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04 October 2013

To: All Members of the Overview and Scrutiny Committee

Dear Member,

Overview and Scrutiny Committee - Monday, 7th October, 2013

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

13. SCRUTINY PANELS FEEDBACK (PAGES 1 - 28)

To receive:

- Draft minutes - Environment & Housing Scrutiny Panel – 9 July 2013
- Draft Executive summary and minutes – Adults & Health Scrutiny Panel – 29 July 2013
- Draft Executive summary and minutes – Adults & Health Scrutiny Panel – 19 September 2013

Yours sincerely

Felicity Parker
Principal Committee Co-Ordinator

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Minutes of the Environment and Housing Scrutiny Panel 9th July 2013

Present: Cllr Alexander, Cllr Bloch, Cllr Bull, Cllr McNamara (Chair) and Cllr Weber

1. Apologies for absence

1.1 Apologies were received from Cllr Gibson and Cllr Stanton.

2. Declarations of interest

2.1 None.

3. Deputations

3.1 None

4. Minutes and actions points of last meetingDecent Homes

4.1 The Decent Homes procurement process for 2013/14 was discussed at the previous meeting (16th April 2013). The critical issue for the panel was the designation of confidential information that makes such information exempt. The panel indicated that there should be greater clarity or guidelines in dealing with confidential information and this will be requested from legal services.

4.2 It was noted that a briefing had recently been distributed to all members of the Council outlining various aspects of the tendering process for Decent Homes 2013/14 including, what error had occurred in the tendering process and actions had been taken to mitigate the consequences of this, and, what works were planned for completion 2013/14 and how these varied under the new tendering process. To further clarify what works were planned, the panel requested that a list of all the planned works for 2013/14 by ward should be circulated. It was noted that delays to works were minimal and no funding was lost as a result.

Action: Planned works for Decent Homes 2013/14 by ward to be distributed to the panel.

4.3 Given the complexity of the issues involved, it was noted that the item has been referred to the main Overview & Scrutiny Committee. It was noted that the Chair of the Environment and Housing Scrutiny Panel would meet with both the Chair and Vice Chair of Overview & Scrutiny Committee to agree how outstanding issues would be dealt with by scrutiny. If a further meeting was to be held by Overview & Scrutiny Committee to discuss panel members would be informed and could attend accordingly.

Action: That the Chair of OSC and the Chair of EHSP would write to Head of Legal Services on confidentiality rules for Overview & Scrutiny Committee and Panels.

Previous panel reports

4.4 It was noted that both reports that were produced at the end of 2012/13 municipal year were being considered by Cabinet for approval on the 9th July. The panel noted

that all the recommendations for both reports (Strategic Parking Issues for Tottenham and Recycling from Flats) had been provisionally agreed by Cabinet with the exception of two items:

- Strategic Parking Issues for Tottenham: the recommendation to ring fence income from the special match day parking would contravene regulations and could not be implemented due to transport funding being agreed borough wide and not in specific schemes.
- Recycling from Flats: the recommendation to commission Our Common Place pilot project through Waste Watch was not agreed as it was felt that this service could be provided by existing partners.

- 4.5 The panel noted that the reports contained recommendations that were both practical and evidence based, and agreed this approach should continue to guide future work of the panel. In addition, it was agreed that where appropriate, the panel should continue to seek external opinion in developing its recommendations through consulting with specialist agencies or other local authorities.

Action: That a template is developed for thanking external participants in the work of the Environment and Housing Scrutiny Panel.

- 4.5 The minutes of the meeting of the 16th April were agreed by the panel.

5. Terms of reference

- 5.1 The Environment and Housing Scrutiny Panel terms of reference were presented and noted by the panel. It was agreed that Cllr Bull would be added to the membership of the panel and that Whips would be notified.

Action: That Cllr Bull is added to the membership of the EHSP.

6. Work Programme

- 6.1 The panel discussed the work programme report which set out agreed work priorities to date and how these were being scheduled in to a forward plan for the panel.

- 6.2 In discussing the suggestions put forward by partner agencies, community groups and members of the public for the EHSP to look at in 2013/14, it was suggested that it would be helpful if these were sorted in categories (agreed, planned, no decision taken).

Action: That qualitative suggestions put forward for review by EHSP be re-categorised.

- 6.3 The panel agreed that an interim follow up report is brought to the next panel meeting on recommendations it made concerning the roll out of the new waste and recycling collection system. In particular, the panel requested that evidence be provided of how recommendations have been implemented particularly in relation to bin rationalisation issues and how concerns raised in case studies have been resolved. The panel requested that Veolia be invited to attend.

Action: Waste and recycling update (26th September 2013) on report approved by Cabinet in December 2012 – the panel requested that:

- (1) A representative from Veolia also attends (with SF) to discuss the follow up waste and recycling issues
- (2) A particular focus is given to a) bin rationalisation issues b) how cases studies have been *resolved*.

- 6.4 It was noted that in its advisory capacity, that the Waste Management Group received quarterly statistical updates. It was requested that further information is obtained about the status of this group and that if in continued operation, waste statistics be regularly circulated to the panel.

Action: Clarify the role of the Waste Management Group and to ascertain possible reporting of data to EHSP.

- 6.5 The panel noted that recommendations for the Strategic Issues for Parking in Tottenham report would be implemented. The panel requested that parking services be invited to attend a future panel meeting to provide a short update on this work as well as other broader work it is undertaking in the area (e.g. Tottenham CPZ consultation).

