
Adults and Health Scrutiny Panel

THURSDAY, 27TH SEPTEMBER, 2012 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Adamou (Chair), Mallett, Stennett, Erskine and Winskill

Co-optees: Helena Kania (LINK)

AGENDA

1. APOLOGIES FOR ABSENCE

2. 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 at item 13 below).

3. 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 Member's 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 interests are defined at Paragraphs 5-7 and Appendix A of the Member's Code of Conduct.

4. TERMS OF REFERENCE (PAGES 1 - 6)

To note the terms of reference and areas covered by the Adults and Health Scrutiny Panel.

5. WORK PROGRAMME FOR THE PANEL

An up to date forward plan will be available at the meeting.

6. CO-OPTees

To discuss and agree co-optees for the Panel

7. CABINET MEMBER QUESTIONS

Cllr Vanier, Cabinet Member for Health and Adult Services

8. BUDGET MONITORING 2012/13 (PAGES 7 - 16)

9. LEARNING DISABILITY SERVICE - TRANSITION FROM WHITEHALL STREET (PAGES 17 - 36)

Assess the impact and outcomes for the residents on the move from Whitehall Street to alternative service provision based on current policy and best practice, with specific reference to those at Campsbourne.

10. CLINICAL COMMISSIONING GROUP UPDATE (PAGES 37 - 42)

To hear from Sarah Price, Accountable Officer, Haringey Clinical Commissioning Group.

11. AREA COMMITTEE CHAIRS FEEDBACK

To hear any feedback from Area Committees relevant to the work of the Adults and Health Scrutiny Panel.

12. FUTURE MEETINGS

10th December, 2012, Budget Scrutiny
10th January, 2013
2nd April, 2013

13. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 2 above

David McNulty
Head of Local Democracy

Melanie Ponomarenko
Senior Policy Officer

and Member Services
Level 5
River Park House
225 High Road
Wood Green
London N22 8HQ

Level 7
River Park House
225 High Road
Wood Green
London N22 8HQ

Tel: 0208 489 2933

Email:

Melanie.Ponomarenko@haringey.gov.uk

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Haringey Council

Report for:	Adults and Health Scrutiny Panel	Item Number:	
Title:	Terms of Reference		
Report Authorised by:	Cllr Reg Rice Chair, Overview and Scrutiny Committee		
Lead Officer:	Eve Pelekanos Head of Strategy and Business Intelligence Eve.Pelekanos@haringey.gov.uk		
Ward(s) affected:	Report for Key/Non Key Decisions:		

1. Describe the issue under consideration

- 1.1. In July 2010, the Council began a review of governance arrangements in Haringey. The review examined the function and operation of council meetings to ensure that local democratic structures:
- were responsive to local needs and concerns
 - helped to develop civic engagement
 - provided value for money for local residents.
- 1.2. A key objective within the Governance Review was to examine the Overview and Scrutiny function and ensure that it assists Council in making important decisions and helps to develop policy in a useful and effective manner. In light of this, a new structure for Overview & Scrutiny was developed.
- 1.3. Within the new Overview & Scrutiny structure, there is one overarching Overview and Scrutiny Committee and four scrutiny panels. Panels will have responsibility for scrutinising their own discrete areas of work, which are:
- Communities



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- Adults and Health
- Children & Young People
- Environment and Housing

1.4. It is important to note that the panels do not have the legal capacity to discharge Overview and Scrutiny functions. Recommendations made by the panels must therefore be approved by the main Overview and Scrutiny Committee.

1.5. The Committee has determined the terms of reference of each Scrutiny Panel. If there is any overlap between the business of the Panels, it is the responsibility of the Overview and Scrutiny Committee to resolve this issue. Areas which are not covered by the four Scrutiny Panels shall be the responsibility of the main Overview and Scrutiny Committee.

2. Cabinet Member introduction

N/A

3. Recommendations

3.1. That the terms of reference for the Panel, as approved by the Overview and Scrutiny Committee on 23 July 2012, be noted.

4. Other options considered

N/A

5. Scrutiny Panels

5.1. Scrutiny panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each panel produces must be approved by the Overview & Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols. There are generic terms of reference for all of the scrutiny panels.

5.2. Terms of Reference for Scrutiny Panels

Policy Development and Review

5.2.1. Any Scrutiny Panels established by the Overview and Scrutiny Committee may, in accordance with Part Two, Article 6.03 (b) of the constitution:

- i. Assist the Council and the Cabinet in the development of its budget and policy framework by in-depth analysis of policy issues;
- ii. Conduct research, community and other consultation in the analysis of policy issues and possible options;
- iii. Consider and implement mechanisms to encourage and enhance community participation in the development of policy options;



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- iv. Question members of the Cabinet and chief officers about their views on issues and proposals affecting the area; and
- v. Liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

Scrutiny

5.2.2. Any Scrutiny Panels established by the Overview and Scrutiny Committee may, in accordance with Part Two, Article 6.03 (c) of the constitution:

- i. Review and scrutinise the decisions made by and performance of the Cabinet and council officers both in relation to individual decisions and over time;
- ii. Review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- iii. Question members of the Cabinet and chief officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
- iv. Review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance; and
- v. Question and gather evidence from any person (with their consent).

Approval of findings and recommendations

5.2.3. Scrutiny Panels must refer their findings/recommendations to the main Overview and Scrutiny Committee for approval prior to referral to Cabinet or the Council as appropriate.

Policy Areas

5.2.4. The areas of policy for the Adults and Health Scrutiny Panel are as follows;

- Adult social care
- Public Health
- Link with CCG
- Health and Wellbeing Board
- Adult health services
- Children's health services
- Transition
- Changes to service provision

5.3. Membership of Panels

5.3.1. As laid out in the Overview and Scrutiny Protocol and as agreed at Full Council on 16th July 2012 individual panels will be chaired by a Member of the Overview & Scrutiny Committee. The total membership of the panel will consist of between 3



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and 7 non executive members and be politically proportional as far as possible (including the Chair), and that apart from the Chair, the other Panel members to be non-executive members.

5.3.2. Each Scrutiny Panel is entitled to appoint up to three non-voting co-optees. The Children and Young People's Scrutiny Panel membership, shall include the statutory education representatives of OSC. It is intended that the education representatives would also attend the Overview and Scrutiny Committee meetings where reports from a relevant Scrutiny Panel are considered.

5.4. Cycle of meetings

5.4.1. As per the Overview and Scrutiny Protocol, each of the scrutiny panels will meet five times per year, one of which will be a dedicated budget scrutiny meeting.

6. Comments of the Chief Finance Officer and financial implications

6.1. There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by panels generate recommendations with financial implications, these will be highlighted at that time.

7. Head of Legal Services and legal implications

7.1. The Head of Legal Services has been consulted over these proposals and is satisfied that the establishment of Scrutiny Panels as set out in the report meets all legal requirements. The inclusion of non-executive members who are not members of the Overview and Scrutiny Committee means that the Panels cannot discharge overview and scrutiny functions and must direct all their conclusions/findings/recommendations to Overview and Scrutiny Committee for approval.

7.2. There are no other legal implications arising from this report.

8. Equalities and Community Cohesion Comments

8.1. Overview and scrutiny has a strong community engagement role and aims to regularly involve local residents in its work. It is anticipated that the new structure will enable local residents to have greater involvement in the work of Scrutiny by making engagement a more integral part of the scrutiny process.

8.2. Scrutiny promotes openness and transparency. All meetings and documents are public and therefore open to local people.

9. Head of Procurement Comments

9.1. N/A

10. Policy Implication



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10.1. Scrutiny has a role in policy development and review across the Council and Partnership as well as to act as a direct link to the local community. It is therefore anticipated that Overview and Scrutiny will, during the course of its work, make recommendations which will have an impact on Council and partnership policy.

10.2. The work of both the main Overview and Scrutiny Committee and the Scrutiny Panels is intended to add value to the work of the Council and its partners. It is not intended that the work of Scrutiny duplicates work being undertaken elsewhere.

11. Use of Appendices

N/A

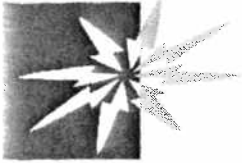
12. Local Government (Access to Information) Act 1985



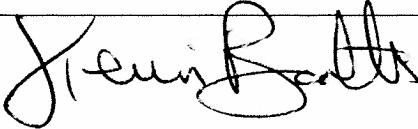
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Appendix A – Scrutiny bodies: role and service areas.

