

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Monday, 6th March, 2017, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Pippa Connor (Chair), Gina Adamou, Charles Adjé, David Beacham, Patrick Berryman, Eddie Griffith and Peter Mitchell

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

Quorum: 3

1. FILMING AT MEETINGS

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

2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

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

4. DECLARATIONS OF INTEREST

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

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

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

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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

6. MINUTES - 1 DECEMBER 2016 (PAGES 1 - 10)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 1 December 2016.

7. MINUTES - 20 DECEMBER 2016 (PAGES 11 - 20)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 20 December 2016.

8. UPDATE REGARDING GENERAL PRACTICE IN HARINGEY

This agenda item will be provided in the form of a presentation. Cassie Williams, Assistant Director of Primary Care Quality and Development, Haringey Clinical Commissioning Group (CCG), will update the Panel on issues relating to Tottenham Hale and other new estates.

9. CABINET MEMBER Q&A

An opportunity to question Cllr Jason Arthur, Cabinet Member for Finance and Health, in relation to his responsibilities concerning:

- Public Health
- Health devolution pilots
- Safeguarding adults
- Adults with disabilities and additional needs

- Adult social care
- Health and social care integration and commissioning

10. COMMUNITY WELLBEING FRAMEWORK UPDATE (PAGES 21 - 46)

This paper describes the overall Community Wellbeing Framework, its main components, including an innovative approach in achieving community health and wellbeing by focusing on community assets and better integration across the whole system.

11. DAY OPPORTUNITIES IN HARINGEY (PAGES 47 - 50)

Members of the Adults and Health Scrutiny Panel are asked to consider and comment on the transformation processes underway to develop and implement a new model of day opportunities for people with learning disabilities including complex needs and autism or for older people and those living with dementia.

12. OSBORNE GROVE NURSING HOME - VERBAL UPDATE

13. PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY PROJECT - VERBAL UPDATE

14. WORK PROGRAMME UPDATE (PAGES 51 - 62)

This report gives details of the proposed scrutiny work programme for the remainder of the municipal year and highlights outstanding items of work for consideration in developing a work programme for 2017/18.

15. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

16. DATES OF FUTURE MEETINGS

The schedule of meetings for 2017/18 will be agreed by Full Council on 20 March 2017.

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Bernie Ryan
 Assistant Director – Corporate Governance and Monitoring Officer
 River Park House, 225 High Road, Wood Green, N22 8HQ
 Friday, 24 February 2017

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON THURSDAY, 1ST DECEMBER, 2016,
6.30 - 10.00 pm**

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, David Beacham, Eddie Griffith and Peter Mitchell

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health
(6.30pm – 8.15pm)

51. FILMING AT MEETINGS

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

52. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Cllr Charles Adje and Helena Kania.

53. ITEMS OF URGENT BUSINESS

None

54. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of being a member of the Royal College of Nursing.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

55. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

56. MINUTES

It was noted that the minutes of the Adults and Health Scrutiny Panel held on 17 November 2016 would be reported to the 20 December 2016 meeting.

57. CARE QUALITY COMMISSION - PRESENTATION

The Panel considered a presentation from Martin Haines, Inspection Manager, Adult Social Care Directorate, Care Quality Commission, London Region.

Mr Haines commenced his presentation by explaining the Care Quality Commission (CQC) was the independent regulator of health and social care in England. It was noted that the purpose of the CQC was to ensure health and social care services provided safe, effective, compassionate, high-quality care, and to encourage services to improve.

Mr Haines provided details concerning information that had been published by the CQC, including performance ratings and the methodology and approach that had been used. The following points were considered in relation to the practicalities of inspection:

- Unannounced except where this would be impractical
- Provider Information Returns (PIR)
- The emphasis that was placed on hearing people's voices
- The use of bigger inspection teams, including specialist advisors and experts by experience

The Panel was informed that under the new CQC framework, inspectors assessed all health and social care services against five key questions - is a service: safe, effective, caring, responsive to people's need and well-led? Mr Haines explained that a judgement framework supported this assessment, providing a standard set of key lines of enquiry directly relating to the five questions. The panel noted that the new ratings system used the assessment of these five areas to rate services as: outstanding, good, requires improvement or inadequate. This enabled people to easily compare services. The panel was informed that services rated as outstanding were normally re-inspected within 2 years; good services within 18 months; services requiring improvement within a year; and inadequate services within 6 months.

Mr Haines concluded his presentation by providing information on the latest national and local CQC ratings. The Panel was asked to note the overall ratings for Adult Social Care services, summarised below.

	Total	Inadequate	Requires Improvement	Good	Outstanding
National	19,610	597 (3%)	4,886 (25%)	13,924 (71%)	203 (1%)
Haringey	69	2 (3%)	24 (35%)	43 (62%)	0 (0%)

(Source: CQC – 1 October 2016)

During the discussion reference was made to a number of issues, including:

- The CQC's enforcement powers.
- The fact the CQC was close to completing inspections for all services they regulated and that this had given a unique understanding of quality across the country.
- Lessons learned and themes emerging from national and local inspections.
- Guidance for providers to display ratings.
- The work that had been carried out by the Scottish Care Inspectorate in relation to promoting physical activity in care homes and how this work was being taken forward via the Physical Activity for Older People Scrutiny Project.

The Panel thanked Mr Haines for his attendance and it was agreed that the Care Quality Commission should attend a Scrutiny Panel meeting during 2017/18 to provide an update on their inspection programme for Haringey.

AGREED:

- (a) That the presentation from Martin Haines, Inspection Manager, Adult Social Care Directorate, Care Quality Commission, be noted.
- (b) That the Care Quality Commission be invited to attend a Scrutiny Panel meeting during 2017/18 to provide an update on their inspection programme for Haringey.

58. MAKING SAFEGUARDING PERSONAL - PRESENTATION

Dr Adi Cooper, the Independent Chair of Haringey's Safeguarding Adults Board, provided a presentation on Making Safeguarding Personal (MSP). The presentation was supplemented by information provided by Jeni Plummer, Head of Operations, concerning key messages for Haringey.

Dr Cooper commenced her presentation by explaining safeguarding involved people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure the adult's wellbeing was being promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The Panel was informed that Making Safeguarding Personal, a sector led initiative, was person-led and outcome-focused and aimed to enhance choice, control and quality of life. It was noted such an approach was about:

- Enabling safeguarding to be done with, not to, people.
- A shift from a process supported by conversations to a series of conversations supported by a process.
- Talking through with people the options they have and what they want to do about their situation.
- Developing a real understanding of what people want to achieve (and how).
- Utilising professional skills rather than “putting people through a process”.
- Achieving meaningful improvement in peoples' circumstances.

Dr Cooper provided a short history to the MSP initiative and outlined key finding from an evaluation carried out in 2016 by the Association of Directors of Adult Social Services (adass). Key messages included:

- The majority of local authorities had completed the first step of introducing MSP.
- The MSP approach started mainly in safeguarding teams and services but was rapidly spreading out into generic teams.
- There had been an overall increase in agencies' involvement in MSP since the 2015 evaluation but some partners' involvement had actually decreased.
- Most local authorities had rewritten procedures to promote a user-friendly approach.

Dr Cooper concluded her presentation by providing information on recommendations that had been put forward by adass for consideration by local authorities. The following suggestions were discussed:

- *Improve ways of managing the increase in safeguarding alerts and referrals by considering integration of front doors.*
- *Develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a s.42 enquiry.*

- *Directors of Adult Social Services should take stock of where their service stands on the road to full implementation of MSP.*
- *Adult Social Care departments to consider how they can get greater corporate council buy-in to MSP and ensure councillors are aware of it.*
- *Training providers to modify and update their materials in shifting the culture to embed MSP values.*
- *All organisations and SABs to do more to meaningfully engage service users in planning and shaping safeguarding services.*
- *Statutory organisations to enhance prevention by building a pathway into voluntary and community assets.*
- *Adult Social Care and health commissioners to work more closely with independent care providers to MSP into good service quality.*

In response to questions, Ms Plummer provided details on work that had taken place in Haringey to support MSP, including:

- The adapted triage function.
- Improved partnership working between agencies and professionals showing concerned curiosity and due regard.
- Views and desired outcomes being ascertained and recorded before decisions around s42 enquiries were completed.
- Where an Independent Mental Capacity Advocate was required this was requested at the enquiries stage.
- The roll out of s42 enquiries across all services creating an opportunity for enquiries for the adult at risk to be supported by their allocated practitioner.
- Support that was provided to the adult causing harm.
- Quality assurance and improvement and the importance of on-going training.

The Panel went on to discuss a number of issues and considered how a greater sense of Councillors' responsibility for safeguarding could be manifested.

AGREED:

- (a) That the presentations from the Independent Chair of Haringey's Safeguarding Adults Board and the Director of Adult Social Services be noted, and the Principal Scrutiny Officer be asked to send both presentations to all councillors.
- (b) That, to ensure all councillors are kept informed about Making Safeguarding Personal, and developments across this sector led initiative in Haringey, the

Independent Chair of Haringey's Safeguarding Adults Board be asked to prepare an annual briefing note (on one side of A4) for all Members.

- (c) That, to ensure greater buy-in to Making Safeguarding Personal, the Independent Chair of Haringey's Safeguarding Adults Board be asked to consider developing an Adult Safeguarding Charter for Haringey councillors.
- (d) That, the Democratic Services and Scrutiny Manager and Assistant Director, Strategy and Partnerships, in developing the future Member Learning and Development Programme, be asked to look at ways of making adult safeguarding training compulsory for newly elected Members, and ensuring all members undertake annual refresher training.

59. SAFEGUARDING ADULTS BOARD ANNUAL REPORT AND STRATEGIC PLAN

Dr Adi Cooper, Independent Chair of Haringey's Safeguarding Adults Board, introduced the report as set out.

Dr Cooper advised the Haringey Safeguarding Adults Board (HSAB) was a statutory body. The Board ensured that agencies worked together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act 2005 and the Human Rights Act 1998.