Action: Parking services invited to attend a future meeting to update the panel.

- 6.6 The panel noted that although savings proposals for 2013/14 had already been released in the July Cabinet papers, Budget Scrutiny was still planned to take place in December 2013. This will give the panel further time to plan those issues it wishes to scrutinise as part of this process. It was also noted that Zero Based Budgeting was being introduced across the council and that training for members on this process would be provided.

Action: Budget Scrutiny training and Zero Based Budget Training be organised for panel members ahead of Budget Scrutiny Process in 2013/14.

- 6.7 The panel noted that the Corporate Plan had recently been published and was being agreed by Cabinet. This was a two year plan for the Council, setting out key priorities and how these would be achieved. It was noted that this would be an important document for the EHSP not only in guiding future work plans but also in monitoring relevant areas of implementation.

Action: (1) Electronic copies of the Corporate Plan are emailed to members of the panel.

7. Integrated enforcement - scoping

- 7.1 The panel received a presentation of the proposed aims, outcomes, and work plan for the work on integrated enforcement. These are summarised below.
- 7.2 The aims of this review will be to:
- To investigate the coordination, consistency and effectiveness of enforcement functions across the Council;

- Assess public awareness of, and engagement with enforcement functions across the Council including clear criteria.

7.3 The work of the panel will be to:

- Conduct an audit of enforceable functions across the Council and its partners;
- Consult with specialist agencies and other local authorities to guide and inform policy and practice in Haringey;
- Assess local community perceptions of enforcement functions.

7.4 It is anticipated that the work of the panel will produce evidence and recommendations to:

- Support the development of an overarching enforcement policy or approach to enforcement across the Council;
- Establish criteria for enforceable actions (for example, fairness, proportionality, public safety, costs, public interest, when/ where enforcement can take place and by whom);
- Identify how enforcement functions can be supported to work together (e.g. IT systems, protocols, data sharing, partnership working);
- Ensure that there is an effective process for public involvement for enforcement processes (awareness, engagement and notification).

7.5 The panel agreed that there would be 5 stages for this work:

- Clarification of Council role in this area (Dir. A/D Environment)
- Survey of officers with enforcement functions - July /August. (Initial data gathering e.g. functions, enforceable actions, resources, data sharing, IT, proactive/active, perceived effectiveness).
- Evidence gathering sessions with officers managing enforcement functions - internal and local partners (September – November '13) Key themes:
 - Examples of effective coordination of enforcement action
 - Barriers to cross departmental working for enforcement
 - What actions could be taken by the Council to support more effective coordination of enforcement functions (e.g. data sharing, protocols, models of working etc)?
- Evidence gathering session with specialist agencies and other local authorities (November/December) - to identify best practice elsewhere.
- Public survey / evidence gathering session
 - How to improve awareness about what the Council will and will not enforce;
 - How are enforcement policies or approaches communicated to the public?
 - How can local people (residents, community groups) to be encouraged to assist within enforcement role (e.g. reporting offences such as fly-tipping)?
 - How should enforcement successes be communicated to public?

7.6 A scoping report for the above will be produced for the next meeting of the EHSP in September 2013.

8.0 Community engagement with planning and licensing – scoping

8.1 The panel noted that Regulatory Committee are involved in the Development Management Improvement Programme throughout 2013/14. In work programming

consultations, it was noted that the EHSP could contribute to this process, particularly in relation to the policies and practice that other authorities have developed to support community engagement.

Planning

- 8.2 In respect of planning service, it was agreed that the panel involvement would aim to deliver the following outcomes:
- Provide an assessment of the Statement of Community Involvement (SCI) which is a statutory requirement
 - Provide comparative assessments of other SCIs and other community engagement techniques within other authorities that may guide and inform policy and practice locally.
 - Contribute to the overall Development Management Improvement Programme
- 8.3 The panel discussed the work plan for this project and agreed the following outline for this:
- Panel meeting (Nov 2013)
 - Question Planning Officers
 - Assess Haringey Statement of Community Involvement (SCI)
 - Assess SCI's from other LA (published)
 - Question Licensing Officer
 - Statement of Licensing from Haringey
 - Assess Statement of Licensing (Licensing Act 2003)
 - Evidence gathering (x2) (Jan/Feb 14)
 - Other LA's to share their experiences SCI's and community involvement (planning)
 - Other LA's to share community engagement with licensing processes
 - Public evidence gathering session – feedback on current engagement and consultation systems.
- 8.4 The panel discussed what local stakeholders were consulted upon (e.g. local policy development, service changes). It was not clear if there was a centralised list of local stakeholders (i.e. community groups, residents associations) or whether individual departments maintained their own discrete databases. The panel agreed that it would be helpful to ascertain ahead of the project.

Action: Community engagement – to ascertain how lists of community and residents groups are maintained and updated across the council, and to receive a list of local stakeholders.

Licensing

- 8.5 The format for the licensing side of this project would run concurrently with that agreed for planning services (above). With officers attending at the November meeting and external agencies consulted in early 2014.
- 8.6 A scoping report for the above project work would be produced and presented at the next meeting of the Environment and Housing Scrutiny panel (26th September 2013).

