



# Haverling

LONDON BOROUGH

## PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm

Tuesday  
15 October 2024

Appointment Centre,  
Town Hall, Romford

Members 9: Quorum 3

### COUNCILLORS:

Jason Frost (Chairman)  
Frankie Walker (Vice-Chair)  
Sarah Edwards

Robby Misir  
Christine Smith  
Judith Holt

Jacqueline McArdle  
Julie Wilkes  
EHRG Vacancy

### CO-OPTED MEMBERS:

**Statutory Members  
representing the Churches**

Jack How (Roman Catholic  
Church)

**Statutory Members  
representing parent  
governors**

Julie Lamb, Special Schools

### NON-VOTING MEMBERS

Ian Rusha (NEU)

For information about the meeting please contact:  
Luke Phimister  
01708 434619 [luke.phimister@onesource.co.uk](mailto:luke.phimister@onesource.co.uk)

***Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.***

***Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.***

### **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

## **What is Overview & Scrutiny?**

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

## **Terms of Reference**

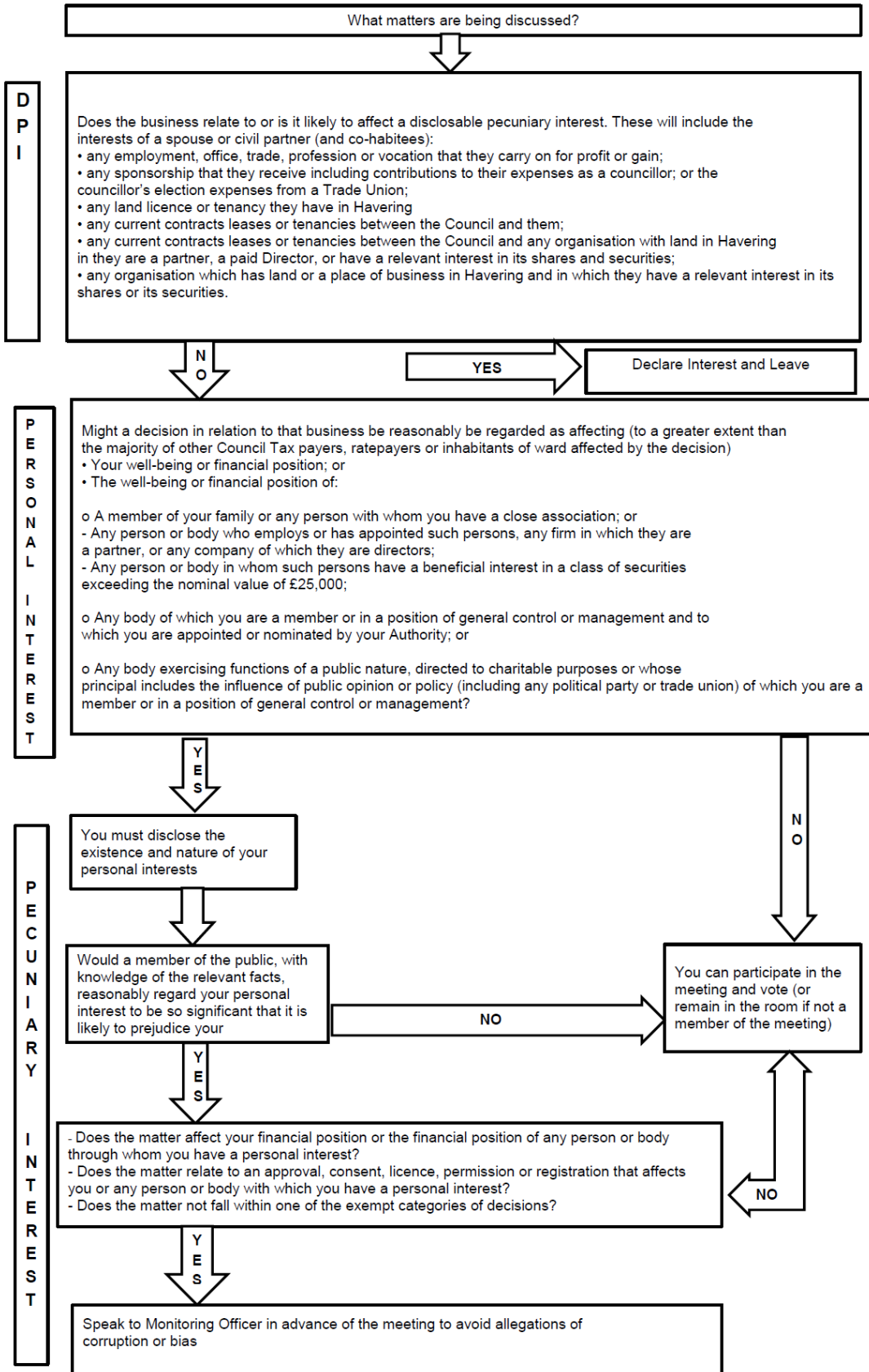
The areas scrutinised by the Committee are:

- Drug, Alcohol & sexual Services
- Health & Wellbeing
- Health O & Scrutiny
- Adult Care
- Learning and Physical Disabilities
- Employment & Skills
- Education
- Child Protection
- Youth Services

**People Overview & Scrutiny Sub Committee, 15 October 2024**

- Fostering & Adoption Services
- Education Traded Services
- Early Years Services
- Looked after Children
- Media
- Communications
- Advertising
- Corporate Events
- Bereavement & Registration Services
- Crime & Disorder

**DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF**



## **AGENDA ITEMS**

### **1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

### **2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

To receive (if any)

### **3 DISCLOSURE OF INTERESTS**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

### **4 MINUTES (Pages 7 - 8)**

To approve as a correct record the Minutes of the meetings of the Committee held on 13<sup>th</sup> February 2024 and authorise the Chairman to sign them

### **5 HEALTHWATCH HAVERING ANNUAL REPORT 2023-24 (Pages 9 - 36)**

### **6 HEALTHWATCH HAVERING REPORT ON LONG COVID (Pages 37 - 52)**

### **7 PRE-DECISION SCRUTINY - JOINT HAVERING DEMENTIA STRATEGY 2024-2029 (Pages 53 - 86)**

### **8 ONEL JHOSC NOMINATIONS (Pages 87 - 88)**

**Zena Smith**  
**Head of Committee and Election Services**

# Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE  
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE  
Appointment Centre Room 10 & 11, Town Hall, Romford  
13 February 2024 (7.00 - 9.10 pm)**

**Present:**

**COUNCILLORS**

<b>Conservative Group</b>	Jason Frost (Chairman), Judith Holt and Christine Smith
<b>Havering Residents' Group</b>	Laurance Garrard, Jacqueline McArdle and Julie Wilkes
<b>Labour Group</b>	Frankie Walker (Vice-Chair) and Patricia Brown

**81 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reminded Members of the action to be taken in an emergency.

**82 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received for the absence of Co-optee Julie Lamb.

**83 DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

**84 MINUTES**

The minutes of the previous meeting were agreed as a correct record and were signed by the Chairman.

**85 HEALTHWATCH HAVERING RECENT REPORTS**

The Sub-Committee received various reports presented by Healthwatch Havering (HH).

The first related to Autism and contained responses to consultation held by HH. Members noted many respondents were of a negative view regarding GPs and GP receptionists and the quality of clubs in the Borough. On a positive, the majority of professionals within the industry felt positive with their jobs and enjoyed their roles. HH reported there was a lack of support for adults over 25 with HH trying to act as a catalyst to start new provisions.

The second related to Deafness. Members were shown a video showing people signing the lyrics to a song using British Sign Language (BSL) which was received well by the Sub-Committee. HH explained that BSL was defined as a legal and statutory language and some residents can only read BSL so documents and websites should be made available in BSL to accommodate those residents.

The final related to long-covid. Members noted the report was a second survey following the first survey in 2023. One third of respondents who engaged in the previous survey reported an improvement in their condition, 28% reported no change and 38% reported their condition had worsened. It was noted that there were differing opinions between GPs on dealing with the symptoms of long-covid. HH explained a follow-up survey would be conducted in the following 6-18 months.

The Sub-Committee noted the report.

## 86 **HAVERING COMMUNITY PHLEBOTOMY SERVICE**

The Sub-Committee were presented with a report on the Community Phlebotomy Service.

The target for non-urgent bleeds were 10 days or less which had not been met, which was partially due to the recent strikes. It was noted there was a recovery plan in place which was having some effect with wait times reducing. It was noted that with staff numbers increasing, the service was prepared to introduce 1 extra appointment per chair per hour, increasing the overall capacity by roughly 15%. Alongside that, the service was considering opening evening centres and were in the process of purchasing fridges to store the blood in overnight. It was noted that blood centres had started to open at GP practises with Havering having the lowest number in BHRUT with it explained that the process of moving staff from Primary Care to community was difficult.

The Sub-Committee noted the report.

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**Chairman**



**PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 15<sup>TH</sup> OCTOBER 2024**

**Subject Heading:**

Healthwatch Havering Annual Report 2023-24

**Report Author and contact details:**

Luke Phimister, Committee Services Officer

**Policy context:**

To enable the Sub-Committee to scrutinise the work undertaken by Healthwatch Havering.

**SUMMARY**

The attached report details the work undertaken by Healthwatch Havering during the period of 2023-24.

**RECOMMENDATIONS**

That the Sub-Committee scrutinises the report and agrees any recommendations it deems necessary.

**REPORT DETAIL**

Members will be aware that Healthwatch Havering submits its annual report to the Sub-Committee periodically to scrutinise. The report attached from Healthwatch Havering covers the period of 2023-24 and Healthwatch Officers will highlight areas within the report they consider important for the Sub-Committee to scrutinise.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None.

**Legal implications and risks:** None.

**Human Resources implications and risks:** None.

**Equalities implications and risks:** None.

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

None.

**BACKGROUND PAPERS**

None

# The value of listening

Healthwatch Havering  
Annual Report 2023–2024



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**"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."**

Louise Ansari, Chief Executive at Healthwatch England



# Message from our Chair, Anne-Marie Dean



This year's report reflects the importance of listening and sharing – learning what works well and what does not work as well.

