured by, Groundwork</p> <ul style="list-style-type: none"> • We also have five new gardening/growing buddies projects starting at Coombes House, Bracknell Close, Lowry House, The Priory and Bedale House, which will look at developing a base of volunteers to become teachers and mentors to teach people how to grow fruit and vegetables, promote physical activity as well as cook the food and learn about healthy eating and nutrition • We have a woodwork workshop at Lowry House which promotes physical activity by learning building skills and creating furniture from recyclable materials • We have a dance and chair based exercise group which has been running at Palace Gates, now ended but due to start at Sophia House and Latimer House within the next 4 weeks • We have a new LGBT support and social group which will be running from Lowry House in April, which aside from promoting inclusion and creating a safe space will look at the physical and mental wellbeing of LGBT residents across the borough • We have a Silver Sports project (temporary name) which will look at physical health and wellbeing across the Tottenham area, incorporating different activities and methods of engaging older people in physical activity. This has been funded for two years by Comic Relief and will be led by Groundwork as well as Haringey and partner agencies, the aim is to work with 300 residents minimum over the two years to engage with fitness and activities • We have engaged the New NHS Alliance to work with us on development of health creation across our Support and Well-Being schemes. The aim is to create an environment of enabling and promoting healthier and happier lifestyles of the residents within our service and the wider community through |
|--|---|--|--|--|

| | | | | |
|----|--|--------|-------------|--|
| | | | | <p>more focused work and partnership working with a range of different community resources.</p> <ul style="list-style-type: none"> • A gardening group at the Lindales has been funded by Cllr Bevan to create a community garden and opportunities for children from the local school to become engaged and learn about planting and healthy eating. This will be run by residents. • The four Support and Well-Being Hubs in the East area have Wii Fits and we are developing a programme of low level game events to promote residents being more physically active as well as tackling social isolation • We have a small community group at Clement House called 'Friends of Hartington Park', a group of local residents who want to clean up the local area. We have agreed, in return for using our lounge as a space to meet they will help our residents maintain the communal garden and support the residents <p>We have in principle agreement of funding to invest in improvements to the communal spaces in all eight of our Support and Well-Being Hubs. This will improve the usability of communal space, opening up currently unused rooms and creating a more welcoming, versatile environment for residents and visitors accessing activities at the scheme. We are just completing the gathering of baseline data which will enable release of funding and planning of works to begin.</p> |
| 15 | That the Council and Bridge Renewal Trust continue to work together to ensure information, concerning physical activity for older people obtained via the asset mapping exercise, is available, accessible and can be used by residents, | Agreed | Colin Bowen | <p>The ongoing Voluntary and Community Sector (VCS) Asset mapping includes recently updated information about over 1,000 local providers.</p> <p>The outward facing information is available publicly at http://bridges.force.com/directory/ and is searchable by locality, service type and beneficiary. The Social prescribing tab includes physical activity and exercise and can be selected with 'older people' to show activities currently listed.</p> <p>Asset mapping has continued and we are keen to incorporate more</p> |

| | | | | |
|----|---|--------|---|---|
| | carers, front line staff and care coordinators before the end of 2017 | | | <p>physical activity for older people.</p> <p>The current Model City Haringey East programme will enable us to do more detailed mapping from traditional and non-traditional sports and physical activity providers.</p> <p>Local Area Co-ordinators, Care Navigators and many voluntary and community sector organisations are utilising the VCS Directory in order to connect residents up with local support, services and activities, including activities for older people, as well as advertising their current offer.</p> |
| 16 | <p>That the Director for Public Health be asked to establish a sub group of the Haringey Active Network – the local Community Sport and Physical Activity Network (CSPAN) – to focus on Physical Activity for Older People. The sub group should:</p> <ul style="list-style-type: none"> - Have its own terms of reference and a membership representing the broad mix of organisations who are taking up the challenge of providing / commissioning physical activity for | Agreed | <p>Andrea Keeble / Will Maimaris</p> <p>June 2017</p> | <p>Sub group set up and ongoing meetings. Report back to the Haringey Active Network (CSPAN) quarterly.</p> <p>Active Aging mapping completed. This will be updated annually.</p> <p>https://www.haringey.gov.uk/libraries-sport-and-leisure/sport-and-leisure/healthy-lifestyles</p> <p>Website updates ongoing</p> <p>A booklet of local activities for Older People is available – see link above</p> <p>Networking/attending Day Opportunities Forum</p> |