9. Registered Housing Providers – scoping

- 9.1 At previous panel discussions, it was agreed to assess the performance of Registered Housing Providers, particularly in relation to repairs and void turnarounds.
- 9.2 The panel indicated that it would like to survey local RHPs to support this work. Engagement with local RHPs though this work would also provide an opportunity to question RHPs in relation to the welfare changes, benefit entitlements and the potential impact this may have on local tenants.
- 9.3 As a precursor to this work, it the panel agreed to take an update from a previous scrutiny review which was completed in April 2012 (Cabinet response June 2012). This report prepared recommendations to support the council's preparations for the new regulatory framework for social housing and on improving partnerships, joint working and stock transfer (ownership and management) with and among local RHPs. It was agreed that the Chair and Cllr Alexander (who chaired this previous review) would meet with the Head of the Enablement Team to discuss progress on implementing the recommendations and to scope possible work in this area.

Action: That the Chair and Cllr Alexander meet with the Head of the Enablement team.

Action: That the Housing Enablement Service be invited to attend the EHSP in September to provide an update on recommendations from the previous scrutiny report on RHPs completed in 2012.

10. Date of next meeting

- 10.1 The date of the next meeting was confirmed as Thursday 26th September 2013.

11. Meeting closed

The meeting closed at 8.30pm.

EXECUTIVE SUMMARY OF THE ADULTS AND HEALTH SCRUTINY PANEL
29TH JULY 2013

LC1. BEH CLINICAL STRATEGY - BOROUGH UPDATE

The panel received a presentation on the BEH Clinical strategy.

Key discussion points:

- There is a directive from the Secretary of State to make the changes in the BEH Clinical Strategy.
- Clinical Commissioning Groups (CCG) will meet in September to make a judgement on when these changes will take place, based on clinical safety.
- The programme is currently working towards the changes taking place in November. If the changes do not go ahead it would have a significant impact on Haringey residents.
- There is a potential legal challenge from Enfield Council with regards to the changes going ahead, and work is being done by the BEH clinical strategy team around this. The legal challenge is based on access to primary care.
- There is a Quality and Safety Scorecard which is monitored regularly.

Agreed:

- The Panel would visit North Middlesex Hospital.
- The Panel supports the BEH Clinical strategy changes going ahead.

LC2. MENTAL HEALTH AND WELLBEING

The Panel received a presentation from Dr Tamara Djuretic, AD Public Health.

Key points noted:

- 48% of Employment and Support allowance claimants whose condition is “mental and behavioural disorders”.
- Suicide rates are higher than the national average and are higher in the East of the Borough. Suicide rates are also higher in men aged between 25-44 years of age.
- There are high rates of mental health needs in Haringey.
- We rely on national research and prevalence data to estimate local needs.
- There is a higher number of boys with autism in the East of Haringey and a difference between prevalence and referral rates. This needs to be looked at in more detail to understand the reasons behind this, however it doesn't necessarily mean there is a higher autism rate, just that they are more likely to be diagnosed and receive support.
- Adults are more likely to have mental health needs if they are living alone. Data also suggests that you are more likely to develop mental health needs if you live with someone who has mental health needs themselves.
- Homelessness is also a risk factor, and you are also more likely to be homeless if you have mental health needs.
- Women are more likely to access IAPT (Improving Access to Psychological Therapies). This is linked to ‘health seeking behaviour’ rather than prevalence.
 - IAPT has employed staff from a range of communities to attempt to increase uptake across the borough.
- People with mental health needs are being placed within the borough, and subsequently need access to services.
- Haringey is in the top 3 in London for rate of psychosis.
- People with mental health needs are more likely to die on average ten years earlier than average.

**EXECUTIVE SUMMARY OF THE ADULTS AND HEALTH SCRUTINY PANEL
MONDAY, 29 JULY 2013**

- There is a need to improve access to other accommodation so that people are not unnecessarily in expensive acute beds. Getting a person reconnected to power can take weeks; this has an impact on a person being discharged from acute care.

LC3. MENTAL HEALTH PROJECT SCOPING

The Panel agreed to undertake two projects focusing on mental health:

1. Access to accommodation for people with mental health needs, including on discharge from acute care.
2. The link between physical health and mental health.

It was agreed that both of these projects would have a specific BME strand to them.

LC4. WHITTINGTON HEALTH - TRANSFORMING HEALTHCARE FOR TOMORROW

- The Whittington Health Clinical Strategy is the main driver to changes, with other strategies following this.
- Integrated care is a way of thinking for example Enhanced Recovery
 - Systematic with patient at the centre.
 - Getting people up and about quickly.
 - Multi-disciplinary case conferences.
- Ambulatory care is about keeping people moving/walking and not in beds for long periods of time.
- Aim to make decisions on care needs faster so that patients aren't admitted just because the decision maker isn't available at the time.
- Maternity - The aim is to have 4,700 births per year.
- Bed numbers - Any reduction in bed numbers will only take place if there is a reduction in activity.
 - Best estimate is that the number of beds will be stable for at least the next 18 months.
- Whittington Health recognise that they upset the community in the way that they consulted previously.
- Following the listening exercise changes have been made to the Estates Strategy.
- There is a Transformation Board which has member of the CCG and Whittington Health on it. The Council is due to be invited onto this.

Cllr Adamou noted that she is happy that there is no cap on maternity and raised concerns about ensuring that older people are not moved out of hospital too soon.

LC5. WORK PROGRAMME 2013/ 14

The Panel felt that more information was needed on the Corporate plan for example:

- What is the background and context?
- Where have the priorities come from?
- What consultation took place?
- What are the current performance figures in relation to the targets?

AGREED:

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- The Corporate Plan would form an agenda item on the Overview and Scrutiny Committee work plan.
- Cllr Winskill would be invited to informal meetings between the Chair of the Panel and Healthwatch Haringey.