The adaptability that has been created by working as members and in teams with London Borough of Havering, Havering Place Based Partnership, Primary Care, BHRUT, the ICB, Safeguarding, local Care Homes, Charities and Voluntary groups enables us to confidently deliver suggestions and possible solutions to improve services for residents.

We published two major reports, both of which has had the full support of the NEL Integrated Care Board and been welcomed by local residents.

- Deafness is not a barrier – It only becomes a barrier if there is a lack of accessibility
- Services for people living with Learning Difficulties.

We have worked on a combined review of the Maternity Services across NE London with Healthwatch colleagues, and this report sets out the concerns raised by 25 women in Havering.

To make sure Havering residents voices are heard widely, we are members of the Integrated Care Board and the London Ambulance Service's Patients' Council.

The older members of our community who are living in Care homes are also a priority for us and we have a regular programme of Enter and View with reports published after each visit on our website [www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)

A lot has been achieved and the reason for this is simply due to the positivity and co-operative approach of our volunteer members – you can read more about them on page 18.



**Our role is working with Havering communities to help to identify unfair and avoidable differences in health and social care. We use your feedback to improve standards of care**

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# About us

Healthwatch Havering is your local health and social care champion.

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We make sure Havering Council and NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice

## Our vision

To provide a platform which explores and empowers residents to shape the future of their communities, setting goals, objectives, and values.



## Our mission

To find out what matters to people, and help to make sure their views shape the support to match the needs. To work co-operatively with all organisations to achieve this goal.



## Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with all Care providers, Local Government, and the voluntary sector – serving as the public's independent advocate.



# Year in review

## Reaching out:

**1,000+ people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**139 people**

came to us for clear advice and information about topics such as dental care and accessing GP services.



## Making a difference to care:

We published

**15 reports**

about the improvements people would like to see in health and social care services.

Our most popular report was

**Maternity Services in North East London** which highlighted the struggles people face accessing good maternity care.



## Health and social care that works for you:

We're lucky to have

**14**

outstanding volunteers who gave up their time to make care better for our community.

We're funded by our local authority. In 2023 - 24 we received

**£117,359**

which is the same as in the previous year.





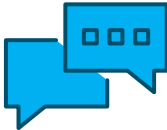

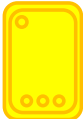
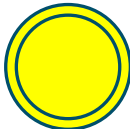
We currently employ

**6 staff**

who help us carry out our work.



# How we've made a difference this year

Spring	 <p>We drew attention to Health Inequalities and the Healthy Weight Strategy with the Havering Public Health Team</p>	 <p>We supported a Task and Finish Focus Group working with Care Home Residents</p>
Summer	 <p>Working with the ICB Financial Committee to review the contract plans and funding e.g. Dental Services</p>	 <p>In partnership with the Public Health team we helped to launch further work on Long COVID</p>
Autumn	 <p>We continue our Enter and View programme for Care Homes our reports are available on our website..</p>	 <p>Work with the ICB to procure a new service model for the Homeless Outreach Programme</p>
Winter	 <p>The NHS launches the NHS App and BHRUT, NELFT and London Borough of Havering all help to support and increase confidence in the NHS.</p>	 <p>'Stay Well this Winter' campaign supporting the campaign led by Tapestry and Havering Volunteer Centre</p>



# Your voice heard at a wider level

We collaborate with other local Healthwatch to ensure the experiences of people in Havering influence decisions made about services at both North East London level and locally in Havering.

This year we've worked with Healthwatch across North East London to achieve:



**The Big Conversation** The eight Healthwatch worked for the ICB to ask over a thousand residents what good care looked like to them. They told us it should be accessible, competent, person-centred, and trustworthy. The ICB used the findings to develop draft success measures that will be reflected back to local people in the coming months and eventually lead to a single outcomes framework for the Integrated Care System. Focusing on outcomes rather than services or outputs will strengthen the ICBs focus on making a difference to what local people feel is most important.

**Care Homes** Each Healthwatch visited **care homes** in their borough to talk to staff and residents about how GPs and other care staff could support residents. Simple information was produced for Homes on how doctors, nurses, carers and volunteers could work with them to look after residents.

As a result of better joined up care residents are less likely to deteriorate, can remain comfortable in familiar surroundings and are less likely to be admitted to hospital



We supported the NEL ICB **Research Engagement Network (REN)** to improve participation and diversity in research through engaging over 300 people from diverse communities at events and over 400 through our survey. We used the Big Conversation Good Care Framework to lay out how research could be accessible, competent, patient centred and trustworthy. We identified community priorities for research (e.g. mental health, diabetes). We want to get the message out that if you want medical products and services to meet the health needs of your community you need to be involved in the research that develops them.

**Maternity** In past years we engaged with pregnant women from Black, Asian, and ethnic minority communities to understand how all babies born in NEL could have the best possible start. As a result, maternity providers committed to work towards cultural competency training and a communications post in each Maternity Unit, trauma-informed care for staff and service users and the provision of accessible, timely information, and multilingual advocates on site. As a result.





## Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

# Improving care for everyone

We are members of the Havering Place Based Partnership Board (HPbP), the Health Overview and Scrutiny Committee (OSC), the Outer NEL Health OSC and the Health and Wellbeing Board. As part of our role we ensure that the all four organisations have the opportunity to listen to the views of the local community.

The HPbP is a collaboration of planners and providers across health, local authority and the wider community, who take collective responsibility for improving the health and wellbeing of Havering residents.

The two OSCs review health and social care services and hold decision-makers to account.

Many factors affect people's health and wellbeing – from their homes and personal finances, – to their education and employment.

Our Place-based partnership brings together the organisations and groups that provide these services (and many others) to better support people and communities. Our recent report to the HPBP 'Deafness – is not a barrier' was given their full support to implement the recommendations.

## What difference does this make?

### A proposal for reducing barriers in access to care for those who are deaf and hard of hearing



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## Working with care homes in Havering – Providing a safe environment for older people where round-the-clock care is needed

During the period of the Covid pandemic, the Enter & View programme was inevitably suspended. Now that the pandemic is over, we have been able to resume the programme but with safeguards to ensure the safety of the residents and staff of the facilities we visit and of our members who are conducting the visit.

Prior to the visit our team have a video conferencing call with the manager. The discussion covers: – staffing levels – agency staff levels – services available such as – podiatry – hairdressing – chiropody – incontinent assessments – dental care – hearing and sight tests – mental help support – visits from the District Nurse.

### The Visit

- ❖ The team observe the nature and quality of services being delivered
- ❖ We always write up a report which may include recommendations or praise for good practice
- ❖ You can find all our reports on our website. We also share findings & reports with providers, regulators, local authority, NHS commissioners and quality assurers, the public, Healthwatch England and other relevant partners
- ❖ The visiting team seek the views and lived experiences of people at the point of service delivery including residents, carers and relatives
- ❖ By sharing our recommendations we help to shape health & care decisions that are being made locally



**Comment from a volunteer after visiting the Nightingale Residential Care Home.**

*Summing up – this was really a rewarding visit to a home that faced challenging circumstances*

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## Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

### Long COVID study – Creating empathy by bringing experiences to life

*Low Mood – Fatigue – “Brain Fog” – Breathlessness*

It's important for services to see the bigger picture. Hearing personal experiences of residents is the key to establishing a better understanding of the impact of Covid. The study is being led by Havering's Public Health team and we are working with the study to support and ensure that as many residents as possible have the opportunity to benefit.



### Getting Maternity services to involve and meet the needs of individual communities across NEL

For the Deaf community the importance of ensuring that through pregnancy, birth and following-on care – there is the full support of an interpreting service

A need for greater understanding of women and their families for whom English is not their first language.



### Improving care over time: Havering Overview and Scrutiny Committee

As members of the Overview & Scrutiny Committee we attend regularly. The committee is independent and neutral and politically representative of the council. We ensure that the committee receives all of our reports and important information/intelligence that the community has shared with us







## Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Working and supporting the work of the Public Health Team on the impact of Long COVID
- Working with the London Ambulance service understanding the experiences of patients
- Listening to individuals, families and friends of people who have Learning Difficulties and Autism, and those who are Deaf

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## Understanding better and supporting those waiting for an Ambulance

The London Ambulance Service in partnership with the 8 Healthwatch in North East London, undertook a survey of 262 patients.

Over 74% had a good experience with Paramedics / 38% were given pain relief

Ambulance waiting times – 32% said they were reasonable / 28% said far too long

Shortest waiting times were pregnancy related / 82% seen by Paramedics were taken to hospital

### Patients' Views

*More funding for A&E so there are more beds & more doctors so that ambulance staff are not waiting in limbo to hand over patients tying them up so that they can't attend more call outs*

*Be more aware of accessibility needs upon arrival at hospital. Some sort of liaison during the handover to ensure needs are met.*

## Services for people living with learning disabilities and autism – helping to create a supportive environment

When talking to parents, families and friends many of them highlighted the importance

Recognising how important it was to be able to be prepared for the changes that inevitably come and having the information and support to guide and help to make the right choices

How to build confidence, designing stepping stones that develop confidence for the individual and their supporters

### Parents' Views

*A greater need for better understanding and access to the Carers Alliance*

*How can a GP help with a learning disability?*

*There are special computers, tablets and mobile phones that are easier for people with a disability to use. GP surgeries should make information accessible for everyone. This will help people remember the information, and help make their experience better*

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## Measuring our impact...

It is not always easy to measure the impact that we have, because so much of what we do is “behind the scenes”, and it can often extend over several years.

For example, in early 2023, we joined other Healthwatch across London to carry out a survey of what Londoners thought about the London Ambulance Service, as part of the development of the LAS’ Five Year Plan – the Plan will cover the period to 2028 and the impact of the outcome of the survey will continue to be felt over the whole of that period.

During 2023/24, we were involved in a range of activities, quite apart from our Enter & View visits, engagement with the community, signposting residents and routinely attending a range of meetings (all of which are noted in this Report).

