

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
WEDNESDAY, 14 DECEMBER 2011**

Councillors Councillors Bull (Chair), Winskill (Vice-Chair), Alexander, Browne, Diakides, Ejiofor, Engert and Waters

Apologies Councillor Christophides

Also Present: Helena Kania (Local Involvement Network (LINK))

Co-optees: Helena Kania (Local Involvement Network LINK)) and Yvonne Denny (Church Education Representative)

Councillors: Cllr Dogus

Officers: Libby Blake (Director Children’s Services), Sylvia Chew (Head of First Response Service), Jeanelle De Gruchy (Joint Director of Public Health), Iain Low (Head of Service Safeguarding and Support), Barbara Nichols (Head of Commissioning & Strategic Planning), Mun Thong Phung (Director of Adult & Housing Services), Melanie Ponomarenko (Policy Officer), Lisa Redfern (Deputy Director – Adult & Community Services), Beverley Tarka (Head of Adults Learning Disabilities), Len Weir (Head of Provider Service (Older people/Mental health), Natalie Cole (Clerk)

Also attending: 5 members of the public, Tristan Brice (Co-ordinator for Stroke Services – NHS Haringey), Tasha Scott (Mental Health Trust)

MINUTE NO.	SUBJECT/DECISION
OSCO75.	<p>WEBCASTING</p> <p>NOTED that due to technical difficulties it had not been possible to record the meeting as a live web-cast, although a non-live version was recorded.</p>
OSCO76.	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Cllr Christophides and Adams Dauda (Co-opted Parent Governor). Cllr Christophides was substituted for by Cllr Ann Waters.</p> <p>An apology for lateness was received from the Chair. The Vice Chair chaired the meeting in his absence.</p> <p style="text-align: center;">VICE CHAIR, CLLR DAVID WINSKILL IN THE CHAIR</p>
OSCO77.	<p>URGENT BUSINESS</p> <p>None.</p>
OSCO78.	<p>DECLARATIONS OF INTEREST</p> <p>Cllr Engert declared a personal interest in agenda item 7 – Procurement of Non-Stroke Services – during discussion about transport accessibility to and from</p>

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	services – as she was a Board Member of London Travel Watch.
OSCO79.	<p>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</p> <p>None.</p>
OSCO80.	<p>CABINET MEMBER QUESTIONS - CABINET MEMBER FOR HEALTH AND ADULT SERVICES</p> <p>The Committee received a brief overview of the Cabinet Member Portfolio for Health and Adult Services and noted the on-going budget challenges, the focus on safeguarding, quality assurance and the development of the Health and Wellbeing Board.</p> <p>NOTED in response to comments and questions from the Committee:</p> <ul style="list-style-type: none"> • Officers recognised that the Alexandra Road Crisis Unit was a valued service but given that the NHS were 60% funders of the service and had made a decision to de-commission this service (01.12.2011) and funding will cease 31.12.2011; and the withdrawal of the Area Based Grant Adult & Community Services did not have the level of ongoing funding and the HESP (Haringey Enterprise Strategic Partnership) efficiencies they have been required to make, Adults cannot take over the total funding of this unit. • The Committee’s concerns about the uncertainty of commissioning in the future and what powers Adult Services will have were acknowledged. Links between Councillors and GPs were strong. • 37% (1211) of Haringey service users were receiving personalised budgets to manage their care and required performance is on target. The customer satisfaction rate was good. Some personalised budget users required additional support and individuals were still able to chose to have their budgets managed by the Council should they want this. • The Chair expressed thanks to the Head of Provider Services for his work around maintaining services at various day centres further to engagement with local service users. • Two drop-in services at Abyssinia Court and Woodside Park remained no longer funded by the Council and run by Members with assistance from the Head of Provider Services in conjunction with Age UK. The Committee asked for reassurances that those in need were accessing such services. Officers explained that before provisions were closed an audit of all service users was conducted and service users were referred and signposted to alternative services. • The membership and role of the Shadow Health & Wellbeing Board was expected to be clarified in the following months and the Committee emphasised the need for transparency and keeping the Voluntary Sector and providers up to date on the Board’s commissioning decisions. • Work was being carried out to encourage mental health users back into education, training or employment and local businesses were involved in creating jobs but there was a need to look further than the borough due to competition in the employment market. <p>RESOLVED that the following actions be requested:</p>

