

# **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON TUESDAY 30<sup>TH</sup> JULY 2024, 6.30 - 9.40pm**

## **PRESENT:**

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

**Co-Optees: 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**

There were no apologies for absence.

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

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

In relation to the item on Continuing Healthcare, Cllr Felicia Opoku declared an interest as she had been involved in the design of an electronic version of the tools referred to in the report.

## 5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

## 6. MINUTES

Referring to the deputation on Osborne Grove Nursing Home at the previous meeting, Cllr Connor requested an update on the commitment to set up a meeting with the co-production group. Vicky Murphy confirmed that one meeting had already taken place with another one to be scheduled soon. The subject matter had been discussed at the Co-production Commissioning Board. She agreed to provide a more detailed update on this to the Panel. **(ACTION)**

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

**RESOLVED – That the minutes of the meeting held on 22<sup>nd</sup> February 2024 be approved as an accurate record.**

## 7. CONTINUING HEALTHCARE

Anthony Rafferty, Director for Adult Community Services at Whittington Health, provided an overview of Continuing Healthcare (CHC), explaining that this was a package of ongoing care arranged and funded solely by the NHS where an individual had been assessed and found to have a primary health need as set out in the national framework. The CHC team worked alongside multi-disciplinary team (MDT) colleagues to screen and complete CHC checklists as all patients were entitled to be screened to ascertain if they required a CHC assessment. The CHC/MDT teams and hospitals identified patients who had a rapidly deteriorating condition and were approaching end of life so that they could be fast tracked for CHC assessment automatically.

Anthony Rafferty set out details of the main CHC assessments/tools including:

- **CHC Checklist:** A screening tool used in a variety of settings to help practitioners identify individuals who may need a referral for a full assessment of eligibility for CHC. This could be used in a variety of settings and the checklist scoring had 11 domains with the threshold set deliberately low in order to screen people in rather than out. Information for this could be gathered from families and patient notes.
- **Decision Support Tool (DST):** Used by the MDT to assess whether individuals had a primary health need. The DST assessed the individual's need as low, medium or high under each of the 11 domains and determined what level of care and support they need.
- **Fast Track Tool:** A means for ensuring that a person's care was not delayed unnecessarily when an individual had a rapidly deteriorating condition, which

may be in a terminal phase. This provided short-term authorisation until a full CHC assessment could take place.

Anthony Rafferty explained that, when the assessment for an eligible person had been completed, the forms were shared with the local authority to check before being sent to the ICB which was responsible for ratification and determining the funding criteria. Reviews for patients took place after 3 months and 12 months to ascertain whether their needs had changed.

Anthony Rafferty then responded to questions from the Panel:

- Cllr Connor highlighted the low figures for CHC patients in Haringey, and in London as a whole, when compared to the national average. Anthony Rafferty acknowledged that this was an area for improvement, noting that most referrals came from local hospitals and so it was important to raise awareness of CHC for clinicians, particularly when there was a high turnover of staff in London. The ICB had recently established 'in-reach' nurse roles in each hospital to help identify those who may have increasing care needs and may reach the criteria for CHC. This included patients on Pathway 3 which is discharge to care homes. The ICB also had a piece of work on upscaling awareness of CHC across NCL and it was agreed that further details on this would be provided to the Panel. **(ACTION)**
- Cllr Connor asked whether the areas of the country with higher CHC rates had variations in their assessment and screening processes which may partially account for this. Cllr O'Donovan referred to differences in demographics between different areas and the complexities in the system that could impact on variations in rates between different areas. Anthony Rafferty said that, as a provider, Whittington Health was limited to conducting assessments and did not make decisions on funding so he would need to refer to the ICB for a response on this question. **(ACTION)** He added that the recent absolute CHC numbers for Haringey had been around 600 per year.
- Cllr Mason raised concerns about people of disadvantaged or lower economic backgrounds who may find it more difficult to access CHC. Anthony Rafferty responded that the criteria were based on a national framework and there was also an appeal process. He was aware of comments that more affluent people may be better able to navigate the system and, while he did not have figures on health inequalities or ethnicity, he could provide these in writing. **(ACTION)**
- Helena Kania expressed concerns that CHC was denied to many people with health conditions and queried how the system needed to change. Andrew Rafferty responded that the national framework which determined eligibility was set by the government and that the funding available for CHC was also limited.
- Cllr Brennan noted that CHC was not always well known or understood by patients and needed to be publicised further. Anthony Rafferty agreed that greater awareness of CHC was needed, including for health professionals, and would be working with the ICB and adult social care to improve this.
- Asked by Cllr Connor about the information that residents and families received prior to an assessment, Anthony Rafferty explained that they were contacted

beforehand to discuss what the assessment entailed and to provide them with a leaflet. However, he acknowledged that there was always room for improvement and would look to make this a priority to improve accessibility.