During the discussion, a number of issues were discussed, including:

- Safeguarding principles set out by government in statutory guidance accompanying the Care Act 2014.
- The Board's Strategic Plan 2015-18, focusing on priorities that had been set for 2016-17 and progress that had been made as of November 2016.
- The roles and composition of the Board's sub-group and work that had been undertaken during 2015/16.
- The use of data in relation to safeguarding issues and how this information was monitored locally and nationally. The differences between statutory safeguarding enquiries and non statutory enquiries were also considered.
- The role of the Adult Social Care Integrated Access team (IAT) in terms of providing a single point of access for reporting adults safeguarding concerns.
- Work that was taking place to update policies and procedures to reflect changes in the law as a result of the Care Act 2014.
- The aims and objectives of Haringey's safeguarding Adults Multi Agency Information Sharing Protocol.
- An update on a Section 42 enquiry, undertaken following a BBC London report which reported there had been a lack of care for an elderly lady living at home with dementia. The Panel was informed the enquiry would enable all parties involved to

identify learning and improvements to inform future practice. It was noted the learning from the safeguarding enquiry would be reported to the Safeguarding Adults Board in due course.

In response to questions, Dr Cooper explained the Safeguarding Adults Review (SAR) sub-group had received three referrals for consideration during of 2015/16. Following evaluation of these, against the statutory requirements and in line with the Board's SAR protocol, it was noted HSAB had commissioned one SAR and that this would be reported on during 2016/17.

In terms of abuse location, the Panel was informed that abuse could happen anywhere. For example, in someone's own home, in a public place, in a hospital or a care home. It was noted that abuse could happen when someone lived alone or with others and it was explained that it was important to gain a better understanding of abuse locations and the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others had witnessed abuse and the role of family members and paid staff or professionals.

The Panel supported the granular data analysis, being carried out by the Quality Assurance Sub Group, and agreed that it was important to gain a better understanding of the circumstances of abuse and to establish whether there were locations that should be identified for action or strategy development.

The Panel went on to discuss a number of issues and it was

AGREED:

- (a) That the criteria for when the Safeguarding Adults Review (SAR) Sub Group must, or may, commission a SAR should be circulated to Panel members by the Independent Chair of Haringey's Safeguarding Adults Board.
- (b) That, following consideration by the Haringey Safeguarding Adults Board, a summary of the learning arising from the Section 42 enquiry, undertaken following concerns about a local care provider and self neglect, should be circulated to Panel members by the Independent Chair of Haringey's Safeguarding Adults Board.
- (c) That the Assistant Director for Commissioning be asked to provide Panel Members with further information, via email, to clarify how information concerning "how to raise a concern" is shared with care homes, domiciliary care, nursing homes and residential homes.
- (d) That, the Panel supported the granular data analysis being carried out by the Quality Assurance Sub Group concerning "abuse locations". The Panel agreed that this work was very important to ensure a better understanding of the circumstances of abuse and to establish whether there were locations e.g. the alleged victims own home that should be identified for action or strategy development.

- (e) That the findings from the “abuse location” granular data analysis, and any actions taken as a result, be reported back to the Adults and Health Scrutiny Panel as part of the Safeguarding Adults Board Annual Report and Strategic Plan item for 2016/17.

60. TRANSFORMING CARE IN HARINGEY

Charlotte Pomery, Assistant Director for Commissioning, provided an update on two areas where transformational approaches were being used to address need, manage demand and achieve outcomes, within reducing resources.

Ms Pomery commenced her presentation by providing an update on work that was taking place to transform care for children, young people and adults with a learning disability and/or autism, with behaviour that challenges, including those with a mental health condition through the North Central London Transforming Care Programme.

In response to questions, Ms Pomery explained the programme’s objectives were to:

- Reduce the number of people with learning disabilities and/or autism in hospitals by half by March 2019.
- Reduce the average length of stay.
- Eliminate the use of out of area placements.
- Eliminate existing health inequalities.
- Transform care and support to be designed around the individual.
- Improve the quality of life for people with learning disabilities and/or autism and reduce behaviour that challenges.

During the discussion, consideration was given to a variety of issues, including:

- Governance arrangements for the North Central London Transforming Care Partnership.
- Actions to support and managing the discharge of long term patients.
- The importance of designing and investing in new community services.
- The use of Personal Integrated Care Budgets.
- Plans to establish “At Risk of Admission Registers” with enhanced care for people at risk of hospital admission.
- Performance monitoring arrangements and the importance of understanding admissions

- Feedback from a Crisis Intervention Workshop, held on 27 September 2016, highlighting key areas for improvement and resourcing moving forwards.

Ms Pomery went on to highlight work that was taking place to transform Haringey's day opportunities offer for people with learning disabilities and older people with dementia. It was noted that Haringey's approach to day opportunities represented a move away from services delivered through building based provision to those that were more personalised to individual needs and preferences. The Panel was informed that, within the new model, service users would be able to access a range of community based opportunities and would be able to access provision in the appropriate Community Hub – whether at the Haynes (for people with dementia) or at Ermine Road (for people with learning disabilities and/or autism).

During the discussion, consideration was given to a variety of issues, including:

- The work of FutureGov, including research that had been carried out with users, carers, staff and stakeholders. It was noted that a co-production workshop, held during August 2016, had helped to identify what worked and what needed to happen next to make the “to be” user journey work for learning disabilities and dementia.
- The importance of stimulating and managing the market to ensure a range of providers supported people's needs.
- Care navigation and the importance of ensuring stakeholders knew where day opportunities were located, how much they cost and how to access them.
- The importance of accessible and reliable transport.
- Making the most of Ermine Road and the Haynes as community hubs.

At the conclusion of the item, the Chair informed the Panel that site visits would be arranged to The Haynes and Ermine Road before 6 March 2017, when Day Opportunities would be considered further by the Panel.

AGREED:

- (a) That the presentations from the Assistant Director for Commissioning, concerning (i) the North Central London Transforming Care Partnership and (ii) Day activities for people with learning disabilities and older people with dementia, be noted.
- (b) That the Principal Scrutiny Officer be asked to organise site visits to The Haynes and Ermine Road before 6 March 2017, when Day Opportunities would be considered further by the Panel.

61. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2016/17 municipal year.

AGREED: That subject to the additions, comments and amendments, referred to under agenda items 7, 8, 9 and 10 the areas of inquiry outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee.

62. NEW ITEMS OF URGENT BUSINESS

None

63. DATES OF FUTURE MEETINGS

The Chair referred Members present to item 13 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

**MINUTES OF THE MEETING OF THE ADULTS AND HEALTH
SCRUTINY PANEL HELD ON TUESDAY 20TH DECEMBER 2016,
6.30 – 9.40pm**

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, Charles Adje, David Beacham, Eddie Griffith, Peter Mitchell and Helena Kania (Non Voting Co-optee)

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health

41. FILMING AT MEETINGS

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

42. APOLOGIES FOR ABSENCE

None

43. ITEMS OF URGENT BUSINESS

None

44. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 7 and 8 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7 and 8 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7 and 8 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7 and 8 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7 and 8 by virtue of being a member of the Royal College of Nursing.

Cllr Charles Adje declared a personal interest in relation to agenda items 7 and 8 by virtue of his employment at the London Fire Brigade as a trade union representative.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

45. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

46. MINUTES

AGREED:

- (a) That the minutes of the Adults and Health Scrutiny Panel meeting held on 17 November 2016 be approved as a correct record.
- (b) That the minutes of the Adults and Health Scrutiny Panel meeting held on 1 December 2016 be reported to the 6 March 2017 meeting.

47. SCRUTINY OF THE DRAFT 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2017/18-2021/22)

Councillor Jason Arthur, Cabinet Member for Finance and Health, introduced proposals within the draft Medium Term Financial Strategy (MTFS) relating to Priority 2 of the Corporate Plan. He stated that they needed to be seen within the context of the very severe cuts that there had been to local government funding since 2010. It was noted this had impacted considerably on the Council's ability to provide services, especially in the light of increases in demand. It was noted that at Quarter 2 (September 2016) the Council was projecting a full-year deficit of £22m.

The Panel was informed that the draft MTFS used the last year of the approved MTFS (2017/18), adjusted for known changes, and added a further four years (2018/19, 2019/20, 2020/21 and 2021/22). Councillor Arthur explained, after taking into account anticipated funding reductions, demand pressures and a review of the base financial position, including the achievability of previously agreed savings, that further savings were required to bridge the resulting budget gap.

In terms of proposals, relating to Priority 2 of the Corporate Plan, Cllr Arthur explained that officers had developed proposals to address the budget gap with a particular focus on: partnership working; promoting independence; asset utilisation; and fees and charges.

The following issues were considered in relation to demand pressures for adult social care:

- It was noted increasing client numbers, particularly those requiring relatively high levels of care, was a key reason for the gap.
- The fact that pressures experienced in Haringey were consistent with wider national trends in health and social care, with demand for services far outstripping resources.
- The importance of rebalancing resources, as part of the 2017/18 – 2021/22 MTFS, to support growth/demand pressures in adult social care.

Following the Panel's budget monitoring meeting, held on 17 November 2016, it was agreed information on demand/budget pressures relating to adult social care, provided by the Corporate Delivery Unit, had helped to improve understanding on a range of issues.

During the discussion, reference was made to a recent announcement from the Secretary of State for Communities and Local Government concerning a £240m transfer from the New Homes Bonus to adult social care funding and confirmation that local authorities would be able to raise the council tax precept for care by 3% in the next two years (2017/18 – 2018/19). However, it was noted that the net increase of the social care precept would need to remain at 6% over the next three financial years, meaning if councils chose to levy 3% in both 2017-18 and in 2018-19, they would not be able to raise a precept in 2019-20. Cllr Arthur explained Haringey's approach to the precept would be considered as part of the wider work that was taking place to finalise the MTFS for 2017/18 – 2021/22. A variety of issues were also considered, including:

- The Improved Better Care Fund allocations.
- Developments concerning Haringey's Integrated Target Operating Model (ITOM).
- The key cost drivers for adult social care i.e. the number, cost and duration of packages of care for individual clients.
- Projected adult social care client numbers and costs. This included the fact that numbers, outlined in tables 9 and 10 of the 13 December Cabinet report, had been translated into a financial forecast which averaged an increase of 4% cost increase per year over the lifetime of the new MTFS.

The Panel was informed the gap between the natural trajectory and the budget for 2017/18 was around £29m. It was noted that this could only be achieved by either reducing the level of spend or increasing the amount of budget. David Tully, Head of Finance, explained the revised MTFS worked on the basis that there were already measures in place, as part of existing plans, which would reduce the natural trajectory spend by £9m and that after taking into account the passporting of the Adult Social Care precept and adjusting for previously agreed savings, that had been added back to the base, the amount required to fund the gap for adult social care demand in 2017/18 was £11.889m. It was noted the same principles applied for future years.