| | | | | |
|--|---|--|--|--|
| | <p>older adults across the borough.</p> <ul style="list-style-type: none"> - Share information and resources and create a distinctive learning community of “like-minded people”. - Provide information on volunteer brokerage, including how to access funding, resources, and/or other opportunities. - Give consideration to the format of meetings (e.g. World Cafe methodology) to ensure effective networking across a broad mix of organisations - Report annually to the Haringey Health and Wellbeing Board via the Haringey | | | |
|--|---|--|--|--|

| | | | | |
|----|--|---|---|---|
| | Active Network. This should include an update on each of the bullet points above. | | | |
| 17 | <p>That the Director for Public Health and Assistant Director for Transformation and Resources work together to ensure:</p> <p>(a) All front line staff receive training on MECC as part of their induction to the Council. As a minimum, this should include asking new starters to go online to look at the e-learning tool.</p> <p>(b) Existing frontline workers have an opportunity to discuss training needs in relation to MECC as part of the ongoing "My Conversation" appraisal process. Steps should be put in place to ensure issues in relation to MECC</p> | <p>Partially agreed (Focus efforts on health and social care front-line staff. The evidence is that MECC needs to be part of a meaningful conversation, so measuring all staff on their MECC use in 'my conversation' seemed too broad, we want to focus on the right staff and do it well)</p> | <p>Will Maimaris</p> <p>September 2017</p> <p>November 2017</p> <p>Annual</p> | <p>Every day in Haringey frontline workers from across the public and voluntary sector have numerous interactions with older residents when dealing with a range of issues - MECC training is about learning how to use these engagements to:</p> <ul style="list-style-type: none"> • raise the issue of healthy lifestyles • promote benefits of healthy living • signpost to further support <p>The main topics discussed at MECC training are: alcohol, healthy eating, healthy weight, physical activity, smoking cessation, and emotional health and wellbeing. These behaviours are most closely linked to the development of long term conditions and/or contribute to the life expectancy gap in the borough. By learning early intervention methods our staff can gain the knowledge and confidence to help Haringey residents, colleagues, friends and family make healthier lifestyle choices, it is not extra work it should be part of what we do.</p> <p>Many workers across Council staff and the voluntary sector have already been trained being part of Council induction will embed the concept that it is everyone's responsibility to have MECC conversations.</p> <p>Embedding it in 'my conversation' process for key front line staff working with older people will advance workers skills in motivating change</p> <p>2019 update MECC face-to-face training is a half-day course available to anyone working in a frontline role in Haringey</p> |

| | | | | |
|----|--|------------------|---|--|
| | <p>are discussed at least once a year.</p> <p>That (a) and (b) above be used to ensure feedback from staff is reviewed annually to ensure improvements can be made to Haringey's MECC training offer, including the e-learning tool, in view of experience</p> | | | <p>A more advanced Motivational Interviewing course is also available. At present these face to face courses may cease at the end of March 2019 but the online option will remain in place.</p> |
| 18 | <p>That the "Care...about physical activity" resource pack be used by the Assistant Director of Commissioning to develop Haringey's Care Home Placement Agreement alongside the commissioning of services as part of the residential/nursing home contact, via DPS during 2017/18, to ensure:</p> <p>(a) Residents have physical activity choices documented in their care plans.</p> <p>(b) All staff understand the importance of daily physical activity and encourage residents at every</p> | Partially Agreed | <p>Charlotte Pomery</p> <p>Further discussions with the sector required</p> | <p>We are in the process of varying the specification and placement agreement in collaboration with providers and partners across North Central London. In the future, this will include explicit requirements with regard to physical activity.</p> <p>We are also revising our contract management framework and will ensure that evidence of take up of physical activity is included in the management information we require in order to monitor performance of the contract.</p> <p>Finally, our quality assurance functions are also being revised to incorporate a number of factors, including take-up of physical activity, which therefore will be picked up in service improvement and quality assurance responses.</p> <p>February 2019 update The documentation mentioned above has now been updated.</p> <p>As the piece from Healthwatch Haringey below notes, there has been some progress with care homes in terms of the range of new initiatives promoting physical activity in Care Homes. This work links</p> |

