NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Monday, 28th June, 2021, 6.30 pm - 40 Cumberland Road, Wood Green, London N22 7SG

The meeting will be live streamed online – (view it here)

Members: Councillors Pippa Connor (Chair), Nick da Costa, Mark Blake, Gideon Bull, Eldridge Culverwell, Mahir Demir and Sheila Peacock

Co-optees/Non Voting Members: Helena Kania

Quorum: 3

1. FILMING AT MEETINGS

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

2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

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

4. DECLARATIONS OF INTEREST

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

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

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

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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

6. MINUTES (PAGES 1 - 12)

To approve the minutes of the previous meeting.

7. CQC UPDATE AND OVERVIEW OF PROVIDER MARKET IN THE CARE SECTOR (PAGES 13 - 20)

To provide an update on the most recent commissioning and quality assurance activity carried out in the care sector by the Council and on inspections in the care sector by the Care Quality Commission (CQC).

8. LIVING THROUGH LOCKDOWN - COUNCIL RESPONSE (PAGES 21 - 52)

This item is to receive a verbal update on the Council's response to the recommendations of the 'Living Through Lockdown' report.

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

9. PUBLIC HEALTH RESPONSE TO COVID-19 PANDEMIC (PAGES 53 - 72)

To receive a presentation from the Director of Public Health about the health impact of the Covid-19 pandemic on the residents of Haringey.

10. WORK PROGRAMME 2021/22 (PAGES 73 - 76)

To discuss items for the work programme for the Panel for 2021/22.

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

- 9th September 2021
- 15th November 2021
- 16th December 2021
- 3rd March 2022

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Fiona Alderman
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River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 18 June 2021

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Agenda Item 6

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY 11TH MARCH 2021, 7.00 - 9.45pm

PRESENT:

Councillors: Pippa Connor (Chair), Patrick Berryman, Nick da Costa, Sheila Peacock, Daniel Stone, Lucia das Neves and Dana Carlin

Co-opted Members: Helena Kania

1. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

2. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Zena Brabazon, with Cllr Dana Carlin standing in at the meeting as a substitute.

3. ITEMS OF URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

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

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

Cllr Nick da Costa declared an interest by virtue of his ownership of a company working with the NHS, medical providers and healthcare practitioners on a variety of projects, none of which, to his knowledge, work in Haringey Borough though they do work in surrounding areas and with service providers across London.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MINUTES

Cllr Connor provided an update on a previous action point which related to a more joined up approach with complex mental health-related casework of local Councillors. There had been some dialogue with Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT) but more detail was required about how this would work in practice at a community level.

Cllr Connor also said that there had been discussion on the presentation of the budget, in particular there had been a request to senior finance officers for further updates on the capital spend.

RESOLVED - The minutes of the previous meeting held on 10th December 2020 were approved as an accurate record.

7. LOCALITY WORKING

Charlotte Pomery, Assistant Director for Commissioning, introduced a presentation on Locality Working in North Tottenham, supported by a number of colleagues from partner agencies.

Background to Locality Working

Jonathan Gardner, Director of Strategy at Whittington Health, introduced the background section of the presentation, beginning with setting out what local partners were trying to achieve with residents. This vision had been defined as *"We want to work alongside residents to prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities."*

This vision required a simpler, more joined up system and integrated, multi-disciplinary teams tackling issues holistically by building relationships and looking at the root causes of problems such as debt or ill-health. This needed a workforce who feel connected to each other and able to work flexibly across organisations along with a partnership with the voluntary sector. The approach would be enabled by a person-centred approach to care and joined-up governance with a mature approach to finance across the local system.

Rachel Lissauer, Director of Integration at NCL CCG, said that the approach involved encouraging difference groups of people who work with residents and patients to feel that they are part of the same team and recognise when they are working with the same residents and patients. It was important to recognise that GP surgeries were often doing the care navigation for a patient and so the locality approach had been built around the geography that made sense to GPs. The shape of the three localities

of west, central and east Haringey had therefore been drawn to fit around the existing Primary Care Networks (PCNs). This also enables the identification of issues and priorities in different areas of the borough. In the west this included a higher proportion of older people and a risk of social isolation, the central area has higher levels of disability and food insecurity and the east has the highest level of deprivation.

Charlotte Pomery explained that a successful “test and learn” had been held in North Tottenham and would be used as a blueprint to roll out the localities model across Haringey. This was underpinned by being accessible and open to residents, being located within communities, working with people as early as possible and a commitment from the Borough Partnership to support frontline staff to work differently.

The approach would be supported by a number of Community Locality Hubs which would provide physical spaces to enable locality-based working and an Integrated Locality Centre within each locality which would focus on the integration of health and care services. Connected Communities would be part of the model, providing a bridge between residents and statutory services when issues are identified.

Responses were then provided to questions from the Panel:

- Helena Kania noted that a Locality Centre in the west was located at Hornsey neighbourhood health centre, though it had been acknowledged in the slides that transport links were poor. Charlotte Pomery acknowledge that the issue of transport links was a challenge but said that the presence of Community Locality Hubs helped to complement the Locality Centres by providing alternative spaces in different parts of each locality. Rachel Lissauer said the Hornsey centre had the most available space, so had the most potential uses. She added that there was no one place in the west locality that could easily serve everyone and the Hornsey centre was not intended to be the exclusive hub for the west of the borough.
- In response to a question from Helena Kania who commented that patient transport was becoming more difficult due to Low Traffic Neighbourhoods, Charlotte Pomery said that officers would take this point away to consider and provide a response at a later date. **(ACTION)**
- In response to a question from Cllr Connor, Rachel Lissauer said that a proposal was currently being worked up for the Locality Centre for the central locality in Wood Green but it was not yet confirmed. There wasn’t currently an alternative site to be used but other aspects of the localities approach could be rolled out without the Locality Centre in the meantime. Cllr Connor requested that some further clarity be provided about how people in the central locality would be served until a Locality Centre was established. **(ACTION)**
- Asked by Helena Kania about the impact of crime and business viability on these areas, Charlotte Pomery said that they had tried to use the broadest

sweep of demographic data that affect health and wellbeing including crime and employment.

Connected Communities

Florence Guppy, Strategic Lead for Community Enablement, introduced this section of the presentation with a map illustrating the areas covered by the eight Local Area Coordinators (LACs) that were now working in the borough and the hubs that they were operating from where different services work together. Due to the current Covid restrictions, the only premises currently being used for this were Wood Green and Marcus Garvey Libraries, Hornsey Health Centre, Northumberland Park Resource Centre and Commerce Road Resident Centre. It was hoped that further locations would be opened up from April onwards.

The areas covered and the hub placements had been designed to broadly correlate with the West, Central and East localities, though residents were free to access any hub of their choice irrespective of where they lived in the borough.

The response to the Covid pandemic had led to engagement with residents over issues such as claiming Statutory Sick Pay, self-isolation payments or connecting people with loneliness or well-being support.

Connected Communities had run a proactive campaign in the summer to identify people eligible for Pension Credit but not claiming it. This had increased residents' income by almost £90,000 a year overall. More proactive campaigns would be launched over the next year based on data and insight to identify areas where further support could be offered to residents and then measuring the impact and Social Return on Investment.

A case study was provided of a resident who had recently been discharged from the North Middlesex Hospital following treatment for Covid-19. While the regular follow up happened, such as an occupational therapy assessment, some financial challenges that the resident was experiencing were flagged to Connected Communities which was able to assist with their rent arrears and an attendance allowance claim. The resident was an army veteran and had also been a miner and so Connected Communities referred them to the Royal British Legion and a coal mining charity which had provided access to some grants and also social activities.

Richard Gourlay, Director of Strategic Development at North Middlesex Hospital, reported that Connected Communities had been working in the A&E unit at the hospital for around 18 months. While pick up had been slow to begin with, the pandemic had provided an opportunity to review what was provided and they had gradually been linked to other services, including the paediatric team and the oncology team, to provide support to those individuals as well as their families and carers when there may be social care or other problems. Connected Communities

was recognised as an important facet of moving forward, were part of the hospital's Keeping Healthy Board and the aim was to increase the number of referrals.

Responses were then provided to questions from the Panel:

- Cllr da Costa commented that he had received positive feedback about Connected Communities as a ward councillor. He asked if further data could be provided on the number of people engaged with, a breakdown on the type of issue and what support was provided as this would be more reliable than case studies. Florence Guppy said that this data was available and could be provided to the Panel. **(ACTION)** Cllr Carlin requested that any available social return on investment assessment data also be provided to the Panel. **(ACTION)**
- Cllr Carlin expressed concerns about the potential problem of LACs becoming overloaded. Charlotte Pomery said that part of the approach was about changing how existing workforces work together and so LACs were there to help provide connections rather than being responsible for everything. Florence Guppy added that LACs have different specialisms and are encouraged to consider whether they are the best person to help with a specific query or whether they need to refer them to another colleague or another part of the workforce.
- Asked by Cllr das Neves how best to enable people across the borough to benefit from the thematic specialisms in each hub area, Florence Guppy said the hope was that by being part of the wider Connected Communities team and the wider network of services across the borough, connections could be made and people could be introduced to the opportunities most relevant to them. She acknowledged that transport issues could be an obstacle and said that there would be scope to change things in future if they weren't working.
- Asked by Helena Kania about how the Mutual Aid groups fit in with the approach, Charlotte Pomery said that strong connections had been made and fortnightly meetings held with the Mutual Aid groups which was providing a strong resource. Cllr Connor commented that at a future update it would be useful to receive further details about how other community navigators (apart from the LACs) fit into the wider approach. Charlotte Pomery said that this was mapped out and could be presented to a future meeting if required. **(ACTION)**
- Asked by Cllr Connor about the financing of the locality approach, Charlotte Pomery confirmed that there were contributions from the CCG as well as North Middlesex and the Whittington acting as hosts. In terms of governance, a lot of work was being done to understand how money moves across the system. Cllr Connor suggested that more information could also be provided about the financial arrangement at the next update. **(ACTION)**

<u>Localities working in practice and Leadership teams</u>

Andrew Wright, Director of Planning & Partnerships at Barnet, Enfield and Haringey Mental Health Trust, presented slides on how the localities approach works in practice. He described localities as the unit where integration and the delivery of joined-up services comes together and can support residents more holistically instead of separately addressing different aspects of their lives in silos. At every level this was about building relationships, bringing down boundaries and joint problem solving.

Chris Atherton, Principal Social Worker, spoke about the three Locality Leadership Teams which had been set up to ensure that the strategic vision of localities could be operationalised. The focus of the initial meetings was on the identification of appropriate estates from which to operate the hubs and also on the mobilisation of the workforce within communities. A decision had been made to merge the three leadership teams into one team in order to avoid things becoming disjointed and to ensure alignment and coordination during implementation. The team had an ambition aim to open a physical hub in each locality by August 2021.

Haringey was using a strengths-based working approach in its work with people across the borough called Head, Hands, Heart to focus on the strengths that people have rather than focusing on the problems and limitations that they have. A Champions Programme had been developed to promote the work across the borough. 'Champions' had been identified across the borough partnership including from the Locality Leadership Team.

Rachel Lissauer said that, in terms of the estate development in the east of the borough, Lordship Lane was being worked towards as the main Integrated Locality Centre but, as they were conscious about the need for good access and transport links, a multi-site model was also being considered. Sites could include the Northumberland Park Resource Centre, the Selby Centre and Broadwater Farm which already has a GP surgery on-site.

Responses were then provided to questions from the Panel:

- Cllr da Costa asked about the governance required to bring many different organisations together. Charlotte Pomery responded that, from the beginning, the aim was for the governance culture to be empowering and enabling one that would not block a bottom-up approach. Beverley Tarka added that this concept had been introduced to senior executive group of the Borough Partnership some time ago and they received training from Research In Practice. This had been important to enable buy-in for the bottom-up approach. Andrew Wright stressed that the leadership and commitment of all of the partner organisations was clearly important to make it stick and that all had explicitly supported this approach. Chris Atherton said that the experience of the pandemic had demonstrated that local partners can work together incredibly well and the support for this approach had been very positive. Cllr

Connor said that it would be useful for the Panel to receive more information in future about the detail of the governance structure. **(ACTION)**

- Asked by Cllr Connor about Research In Practice, Chris Atherton said that the Council had starting working with them a few years ago when the Chief Social Worker visited the Borough and had recommended them as a way of implementing change. This had built momentum and they had recently been working with the Borough Partnership. Cllr Connor said that it would be useful for the Panel to receive more information in future about the work that Research In Practice had been doing in Haringey. **(ACTION)**
- Asked by Cllr Connor about the Champions Programme, Chris Atherton said that these were drawn from across the workforce including DWP, social services, Whittington Health, North Middlesex and Connected Communities.

Working in North Tottenham

Charlotte Pomery presented some details about the locality approach in North Tottenham where the Locality Hub was based at the Northumberland Park Neighbourhood Resource Centre. The Centre was a large building with office space for hire that had previously been occupied by various local services but was currently underutilised so there was potential for the space to be used to bring local partners together. The hub would have three primary functions:

- As a Locality Centre to deliver a range of services from the Council and partners with both office space and an area to meet clients.
- As a Community Hub with space available for local groups and organisations.
- For office space available with for rent or as in-kind support.