### These activities included:

- Participation in interviews for a range of senior positions including:
  - The Director and Assistant Directors of the Havering Place-based Partnership
  - A non-executive director of the London Ambulance Service
- Extensive participation in the development plans for the St George’s Health and Wellbeing Centre in Hornchurch, one of the government’s “40 new hospital” projects
- Identifying beneficiaries of the Havering Community Chest Fund
- Supporting a working group of Public Health, GPs and other healthcare professionals to develop services for people with Long COVID, following our survey of patients living with Long COVID. This work is likely to continue beyond the coming year, and our report has been used as evidence to support a funding bid for Long COVID work
- Producing reports on services for people with Learning Disabilities and Autism and services for Deaf People – both reports, derived from surveys we did – have heavily influenced the development of those services by both Havering Council and the NHS

*“Disability legislation and health advocacy groups such as yourselves help people like us enormously by keeping the rights of people with LD and autism on the agenda. Thank you!”* – **Respondent to our Learning Disability and Autism survey**



*“Thank you to Healthwatch Havering for being an excellent partner in our efforts to make sure local residents get the best possible care...”* – **CEO, Barking, Havering and Redbridge University Hospitals Trust**





## Advice and information

**Our key role is to obtain the views of people about their needs and experiences of local health and social care services. We share these views and can make reports and recommendations about how those services could or should be improved to health and social care providers and commissioners in Havering.**

**•This year we've helped people by:**

- Providing up-to-date information on how to access help and support from NHS and Social Care
- Helping people access the services they need
- Providing information on the website on how people can access NHS dentistry
- Supporting people to look after their health – Local Area Co-ordinators, Health and Wellbeing Champions and the Connect team.

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## It's essential that people have clear, accurate communication about their care.

Designed by BHRUT for adults and children with learning disabilities who are coming to visit the hospital

### 'This is my hospital passport'

As members of the BHRUT Working group that support adults and children with Learning Disabilities and Autism, we are very supportive of the 'This is my hospital passport', It enables the patient, their families, carers and friends to be able to navigate the hospital services with confidence.

Below an example of how ticking the boxes helps with better communication

#### You can make me feel at ease if:-

- \*Do not touch me
- \*Provide a quiet room with low lighting
- \*Use simple instructions
- \*Give me time to calm down

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## Our Healthwatch website

- Our website provides the opportunity for everyone to take the survey and 'Tell us what you think' about local health and social care services.
- There is a direct link to 'Find NHS Services'.
- It also helps you to 'Register with a GP : understanding your Rights'
- Help making a complaint



Dental Services remain a concern for residents in Havering. Our website provides the NHS advice:

"What the new Dental Recovery Plan Means to You"



# Volunteering

**We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.**

## **This year our volunteers**

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve





I worked in hospital management for more than 30 years with responsibility for the Medical division and all site services catering, cleaning, admin & clerical, following which I joined a large care group provider in Redbridge for more than 10 years...



These experiences have given me a good insight into the requirements for Enter and View with Healthwatch. In conjunction with the Enter and View programme, I represent Healthwatch on the Quality and Safeguarding meetings with the Borough, NHS and CQC. I have been with Healthwatch for 10 years now but am still learning!

**Di**



I began work in finance and banking, then moved to primary education, supporting teachers. But I had always been interested in medical matters, and since retiring, I have been a volunteer at my local hospital.



I am very passionate about volunteering for Healthwatch is something I am very passionate about. I keep myself very busy, which I enjoy, and appreciate very much all the lovely friends and colleagues I work with at Healthwatch. Hearing the voices of local residents and being able to influence and support the changes and opportunities that local people want and need is very rewarding.

**Jenny**



After working in HR for a while, I became Registrar of one of the colleges of the University of London until I took a career break to have my family. During this break I worked for the local Marriage Guidance Council (now Relate), both in a voluntary, and then in a paid capacity.



Returning to full employment, I established the Barking, Havering and Brentwood Alcohol Advisory Service, becoming its CEO for 11 years until retirement. I was also a Governor of Havering College during this time. In addition to my work for Healthwatch Havering, I have been involved with many local voluntary organisations, including Singing for the Brain; I sang with the Havering Singers for 50 years.

**Viv**

## Do you feel inspired?



We are always on the lookout for new volunteers, so please get in touch today.



[www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)



01708 303300



[enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)



# Finance and future priorities

To help us carry out our work we receive funding from Havering Council under the Health and Social Care Act 2012.

We also undertake commissioned project work for health and social care organisations.

## Our income and expenditure

Annual funding from Havering Council	£117,359	Expenditure on staff	£87,573
Project income	£17,266	Operating costs	£35,848
Interest	£74	Tax and statutory fees	£6,672
		Miscellaneous costs, transfers and carried forward	£4,605
<b>Total income</b>	<b>£134,699</b>	<b>Total expenditure</b>	<b>£134,699</b>

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## Project income is broken down by:

- £4,366 from Barking, Havering & Redbridge Hospitals for a patients' survey
- £5,000 received from NHS North East London for supporting them generally
- £600 funding received from NHS North East London for work on maternity services
- £750 from Havering Council and A local PCN for survey work on Long COVID

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## Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

## Our agreed priorities for 2024/25 include:

- 1) **Community Dentistry** – awaiting further commitment from NHSNEL
  - 2) **Primary Care: GPs** – access to practices remains problematic, and the future use within them (or the PCNs) of Allied Healthcare Professionals such as pharmacists and physiotherapists is a developing area
  - 3) **Primary Care: Community Pharmacies** – the government wishes to transfer dealing with relatively minor ailments from GPs to pharmacies: the extent to which pharmacies are ready and prepared for that is a matter of concern
  - 4) **Development of A&E services** at Queen's Hospital, LAS and Urgent Care there and at Harold Wood Polyclinic – changes will require monitoring
  - 5) **Long COVID** – ongoing work to support the continuity of interest of Public Health team
  - 6) **Working with the Deaf community** – to continue to support LBH on its developments to empower the Deaf community
  - 7) **St Georges Development** – member of the Working and Development group for the new community hospital.
  - 8) **LBH Childrens Safeguarding** – NSPCC campaign
  - 9) **Learning Disability and Autism** – building on the work carried out in 2023/24
  - 10) **Mental health services** in educational facilities – examining current provision and what is needed
  - 11) **Collaboration with Health Champions, Local Area Co-ordination and Health Connectors Schemes** – developing existing links to mutual benefit.
- In addition, we will continue our Enter & View programme (aligning with the CQC and the local Quality and Safeguarding programmes), continue monitoring residents' complaints and join with other Healthwatch in NEL and nationally on a range of projects.





# Statutory statements

**Healthwatch Havering, Queens Court, 9-17 Eastern Road, Romford, RM1 3NH**

**Healthwatch Havering uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.**

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# The way we work

## **Involvement of volunteers and lay people in our governance and decision-making**

We are a Community Interest Company, limited by guarantee. To ensure that our volunteers and lay people are fully involved, on joining all become members of the company. Our operational activities are led by our Governance Board, which consists of 11 members who provide direction, oversight and scrutiny of our work. The Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met 10 times and made decisions on matters such as participation in Creative Health Havering (a collaboration of a range of health-related and arts organisations), support for the development of the St George's Centre in Hornchurch (a major new NHS facility) and opposition to the suggestion that significant changes be made to arrangements for Overview and Scrutiny of Health and Social Care services in North East London.

We ensure wider public involvement in deciding our work priorities.

## **Methods and systems used across the year to obtain people's experiences**

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone and email, and provided a web form on our website as well as attending meetings of community groups and forums. We are full participants in the North East London Community Insights System.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, provide a copy to Healthwatch England and send it to the leaders of the local health and social care organisations.

## **Responses to recommendations**

No providers failed to respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

## **Taking people's experiences to decision-makers**

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to the Health & Wellbeing Board, Health Overview & Scrutiny Committee, Outer North East London Overview & Scrutiny Committee and the Havering Place-based Partnership.

We also take insight and experiences to decision-makers North East London; for example, we regularly attend meetings with NHS North East London and the East London Health & Care Partnership. We also share data with our Healthwatch colleagues across North East London, and with Healthwatch England to help address health and care issues at a national level.



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## Enter and view

This year, we carried out **9** Enter and View visits.

<b>Location</b>	<b>Reason for visit</b>
<b>Moreland House Residential Care Home</b>	<b>To see the home in operation</b>
<b>Nightingale House Residential Care Home</b>	<b>To see the home in operation</b>
<b>Clockhouse Pharmacy, Collier Row</b>	<b>To see the preparations for Pharmacy First</b>
<b>Brooks Pharmacy, Collier Row</b>	<b>To see the preparations for Pharmacy First</b>
<b>Ashling House Residential Care Home</b>	<b>To see the home in operation</b>
<b>Glebe House Residential Care Home</b>	<b>To see the home in operation</b>
<b>Harold Wood Polyclinic Urgent Treatment Centre</b>	<b>To observe the provision of urgent treatment at a walk-in centre</b>
<b>Queen's Hospital – Accident and Emergency Services</b>	<b>To see how the A&amp;E services at the hospital have improved</b>
<b>Queen's Hospital – Mealtime Service</b>	<b>To observe the preparation and delivery of meals to patients</b>

# Healthwatch representatives

Healthwatch is represented on the Havering Health and Wellbeing Board by Anne-Marie Dean, Chair of Healthwatch Havering.. During 2023/24 our representative has effectively carried out this role by ensuring that all of our published reports are given to the Board,, with the option for the Board to choose reports on which they would like to receive a presentation.


Healthwatch Havering is represented on North East London Integrated Care Partnerships by Ian Buckmaster and North East London Integrated Care Boards by Ian Buckmaster

## 2023 – 2024 Outcomes

Project/activity	Outcomes achieved
<b>Allied Healthcare Professionals</b>	Identified that around 75% of respondents were unaware of the availability of healthcare professionals other than doctors and nurses at GP practices
<b>BHRUT Patients’ Survey</b> (jointly with Healthwatches Barking & Dagenham and Redbridge)	Discovered what patients felt about their stays as inpatients in Queen’s Hospital Romford and King George Hospital, Goodmayes
<b>Care Home Residents Survey</b> (jointly with Healthwatch across North East London)	Found out what care home management across North East London knew of the Directed Enhanced Services available to them from GP practices
<b>Long COVID Survey</b>	Ascertained what patients living with Long COVID were experiencing and identified what service improvements would benefit them
<b>Maternity Services</b> (jointly with Healthwatch across North East London)	Learned about the experiences of expectant and neonatal mothers of hospital maternity services across North East London, especially women from ethnic minorities.
<b>Research Engagement Network</b> (jointly with Healthwatch across North East London)	Recruited members of the public to become active participants in health research activities.
<b>Services for the Deaf and Services for people living with Autism and Learning Disability</b>	These two reports were well received by both the NHS and the local authority and are influencing the development of services and policies

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**PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 15<sup>TH</sup> OCTOBER 2024**

**Subject Heading:**

Healthwatch Havering Long COVID Report

**Report Author and contact details:**

Luke Phimister, Committee Services Officer

**Policy context:**

To enable the Sub-Committee to scrutinise the work undertaken by Healthwatch Havering.