Scrutiny body	Exec Lead	Scrutiny role	Policy service /areas covered
Overview and Scrutiny Committee Chair: Cllr Rice	<u>Cabinet Leader</u> Cllr Goldberg Cllr Strickland Chief Executive	<ul style="list-style-type: none"> ▪ Cabinet Q & A ▪ Scrutiny work programme ▪ Ratifying reports of Panels ▪ Budget Scrutiny ▪ Borough wide/cross cutting topics ▪ Call-in ▪ CCFA ▪ Updates on previous reviews ▪ Updates from scrutiny panels 	<ul style="list-style-type: none"> ▪ Corporate Policy & Strategy ▪ Council Budget ▪ Council performance ▪ Corporate property ▪ IT ▪ Customer Services ▪ Benefits ▪ Legal services ▪ Regeneration ▪ Employment/worklessness ▪ Voluntary sector ▪ Community cohesion ▪ Tottenham Regeneration Project ▪ St Ann's redevelopment ▪ Partnership arrangements
Adults and Health Chair: Cllr Adamou	<u>Cabinet</u> Cllr Vanier Cllr Waters <u>Directors:</u> Mun Thong Phung Libby Blake Jeanelle de Gruchy	<ul style="list-style-type: none"> ▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny ▪ Updates on previous scrutiny reviews ▪ Substantial variations (health) 	<ul style="list-style-type: none"> ▪ Adult social care ▪ Public Health ▪ Link with CCG ▪ Health and Wellbeing Board ▪ Adult health services ▪ Children's health services ▪ Transition ▪ Changes to service provision
Children and Young People Chair: Cllr Newton	<u>Cabinet</u> Cllr Waters Cllr Goldberg Cllr Strickland <u>Directors:</u> Libby Blake	<ul style="list-style-type: none"> ▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny ▪ Updates on previous scrutiny reviews 	<ul style="list-style-type: none"> ▪ Looked after Children ▪ Fostering and adoption ▪ Education e.g. exam results & school improvements ▪ Youth offending ▪ Safeguarding ▪ Child poverty ▪ Effectiveness of partnership working
Environment And Housing Chair: Cllr McNamara	<u>Cabinet</u> Cllr Goldberg Cllr Bevan Cllr Canver <u>Directors:</u> Mun Thong Phung Lyn Garner	<ul style="list-style-type: none"> ▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny ▪ Updates on previous scrutiny reviews 	<ul style="list-style-type: none"> ▪ Carbon reduction ▪ Recycling and waste management ▪ Highways ▪ Sustainable transport ▪ Parking ▪ Parks and Open spaces ▪ Planning & Licensing ▪ Enforcement ▪ Strategic housing policy, social housing, housing allocations.
Communities Chair: Cllr Winskill	<u>Cabinet</u> Cllr Watson Cllr Strickland <u>Director/ACE:</u> Stuart Young Lyn Garner	<ul style="list-style-type: none"> ▪ Cabinet Q & A ▪ Performance ▪ Policy and strategy ▪ Budget scrutiny ▪ Updates on previous scrutiny reviews 	<ul style="list-style-type: none"> ▪ Crime and disorder ▪ Libraries ▪ Culture ▪ Leisure ▪ Equalities ▪ Domestic violence ▪ Area Forums and Committees



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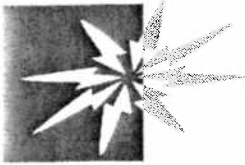
Report for:	Cabinet	Item Number:	
Title:	The Council's Budget Management Performance – July 2012		
Report Authorised by:	 Kevin Bartle – Interim Chief Financial Officer		
Lead Officer:	Barry Scarr – Interim Head of Corporate Finance		
Ward(s) affected: All	Report for Key decisions		

1 Describe the issue under consideration

- 1.1 To consider the forecast financial revenue and capital outturns for 2012/13 based on actual performance to 31 July 2012.
- 1.2 To consider the proposed management actions and approve the budget adjustments (virements) in response to monthly budget management during the financial year to date.

2 Introduction by Cabinet Member for Finance and Carbon Reduction – Councillor Joe Goldberg

- 2.1 The budget for 2012/13 requires the delivery of a significant level of savings on top of those already successfully delivered in 2011/12. The Government's front loaded austerity programme continues to unjustly penalise the Borough and its residents, and in that context the delivery of a broadly balanced General Fund projection as set out in this report is to be commended.
- 2.2 Members should be aware of the financial pressures and risks contained within the medium term financial plan, in particular, the demographic pressures surrounding the delivery of Adult Social Care. Budget pressures in Children's Social Care have so far been contained, although the budget is volatile and will be monitored closely



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during the remainder of the year.

3 Recommendations

3.1 Cabinet is recommended to:

- a) Consider the report and the progress being made against the Council's 2012/13 budget in respect of revenue and capital expenditure.
- b) Approve the budget changes (virements) set out in Appendix 3
- c) Approve the capital carry forward of £396k relating to Alexandra Park and Palace from 2011/12 to 2012/13.

4 Other options considered

- 4.1 This report proposes that the Cabinet should consider the overall financial position for 2012/13 in line with existing procedures.
- 4.2 A risk based approach to budget monitoring has been developed in order to manage the Council's finances in a time of economic and financial uncertainty.
- 4.3 Cabinet could choose to adopt a less rigorous regime and examine the financial position at a later stage. Projections could be marginally more accurate if a delayed approach was adopted, but there would be less time for robust development and consideration of management action and virements.

5 Revenue Budget Projection

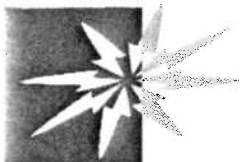
- 5.1 The overall forecast outturn position for the General Fund as projected by budget holders using financial information up to 31 July 2012 is a broadly balanced position. The Housing Revenue Account (HRA) is forecasting an overspend of £482k. The main variations, risks and pressures for both the General Fund and the HRA are analysed below.

Adults & Housing Directorate

- 5.2 Overall, the Directorate is forecasting a £2.1m overspend on the General Fund at the year-end and a £482k overspend on the HRA based on the position at the end of July.

Adults and Community Services

- 5.3 There is a forecast overspend of £2.1m within Adults and Community Services. Care commissioning for older people is projected to overspend by £2.8m – client numbers increased in 2011/12 and the full year impact of this increase has resulted in a severe pressure. Both the number of clients entering the system and the length of time that they are supported appears to have increased – partly driven by improvements in medical treatment for chronic disease. The number of clients in residential care has also increased. Care decommissioning for adults with physical disabilities is projected to overspend by £0.4m due to a net increase in the number of clients with a care package and commissioning for adults with mental health



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needs is also projected to overspend by £1.2m. The service manager is working to manage demand but there is a risk that there will be further transfers from NHS continuing health care, which will increase the pressure. Learning Disability care commissioning is also projecting an overspend of £0.2m due to increased transition numbers from Children's to Adults.

- 5.4 Management action has been taken to reduce staffing budgets by delaying recruitment on non essential posts and reducing running costs. This has resulted in a £1.4m saving which can be offset against the above overspends. The central care purchasing budget, which is used to take account of changing trends, will also be used to reduce the overspend by an additional £1.1m.
- 5.5 Whilst management action is being implemented in order to contain costs and demand pressures, the forecasts assume no net growth in client numbers. This may not be possible to achieve for a statutory service. Key risks include the number of outstanding NHS continuing health care reassessments and the fact that the NHS will be looking to reduce hospital admissions and the length of stay due to the need to make substantial savings.
- 5.6 The 2011/12 outturn report approved by Cabinet in June allowed for the carry forward of a £1.7m budget underspend for Adults and Community Services. This is currently being held in central reserves. A request may be made to release these funds if the risks cannot be mitigated and the Director's management action does not restore a balanced position.

Community Housing Services

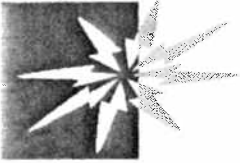
- 5.7 The Community Housing Services Budget is projected to be broadly in balance by the end of the financial year. There are minor variations across budget headings leading to a projected £18,000 underspend. The key risk for the service is the introduction of the Welfare Reform Act and the resources required to prepare for the impact.

Chief Executive's Directorate

- 5.8 The Directorate is forecasting an overspend of £300k. £160k is due to the risk of the HESP team not being fully covered by external funding, partly offset by staffing budget savings; Human Resources are projected to overspend by £100k largely caused by the profiling of savings and both Electoral Services and Communications are forecasting shortfalls on income targets. These pressures are to some extent being offset by an underspend in Strategy and Business Intelligence where vacancies are being held vacant pending further savings in 2013/14.