Geoffrey Ocen, Chief Executive of the Bridge Renewal Trust, set out the background to this, noting that the need for multi-agency centres had been identified a couple of years previously. Hassan Bala, a senior practitioner within the Tottenham strength-based team, explained how the six practitioners in the team worked with residents with a focus on what outcomes people want to achieve and enabling them to find the best solution drawing on their own strengths and the community resources. The assets in the local community had been mapped, enabling people to access resources through one place and help to build more independent lives. Juliet Chard, a community connector with Reach and Connect, explained that she and a colleague had been attending the hub since it opened last December. The benefits of this had included being able to build relationships with other partner organisations in a quicker way, on a regular consistent basis, space to develop ideas and solve problems together and better engagement with residents.

Responses were then provided to questions from the Panel:

- Asked by Cllr Connor how this could be rolled out elsewhere in the Borough, Charlotte Pomery said that there was both a strategic vision and an aim to build

from the bottom-up and to help spread this practice across the borough. The Champions network would also help in developing this elsewhere in the borough.

- Cllr Connor suggested that arranging a site visit would be useful when Covid restrictions were lifted. **(ACTION)**
- Asked by Cllr Connor whether capital funding would be made available to enhance the facilities at the Centre, Charlotte Pomery said that a feasibility study was underway and some capital money had been set aside but the outcome of this was being awaited.

Cllr Connor thanked officers and external partners for their presentations and all the information that had been provided and suggested that the Panel consider this and the additional information requested in order to provide comments and feedback in due course.

8. CABINET MEMBER QUESTIONS

Cllr Sarah James, Cabinet Member for Adults & Health, reported that the number of Covid-19 infections, hospitalisations and deaths in the borough were continuing to decline as a result of the lockdown and the vaccination programme. The vaccine roll-out had been taking place from primary care centres at Lordship Lane Health Centre, Bounds Green Medical Centre, Hornsey Central Health Centre and West Green Pharmacy. Several vaccination outreach events had also been held or were planned to take place shortly and a lot of communications were ongoing to promote take-up of the vaccine.

Cllr James also reported that the new delivery model for day opportunities for adult learning disabilities had just been approved by the Cabinet. This would include a new centre for excellence for residents with profound/multiple learning disabilities and medical conditions based at Ermine Road and a new service for people with autism at a new hub at the Chad Gordon Autism Campus at Waltheof Gardens.

Cllr James said that the award of the construction works for the refurbishment of Canning Crescent was also expected to be considered by Cabinet shortly. That would bring together the work of Clarendon College, the Safe Haven crisis café run by Mind and the respite crisis accommodation run by BEH-MHT. The award of the contract for the redevelopment of Osborne Grove Nursing Home would also be considered by Cabinet at the same meeting. The project would involve the development of 70-bed nursing provision, 20 one and two-bedroom flats and 10 studio extra care apartments.

Cllr James also spoke about the situation with AT Medics and the takeover of GP practice by Operose Health. On 18th February she had spoken at the NCL CCG Primary Care Commissioning committee to raise concerns about the decision-making process (which had been devolved to individual CCGs) on behalf of the Lead

Members of all the five NCL boroughs. AT Medics had previously had the contract for the St Ann's practice as well as several practices in Camden borough. The Secretary of State had been written to about this and a response was being awaited.

Cllr James also informed the Panel that the government had published a White Paper on integrated care systems (ICSs), which included some positives but also some areas of concern which would need to be monitored.

Cllr James then responded to questions from the Panel:

- Helena Kania raised concerns about NCL CCG's decision to agree to the AT Medics takeover, which she said was not transparent or fully informed and asked how the decision-making could be challenged. Cllr James said that the Lead Members had made clear representations on this issue and felt that she decision should have been made by the Secretary of State rather than the individual CCGs. She noted that the NCL CCG had been more transparent than some other CCGs in London though she was still critical of what had happened.
- Helena Kania referred to the change in regulations for care home visits from 8th March and asked for reassurance that care homes in Haringey were not interpreting the rules as allowing only one visit per day for the whole care home. Cllr James emphasised the need for a compassionate approach to this and supported the point being made. Charlotte Pomery said that the guidance had just been published and that the Council had met with care home providers to discuss this. She was not aware of any care homes interpreting the rules in this way but said that she would be happy to take up any concerns about practices in specific care homes.
- Cllr da Costa asked what the Council was doing to support care home residents and staff at the Mary Feilding Guild Home in Highgate that was expected to close in May. Cllr James said that she had been concerned about the short notice for the closure of the home and that officers would be supporting the residents, including by looking at relocation options. Officers would also attempt to contact the new owners of the home to negotiate a more reasonable approach.
- Asked by Cllr Berryman about the expected opening date for autism/learning disability services at Waltheof Gardens, Cllr James said that the service provider, Centre 404, was already working with some clients. However, the building works had been delayed due to Covid and so clients were unlikely to be on site until late April/early May, subject to Covid restrictions being lifted.
- In response to a question from Cllr Berryman, Cllr James said that she was confident that care workers in the borough were receiving the London Living Wage.

- Cllr das Neves asked about access to the Covid vaccine for people not eligible for NHS treatment. Will Maimaris, Director for Public Health, said that people without an NHS number could still get a vaccine but the gap was in being able to communicate with them. There was some ongoing outreach work, for example in asylum seeker accommodation and further communications work would be needed. Cllr das Neves asked if further information about how unregistered people can access the vaccine could be circulated to Councillors so that they can disseminate this advice when encounter cases like this in the community. **(ACTION)**
- Asked by Cllr das Neves about the take up of vaccines by care staff, Will Maimaris said that figures were not as high as the Council would like. This was a common concern across London, not just in Haringey, and so there was a lot of work going on to promote the vaccine to care staff.
- Asked by Cllr Connor about Covid restrictions on visiting for people living in sheltered housing, Charlotte Pomery said that the Council had guidance on this which could be circulated to the Panel. The vaccination rates were slightly lower for people in those settings and the Council was working with supported living providers on how to support their residents, for example with those who are anxious about leaving their homes.
- Asked by Cllr da Costa about the variance tracing in Haringey, Will Maimaris said that NHS Test and Trace nationally which had done some testing but this information was not available yet. However, from local analysis not relating to variants, there were around 30 home tests that were positive in the Tottenham Hale area which was around 1% of the tests carried out. The Council had not been notified of any variants of concerns since carrying out the testing.

9. WORK PROGRAMME UPDATE

Cllr Connor provided an update on upcoming issues, noting that the NCL Joint Health Overview & Scrutiny Committee (JHOSC) would be looking at Integrated Care Systems (ICS) and the takeover of services run by AT Medics at its next meeting on 19th March.

Cllr Connor also reported that the Panel's Commissioning Scrutiny Review had been restarted with evidence sessions being held later in the month.

She added that the work programme for 2021/22 would be developed shortly. The first Panel meeting of 2021/22 would take place in June and was scheduled to include an update from the CQC on services in Haringey and a response from the Council to the recommendations of the Joint Partnership Board's Living Through Lockdown report.

Dominic O'Brien, Scrutiny Officer, said that the items in the new Work Programme would comprise of:

- Items of interest remaining from the 2020/21 work programme.

- Issues suggested by residents through the online scrutiny survey.
- Issues suggested by residents through a consultation meeting that would be taking place later in the month.

Cllr das Neves suggested that an item about mental health and how to support individuals and build the community's resilience would be an important item to include in the new work programme.

Cllr Connor reiterated the Panel's intention to carry out a short Scrutiny Review early in 2021/22 on providing health and social care support for people living in sheltered housing. This would include looking at the recent pilot project that had involved different groups moving into sheltered accommodation run by Homes for Haringey and what the outcomes for this were.

Cllr Connor noted that there was a lot of additional information requested by the Panel following the Locality Working item heard earlier in the meeting and so this would need to be included in the work programme.

10. DATES OF FUTURE MEETINGS

Dates of Panel meetings in 2021/22 to be determined.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

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Report for: Adults and Health Scrutiny Panel

Title: Overview of Provider Market in Haringey

Report authorised by: Charlotte Pomery, Assistant Director of Commissioning, London Borough of Haringey

Lead Officer: Sujesh Sundarraj, Commissioning and Safeguarding Officer, London Borough of Haringey

Ward affected: All

Report for Information

1. Describe the issue under consideration

1.1 This brief paper reports on the most recent commissioning and quality assurance activity carried out by Haringey Council (the Council) providing a general overview of inspections carried out in the borough and those planned for the future by the Care Quality Commission (CQC) within Haringey.

1.2 It is worth noting from the outset that the Covid-19 pandemic has had – and indeed continues to have – a significant impact on the local care sector, in Haringey as across the country. Whilst different care settings have had to respond differently to the issues raised by the pandemic, there are some common themes around infection control, provision of Personal Protective Equipment (PPE), access to testing, family involvement and implementation of vaccinations for both residents and staff.

1.3 The increased profile for the care and support sector nationally is to be welcomed particularly where it is supported by additional central government funding to enable robust delivery of improved outcomes.

2. Cabinet Member Introduction

2.1 N/A

3. Recommendations

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

4. Reasons for decision

4.1 N/A

5. Alternative Options Considered

5.1 N/A

6. Background Information

6.1 From a quality assurance perspective, the service is working with a number of providers in Haringey currently identified as requiring intervention by either or both the Council and the Clinical Commissioning Group (CCG) and working alongside the CQC as appropriate. The table below gives the type of establishments, summary of the concerns, number of clients and the outcome of interventions to date.

Service type	Local authority	Haringey Funded residents	Summary	Outcome
Supported living	Enfield	Local authority (17)	Currently rated 'Good' by CQC, however there is a gap between staff skills, expertise; training and the needs of very complex clients;	Provider was under Establishment concerns process; Embargo lifted pending ongoing monitoring; Regular meetings with provider arranged to discuss safeguardings, referrals and admissions, staff training, testing and vaccinations. There is a gradual increase in staff and residents uptake in vaccinations. Weekly meetings to continue
Home care	Haringey	Self funder (1)	Currently rated 'Inadequate' by CQC and therefore in special measures.	Provider continues to remain suspended on DPS; Improvement plan has been requested
Home care	Haringey	Local Authority (72)	Numerous complaints in relation to missed and late calls; provider responsiveness; monitoring arrangements	Embargo in place under Establishment concerns process. Provider currently rated requires improvement in latest CQC inspection. Commissioning meeting with provider held and improvement plan being developed. Recent commissioning QA visit has been positive. Follow up Establishment concerns held in March 2021. Embargo in place with continued monitoring arrangements.

Extra care scheme	Haringey	Local Authority (55)	Numerous complaints; safeguarding; whistleblowing concerns	Ongoing monitoring of service improvement continues. Provider has been suspended from receiving new placements. All residents currently being reviewed in light of the recent focussed CQC inspection
Residential	Haringey	Local Authority (4)	Previously under Establishment concerns process; significantly under occupied	Provider rated Requires Improvement; safeguarding investigation underway; Support offered to provider in relation to go through their finances. Concerns around low occupancy within the home and business sustainability
Residential and supported living	Haringey	Local Authority (73)	Whistleblowing concerns raised around treatment of staff, employment contracts and concerns around bullying and intimidation. High turnover of staff resulting impacting service delivery specifically for service users with complex needs. Safeguarding issues related to staff training and conduct. Case around use of prone restraint	Provider rated Good currently. Concerns shared with CQC. Concerns discussed with provider and improvement plan requested as existing approach to recruitment, contracts and management of staff is not sustainable. Provider is willing to work with the council to make necessary changes. Currently considerations being made to initiate Establishment concerns procedure
Home care provider	Haringey	Local Authority (10) adults (3) children	Provider has been recently inspected by CQC and softer intelligence shared with the Council.	CQC's report draft report has been shared. Provider has been rated Inadequate. Provider has been suspended temporarily from DPS and bundled hours pending

				publication of the final CQC report. Meanwhile as risk mitigation no new packages would be commissioned. All service users are being reviewed in light of the information.

6.2 5 CQC inspection reports have been produced between June 2020 and June 2021, of which 1 has been rated 'Good', 2 rated 'Requires Improvement' and 2 rated 'Inadequate'.