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	<p>The Committee asked for an update in one year of how the Council has found working with the Whittington Health organisation. (Action No. 80.1)</p> <p>It was suggested that the Personalised Budget Forum be used as a resource for feedback and advice on the Personalised Budget pilot. Lisa Redfern agreed to check with Graham Day (Chair of the Haringey Forum for Older People) and then circulate his email address to members. (Action No. 80.2)</p> <p>A short briefing on the current status of the Shadow Health and Wellbeing Board would be circulated. (Action No. 80.3)</p> <p>A list of current and on-going public consultations and engagement on Haringey’s health and social care services would be circulated to the Committee. (Action No. 80.4) A web-link to Partnership Boards minutes would be circulated to the Committee. (Action No. 80.5)</p>
<p>OSCO81.</p>	<p>PROCUREMENT OF NON STROKE SERVICES</p> <p><i>Clerk’s Note: The Chair arrived at 17:30 hrs and took over the chairing of the meeting.</i></p> <p>RECEIVED the ‘Ageing Well/ Procurement of Non-Stroke Rehabilitation Services’ briefing and verbal presentation by Tristan Brice (Co-ordinator for Stroke Services – NHS Haringey) who thanked the Vice Chair and Melanie Ponomarenko (Policy Officer) for their involvement in the consultation workshop held on 9th December 2011, which resulted in the key findings as laid out in the briefing.</p> <p>NOTED the following in response to questions and concerns raised:</p> <ul style="list-style-type: none"> • Travelling time for visitors of patients was important. The wording of final proposals would be agreed in consultation with LINK (Local Involvement Network) and would include reference to friends (as well as relatives) as visitors. • LINK would also be invited to sit on a panel for the procurement of services. All providers including those currently based at St Ann’s hospital could bid via the tendering process. A committee member highlighted that service users at St Ann’s hospital utilised social facilities in the vicinity of St Ann’s and so the impact of moving services away should be considered. • Concern about accessibility to units which might be outside of the borough was raised. The Committee was informed that quality was a key element of discussions and favoured above location as high quality service would usually result in a shorter stay on a unit and better outcomes. <p>RESOLVED that the conclusions in the briefing be agreed.</p>
<p>OSCO82.</p>	<p>COMMUNITY HUBS PROJECT</p> <p>RECEIVED the report on the Barnet, Enfield and Haringey Mental Health Trust</p>

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(BEH MHT) development of mobile working arrangements (community hubs) presented by Andrew Williams (Primary Care Trust – Borough Director). It was explicitly reported that services which patients currently received in their homes would not change and the proposals were around providing accessible space, tools and technology for community teams to provide adequate services, conduct administrative tasks and spend less time travelling.

The Committee noted the following comments from Nick Bishop, Manager of the Mental Health Carers Support Association (MHCSA) in response to the proposals.

- The proposals would affect 1200 service users and more than 150 members of staff within mental health teams and would mean the ‘home treatment team’ would be based outside of the borough.
- There was no indication as to how the proposals would manage the high volume of complex transactions in the east of the borough.

In response to questions from the Committee the following was noted:

- ‘Hot desking’ arrangements were already in place in some parts of the Mental Health Trust (MHT) and the system worked well, making better use of space and encouraging better communication between staff. Individual rooms and private spaces would still be available to staff.
- A Community Hubs Working Group was due to meet in the next week and included Mental Health Assistant Directors and Service Managers. Potential community hub buildings would be identified and whether there was adequate space within them and the next stage would be to look at who to consult with and how. There was no time frame for implementation of the proposals.
- MHT estates staff had been in contact with LB Haringey about the possibility of using Council buildings. A feasibility study of all potential community hub buildings was being conducted.
- Committee Members recognised the high level of change taking place within mental health services and expressed concern about the development of St Ann’s hospital and the perception that services were slowly being removed from the site. It was reported that out-patients facilities would continue to be provided from St Ann’s and Canning Crescent.
- Members noted that formal consultation with service users should be undertaken.

RESOLVED

- i. That the Mental Health Trust (MHT) should produce a comprehensive document setting out the proposals and change of locations that they are asking to be made to the community hub. To allow a full understanding of the implication of these changes care should be taken to put them in the context of the wider changes being made to MHT services.
- ii. That the document requested above should be circulated to the Mental Health Carers Support Association (MHCSA), MIND in Haringey and other client and user groups for a full process of engagement on the changes