The Panel considered the proposed revenue savings proposals for Priority 2 as follows:

2.1 – Supported Housing Review

Charlotte Pomery, Assistant Director for Commissioning, stated that the aim of this proposal was to bring together the resources of housing-related support and adult social care to optimise use of supported housing assets in the borough. It was explained that this would create a coherent pathway of service for these groups, who had a range of needs, focused on addressing risk and vulnerability, tenancy

preparation and breaking the cycle of homelessness. It was noted that the saving would be possible through the recommissioning of services in 2017, yielding a saving in 2018/19. During the discussion, consideration was given to a variety of issues, including:

- Work that had taken place via both the cross-party Supported Housing Review Members Working Group and the Housing and Regeneration Scrutiny Panel.
- Questions on how the commissioning of services would change once budgets had been fully integrated.
- The number of units of housing-related support accommodation for people with learning disabilities.
- The importance of maximising independence and autonomy for adults who are living either in residential care or other types of supported housing.
- The rationale for developing a strategy in order to move people from supported housing units to more independent living through the Keyring scheme.

AGREED: That the Supported Housing Review proposal be noted.

2.2 – Osborne Grove

The Cabinet Member advised the weekly cost per bed at Osborne Grove was £1,214 and explained that this was higher than the average market rate of nursing care at £824/week. The Panel noted there was significant demand for nursing care with limited capacity in Haringey and locally. With this in mind, the Cabinet Member explained consideration had been given to whether the Osborne Grove site could deliver extra capacity. The following points were noted:

- Given the good location and condition of the site, opportunities existed to make better use of the day centre and car park.
- An options appraisal was underway to maximise the number of units that could be offered from the site. It was explained that this was to reduce unit costs and to maintain care in a sustainable way.

The Cabinet Member advised the panel that in each of the options, the current nursing care capacity of 32 beds would be maintained. Any additional capacity created would either be of nursing beds or extra care sheltered housing units. It was noted that options ranged from procuring an alternative provider to develop out the site and/or to provide care to maintaining the current model and capacity.

The Panel went on to discuss, more generally, the pros and cons of various service delivery options including outsourcing and “insourcing”, among others. In addition, the following issues were discussed:

- Findings, and action plans developed, following inspections carried out by the Care Quality Commission during November 2015.

- The fact there were a variety of options that needed to be explored and that the range of savings associated with different options ranged from £0 to £672k.
- The importance of consulting existing clients to ensure disruption was minimised if/when work was carried out on the site. It was noted that current service users would be considered as part of the EqlA for the proposal.

During the discussion, consideration was also given to a variety of issues, including lessons that had been learnt from previous decisions concerning Osborne Grove.

AGREED: That the proposal concerning Osborne Grove be noted

2.3 – Fees and Charges Review

John Everson, Assistant Director, Adult Social Services, reported that the aim of this proposal was to amend fees and charges in order to bring them into line with other London boroughs and to enable cost recovery where possible and appropriate. Mr Everson explained that savings proposals had been put forward in relation to:

Disability Related Expenditure (DRE)

Mr Everson advised that Haringey operated a 65% (£35.82) disregard and that this policy had stayed the same since 2004. It was noted that other authorities had reduced the disregard for financial assessment purposes of DRE and that the range was from a flat rate of £10.00 to a rate of 35% (£19.00). The Panel was informed that the proposal for Haringey was to operate a DRE of £40%, (£22.04) by 2019/20 (i.e. 55% (£30.31 per week) saving an estimated £129k in 2017/18, 45% (£24.80 per week) and an estimated £244k in 2018/19.

Transport to day opportunities

The Panel was informed that this proposal related to charging users, who had been assessed as having the ability to pay, for the full cost of transport as part of the charge for the overall package of day care.

Self-funders administration fee

The Panel was informed that the Council managed care provision for 64 full-cost service users (those deemed to have enough disposable income to pay for their own care) and did not charge. It was noted that the proposal was to implement an administration fee.

AGREED:

- (a) That the Equality Impact Assessment, for the Disability Related Expenditure proposal, be made available for consideration by OSC on 30 January, before final budget scrutiny recommendations are agreed. This should include narrative on the individual impact of the proposal.

- (b) That concern be expressed about the potential impact of the Disability Related Expenditure proposal and that consideration be given to limiting the impact by reducing the cut and by spreading the reduction out over five years, rather than three.
- (c) That a report be made to a future meeting of the Panel on the impact of the proposed DRE changes. This should include monitoring of the Equality Impact Assessment action plan and consideration of how changes are monitored via annual care assessments. Consideration should also be given to commissioning an independent audit to ensure the impact of any change is fully understood.
- (d) The principle of charging for a whole package of care, rather than treating travel costs separately, was supported by the Panel. However, it was agreed further information, about the cost implications of the Transport to Day Opportunities proposal, especially the total number of service users affected, should be made available to the Overview and Scrutiny Committee, before final budget scrutiny recommendations are agreed.
- (e) That concern be expressed about the timing of the Transport to Day Opportunities saving proposal, especially in view of the number of changes already taking place across day activities for people with learning disabilities and older people with dementia. With this in mind, consideration should be given to moving this proposal back to later in the MTFS period

2.4 – Technology Improvement

Ms Pomery advised that this proposal was about using technology to maximise independence, with a particular focus on using Assistive Technology (AT) and online information to signpost and enable residents to self-assess. During the discussion, consideration was given to a variety of issues, including:

- The importance of ensuring the right information was available at the right time and in the right place to enable citizens, service users and carers to help themselves effectively and be aware of their own emerging or existing health conditions so they could take steps to manage these.
- An update on the future of Haricare (Haringey's directory for adults who need care and support) was provided in view of concerns, raised by the Panel, that correct information was not always available online.
- The importance of promoting activities that enabled residents to find support in the community and to remain in their home, deferring moves into Residential Care or receiving other packages of support when they are not necessary.

In terms of using online information to signpost and enable residents to self-assess, based on work carried out at other local authorities, it was noted that significant savings could be made. In addition, it was explained that the use of AT, and online information and assessment, promoted independence and helped to improve quality of life, as demonstrated on pages 80 and 81 of the report.

Whilst the Panel acknowledged the benefits of this proposal it was noted that technology improvements, on their own, would not tackle issues relating to social isolation, especially if contact with some services reduced as a result.

AGREED: That the proposal concerning Technology Improvement be noted.

2.5 – Market Efficiencies

The Panel was informed that five different approaches would be used to reduce costs incurred in commissioning packages of care for clients. Ms Pomery explained costs would be reduced by:

- Implementing a new approach to residential and nursing procurements to reduce costs working with boroughs across North Central London.
- Gaining leverage on providers in Learning Disabilities and Mental Health to negotiate price reductions in existing packages with an increased focus on maximising independence.
- Developing new care and delivery models for people with the most complex needs and behaviour that challenges.
- Changing the terms of the residential placement agreement to reduce the amount Haringey will pay when service users are hospitalised in line with comparator boroughs; a one off debt recovery from care homes against hospitalisation of service users.
- Ending the subsidy for meals on wheels.

In response to questions, on the subsidy for meals on wheels, Ms Pomery explained that there were a range of options available for people needing support to access a hot meal during the day. Moving forwards it was reported that the role of the Council would be to help individuals to decide which option they wanted and that this would be explored as part of the assessment and support planning process. The Panel was assured users would be able to access culturally specific meals, with a range available as part of options being explored both for delivery and in the community. It was noted the Council was seeking to ensure consistency of costs, however some appeared more expensive. The Panel was informed that this would be considered as part of the EqIA for the proposal. The Panel was advised that where a luncheon club was an assessed need, and the user eligible, adult social care transport would be arranged.

During discussion consideration was given to a variety of issues, including the benefits of each approach and the cost benefit analysis. In addition, whilst the Meals on Wheels service provided access to hot and nutritious food, it was agreed that an important element of the service, that needed to be retained, was its ability to tackle issues relating to social isolation and loss of independence.

AGREED: That the Market Efficiencies proposal be noted.

2.6 – New Models of Care

The Cabinet Member reported that these proposals were at an early stage of development. However, the Panel was informed that potentially there were substantial savings achievable across Priority 2 from moving to an integrated model of delivery. It was noted that the largest element of this would be savings made through integration with (i) Haringey CCG, (II) the Wellbeing Partnership with Islington Council and CCG and (iii) additional savings across the North Central London cluster.

Mr Everson advised that there were additional potential savings as a result of proposals to redesign adult social care through:

- Further reductions in new packages of care through a more preventative approach linked into primary care and community services.
- Further staff reductions as part of service redesign, including through more integrated ways of working. It was noted that this would include services provided through Adults Social Care, Public Health and the Clinical Commissioning Group.

The Panel was assured that savings proposed for Haringey had been based on those achieved in models elsewhere. However, the Panel agreed further information, on the type of savings proposed, should be made available to demonstrate how savings of £1.4m would be achieved. It was agreed that this narrative should be considered by the Overview and Scrutiny Committee before final budget scrutiny recommendations were agreed in January.

AGREED:

- (a) That additional information, on New Models of Care, be made available for consideration by the Overview and Scrutiny Committee before final budget scrutiny recommendations are agreed. This should include narrative on the range/type of savings proposed, including staffing, to demonstrate how savings of £1.4 million would be achieved.
- (b) That the Cabinet Member for Finance and Health be asked to host a Member Learning and Development session, for all Members during the first half of 2017, on New Models of Care. This should include an update on the Haringey and Islington Health and Wellbeing Boards.
- (c) That an update on progress with the development of New Models of Care be submitted to a future meeting of the Panel during 2017/18.

At the conclusion of the item, the Chair thanked the Cabinet Member and officers for their attendance.

48. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2016/17 municipal year.

AGREED: That subject to the additions, comments and amendments, referred to under the Draft 5 Year Medium Term Financial Strategy item, the areas of inquiry outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee.

49. NEW ITEMS OF URGENT BUSINESS

None

50. DATES OF FUTURE MEETINGS

The Chair referred Members present to item 10 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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Report for: Adults and Health Scrutiny Panel, 6th March 2017

Title: Community Wellbeing Framework update.