- Cllr Iyngkaran queried whether the assessment process could be considered to be truly independent. Anthony Rafferty responded that the CHC team was not based in the hospitals but independently in the community, while the ICB itself was removed from the assessment process.
- Asked by Cllr Iyngkaran about advocacy for people who did not speak English as a first language, Anthony Rafferty said that translators could be provided when required and that advocates could also be provided through the local authority. Vicky Murphy added that the guidance was clear on people requiring advocates for the CHC process if they lacked capacity and that the local authority would help to do this if they were involved with the case, but they were not necessarily involved in all cases. Cllr Connor suggested that further clarification may be required on how advocates were funded. **(ACTION)**
- Cllr Peacock referred to some local cases involving residents with dementia noting that relatives may not understand how best to begin the process of applying for CHC and that the individuals may not be agreeable to an assessment. Anthony Rafferty said that it would be best to go through a GP to raise a referral as the CHC team did not accept self-referrals. The residents could also be assessed as to whether they had capacity to make decisions and provided with the appropriate support if they did not.
- Cllr O'Donovan asked about the process when a person had been assessed as not meeting the criteria for CHC but then subsequently deteriorated. Anthony Rafferty explained that the assessment letter provided details on how to refer back for a reassessment and that checks could then be made on whether there had been any change in their needs.
- Cllr Connor asked whether assessment meetings were recorded and minuted and whether these recordings and minutes were shared and agreed with the resident/family. Anthony Rafferty said that recordings were not usual, but a resident could request for this to be done. However, each assessment was documented with what was said and what the resident's needs were using the decision tool. The resident/family and any advocates would be sent these details as an outcome letter which would also set out the next steps of the process. In addition, residents could request access to their electronic patient record. Cllr Brennan suggested that audio recordings of assessments should be carried out by default in order to ensure an accurate record.
- Cllr Connor queried CHC assessments for people in care homes who had been assessed as requiring nursing care but did not receive CHC. Anthony Rafferty said that this would be carried out by nurses as part of the discharge process from the hospital to the care home. However, he acknowledged that figures would be low in NCL due to a lack of care home provision, though some residents may be placed out of borough, and could provide further details on the figures in writing. **(ACTION)**

Cllr Connor thanked Anthony Rafferty for attending the meeting and summarised the recommendations of the Panel:

- **The Panel emphasised that clear written information should be provided to residents/families/carers/advocates prior to any assessment or checklist taking place so that they were clear about the process and the questions that would be asked.**
- **The information provided to residents should also:**
  - **Make clear that the recording of assessments can be requested.**
  - **Make clear how decisions could be challenged and explain the process for this.**
  - **Provide details on financial assessment/eligibility and ensure that residents are clear about any financial contribution that may be required from them.**
- **Clarification was requested on the funding for advocacy services for residents undertaking the assessment process.**
- **Data on health inequalities and ethnicity relating to the recipients of CHC in Haringey was requested.**
- **Information was requested from the ICB explaining why CHC figures in Haringey/NCL was significantly lower than the national average.**
- **Information was requested on the work being carried out by the ICB on upscaling awareness of CHC across NCL.**
- **Data was requested on CHC assessments for people in care homes.**

## **8. HARINGEY HEALTH & WELLBEING STRATEGY 2024-29**

Will Maimaris, Director for Public Health, provided a presentation on the development of a new Health and Wellbeing Strategy for Haringey which would run from 2024 to 2029. The strategy would help to guide the partnership work with the NHS with a broad longer-term view and to engage with residents on this work and the issues that mattered to them.

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Wellbeing, commented that the strategy was an opportunity to ensure that the Borough vision was connected with health and wellbeing and that it was important to have a structure where issues could be referred.

Will Maimaris then presented slides to the Panel which included the following points:

- The Health and Wellbeing Board was an existing partnership board that oversaw health improvement priorities for Haringey. It was chaired by Cllr das Neves and also included representatives from the ICB, NHS Trusts, Council officers and community leadership. The Board was responsible for the Health and Wellbeing Strategy and understanding the health needs of the population. This work would also be linked to the priorities of the Haringey Borough Partnership.