Cllr Gina Adamou

Chair

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**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
29TH JULY 2013**

Councillors Adamou, Bull, Erskine, Stennett and Winskill

Co-Optee Pam Moffat (HFOP)

LC1. WEBCASTING

LC2. APOLOGIES FOR ABSENCE

None received.

LC3. URGENT ITEMS

None received.

LC4. DECLARATIONS OF INTEREST

Cllr Winskill declared that he is currently using the services of Whittington Health.

LC5. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

None received.

LC6. TERMS OF REFERENCE OF THE PANEL

Noted.

LC7. BEH CLINICAL STRATEGY - BOROUGH UPDATE

The panel received a presentation on the BEH Clinical strategy.

Key points noted:

- The strategy makes changes to maternity services and A&E.
- The drivers for change are patient safety and quality standards.
- Chase Farm isn't closing, it is changing.
- The programme is on track.
- The North Middlesex Hospital is growing and needs to recruit about 400 members of staff for the changes to go ahead, this is in progress.
- Barnet and Chase staff have been consulted and staff are currently being told the outcome of this consultation.
- Key aspects of the programme are consulting and engaging people about the changes.
- The North Middlesex Labour Ward currently has 60 hrs consultant cover per week. Under changes this will increase to 90 hours per week.
- Midwives to patients ration is also improving.

In response to questions by the Panel it was noted:

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- There is a directive from the Secretary of State to make the changes in the BEH Clinical Strategy.
- Clinical Commissioning Groups (CCG) will meet in September to make a judgement on when these changes will take place.
- The programme is currently working towards the changes taking place in November.
- The CCG decision in September will be based on clinical safety.
- If the changes do not go ahead it would have a significant impact on Haringey residents.
- The Royal Free Hospital is keen for the changes to go ahead.
- There is a potential legal challenge from Enfield Council with regards to the changes going ahead, and work is being done by the BEH clinical strategy team around this. The legal challenge is based on access to primary care.
- The recruitment and workforce changes need to be in place to ensure the changes to services are successful and go ahead.
- There is a Quality and Safety Scorecard which is monitored regularly.
- NHS England are due to visit both sites.

The Panel was invited to visit the North Middlesex Hospital to see the how the buildings works are being developed and accepted the invitation.

Agreed:

- The Panel would visit North Middlesex Hospital.
- The Panel supports the BEH Clinical strategy changes going ahead.

LC8. MENTAL HEALTH AND WELLBEING

The Panel received a presentation (as attached).

Key points noted:

- 48% of Employment and Support allowance claimants whose condition is “mental and behavioural disorders”.
- There is an improving picture around independent living.
- Suicide rates are higher than the national average and are higher in the East of the Borough.
- Suicide rates are also higher in men aged between 25-44 years of age.
- There are high rates of mental health needs in Haringey.
- The No Health without Mental Health strategy and the New Economic Foundation both say that prevention is key.
- Population approach to mental health – there is a need to focus on the 11% classed as ‘languishing’ and move to ‘good mental health’. This means those with symptoms which are not diagnosed.
- Life course events are important.
- Factors which impacts/influences a child’s mental health:
 - Family environment
 - Disability
 - Adults in employment
 - Involvement in the criminal justice system
- We rely on national research and prevalence data to estimate local needs.

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- Looked After Children in Haringey are one of the best nationally for emotional wellbeing.
- A longitudinal study in New Zealand (over 20 years) showed that those with conduct disorders are three times as likely to commit suicide.
- There is a higher number of boys with autism in the East of Haringey and a difference between prevalence and referral rates. This needs to be looked at in more detail to understand the reasons behind this.
- Adults are more likely to have mental health needs if they are living alone.
- Homelessness is also a risk factor, and you are also more likely to be homeless if you have mental health needs.
- Women are more likely to access IAPT (Improving Access to Psychological Therapies). This is linked to 'health seeking behaviour' rather than prevalence.
 - IAPT has employed staff from a range of communities to attempt to increase uptake across the borough.
- People with mental health needs are being placed within the borough, and subsequently need access to services.
- Haringey is in the top 3 in London for rate of psychosis.
- It is estimated that only about 50% of people with dementia in the borough are diagnosed.

In response to questions from the Panel it was noted:

- The higher incidence of autism in the East of the borough doesn't necessarily mean there is a higher autism rate, just that they are more likely to be diagnosed and receive support.
 - It is difficult to say what the true prevalence is as evidence is not there to support it.
- Diagnosis of depression is by GP surgery, not by a person's postcode.
- GP Practice size will have an impact on figures.
- Data suggests that you are more likely to develop mental health needs if you live with someone who has mental health needs themselves.
- People with mental health needs are more likely to die on average ten years earlier than average.
- Getting a person reconnected to power can take weeks, this has an impact on a person being discharged from acute care.
- There is a need to improve access to other accommodation so that people are not unnecessarily in expensive acute beds.
- What does the community think they need in terms of mental health services? For example in relation to housing. This would include asking patients and carers as well as the wider community - Dr Djuretic noted that it would be a useful aspect for the panel to consider.

LC9. MENTAL HEALTH PROJECT SCOPING

The Panel agreed to undertake two projects focusing on mental health:

1. Access to accommodation for people with mental health needs, including on discharge from acute care.
2. The link between physical health and mental health.

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
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It was agreed that both of these projects would have a specific BME strand to them.