Corporate Resources Directorate

- 5.9 The Directorate is projecting a balanced position for the year-end based on figures as at 31 July. Revenues, Benefits and Customer Services continue to monitor demand and resource risks relating to the general economic climate and the introduction of Welfare Reform and localised Council Tax support.



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Children & Young People's Directorate

- 5.10 The Directorate is projecting a balanced position for the year-end based on figures as at 31 July. Spending on Looked after Children (LAC) is being constrained within budget, which was reduced in the 2012/13 MTFP by £1.9m following the approval of significant growth for the Directorate in 2011/12 of £7.4m. The numbers of children in the system have fallen significantly since the previous financial year. Previous projections in this financial year had indicated an underspend on this budget, however in period 4 a number of unit costs appear to have increased along with an increase in the numbers of children looked after. The Director is concerned at the apparent trend emerging this period and will, in consultation with finance colleagues, monitor the situation closely. A more detailed report on this situation will be brought to Cabinet as part of the next monitoring report in December 2012.
- 5.11 Legal Costs and No Recourse to Public Funds clients have combined cost pressures of £500k, but this is being met from within existing budgets.

Place and Sustainability Directorate

- 5.12 The Directorate is projecting a £600k overspend for the year based on figures as at 31 July.

Single Front Line

- 5.13 Parking income is projecting a shortfall of £200k on Pay & Display income, a trend that has carried forward from the previous year. PCN income offset the shortfall in 2011/12, but this is not likely to be repeated in the current year. This is mitigated by projected underspends in the Neighbourhood Action Team due to delayed recruitment and over-achievement in income expected from the NLWA in respect of recyclates.

Planning, Regeneration and Economy

- 5.14 The service is currently projecting an underspend of £200k, as the cost of delivering the worklessness programme will be less than originally estimated. The service are keen, however, to ensure all allocated worklessness resources are fully applied and will be working to that end during the rest of the financial year.

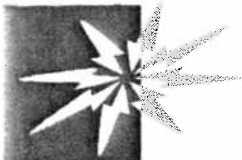
Property

- 5.15 Property are forecasting an overspend of £120k, largely due to the planned saving not being achieved from the cleaning contract, which will commence in September 2012, and not April 2012, as originally envisaged.

Leisure

- 5.16 The service is projecting an overspend of £510k at the end of the financial year. This is due to a combination of a shortfall in sports service income in the current year and to the delayed commencement of the new Leisure Services contract.

Culture and Libraries



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- 5.17 The continuation of base budget pressures, mainly a shortfall in budgeted income and grant, means that the service is projecting an overspend of £250k. Mitigating actions are being discussed with Members.

Public Health

- 5.18 At period 4 the Public Health Directorate has no revenue issues to report and is forecasting a balanced position for the year-end.

Housing Revenue Account

- 5.19 The HRA is currently forecasting a year-end overspend of £482k. Better performance on voids has increased rental income by £394k and service charge income is projected to be £79k better than anticipated. The Council's retained account is projected to be £74k overspent, mainly in relation to supported housing, which has been unable to meet savings targets. The main overspend is in the Homes for Haringey Company Account, which is forecasting a £880k overspend. The bulk of this relates to Property Services and pressures in the Repairs Contract budget. The Council will be working closely with Homes for Haringey to attempt to ensure that these costs will be contained as the year progresses.

Non Service Revenue

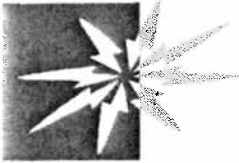
- 5.20 Non-service revenue consists of budgets for capital financing costs, levies and contingencies. The overall financial position assumes that the general contingency of £2m will not be required in the year, resulting in a forecast underspend of £2m.

Treasury Management

- 5.21 The Council's debt profile changed dramatically at the end of 2011/12 with the repayment of £233m PWLB debt as a result of Housing Revenue Account 'Self Financing' contained within the provisions of the Localism Act. The Council took a prudent approach to setting the overall interest budget with a view to the risks in the market at the time but early indications are that the interest payable budget will underspend by £1m this year. The position will be monitored closely during the year.

Capital Programme

- 5.22 The overall capital programme revised budget for the Council is £94m across all services. As at period 4, the programme in total is projected to be marginally underspent by the year-end. Individual Directorate totals and variations are shown in Appendix 2.
- 5.23 The Housing Revenue Account is projecting a capital underspend of £449k. The extensive void works programme is projected to underspend by £1.01m and Mechanical and Electrical works by £1.18m. Offsetting these are a projected overspend of £1.94m on decent homes and £267k on TV and digital aerials.



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5.24 The 2011/12 year-end position on capital for Alexandra Park and Palace showed an underspend of £396k. The current year programme is predicated on this amount being carried forward and Cabinet is requested to approve the carry forward of this budget into 2012/13.

5.25 The Place and Sustainability directorate capital programme is forecasting a balanced position.

Virements

5.26 Appendix 3 sets out the virements over £100k requiring approval by Cabinet as at period 4.

6 Comments of the Chief Financial Officer and financial implications

6.1 As the report is primarily financial in its nature, comments of the Chief Financial Officer are contained throughout the report.

7 Head of Legal Services and legal implications

7.1 There are no specific legal implications in this report.
Equalities and Community Cohesion Comments

7.2 Equalities issues are a core part of the Council's financial and business planning process.

8 Head of Procurement Comments

8.1 Not applicable.

9 Policy Implication

9.1 There are no specific policy implications in this report.

10 Use of Appendices

10.1 Appendix 1: Forecast Revenue Outturn by Directorate.

10.2 Appendix 2: Forecast Capital Outturn by Directorate.

10.3 Appendix 3: Virements over £100k requiring approval.

11 Local Government (Access to Information) Act 1985

11.1 The following background papers were used in the preparation of this report:

- Budget management papers
- Business plans

11.2 For access to the background papers or any further information please contact Barry Scarr, Interim Head of Corporate Finance, on 0208 489 3743.

Revenue 2012/13 - The aggregate revenue projected position in 2012/13 is shown in the following table.

	Approved Budget	Projected variation
	£m	£m
Adults and Housing	94.9	2.1
Place & Sustainability	57.5	0.6
Public Health	0.8	0.0
Corporate Resources	8.7	0.0
Children and Young People	83.8	0.0
Chief Executive	1.6	0.3
Non-service revenue	31.1	(3.0)
Total - General Fund	278.4	0.0
Total - Housing Revenue Account	(7.5)	(0.4)

APPENDIX 2

Capital 2012/13 - The aggregate revenue projected position in 2012/13 is shown in the following table.

Capital Scheme	Approved Budget	Spend to Date	Projected Variance
	£m	£m	£m
Place and Sustainability Directorate			
Transport for London	3.8	0.2	0.0
Parking Plan	0.4	0.0	0.0
Street Lighting	0.5	0.0	0.0
Resurfacing	0.5	0.0	0.0
Tottenham Hale Gyrotory	3.2	0.0	0.0
Affordable Housing	0.8	0.0	0.0
Energy Saving Measures (Green Deal)	0.5	0.0	0.0
Tottenham Regeneration	0.5	0.0	0.0
Northumberland Park Regeneration	1.3	0.0	0.0
Solar PhotoVoltaic Programme	0.0	0.9	0.0
Corporate Management of Property	1.1	0.1	0.0
Dilapidation Surveys	0.6	0.0	(0.3)
Accommodation Strategy Phase 2	0.5	0.1	0.0
Lordship Recreation Ground	1.7	0.6	0.0
Downlane Recreation Ground	0.5	0.0	0.0
Other Schemes under £1m	2.0	0.1	(0.4)
Total - Place and Sustainability	17.9	1.9	(0.7)
Childrens Directorate			
BSF Schools Capital Programme	2.8	0.0	0.1
ICT Managed Service Provider	2.7	0.0	0.0
Primary Capital Programme	16.6	2.9	(0.5)
Early Years and Community Access	0.5	0.0	0.0
Planned Asset Maintenance	1.6	0.1	0.0
Devolved Schools Capital	0.8	0.0	0.0
Carer Home Adaptations	0.1	0.0	0.0
Total - Childrens	25.1	3.1	(0.4)
Adults and Housing Directorate			
Adults			
Disabled Facilities Grant - Agency	1.5	0.2	0.0
Housing Aids and Adaptations	1.2	0.4	0.0
Multiple Client Group Schemes	0.7	0.0	0.0
Total - Adults	3.5	0.6	0.0
HRA			
Structural Works	0.6	0.0	(0.2)
Extensive Void Works	1.4	0.0	(1.0)
Boiler Replacement	3.5	0.8	0.0
Capitalised Repairs	4.6	0.5	0.0
Lift Improvements	2.2	0.0	(0.1)
Decent Homes	25.3	1.4	1.9
Saltram Close	0.5	0.1	(0.1)
Mechanical and Electrical Works	1.3	0.0	(1.2)
Professional Fees	1.5	0.0	0.0
Major Voids and Accommodation	0.5	0.0	0.0
Other Schemes	1.5	0.1	0.2
Total - HRA	42.8	2.9	(0.5)
Corporate Resources Directorate			

APPENDIX 2

IT Capital Programme	0.3	0.1	0.0
Infrastructure Programme	2.6	0.9	0.0
Customer Services	0.2	0.0	0.0
ERP Replacement – One SAP	0.7	0.0	0.0
Alexandra Palace	1.4	0.0	0.0
Total - Corporate Resources	5.0	1.1	0.0
Total – Haringey Capital Programme	94.2	9.5	(1.5)

Proposed virements are set out in the following table.