- A map of the borough was displayed which illustrated the variations in life expectancy by ward. The borough average was now broadly comparable to London/nationally and had improved since the Covid-19 pandemic.
- Engagement work with residents on health and wellbeing issues had been carried out last year which was carried out through a variety of forums.
- The themes of the new strategy, which had emerged through the data and the engagement work were:
  - Housing & Health
  - Improving Mental Wellbeing
  - Healthy Place Shaping
  - Preventative Health and Care Strategies
- The principles for delivering the strategy were:
  - Co-production and working with people
  - Knowing our communities
  - Stronger partnership working
  - Equity and challenging discrimination and racism
  - Advocating for high-quality local services that are resourced to meet the needs of our residents
  - Taking an all-age approach
- Action plans for the first 18 months of the strategy were being developed for each theme along with an outcomes framework.
- The draft strategy was due to be reviewed and signed off by the Health and Wellbeing Board in September. Updates on progress would then be received after 12-18 months.
- There were links with the rest of the NCL area through the Integrated Care Partnership Council which was a forum that brought together elected leaders and senior officers from each Council to steer the partnership work on population health improvement in NCL.
- The outcomes framework for the strategy that was being developed would track key indicators linked to the four themes of the strategy. Example outcomes were illustrated such as smokefree environments and access to green spaces and it was noted that the data for some indicators involved a time lag of up to 18 months.

Will Maimaris then responded to questions from the Panel:

- Cllr Connor welcomed the themes of the strategy but queried the overlap with other strategic priorities including those of the Haringey Borough Partnership and how these would coherently fit together. Referring to the slide that illustrated the links to the Haringey Borough Partnership, Will Maimaris explained that this flowed into the Health and Wellbeing Board and the aim was that the new strategy would enable other areas of work that were not covered by the partnership (such as housing) to be captured. The Preventative Health & Care Strategies theme and the Improving Mental Wellbeing theme provided a direct link to the Haringey Borough Partnership's programme of work. The Healthy Place and the Housing & Health themes were wider than the Haringey

Borough Partnership and would bring in other parts of the Council. For example, the housing work sat with the Council's Place-making and Housing Board and so members of that Board would report into the Health and Wellbeing Board. This would therefore reach some of the wider determinants of health and wellbeing. Will Maimaris suggested that this could be mapped out on a chart/table to help illustrate this.

- Cllr Brennan suggested that damp housing should be included as an indicator given the impact that this could have on health. Will Maimaris acknowledged that Housing was an area where they were considering how best to set indicators and that damp was an area that could be measured. However, this would be more difficult to measure in the private rented sector when compared to Council owned housing.
- Helena Kania noted that social isolation was included under the Improving Mental Wellbeing theme but could also be included under Preventative Health theme given the link to dementia and other conditions. Will Maimaris said that this was an issue that had been raised a lot during the engagement on mental health but acknowledged that it was also relevant to other areas. Cllr das Neves also agreed that it could fit into both areas. **(ACTION)**
- Asked by Helena Kania about the current status of the ageing and frailty project, Sara Sutton, Assistant Director for Place-based Commissioning and Partnerships, reported that this had been through a transition period and that a process was underway to recruit to a number of roles. She could obtain a more detailed update from Tim Miller, Assistant Director of Place, Integration, Transformation & Delivery. **(ACTION)**
- Helena Kania queried why the indicator on access to green spaces was only about physically active adults and did not seem to include people with disabilities. Will Maimaris said that another part of the Healthy Place Shaping theme was included disabled access both across health and care services and also in terms of local facilities. In the first 18 months of the strategy there was an intention to map out issues with the Joint Partnership Board (JBP) and others to understand what more could be done through the local plan in relation to parks and green spaces. Asked by Cllr Connor about toilet provision in Alexandra Park, Sara Sutton said that this had recently been opened in the past few weeks.
- Cllr Mason raised a number of issues that could be covered by the strategy including support for single parents, obesity, violence reduction and children's access to health and social care services. Will Maimaris highlighted a programme called ABC Parenting which provided peer support for new mothers and agreed to circulate information about this. **(ACTION)** He confirmed that obesity was included in the strategy and included a specific healthy weight strategy as a sub-component of this. On violence, the community safety strategy was a plank of this approach so there would need to be indicators linked to that.
- Asked by Cllr Mason how housing and health policy would be effectively brought together, Will Maimaris noted that the Council had a commitment to improving the housing stock and so the aim was to influence this to include

health needs such as repairs, damp and mould. There had also been a useful session with health and housing leads about integrating pathways which was a challenging area.