| | | | | |
|--|--|--|--|---|
| | <p>opportunity to be more active in a way that meets their needs and choices with a clear purpose.</p> <p>(c) Participation in physical activity is valued and is a commitment for everyone who is part of the care home community such as relatives, staff, friends and others.</p> <p>(d) Management provides leadership and support to promote physical activity.</p> <p>(e) The environment facilitates an active lifestyle to take place by being appropriate for the needs and choices of the residents, staff and those in the care home community.</p> <p>(f) Training is available for staff to raise awareness of the benefits of physical activity and ways to enable residents to be active.</p> <p>(g) Connections can be</p> | | | <p>to our DPS and how specific care homes are selected.</p> <p>We go in to care homes regularly and always assess the whole environment including access to outdoor space, use of communal indoor space for physical activity, level of encouragement to take part in activity, evidence that residents have been asked how they would like to participate in physical activity, participation by staff in the physical activity sessions provided, management and leadership within the home.</p> <p>Within our supported living settings, we have also seen evidence of a greater focus on physical activity, supporting residents to reach their potential.</p> <p>The Care Closer to Home Integrated Network in the West of the borough has also been focusing on working with care homes and again wider lifestyle and physical activity sessions have been part of this work.</p> |
|--|--|--|--|---|

| | | | | |
|----|---|--------|-------------|---|
| | <p>made with accessible local services and organisations to provide specific advice, guidance and support to promote physical activity.</p> <p>(h) Care homes are aware of what local places and spaces are available to support people to be more active on a daily basis and makes use of the available opportunities.</p> | | | |
| 19 | <p>That Healthwatch Haringey explore using enter and view powers to identify levels of commitment to promote physical activity among care homes in Haringey. Working with commissioners, a base line assessment should be completed during 2017 with a full inspection planned for 2018 once tools outlined in the "Care...about physical activity" resource pack have been introduced in Haringey.</p> | Agreed | Mike Wilson | <p>Healthwatch Haringey are preparing to carry out Enter and View visits to 15 Haringey care and nursing homes between now and April 2018. We are in the process of consulting with Haringey care home residents and their family members and friends to find out about their experiences of physical activity in the care homes where they live/visit. We will use what we find to help design our visits, as well as the 8 standards in the 'Care... about physical activity' self-assessment tool, to help establish a baseline against which improvements in the promotion of physical activity can be measured by commissioners.</p> <p>2019 Update Following some initial investigation we discovered that there are already new initiatives in Care Homes promoting physical activity and we thought that our proposal would be less useful as a result. In light of this we have decided to focus on "day opportunities" in adult social care as part of a wider piece of work to review the impact of the day centre closures on a sample of Carers and service users. This is a good fit with the Council's review of Adult Social Care services and in</p> |