6.3 There have been a number of closures of provisions over the past 12 months in Haringey.

Provider	**Type of service**	**Reason**
Endymion road (Choice support)	Residential (Learning disabilities)	Business decision
Burghley road (Vibrance / HAIL)	Residential (Learning disabilities)	Building not fit for purpose
Mary Feilding / Highgate care home	Residential (Older people)	Building not fit for purpose

6.3.1 The Mary Feilding Guild was a 43 bedded residential home based in Highgate which had 16 self-funded service users at the point of the sale of the home. Following the sale, the provider notified the Council that the home had been sold to a new provider and had been re-registered with CQC as Highgate House Care Home. The new provider served 3 months' notice to residents as they assessed the building as not being fit for purpose due to Health and Safety reasons. Following weekly meetings with the provider to support good care for residents, all residents were supported to move to alternative accommodations by 6th May 2021.#

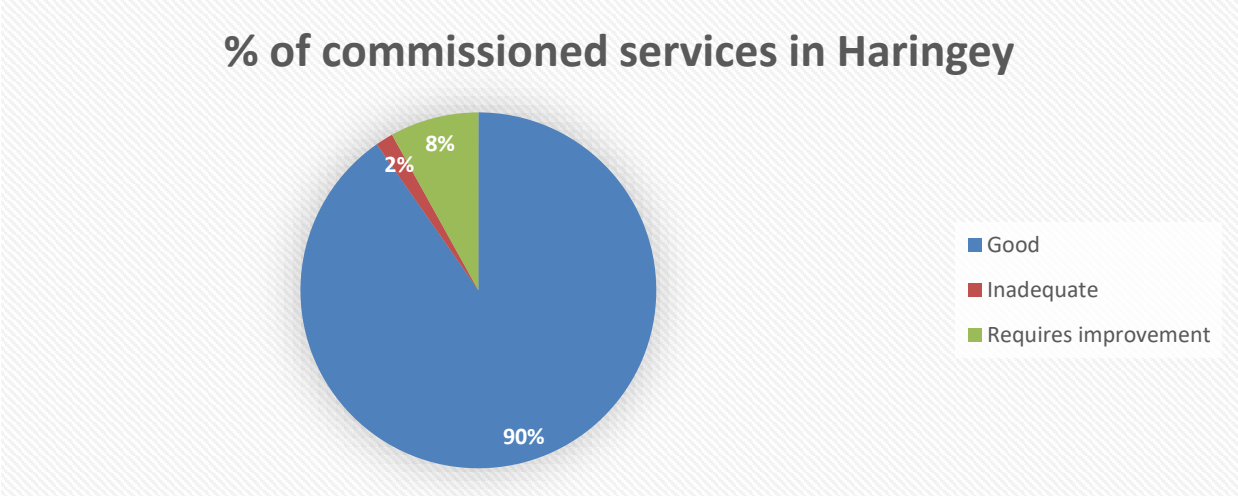
6.4 There are 6 new providers registered with the CQC since March 2021 within the borough of Haringey. As yet, in line with policy, the Council does not commission with these providers and will not until the first good or outstanding CQC inspection rating has been delivered:

1. Foos care ltd
2. Indecare ltd
3. Raven care ltd
4. Bravo care
5. Daisy Care services
6. Empowerment Healthcare

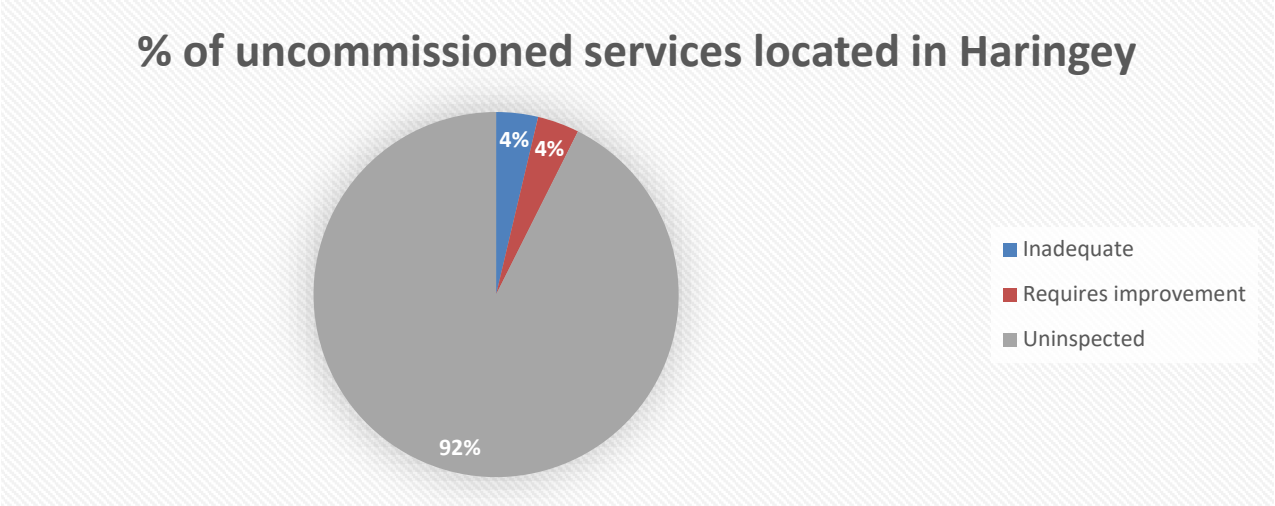
6.5 Of 32 locations overall rated Inadequate, Requires Improvement and Uninspected in Haringey, the Council has pre-existing placements with the following 6 locations. The

Council's quality assurance approach is to work with the provider to improve quality overall and to support the provider's response to the Care Quality Commission's recommendations. There is a shared recognition of the additional pressures responding to the pandemic has brought for care providers who have had to respond to workforce pressures (due to sickness, self-isolation and childcare responsibilities), anxiety and rapidly changing policy positions, pressures on discharges and increased focus on infection control.

Provider Name	Location Name	Service type	CQC Overall Rating
Earlybirdcare Ltd	Alexandra Park Home	Residential	Requires improvement
Chitimali Locum Medical Limited	Earlham House	Residential	Requires improvement
Panacea Senior care limited	Panacea Senior care	Home care	Requires improvement
Ashness Care Limited	Ashness view	Residential	Requires improvement
Embrace UK Ltd	Embrace UK	Home care	Requires improvement
One Housing Group	Roden court	Extra care	Inadequate



CQC Rating	Number of registered locations
Good	56
Requires improvement	5
Inadequate	1



CQC Rating	Number of registered locations
Requires Improvement	1
Inadequate	1
Uninspected	25

7. Response to Covid-19

7.1 Since March 2021, no new confirmed COVID-19 cases have been reported in Haringey care homes. Haringey Care Homes continue to follow national COVID-19 testing guidance for all residents and staff.

7.2 The roll out of the vaccination programme for residents and staff commenced on 24th December 2020. The vaccination programme includes people living and staff working in Older People and Learning Disability accommodation. All local care homes have received an initial visit from the Primary Care vaccination team to administer the first dose of the vaccine to residents and staff. The vaccination team recommenced visits from 17th March 2021 onwards to administer the 2nd dose of the vaccine.

7.3 The uptake of the first dose of the vaccine amongst care homes residents is 85% while 81% for second doses. However, vaccine hesitancy amongst care homes staff has resulted in low uptake of the first dose of the vaccine (76%). To increase the number of staff vaccinated uptake the CCG in partnership with the Local Authority and Public Health team have collaborated on a series of webinars, provider forums, recruiting vaccine champions, individual Q&A vaccine sessions with providers, 1:1 offer for staff to consult with Public Health.

7.4 At the start of the pandemic, there were 33 care homes with 490 beds in Haringey, including Learning Disability & Mental Health Care Homes. During the initial national Increase in Coronavirus (COVID-19), infection rates between March and June, 10 outbreaks were declared in Haringey Care Homes. Sixty-one care homes residents died during this period. It is not possible from the data available to report the number of care home residents who tested positive for COVID-19. Deaths have subsequently reduced

significantly and continue to be low. In the initial period of the pandemic, care providers faced a number of challenges:

- Access to and appropriate use of Personal Protective Equipment (PPE)
- Care homes staff infection prevention & control skills and knowledge e.g. PPE Donning & Doffing
- Information & Guidance
- Workforce availability & Financial cost of supporting staff and implementing guidance
- Hospital Discharge – clarity on testing, national guidance and specific COVID-19 out of hospital care
- Clinical Support – Access to clinical support for residents and psychological support for staff

7.5 In response Haringey Council, NHS North Central London Clinical Commissioning Group (NCL CCG) Haringey Directorate and Haringey Public Health Team, working in partnership with local care homes providers and North Central London Integrated Care System implemented a number of measures.

1. Infection prevention & control guidance via webinars and local infection control helpline
2. Local Director of Public Health Weekly Care Homes briefings and dedicated COVID19 Council social care providers website
3. Daily calls to care homes and home care providers initiated by Health & Social Care Quality Teams
4. Local authority provided emergency PPE to care homes and home care providers
5. Clinical Support – including palliative care, mental health crisis and advice
6. Care Homes received grant payments through the Council from central government
7. Testing – access to COVID-19 test
8. Workforce – link to NCL Proud to Care workforce portal
9. Roll out of vital signs equipment – thermometers, pulse oximeters, blood pressure monitors, pen torches
10. Weekly surgeries for providers to drop in for consultation on covid related issues

8. Contribution to Strategic Outcomes

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

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

8 Use of Appendices

8.1 N/A

9 Local Government (Access to Information) Act 1995

10.1 N/A

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Public Voice

Living Through Lockdown

Lessons from Haringey's most vulnerable service users

August 2020

healthwatch Haringey

Healthwatch Haringey is managed and run by Public Voice CIC.

Any enquiries regarding this publication should be directed to our Healthwatch team: info@healthwatchharingey.org.uk

You can download this publication from www.healthwatchharingey.org.uk

Public Voice through the Haringey Healthwatch team carried out Haringey Council's statutory Healthwatch functions in accordance with the Health and Social Care Act 2012 and any subsequent relevant legislation.

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Contents

Introduction

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

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

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

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

The following reference groups have contributed to this report:

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

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

The Joint Partnership Board

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

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

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

Public Voice

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

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

Executive Summary

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

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

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

What has worked well

- **Community spirit and volunteers.** Both were highly praised by reference group members.

- **Connected Communities.** A programme established in 2018 by Haringey Council to improve access to council and voluntary services. During the lockdown, Connected Communities helped residents access essential items including food and other support they needed.

- **Mutual aid groups.** Formed during lockdown at the neighbourhood level and building strong links with statutory and Voluntary and Community Sector services and vice versa. These groups provided a wide range of support for others in their community – for example checking on neighbours and shopping on behalf of others. The mutual aid groups were praised and appreciated.

- **Telephone support.** Reference group members appreciated having someone to speak to on the phone when calling Haringey Council. Phone calls made from the Council, Clinical Commissioning Group (CCG) and other organisations to check on carers were well received. A telephone befriending service set up by Public Voice's Reach

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

Concerns and points raised

- **Information and communication.** Information about Covid-19 risks and service availability should be better communicated to residents, especially considering language barriers and disabilities.

- **Digital inclusion.** Digital exclusion is commonplace amongst vulnerable groups and therefore digital access (internet and email) cannot be relied on either as a means of communication or of accessing help and support.

- **Digital enablement.** A common concern was that there was not enough support for service users to access digital services where there was a will to do so with support.

- **Virtual services.** Over the phone and online appointments should not replace face-to-face appointments as it does not work for everyone. However, a combination of both could work. Language barriers and disabilities should also be taken into consideration.

- **Provision for people with disabilities.** New and evolving provision should consider the needs and requirements of all service users.

- **Sustainability, community, volunteers and mutual aid groups.** There are fears that the capacity of the Voluntary and Community Sector and mutual aid groups which has supplemented the statutory services during the lockdown may be short-lived when normality returns. Without serious work to retain this capacity, it is feared that big gaps will emerge in essential support for vulnerable people.

- **Undetected vulnerable people.** It was felt that many vulnerable people would be unknown to the Council and NHS, or may have been waiting for diagnosis at the start of lockdown. These people may not have received support they needed.

Proposals and suggestions

1. **Communicate more, faster and better.** Across all reference groups it was felt that changes to services, actions taken, and future planning should be better communicated by the Council and NHS.

2. **Provide digital and face-to-face access to services.** As the lockdown is eased, it is felt that face-to-face access to services should be resumed but not at the expense of digital service provision introduced during the lockdown.

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

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

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

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

Care Assessments and Annual Reviews

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

What has worked well

- **Remote annual reviews.** Some annual reviews had been conducted over the phone or via video call and some of those who had experienced this were happy with the process.

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

Concerns and points raised

- **Assessments and annual reviews.** At the beginning of the lockdown service users and carers wondered if annual reviews and care assessments would continue and, if so, in what format they would be carried out. Concerns existed that delayed care assessments would create problems including a lack of care, backlog of cases and further delays.

- **Care Act easements.** The Coronavirus Act 2020 was met with considerable concern. As the new Act allows Local Authority's to disregard the Care Act without incurring any penalty and as such the new Act was seen as a backwards step.

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

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

Proposals and suggestions

1. **Process and time information.** Clear Information about ongoing processes, including timings, should be available to those involved in the assessment and review process where there is any disruption. This must be available in an easy read format.

2. **Non-digital routes to care and assessment.** Provision has to be made for those who do not have access to the internet. No assumptions should be made about access to the internet by vulnerable groups, and face-to-face options must continue to be available where required.

3. **Appointment format choice.** Moving forward, it would be good to continue offering over the phone and online appointments, in addition to face-to-face appointments, even when life returns to normal.

4. **Support for use of technology.** Support workers need to help individuals access and use digital technology confidently.

5. **Universal contact.** Haringey Council should ensure they contact all those with learning difficulties living dependently.