- Asked by Cllr Mason about the geographical allocation of resources and the replication of successful projects in other areas, Will Maimaris referred to the integrated localities work in health and social care as a route to address this.
- Cllr Mason highlighted the importance of picking up on compliments and complaints. Will Maimaris said that this was an interesting point about understanding feedback and that these were typically received by direct service providers. Cllr das Neves noted that the complaints report was submitted annually to the Overview & Scrutiny Committee. Cllr Opoku highlighted the need to engage with residents who didn't typically provide feedback so that this wasn't dominated by people who frequently contacted the Council. Cllr das Neves responded that there had been efforts to do this through outreach to community groups, networks and events.
- Referring to the life expectancy ward map, Cllr Opoku queried why life expectancy was lower than other parts of the Borough in the Stroud Green ward. Will Maimaris explained that the numbers per ward could be quite low and so this could be a factor but wasn't sure about the specific details in this ward. He added that the overall trend for the borough was higher life expectancy rates in the west of the borough. Cllr Connor requested that further detail on this question be provided in writing. **(ACTION)**
- Cllr Opoku highlighted concerns about insufficient primary care services and too much density in areas of Tottenham with a large number of new homes as this could impact on health. Cllr das Neves referred to the Placemaking Strategy which was intended to address the broader infrastructure issues such as health and community facilities and green spaces. Sara Sutton added that part of the Local Plan was focused on health and the wider social infrastructure.
- Cllr Peacock highlighted her work on the People's Day event at Tottenham Leisure Centre, which was referred to on page 25 of the agenda pack, and the local pensioners group which had 350 members.
- Cllr O'Donovan referred to the various blocks of support for health and wellbeing as illustrated in the graphic in the report and queried what possible gaps there could be. Will Maimaris suggested that clear governance routes and plans with other parts of the Council was part of this as well as resourcing challenges and progress with understanding the needs of different communities. Cllr das Neves highlighted the importance of a collaborative approach across the different parts of the Council.
- Cllr lyngkaran highlighted the importance of prevention, most notably in relation to cardiovascular disease and hypertension, as this had a significant potential impact on health, could be targeted and would be measurable. He added that a similar approach on improving screening outcomes for cancer could also have a significant impact. Will Maimaris agreed that cardiovascular disease and cancer screening were fundamental to public health. He added that there was a cancer prevention strategy for NCL and a plan for heart health but there was more that could be done and that would be part of the integrated care

partnership strategy. Cllr das Neves highlighted the importance of supporting local community groups and events to help to promote prevention in a practical way including cancer screening.

- Cllr Lyngkaran asked about smoking and the potential adverse outcomes of vaping and whether the strategy would address this. Will Maimaris responded that smoking rates in Haringey were higher than might be expected and that greater understanding about the potential harms of vaping was needed and the national policy approach on this was particularly important. Vaping could be difficult to monitor locally but a question on this would be added to the regular school survey. Cllr das Neves added that the national strategy was on both smoking and vaping and the local strategy in Haringey would follow a similar approach.
- Cllr Mason spoke about the issues of stress and anxiety and the role of community spaces and community support which were all relevant to helping people to lead healthier lifestyles.
- Cllr O'Donovan suggested that other Scrutiny Panels may wish to consider the Health and Wellbeing Strategy in the context of other policy issues given the cross-Departmental nature of the approach.

Cllr Connor welcomed the development of the new Health and Wellbeing Strategy and summarised the comments and recommendations of the Panel:

- **Further clarification was requested on how the outcomes, monitoring and reporting would fit within the governance structure.**
- **There were some challenges acknowledged in how some outcomes could be realistically monitored, such as people accessing green spaces.**
- **Further detail would be required on how health policy would be able to link to and influence the Local Plan in relation to housing policy and what realistic outcomes could be achieved given the complexities in this area.**
- **Further detail would be required on how on the future partnership working and community engagement would work in practice.**

Will Maimaris responded that the conversation had been useful as the strategy would be put to the Health and Wellbeing Board in September and the Panel had highlighted the issue of clarity on governance which could be put in place. There would also be a focused outcomes set and there had been input on priorities for this from the Panel.

Cllr Connor noted that the Strategy would be monitored by the Health and Wellbeing Board but suggested that the Panel may wish to be updated on the governance structure and potentially any specific focused areas of the strategy that could be relevant. Will Maimaris added that there would be a review of the action plan after approximately 12-18 months and so this could be an appropriate point at which the Panel could be updated on progress. **(ACTION)**

## **9. CABINET MEMBER QUESTIONS**

Reporting on recent developments, Cllr das Neves said that thought was being given to the alignment between national and local policy, such as with the prevention work that had been discussed earlier in the meeting, and including through partnership working at London-wide level.