Revenue Virements						
Period	Service	Key	Amount current year (£'000)	Full year Amount (£'000)	Reason for budget changes	Description
1	AH	Rev	376	376	Budget Realignment	Transfer surveyors income budgets to appropriate profit centre
1	AH	Rev	134	134	Budget Realignment	Learning Disabilities Day Opportunities budget realignment
1	AH	Rev	110	110	Budget Realignment	Transfer of 3 posts within Adults Business Unit to reflect restructuring
1	AH	Rev	206	206	Budget Realignment	Transfer of Vol Sector Team costs to new profit centre within Adults Commissioning
1	AH	Rev	257	257	Budget Realignment	Budget realignment of Older Peoples Day Care following HESP savings
1	AH	Rev	233	233	Budget Realignment	Learning Disabilities transport budget realignment
1	AH	Rev	896	1,191	Budget Realignment	Transfer existing Vol Sector grants budgets to create investment fund (to be allocated)
1	AH	Rev	1,875	0	Budget Realignment	Transfer of vacancy factor to Deputy Director to cover anticipated overspends
1	AH	Rev	1,110	1,110	Budget Realignment	Budget from internal home care to create reablement team
2	AH	Rev	190	0	Budget Realignment	Transfer of vacancy factor to Deputy Director to cover anticipated overspends
2	AH	Rev	923	923	Budget Realignment	Reprovision of budget to Commissioning following closure of Whitehall Street
2	AH	Rev	3,527	3,527	Budget Realignment	Allocation of Commissioning Investments and re-base
2	AH	Rev	800	0	Budget Realignment	Internal residential homes reprovision costs to external commissioning budget
3	AH	Rev	464	0	Budget realignment	Corporate Overheads adjustment between Housing and Non Service Revenue
3	PS	Rev	207	0	Budget realignment	Allocation of Flood Grant to Service
3	PS	Rev	435	435	Budget realignment	Budget Realignment of Mortuaries & Coroners from Public Health
4	AH	Rev	150	0	Budget realignment	Internal Residential Homes savings to Older People Commissioning
4	AH	Rev	350	350	Budget realignment	Housing Advice Team to new cost centre
4	PS	Rev	146	146	Budget realignment	Centralisation of Cleaning budget prior to externalisation
4	CEX	Rev	1,112	1,112	Budget move	Realignment of Schools' maternity leave insurance and payroll budgets within HR business unit to reflect management responsibility.
4	CEX	Rev	482	482	Budget move	Realignment of Schools union duties budgets within HR business unit to reflect management responsibility.
4	CR	Rev	1,338	1,338	Budget Realignment	Permanent creation of budget for Discretionary Housing Payments
4	CR	Rev	163	163	Budget moved to Non Service Contingencies.	Removal of direct recharge income in relation to Construction Procurement group activity.
4	PH	Rev	459	0	Allocation of grant income	DAAT - Pooled Treatment Budget 2012-13 created as per agreement between NHS and LBH
4	PH	Rev	178	0	Allocation of grant income	Grant to Fund Blenheim CDP 'Insight Programme' as a one off - Fund transferred from Pooled Treatment Budget to LB Haringey.
4	PH	Rev	444	444	Budget realignment & allocation of grant income	Realignment of Mayor Office Police & Crime Grant to reflect the 12/13 figure and creating increased funding from NHS Haringey for drug intervention
4	PH	Rev	952	952	Removal of on-going grant allocation	Removal of on-going effect of the Drug Intervention Programme grant as it can vary year on year.
5	AH	Rev	992	841	Budget realignment	Allocation of centrally held care purchasing budgets to reduced projected overspends in Older People & Mental Health Commissioning
5	PS	Rev	800	800	Budget realignment	Adjustment of 2012-13 concessionary travel budget allocation
5	PS	Rev	300	0	Budget realignment	One off budget provision for specific Highways Maintenance works

1 Financial regulations require proposed budget changes to be approved by Cabinet. These are shown in the above table. These changes fall into one of the following categories:

- all changes in gross expenditure and/or income budgets between business units in excess of £100,000; and
- all changes in gross expenditure and/or income budgets within business units in excess of £100,000.
- any virement that affects achievement of agreed policy or produces a future year's budget impact if above £100,000.

2 Under the Constitution, certain virements are key decisions. Key decisions are:

- for revenue, any virement which results in change in a directorate cash limit of more than £250,000; and
- for capital, any virement which results in the change of a programme area of more than £250,000.

3 Key decisions are highlighted by an asterisk in the table.

4 The above table sets out the proposed changes. There are two figures shown in each line of the table. The first amount column relates to changes in the current year's budgets and the second to changes in future years' budgets (full year).



Haringey Council

Report for:	Adults and Health Scrutiny Panel	Item Number:	
Title:	Learning Disabilities service – Campsbourne Road		
Report Authorised by:	Cllr Gina Adamou Chair, Adults and Health Scrutiny Panel		
Lead Officer:	Melanie Ponomarenko Senior Policy Officer Melanie.Ponomarenko@Haringey.gov.uk 0208 489 2933		
Ward(s) affected:	Report for Key/Non Key Decisions:		

1. Describe the issue under consideration

1.1. The Adults and Health Scrutiny Panel are asked to consider the content of the attached report, the subsequent evidence from the service users and their carers/families and any evidence received at the panel meeting in order to:

- Assess the impact and outcomes for the residents on the move from Whitehall Street to alternative service provision based on current policy and best practice, with specific reference to those at Campsbourne; and
- Make recommendations on any lessons learned and any service improvement that may be required.

2. Cabinet Member introduction

N/A

3. Recommendations

3.1. That the Panel notes the content of the report and considers any recommendations it wishes to make, to be referred to the Overview and Scrutiny Committee for approval before referral to Cabinet.



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4. Other options considered

N/A

5. Background information

- 5.1. Whitehall Street was a Council residential care home providing a physical, social and emotional care support service to 15 people with learning disabilities.
- 5.2. A reduction in funding following the Comprehensive Spending Review 2010 and a need to transform services, Whitehall Street was closed.
- 5.3. A number of the residents of Whitehall Street expressed a wish to continue living together as a group.
- 5.4. A Homes for Haringey property was identified and following refurbishment four residents now reside in this property with care support.

6. Comments of the Chief Finance Officer and financial implications

- 6.1. The closure of Whitehall Street and provision of care for the residents in the new Supported Living scheme at Campsbourne produced a net saving of £240k. This has been built into the Adults and Community Services budget. The costs of the Campsbourne conversion were funded from the HRA capital programme and the Building Community Capacity Grant. There are no further financial implications for the council.

7. Head of Legal Services and legal implications

- 7.1. The Head of Legal Services has been consulted on this report and confirms that there are no specific legal implications arising from the report.

8. Equalities and Community Cohesion Comments

- 8.1. According to the [Joint Strategic Needs Assessment](#)¹ (JSNA) 580 people receive services from the Local Authority in relation to their learning disability. The JSNA also notes that of these:
 - Half live in the community with help at home;
 - Half live in the community and are in receipt of a personal budget;
 - There are currently 44 people with learning disability aged over 65 years;
 - Nearly 60% of this group are cared for in residential care and the rest live in their own home or in an adult placement.

¹ Joint Strategic Needs Assessment, Haringey Council,
http://www.haringey.gov.uk/index/social_care_and_health/health/jsna/jsna-adults-and-older-people/jsna-learning-disabilities.htm



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8.2. The prevalence of learning disability in the general population is expected to rise by around 1% per annum for the next 10 years and to grow overall by over 10% by 2020. It is also expected that there will be a growth in the complexity of disabilities. In addition, there are increases anticipated in the proportion of younger English adults from South Asian minority ethnic communities where the prevalence of learning disability is higher. People with a learning disability are also living longer.