**SUMMARY**

The attached report details the findings by Healthwatch Havering on Long COVID

**RECOMMENDATIONS**

That the Sub-Committee scrutinises the report and agrees any recommendations it deems necessary.

**REPORT DETAIL**

Members will be aware of the ongoing effects of the COVID-19 virus and Healthwatch Havering has been investigating into the effects havering Residents have been suffering from. The report attached from Healthwatch Havering covers Healthwatch Havering’s findings from various focus groups and Healthwatch Officers will highlight areas within the report they consider important for the Sub-Committee to scrutinise.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None.

**Legal implications and risks:** None.

**Human Resources implications and risks:** None.

**Equalities implications and risks:** None.

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

None.

**BACKGROUND PAPERS**

None

# Post-COVID Syndrome (Long COVID): The continuing effects in Havering and responding to resident engagement

## Focus groups held 28–30 May 2024

Following two earlier surveys of local people who are living with Long COVID, in May we ran four Focus Group sessions with local people living with Long COVID to find out about their experiences in greater depth, including:

- their symptoms
- how they found dealing with healthcare professionals and
- what support they felt they needed

The sessions were held at:

- 1 – Hornchurch, in person – 11 participants
- 2 – Harold Wood, person – 2 participants
- 3 – Video conference, morning – 6 participants
- 4 – Video conference, evening – 2 participants

# Themes explored

What symptoms have had the most significant impact on your ability to do day-to-day activities and your quality of life?

Can you tell us about your experience with accessing services to help you with your symptoms (this includes local services)?

- How did you find out about these services?
- What has worked well for you?
- What has not worked well for you?

What further support or services would help you manage your symptoms?

Do you think a peer support group would be beneficial? If yes, why do you think so? If no, why do you think it would not be beneficial?



# Impact on day to day living

1. Participants experienced symptoms of Long COVID, including fatigue, brain fog, and muscle weakness, impacting their daily lives and work routines.
2. They highlighted the importance of adapting work practices, such as writing things down and working from home, to manage the cognitive challenges associated with Long COVID.
3. They described struggles with general fatigue, difficulty concentrating, and physical exhaustion, affecting activities like watching TV, socialising, and even simple tasks like walking the dog.
4. They emphasised the significant impact of Long COVID on their energy levels, sleep patterns, and overall quality of life, leading to challenges in maintaining their previous levels of activity and social engagement.
5. Despite the difficulties faced, participants expressed resilience and determination to continue working and managing their symptoms, showcasing a strong will to overcome the obstacles posed by Long COVID.

# Accessing services

1. **Misattribution of Symptoms:** Participants mentioned that their symptoms were attributed to other conditions like menopause or depression by their GPs, leading to a delay in recognising Long COVID as the underlying cause of their health issues.
2. **Lack of Awareness:** Participants expressed frustration over GPs not fully understanding or acknowledging Long COVID as a legitimate condition, leading to dismissive attitudes and inadequate support.
3. **Diagnostic Process:** Participants highlighted difficulties in the diagnostic process, with GPs often suggesting tests for other conditions first before considering Long COVID, causing delays in receiving appropriate care.
4. **Limited Treatment Options:** Some participants mentioned being prescribed antidepressants as a standard treatment, even though it might not address the specific symptoms of Long COVID, indicating a lack of tailored treatment options.
5. **Access to Specialised Care:** Participants faced challenges in accessing specialised Long COVID clinics or services, with delays in referrals and long waiting times contributing to their overall struggle in receiving comprehensive care for their condition.

## Further support needed

1. Participants faced challenges in accessing specialised medical care, including rare blood disorder testing, and expressed the need for at-home support services due to disability.
2. They highlighted the positive impact of the Long COVID team's holistic and non-patronising approach to care, which significantly improved their condition and quality of life.
3. One participant shared a complex experience with Long COVID symptoms exacerbated by COVID vaccination, leading to various health issues like body tremors, high blood pressure, and challenges in maintaining good health and work performance.
4. Another participant expressed a need for better coordination between other medical professionals and GPs in understanding the impact of exercise on Long COVID recovery and overall health.
5. A participant expressed feelings of guilt for seeking mental health support through IAPT, feeling undeserving compared to others with severe depression, highlighting the importance of recognising and addressing mental health needs regardless of severity.

## Peer support group

1. One participant mentioned that the groups were focused on anxiety and depression, not covering their Long COVID symptoms. Another emphasised the importance of a positive approach in peer support, highlighting the risk of unproductive cycles when individuals with the same symptoms gather without professional guidance towards positive outcomes.
2. On the other hand, some participants valued the framework of the Long COVID clinic and believed in the profound effect of peer support in finding a way forward. They suggested that sharing non-mainstream information and experiences within a peer group, such as acupuncture and therapeutic practices, could be influential in moving forward and finding recovery.
3. However, mixed feelings were expressed about peer support. One participant had self-referred to IAPT and participated in Zoom meetings but felt like a fraud because the focus was on severe depression, which they did not feel they were experiencing. This led to feelings of guilt for taking a spot from someone who might have needed it more.
4. In summary, the participants' feelings about peer support groups range from scepticism and concerns about group dynamics to appreciation for structured support programs and the value of sharing experiences for mutual recovery. Most participants felt that a dedicated peer support group for Long COVID patients would be beneficial.

## Some participants' comments - 1

"This COVID is a very strange disease, isn't it? It's affected a lot of people, some very badly as we know and yet other people almost shrug it off within 24 hours. It left me within four days and I was perfectly alright but someone I know went down with it and she suffered for 12 months"

"When I spoke to my GP about my fatigue, they put that down to the diabetes, that I'm diabetic now, so they say, "Oh you're now tired because you're diabetic," so kind of ignore the possibility of Long COVID. People who have had the virus for a long time tell of loss of smell and I have no smell whatsoever."

"If we go to our GP's and find that we've got to wait three to four weeks for an appointment and then we're told that we need a triple appointment, which is actually only 15 minutes ... I try very hard to squeeze what I can say in but the reaction is '*I haven't got time to do it now*' and the attitude is '*You are wasting my time*' "

"I think part of the problem is that COVID didn't exist as a thing until the end of 2019. Doctors have been trained to take some symptoms and say "You've got that"; and if they can't do that, they're really in bother because the doctor's job is to give you a medication or whatever and then you're going to get better. With Long COVID, they can't do that, so they find themselves, I believe, in a very difficult situation"

## Some participants' comments - 2

"I had a physiotherapist show about me three weeks ago now how to breath, and it's changed my previous score from three or four seconds to 30 seconds, which is life changing. It's not been like a little step, it's been a leap forwards with recovery, because obviously now the fatigue levels have dropped. I'm probably 50% back to being where I was before and not only strength wise its massively changed my life"

"I got discharged about a year, year and a half ago: I went for my appointment, and I didn't know it was the last appointment. I got there and I gave him this long list of stuff I'm still suffering with. He went "OK well, we'll test you for everything. Nothing we can do, so we'll just discharge you" and then you are back to where you started"

"Every day is a different day, there's no warning, I mean you literally wake up each morning and you don't know how you're going to feel. Some days you can't even get out of bed. My kids and my husband, who's at home, have to literally treat me like I'm completely disabled"

"I would absolutely love physio or some sort of massage or anything in that sort of genre. But nothing has ever been mentioned about that, just psychology stuff. They call it Cognitive Behaviour Therapy (CBT) but that's not going to help me now the Page 46 down the line"

## Some participants' comments – 3

"I get headaches that feel like after going 10 rounds with Tyson Fury. It's horrendous on some days and some days it's manageable. On other days it's like I'm just not getting dressed, which I hate doing, because I feel like I'm not achieving anything in life"

"Another thing I find is I get very short of breath still and so they put me in contact with the ENO, which is the English National Opera; they run a course for six weeks to try and teach you how to breathe properly – they teach opera performers to sing and where to sing from and how to use your diaphragm and your lungs and all that"

"I think for me, the biggest symptoms are really the brain fog. I didn't even know there was such thing as brain fog. I just thought I was getting super old, I thought "Is this what getting old is all about?""

"Like the brain fog today, I didn't pick up on until others have just said as well. So it is the constant waiting and the constant chasing. It's the having to go to so many different types of specialties"

"When I did IAPT, I actually felt a bit of a fraud, because there was a waiting list and the other people were severely depressed where it was impacting on their life. I thought I'm not depressed like them, I'm taking someone's place because the people were so severely depressed. And I'm not"



## Some participants' comments - 4

"The first time I went to the supermarket, I didn't know where I was. I almost had a panic attack, and I couldn't find anything, and I had to ask an assistant. In the end, she gave up and just came round with me because I couldn't find anything. I just wanted to get out and get home. It was a really strange experience to go in the supermarket"

"Another thing I found as well (and I know this probably sounds probably quite stupid), I get socially fatigued quite easily. I'm OK to mix with people for a very short space of time but actually having to be social and interact for long periods of time, I find quite wearing, quite tiring and I find towards the end of my workday I'm a bit like "Just go away and leave me alone", I just don't want to talk to people, don't want to be smiley, happy and nice and all that sort of thing. That is not me; it's just I'm tired and I just want to go home"

"Long COVID isn't recognised as a disability. It's not covered under the Disability Act. I've had many arguments within my workplace as I have a long-term illness. I'm quite lucky that my line manager is very helpful, however I've had to go backwards and forwards to our occupational health, HR, etc fighting to be listened to in work because it's not recognised as a disability. So for those that are in work, and they are struggling, you are covered under the Equality Act. So therefore that's how you should be treated equally"



# Long COVID support – posters

## Havering Long COVID Support

Experiencing symptoms weeks or months after having COVID-19?  
**Is it Long COVID?**

What you told us\* about your Long COVID symptoms?