ACTION:

Panel Members would send any specific objectives or areas they would like included in the scope to the Scrutiny Officer.

LC10. WHITTINGTON HEALTH - TRANSFORMING HEALTHCARE FOR TOMORROW

Key points noted:

- The Whittington Health Clinical Strategy is the main driver to changes, with other strategies following this.
- Integrated care is a way of thinking for example Enhanced Recovery
 - Systematic with patient at the centre.
 - Getting people up and about quickly.
 - Multi-disciplinary case conferences.
- Ambulatory care is about keeping people moving/walking and not in beds for long periods of time.
- Aim to make decisions on care needs faster so that patients aren't admitted just because the decision maker isn't available at the time.
- If you lie down for long periods of time your fitness deteriorates very quickly.
- Maternity - The aim is to have 4,700 births per year.
- Bed numbers - Any reduction in bed numbers will only take place if there is a reduction in activity.
 - Best estimate is that the number of beds will be stable for at least the next 18 months.
- Whittington Health recognise that they upset the community in the way that they consulted previously.
- Following the listening exercise changes have been made to the Estates Strategy.

In response to questions from the Panel it was noted:

- When NHS organisations became Trusts they could not take any surplus properties with them. Any surplus properties were taken back to the Secretary of State.
- There is an ongoing discussion with Haringey on integrated care and pooled budgets.
 - There is a Transformation Board which has member of the CCG and Whittington Health on it. The Council is due to be invited onto this.
- The Panel asked whether they would be able to see notes of these meetings and was informed that these would be send.

Cllr Adamou noted that she is happy that there is no cap on maternity and raised concerns about ensuring that older people are not moved out of hospital too soon.

Action

- Dr Battle to send notes of the Transformation Board to the Panel.

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
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The Chair thanked representatives for her recent visit to the Whittington Hospital site which she found very useful.

LC11. WORK PROGRAMME 2013/ 14

The Panel queried how their role fits with private residential homes.

The Panel felt that more information was needed on the Corporate plan for example:

- What is the background and context?
- Where have the priorities come from?
- What consultation took place?
- What are the current performance figures in relation to the targets?

AGREED:

- The Corporate Plan would form an agenda item on the Overview and Scrutiny Committee work plan.
- Cllr Winskill would be invited to informal meetings between the Chair of the Panel and Healthwatch Haringey.

ACTIONS:

- Scrutiny Officer to check scrutiny's role in relation to private residential homes.

LC12. MINUTES

The Panel queried when the training mentioned by the Cabinet Member on the Health and Wellbeing Board would be taking place.

The minutes were agreed.

ACTION:

- Scrutiny Officer to follow up when the Member training will be on the Health and Wellbeing Board.

LC13. JHOSC MINUTES

Cllr Bull invited the Panel to the forthcoming 111 call centre visit.

Minutes were noted for information.

LC14. LGG TRAINING SLIDES - 'THE NEW HEALTH LANDSCAPE'

Noted.

LC15. FEEDBACK FROM AREA CHAIRS

None received.

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
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LC16. NEW ITEMS OF URGENT BUSINESS

None received.

LC17. DATE OF FUTURE MEETINGS

Noted.

Clr Gina Adamou

Chair

**EXECUTIVE SUMMARY OF THE ADULTS AND HEALTH SCRUTINY PANEL
19TH SEPTEMBER 2013**

LC18. HEALTH ASSESSMENTS OF LOOKED AFTER CHILDREN

- The health assessment should take place within the first four weeks of a child going into care. For children under 5 years of age reviews take place every 6 months.
- When a child is placed in Haringey the team are able to access a child's records, but this is not the case when they are placed out of borough. This is a challenge.
- The team have access to Framework-I and therefore update records. They are also in contact with social workers.
- They are very much dependent on the Local Authority asking them to see the children/letting them know a child is in care else they have no way of being informed.
- Child and Adolescent Mental Health Services (CAMHS) is an area of concern as some children are very troubled.
- The situation in Islington is different – they are organisationally different as the children's health assessment team is located within the local authority. There are also less children in care in Islington than Haringey, but the same amount of staff.
- It can be up to 3 months before the team are alerted that a child is in need of a health assessment in Haringey.
- The CiC Health Assessment team do send reminders and prompts to the Looked After Children team but it would be more efficient if it were part of a seamless process.

AGREED:

- The Panel to write to Cllr Waters about work which is being done around integrating Children in Care Health Assessments with Looked After Children team.
- Panel to follow up progress at a later date.

LC19. CABINET MEMBER QUESTIONS

Cllr Vanier, Cabinet Member for Health and Adult Services gave an overview of her portfolio area.

Key points noted include:

- There is an Integrated Care Board which oversees integration, for example Section 256 arrangements (*N.b. Section 256 of the National Health Act allows NHS bodies to enter into arrangements with local authorities to carry out activities with health benefits.*)
- The department has received some additional funding to support demographic pressures.
- Unit costs comparisons have been made with 12 statistical neighbours – these should that Haringey Adults compares favourably for external purchases.
- The Integrated Care Board is an Officer meeting which has been recently re-established. The Terms of Reference are currently being re-looked at due to the Integration and Transformation Fund.
- There are currently a number of Section 75 agreements in place for example within Learning Disabilities, re-ablement, admissions avoidance service, Integrated community equipment services etc. Integrated care should be commissioning driven and is not about joining with providers, it's about joint commissioning.
- The Integration and Transformation Fund plan is due to go to the Health and Wellbeing Board in January for agreement. Engagement on the plan is taking place on an ongoing basis.