Report

authorised by : Dr Tamara Djuretic, Assistant Director of Public Health

Lead Officer: Tamara Djuretic, Tamara.djuretic@haringey.gov.uk; Negin Sarafranz-Shekary, negin.sarafranz-shekary@haringey.gov.uk

Ward(s) affected: ALL

Report for Key/

Non Key Decision: Non key decision

1. Describe the issue under consideration

- 1.1 Evidence suggest that non-medical interventions such as social prescribing can be effective in improving health and well being and reducing health care utilisation through promoting self management. Neighbourhood Connect (a social prescribing) project was piloted in Haringey in 2015. Its evaluation suggested some good outcomes however it failed to demonstrate a good value for money and it struggled to engage effectively with certain hard-to-reach communities (e.g. people with disability) to reduce social isolation.
- 1.2 Our learning so far indicate that in Haringey, a bottom-up approach which focuses on local community assets by building on the existing local resources and expertise is more likely to succeed in improving health as well as being cost-effective and sustainable. Furthermore, it has been recognised that more strategic approach and development of the overall Community Wellbeing Framework is needed to initiate community asset approach, integrate health and care services and concentrate on preventative interventions that would subsequently reduce demand on services and increase health and wellbeing of Haringey residents.
- 1.3 This paper describes the overall Community Wellbeing Framework, its main components, including an innovative approach in achieving community health and wellbeing by focusing on community assets and better integration across the whole system.

2. Recommendations

- 2.1 That the Adults and Health Scrutiny Panel notes progress on development and implementation of the Community Wellbeing Framework.

3. Reasons for decision

- 3.1 The Panel asked for an update on development of Community Wellbeing Framework in 2016.

4. Alternative options considered

N/A

5. Background information

- 5.1 It is estimated that by 2021 Haringey's population is expected to rise to 289,700 or 10% with the 50+ population expected to show the biggest increase. As people get older, their health needs become more complex and they are more likely to be diagnosed with one or more long term conditions. Currently there are over 47,800 (1 in 5) adults in Haringey diagnosed with at least one long term condition (17%). 17,900 of these have more than one long term condition. Older people are likely to have more non-elective admissions which can lead to higher unplanned spend.
- 5.2 Due to increasing number of patients with complex needs, providing a well coordinated and coherent care is becoming more challenging, particularly in areas most socially and economically deprived in Haringey. This can result in variation in care provision and consequently increase the health inequality gap. Therefore a system- wide approach is required to make the services more integrated and inclusive by bridging the statutory services with the communities to deliver the outcomes at scale to maximise benefit.
- 5.3 Local Area Co-ordination and social prescribing model is about providing a well integrated and co-ordinated care pathway with a single point access. The pathway will be designed locally to address the key priority objectives of primary, community and social care, to reduce social isolation, promote social connectiveness and reduce health and care needs.
- 5.4 The Local area co-ordinators will be recruited from local communities and will be located in a community hub and supported by the existing network of care coordinators/navigators (as part of the integrated/locality teams).
- 5.5 This approach will support delivery of Priority 1 and Priority 2 of the Corporate Plan and welfare reform implementation, with a particular focus on empowering communities. It incorporates the key objectives of Better Care Fund to reduce

hospital admissions, increase effective hospital discharge and promote independence. This project will be part of a wider transformation programme that aims to build individual/community resilience (reducing need for, and dependence on, formal, expensive services), simplify and connect the service system and embed strength based” thinking, culture and behaviour across the service system.

- 5.6 Guide to community centred approaches for health and outline the need in change current practice and build new relationship with people¹. There is also a growing body of evidence demonstrating the value of person-centred and community-centred approaches in terms of improved health & wellbeing, their contribution to NHS sustainability and wider social outcomes, which were reflected in all five London 30 June STP submissions. A recent report by suggested an opportunity for NHS Haringey CCG to save £20,131,351 by 2021².
- 5.7 Over the past few years a number social prescribing models have been evaluated nationally which have shown positive outcomes such as: reduced GP and hospital workload; reduced A&E attendance and improved wellbeing and mental health³. Local Area Coordination has a significant evidence base nationally and internationally over the past 28 years. (<http://lacnetwork.org/>). In England and Wales, Local Area Coordination is now operating or developing in Derby City, Thurrock, Isle of Wight, Swansea, Suffolk, Derbyshire, Neath Port Talbot. There have been many evaluations that show, where it is designed properly with local people and there is strong, connected leadership there are very consistent, positive outcomes. These include:
- Recent independent Social Return on Investment (SROI) evaluations in both Derby City and Thurrock Councils have shown £4 return for every £1 invested.
 - Derby City diverted costs/savings of £800k in first 10 months in 2 locations whilst operating at 40% capacity (formative stage).
 - Thurrock Council found reductions in referrals/visits to GP, A&E, adult care, mental health and safeguarding services; avoided housing evictions. Reduced isolation through increasing unpaid, natural relationships, employment/volunteering/education opportunities
 - Reduced dependence on day services.
 - Better health outcomes and improved self management of health.
 - People supported to find local, low cost/no cost solutions.
 - Preventing more expensive out of home/area/placements.

¹ A guide to community-centred approaches for health and wellbeing (2015)
<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

² <http://www.i5health.com/hlp.html>

³ <http://www.pulsetoday.co.uk/clinical/prescribing/gp-social-prescribing-can-reduce-appointments-by-over-one-fifth/20033584.article>

- 5.8 The new model will be delivered within existing services (e.g. primary care, libraries, VSC etc.) and it will work alongside existing local programmes including Community Hubs, Time credit/ time bank, micro-enterprise, healthy living pharmacies, Information Advice and Guidance, welfare & benefits advice services, welfare hubs and newly forming Community Health Integrated Networks (CHINs). An extended stakeholder engagement event will be held during the design phase of the programme to co-develop an evidence based programme that reflects and builds on previous learning and local circumstances and priorities. The model will integrate with other community schemes. We will also ensure that is part of Care Closer to Home Integrated Network (CHIN).
- 5.9 The project will have a prevention based approach to proactively identify high risk and hard-to-reach group of people, in particular:
- Older people (with multiple long term conditions);
 - Those groups identified by NHSE work e.g. falls, diabetes
 - People with disabilities
 - Socially isolated who don't reach out for help before crisis
- 5.10 The project will initially be rolled out in areas with high prevalence of poverty, health inequality and poor life expectancy such as and northeast of the borough, Tottenham and Northumberland Park. The service will be evaluated before being expanded across the borough.

6. Contribution to strategic outcomes

Priority 1 and 2 of the Corporate Plan, Haringey's Community Strategy, Better Care Fund and Health and Wellbeing Strategy 2015 - 2018

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

Finance and Procurement

- 7.1 This is an update report for noting and as such there are no direct financial implications associated with this report.

Legal

- 7.2 This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

Equality

- 7.3 The project will have a prevention based approach to proactively identify high risk and hard-to-reach group of people, in particular older people, those with disabilities and people with long-term health conditions. Initial roll out of the project will be in areas with high prevalence of poverty, health inequality and poor life expectancy such as and northeast of the borough, Tottenham and Northumberland Park. The person-centred approach of the framework will allow inequalities and isolation issues related to protected characteristics to be tackled.

8. Use of Appendices

Appendix I – Community Wellbeing Framework Update presentation

9. Local Government (Access to Information) Act 1985

Health and Wellbeing Strategy 2015 – 2018

Public Health England Guide to Community centred approaches for health and wellbeing, <https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

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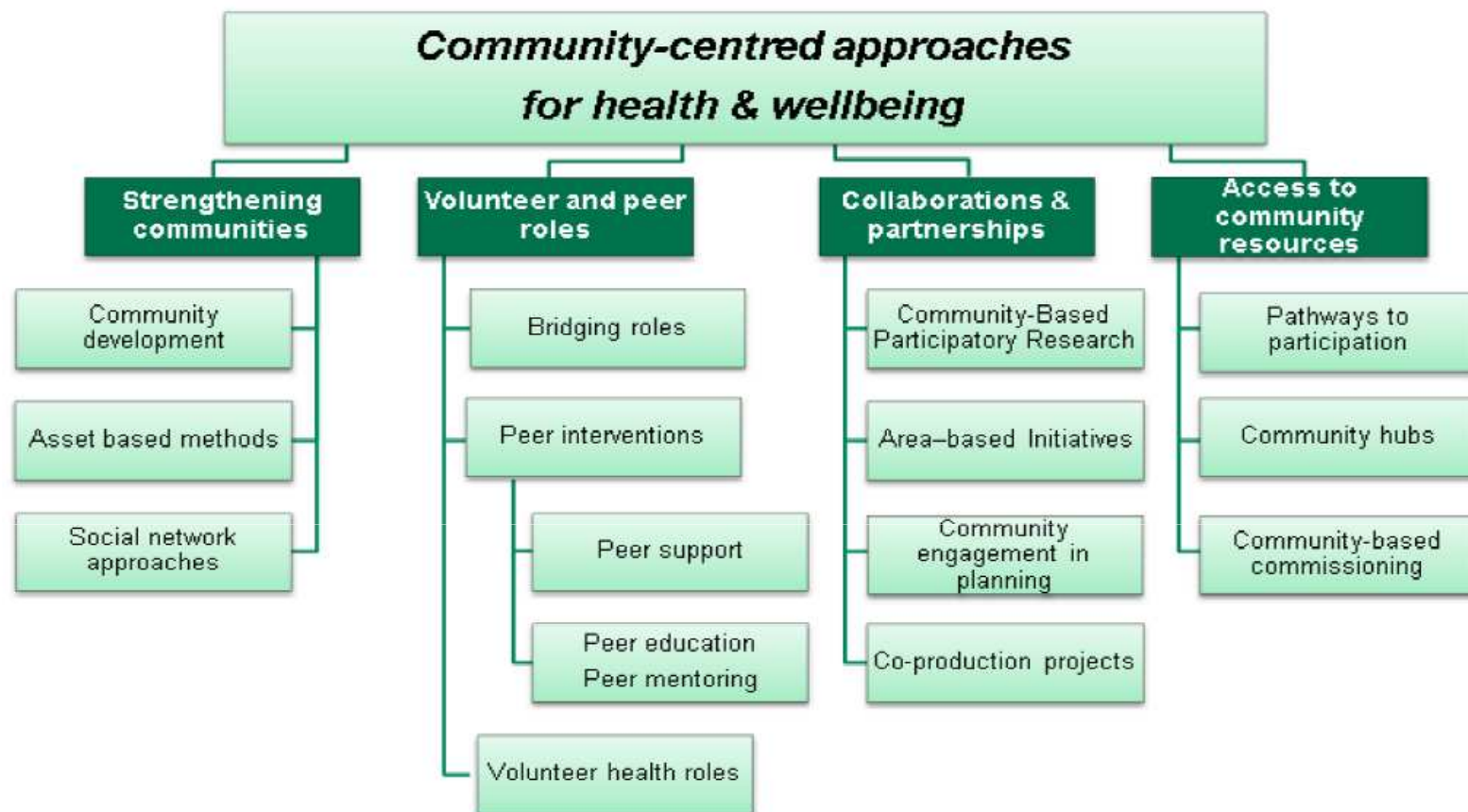
Community Wellbeing Framework Update