| | | | | |
|----|---|--------|---|---|
| | | | | particular the effectiveness of “day opportunities” and the possibility of re-opening two or three of the day centres. |
| 20 | That progress in relation to promoting physical activity in care homes be monitored via the Adults Quality Assurance board. | Agreed | <p>Adults Quality Assurance Board Lead Head of Governance and Service improvement Helen Constantine</p> <p>Quarterly to the ASS QAB</p> | <p>A service action improvement plan is presented as a standing item to the Adults Quality Assurance Board (ASS QAB). There are also reports of provider monitoring from the Commissioning QA lead. Annual reviews are carried out for all recipients of Adult Social Care Promoting physical activity in care homes is incorporated in the action plan and reports from reviews and Commissioning can be monitored.</p> <p>2019 Update</p> <ul style="list-style-type: none"> • A daily exercise programme which is adapted to meet each client’s needs, sitting, standing stretching etc.; • Skills based workshops also run on a regular basis to enable muscle memory and cognitive strength to remain such as: baking, cleaning, kitchen safety, hand washing and personal care; • All residents of Haringey with a diagnosis are enabled to use accessible bathrooms - showers, bath when required; and • Commissioners and Practitioners working closely with clinicians and the memory clinic to report on observations and any changes in physicality/mentality or cognitive ability; this enables the medical teams to adapt medications to suit the client’s needs. • Working with local voluntary and community sector organisations to train them to carry out over 5,000 blood pressure checks in community based locations over the next 2 years. • Also working with partners such as businesses and schools to make Haringey a healthier place to live, study and work, so that it is easier for people to be physically active and eat a healthy diet in order to help stay free from cardiovascular diseases like stroke. • For those people who have suffered a stroke we will continue to focus on providing high quality rehabilitation and support to |

| | | | | |
|----|---|------------------------------|-------------------|---|
| | | | | help them stay as independent as possible |
| 21 | The Cabinet Member for Finance and Health be asked to write to the Care Quality Commission to recommend that enabling access to appropriate physical activity is recognised as part of the inspection process, within either the question is the service effective or is the service responsive? | Agreed | Jeanelle DeGruchy | This action is completed |
| 22 | <p>That the Director of Commissioning for Haringey CCG be asked to coordinate a meeting between NHS commissioners and the Homes from Hospital Team to ensure the following recommendations are taken forward:</p> <p>(a) That, as part of the Homes from Hospital assessment form, clients are offered opportunities to join a local group (to provide physical and social support.)</p> <p>To consider the role of the Home from Hospital team</p> | <p>Agreed</p> <p>Ongoing</p> | Marco Inzani | <p>A, b and c</p> <p>Homes from Hospital are part of a wider network of services that support people's discharge from hospital. This includes a range of social and community health care services, including the Reablement Team and the Locality Team. This network of services meets once a month as the Integrated Care (Adults) Group chaired by the Assistant Director of Commissioning. The next phase for the Integrated Care (Adults) Group is to include the developing CHINs so they are linked into the network of services and are supported and support by future developments. There is a commitment that a future meeting will have a dedicated slot regarding physical activity as this is a particular focus for the Central CHIN who are developing GP Gyms.</p> <p>The two Local Area Coordinators have now linked up with the Locality Team and are working to link patients/clients with a range of local community activities including physical activity.</p> |

| | | | | |
|--|--|--|--|--|
| | <p>in escorting clients to this group.</p> <p>(b) That, on completion of the Home from Hospital service, information on the group/activity attended by the client should be provided to the client's GP. If the client is felt to need support in order to continue to access the group / activity the Locality Team will be notified so that they are able to follow up with the client.</p> <p>(c) That the Discharge Coordination Team at acute Trusts and the Reablement Team and the Locality Team should be fully aware of the Home from Hospital service and should have a clear view of the different ways that they can work together to support clients.</p> | | | |
|--|--|--|--|--|

| | | | | |
|----|---|-----------------------------|--|---|
| | <p>CHINs should work with an awareness of the local group activities that are available to people within their geography. This may involve close working with the local area coordinator. Over time, CHINs should build up intelligence based on regular feedback so raise awareness of any strengths or problems with activities / groups.</p> <p>(d)The Bridge Renewal Trust should ensure information gleaned from their asset mapping exercise is made available to their Home from Hospital team, so they can refer clients to the most appropriate activity. This information should also be shared with the CHIN team.</p> | | | |
| 23 | <p>That:</p> <p>(a) It be noted the Adults and Health Scrutiny Panel fully support the Council's application to Sport England for</p> | Agreed – subject to funding | <p>Andrea Keeble</p> <p>Haringey Active Network – Older People sub group</p> | <p>d)The asset mapping includes information on activities that older people may self-refer or be referred to by a practitioner as social prescribing.</p> <p>This searchable database is live and searchable by the Home from Hospital Team, who are trained to use the database to refer older people (over 80% of their service users) to local community services and activities.</p> <p>a & b) Note that the Council was not successful in achieving this funding</p> <p>b – when a source of funding is achieved we will welcome the involvement of Scrutiny Panel in the development of the Project</p> <p>C - Alternative funding streams are being sought to progress the</p> |