AGREED:

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- The Integration Transformation Fund (ITF) engagement plan to be sent to the Scrutiny Officer to be circulated to the Panel.
- The ITF Plan which is due at the Health and Wellbeing Board in January would come to the Adult and Health Scrutiny Panel.
- Panel Members requested that this happen prior to agreement by the Health and Wellbeing Board to allow meaningful input.

LC20. BUDGET MONITORING

- With regards to a query as to whether the department had had the opportunity to look at the impact of previous decisions and whether the savings had been achieved the Panel were informed that a piece of research had been undertaken by the policy unit which had been signed off on that day.
- The budget is monitored monthly at an Officer level and this includes monitoring the achievement of savings.
- The department attempts to put preventative strategies in place where ever possible, examples of this include the re-ablement project.
- The Public Health grant is also about preventative measures with the majority of public health investment being about long terms gains.
- It was noted that there was a £300k overspend last year in Adults, and that at the same points a year earlier (Sept 2012) it was projected to be a £2 million overspend.

LC21. END OF YEAR PERFORMANCE MONITORING

- The Local Account which shows performance in Adults is due to be published soon.
- In response to a question about whether there has been any work done to look back on Delayed Transfers of Care data to see if there are any trends the Panel was informed that the query should be directed to The Urgent Care Network (CCG).
- The Panel queried why there was a difference in satisfaction rates between carers and service users (Carers showing 39% overall satisfaction and service users showing 56.1% satisfaction) and was informed that this would be looked at in the quarterly assurance meeting and would be fed back to the Panel.
 - It was noted that the surveys were Department of Health set and participation was not very high.
- There are a number of programmes of work being done on child obesity including with schools. City University has been commissioned to do some work on fast food shops and schools and this research will inform further work to be done by Public Health.

AGREED:

- Local Account to be sent to MP for circulation to Panel when published
- Panel to write to the CCG Urgent Care Network to ask for information on what is being done to look back at Delayed Transfers of Care dates to identify any trends?
- Adults to feedback when they have looked at carer and service user satisfaction in order to see if they can identify why there is a difference in the rates (OP44 – 56.6% OP45 – 39%)

LC22. RESPONSE TO WINTERBOURNE VIEW

The Panel received an update on work being done in response to Winterbourne View.

Key points noted:

**EXECUTIVE SUMMARY OF THE ADULTS AND HEALTH SCRUTINY PANEL
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- All relevant Learning Disability service users had to be reviewed by May 2013.
- In Haringey this was 26 service users, the reviews have all been completed and a health record is in place for all.
- Following the Campsbourne House Adults is working with Housing services to renovate other void properties which can be used for supported living.
- There are some funding issues relating to funding support packages for learning disability service users throughout the pathway – the Department of Health has not mandated that the money would follow a person through the pathway, it has instead been left to local discretion. Care packages can be around £100k per year and therefore work is needed with the CCG in order to manage and negotiate this.

AGREED:

The Panel would write to Normal Lamb raising concerns about the funding arrangements.

LC23. PRIMARY CARE STRATEGY UPDATE

The Panel received a presentation from Michael Hepworth, Interim Head of Primary Care Development.

Key points noted:

- A local profile is given to each practice, this includes expected prevalence data.
- There is a clear pocket of GP surgeries in the East of the borough where improvement is needed
- The top three investment domains are:
 - Integration – the current collaboratives are too large to engage currently and so smaller groups are being developed which sit underneath the collaboratives.
 - Clinical Services
 - Information Technology – better IT leads to better communications.

In response to questions from the Panel the following points were noted:

- NHS England are taking a 'stronger arm' approach to quality and performance. The CCG can encourage the GP Surgeries to work with them to improve, however NHS England has more 'clout' in making them improve.
- More work could be done with pharmacies and looking at how we can get pharmacies more involved in primary care.

AGREED:

- Michael would check whether he is able to circulate the CCG dashboard to the Panel.

LC24. FEEDBACK FROM JHOSC

Cllr Bull, Chair of the NCL Joint Health Overview and Scrutiny Committee, informed the Panel that there had recently been a meeting focusing on CQC reports on BEH Mental Health Trust.

The Panel was also informed about a piece of work due to be done on cardiac and cancer pathways.

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AGREED:

- JHOSC minutes on BEH MHT and CQC reports would be circulated to the Panel.

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Councillors Bull, Erskine, Stennett, Winskill

Apologies Councillor Adamou, Pam Moffatt

LC18. APOLOGIES FOR ABSENCE

Cllr Adamou and Pam Moffatt

The Panel wished their best wishes to Cllr Adamou to be noted.

In Cllr Adamou's absence Cllr Winskill proposed that the meeting be Chaired by Cllr Bull. This was agreed by the Panel.

LC19. URGENT ITEMS

None

LC20. DEPUTATIONS

None

LC21. DECLARATIONS OF INTEREST

None

LC22. HEALTH ASSESSMENTS OF LOOKED AFTER CHILDREN

Dr Holt and Marian Parks presented to the Panel. Key points noted:

- The team aims to meet the statutory health needs of children in care.
- The health assessment should take place within the first four weeks of a child going into care.
- For children under 5 years of age reviews take place every 6 months.
- There is only one permanent Doctor in the team and the team therefore depends upon help from other Doctors.
- Some children are placed out of borough and therefore the team travels out of borough to conduct health assessment reviews.
 - This ensures continuity of care for the child.
- Immunisation records only show 'fully immunised for age' when there is proof that the immunisations have taken place.
 - The number of immunised children for age is believed to be higher than the 71% shown on the presentation, however if there is no proof of immunisations then they recommend that the immunisations are started again.