6. **Communicating changes.** Any future or ongoing easement of the Care Act to be fully explained to the wider community.

7. **Share the backlog plan.** Where Covid-19 has caused a shortfall in assessment and review targets, the Council should communicate its plan to address the shortfall, and any backlog, with both the Joint Partnership Board and individual service users.

Carers and Caring

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

What has worked well

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

Concerns and points raised

- **Carers' ages.** Many carers in Haringey are over the age of 60 and many are also classed by the government as vulnerable to Covid-19. Many of the people they care for are likely to be part of the shielded group.

- **Carer's database.** It is understood that the Council's carers database is not up to date. Additionally, there is an issue with unidentified carers in Haringey.

- **Personal Protective Equipment (PPE).** Carers did not always have access to Personal Protective Equipment.

- **IT support.** Many carers are digitally excluded, and were therefore not able to obtain the information and support they needed promptly during the crisis.

- **Respite care.** With day centres closed during lockdown, many carers had 24/7 responsibilities with no access to relief or respite. This placed them at risk of "burnout" and those being cared for at greater risk from a safeguarding perspective.

- **Do not resuscitate orders.** Reports of automatic "do not resuscitate" orders for people with a Learning Difficulty being imposed, caused alarm and concern amongst carers and service users.

- **Unpaid carers.** Unpaid carers are not officially recognised and therefore not eligible for priority entry to supermarkets. At times of scarcity in shops this created difficulty in obtaining basic items for some carers.

- **Transport.** Carers' transport was also highlighted as an issue, as public transport was restricted and seen as a risk to use.

- **Community support for all.** Although mutual aid groups and neighbours were extremely helpful, concern was raised regarding some vulnerable groups, such as those with autism, who may be semi-invisible to their neighbours, or have unwittingly distanced themselves due to a lack of understanding of their communication styles. Neighbours may be less willing to help people they have considered to be "rude" or socially distant.

- **Lack of voluntary sector support for autistic people.** Concerns were raised that there is a lack of voluntary sector support for those with autism, which is a particular problem as many universal services are often inaccessible or inappropriate for those with autism.

Proposals and suggestions

1. **Identity cards for carers.** Unpaid carers to have identity cards. Carers could use these to get priority entry to supermarkets. Alternatively, unpaid carers could be given headed letters to facilitate priority access.

2. **Supply of essentials.** Haringey Council could seek/obtain certain key essentials for carers, such as tissues, eggs, bread, milk etc. and organise delivery to homes.

3. **Transport for carers.** Carers transport pick-ups could be organised.

4. **Continued online appointments.** Online appointments to continue being offered even after things go back to normal. Face-to-face appointments and examinations should still be available for those that require them.

5. **Regular updates.** Weekly 'check-ins' should be carried out by the Council or Clinical Commissioning Group (CCG) to check how carers are doing.

6. **Pharmacy support.** The Council/Clinical Commissioning Group (CCG) should ensure that at least one local pharmacy in the west of the borough and another in the east are stocked with the most common medications for people with special needs.

7. **Continuation of essential services.** Ensure services such as rubbish and clinical waste collection continue during an emergency such as Covid-19.

8. **Day centres and home care facilities.** The Joint Partnership Board should assess which day centres and day-care activities remained open during lockdown and why those that closed did so.

9. **Support for vulnerable and older carers.** Both Haringey Council and the NHS should reflect on the challenges faced by the many carers who are themselves over 60. Following this, the Council should communicate how the age of carers of those with learning difficulties or autism figure in the Council's Covid-19 policies (and in adult services policies generally).

10. **Consider unknown vulnerable people.** Haringey Council and the NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.

11. **Future planning**. With a view to planning for a future emergency, data should be provided to detail:
    a. How many carers have had Covid-19 and the support they received.
    b. How many adults with learning difficulties and/or autism have had Covid-19 and the support they received.
    c. How many families where both the carer and cared for had Covid-19 and the support they received.
    d. The experience of families affected by Covid-19.

12. **Do not resuscitate order legal assessments.** The Council should access records of vulnerable individuals to ensure blanket "Do Not Resuscitate" orders have not been put in place within the borough, and legal action should be taken if they have been put in place.

13. **Refer inappropriate use of do not resuscitate orders.** The inappropriate use of do not resuscitate orders should be seen as a safeguarding concern to be referred to the Safeguarding Adults Board.

14. **Apps:** Apps could be used for people with autism.

Mental Health and Wellbeing

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

What has worked well

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

Concerns and points raised

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

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

Proposals and suggestions

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

Housing and Sheltered Accommodation

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

Concerns and points raised

- **Monitoring of cleaning and Personal Protective Equipment (PPE).** Members expressed concerns regarding the cleaning of communal areas, availability of Personal Protective Equipment and wondered about the monitoring procedures to ensure that those living in sheltered accommodation were being looked after. There were also questions about how external housing providers were being monitored.

- **Visiting.** Some members were concerned they could not visit their relatives living in sheltered schemes.

- **Hostels**. Concern was raised about whether people living in hostels are able to self-isolate or not.

- **Evictions.** Housing eviction of vulnerable people was mentioned as a point of concern which could become a serious question after the ban on public notice evictions is lifted.

Proposals and suggestions

1. **Provision of Personal Protective Equipment (PPE)** should be made for staff and residents.

2. **Hand sanitiser** should be available throughout buildings.

3. **Information and advice** regarding evictions within government guidelines should be made freely available.

4. **Haringey Council should inform the Joint Partnership Board on their plans to:**
   a. prevent and reduce evictions now these are possible again.
   b. prevent vulnerable people, or people who have learning difficulties, from being evicted.

5. **Haringey Council should report whether they have considered:**
   a. pausing Council Tax for those who are facing severe hardship.
   b. repayment plans to enable people to catch up on overdue rent.

Care Homes

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

What has worked well

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

Concerns and points raised

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

Proposals and suggestions

1. **Keep families connected.** In all care settings facilities should be in place to enable families to remain in touch with family members.

2. **Keep friends connected.** Add friends to the list of those able to visit/communicate with residents as many residents no longer have living family members.

3. **Resident digital support.** Staff should support residents accessing and using digital technology to do things online and keep in touch with friends and family - especially those residents funded by the Council. In particular, access to FaceTime, Skype, Zoom and Microsoft Teams should be facilitated.

Parks and Recreation Facilities

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

What has worked well

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

Concerns and points raised

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

Proposals and suggestions

1. **Free and open car parks.** Car parks should be open and free of charge to those who are using parks as an alternative provision.

2. **Consider health impacts.** To consider the effects on physical and mental health of people who are already at risk because of being denied access to pools and parks.

3. **Keep cafés open.** Cafés in parks should be open (though people do understand why they were not able to stay open).

4. **Keep toilets open.** Toilets in parks should be open.

5. **Make parks safer.** Look at making parks safer for vulnerable people.

6. **Park time for the vulnerable.** The possibility of a quiet hour where vulnerable people could feel safer and more confident to go to a park was proposed.

7. **Protection for vulnerable park users.** Introduce voluntary patrols to safeguard vulnerable people against anti-social behaviour within parks.

8. **Priority car park access.** Car parks could be opened to blue badge owners only.

9. **Share information on decisions made.** Haringey Council should provide the rationale for closing car parks during the lockdown. They should inform the Joint Partnership Board about car parking arrangements.

Parking

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

Concerns and points raised

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

Proposals and suggestions

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

Personal Budgets and Assistants

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

Concerns and points raised

- **Personal Protective Equipment (PPE).** There were serious concerns that Personal Protective Equipment was not provided to service users, carers or assistants.

- **Personal assistants.** Some people decided not to allow their personal assistants into their home as some also work in care homes. They were worried about the risk of infection.

Proposals and suggestions

1. **Free Personal Protective Equipment (PPE).** Personal Protective Equipment, including visors, should be free for those with personal assistants.

2. **Changes to care support plan rules**. Spending on Personal Protective Equipment should be allowed even if it is not part of a specific care support plan.

3. **Add to the key workers list.** Personal assistants should be regarded as key workers.

4. **Introduce reserve assistants.** Given the dependency of many on their assistants, a reserve capacity of assistants, who do not work in care homes, ought to be built up by the Council, who could be deployed if necessary, during a similar crisis in future.

Food Provision

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

What has worked well

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

Concerns and points raised

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

Proposals and suggestions

1. **Tailored food parcels.** Food parcels should take into consideration an individual's specific dietary needs.

2. **Review food-aid.** A review should be undertaken to ensure that all eligible vulnerable people were allocated food aid.

3. **Unpaid carers ID.** Unpaid carers should be supplied with temporary ID cards to allow entry to reserved slots in supermarkets.

4. **Advice on food use.** Advice should be given on what to do with food that is not used.

NHS and Primary Care Services

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

What has worked well

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

Concerns and points raised

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

- **Appointments, treatments and operations.** Issues with cancellations and treatment/operation delays were reported.

- **GP and hospital appointment rescheduling.** Hospitals were sometimes slow to reschedule appointments. Some appointments, for example screenings, were cancelled without any follow-up appointment being booked.

- **Access and knowledge of pharmacy deliveries.** Concerns were raised that some pharmacies did not increase, or promote, deliveries of medications. Although delivery services exist it was felt that few people knew of them.

- **E-consulting.** Moving to virtual appointments is an issue for those who are digitally excluded, and for those who are vulnerable, for example - people with mild to moderate learning difficulties, who may not have carers to support them. Face-to-face appointments should be available once they can be done safely.

- **Delays and difficulties with health assessment.** Concerns about health assessments for vulnerable people and over 60s not being done on time. Additionally, it is understood that health assessments for over 60s are not being undertaken in the west of the Borough. Cognitive testing can be difficult to do remotely.

- **Fear of accessing services.** Concerns were raised that the fear of going to a hospital may have deterred people from seeking the help they needed. For example, the fear of sensory over-stimulation may deter someone with autism from seeking medical help, i.e. the fear of being taken into a noisy and crowded hospital may have been too overwhelming to face.

- **Community care assessments.** Concerns about community care assessments not being undertaken.

- **Hospital visits.** Those who are told to attend hospital appointments, or to have blood tests done, worried about the risk of contracting the virus.

- **Remote hospital assessments.** There was a concern that remote assessments, by phone or online, do not have the same holistic approach to assessment that in-person appointments do and are therefore not as thorough. Therefore, it was felt that these should not become the only way of accessing medical assessments.

- **Covid-19 tests.** Confusion as to who could be tested and where.

- **Covid-19 recovery.** Though an evolving area of medical knowledge, there was concern that not enough information existed on pathways of recovery from Covid-19.

- **Shielding letters.** Concerns were noted that letters instructing vulnerable people to shield arrived late, with some users reporting letters arriving in May. As a result, some vulnerable people (who often knew they needed to shield themselves) could not access help such as food parcels and reserve delivery slots unless they were identified by a mutual aid group.

- **Disagreement on who needed to shield.** In some cases, users were concerned that there was a disagreement between the NHS and their GP on the necessity of shielding or not.

- **Contacting and triaging difficulties.** In the case of autistic people, concerns were raised as they may require a variety of ways to contact services. Using the phone can be difficult or impossible, as can pro-actively getting in touch for help during a time of increased stress. If autistic people do contact service providers, they can be in danger of being 'triaged out' of getting support if frontline staff do not understand autistic needs, or if the criteria for eligibility are insufficient to cover autistic needs.

- **Memory assessment services.** As these services closed across London during lockdown, it was not understood what was being done for those on the waiting list in terms of identifying who on the list needed help and sharing this information appropriately.

- **Classification of dental treatments.** Concern were raised that there was no clear explanation of what constituted a dental emergency.

- **Difficulties accessing dental services.** Concern was raised that there was differing access to treatment appointments.

- **Undetected vulnerable people.** Concerns were raised that those who are considered 'hidden' - cohorts of vulnerable people - may be unknown to the Council and NHS, for example those with early stage dementia, would not have received support they needed.

- **Covid-19 related delirium.** Concerns were raised that planning would be required with regard to Covid-19 related 'delirium,' which would be likely to affect people with dementia in particular and could cause a rise in the number of dementia cases in the near future.

Proposals and suggestions

1. **Universal blood tests.** GPs should offer blood tests to those shielding regardless of age.

2. **Consultation protocol.** Protocol should be developed to ensure that different GPs and hospitals offer a consistent and appropriate route to care.

3. **Post Covid-19 care advice.** A Clinical Commissioning Group (CCG) inspired statement, or widely available advice, on what to look out for after someone has recovered from Covid-19.

4. **Ensure test availability.** The Council/ Clinical Commissioning Group (CCG) should ensure information on local tests is accessible and available.

5. **Share health assessment plans.** The Clinical Commissioning Group (CCG) should provide more information on health assessments and plans to address any shortcomings, if there are any.

6. **GP clinical care review.** The Clinical Commissioning Group should review what GPs have provided in terms of clinical care.

7. **GP home visits.** GPs should offer home visits for those who need them.

8. **Consult on e-consultations.** An ongoing consultation should be arranged with patient groups in regard to e-consolations and phone assessments.