### Fatigue



### Low mood



### Brain fog



### Breathlessness



...and many more symptoms including loss of taste and smell

## Accessing support for your symptoms

**See your GP** who can check you over and may refer you to a **specialist Long COVID service**, social prescribers and/or health coaches.

### Local services available include:

#### Mental health & emotional wellbeing

e.g. Talking Therapies, Age UK activities, Mind in Havering activities

#### Physical health

e.g. Yoga, Tai Chi and community walking groups

#### Employment / financial support

e.g. Havering Council services and schemes to provide advice and information.



[www.havering.gov.uk/longcovid](http://www.havering.gov.uk/longcovid)

\*In 2023, Healthwatch Havering, Public Health and Havering North PCN invited residents to complete a survey about their Long COVID symptoms and experiences

# Long COVID support – posters

## Havering Long COVID Support

What you told us\* about your Long COVID symptoms?

**Fatigue**



**Low mood**



**Brain fog**



**Breathlessness**



...and many more

## Getting support for your symptoms

**See your GP** who can check you over and may refer you to a specialist Long COVID service

Get local support for your:

**Mental health & emotional wellbeing**

**Physical health**

**Employment / financial support**

Scan below for more information



[www.havering.gov.uk/longcovid](http://www.havering.gov.uk/longcovid)

## The next steps...

- Continue to share the Long COVID support poster with residents
- Explore pilot peer support programme – in discussions with Peer Partnership who has develop a model for people with Long COVID
- Training for primary care – BHR Long COVID Service to deliver more widely

# The full report...

## Post-COVID Syndrome (Long COVID): The continuing effects in Havering

... is available in two volumes:

Volume 1 – **Focus Group discussions: report**

Volume 2 – **Focus Group discussions: Full Transcripts**

<https://www.healthwatchhavering.co.uk/news/2024-08-05/post-covid-syndrome-long-covid>

**PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 15<sup>TH</sup> OCTOBER 2024**

**Subject Heading:**

Pre-Decision Scrutiny - Joint Havering Dementia Strategy 2024-2029

**Report Author and contact details:**

Luke Phimister, Committee Services Officer

**Policy context:**

To enable the Sub-Committee to scrutinise the upcoming Cabinet Report.

**SUMMARY**

The attached report allows for members to scrutinise the upcoming Cabinet decision on the Joint Havering Dementia Strategy for the period 2024-29 due at the November Cabinet Meeting.

**RECOMMENDATIONS**

That the Sub-Committee scrutinises the report and agrees any recommendations or comments it deems necessary for inclusion with the Cabinet Report.

**REPORT DETAIL**

Members will be aware that the Joint Havering Dementia Strategy for 2024-2029 is due for Cabinet approval in November. The Chairman requested the Cabinet Report be brought to the Sub-Committee for pre-decision scrutiny and to give members the opportunity to make any recommendations or comments to be included with the Cabinet report for Cabinet to consider and comment on.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None.

**Legal implications and risks:** None.

**Human Resources implications and risks:** None.

**Equalities implications and risks:** None.

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

None.

**BACKGROUND PAPERS**

None



## CABINET

**Subject Heading:**

Approval of the Joint Havering Dementia Strategy 2024-2029

**Cabinet Member:**

Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services

**ELT Lead:**

Barbara Nicholls, Strategic Director of People

**Report Author and contact details:**

Laura Wheatley

[Laura.wheatley@havering.gov.uk](mailto:Laura.wheatley@havering.gov.uk)

01708 434019

**Policy context:**

The Adult Social Care and Support Planning Policy states that Havering's vision is:

'Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence'

**Financial summary:**

There are no financial implications associated with this decision

**Is this a Key Decision?**

(c) Significant effect on two or more Wards

**When should this matter be reviewed?**

November 2024

**Reviewing OSC:**

Peoples Overview & Scrutiny Board



# Havering

LONDON BOROUGH

**The subject matter of this report deals with the following Council Objectives**

- People - Supporting our residents to stay safe and well **X**
- Place - A great place to live, work and enjoy
- Resources - Enabling a resident-focused and resilient Council



## SUMMARY

This report provides an overview of the Joint Dementia Strategy for Havering, 2024-2029. Dementia remains a key national and local priority. It is therefore important that a locally agreed Joint Strategy is in place.

## RECOMMENDATIONS

Members of the Cabinet are asked to:

- Note the contents of the report and the accompanying Strategy.
- Adopt and approve the local Joint Dementia Strategy for Havering.

## REPORT DETAIL

### **Background**

Dementia and dementia services remain a key national priority, and key related areas, such as the dementia diagnosis rate, are coming under significant scrutiny. Within the National Dementia Strategy: 'Living Well with Dementia: A National Strategy' (DH, 2009), Objective 14 sets out the requirement for every local area to have a joint commissioning strategy in place for dementia. The strategy has been developed to meet the national requirement, and most importantly, to set out a locally agreed vision, strategy and plan which is publicly accessible for the residents of Havering.

### **Process of Strategy Development**

The strategy has been developed in partnership with key commissioning stakeholders, and Havering Integrated Team.

Engagement sessions have been undertaken with groups of people with dementia and their carers, and key issues and themes which they have identified so far have been included within the Strategy. These issues include:

- Need for a range of accessible, advertised information about services and support available
- Mixed experiences of accessing help and support from primary care, and the need for an increased awareness of the needs of people with dementia and their carers in primary care

### **Summary of key areas contained within Strategy**

The Strategy sets out the local vision and principles to be achieved within Havering, and this is aligned to the Havering Health and Wellbeing Strategy.

This includes the intention to seek every opportunity for commissioners to test out the following outcome statements:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision making
- I get the treatment and support which are best for my dementia and my life
- Those around me and looking after me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I'm inspired to give something back
- I am confident my end of life wishes will be respected

The Strategy also includes detail about:

1. The current provision and range of services within the locally agreed pathway
2. The intentions to raise public awareness and understanding of dementia, via the work of the Havering Dementia Action Alliance, JoyApp website, GP's and support of the forthcoming national Public Health England Dementia Friends Campaign.
3. How we are striving to improve the local dementia diagnosis rate, via training for GP's and primary care staff, ongoing work with Public Health, undertaking individual practice visits to provide support, piloting an iPad based dementia assessment tool in primary care and developing information sharing processes across the whole system.
4. How we are working with NELFT, as the provider of the Memory Service, to develop a revised model of service delivery, including an integrated community based service model working with local organisations to deliver different types of support.
5. Services which are currently commissioned to enable people to live well with dementia, which includes the Dementia Advisory Service, peer support, respite care, extra care housing, and care in residential and nursing homes.
6. The work being undertaken with BHRUT to improve services within the hospital for people with dementia.
7. Intentions in relation to End of Life care, including the provision of Gold Standards Framework

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

This strategy is to replace the previous Havering Dementia Strategy 2017-2020. The new Strategy has been a product of co-production with Health and people who have dementia and carers of people with dementia.

### **Other options considered:**

To draft a Havering Council Only Dementia Strategy. This has been rejected because, the whole system approach to tackling Dementia is proven to be more effective and best practice and the Havering Integrated Team has been established to enable true partnership working.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

There are no direct financial implications as a result of approving the Joint Dementia Strategy.

However, a number of services underpinning the delivery of the strategy are funded on a time-limited basis, and it will be vital to monitor and review these services to ensure outcomes are achieved, as well as making timely decisions as to future funding, and if necessary to agree exit strategies with providers.

### **Legal implications and risks:**

The Council has various duties under the Care Act 2014

- to promote wellbeing (s1)
- preventing needs for care and support (s2)
- promoting the integration of health and care provision with its health partners (s3)
- providing information and advice for adults with needs for care and support and their carers (s4)
- meeting the needs of adults who require care and support (s18)

Under the National Health Service Act 2006 s 2B The Council has the duty to take such steps as it considers appropriate for improving the health of the people in its area, which includes:

- a) providing information and advice;
- b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- c) providing services or facilities for the prevention, diagnosis or treatment of illness;
- d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
- e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
- f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- g) making available the services of any person or any facilities

The Dementia Strategy fulfils these duties.

Otherwise the recommendations made in this report do not give rise to any identifiable Legal implications or risks.

### **Human Resources implications and risks:**

The recommendations made in this report do not give rise to any identifiable Human Resources implications or risks.

### **Equalities implications and risks:**

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

People with dementia and their carers are amongst the most vulnerable in society. It is therefore vital that they are informed and supported to access the full range of high quality services available to them, in order that they live well with their dementia.

An EqHIA (Equality and Health Impact Assessment) is usually carried out and on this occasion this isn't required.

The Council seeks to ensure equality, inclusion, and dignity for all in all situations.

There are not equalities and social inclusion implications and risks associated with this decision.

### **Health and Wellbeing implications and Risks**

The recommendations made in this report do not give rise to any identifiable Health and Wellbeing risks. The renewal of the strategy with new information and the commitment to use this strategy to deliver high quality dementia care will have positive implications on health and wellbeing outcomes of the residents suffering from dementia and their families and carers.

### **Environmental and Climate Change Implications and Risks**

The recommendations made in this report do not give rise to any identifiable environmental implications or risks.

**BACKGROUND PAPERS**

# Haverling Joint Dementia Strategy 2024 - 2029

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Developed by the Haverling Integrated Care Partnership (part of the North East London Health and Care Partnership) – a partnership of NHS, Local Authority, care and community and voluntary sector leads in Haverling



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## Dr Maurice Sanomi, GP and Havering Partnership Mental Health Clinical Lead

I feel privileged and delighted to be writing this foreword for our Joint Strategy which sets out a clear vision for Dementia, in Havering, over the next 5 years.

As a GP and Mental Health Lead, I am acutely aware of the challenges we face in Havering, with regards to Dementia, giving our high elderly population, which continues to rise, compared to the rest of London.