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- When a child is placed in Haringey the team are able to access a child's records, but this is not the case when they are placed out of borough. This is a challenge.
- The numbers who DNA (Do Not Attend) are very low as a percentage overall.
 - If a child is a couple of minutes late then the team will always call them.
 - Text reminders are not sent as there is a risk that the phone could be with another person e.g. the child's parent when the child is in care. This would alert the parent to where the child would be at a certain time.
- Meningitis C is due to be offered with the school leaver booster.
- Change to Immunisation programme coming in from now e.g. for rotavirus from September 2013 first dose must be given by 15 weeks – this represents a big challenge due to the window in which it must be given in.
- The team feels that the standard of health assessments has increased since both initial and review assessments are done by them (rather than the review done by a GP).
- The team have access to Framework-I and therefore update records. They are also in contact with social workers.
- It can take 6-8 hours in total to do one health assessment – this would include signposting to services, referrals etc.
- They are very much dependent on the Local Authority asking them to see the children/letting them know a child is in care else they have no way of being informed.
- Challenges include:
 - Out of borough placements and ensuring continuity.
 - Adoption workload – Dr Holt can often meet with prospective adopters 3 times to explain a child's health, risks etc, for example if the child's mother was a drug user during pregnancy.
 - Sexual health and teenage pregnancy – if a child is pregnant then the team talks through all of the options available to them and the steps needed for the options.
 - Cultural sensitivity is needed in these conversations.
 - Sexual health discussions include asking whether they are sexually active. If they are then this will be noted on the assessment form.
 - The whole of the assessment form goes to the social worker.
 - Child and Adolescent Mental Health Services (CAMHS) is an area of concern as some children are very troubled.
 - Young people on remand – are now classed as children in care (following Legal Aid, Sentencing and Punishment of Offenders Act)

In response to questions by the Panel the following points were noted:

- The situation in Islington is different – they are organisationally different as the children's health assessment team is located within the local authority. There are also less children in care in Islington than Haringey, but the same amount of staff.
- It can be up to 3 months before the team are alerted that a child is in need of a health assessment in Haringey.
- The CiC Health Assessment team do send reminders and prompts to the Looked After Children team but it would be more efficient if it were part of a seamless process.

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AGREED:

- The Panel to write to Cllr Waters about work which is being done around integrating Children in Care Health Assessments with Looked After Children team.
- Panel to follow up progress at a later date.

LC23. CABINET MEMBER QUESTIONS

Cllr Vanier, Cabinet Member for Health and Adult Services gave an overview of her portfolio area.

Key points noted include:

- There have been some recent management changes with Lisa Redfern (AD) being seconded to CYP and Beverley Tarka is acting up in her place.
- Adults currently have a stable workforce with some vacant posts having been recruited into and currently no recruitment freeze.
- There is a good relationship with partners e.g. Mental Health Trust and CCG and the operational interface with partners is very good.
- There is an Integrated Care Board which oversees integration, for example Section 256 arrangements (*N.b. Section 256 of the National Health Act allows NHS bodies to enter into arrangements with local authorities to carry out activities with health benefits.*)
- Adults has 20% of the Council's net budget this year.
- The department has received some additional funding to support demographic pressures.
- There was a small overspend last year – this was due to increased demand and continuing health care.
- Unit costs comparisons have been made with 12 statistical neighbours – these should that Haringey Adults compares favourably for external purchases.
- Challenges include finding increasingly efficient ways to manage demands.

In response to questions from the Panel it was noted:

- The Integrated Care Board is an Officer meeting which has been recently re-established.
 - It is led by Mun Thong Phung (Adults) and Sarah Price (CCG).
 - The Terms of Reference are currently being re-looked at due to the Integration and Transformation Fund.
 - The Board reports to the Health and Wellbeing Board.
 - It is an adult focused Board.
- There are currently a number of Section 75 agreements in place for example within Learning Disabilities, re-ablement, admissions avoidance service, Integrated community equipment services etc.
- Integrated care should be commissioning driven and is not about joining with providers, it's about joint commissioning.
- The Integration and Transformation Fund plan is due to go to the Health and Wellbeing Board in January for agreement. Engagement on the plan is taking place on an ongoing basis.

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- Health Visiting is due to come under the local authority remit as of 2015.
- Performance for New Birth Visits meeting the target of being seen within 4 weeks was 73.6% as of October 2012.

AGREED:

- The Integration Transformation Fund (ITF) engagement plan to be sent to the Scrutiny Officer to be circulated to the Panel.
- The ITF Plan which is due at the Health and Wellbeing Board in January would come to the Adult and Health Scrutiny Panel.
- Panel Members requested that this happen prior to agreement by the Health and Wellbeing Board to allow meaningful input.

LC24. BUDGET MONITORING

- There is a projected overspend of £1.2 million.