8.3. As part of the closure consultation process residents and respite users at Whitehall Street were consulted.

8.4. An Independent Mencap Advocate is due to carry out follow up visits with the service users now residing at Campsbourne, this will be form part of the discussion at the Adults and Health Panel on 27th September.

9. Head of Procurement Comments

N/A

10. Policy Implication

10.1. Scrutiny has a role in policy development and review across the Council and Partnership as well as to act as a direct link to the local community. It is therefore anticipated that Overview and Scrutiny will, during the course of its work, make recommendations which will have an impact on Council and partnership policy.

11. Use of Appendices

11.1. Appendices are listed in the main body of the attached report.

12. Local Government (Access to Information) Act 1985

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Report for:	Adults and Health Scrutiny Panel	Item Number:	
Title:	Learning Disabilities service – Campsbourne Road		
Report Authorised by:	Cllr Gina Adamou Chair, Adults and Health Scrutiny Panel		
Lead Officer:	Melanie Ponomarenko Senior Policy Officer Melanie.Ponomarenko@Haringey.gov.uk 0208 489 2933		
Ward(s) affected:	Report for Non Key Decision:		

1. Context

- 1.1. The contents of this report relate specifically to the residents who were receiving learning disability services at Whitehall Street prior to the Cabinet decision to close this residential home.
- 1.2. The Adults and Health Scrutiny Panel are asked to consider the content of this report, the subsequent evidence from the service users and their carers/families and any evidence received at the panel meeting in order to:
 - Assess the impact and outcomes for the residents on the move from Whitehall Street to alternative service provision based on current policy and best practice, with specific reference to those at Campsbourne; and
 - Make recommendations on any lessons learned and any service improvement that may be required.
- 1.3. It is important to note that the objective of this piece of work is for the panel to consider the current position of the service and the residents in light of the new service provision and assist in service improvement by making recommendations to further improve the service provided for people with learning disabilities in the borough based on this rather than the closure of the service itself.



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2. Learning Disabilities in Haringey

2.1. The definition of learning disability¹ as the presence of:

- *“A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;*
- *A reduced ability to cope independently (impaired social functioning);*
- *which started before adulthood, with a lasting effect on development.”*

2.2. According to the [Joint Strategic Needs Assessment](#)² (JSNA) 580 people receive services from the Local Authority in relation to their learning disability. The JSNA also notes that of these:

- Half live in the community with help at home;
- Half live in the community and are in receipt of a personal budget;
- There are currently 44 people with learning disability aged over 65 years;
- Nearly 60% of this group are cared for in residential care and the rest live in their own home or in an adult placement.

2.3. The prevalence of learning disability in the general population is expected to rise by around 1% per annum for the next 10 years and to grow overall by over 10% by 2020. It is also expected that there will be a growth in the complexity of disabilities. In addition, there are increases anticipated in the proportion of younger English adults from South Asian minority ethnic communities where the prevalence of learning disability is higher. People with a learning disability are also living longer.

2.4. It should be noted that the Council has a statutory obligation³ to make arrangements for the provision of accommodation for people who require it, but there is no obligation for the Council to directly provide this.

2.5. There is a well developed independent sector care market in Haringey and the Haringey Adult Services only buys residential care beds which offer the highest quality of care. The Care Quality Commission, when considering Haringey’s commissioning practices in 2011 and in terms of the quality of residential care for adults judged the service to be the best in London.

2.6. The Adult Service plans to continue with this approach, whilst moving from a model of directly provided adult care services to one where these services are commissioned from a wide range of providers in the independent sector. This approach is in line with national policy (see below).

2.7. The Service is also working to support more people with a learning disability to have the support they need in their own home and in supported living in line with

¹ Valuing People, Department of Health, 2001

² Joint Strategic Needs Assessment, Haringey Council,

http://www.haringey.gov.uk/index/social_care_and_health/health/jsna/jsna-adults-and-older-people/jsna-learning-disabilities.htm

³ Section 21 of the National Assistance Act, 1948



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Valuing People and Valuing People Now, to enable people to remain as independent as possible. Again, this is in line with national policy.

3. Policy context

3.1. [Valuing People: A New Strategy for Learning Disabilities for the 21st Century](#)⁴ was published in 2001. This strategy was based on four key principles for people with learning disabilities - civil rights, independence, choice and inclusion.

3.2. In December 2007 the Department of Health published a Ministerial concordat '[Putting People First](#)'⁵ which set out the shared aims and values to drive the transformation of adult social care, by working across sectors and agendas.

3.3. In 2009 the Valuing People strategy was followed up with "[Valuing People Now: A New Three-Year Strategy for people with learning disabilities](#)"⁶. This document acknowledged that Learning Disability services had been struggling to deliver real change on the ground and aimed to address this.

3.2.1 Key policy objectives between 2009 and 2012 included that all people with learning disabilities and their families will:

- "have greater choice and control over their lives and have support to develop person centred plans;
- have an informed choice about where, and with whom, they live;
- have the opportunity to speak up and be heard about what they want from their lives – the big decisions and the everyday choices. If they need support to do this, they should be able to get it;
- be able to use public transport safely and easily and feel confident about doing so."

3.4. In February 2012 the **House of Commons Health Select Committee** conducted an inquiry into [Social Care](#). The report made a number of observations and recommendations, including those relating to the integration of social care, health and housing⁷.

3.5. In July 2012 the Government published its white paper for social care – '[Caring for our Future – reforming care and support](#)'. This white paper outlined a system which aims to:

- promote wellbeing and independence at all stages to reduce the risk of people reaching a crisis point, and so improve their lives
- transform people's experience of care and support, with high quality services that respond to what people want

⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009153

⁵ Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

⁶ Valuing People Now: A New Three-Year Strategy for people with learning disabilities, Department of Health, 2009

⁷ House of Commons Select Committee, Social Care, February 2012



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- give people control over their own budget and their own care and support plan to choose the care and support that best enables them to meet their goals and aspirations.

3.6. An accompanying document to the above white paper also responded to recommendations made by the Health Select Committee⁸. With specific reference to joining up social care with health the response includes the following:

- “Health and wellbeing boards will provide the forum for local system leadership to join up health and care services, as well as wider services such as housing, in order to better meet the needs of service users and their families.
- Through reform, the Government will encourage greater flexibility for providers of health, housing and social care to work across the systems, stimulating new and innovative models of integrated provision that better respond to people’s needs.”

3.7. [Care Quality Commission review of Learning Disabilities](#)

3.7.2 Following the reports of abuse at the Winterbourne View private hospital for people with Learning Disabilities the Care Services Minister requested that the Care Quality Commission (CQC) carry out a review of similar units to Winterbourne View. The CQC carried out an inspection of 150 units nationally based on two outcomes:

- Care and welfare of people who use services (outcome 4).
- Safeguarding people who use services from abuse (outcome 7).

3.7.3 The Department of Health subsequently published an interim report ([Department of Health Review: Winterbourne View Hospital](#)⁹). The main findings were that:

- “too many people are placed in in-patient services for assessment and treatment and are staying there for too long
- instead people should have access to support and services so that they can live fulfilling lives within the community
- there is evidence of poor quality of care, poor care planning, lack of meaningful activities to do in the day, and too much reliance on restraining people
- all parts of the system – commissioners, providers, individual staff, regulators and government – should have zero tolerance of abuse and have a duty to improve standards”.

3.6 The [Health and Wellbeing Strategy](#) is Haringey’s overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities.

3.7.1 The relevant priorities in the strategy that refer to the content of this report are priorities 2&3:

⁸ Government response to the House of Commons Health Committee Report on Social Care (Fourteenth Report of Session 2010–12)

⁹ Department of Health Review: Winterbourne view Hospital, Department of Health, 2012



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- **A reduced gap in life expectancy**
 - Reduce smoking
 - Increase physical activity
 - Reduce alcohol misuse
 - Reduce the risk of cardiovascular disease (CVD) and cancer
 - Support people with long term conditions (LTC)
- **Improved mental health and wellbeing**
 - Promote the emotional wellbeing of children and young people
 - Support independent living
 - Address common mental health problems among adults
 - Support people with severe and enduring mental health needs
 - Increase the number of problematic drug users in treatment

4 Previous service model/Whitehall Street

4.1 Whitehall Street was a Council residential care home providing a physical, social and emotional care support service to 15 people with learning disabilities. The service consisted of 11 beds for permanent placements and 4 beds for respite care. At the time of closure only nine permanent residents were living there.