The strategy sets out **our ambitions** and our shared vision; it builds on our experience of collaborating with stakeholders to care for, and support people living with dementia, their families, and their carers.

It also builds on our achievements and the lessons learnt from our previous strategy.

**Our vision** for Dementia care is “to make sure that people with dementia, their families and carers are supported to live life to their full potential.”

The strategy sets out **our principles** which include putting people living with dementia, their families and carers at the centre of what we do and to ensure we listen to them and engage with them and their families and carers. This is to support and enable them to make decisions, and informed choices about their care and their lives.

It has taken time and resources along with contribution and dedication from various stakeholders to put this strategy together. We have consulted widely with stakeholders to enable us to understand more clearly the current state of Dementia care in Havering, and the relevant issues. It has enabled us to develop a strategy fit for purpose, in our quest to improve Dementia care for our local population.

We are confident that this Joint Strategy will go a long way to improve Dementia care, both before diagnosis and after diagnosis. It will enhance care and support for our people living with dementia and their carers.

We have set the strategy around five key priorities which are, *preventing well, diagnosis well, supporting well, living well, and dying well*.

As we know, Dementia does not just affect the person with the diagnosis, it affects all of us; both the immediate families and carers and impacts the wider society through increasing health and social care costs. It is therefore essential for us to work together, to ensure we deliver on our priorities within the Joint Strategy

The Joint Strategy sets out **key outcomes** along with an **action plan** for delivering these outcomes; we hope this strategy will bring along the much-needed positive steps towards improving Dementia care, all round, for our Havering population.

We are conscious of the pressures experienced across the entire system in terms of resources, but at the same time we are hopeful that the changes in government policy and the increasing investment in Dementia Care will help us deliver our strategy for Dementia Care in Havering within the limited resources available.

We therefore need all hands to be on deck to deliver on the ambitions set out within this strategy; I appreciate that it will not be easy, but where there is sincerity of purpose and a shared vision, as we all have in developing this Joint Strategy, nothing is impossible.

Lastly, I would like to thank all our stakeholders (individuals and organisations), and everyone who has one way or the other contributed to making this Joint Strategy possible.



## Cllr Gillian Ford, Lead Member for Health, London Borough of Havering

I would first of all like to thank Havering Dementia Partnership Board, people with lived experiences and the numerous groups and organisations who have all contributed to development of The Havering Dementia Strategy.

Since the last Dementia Strategy we continue to see growth in Dementia internationally, in part due to an ageing population, making it the most prevalent health issue. We have also seen the government introduction of the Integrated Care System: Havering is part of the North East London ICS. This provides a greater opportunity to work with partners and the Havering Place Based Partnership is working collaboratively with health partners, care providers, Healthwatch and the voluntary sector, to support people living with dementia and recognise the need for support for people who are in caring roles.

The aim of this strategy is to raise the profile and importance of dementia care and support, to recognise the positive improvement that has taken place and to outline the areas that need greater focus and change. The Partnership is committed to using this strategy to deliver high quality dementia care and support and have appointed a dedicated dementia lead through the Primary Care Network.





## Executive Summary

The overall aim of this strategy is to raise the profile and importance of dementia care and support, and to build on the progress that Havering has already made in improving the lives of those with dementia. It is vital that the public, stakeholders, commissioners and providers develop a shared vision of aspirations for the future with regard to dementia care and services. This is particularly crucial to Havering, given the ageing population and anticipated rise in the numbers of people with a diagnosis of dementia.

Up to 40% of dementia is considered potentially preventable. What is good for the heart is also good for the brain, which is why the strategy will also include actions to tackle high blood pressure, physical inactivity, alcohol and obesity, and to promote healthy eating.

The government has already announced other measures which will help those with dementia, including:-

- ✓ the government's social care charging reforms, with more generous means testing and lifetime cap on care costs
- ✓ the integration white paper to better link health and social care systems
- ✓ the Health and Care Act, which will put the person at the centre of care, with local systems designed to deliver seamless care and support people in retaining their independence, health and wellbeing
- ✓ levelling up healthcare and reducing disparities across the country so everyone has the chance to live longer and healthier lives, wherever they come from and regardless of their background

## Our Vision

**Our vision is to make sure that people with dementia, their families and carers are supported to live life to their full potential. We want the people in Havering to be able to say:-**



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**I can live a life of my own**



**I live in a dementia friendly community**



**I know who/where to turn to for information, support and advice**



**I have access to timely and accurate diagnosis, delivered in an appropriate way**



**I have access to the right support that enables me to live well at home for as long as possible**



**My voice is heard, listened to, and is taken into account in relation to my own health and wellbeing**



**I know that when the time comes, I can die with dignity in the place of my choice**

## Our Principles

We will strive to:

-  Listen to and engage with people with dementia and their carers
-  Enable and facilitate people to make informed choices and exercise choice and control over their lives
-  Involve people in decisions about their lives
-  Support people to access the right services at the right time
-  Involve, engage and support carers
-  Strive to tackle the stigma associated with dementia
-  Commission integrated services which are straightforward to navigate and access support
-  Support people living with dementia in the work place and those who care for someone living with dementia
-  Advise on technological support, equipment and adaptations



# What we have Achieved through 2017-2020 Strategy

This strategy builds on the work of the previous 2017-2020 Dementia strategy and the learning from this.

- ✓ Dementia Friendly status by the Alzheimer's Society
- ✓ Dementia Cafés
- ✓ More awareness about dementia
- ✓ Linking person with the diagnosis to their carer on IT systems
- ✓ Dementia and Delirium Team at BHRUT
- ✓ Breakthrough in treatment with drugs to manage the progression of the disease
- ✓ More support networks run by volunteers who have experience with living and looking after someone with dementia
- ✓ Havering Dementia Action Alliance
- ✓ Prevention and Wellbeing contract commissioned with the Alzheimer's Society
- ✓ Joint Carers Strategy

## Development of this strategy

Development of this strategy has involved input from a number of key leads, local people, and groups.

A Dementia World Café Event was held in September 2023 and May 2024, which included ex carers, GPs, Managers of different service provisions and voluntary organisations who come into contact with people with a diagnosis of dementia and their carers.

These included:-

- The Havering Dementia Carers Group
- Singing for the Brain Group
- Age UK
- Councillor Gillian Ford
- Havering Over 50's Forum
- St Francis Hospice
- Dr Maurice Sanomi/ Dr Uzma Haque
- Havering Carers Hub
- Carers
- Havering dementia operational working group (system wide)



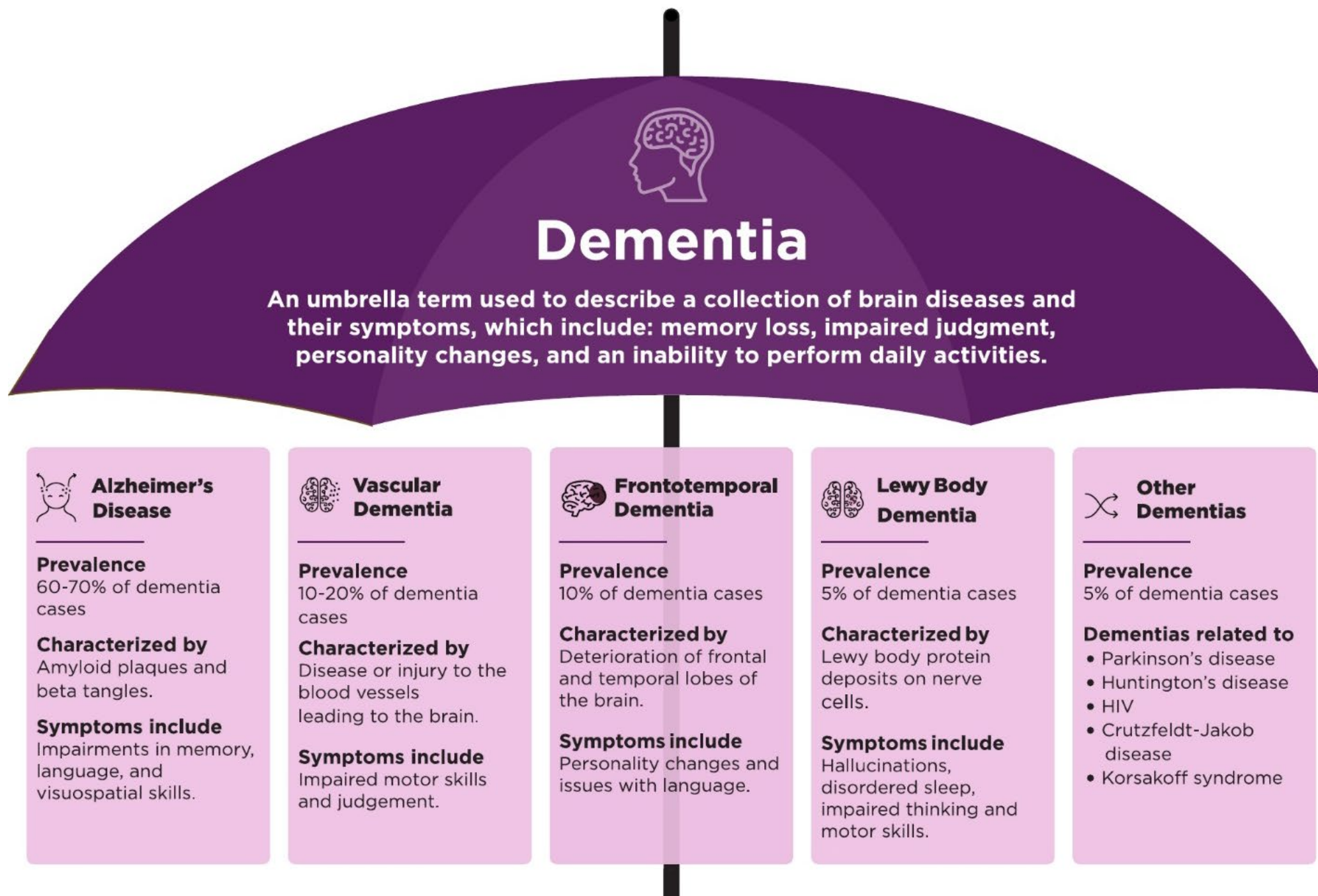
Through these groups it became clear that what was needed and could be put in place reasonably quickly, was a one page summary of information sheet at the point of diagnosis giving information about the support that is available in Havering.