Appendix 1

Community based approaches

There is a growing body of evidence demonstrating the value of person-centred and community-centred approaches in terms of:

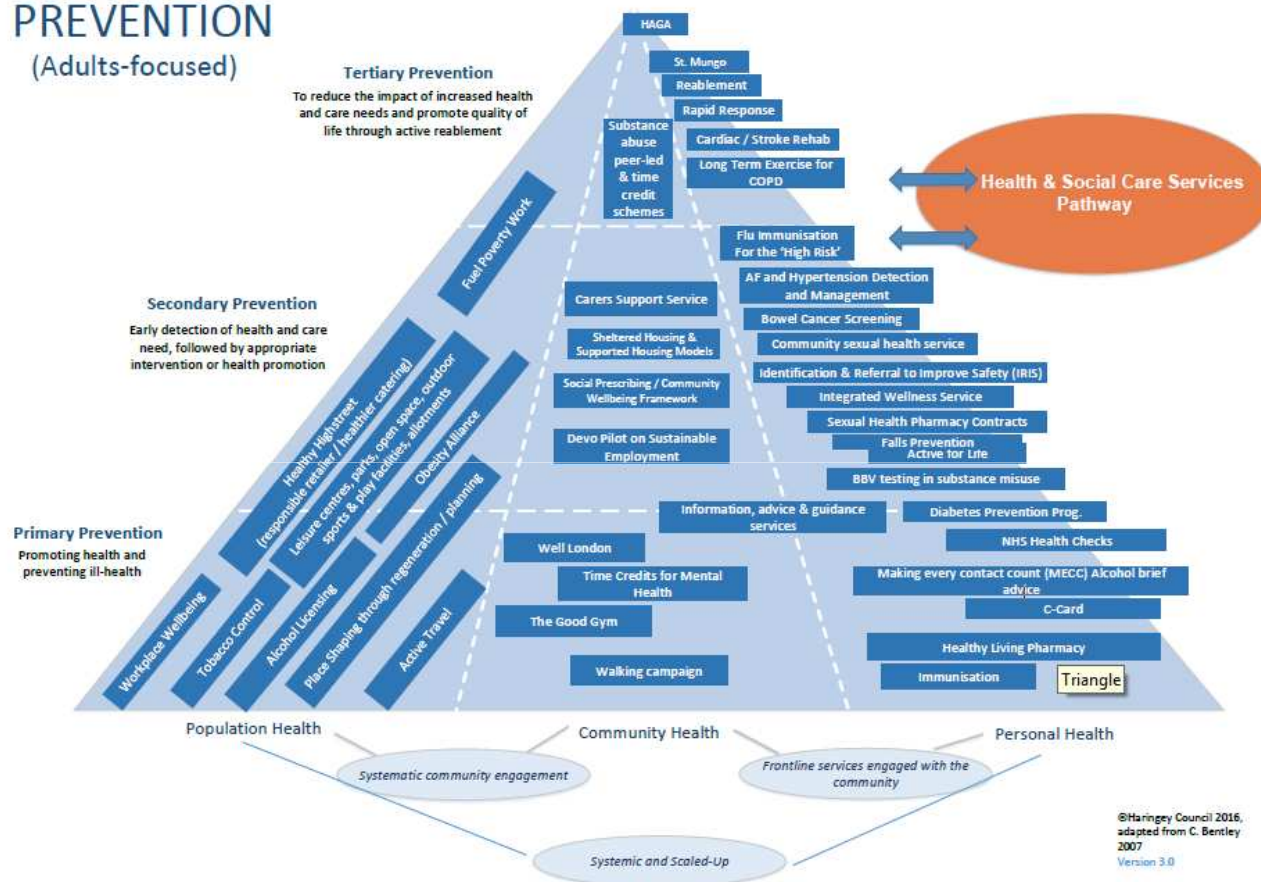
- improved health & wellbeing
- their contribution to NHS sustainability
- wider social outcomes, reflected in STP



- Linked to the Marmot review
- Outlines the need in change current practice and build new relationship with people and communities
- Focus on self management

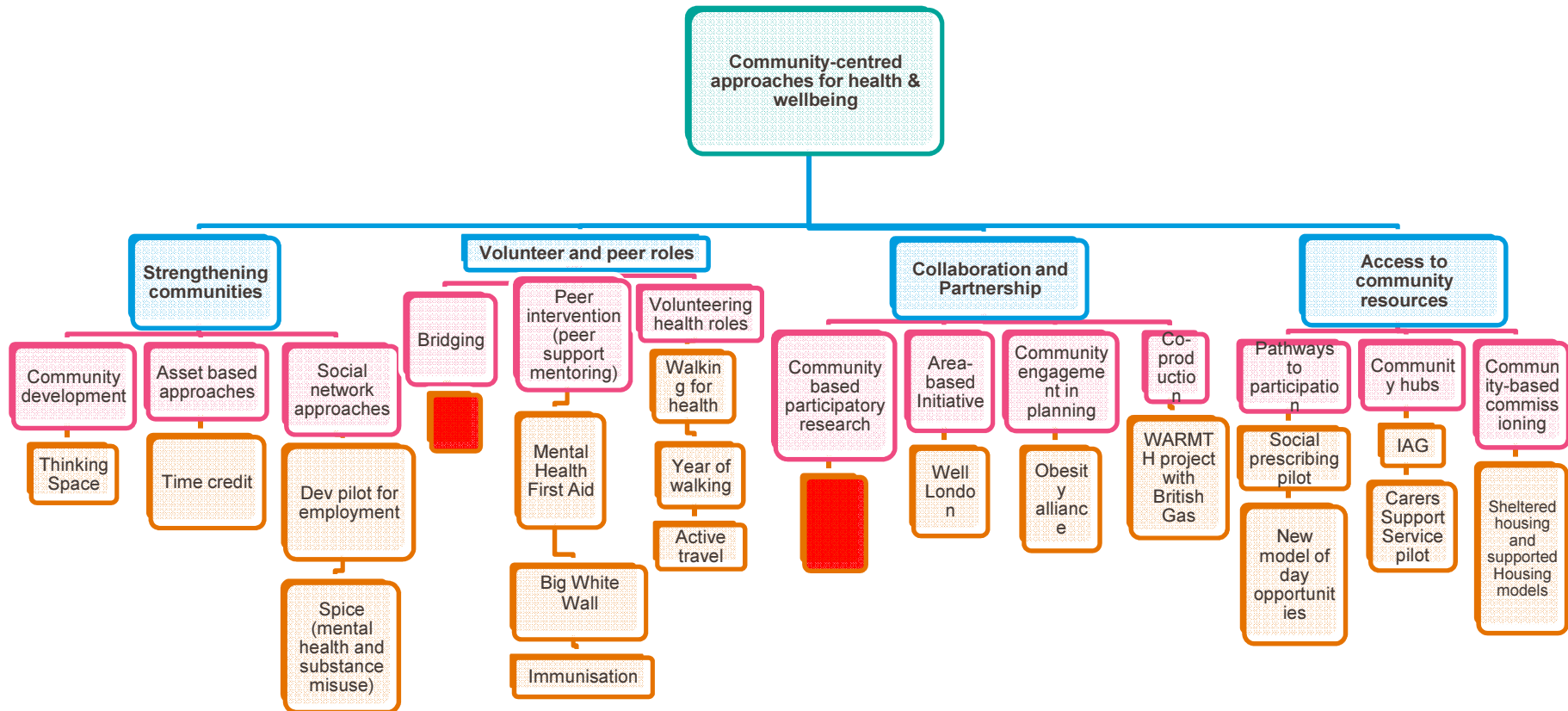
Community Health interventions

PREVENTION (Adults-focused)



- About valuing the role of communities
- Incorporates approaches that are built around people and communities
- Underpinned by effective engagement and empowering individuals and local communities

Community Health interventions mapping in Haringey



Critical components of the framework

- Asset mapping with an electronic, user friendly application, design informed by frontline staff and communities;
- Change in mindset-culture across health and social care frontline staff;
- Co-ordination role across the borough;
- Training and skill-set for co-ordination role (empathy, local knowledge, wellbeing coaching skills);
- A range of different community interventions to support prevention and independence

Outcomes

- Increase connectiveness of individuals to the community and reduce social isolation;
- Increase participation in volunteering activities;
- Building Council's role as a partner and facilitator;
- Improve capacity of community and voluntary sector and maximising community resources to be more inclusive;
- Facilitate sustainability of community engagement
- Impact on behaviour change provider and population / user level;
- Develop coordination and coaching roles in the community focusing on assets;
- Increase information and knowledge on existing assets in the community;
- Reduce level of health and social care needs
- Reduce non-elective hospital admission
- Improve patients experience

Social prescribing and Local Area Coordination (LAC)

- The NHS Five Year Forward
- The Marmot review
- Guide to community centred approaches (2015) for health and wellbeing
- NCL STP CHINs
- Opportunity saving in NHS HARINGEY CCG: to save £20,131,351 by 2021 (Social Prescribing & Expert Patient Programme Modelling- Aug 2016-Healthy London Partnership)

Moving forward....