In response to questions from the Panel the following points were noted:

- With regards to a query as to whether the department had had the opportunity to look at the impact of previous decisions and whether the savings had been achieved the Panel were informed that a piece of research had been undertaken by the policy unit which had been signed off on that day.
- The budget is monitored monthly at an Officer level and this includes monitoring the achievement of savings.
- The Care Purchasing Budget is the buying of care for service users, this includes personal budgets.
- The 'level of over commitment' mentioned within the report is largely related to the demographic pressures.
- The department attempts to put preventative strategies in place where ever possible, examples of this include the re-ablement project.
- The Public Health grant is also about preventative measures with the majority of public health investment being about long terms gains.
- It was noted that there was a £300k overspend last year in Adults, and that at the same points a year earlier (Sept 2012) it was projected to be a £2 million overspend.

LC25. END OF YEAR PERFORMANCE MONITORING

- The Local Account which shows performance in Adults is due to be published soon.
- A lot of the Delayed Transfers of Care are health issues. These issues are being worked though by the North Middlesex Hospital.
 - Noted that accommodation can be an issue.
- In response to a question about whether there has been any work done to look back on Delayed Transfers of Care data to see if there are any trends the Panel was informed that the query should be directed to The Urgent Care Network (CCG).
- The Panel queried why there was a difference in satisfaction rates between carers and service users (Carers showing 39% overall satisfaction and service

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users showing 56.1% satisfaction) and was informed that this would be looked at in the quarterly assurance meeting and would be fed back to the Panel.

- It was noted that the surveys were Department of Health set and participation was not very high.
- There are a number of programmes of work being done on child obesity including with schools.
- City University has been commissioned to do some work on fast food shops and schools and this research will inform further work to be done by Public Health.
- It was noted that childhood obesity is an issue which needs to be tackled early.

AGREED:

- Local Account to be sent to MP for circulation to Panel when published
- Panel to write to the CCG Urgent Care Network to ask for information on what is being done to look back at Delayed Transfers of Care dates to identify any trends?
- Adults to feedback when they have looked at carer and service user satisfaction in order to see if they can identify why there is a difference in the rates (OP44 – 56.6% OP45 – 39%)

LC26. RESPONSE TO WINTERBOURNE VIEW

The Panel received an update on work being done in response to Winterbourne View.

Key points noted:

- All relevant Learning Disability service users had to be reviewed by May 2013.
- In Haringey this was 26 service users, the reviews have all been completed and a health record is in place for all.
- Following the Campsbourne House Adults is working with Housing services to renovate other void properties which can be used for supported living.
- When an assessment is made as to whether a person is ready to move on from their current living arrangement the assessment does not just rely on information from private providers.
- The focus of work is on holistic support and not just on accommodation.
- Beverley (Interim Assistant Director) had attending a Quality Assurance meeting earlier that day with NHS England and had raised issues around funding arrangements. These issues are relating to funding support packages for learning disability service users throughout the pathway – the Department of Health has not mandated that the money would follow a person through the pathway, it has instead been left to local discretion.
 - Care packages can be around £100k per year and therefore work is needed with the CCG in order to manage and negotiate this.

The Panel raised concerns about the funding arrangements specifically about the possibility of cost shunting and that a person's care package can be dependent on local 'arm wrestling' on the funding of this.

The Panel wished their compliments to Officers on the piece of work be noted.

AGREED:

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The Panel would write to Normal Lamb raising concerns about the funding arrangements.

LC27. PRIMARY CARE STRATEGY UPDATE

The Panel received a presentation from Michael Hepworth, Interim Head of Primary Care Development.

Key points noted:

- A local profile is given to each practice, this includes expected prevalence data.
- There is a clear pocket of GP surgeries in the East of the borough where improvement is needed
- The top three investment domains are:
 - Integration – the current collaboratives are too large too engage currently and so smaller groups are being developed which sit underneath the collaboratives.
 - Clinical Services
 - Information Technology – better IT leads to better communications.

In response to questions from the Panel the following points were noted:

- NHS England are taking a 'stronger arm' approach to quality and performance. The CCG can encourage the GP Surgeries to work with them to improve, however NHS England has more 'clout' in making them improve.
- There are IT alert systems which can be programmed to send out Flu vaccination reminders.
- Doc Man Support is a communication device between primary and secondary care. At present this is primarily used to communicate from secondary care to primary care.
- Patient Chase is a systems which allows stratification for example all patients with diabetes could be pulled up on the records.
- The CCG wants to be very transparent with their data.
- More work could be done with pharmacies and looking at how we can get pharmacies more involved in primary care.

AGREED:

- Michael would check whether he is able to circulate the CCG dashboard to the Panel.

LC28. SCOPING REPORT - MENTAL HEALTH AND ACCOMMODATION

It was agreed that Move On would be noted in the scoping report as this would form part of the project.

The Panel agreed the Scoping report and referred it to the Overview and Scrutiny Committee for approval.

LC29. SCOPING REPORT - MENTAL HEALTH AND PHYSICAL HEALTH

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It was agreed the project would include dentistry and obesity/weight management.

The Panel agreed the scoping report and referred it to the Overview and Scrutiny Committee for approval.

LC30. FEEDBACK FROM AREA CHAIRS

None received.

LC31. FEEDBACK FROM JHOSC

Cllr Bull, Chair of the NCL Joint Health Overview and Scrutiny Committee, informed the Panel that there had recently been a meeting focusing on CQC reports on BEH Mental Health Trust.

The Panel was also informed about a piece of work due to be done on cardiac and cancer pathways.

AGREED:

- JHOSC minutes on BEH MHT and CQC reports would be circulated to the Panel.

LC32. MINUTES OF LAST MEETING

Agreed.

LC33. NEW ITEMS OF URGENT BUSINESS

None received.

LC34. DATES OF FUTURE MEETINGS

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