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	<p>iii. That on the production of a mutually agreed doc the refreshed proposals should be put out to a consultation with service users and carers.</p> <p>iv. That the following actions be undertaken:</p> <p>The Chair would write to the Chief Executive of the Mental Health Trust (MHT), with input from the Mental Health Carers Support Association raising concerns expressed by the Committee about the Community Hubs Project, seeking clarity, in the form of a summary of the proposals and the distribution of services across the Borough and how they fit into the wider MHT planned changes as well as details of a comprehensive consultation programme. The letter should also ask for details of a comprehensive consultation programme. The Chair would send a holding letter to Lynne Featherstone MP in reply to her letter dated 12th December 2011, raising concerns about the project. (Action No. 82.1)</p> <p>It was agreed that an informal meeting between the Chief Executive of the Mental Health and Committee members would be organised. (Action No. 82.2)</p>
<p>OSCO83.</p>	<p>CHILD PROTECTION CORE ASSESSMENTS</p> <p>RECEIVED the report on First Response Performance – timeliness of completion of Initial and Core Assessments, introduced by Sylvia Chew (Head of First Response) as laid out on pages 11 – 19 of the agenda pack.</p> <p>NOTED in response to questions and discussion:</p> <ul style="list-style-type: none"> • Performance indicators NI 59 (percentage of initial assessments carried out within 10 working days from referral) and NI 60 (percentage of core assessments carried out within 35 days of commencement) had previously been closely monitored by the Committee. It was reported that assessments comprised only 40% of the work of the First Response Team and 71% were completed within deadlines through good partnership working and a more stable workforce than in the past. The Service was still very busy and there were fluctuations in the numbers of referrals, for example, towards the end of school terms when schools were more aware of the situation of children needing referrals. • Concern was raised in relation to paragraph 5.4 and the tables on page 15 of the agenda pack which showed Haringey to be behind its neighbours statistically. Officers reminded members that the service provided high quality assessments, meeting clear standards to ensure all relevant referrals were seen and assessed. The Service had received a “good” rating by Ofsted during the last unannounced inspection. • Officers explained the process for assessing initial referrals from a member of the public or a partner such as the police, schools etc. A multi agency team dealt with the initial first contacts to gather intelligence and decide within 48 hours if and which agency should take the referral forward. All contacts received were screened and child protection referrals were passed on to the duty manager on the same day as received. • The database shared with partners was improving for better identification

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of children; however, 51% of children referred were not known to the borough and, in part this related to the significant amount of temporary housing. Children from other boroughs were passed on to the relevant local authority when it was established safe to do so.

- It was recognised that the needs of Roma children, in terms of accessing services, were difficult to meet due to their movement between boroughs. Haringey employed a Romanian speaking officer to help communicate with this group.
- The service had access to a Domestic Violence Senior practitioner and better work with families where domestic violence was a feature was provided since this officer had been employed.
- There was also a specific team to deal with the travelling community.
- In response to questions about maintaining current service levels and possible service cuts it was reported that there were 4 teams of social workers (7 social workers in each) and there was currently no plan to cut the service.
- Where a child had been previously known to the local authority and then came back into the system, often after moving out of borough, a 'step down' package was devised to ensure the appropriate support continued. The Head of First Response audited cases of where children who had been identified as not needing further action but came back into the system to ensure that the correct thresholds were in place. It was hoped that a system could be introduced for generating a report which highlighted children who had not been physically seen by a social worker to ensure this was also regularly monitored.
- The Committee welcomed the Jar Action Plan and Safeguarding Action Plan documents (hyperlinks given on page 19 of the agenda pack) and acknowledged the dedication of children's services staff.

RESOLVED

i. That the report and the Council's Joint Area Review Action Plan be noted and to request that officers continue to keep the Committee updated.

ii. That the following actions be requested:

In response to specific concerns raised by a co-opted member about school students truancy the co-optee's, details would be passed on to the appropriate CYPS officers to discuss outside of the meeting. *Yvonne Denny*

The Committee questioned how monitoring and performance of the First Response Team was fed back to members. The Head of First Response would discuss how best to report back to members with the Director of Children's Services. **(Action No. 83.1)** *Cllr Ejiofor*

The Committee would be sent information on numbers of 'contacts' that resulted in initial core assessments and those with no further action, details of the relevant quality performance indicators including how often reported to the Cabinet Member for Children and a copy of the quality standards for good assessment. **(Action No. 83.2)** *Cllr Ejiofor & Cllr Diakides*