Improve the previous models in-line with Haringey direction of travel

Proposed solution:

Develop a well integrated sustainable pathway with a single point access for patients/ residents primary care, social care and community services

Starting at the Start

Building on Learning



Values and Principles
A “human” approach
Strong, contributing leadership
Inclusion and contribution

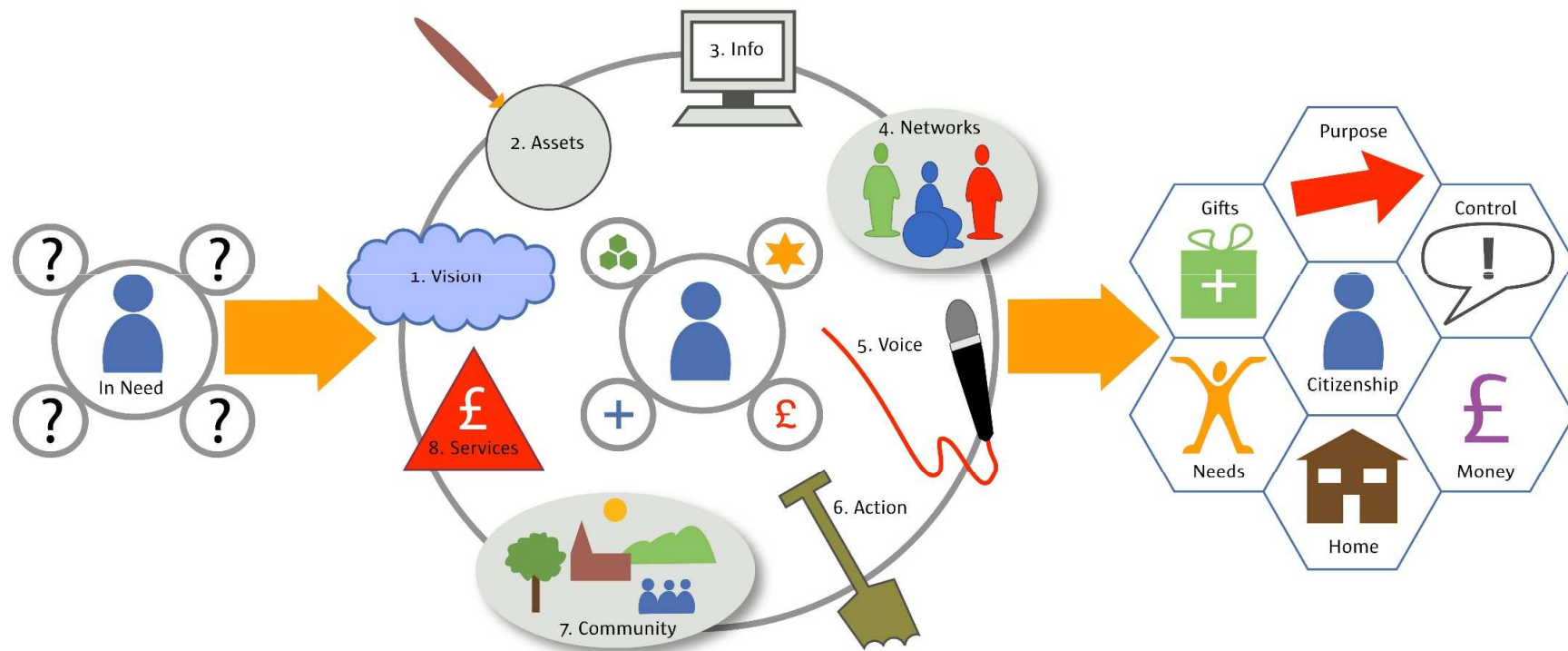


Local Area Coordination in England and Wales



Key Words/Themes

- Strengths based
- Resilience/Local solutions vs Crises/Services
- New “Front End” of system
- Single point of contact in community
- Integrated – across age groups/service types
- Embedded in system and community
- Prevent – Reduce - Delay
- Reform/Systems Change - Simplify



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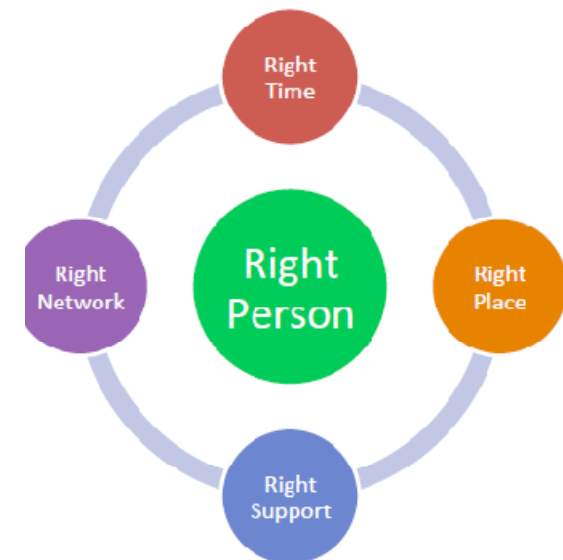
The ways of working – from the start

- Take time to get to know individuals, families, communities – strengths, aspirations, needs
- Learning conversations – important to/for
- What's life like now, how would you like it to be?
- Supporting change, building resilience
- Supportive relationships, contribution
- Staying strong, choice and control

Contributes to



Care Act
2014



Local Area Coordinators

Defined geographical area

Conversation & joint work focused on a good life

Build on the assets and contribution of people and the community

Whole person, whole family

Voluntary relationship – introductions not referrals

Not time limited but avoids dependency



local area
coordination
network

Who do they support?

Local Area Coordinators support:

- ***People not yet known to services*** to help build resilience and remain part of their community (staying strong – avoiding need for services)
- ***People at risk of becoming dependent on services*** to remain strong in their own community diverting the need for more expensive “formal service” responses. (reduce demand)
- ***People already dependent on services*** to become less so and more resilient in their own community.

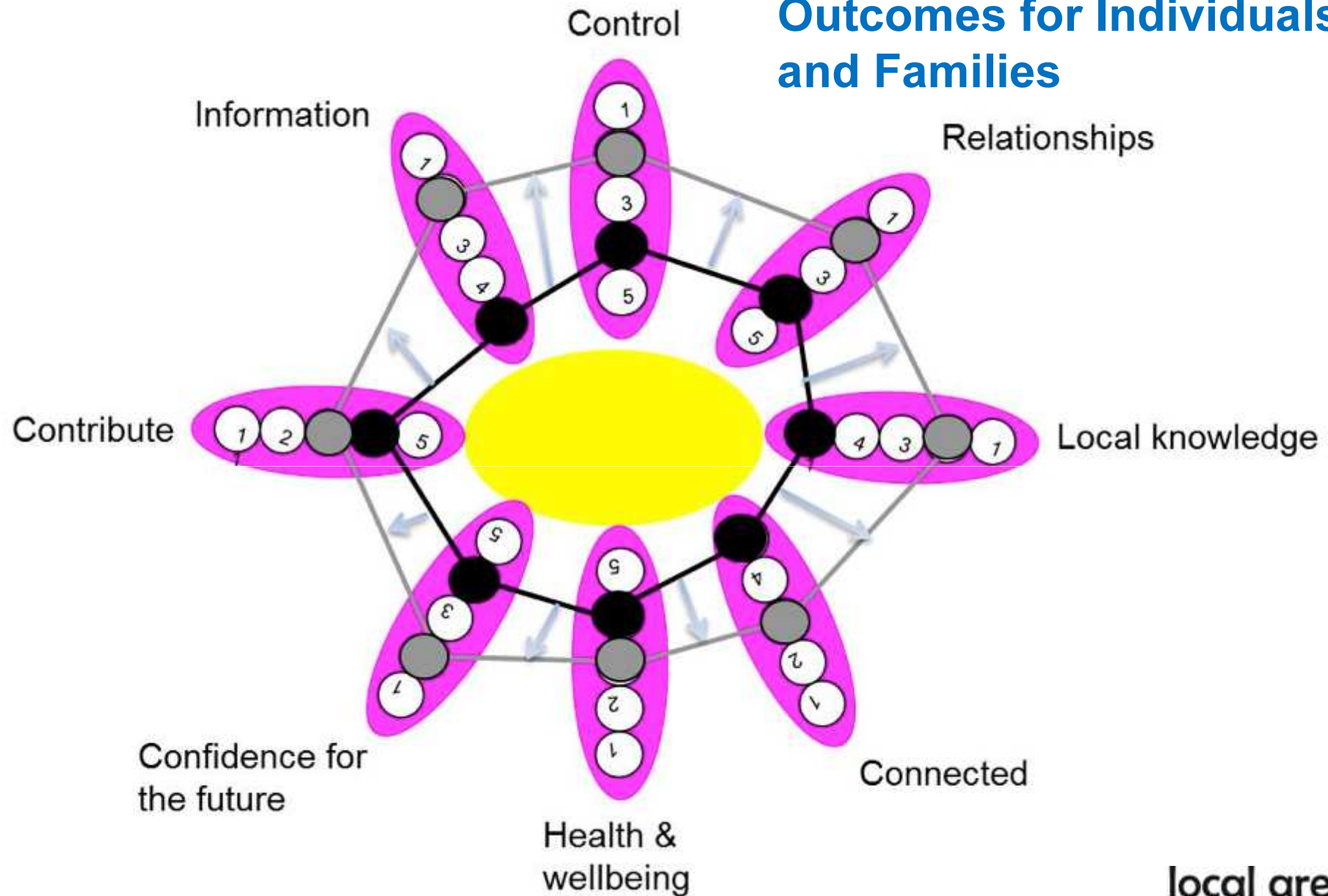


Evidence and Outcomes

SROI £4 Return for every £1 invested (2015 & 2016),
Evals - Derby City, Swansea Uni, Southampton Solent
Reduction in:

- **Isolation**
- **Visits to GP surgery and A&E**
- **Dependence on formal health and social services**
- **Referrals to Mental Health Team & Adult Social Care**
- **Safeguarding concerns**
- **Evictions and costs to housing**
- **Smoking and alcohol consumption**
- **Dependence on day services**
- **Out of area placements**

Outcomes for Individuals and Families



Keys to Success – Tinker or Reform?

Importance of.....



Next steps

- Funding from BCF approved;
- Workshop started to flash out design of LACs (e.g. what population group to focus on, what areas in Haringey);
- From design phase to implementation (by summer 2017);
- Two co-ordinators in Year 1 with a plan to increase to 3 in Year 2
- Evaluation, integration and scaling up

Report for: Adults and Health Scrutiny Panel – 6th March 2017

Item number: 11

Title: Day opportunities in Haringey

Report

authorised by : Charlotte Pomery, Assistant Director Commissioning

Lead Officer: Sebastian Dacre, Commissioning Manager
Becky Cribb, Commissioning Manager

Ward(s) affected: All

Report for Key/

Non Key Decision: Non Key

1. Describe the issue under consideration

- 1.1 The day opportunities model being developed in Haringey represents a move away from traditional building based provision to provision which is more personalised to individual needs and preferences. There are two main areas of focus, provision for people with learning disabilities including complex needs and autism, and provision for older people, including those with dementia.
- 1.2 Within the model, service users are to be supported to access both a range of community based opportunities and to access provision in one of two community hubs located at Ermine Road and at the Haynes. The capacity of the model as a whole is sufficient to accommodate the assessed needs of all service users.