4.2 The Equalities Impact Assessment notes that there were 10 permanent residents, with other beds being occupied by temporary/respite residents. It also notes that there were 36 users of the 4 respite beds.

4.3 Of the 9 permanent residents at Whitehall Street, 4 residents had long established support plans (pre-dating the Cabinet decision) which included plans to enable them to move back into the community with appropriate support services and personal budgets.

4.4 The Care Quality Commission assessed the service as being 'Good' under the inspection regime at the time.

5 Reasons change was needed

5.1 The Comprehensive Spending Review 2010 and the subsequent Local Government settlement significantly reduced the amount of local government funding. This has meant that a number of services across the Council have had to be cut, including those in Adult services affecting vulnerable people.

5.2 Alongside the funding cuts is the need to transform adult services in line with the Putting People First programme which aims to deliver personalised care through self-directed support (as mentioned above). The shift to enabling that vulnerable adults have greater choice and control over the care and lives also meant that changes to the way services were provided in the borough was needed.

6 Change Management/consultation



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6.1 The consultation period ran from 31st January 2011 to 30th April 2011. It should be noted that the information below was part of the wider budget consultation which included changes in the provision of other services as well as Whitehall Street.

6.2 Prior to this period e-mails and letters were sent to users, relatives, carers and staff informing them that closure was being considered. These letters and emails were followed up with face to face meetings to inform people that a consultation on the closure would be taking place, explain what was happening and why, and also to inform them of the next steps in the process.

6.3 Following the above pre-consultation activity a formal three month consultation then started. This included:

- **Consultation web page, email address and telephone helpline** – created to ensure that people were able to read and be kept informed of the consultation. All information was also provided in hard copy to ensure that those without internet access could also access the information.
- **Consultation questionnaires** – to ensure views were captured of as many people as possible, including relatives and carers who did not live close.
- **Press notices** – both initial press briefings and in answer to press questions.
- **Letters and emails** – to ensure people were kept up to date of developments.
- **Meeting attendance** – including with the Local Involvement Network and the Mental Health Carers Support Association.
- **Partnership working** – the independent and voluntary sector, local online community and NHS colleagues were also engaged to promote the consultation through organisations such as HAVCO (Haringey Association of Voluntary and Community Organisation) and GPs. The consultation was also discussed at Partnership Boards, for example the Learning Disability Partnership Board.
- **Meetings and Newsletter updates** to residents and families at Whitehall Street.

6.4 Adults also commissioned Mencap Advocacy Service to assist with the consultation process and individual meetings with service users who requested this support. A copy of Mencap's report can be found at Appendix A.

7 Respite

7.1 Adults Service spoke to service users, families and carers about respite over the course of a year to gain more of a perspective on the types of respite that people would like. A consultation also took place with regards to respite care for those affected by the closure of Whitehall Street. The consultation concluded that there were a number of different respite options that people wanted, including staying at home with support, taking a short break or holiday and bed based respite, like that at Whitehall Street.



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7.2 Adults therefore ensured that up to date assessments were in place including how much respite was needed and the service users choice on the type of respite they wanted.

7.3 A dignity audit tool was developed to aid the screening of potential providers of respite. An open market place was then organised where six providers who passed the screening audit were invited to give a presentation on the respite services they offer. Families and people who use respite had the opportunity to grill providers “Dragons Den “style.

7.4 Adults has commissioned respite services to ensure that where people would like bed based respite this is available. This includes Priory Road as emergency respite and Edward Marcus has also been commissioned to provide various respite services.

8 Rationale for choosing Campsbourne

8.1 As part of the consultation with residents of Whitehall Street, four service users expressly stated that they wished to continue to live together when they moved out of Whitehall Street.

8.2 A Homes for Haringey property was identified as needing investment beyond that needed for Decent Homes standard. This was the only property identified that could meet express wishes the Whitehall Street residents who wished to remain living together as a group.

8.3 A Capital investment bid was submitted to support the refurbishment of the property to ensure it was fit for purpose for supported living housing for people with learning disabilities¹⁰.

8.4 Funding was subsequently was made available from the Local Authority, Homes for Haringey and Housing Resource Allocations and transformed an uneconomic void into a home and enabled these four people to continue to live together.

New service model/provision

9 Campsbourne

9.1 The property on Campsbourne Road provides Supported Living accommodation for 4 people with learning disabilities.

9.2 Homes for Haringey is the Housing Management Agent for this property.

9.3 Campsbourne has been adapted to meet the needs of the residents and consists of:

¹⁰ Capital Programme Short Bid Form 2012/13 to 2014/15 and future years, Haringey Council, October 2011



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- Ground floor - a communal kitchen, a communal dining room, a communal living room, toilet
- First floor – Two bedrooms, one bathroom, one wet floor shower room
- Second floor - Two bedrooms, one toilet
- Outside – garden

9.4 Each occupier of the property holds a license issued by Adult Services for their occupation of their room and communal areas of the property. Housing costs, service charges and any other costs are met by the Licensees through Housing Benefit, other welfare benefits or other sources of income.

9.5 Residents of Campsbourne require 24 hour care and therefore a non-residential carer is on site at all times. Residents are using their own personalised budgets to jointly purchase this care, which has been commissioned by Adult Social Care on their behalf. This Care provider is responsible for all care provision and the safety of residents and, where relevant, will assist with reporting and allowing access to repairs etc.

9.6 A protocol between Adult Learning Disabilities Team and Homes for Haringey clearly sets out the roles and responsibilities of each service in relation to Campsbourne for example, the protocol clearly states that Adult Social Care are responsible for care meeting quality standards, assessments, upkeep and payment of the community alarm and the repair and maintenance of specialist equipment, such as the bath and evacuation chair.

Safeguarding

9.7 The above mentioned protocol also covers safeguarding and states that with regards to vulnerable adults issues “will be dealt with through the Adult Services Safeguarding Adults procedures and Housing Managers will attend strategy meetings and case conferences to ensure close liaison between services. All Housing Managers will receive Safeguarding Adults training via the Adult Services training systems¹¹”.

10 Quality Monitoring

10.1 An Individual Carer and Support Agreement is in place between the Care Providers (Edenvale), Haringey Council and the relevant service user. This agreement includes areas such as:

10.1.1 *Quality assurance* in accordance with the Care Standards Act 2000, including that the service provider must not only comply with the standards of this Act but also operate adequate systems for documenting and monitoring.

¹¹ The London Borough of Haringey: Adult Learning Disabilities Team protocol with Homes for Haringey, 13 Campsbourne Rd, April 2012 to April 2013



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- 10.1.2 *Monitoring and performance review* – the agreement will be monitored by an Authorised Council Officer at least once a year.
- 10.1.3 *Service Plan Review* - The Service User Plan will be reviewed on at least a 6 monthly basis and the Council's Support Plan will be reviewed annually. The Support/Service User Plans will be amended to reflect the changing needs of the Service User. Either Party may request a review meeting to consider what changes, (if any) are necessary to the Support Plan or the Service User Plan, as a result of significant changes in the care needs of a Service User under specific circumstances as laid out in the agreement.
- 10.1.4 *Safeguarding Vulnerable Adults* - The Service Provider will ensure that Staff shall cooperate with and give reasonable assistance to the Council to enable the Council to safeguard and promote the welfare of Vulnerable Adults. The agreement also states that the Service Provider shall ensure that The Service Provider shall bring to the attention of the Designated Officer all concerns with regard to the protection of Vulnerable Adults which arise in relation to this Agreement in the first instance in order to prevent Vulnerable Adults from suffering harm or being at risk of suffering harm.
- 10.1.5 *Individual outcomes for service users receiving the services* - General outcomes to be demonstrated by the Service Provider for Service Users receiving the Services: **Outcomes are out of date-should use the 4 outcomes in the adults outcome framework.**
- 10.1.6 *Core Service Standards* – as per the agreement the Service Provider will be required to demonstrate both to the Council's satisfaction and that of the Service User receiving the Services that they are able to satisfy the standards detailed below. The purpose is to ensure that Service Users receiving the Services under their Support Plan and this Service Specification receive a consistent, reliable and professional standard of service, to meet their individual requirements set out in their Support Plan.
- Standard 1 – Adequate resources to meet the needs of the Service Users receiving the Services
 - Standard 2 - Staff will be recruited and trained to deliver high quality and flexible Services to meet the outcomes and requirements of the Support Plan and this Service Specification, and these are reflected in the Service Provider's Service User Plan
 - Standard 3 - Staff skills are evaluated at supervision sessions and plans devised for personal development.
 - Standard 4 – Service Users receiving the Services are empowered and feel valued
 - Standard 5 – Risk is managed and Service Users receiving the Services are safeguarded



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- Standard 6 – The Services have local community links and promotes social inclusion
- Standard 7 – There is good management of the Services
- Standard 8 - The Services have robust management information systems
- Standard 9 – The Services are delivered under a participative approach with a strong focus on the Service User receiving the Services being directly involved in both decision making and the Service Provider’s Quality Assurance Arrangements

10.1.7 *Methods of monitoring* - to include (but is not limited to):

- The service reviews of each Service User receiving the Services
- Services quarterly reporting;
- Office visits and spot checks;
- CQC reports if applicable;
- Implementation of action plans; and
- Agreement reviews managed on the Service User’s behalf by the Council
- Unannounced spot checks and service visits by an Authorised Officer of the Council
- Face to face and telephone surveys of the Service Users receiving the Services

11 Service user perspective

11.1 An Independent Mencap Advocate has been commissioned to carry out some follow up visits and interviews with the four residents who have moved to Campsbourne. This information will be available to the Panel prior to the Panel meeting on 27th September, and in time for consideration ahead of this meeting.