9. **Understand e-consultations.** Statistics should be gathered on the success and failure of e-consultations.

10. **Improve follow-up.** Better follow-up on rearranged appointments and screening by both hospitals and GPs should be put in place.

11. **Free Personal Protective Equipment (PPE) for dental care.** Free Personal Protective Equipment should be made available for NHS dental care.

12. **Share future plans.** Information should be shared with the Joint Partnership Board on the strategy and vision for opticians and dentists in the new normal.

13. **Provide recovery information.** Pathways to recovery should be set out.

14. **Universal shielders list.** A common list of local shielders should be established and shared between GPs and the NHS. This should be kept up to date on an ongoing basis.

15. **Consider unknown vulnerable people.** The Council and NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.

16. **Dental paths for non-emergency treatment.** A path to advice and treatment should be made clear to those with non-emergency dental needs.

17. **Share information on digital inclusion.** The Clinical Commissioning Group (CCG) should provide information on:
    a. how they plan to ensure digital enablement.
    b. how they will ensure the digitally excluded can continue to access services and receive care.

Appendix

Joint Partnership Board

Co-Chairs: Sharon Grant
Helena Kania
Andrew Carpenter

Reference Group Chairs

Autism Reference Group
Chair: Andrew Carpenter

Carers Reference Group
Chair: Isha Turay

Dementia Reference Group
Chair: Tim Miller / Paul Allen

Learning Disabilities Reference Group
Chair: Debbie Floyd / Patricia Charlesworth

Mental Health Reference Group
Chair: Sue Wedge

Older People Reference Group
Chair: Gordon Peters

Physical Disabilities Reference Group
Chair: Graham Day

SCALD (Severe and Complex Autism and Learning Disability) Reference Group
Chair: Mary Langan

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

Public Voice

Contact us

Telephone: 020 8888 0579

Email: info@healthwatchharingey.org.uk

Visit us: www.healthwatchharingey.org.uk

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Write to us:
Freepost RTXY-BSRB-RCSS
Public Voice CIC
Tottenham Town Hall
Town Hall Approach Road
London
N15 4RX

healthwatch Haringey

Report for: Adults and Health Scrutiny Panel

Item number: 9

Title: Impacts of COVID-19 on Haringey - Health

Report authorised by: Dr Will Maimaris, Interim Director of Public Health

Lead Officers: Jim Pomeroy, Policy Team Manager, Eduardo López Salas Lead Analyst – Strategy & Policy Team

Ward(s) affected: All wards

1. **Issue under consideration**

1.1. The accompanying evidence pack sets out the latest data available at a borough level on some of the impacts of COVID-19 on health.

1.2. The attached pack is a modified version of a larger pack that went to Haringey's Overview and Scrutiny Committee on 8th June 2021 and is a basis for questions and discussion at Haringey's Adults and Health Scrutiny

2. Background

2.1. Impacts of COVID-19 on Health

2.1.1. To date, 508 residents have sadly died as a result of COVID-19. This is slightly above the London median but far below the worst affected boroughs (Newham, Barking and Dagenham, Tower Hamlets).

2.1.2. There is a moderate to strong positive correlation between COVID deaths and the proportion of people from BAME backgrounds in Haringey neighbourhoods i.e. the higher the proportion of people from BAME backgrounds in Haringey neighbourhoods, the higher the COVID-19 death rate.

2.1.3. Across London neighbourhoods, there is a moderate to strong negative correlation between the proportion of people from BAME backgrounds in a given area and the COVID-19 vaccination rate among people aged 70+.

2.1.4. Increased physical health needs are also anticipated as a result of the pandemic, with potentially delayed diagnosis and treatment for many residents with serious conditions, and an emerging cohort of unknown size with long-term health issues after having had COVID-19 (long COVID) which may create future demand in health and social care. As socioeconomic conditions worsen, which may continue depending on whether the economic crisis is prolonged and unemployment figures

recover, the social determinants of health will be impacted, in turn creating a negative impact on residents' physical health.

2.1.5. There is a forecasted increase in mental health needs in the borough following observed increases in demand. A number of factors are contributing to this, including: lockdown and isolation, increased psychological stress and anxiety relating to COVID-19, and increased socioeconomic pressures.

2.1.6. The largest increase in forecasted demand is for people with pre-existing mental health conditions with an expected new 14,000 people with moderate or severe anxiety and 15,000 people with moderate or severe depression demanding services, in addition to new demand for services generated by people without pre-existing mental health conditions.

2.1.7. While case rates remain low in Haringey, as in the rest of the UK, at the time of writing, and restrictions are being lifted in line with the government's roadmap, the public health situation remains precarious and could change quickly. The government continues to urge caution. The scale of ongoing direct health impacts caused by COVID-19 will depend on the prevalence of the virus in the borough and, in large part therefore, on the success of the vaccination programme.

2.1.8. Vaccination rates are in line with our comparator boroughs, but lower than England as an average (first dose vaccination rate in Haringey=37.3%; England=56.9%).

2.1.9. The geographical breakdown of the vaccination rates among people aged 70+ shows a disparity across Haringey. Neighbourhoods (MSOAs) in the East such as White Hart Lane, Tottenham Lea Valley, Tottenham Green East and West Green & St Ann's all record first dose vaccination rates below 75%. This is in contrast to neighbourhoods in the West such as Muswell Hill North, Crouch End West and Muswell Hill South, which all have 90% or above rates.

3. Key Equalities Impact Summary

Area	Impacts
Health	Older people and residents with disabilities or long-term health conditions have died at a higher rate from COVID-19. In Haringey, neighbourhoods with a higher potion of BAME residents have seen increased deaths. Mental health impacts are significant, particularly for those with pre-existing mental health conditions.
Education	Young people have missed significant education (and pastoral/social support), with impacts acute for families not digitally connected, primarily low income. Disruption to school engagement has disproportionately impacted absences

	amongst Travellers of Irish Heritage, Gypsy/Roma and White Irish and Pakistani pupils.
Employment	Rapid increases in unemployment particularly impacting the low paid, low qualified, young people. The highest levels of unemployment are observed in the east of the borough. Exacerbating pre-existing employment gaps for disabled people, BAME residents and women.
Poverty	High deprivation levels in east, where BAME residents and young people are concentrated, exacerbated by economic fallout and rising unemployment.
Housing	Residents without space for home working or access to green spaces, primarily those on lower incomes and in key worker occupations.

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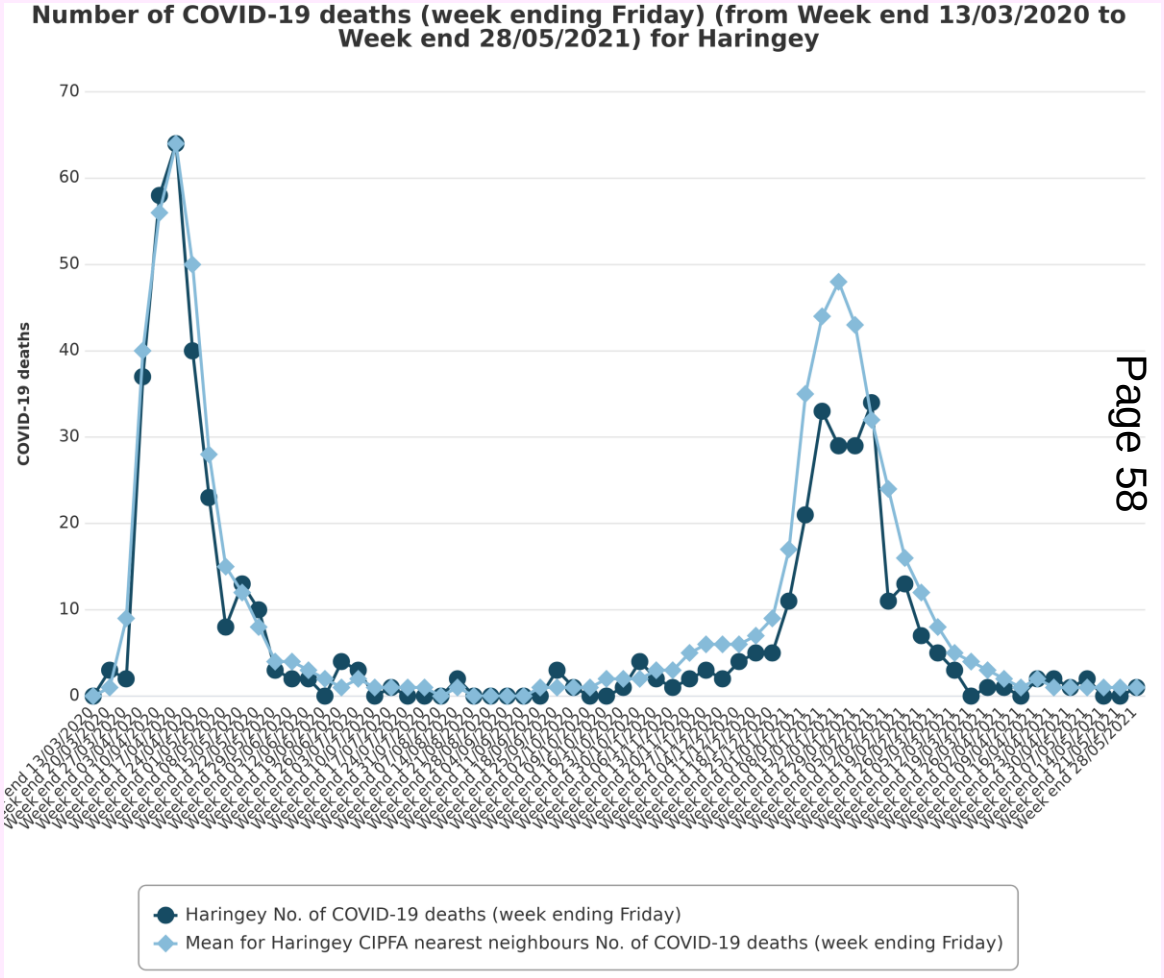
Community Impact Assessment of Covid-19 in Haringey

(Health-related slides - June 2021)

Number of COVID-19 deaths for Haringey

Since the beginning of the pandemic to 21 May 2021, Haringey has registered 513 coronavirus-related deaths.

Unlike the count of cases, which are less reliable as a proxy for understanding the spread of the disease due to contingency of symptoms manifesting and being reported, as well as testing capacity, the death count allows us to track the crude impact of Covid-19 over time. As such, the first wave delivered the strongest impact in Haringey, with a week in mid-April peaking at over 60 deaths.



Age-standardised rates of COVID-19 deaths per 100,000 (March 2020 to March 2021)

Haringey's death rate (281 per 100,000 people) is only slightly above the median for London LAs and well below the worst hit boroughs, all concentrated in East London, such as Newham (430), Barking & Dagenham (418) and Tower Hamlets (385).

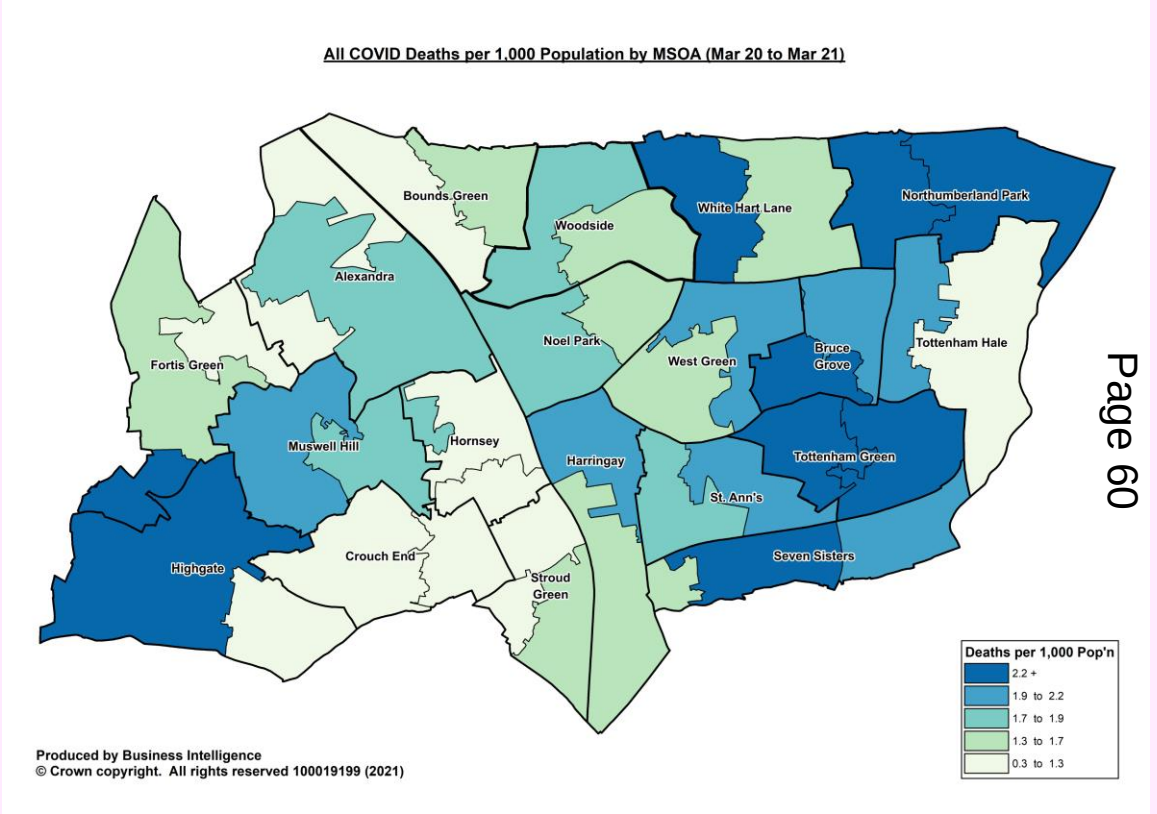
Legend

Equal ranges	Low (>=)	(<) High	Occurrences
1	125.7	190.0	(5)
2	190.0	250.0	(8)
3	250.0	310.0	(15)
4	310.0	370.0	(2)
5	370.0	430.5	(3)