2. Recommendations

- 2.1 Members of the Adults and Health Scrutiny Panel are asked to consider and comment on the transformation processes underway to develop and implement a new model of day opportunities for people with learning disabilities including complex needs and autism or for older people and those living with dementia.

3. Reasons for decision

- 3.1 Access to day opportunities has a key impact on how people are supported to live more independently in the community and participate in activities in their local community.
- 3.2 Members of the Adults and Health Scrutiny Panel will have visited both The Haynes and Ermine Road by the time that the discussion at the Panel takes place. It is anticipated that the discussion therefore will build on their experience of meeting users, carers and staff who are integrally involved in the transformation process.

4. Alternative options considered

Not applicable.

5. Background information

- 5.1 The transformation of day opportunities represents a significant shift from the existing model of day centre provision for the borough. A comprehensive plan has been developed as the transformation process touches all areas of day provision in the borough. For example, it affects all aspects of day care from assessment through to placement and review. It has required a co-production approach to redesign the existing processes and offer to maximise independence and enable users to access a range of community based provision. It has needed work to remodel and restructure the current in-house offer from both Ermine Road and the Haynes to ensure that these bases act as hubs for the wider day opportunities model with the appropriate staffing infrastructure. It has necessitated stimulation of the market for community based day opportunities which has been underdeveloped in the past. It has involved effective support and transition planning for all current users of in-house day services to ensure that the future offer responds to identified needs and desired outcomes. It has demonstrated the importance of good communication and strong co-design and the distance still to travel in ensuring effective engagement across all service areas.
- 5.2 The day opportunities project is being managed through the programme structure for Priority 2, reporting into the Priority 2 Board. The Co-Production Steering Group has had oversight of the co-production activity and has received regular reports on progress, highlighting a number of issues to be addressed. Likewise, discussions have taken place at both the Autism Partnership Board and the Learning Disabilities Partnership Board which have provided some information on progress towards implementing the transformation overall. It is acknowledged that developing co-production structures whilst simultaneously undertaking a significant programme of redesign and change has been challenging.
- 5.3 Two sub-groups, one for Ermine Road and one for The Haynes, and comprising users, carers, staff and other stakeholders have recently been established. Whilst they remain fledgling, they will engage in much of the detail required to develop the model further as it is implemented and have a remit not only to develop the provision based at the hubs but also to build the wider access to day opportunities required to ensure the new model achieves outcomes for users and for carers. The Groups will ensure that carers and service users are meaningfully engaged in the development and implementation of the new model for day opportunities. As examples, the Groups have been involved in the development of the service specification for the two Hubs and in plans for how the hubs will be delivered.
- 5.4 The Learning Disability Sub Group has also been involved in a review of the re-configuration work at Ermine Road and identified the need for further works in respect of the autism specific facility there. There are now plans being finalised to carry out further building works at Ermine Road which will mean a delay to a fully functioning hub at Ermine Road and therefore to the closure of the Roundways Day Centre. This delay has been agreed to facilitate a timely

transition for users and will mean some users will not move from the Roundways before May of this year.

- 5.5 All service users of in-house day care, whether older people or people with learning disabilities, have been reassessed. For older people, all support planning is complete and all transitions have taken place. Those older people who moved from The Haven and The Grange, and did not choose to go to The Haynes, mainly went to the Cypriot Centre, Grace and the Irish Centre. Six-weeks reviews are currently taking place and will be used to determine any further transition required. For people with learning disabilities, support planning is underway and a number of people from Birkbeck, Always and Ermine Road itself have already made the transition to alternative provision. Some alternative provision is being provided by supported living and residential care providers, others is through community based provision.
- 5.6 Efforts have been made to ensure effective communication with users and carers throughout this process, using the individual reassessment process, regular coffee mornings with carers and updates to Partnership Boards. It is fully recognised that there are times throughout this wideranging process when some carers feel they would have liked more information about the wider process – this is acknowledged to be an ongoing need and will continue to be monitored through the programme arrangements and by the Co-Production Steering Group.
- 5.7 The Ermine Road Hub Manager has been appointed, with a carer sitting on interview panel, and a start date will be agreed shortly. Recruitment for the Haynes Hub Manager, also involving carers, is in progress and an appointment is likely to be made in the next 4-6 weeks. These key posts will contribute to the implementation of the wider model and alongside the restructure of the staffing teams will ensure that both Ermine Road and The Haynes can support the wider day opportunities model.
- 5.8 There has been substantial work with local providers to stimulate the market in day opportunities for older people and people with learning disabilities. Work has also been underway to work with mainstream providers, such as leisure services, to ensure they are supporting people to access their services. This work has resulted in the establishment of a number of new provisions and a much increased set of choices for users.
- 5.9 This report seeks to reflect the current position with regard to the transformation of day opportunities in the borough. It is recognised that there is more to do to conclude this process and that the necessary process of evaluation and review will inform further developments. Whilst officers have adopted a programme approach which identifies milestones and tracks progress towards these, they have also sought to be flexible in response to change – the additional building works at Ermine Road and the delay to transition of those Roundways users who will be attending the hub at Ermine Road is an example.
- 5.10 It is further recognised that there is further work to ensure that the day opportunities offer for all users in the borough, including those in receipt of externally commissioned day services, reflects aspirations to maximising independence and supporting community based activity. This further work can

be presented to future meetings of the Adults and Health Scrutiny Panel as appropriate.

6. Contribution to strategic outcomes

- 6.1 This report links to Priority 2 of the Corporate Plan with its focus on empowering all adults to live healthy, long and fulfilling lives. The transformation of day opportunities offers the chance to increase the range of options for people living in the community and to support them leading as normal a life as possible.

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

Not applicable.

8. Use of Appendices

Not applicable.

9. Local Government (Access to Information) Act 1985

Not applicable.

Report for: Adults and Health Scrutiny Panel – 6 March 2017

Title: Work Programme Update

Report

authorised by : Bernie Ryan, Assistant Director of Corporate Governance

Lead Officer: Christian Scade, Principal Scrutiny Officer, 0208 489 2933,
christian.scade@haringey.gov.uk

Ward(s) affected: All

Report for Key/

Non Key Decision: N/A

1. Describe the issue under consideration

- 1.1 This report gives details of the proposed scrutiny work programme for the remainder of the municipal year and highlights outstanding items of work for consideration in developing a work programme for 2017/18.

2. Cabinet Member Introduction

N/A

3. Recommendations

- 3.1 (a) That the Panel considers its work programme, attached at **Appendix A**, and considers whether any amendments are required.

(b) That the Overview and Scrutiny Committee be asked to endorse any amendments, at (a) above, at its next meeting.

4. Reasons for decision

- 4.1 The work programme for Overview and Scrutiny was agreed by the Overview and Scrutiny Committee at its meeting on 21 July 2016. Arrangements for implementing the work programme have progressed and the latest plans for the Adults and Health Scrutiny Panel are outlined in **Appendix A**.

5. Alternative options considered

- 5.1 The Panel could choose not to review its work programme however this could diminish knowledge of the work of Overview and Scrutiny and would fail to keep the full membership updated on any changes to the work programme.

6. Background information

- 6.1 The careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility. At its first meeting of the municipal year, on 6 June 2016, the Overview and Scrutiny Committee agreed a process for developing the 2016/17 scrutiny work programme.
- 6.2 Following this meeting, a number of activities took place, including a public survey and Scrutiny Cafe, where over 90 suggestions, including a number from members of the public, were discussed by scrutiny members, council officers, partners, and community representatives. From these activities issues were prioritised and an indicative work programme agreed by the Overview and Scrutiny Committee in late July.
- 6.3 Whilst Scrutiny Panels are non-decision making bodies, i.e. work programmes must be approved by the Overview and Scrutiny Committee, this item gives the Panel an opportunity to oversee and monitor its work programme and to suggest amendments.
- 6.4 In addition, following discussion by the Panel on 11 July, it was agreed an in-depth piece of work should be undertaken on Physical Activity for Older People. The timescale for this review is outlined below:

Activity	Dates
Review set up by Panel / OSC	Jul 2016
Scoping	Aug / Sept 2016
Scoping Document agreed by OSC	17 Oct 2016
Evidence Gathering	Oct 2016 – Jan 2017
Analyse findings / develop recommendations	Jan / Feb 2017
Draft report considered by the Panel	7 Mar 2017
Draft report signed off - with comments from legal / finance	15 Mar 2017
OSC to discuss / agree final report	27 Mar 2017
Cabinet Response	May / Jun 2017

Forward Plan

- 6.5 Since the implementation of the Local Government Act and the introduction of the Council's Forward Plan, scrutiny members have found the Plan to be a useful tool in planning the overview and scrutiny work programme. The Forward Plan is updated each month but sets out key decisions for a 3 month period.
- 6.6 To ensure the information provided to the Panel is up to date, a copy of the most recent Forward Plan can be viewed via the link below:
- <http://www.minutes.haringey.gov.uk/mgListPlans.aspx?RP=110&RD=0&J=1>
- 6.7 The Panel may want to consider the Forward Plan and discuss whether any of these items require further investigation or monitoring via scrutiny.

Recommendations, Actions and Responses

- 6.8 The issue of making, and monitoring, recommendations/actions is an important part of the scrutiny process. A verbal update on actions completed since the last meeting will be provided by the Principal Scrutiny Officer.

Contribution to strategic outcomes

- 6.9 The individual issues included within the Adults and Health Scrutiny Panel work programme were identified following consideration, by relevant Members and officers, of the priorities within the Corporate Plan. Their selection was based on their potential to contribute to strategic outcomes, specifically in relation to Priority 2 – “*Enable all adults to live healthy, long and fulfilling lives*”.

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

Finance and Procurement

- 7.1 There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications then these will be highlighted at that time.