# What is Dementia?

Dementia is the broad term used to describe a number of different conditions affecting the brain that will trigger the decline of brain functioning over a period of time. Here are the most common types of dementia.

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## Dementia data nationally

### Dementia – The National Picture

The number of people with dementia is expected to increase to one million in the UK this year, 1.6m by 2040 and two million by 2051. There will be over 200,000 diagnoses this year, equated to one in six people over 80 live with dementia and 1:79 of the total population. (source Alzheimer's UK).

National data also suggests that:

- 1 in 4 acute beds have a patient with dementia
- Readmissions - 25% for those with dementia to non-dementia of 17%
- 35% increase in ED presentations in people with dementia in the last 5 years
- Average length of stay for admissions of people with dementia is three times that of admissions for people without dementia.
- A significant number of admissions from care homes have an underlying condition of dementia.

The pandemic has had a considerable impact on people living with dementia with acute hospitals reporting more behaviour incidents in Emergency Departments, care homes requesting 1-1s and local carers advising they have and are still struggling with their care responsibilities due to increased agitation and challenging behaviour of the cared for and having to offer 24-hour care with services suspended during COVID with no breaks.

### Acute Admission and Dementia

Most of the dementia related admissions are due to lack of intervention at the right time leading into crisis. With proper support to carers, care home and the nursing home staff and crucially being responsive when needed, this will reduce Emergency Department presentation and ultimately non-elective bed use. It is also much better for the patient to remain at home as stays in an acute bed have a very negative impact of those dementia including increased confusion, distress agitation and delirium and as stated earlier this ultimately leads to a longer length stay. This leads to a decline in functioning and independence when the patient returns home.



## What the data tells us about dementia in Havering

### Prevalence Data

There are an estimated 3,121 people with Dementia in Havering

In 2024, the number of people diagnosed is 1,757

A further 335 people need to be diagnosed to meet the national diagnosis target of 67%

Havering's rate is currently 56.3%

#### Havering

Havering has the largest older population in North East London and one of the largest in Greater London, with more than 18% of the population over 65.

Havering has an over 80's population of just under 15,000 people, with potentially around 2,500 with dementia, diagnosed or undiagnosed (based on 1:6 national ratio). Dementia diagnosis rate in Havering is also below the national standard.

In Havering additionally, medical reviews for all patients diagnosed with dementia, which is a gold standard practice, are not taking place as standard and need to be improved.

#### Early Onset/Younger Dementia

There has also been an increase in early onset of dementia presentations. With both cases, either early onset or age related, if there is early diagnosis and post-diagnostic support people and their carers can manage their condition well.

#### Memory clinic referrals

The memory service has seen an increase in demand from 2019 from 550 referrals to current referral rates (Sept 2021 figures) approximately 90-100 per month, showing year end forecast of 1000 referrals.

# Why are Carers so important?

Carers play a vital role in supporting the people with dementia, particularly as they become increasingly reliant on their caregivers throughout the course of the disease. It is therefore crucially important to ensure that support also meets the needs of the caregiver to support their health and wellbeing.

For paid /professional carers, achieving the aims and objectives of this strategy is likely to require re-examination of the financial investment in dementia care; how we jointly develop the quality and capacity of care providers in Havering, and a review of the quality and cost effectiveness of current pathways of care, including respite care.

For informal and unpaid carers, the Havering Strategy for those who provide informal and unpaid care, sets out the significant amount of support and aspirations to improve outcomes. [PowerPoint Presentation \(havering.gov.uk\)](https://www.havering.gov.uk)



## Strategy for those who provide informal and unpaid care in Havering, 2023 - 2026


Developed by the Havering Integrated Care Partnership (part of the North East London Health and Care Partnership) – a partnership of health, Local Authority, care and community and voluntary sector leads in Havering


Havering Place based Partnership

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### It is important that:

 Carers have access to information, advice and support

 Carers have a balanced role in their caring responsibilities and are supported to have time outside of their caring role for their own wellbeing

 Carers are able to look after their own health, making sure they get enough sleep and are able to manage stress and anxiety levels

 Carers have support networks so they feel less alone

 Carers feel reassured about the health and wellbeing of the person(s) cared for, when Carers are not with them

 Carers have access to respite care and bereavement support

# Summary of existing Community Support in Havering

<b>Dementia Support</b>	Singing for the Brain	Dementia Music and Social Club	Bring me Sunshine	Dementia Cafés	Havering Dementia Action Alliance	Alzheimer's Society
<b>Carers Support</b>	Havering Dementia Carers Support Group	Peabody – help with form filling and blue badge applications	Tapestry – Day Care Centres and hot meal service	Alzheimer's Society helplines/courses	Dementia Advisers	Havering Carers hub
<b>Pre and Post Diagnostic Support</b>	GPs	BHRUT Dementia and Delirium Team/blue wrist band/This is Me/blue butterfly	NELFT Memory Service	Admiral nurses	Carers Assessments	
<b>Community Activities</b>	Links to solicitors for power of attorney	Queen's Theatre for Down Memory Lane, dementia choir and dementia friendly performances	Leisure activities that cater for people with dementia	Dementia Friendly Awareness sessions	Dementia Friendly retail outlets	Carers forum (all carers); carers register and assessments

# The aspirations within this strategy will be achieved through focusing five key priorities:

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## **Preventing Well**

Information which focuses on prevention of dementia, early intervention and support

## **Diagnosing Well**

Access to a timely diagnosis with pre-diagnostic and post-diagnostic support

## **Supporting Well**

Prevention of crisis and supporting people with dementia, their families and communities

## **Living Well**

Improving the quality of personalised care and support planning for people with dementia

## **Dying Well**

Including planning for the end of life, as well as bereavement support

# ACTION PLAN: Preventing Well (1)

Aspiration	Interventions	Outcome
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 76</p> <p><b>We aim to minimise the risk of people developing dementia</b></p>	<ul style="list-style-type: none"> <li>▪ Work with Public Health through Health Champions and Primary Care Networks, to inform and encourage people to understand health risks leading to healthier lives ideally through exercise and lifestyle changes</li> <li>▪ High LDL cholesterol and vision loss are now risk factors for dementia, which may broaden the scope for the ‘at risk’ target cohorts and we will work proactively with the public and health service to raise awareness</li> <li>▪ Utilise the Joy Directory of services and Havering Partnership website to promote wellbeing and healthy lifestyle choices, as well as connecting people to services that support wellbeing and mitigate key risk factors</li> <li>▪ Through the Havering Wellbeing village events, support the BHRUT audiology team to go out into communities and increase the number of people who have access to hearing tests, and support those with hearing loss, as this is a key risk factor for developing dementia</li> </ul>	<p>Reduce people’s risk of developing Dementia and reduce dementia diagnosis in Havering</p>

# ACTION PLAN: Preventing Well (2)

Aspiration	Interventions	Outcome
<p><b>We will provide training and education on Dementia Prevention to appropriate Health and Social Care staff and voluntary sector</b></p> <p>Page 77</p>	<ul style="list-style-type: none"> <li>▪ Joint working with LBH, Havering Place Based Partnership, BHRUT and NELFT to identify training opportunities – both through sharing training courses and identifying opportunities to improve engagement and support prevention</li> <li>▪ Train Social Prescribers, Local Area Coordinators, Health Champions and others in connecting roles to identify the risk factors of dementia and promote healthier lives connecting more people to wider wellbeing services, and in particular to link local people into services that combat loneliness and social isolation which is a key risk factor for dementia</li> </ul>	<p>Through expanding access to knowledge, education and training on Dementia risks we aim to reduce risk of developing Dementia and improve quality of life</p>
<p><b>We will promote exercise, activity and better lifestyle across our Havering Community</b></p>	<ul style="list-style-type: none"> <li>▪ Co production with Havering Dementia Action Alliance and Everyone Active Sports and Leisure to develop appropriate services and to promote Veterans/Masters sport.</li> <li>▪ Work with Social Prescribers, Care Coordinators, Health Champions and other roles that connect people to support, enabled by the Joy Directory of services, to link people in to wider wellbeing support to help them to maintain active lifestyles</li> <li>▪ Joint working with Voluntary Sector to promote activities</li> </ul>	<p>Fitter and more active Havering Community and reducing the risk of dementia. Promoting 55+ activity and sport.</p>

# ACTION PLAN: Diagnosing Well (1)

Aspiration	Intervention	Outcome
<p><b>We will enable access to timely, accurate diagnosis, and once diagnosis has taken place, ensure that a care plan is developed, and that a review takes place within the first year</b></p> <p><b>We will ensure that ‘at risk’ groups are reviewed annually given the increased risk of early onset dementia, e.g. people with a learning disability or Downs Syndrome</b></p>	<ul style="list-style-type: none"> <li>▪ LBH, Havering Place Based Partnership and NELFT will work in partnership to develop more joined up care, and seamless pathways for local people, for example, closer links between those going through the memory service, and Social Prescribers / Local Area Coordinators, and use of the Joy Directory, to those diagnosed, and their carers into wider support</li> <li>▪ Work to address the backlog of referrals and waiting lists for hospital and GP referrals and treatment and improve accurate recording of diagnosis.</li> <li>▪ Work with PCNs to ensure that there are yearly health checks from 55+ for at risk groups that include consideration of dementia risk factors, and that discussion takes place with those aged 55+ via the Health checks of those risk factors, what to look out for, and helpful lifestyle changes that can be made</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve Havering dementia diagnosis rate from bottom quartile to top quartile</li> <li>▪ Improve carers and cared for outcomes and care experience.</li> <li>▪ Improve quality of service.</li> <li>▪ Increase number of people with LD and Downs Syndrome who receive health checks</li> </ul>

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# ACTION PLAN: Diagnosing Well (2)