Covid-19 crude death rate per 1,000 pop. by MSOA

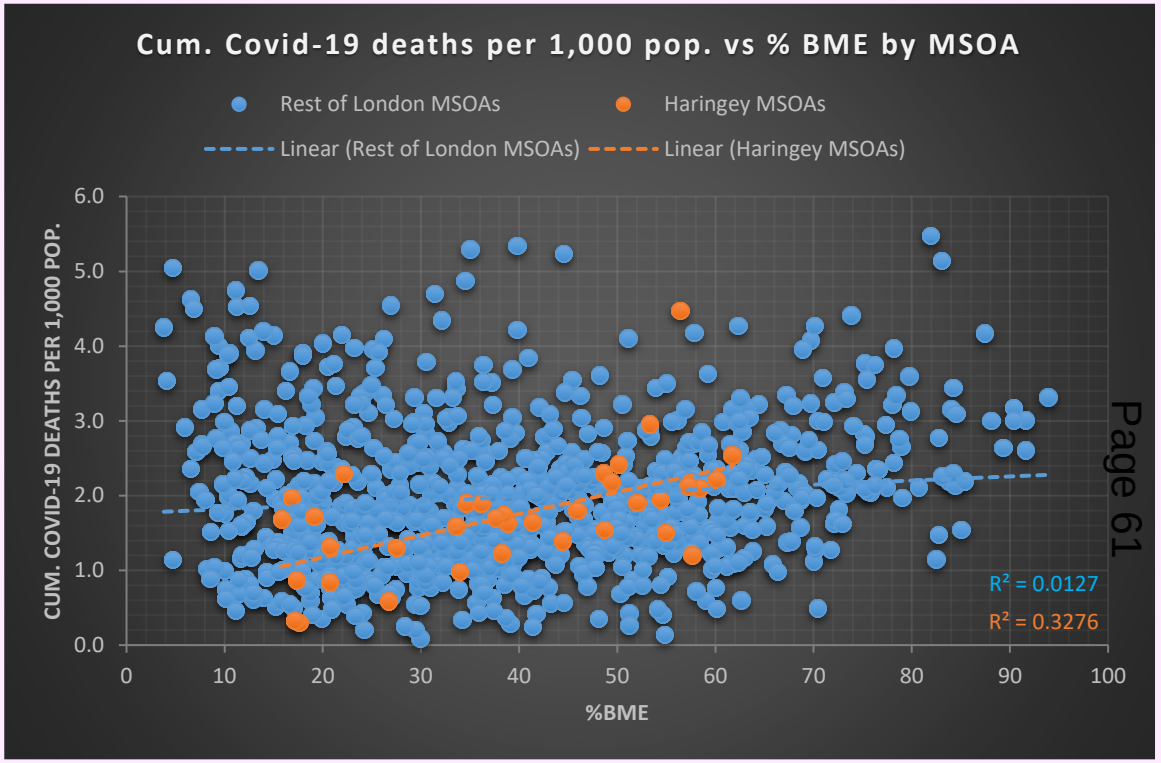
The geographical breakdown of the Covid-19 death rates show a disparity across Haringey.

Neighbourhoods (MSOAs) in the East such as Tottenham Green East, Bruce Grove South and Northumberland Park record the highest rates. But the East-West contrast is not without exceptions as Highgate Wood is also among the neighbourhoods with highest rates and Tottenham Lea Valley among the ones with the lowest ones.



Correlation of Covid-19 deaths per 1,000 pop. vs. %BME by MSOA

While there is no correlation between the rate of Covid-19 deaths and the proportion of population from BAME backgrounds when taking the data for all of London neighbourhoods (MSOAs), there is a moderate to strong positive correlation in the case of Haringey, i.e. the higher the proportion of people from BAME backgrounds in Haringey neighbourhoods, the higher the death rate.

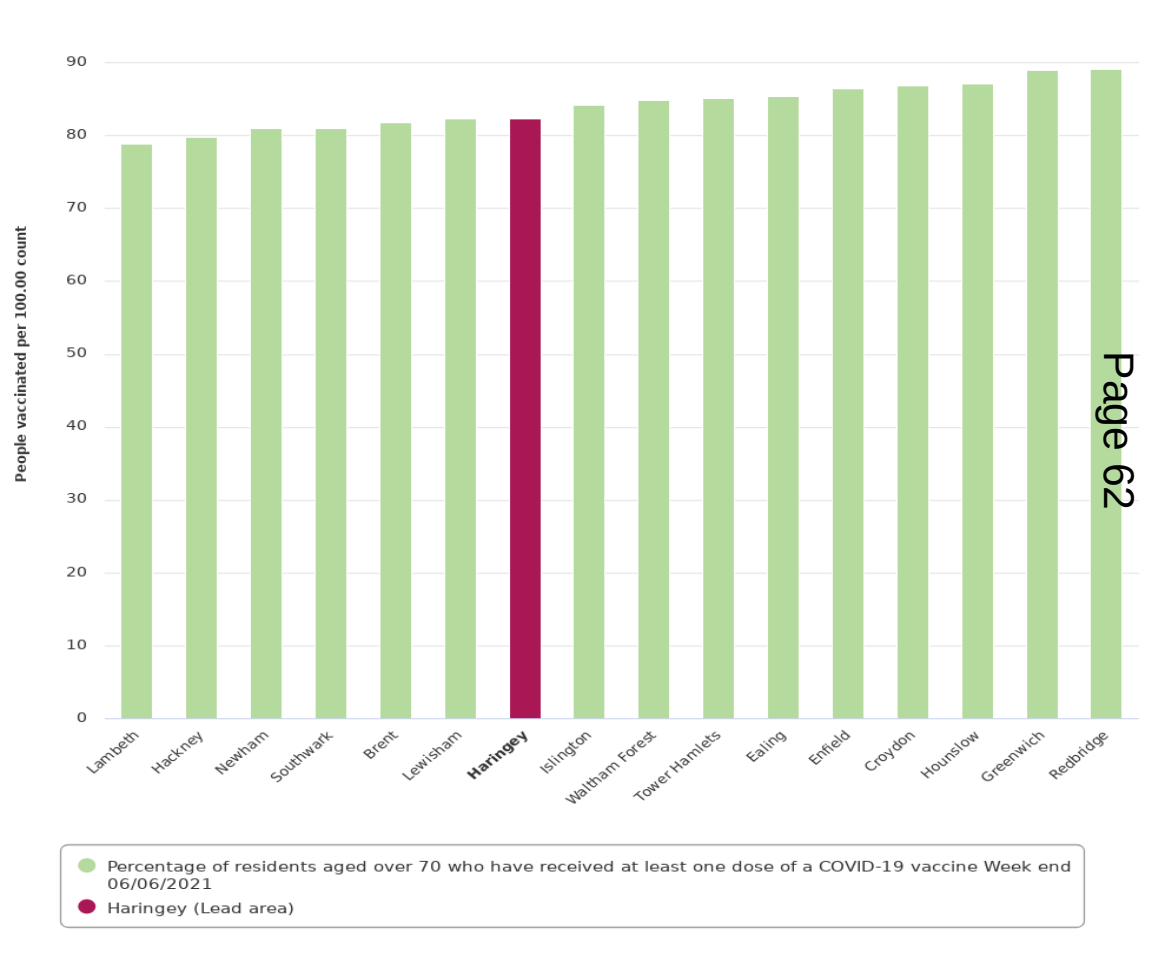


Covid-19 vaccination rates among Haringey residents aged 70+

Among Haringey residents aged 70+, 16,861 of the 20,482 residents have received at least one dose of a Covid-19 vaccine. This equates to a first dose vaccination rate of 82% (less than England's average of 95% and a little below the mean of Haringey's statistical neighbours).

Crucially, this means that 18% of Haringey residents aged 70+, i.e. more than 3,500 people, have not received a single dose of a Covid-19 vaccine so far.

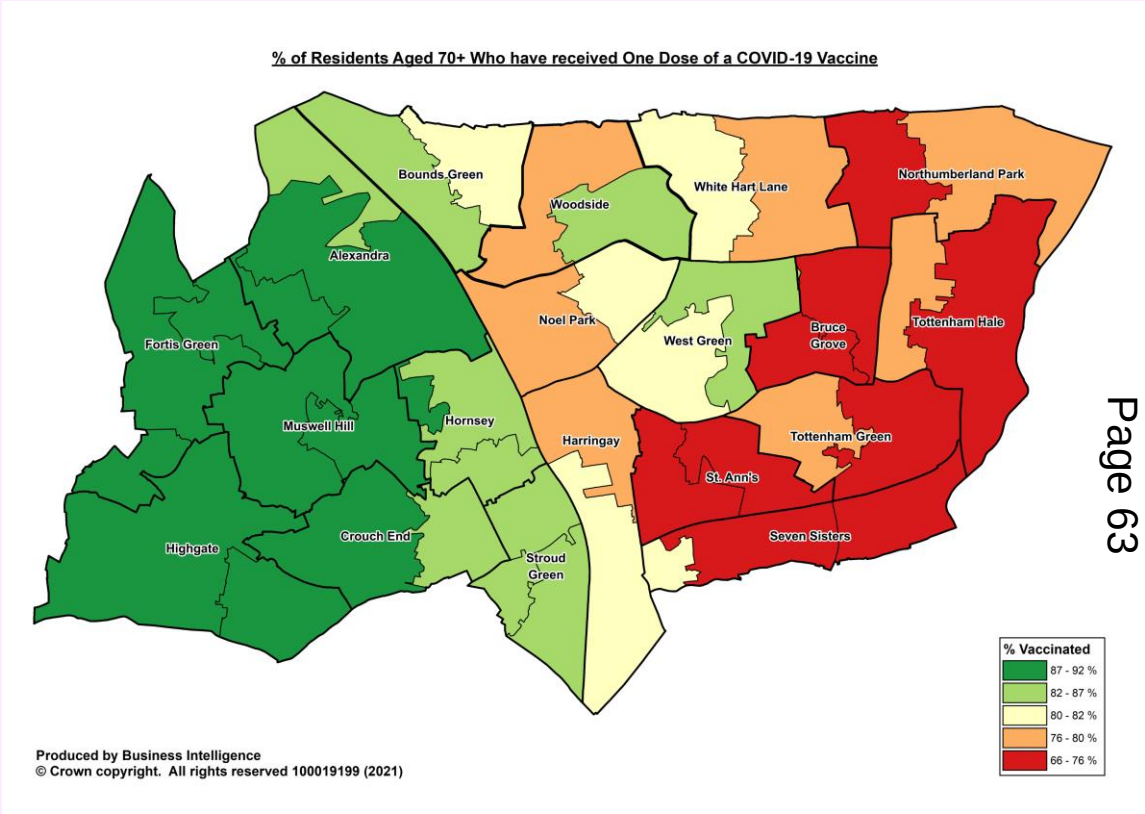
Of all residents aged 70+ who received one dose of a COVID-19 vaccine, 94% have also had their second vaccination.