Legal

- 7.2 There are no immediate legal implications arising from this report.
- 7.3 Under Section 21 (6) of the Local Government Act 2000, an Overview and Scrutiny Committee has the power to appoint one or more sub-committees to discharge any of its functions.
- 7.4 In accordance with the Council’s Constitution, the approval of the future scrutiny work programme and the appointment of Scrutiny Panels (to assist the scrutiny function) falls within the remit of the Overview and Scrutiny Committee.
- 7.5 Scrutiny Panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each scrutiny panel produces must be approved by the Overview and Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols.

Equality

- 7.6 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;

- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

7.7 The Panel should ensure that it addresses these duties by considering them within its work plan, as well as individual pieces of work. This should include considering and clearly stating;

- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
- Whether the impact on particular groups is fair and proportionate;
- Whether there is equality of access to services and fair representation of all groups within Haringey;
- Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.

7.8 The Panel should ensure that equalities comments are based on evidence. Wherever possible this should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

8 Use of Appendices

Appendix A – Work Programme

9 Local Government (Access to Information) Act 1985

9.1 External web links have been provided in this report. Haringey Council is not responsible for the contents or reliability of linked websites and does not necessarily endorse any views expressed within them. Listings should not be taken as an endorsement of any kind. It is your responsibility to check the terms and conditions of any other web sites you may visit. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages.

Adults and Health Scrutiny Panel – Work Programme 2016/17

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
11 July 2016	Terms of Reference / Membership	To set out the terms of reference and membership for Overview and Scrutiny	Christian Scade, Principal Scrutiny Officer
	Appointment of Non Voting Co-opted Member	To appoint Helena Kania as a non-voting co-opted Member of the Panel	Christian Scade, Principal Scrutiny Officer
	Primary Care Update	To focus on the following issues: Tottenham Hale; Estates; Technology	Cassie Williams, AD, Primary Care Quality & Development, CCG
	Physical Activity for Older People - Initial Scoping for Scrutiny Project Work	To receive a presentation from the DPH to help the Panel scope a project for 2016/17 that has realistic aims and objectives with clear links to council priorities	Jeanelle De Gruchy, Director of Public Health
	Addressing community wellbeing: taking forward the findings of the evaluation report of Neighbourhoods Connect	To consider findings from the Neighbourhoods Connect evaluation report	Charlotte Pomery, AD, Commissioning
	Cabinet Member Q&A	An opportunity to question the Cabinet Member for Finance and Health in relation to: Public Health; Health devolution pilots; Safeguarding adults; Adults with disabilities and additional needs; Adult social care; and Health and social care integration and commissioning.	Cllr Arthur, Cabinet Member, Finance and Health
	Work Programme Development	To receive an update on the work programme development process.	Christian Scade, Principal Scrutiny Officer

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Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
29 September 2016	Foot Care Update	To update the Panel on local foot care services following scrutiny work that took place during 2015/16.	Sanjay Mackintosh Head of Strategic Commissioning
	Target Operating Model (TOM) to enable <i>Healthy, Long & Fulfilling Lives</i>	An opportunity for scrutiny input before Cabinet. This will include a timetable for TOM in terms of (a) what's been achieved; (b) what happens next; and (c) options for scrutiny involvement moving forwards.	John Everson AD, Adult Social Services
	Commissioning for Better Outcomes – Peer Review Update on Actions Presentation	This was requested by the Panel in January 2016. This update, suggested for Autumn 2016, will focus on promoting a sustainable and diverse market place, including areas identified for consideration by the peer review team. Information will be provided via PowerPoint presentation (based on the Cambridge presentation)	Charlotte Pomery, AD, Commissioning
	Home Care Market Verbal Update	To receive a verbal update on the Home Care Market across Haringey.	Charlotte Pomery, AD, Commissioning
5 October 2016 Enfield Civic Centre	North Middlesex University Hospital – focusing on A&E performance	North Middlesex University Hospital has recognised that urgent improvements must be made to its accident and emergency department following a Care Quality Commission (CQC) report (July 2016) This meeting will be hosted by LB Enfield – further information is available via the LB Enfield website – link here.	Enfield Scrutiny Team coordinating

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Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
17 November 2016	Budget Monitoring	<p>An update on the financial performance of P2 Services (Adults Social Care, Commissioning & Public Health)</p> <p>This item will take into account issues discussed in February 2016, including the Council's Brokerage Service, Intermediate Care Strategy and the Recruitment and Retention Strategy for Adult Services.</p>	<p>Cabinet Member, Finance and Health</p> <p>Beverley Tarka, Director Adult Social Services</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p> <p>Charlotte Pomery, AD Commissioning</p>
1 December 2016	Adult Safeguarding	<p>Following scrutiny work undertaken last year it is likely KLOE for this meeting will focus on <i>"what does good look like for an adult at risk?"</i></p> <p>The items listed below will enable scrutiny to ask questions / look for evidence in terms of: continuity of relationships for the adult with professionals; adults at risk being heard and involved in decisions – "Nothing about me without me"; understanding the person; Safeguarding being personalised; partnership working – with the adult and between agencies; and professionals showing concerned curiosity and due regard.</p>	
	Care Quality Commission – Inspection Programme	An opportunity for Members of the panel to hear about the CQC's strategic approach to their work as well as to understand issues and trends arising from (adult social care) inspections locally as they affect Haringey residents.	<p>Charlotte Pomery, AD Commissioning</p> <p>Martin Haines, Inspection Manager, CQC</p>

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Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
	Making Safeguarding Personal (MSP)	<p>This item will be structured as follows, with presentations on the following:</p> <ol style="list-style-type: none"> 1. To set the scene, Dr Cooper will give an overview of this sector led initiative. 2. Following this introduction, and based on a recent ADASS study (“a temperature check”) Dr Cooper will reflect on progress to date across the country. 3. Haringey officers will then outline how MSP has been developed locally. 	<p>Dr Adi Cooper, Independent. Chair, Haringey's SAB</p> <p>Beverley Tarka, Director Adult Social Services</p>
	Safeguarding Adults Board – Annual Report 2015/16	<p>To review the annual report of the Safeguarding Adults Board and to consider (and comment on) the Strategic Plan for 2016/17, including the updated delivery plan (to be attached as an appendix).</p> <p>To set the scene, and to structure the discussion, a covering report will be prepared by Patricia Durr.</p> <p>This report will also include a summary of the learning arising from the Section 42 enquiry that was undertaken following a BBC London report which reported that</p>	<p>Dr Adi Cooper, Independent. Chair of Haringey's SAB</p> <p>Patricia Durr, SAB Business Manager</p> <p>Beverley Tarka, Director Adult Social Services</p>

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Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
		there had been a lack of care for an elderly lady living at home with dementia.	
		Issues concerning MSP will be picked up under the MSP item above.	
	Transforming care in Haringey	<p>A covering report will set out national principles concerning Transforming Care (Winterbourne View) with information from North Central London included.</p> <p>A presentation, on day opportunities transformation in Haringey, will be given at the meeting.</p>	Charlotte Pomery, AD, Commissioning
20 December 2017	Budget Scrutiny	P2 Budget Proposals ref Draft MTFS	<p>Cabinet Member, Finance and Health</p> <p>Beverley Tarka, Director Adult Social Services</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p> <p>Charlotte Pomery, AD Commissioning</p>

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6 March 2017	Update Regarding General Practice in Haringey	To focus on Tottenham Hale and the other new estates (details TBC)	Cassie Williams, AD, Primary Care Quality & Development, CCG
	Day Opportunities Transformation	<p>To build on the presentation / timetable provided to the Panel in March 2016 with input from the Stakeholder Steering Group.</p> <p>Details to be confirmed, following discussion at the Budget Monitoring Panel meeting on 17th November 2016.</p> <p>Site Visits will also be arranged to The Haynes (Jan/Feb) and Ermine Road (late Feb/early March)</p>	<p>Beverley Tarka, Director Adult Social Services</p> <p>Charlotte Pomery, AD, Commissioning</p>
	Community Wellbeing Model	Based on the discussion / requests made by the Panel in July 2016.	Dr Tamara Djuretic, AD, Public Health
	Cabinet Member Q&A	Review of the year with questioning to focus on: Public Health; Health devolution pilots; Safeguarding adults; Adults with disabilities and additional needs; Adult social care; and Health and social care integration and commissioning.	Cllr Arthur, Cabinet Member, Finance and Health
	Osbourne Grove	Verbal Update	<p>Charlotte Pomery, AD, Commissioning</p> <p>Beverley Tarka, Director Adult Social Services</p>
	Physical Activity for Older People	Verbal Update – Final Report will be submitted to the March OSC meeting.	Christian Scade, Principal Scrutiny Officer

FUTURE ITEMS

Early Supported Discharge

- To follow up on the issues and concerns raised by the NCL JHOSC during 2015/16
- Input from Sarah Price, Chief Officer, Haringey CCG, was suggested at the March 2016 meeting of the Panel.

Better Care Fund Update

- June/July 2017
- This was requested by the Panel in January 2016. To include info on: (a) progress concerning themes/actions from the Care Homes Deep Dive and the Falls Deep Dive; (b) the costs / cost savings associated with the actions; and (c) end of year performance summary with plans for the year ahead.

Foot Care

- An update for 2017/18 was requested at the September 2016 AHSP meeting (Details TBC)

ITOM

- Next steps TBC following discussion at the September 2016 AHSP meeting (February 2017 TBC)

Adult Packages of Care

- For further consideration following discussion at the November budget monitoring meeting.
- Information from the Corporate Delivery Unit to be circulated to the Panel
- Details TBC

Adult Safeguarding

- To ensure any issues arising from the meeting on 1 December 2016 are picked up in the 2017/18 work programme, including future input from the Care Quality Commission
- The minutes from this meeting will be published via the link below in due course
- <http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=804&MId=7838&Ver=4>

New Models of Care

- That an update on progress with the development of New Models of Care be submitted to a future meeting of the panel

during 2017/18.

- <http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=804&MId=7967&Ver=4>

Fees and Charges / Disability Related Expenditure

- That a report be made to a future meeting of the Panel (date TBC) on the impact of the proposed revenue savings proposals. This should include monitoring of the EqIA action plan and consideration of how changes are monitored via annual care assessments.
- <http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=804&MId=7967&Ver=4>
-

Items to be considered elsewhere:

NCL JHOSC / BEH Sub Group

- Quality Accounts for Healthcare providers, including the North Middlesex University Hospital NHS Trust, and BEH Mental Health NHS Trust.