| | | | | |
|--|---|--|---|--|
| | <p>funding to help tackle inactivity in older people.</p> <p>(b) If the Council is successful in drawing down the Active Ageing funding, the Adults and Health Scrutiny Panel should be involved in the development of the project.</p> <p>(c) Given the importance of reducing older people's inactivity levels, even if the Council is not successful with its Expression of Interest it is recommended that aspects of Haringey's Active Aging Project be progressed, with alternative funding sought for delivery</p> | | <p>B & C – Exploring other funding sources for;</p> <ul style="list-style-type: none"> - Silverfit funding - Progressing the exercise classes for GP patients | <p>project.</p> <p>Note 1 Local GP surgeries utilising some CHINS project funding have developed a project following the Westbury model at 3 locations in the borough. See section 2</p> <p>Note 2 Groundwork London have collaborated with the Council and Homes for Haringey to draw funding from Comic Relief for a project called Silver Sports.</p> <p>The Programme works with local housing providers and establishes and launches Well Being and Physical Activity hubs across the Borough to act as focal points for activities which prepare and support participants for a healthy lifestyle in older age. It also aims to reduce social isolation and improve personal and community health and wellbeing and seeks to promote positive influences and the achievement of personal happiness.</p> <p>More details in section 14</p> <p>Other projects see section 12</p> |
|--|---|--|---|--|

Adults and Health Scrutiny Panel - Draft Work Plan 2018-20

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 |
|-------------------------|---|
| Care Home Commissioning | <ul style="list-style-type: none"> • Interim report published March 2018. • Further evidence session held October 2018. • To be completed. |
| Day Opportunities | <ul style="list-style-type: none"> • Review to run from November 2018 to March 2019. • Draft objective of review: <ul style="list-style-type: none"> ○ To review Haringey’s Day Opportunities provision and what services are currently offered in order to learn from the past to improve care in the future for residents. • Draft sub-headings: <ul style="list-style-type: none"> ○ Looking at services from a residents’ perspective, what has happened to service users and their carers since the day care closure? ○ Has the move from day centre based care to community settings made overall financial savings? ○ Where are our residents currently being cared for? ○ What is the evidence from external witnesses? |

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 | Potential Items |
|-------------------------|--|
| 4 September 2018 | <ul style="list-style-type: none"> • Terms of Reference • Appointment of Non-Voting Co-opted Member • Performance Update • Cabinet Member Questions; Adults and Health • Community Well-Being Framework |
| 4 October 2018 | <ul style="list-style-type: none"> • Care Homes Review – Evidence Session |
| 1 November 2018 | <ul style="list-style-type: none"> • Haringey Safeguarding Adults Board Annual Report 2017-18 • Financial Monitoring; To receive an update on the financial performance relating to Corporate Plan Priority 2. • Suicide Prevention |
| 13 December 2018 | <ul style="list-style-type: none"> • Budget Scrutiny |

| | |
|----------------------------|--|
| | |
| 29 January 2019 | <ul style="list-style-type: none"> • Cabinet Member Questions; Adults and Health • Mental Health |
| 4 March 2019 | <ul style="list-style-type: none"> • Physical Activity for Older People – update • General Practice - NCL strategy (see JHOSC - 30th Nov) |
| 2019/20 – Meeting 1 | <ul style="list-style-type: none"> • Cabinet Member Questions |
| 2019/20 – Meeting 2 | |
| 2019/20 – Meeting 3 | <ul style="list-style-type: none"> • Budget Scrutiny |
| 2019/20 – Meeting 4 | <ul style="list-style-type: none"> • Cabinet Member Questions |
| 2019/20 – Meeting 5 | |

This page is intentionally left blank