Covid-19 vaccination rate among people aged 70+ by MSOA (by week ending 2 May 2021)

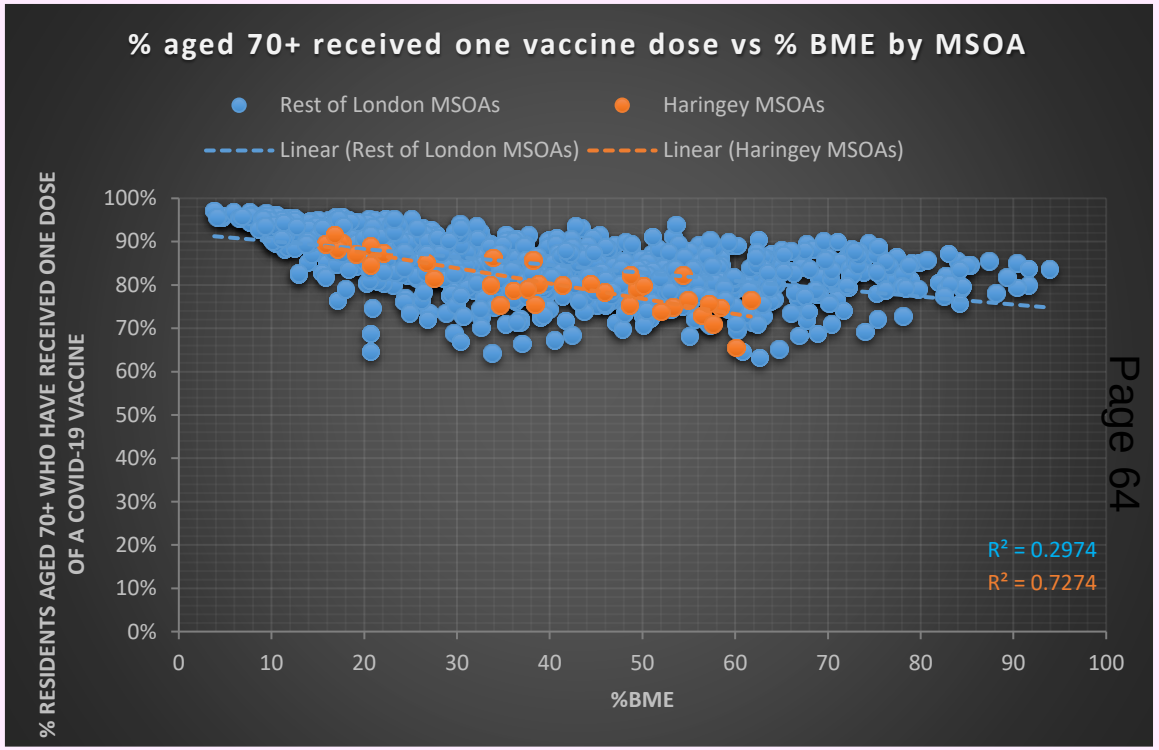
The geographical breakdown of the vaccination rates among people aged 70+ show a disparity across Haringey.

Neighbourhoods (MSOAs) in the East such as White Hart Lane, Tottenham Lea Valley, Tottenham Green East and West Green & St Ann's all recorded rates below 75% by the beginning of May 2021. This is in contrast to neighbourhoods in the West such as Muswell Hill North, Crouch End West and Muswell Hill South, which all had 90% or above rates by then.



Correlation of Covid-19 vaccination rate among people aged 70+ vs. %BME by MSOA

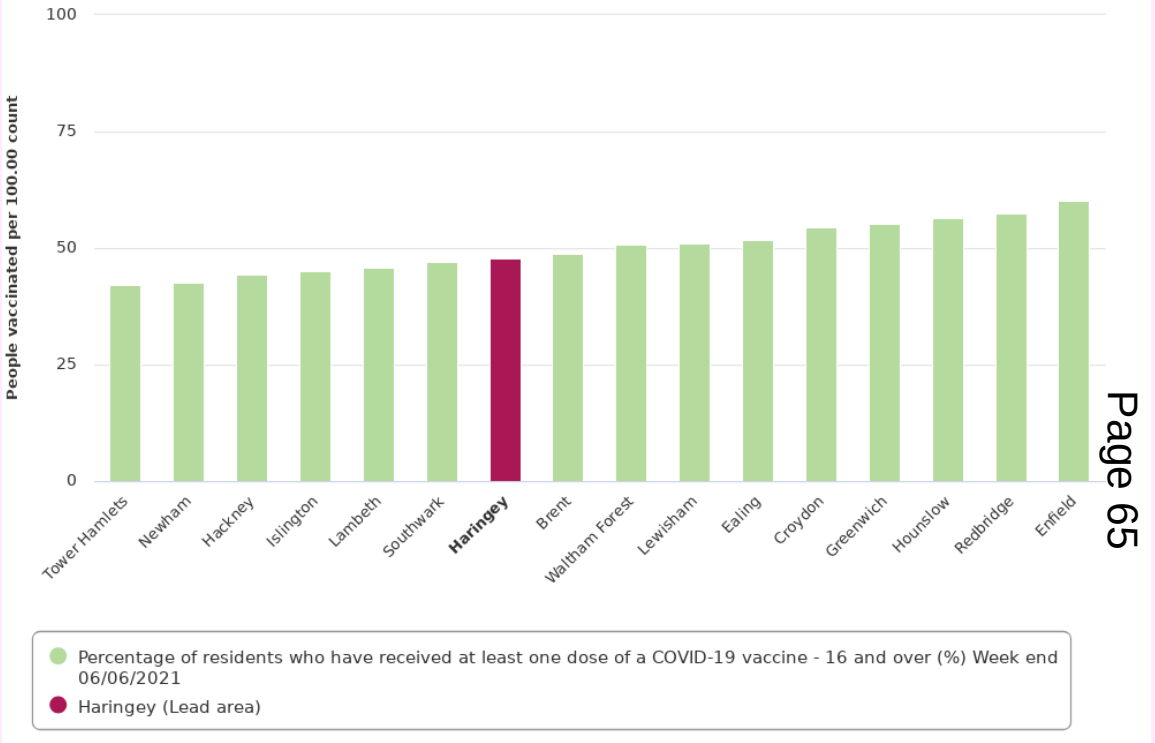
Across London neighbourhoods (MSOAs), there was a moderate to strong negative correlation between the proportion of people from BAME backgrounds in a given area and the Covid-19 vaccination rate among people aged 70+ by the beginning of May 2021, i.e. the higher the proportion of people from BAME backgrounds the lower the vaccination rate. This correlation was even stronger in the case of Haringey.



Covid-19 vaccination rates among Haringey residents aged 16+

In total, 129,572 of Haringey's 271,331 residents aged 16+ have received at least one dose of a Covid-19 vaccine by week ending 6 Jun 2021. This equates to a first dose vaccination rate of 48% (less than the English rate of 66% but more or less in line with Haringey's statistical neighbours).

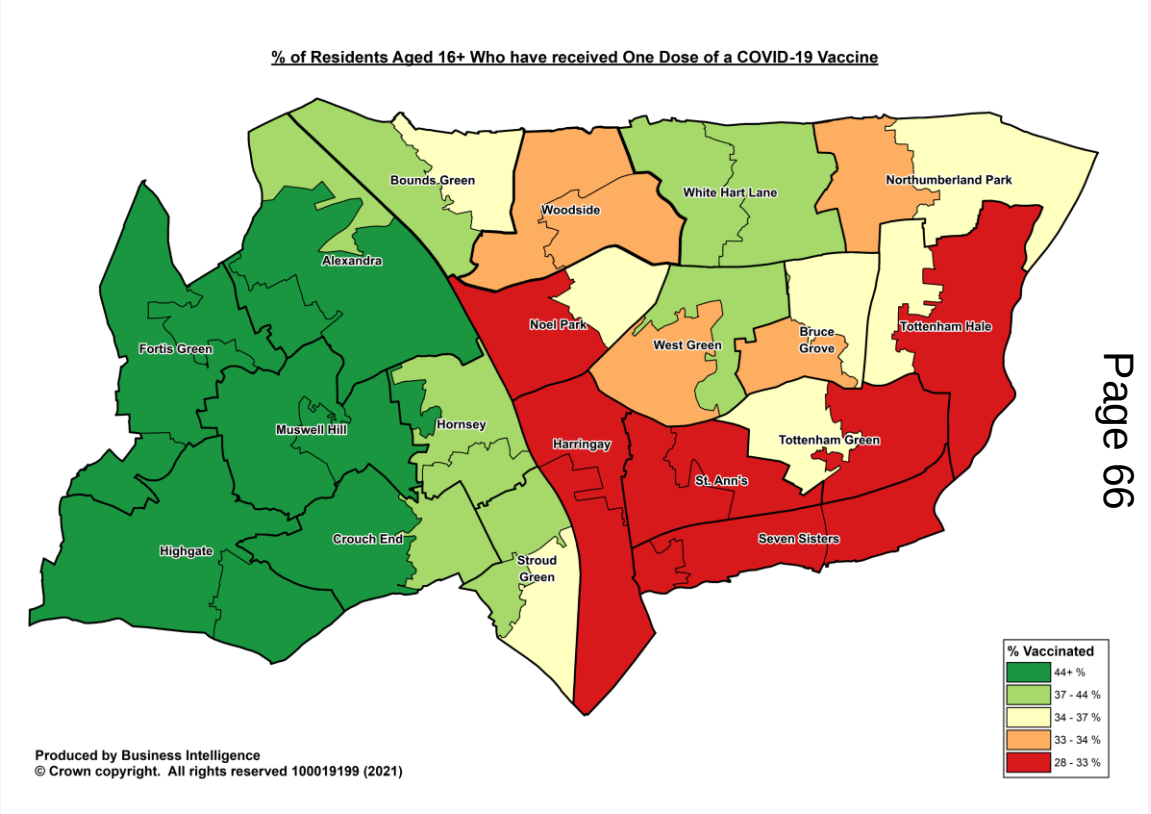
Moreover, a total of 28% of Haringey residents aged 16+ have received two doses of a Covid-19 vaccine.



Covid-19 vaccination rate among people aged 16+ by MSOA (by week ending 2 May 2021)

The geographical breakdown of the vaccination rates among people aged 16+ also show a disparity across Haringey.

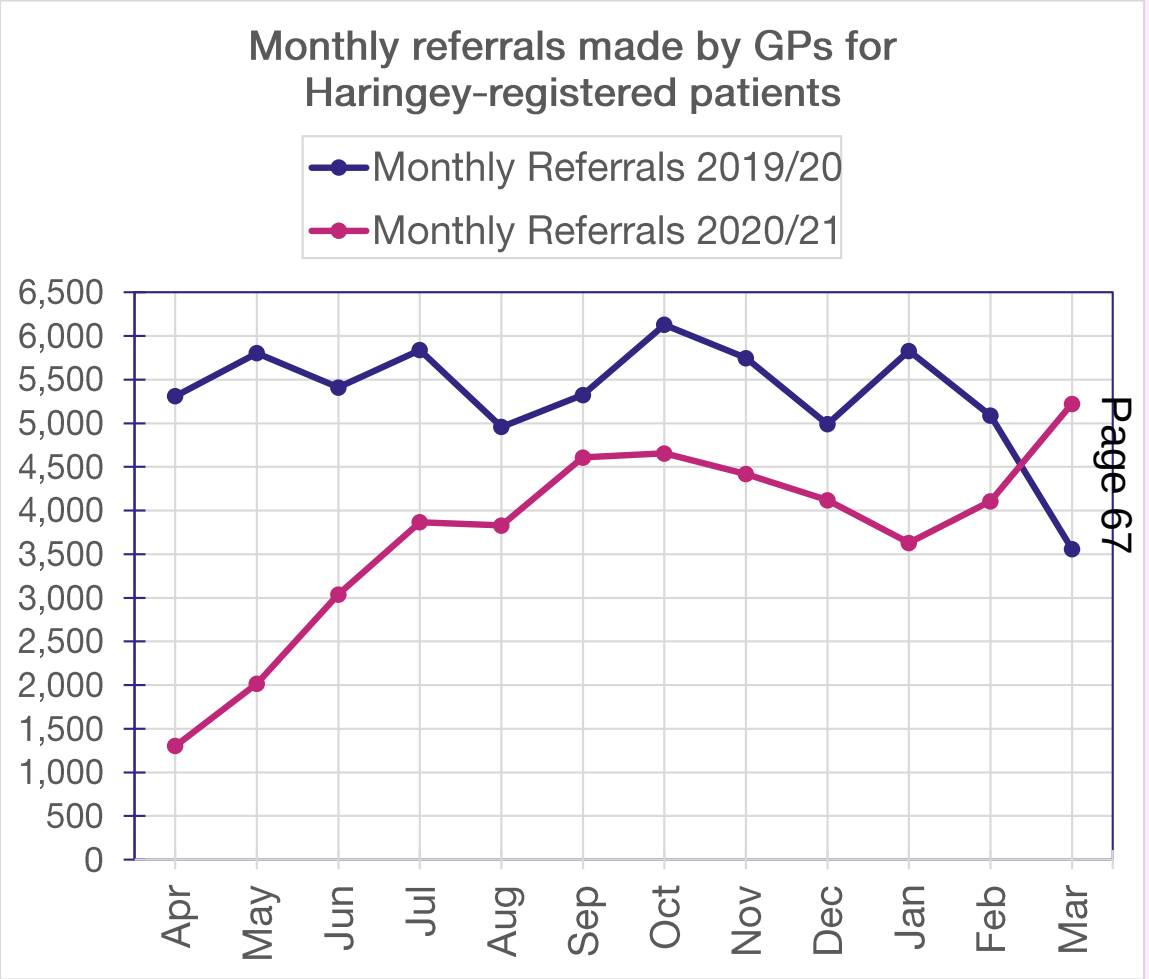
Again, as with the vaccination rates for people aged 70+, neighbourhoods (MSOAs) in the West had higher vaccinations rates in general among the population aged 16+, although not least in this case as these neighbourhoods generally have older populations and the vaccination campaign has so far strictly prioritised older people.