Appendix 1

Mencap Advocacy Report of Whitehall Street Consultation

Resident A

Permanent resident at Whitehall St.(WHS). 22-02-11 one on one meeting with MH.

Resident A likes having his own room at WHS and he likes having a lock on his door, he tells me that he gets on very well with staff members M and C and he likes that fact that they or other members of staff take him to church on a Sunday when he wants to go.

He told me that he does not like the way Whitehall street is decorated and that he does not feel it is well maintained. He points to where paint has been scratched away on the wall of the front room door.

He also tells me that at WHS there are set meal times and he does not like this, he would like to eat when he wants to and not when he is told to.

The thought of WHS closing and Resident A having to move does worry him a little bit, he says that he gets on well with two other permanent residents called G and J and Resident G said it would be a shame if he never saw them again once he moved. He has no real attachment to the building, it is more the relationships that he has formed whilst there.

Not knowing where he might go causes him concern though, if he would have a chance to look at re-housing options than this might make him and others feel less unsure and anxious. Responses such as " I don't want to be by myself ", "Will there be staff I can trust." Come really from not knowing what the next step looks like and could be easily resolved. This I would suggest needs to be addressed asap.

He talks to me about banners reading "save Whitehall street", I was not sure whether this was an incident in the past or whether this was something being planned for the future, but Resident A said he was not interested in getting involved. I get the feeling that he not that upset about WHS closing at all but as previously said what happens next.

He ends by saying that if he had the choice he would move to Buckinghamshire where he has friends or family or family friends, I could not quite get this out of him as he has told me that he has had enough of talking to me now and has gone outside for a smoke.

Resident B

Permanent resident at Whitehall street. 02-02-11 one on one meeting with MH.

Resident B was pleased to see me and was fine for me to sit down with her and have a chat. I told her that I was here to talk about the possibility of Whitehall street closing and that she with support might have to find another home to live. Before even having the chance to ask her how she felt she immediately said that she liked Whitehall street and did not want to move. It seemed a little bit rehearsed initially so I diverted from this topic for a bit before then coming back to it.

I asked her what she like about Whitehall street and she told me that she liked colouring in and listening to music, this she does in her room at the moment because the Hi Fi in the main socialising area on the first floors Hi Fi is broken, she went on to tell me that she really likes talking with other residents also and especially she likes playing cards with another resident.

Much like my discussions with Resident A, it seems there is quite a bond between the residents at Whitehall, Resident B goes on to say that she would not like to be separated from Resident C or Resident D if they moved from Whitehall street.

Resident B likes the staff at Whitehall street, especially staff X and Y.

When I ask her if there is anything that she does not like about Whitehall street, she tells me that she keeps on telling the staff that they are giving the residents too much for dinner and that they do not listen, she tells me about the hi fi that has been broken for a long time, but apart from that, she has nothing but good words to say about the staff and the building. She tells me she likes her room and she thinks that resident C has a nice room also.

I ask her if the thought of moving from Whitehall street is something which is worrying her to which she initially replies no, but then she quickly says that she would miss playing cards with Resident C, this is a topic which she mentions several more times whilst I am with her. The bond is something which I think would be clearly missed if she had to move to a separate environment.

Given the choice if Resident B had to move, what would make it manageable for her was if she could basically relocate the Whitehall street environment somewhere else.

Resident C

Permanent resident at Whitehall Street, meeting with MH and brother on the 08-03-11.

When I ask Resident C how she feels about the possibility of moving from Whitehall Street, she tells me sad, and then she tells me happy and then she tells me sad again. Too inconclusive to get a definite feeling from her. I ask her what she likes about Whitehall street to which she replies that she likes W (staff member) and she also really likes Residents B and D (other residents). She also really like Father ...who is a clergyman who comes to visit the residents at Whitehall street and they sometimes go to his church.

When I ask her what she does not like about Whitehall Street she replies that she does not like her room, details of why it is hard to ascertain as Resident C does not give any clearer answers than this.

Resident C has been living at Whitehall Street for over 5 years and it is clear that the constantly appearing theme of friend and staff being in a homelike family environment keeps cropping up, it is important that staff of the high quality that there is at Whitehall Street are sourced in any future accommodations that are looked for, once again, whilst there is no real love for Whitehall home as a building it is clear that the residents have built up really strong relationships and this is something which should be attempted to keep together in any future possible moves.

I ask Resident C if the thought of moving worry's her to which she replies "what is Whitehall Street going to do, where am I going to live, will I move to L" Resident C starts to show signs of getting emotional and anxious, once again, the idea of uncertainty over the future is causing an increase in negative emotions. I ask her what help to make her feel less worried about moving, to which she says again "what is Whitehall Street going to do".

R (her brother) tells me that this is part of the problem, there is no what is going to happen next information, there are multiple questions that are not being answered and so how you not expect people to be worried, anxious and unsure. Resident C is clearly getting a bit stressed with my presence so I asked her permission to talk to her brother R about Whitehall Street to which she says that I can. In circumstances like this where you cannot be sure the client fully understands your questions, as in a best interest meeting you speak to those closely involved with the client, I ask R for his thoughts.

His thoughts are that he feels there has been no choice given to the clients about whether they want to move from WHS, there has been no information on what might accommodation and services will be available when WHS closes, he thinks it has been handled very badly. The lack of information is extremely frustrating for him and he does not live at WHS, so how frustrating must it be for the residents.

R thinks that WHS is Brilliant, he tells me that Resident C was formerly at Linden Rd and Talbot Rd and that out of the three places she has lived WHS in his opinion was clearly the best provider, he thinks that WHS has a brilliant staff team and that the WHS environment has improved greatly since the redevelopment it had.

He thinks that the nature of the local area means that the service users do not go out much in the evening and that they tend not to use local shops which he feels is a shame, but understands that Tottenham is not the greatest environment in which one would feel safe. He is worried about where Resident C might move to, he would like it if at all possible that an environment that looks nice should be considered. R is a council driver and picks clients up from multiple care homes in the borough and he does not see anything that makes him think that yes, I would be happy if Resident C moved to that home. He says that in an ideal world, Resident C has holidays with a company called Break before in Norfolk, to which she really liked he says. A beautiful environment like that would be ideal.

He also tells me that he believes that Resident C's needs should be reassessed at this moment in time and that any move should be grounded in the conclusions found in that assessment so that any move can be up to date and correct for her needs.

Respite user E

Respite user at Whitehall street. Meeting with MH and brother F on evening of second consultation, 10-03-11

Respite user E says that he likes WHS, but in all honesty it would not bother him that much were he went for respite, he is not worried about WHS closing down, he just wants there to be a respite option. Respite user E does look forward to his breaks, it is a chance to get away and have a change of scenery, it is very good for him family to have a little break as well.

F tells me that since his mum died in 2009 he suffers from depression, he feels that Respite user E could benefit from having a holiday somewhere peaceful and nice rather than having his respite in a residential home.

Resident F

Permanent resident at WHS. Meeting with MH and Ermine road support worker 15-03-11

I start by explaining why I am there, Resident F is going through a period of being non verbal at the moment so I use my yes and no and good and bad cards for Resident F to point at. Resident F also has paper and a pencil with her and has decided that she can use this to give answers as well.

I ask her how she feels about the possible idea that WHS will close and that she might have to move, I ask her this 3 times in total throughout the whole meeting to which she answers twice that she is happy about the thought of

moving from WHS and once she say that she is unhappy about the idea of moving from WHS. I would gauge this to be inconclusive.