Aspiration	Intervention	Outcome
<p><b>Ensure that people have access to early intervention advice, support, training and education</b></p>	<ul style="list-style-type: none"> <li>Work with the Carers Hub to ensure that Carer and cared for information, advice and training programmes are provided alongside diagnostic services, with staff at the memory clinic trained to either use the Joy directory themselves, or refer on to Social Prescribers and Local Area Coordinators to ensure that there is full support available. We will ensure that we get the right messages in the right way across our populations including faith groups.</li> <li>Having Dementia Alliance to increase number of Dementia Champions by working with the VCSE, Volunteer Centre, and other groups to promote this across the borough</li> </ul>	<ul style="list-style-type: none"> <li>Better carer understanding of dementia, issues, support and advice.</li> <li>Improve carers and cared for experience and quality of life</li> <li>Reduce/remove the stigma associated with dementia</li> </ul>
<p><b>Greater links to be made on digital records between a person, and their informal/unpaid carer</b></p>	<ul style="list-style-type: none"> <li>Develop a single digital health and care record which identifies and notifies carer and cared for to services – Explore use of the ‘this is me’ document across the borough for those with dementia</li> <li>As set out in the Havering Carers strategy and action plan, increase the number of Carers for those with dementia who are identified as a carer with local services and their GP so that they receive the support that they need, when they need it</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of registered carers both with the carers hub, and coded as a carer with their GP practice</li> <li>Improved qualitative outcomes around continuity of care and a reduction in the number of times people report they have to repeat their story</li> </ul>

# ACTION PLAN: Supporting Well (1)

Aspiration	Intervention	Outcome
<p><b>We will improve the support to people with dementia and their families following a dementia diagnosis</b></p>	<ul style="list-style-type: none"> <li>▪ LBH, Havering Place Based Partnership and NELFT will work together to improve the pathway following diagnosis – the memory clinic will be trained on use of the Joy directory and will also link those diagnosed into wider support services such as Social prescribing and Local Area Coordination to ensure that local people are linked into wider wellbeing support</li> <li>▪ Utilisation of the Blue Band scheme at BHRUT (in partnership with LAS and Local Care Homes) to support those with dementia to be recognised and supported throughout their journey to ensure that attendance and admission to hospital are seamless and not disruptive to the person with dementia's routine as possible.</li> <li>▪ Utilisation of 'this is me' document within hospital and in other areas to prevent people with dementia and their carers from having to repeat their stories and preferences, and ensure that they're treated in a way that prevents exacerbation of their condition</li> <li>▪ Explore implementation of the Herbert Protocol with local police to support those with dementia who may wander or get lost, to ensure that they are identified and supported back to their usual place of residence as quickly and seamlessly as possible</li> </ul>	<ul style="list-style-type: none"> <li>▪ To provide better support for people on their dementia journey, supporting carers and helping to ensure that people with dementia are able to live full lives and remain where they wish to live</li> </ul>

# ACTION PLAN: Supporting Well (2)

Aspiration	Intervention	Outcome
<p><b>We will provide timely access to health and social care professional and develop a central point of access for information and guidance for people with dementia and their carers</b></p>	<ul style="list-style-type: none"> <li>▪ Work with staff across health and social care to develop more robust and integrated personalised care plans to support the carer and their cared for person, particularly encouraging them to ensure that there is a Herbert Protocol in place where appropriate, and a 'this is me' care plan</li> <li>▪ Development and launch of the JOY directory as a central point of access for information including technology aids, and wider support services, both health, council, police, community and voluntary sector and faith groups</li> <li>▪ We will ensure that we raise awareness of the importance of Power of Attorney signposting to advice and guidance on completion</li> </ul>	<ul style="list-style-type: none"> <li>▪ People with dementia and their carers know who to contact, how and when and feel more empowered to manage day to day</li> </ul>
<p><b>Establishing Dementia Ambassadors in all care homes</b></p>	<ul style="list-style-type: none"> <li>▪ LBH to work with Havering Care Association and Havering Dementia Action Alliance to implement</li> </ul>	<ul style="list-style-type: none"> <li>▪ To provide leadership in all care homes in dementia care.</li> <li>▪ Ambassadors to disseminate best practice and innovation to drive up standards of care</li> </ul>

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# ACTION PLAN: Living Well

Aspiration	Intervention	Outcome
<p><b>We aim to support people with dementia to remain in their own home or where they chose to reside as independently as possible</b></p>	<ul style="list-style-type: none"> <li>▪ LBH and Havering Place Based Partnership will use care planning, carer support and remote monitoring services to enable people with dementia to remain in their preferred place of care</li> </ul>	<ul style="list-style-type: none"> <li>▪ To improve the quality of life for people with dementia and their carers</li> </ul>
<p><b>We will develop activities available for people with dementia both with and without their carers, and ensure that they are made aware of these</b></p>	<ul style="list-style-type: none"> <li>▪ We will co-produce a programme of activities, both sport and leisure, working with community partners and representatives from our population who are living with dementia. The plan will need to include consideration of respite to support involvement in activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ To improve independence and quality of life for people living with Dementia</li> <li>▪ Helping people to keep connected with their community</li> </ul>
<p><b>We will support Havering Care Homes(HCH) to achieve accreditation in training and educating their staff in dementia care</b></p>	<ul style="list-style-type: none"> <li>▪ LBH will work with Care Provider Voice, HCH and Grey Matters Learning to target and provide accredited training for Care Home and Home Care staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To improve standards of care across Havering while also increasing understanding, compassion and care in care provision.</li> </ul>

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# ACTION PLAN: Dying Well

Aspiration	Intervention	Outcome
<p><b>We will create safe places and opportunities for people to discuss their advance care plan and end of life wishes.</b></p> <p><b>We will provide training and education for carers on the dying process and help and support in keeping the person in their preferred place of death.</b></p>	<ul style="list-style-type: none"> <li>Working with health, social care and voluntary services to increase the number and quality of Urgent Care Plans (UCPs) that are developed with people with dementia and their carers.</li> <li>We will use “Dying Matters Week” to facilitate and promote discussion and planning, and the Hospices to provide training and education.</li> </ul>	<ul style="list-style-type: none"> <li>To enable people with dementia to prepare through advance care planning to die in the place of their choice with the right support.</li> <li>To facilitate a “ good death”</li> <li>To support carers in understanding the dying process, who to call and when.</li> </ul>
<p><b>We will ensure that appropriate and accessible bereavement support is in place</b></p>	<ul style="list-style-type: none"> <li>LBH and Havering Place Based Partnership to review current bereavement offer and looks for opportunities to improve this</li> </ul>	<ul style="list-style-type: none"> <li>To provide support for those with dementia and caring for people with dementia to cope with and understand loss and bereavement .</li> <li>To enable the carers to understand and manage their grief</li> </ul>
<p><b>We will ensure that proactive and timely services are provided at end of life</b></p>	<ul style="list-style-type: none"> <li>LBH and Havering Place Based Partnership to review services that provide support to a dying person. We will ensure that the fast track process operates as quickly as possible to facilitate support for people with dementia to be in their preferred place of death</li> </ul>	<ul style="list-style-type: none"> <li>To enable people to die in their preferred place of death.</li> <li>Supporting carers in the most difficult times to achieve preferred place of death</li> </ul>

# Future Aspirations

Yearly checks for people with dementia aged 65+

Respite care to be more accessible and flexible - to reduce carer load and prevent burnout and improve quality of life for carer and cared for

Implementation of the Herbert protocol

Namaste - LBH to look at opportunities to provide training in Namaste Care for Care Home providers

Improved signage in public places – exits, toilets

Commission services appropriate for early onset dementia

# Key Outcomes

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The key outcomes that we want to see are:

- more people have increased say and control over their dementia diagnosis and are diagnosed early enough that they can take as full a part as possible in their own care planning
- more people get earlier access to good quality, person-centred post-diagnostic support in a way that meets their needs and circumstances
- more people with dementia are enabled to live well and safely at home or in a homely setting for as long as they and their family wish with dignity and respect
- more people get timely access to good quality palliative and end of life care during the process of diagnosis and through all parts of the care journey; the critical input of family carers is encouraged and facilitated, and carers' own needs are recognised and addressed
- people with dementia's right to good quality, dignified, safe and therapeutic
- treatment, care and support is recognised and facilitated equally in all care settings – at home, in care homes or in acute or specialist NHS facilities which are flexible and tailor made
- there are more dementia-friendly and dementia-enabled communities, organisations, institutions and initiatives



# Glossary of Abbreviations

<b>ASC</b>	Adult Social Care
<b>B&amp;D</b>	Barking and Dagenham
<b>BHRUT</b>	Barking, Havering, Redbridge University Trust
<b>ED</b>	Emergency Department
<b>GP</b>	General Practitioner
<b>IT</b>	Information Technology
<b>LBH</b>	London Borough of Havering
<b>NELFT</b>	North East London Foundation Trust
<b>UCP</b>	Universal Care Plan

**PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 15<sup>TH</sup> OCTOBER 2024**

**Subject Heading:**

Joint Health Overview and Scrutiny Committee - Membership

**Report Author and contact details:**

Anthony Clements, Committee Services Manager

**Policy context:**

To enable the Council to maximise its allotted membership on the Joint Committee.

**SUMMARY**

The attached report asks the Sub-Committee to update its membership on the Joint Health Overview and Scrutiny Committee for Outer North East London.

**RECOMMENDATIONS**

That the Sub-Committee confirms its representatives (three Members) on the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC).

**REPORT DETAIL**

Members will be aware that Havering has three members on the ONEL JHOSC to facilitate, in conjunction with neighbouring Councils, the scrutiny of cross-border NHS issues. The Sub-Committee is currently represented on the ONEL JHOSC by Councillors Christine Smith and Julie Wilkes. There is also one vacancy.

Members are invited to confirm who will fill the current vacancy on the ONEL JHOSC, in addition to Councillors Smith and Wilkes. While it is not possible to reflect the entire political make-up of the Council within the nominations to the Joint Committee, Members may wish to nominate an Opposition Member to the vacant position in order to ensure more than one Group is represented.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None.

**Legal implications and risks:** None.

**Human Resources implications and risks:** None.

**Equalities implications and risks:** None.

**ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

None.

**BACKGROUND PAPERS**

None