Referrals to secondary care for Haringey patients

The number of referrals to secondary care made by GPs for Haringey-registered patients has reduced notably during the pandemic. Overall, in the 12 month period from Apr 2020 to Mar 2021, there were 45,000 referrals, a decrease of 30% from the 64,000 referrals of the same 12 month period in 2019/20.

The first lockdown in the spring of 2020 resulted in the most dramatic decrease, but even during the summer, numbers of GP referrals did not go back to levels of the previous year before they decreased again in January 2021 coinciding with the apex of the second wave.

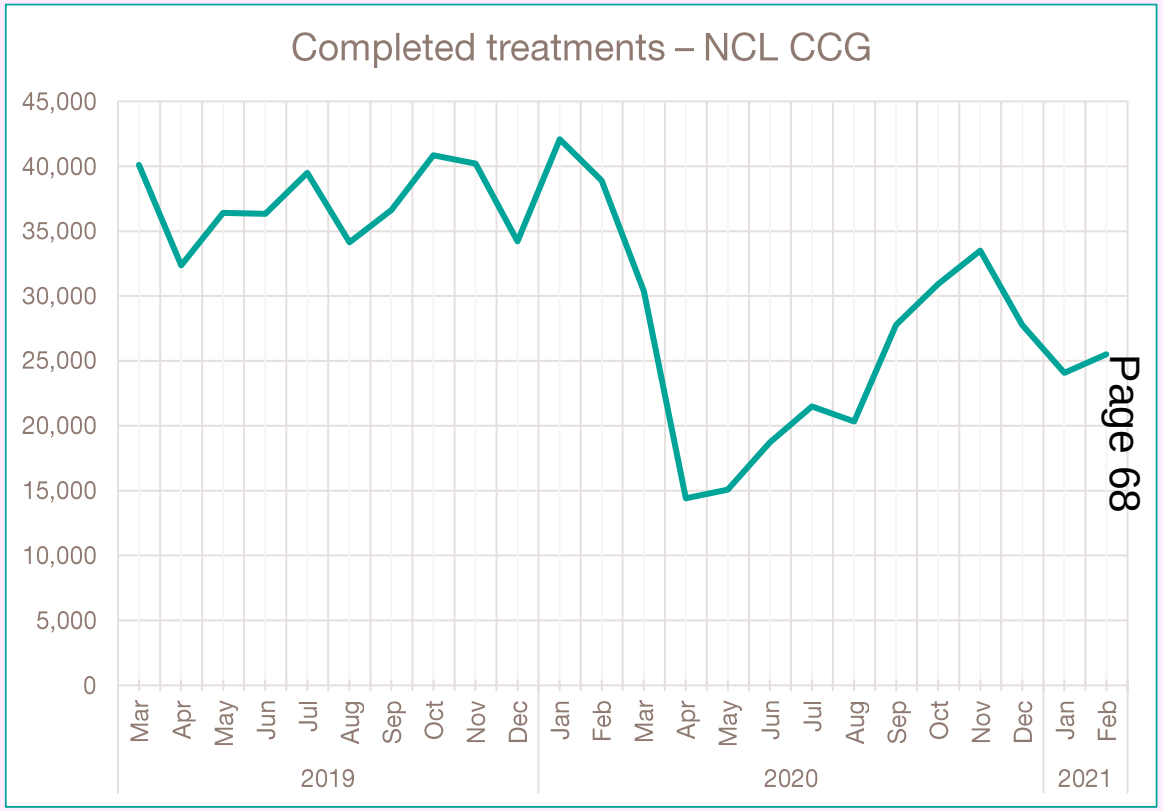


Completed treatments

In the 12-month period between Mar 2020 and Feb 2021, the number of completed treatments in the North Central London Clinical Commissioning Group (NCL CCG) went down by 36% (from more than 450,000 treatments completed in 2019/20 to under 290,000 in 2020/21).

The decline in number of treatments stems from measures implemented to manage the impact of Covid-19 as well as with an increase in the waiting times for treatment.

The decline in treatments was proportionally larger among those for admitted patients (-43% reduction) than those for non-admitted patients (-34%).



Completed pathways	Mar-Feb 12 month period		
	2019/20	2020/21	% change
For Admitted Patients	90,587	51,973	-43%
For Non-Admitted Patients	361,093	238,017	-34%
Total	**451,680**	**289,990**	**-36%**

Completed treatments by treatment function

Ophthalmology, Trauma & Orthopaedics, and Ear, Nose & Throat were the treatment functions experiencing the largest declines in terms of absolute number of completed treatments.

Treatment functions with the following characteristics were more severely affected:

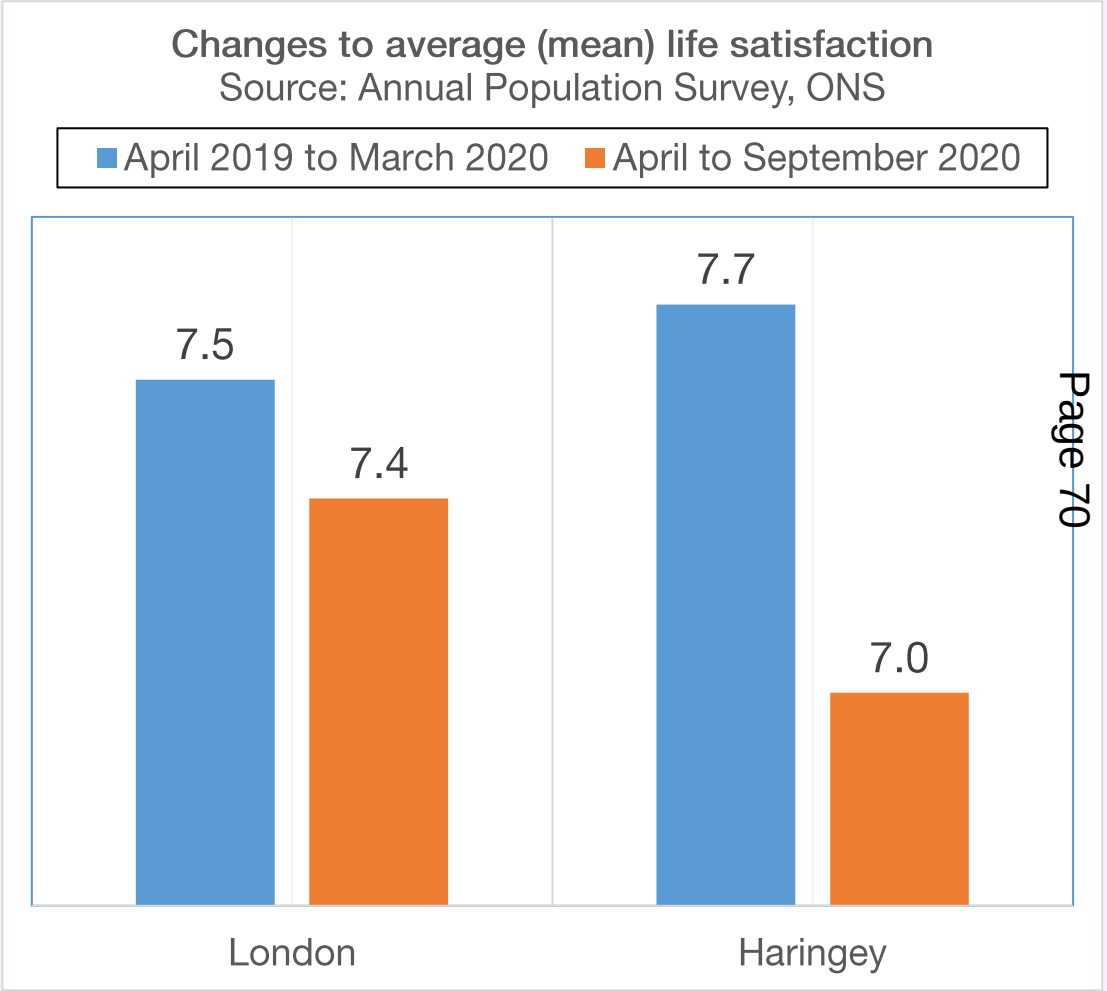
- Those requiring in-patient treatment and/or those relying to larger extent on face-to-face appointments (impacted by infection control procedures; ward beds and ITU beds occupied by Covid patients; and staff diverted to looking after Covid patients)
- Those with generally lower proportion of urgent cases
- Those requiring high number of diagnostic tests

Completed pathways

Treatment function	Mar-Feb 12 month period			
	2019/20	2020/21	Change	% change
Ophthalmology	148,871	65,635	-83,236	-56%
Trauma & Orthopaedics	35,137	21,287	-13,850	-39%
Ear, Nose & Throat	18,746	10,363	-8,383	-45%
Gynaecology	23,670	17,303	-6,367	-27%
Urology	17,528	11,635	-5,893	-34%
Dermatology	16,649	11,429	-5,220	-31%
General Surgery	15,048	10,525	-4,523	-30%
Rheumatology	6,064	4,214	-1,850	-31%
Neurosurgery	3,971	2,341	-1,630	-41%
Gastroenterology	11,521	10,113	-1,408	-12%
Neurology	15,605	14,728	-877	-6%
Thoracic Medicine	4,546	3,692	-854	-19%
General Medicine	5,272	4,721	-551	-10%
Geriatric Medicine	987	503	-484	-49%
Oral Surgery	5,246	4,776	-470	-9%
Cardiology	6,247	5,988	-259	-4%
Cardiothoracic Surgery	815	707	-108	-13%
Plastic Surgery	93	60	-33	-35%
Other	115,664	89,970	-25,694	-22%
Grand Total	**451,680**	**289,990**	**-161,690**	**-36%**

Changes to average life satisfaction

Data from the Annual Population Survey shows that during the first 6 months of the pandemic, life satisfaction in London went slightly down compared to the previous 12 months. In Haringey, however, this reduction was much more notable, coming down from 7.7 points out of 10 to 7 points. In fact, Haringey's decline (-8.1%) is the highest in London, followed by Ealing and Brent.



Predicted new cases of mental health and estimated extra demand

Population group	Number of people in population group (pre-COVID)	Research determined increase (percentage)	Mental health condition	Calculated predicted new cases of mental health condition	Percentage or number of people who may access services	Predicted extra demand for services
General population without pre-existing mental health conditions	216,223	16.3%	Moderate severe anxiety	35,244	25%	8,811
	216,223	22.3%	Moderate severe depression	48,218	25%	12,054
People with pre-existing mental health conditions	42,451	67.4%	Moderate severe anxiety	28,612	49.9%	14,277
	42,451	56.3%	Moderate severe depression	23,900	61.3%	14,651

The NHS Covid-19 Mental Health Forecast Tool provides an indication of the expected increase in demand for mental health services as a result of Covid-19, with the largest percent increases expected for the segment of people with pre-existing mental health conditions, which in the context of Haringey is of approx. 43,000 residents.

Thus, expected new demand for services among this segment return figures of approx. 14,000 people with moderate or severe anxiety and approx. 15,000 with moderate or severe depression. These are to be added to those generated by people without pre-existing mental health conditions.

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Adults and Health Scrutiny Panel

Work Plan 2021 - 22

1. **Scrutiny review projects;** These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a "one-off" item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are "cross cutting" in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.

Project	**Comments**	**Status**
Adult Social Care commissioning	This scrutiny review was established to examine the process behind commissioning decision-making including the overall strategic approach to commissioning, how decisions are tracked and measured, what key performance indicators are used, how return on investment is calculated and what criteria are used for tendering decisions. The final evidence sessions were held in March/April 2021 and the final report is expected to be published shortly.	In progress
Sheltered Housing	The aim of this scrutiny project is to review the current arrangements for the provision of sheltered housing in Haringey including: • The benefits and challenges emerging from the intergenerational living pilot scheme centred in a Homes for Haringey sheltered accommodation service for the elderly.	To start shortly

	• Measures taken to address anti-social behaviour issues in sheltered housing, including the support provided to people experiencing mental health difficulties or alcohol/drug misuse issues. • The wider care and support provided to residents living in sheltered housing.	

2. **"One-off" Items;** These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	**Agenda Items**
2021-22	
24 June 2021 (Additional briefing meeting)	• Transfer of GP contracts from AT Medics to Operose Health
28 June 2021	• CQC Overview • Living Through Lockdown report (Joint Partnerships Boards) – response to recommendations • Public health response to Covid-19 pandemic • Work Planning ○ To discuss items for the work plan for the Panel for 2021/22.

9 September 2021	• Cabinet Member Questions – Adults & Health • Day Opportunities Scrutiny Review – Follow up
15 November 2021	• Haringey Safeguarding Adults Board – Annual Report 2020/21
16 December 2021 (Budget Meeting)	• Budget scrutiny
3 March 2022	• Cabinet Member Questions – Adults & Health

Possible items to be allocated to Panel meetings:

- Impact of NCL CCG merger
- New community mental health model
- Violence Against Women and Girls (VAWG) (including number of refuge spaces)
- Supporting older people post-pandemic
- Locality working (with additional information that was identified during the discussion about this at the March 2021 meeting)
- IAPT waiting times
- Carers Strategy (including the care assessment process, advocacy services, personal budgets, availability of information about care services and support for young carers)
- Council house adaptations

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