Cllr das Neves responded to questions from the Panel:

- Asked by Helena Kania for her view on the future of the JPB, Cllr das Neves said that this was a very important body and that it was also important that it worked well and brought together as many different and shared voices that could participate, including 'hard to reach' groups. This meant examining what could be done better including that the right training and support was in place. Beverley Tarka, Director of Adults, Health and Communities, also highlighted the importance of the Board and noted that a review had been conducted and that she was now the lead for taking the next steps in terms of conversations with the co-Chairs and investment in external facilitation as recommended in the review. She added that a meeting was scheduled to discuss working together on next steps for the Board and to reflect on the review. Cllr das Neves commented that she was passionate about participation but that it was not always easy and so external facilitators could bring in skills to help with this.
- Helena Kania queried how the future of the North Middlesex and Royal Free hospitals would be monitored by the Council following the proposed merger of the two Trusts. Cllr das Neves observed that, while the Council could monitor impact on residents, this was not an area that the Council could control. Sara Sutton added that there was some oversight through the Borough Partnership executive including a commitment that colleagues from partnership organisations that they would report back on this in the autumn. Cllr Connor noted that a paper on the proposed merger would be discussed at the next meeting of the NCL Joint Health Overview & Scrutiny Committee (JHOSC) in September. The JHOSC would also be receiving briefings/reports on the partnership between the mental health trusts and on the collaboration between the Whittington Health Trust and the University College London Hospital Trust.
- Cllr O'Donovan raised the issue of safety for women and girls and asked about action the role of youth hubs and whether there ought to be single sex spaces. Cllr das Neves explained that there were two Youth Hubs in the Borough and that the views of young people would be needed in any discussion about single sex spaces. She added that the Council funded work in schools on various aspects of VAWG (Violence Against Women & Girls) prevention such as healthy relationship and women's safety. There was also work funded with perpetrators of VAWG to prevent harmful behaviour. The new government had made a commitment on mental health in schools and more resources within schools to support young people.
- Cllr Connor referred to the Haringey Opportunities Project for people with learning disabilities and complex needs, run by Centre 404, and understood

that concerns had been raised in a recent review that the centre was not being well utilised. Cllr das Neves emphasised that it was important to listen to the service users and to adapt the service to meet their needs if necessary. Vicky Murphy added that the review had come from the JPB and that, while there was a low number of users, they were also some of the most complex and vulnerable users with intensive care packages, including activities at weekends. She would be following up on the review in due course. **(ACTION)**

- Cllr Connor requested further information about the ongoing challenges with the Department's finances, including the savings that would be required for next year's budget, and the proportion of the current year's savings requirements which had not been achieved. Vicky Murphy said that the Adult Social Care team had actually overachieved on the savings required. After further discussion, it was clarified that unachieved savings may have related to the wider Adults, Health & Communities Department rather than the Adult Social Care team. Cllr das Neves commented that there was a very challenging financial environment that was also being experienced by other local authorities in London. Haringey was making changes including a new structure on project management and inroads on CHC costs. While there was confidence that unit costs were not higher than other comparable local authorities, the demand for services remained high which highlighted the importance of prevention and intervention for future years.
- Cllr O'Donovan highlighted the importance of multi-year settlements from the government and the advantage of social return on investment in the longer-term as opposed to year-by-year budgeting. Cllr das Neves agreed that multi-year settlements would be beneficial and looked forward to the next Government Spending Review which she hoped would address this.
- Asked by Cllr Iyngkaran for an update on Canning Crescent, Cllr das Neves said that the aim was to open by January 2025 and regretted the delay which had been the result of complications with suppliers.

## **10. WORK PROGRAMME UPDATE**

It was noted that the agenda item on the Haringey Adult Safeguarding Board Annual report would now be held in September rather than November due to diary clashes.

The Panel suggested additional possible topics for the remainder of the 2024/25 work programme:

- Preparedness for a future pandemic
- Mental health and transition from children's services to adult services
- Support provided to people with dementia

## **11. DATES OF FUTURE MEETINGS**

- 19<sup>th</sup> Sep 2024 (6.30pm)

- 5<sup>th</sup> Nov 2024 (6.30pm)
- 17<sup>th</sup> Dec 2024 (6.30pm)
- 10<sup>th</sup> Feb 2025 (6.30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....