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<p>OSCO84.</p>	<p>HEALTH & WELLBEING STRATEGY CONSULTATION</p> <p>RECEIVED the report and the draft Health and Wellbeing Strategy (pages 21-44 of the agenda pack), an updated version of the executive summary of the strategy was tabled, introduced by the Cabinet Member for Health and Adult Services as laid out in the report.</p> <p>NOTED the following comments and responses to questions:</p> <ul style="list-style-type: none"> • The Committee supported the priorities particularly childhood obesity and recognised this was a national problem. • It was suggested that the role of pharmacists, building on their knowledge and advice, be enhanced within the strategy in order to save the NHS money in the future. The Director of Public Health recognised that pharmacists had a role in intervention and that most people visited a pharmacy instead a GP and confirmed that consultation with pharmacists had taken place. • The need to consult further on the draft strategy and its priorities was recognised and a programme of engagement with local residents would take place next year. • Page 6 – item 7 – Reduce Alcohol Misuse – it was suggested that the strategy included admission numbers by age. It was noted that the overall performance indicator would be age standardised. <p>RESOLVED</p> <p>i. That the report and priorities be noted and the Committee’s comments be taken into account by officers.</p> <p>ii. That the following actions be requested:</p> <ul style="list-style-type: none"> a. The most up to date Health & Wellbeing Strategy document and Summary would be circulated to members by email. (Action No 84.1) b. The Deputy Director – Adult Services would check the reference to LINK on page 7 of the executive summary of the Strategy to establish as the LINK co-optee questioned this. (Action No 84.2)
<p>OSCO85.</p>	<p>VOLUNTARY SECTOR STRATEGY</p> <p>RECEIVED Haringey’s Voluntary Sector Strategy 2011-2016 and Voluntary Sector Funding Framework, introduced by the Cabinet Member for Health and Adult Services as laid out in the report (Pages 45 – 109 of the agenda pack). The strategy was aimed at strengthening the relationship between the Council and the Voluntary Sector to ensure better outcomes for Haringey residents.</p> <p>NOTED in response to questions and discussion:</p> <ul style="list-style-type: none"> • The Cabinet Member acknowledged the Committee’s concerns about access to community buildings by voluntary sector organisations. Where organisations occupied Council owned community buildings, their usage

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should be maximised for community benefit. Concerns from groups would need to be fed into the property review, which was currently taking place.

- The Committee was reminded that the Procurement Strategy specifically encouraged the role of the voluntary sector in bidding for commissioned services and allows for Haringey to support capacity building and bidding activities.
- It was generally recognised that the Council would need to support voluntary organisations, particularly the smaller groups, to apply for funding and to develop their services and help them run at lower costs. Work was being done to identify what support the voluntary sector currently accessed.
- Out of 1600 different voluntary organisations 35 were core funded by Haringey and some of these organisations had been receiving this funding for many years. The new strategy will open up access to Council funding to a wider range of organisations.
- A committee member expressed that they felt the definition of “voluntary sector” in the Strategy (page 59 of the agenda pack, page 7 of the Strategy) was vague and recommended that in order to get funding from the Council organisations should have firm governance arrangements in place. The Cabinet Member explained that in order to gain funding organisations (large and small) would need to meet strict criteria and demonstrate clear accountability and would be monitored by a clear set of rules.
- A member commented that there was a lack of member involvement in the Grants Committee and grants decision making. It was suggested that smaller organisations be encouraged to join together to reduce duplication in order to fully benefit from funding and, that small grants for local services be filtered through the Area Committees. The Cabinet Member agreed that, where possible, the commissioning of local services was preferred. It was suggested that all voluntary organisations be treated in the same way as commercial enterprises which used competitive tendering but this was not supported by other committee members.
- HAVCO (independent council for voluntary service in Haringey) was recognised as a support mechanism for smaller groups. A member commented that the strategy should highlight that feedback on the funding process was welcomed and groups would not be penalised for giving negative feedback. The Cabinet member explained that HAVCO’s role included monitoring the Council’s commissioning process.
- The Cabinet Member agreed with the Committee in that when filtering applications for grants the main consideration should be the service being commissioned rather than the ability of the organisation to produce a good application/ tender document.
- The Committee asked for details of any other local authorities that had moved to commissioning grants rather than core grants. (**Action No. 85.1**).

RESOLVED

- i. That the following recommendations be incorporated into Haringey’s Voluntary Sector Strategy and Voluntary Sector Commissioning and

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	<p>Funding Framework:</p> <ul style="list-style-type: none"> a. A group of Non Executive members and relevant cabinet members be invited to take part in the decision making for the allocation of funding. b. The area committees have a role in allocating smaller amounts of funding to local organisations. c. Voluntary groups and organisations be assisted in applying for tenders and supported in capacity building to enable their transition into larger organisations. d. Locally based groups be prioritised for small grant allocation. e. That the types of voluntary organisations eligible for funding on page 7 of the strategy be clearly defined. f. Details about how organisations can feedback to the Council (for example via HAVCO) on the funding process without it prejudicing their applications be included in the Strategy. g. A statement on how the Council supports an independent organisation (such as HAVCO) to assist voluntary groups with bidding for funding be included in the Strategy. <p>ii. The Committee details of any other local authorities that had moved to commissioning grants rather than core grants be provided to the Committee. (Action No. 85.1)</p>
<p>OSCO86.</p>	<p>FUTURE MEETINGS</p> <p>6th February 2012 30th April 2012</p> <p>The meeting ended at 20:30 hrs.</p>

COUNCILLOR GIDEON BULL

Chair

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....