I ask her what she likes about WHS to which she writes down that she likes the food, I ask her what she thinks about the staff to which she says she likes them. I ask her what else she likes to which she does not expend on.

I then start to talk to her about what she does not like about WHS, she writes that she does not like the building and that she does not like her room. A, her support worker who is also present tell me that she has seen Residents F's room and that it is extremely bare, A says that this is because Resident F very often breaks things, she tells me that she believes there are not enough residents that are on the same communication levels as Resident F and feels that this is a negative thing for her, she can obviously communicate quite well and I am impressed by the quality of her writing skills, I can see how A's opinion could very well be true having met with quite a few of the residents myself.

Others have told me that it is not the most stimulating environment in the world and this could very well be something which is stifling Resident F's own personal development. I ask her whether she is worried about moving, she gives me both yes and no answers. I ask her if she would like to know more about other places to live which she writes yes to.

I ask her what she would like to do more of to which she writes she would like to do more stuff at home, like reading joke books, table tennis and swimming and going outside more. This has been something which I have picked up upon before during this consultation that people feel that the residents do not go outside of the building a great deal.

Resident F then makes it clear that she has had enough of me and we decide to end the meeting there.

Resident G

Permanent resident at WHS. One on one discussion with her on the 2nd consultation evening and then a discussion with her mother at Ermine Rd on the 16-03-11.

I tried to talk to Resident G about WHS on the evening of the second consultation but she was unable to display to me that she could understand the questions that I was asking her, she very much wanted to talk to me about cups of tea and she kept on asking me who I was but it seemed highly unlikely to me that I would be able to get her to focus on the issue of WHS without a considerable period of time. As is common in these cases and in best interest meetings I arranged to speak to her mother who is still active in Resident G's life.

Mother's comments are as follows:

"They should not move Resident G. Resident G is someone that likes to have a settled routine, if her routine is broken or changed this is very stressful for her and will make her very unhappy, I think it is evil to move her from her calm situation, from her home. As usual, the council are thinking about the financial consequences of WHS and not the emotional side of how this will affect human beings."

"It is Tottenham people and their council tax money that pay for these services, they should let Tottenham people decide what happens to their council tax money."

"I think WHS should be kept open, they should also tell people what the options and alternatives are, stop talking to us about money and start talking to us about how peoples lives are going to be effected. This is their home, I think it would be unfair to break people up from their friendship groups and unfair to break up their routine."

"WHS has been Resident G's home for a good few years and this will be a major distraction to her, I am really worried as are a lot of other people as to what might happen to her and where she will go, I hope that it is not L road, I am too old to look after her now, I wish I could, I am too old for all of this worry, I thought that WHS would be somewhere that Resident G could settle for life and now I am really worried."

"Change is extremely disruptive – they have not chosen to have a disability and the only comfort they have is their home. "

Mark Heath
Mencap Advocacy



North Central London

MEETING:	Meeting of the Joint Boards of NHS North Central London
DATE:	
TITLE:	Haringey Emerging Clinical Commissioning Group Performance Report
LEAD DIRECTOR:	Andrew Williams, Interim Borough Director
AUTHOR:	Andrew Williams, Interim Borough Director
CONTACT DETAILS:	Andrew.williams@nclondon.nhs.uk

SUMMARY:

This paper gives the Board of Haringey Primary Care Trust (PCT) a summary of the CCG monthly integrated performance report.

SUPPORTING PAPERS:

None.

RECOMMENDED ACTION:

The Board of Haringey Primary Care Trust is asked to:

- **NOTE** and **COMMENT** on CCG performance.

LINKS TO NHS NORTH CENTRAL LONDON STRATEGY

Performance management is a key part of CCGs progress towards achieving authorisation.

GOVERNANCE: Relates to internal Transition Programme governance only.

Voting: Please indicate which Board(s) has voting rights on this matter (if applicable)

Barnet <input type="checkbox"/>	Camden <input type="checkbox"/>	Enfield <input type="checkbox"/>	Haringey <input type="checkbox"/>	Islington <input type="checkbox"/>
Paula Kahn	Paula Kahn	Paula Kahn	Paula Kahn	Paula Kahn
David Riddle	John Carrier	Karen Trew	Cathy Herman	Anne Weyman
Caroline Rivett	Caroline Rivett	Caroline Rivett	Caroline Rivett	Caroline Rivett
Bernadette Conroy	Robert Sumerling	Deborah Fowler	Sue Baker	Sorrel Brookes
John Carrier	Karen Trew	Cathy Herman	Anne Weyman	David Riddle
Robert Sumerling	Deborah Fowler	Sue Baker	Sorrel Brookes	Bernadette Conroy
Caroline Taylor	Caroline Taylor	Caroline Taylor	Caroline Taylor	Caroline Taylor
Ann Johnson	Ann Johnson	Ann Johnson	Ann Johnson	Ann Johnson
Ann Johnson	Quentin Sandifer	Shahed Ahmad	Jeanelle De	Ann Johnson

NHS North Central London is a collaborative working arrangement between Camden, Camden, Haringey, Camden and Islington Primary Care Trusts.

The Joint Boards of NHS North Central London refers to the joint meeting of the Boards of Camden, Camden, Haringey, Camden and Islington Primary Care Trusts.

Andrew Burnett Philippa Curran Alison Pointu	Marek Koperski Joanne Wickens	Mohammed Abedi PEC Nurse (vacant)	Gruchy Mayur Gor Karen Baggaley	Sarah Price S. Gillian Greenhough Jennie Hurley
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Objective(s) / Plans supported by this paper:

To provide the Joint Boards with an overview of CCG performance.

Patient & Public Involvement (PPI): None

Equality Impact Analysis: None

Risks: As described in report

Audit Trail: None

Next Steps: As described in section 5.2

1. INTRODUCTION

- 1.1 A comprehensive integrated performance report has been developed for CCGs to use during the period of delegated responsibility. This report will be the vehicle by which CCGs are performance managed and will form the basis of the monthly stock take meetings between Caroline Taylor and NHS North Central London colleagues and the CCG Chair, Accountable Officer and CCG team.
- 1.2 This report provides the Haringey PCT Board with a summary of the integrated performance report for the period to 31 July 2012, as reviewed at the Performance Review meeting on 5 September 2012.
- 1.4 The Board of Haringey PCT is asked to:
 - **NOTE** and **COMMENT** on CCG performance.

2. PROGRESS TOWARDS ACHIEVING DELEGATED RESPONSIBILITY

2.1 Progress against plan

- 2.1.1 Delegation for all eligible budgets (Prescribing, Acute Commissioning, Children's Services, Integrated Care and Mental Health and Learning Disability) has now been achieved.

3. HEADLINES FROM THE LAST MONTH

3.1 What has gone well this month?

- 3.1.1 Haringey emerging CCG is pleased to be able to report the following achievements:

- Overall there was a slight underspend on non-acute budgets
- There has been a "step change" in discussions with Enfield and NMH to support and enhance QIPP Board delivery, following liaison between the interim Borough Directors for Haringey and Enfield with the Acting NMUH CE
- The Quality Committee is now in operation and robustly managing ownership for quality throughout the transition
- Community Ophthalmology pathway is now approved and the go live date is being finalised for October 2012
- A project manager and a project director are now on board to support the authorisation process. Haringey CCG have recovered the slippage reported at the last meeting and are now on track for submission as part of wave 3 on 1 October.

3.2 What could we have done better?

- 3.2.1 Haringey emerging CCG recognise that they continue to develop and they could improve in the following areas:

- Month 4 figures show a significant level of over spend. The year to date over spend on delegated budgets at m4 is £2.4m. This is exclusively the result of acute over performance, primarily at UCLH. Steve Rubery, UCLH Senior

Contract Account Manager provided an analysis identifying the majority of variance is critical care and specialist high cost/low volume treatments. Issues with the transfer of ENT work to UCLH from RFH were under review. The cluster contracting team are working with UCLH to produce meaningful datasets and the CCG is focused on referral management and the peer review of and support to individual practices. Helen Pelendrides explained the visits of CCG GP leads and herself to review actions at collaborative and practice meetings.

- A&E performance at North Middlesex University Hospital remains a concern. This is both in terms of recent A&E access indicators and constraints in the implementation of the UCC model. John Rohan, Urgent Care GP Lead, and Andrew Williams were meeting with NCUH CE and COO to agree plans to streamline the model to meet NCL and CCG contract requirements and NCUH A&E re-design led by the Trust's Emergency Care Board.
- TIA assessment (part of stroke pathway) received a report showing unexpected poor performance for quarter one of this year. This related to UCLH and only to Haringey. Further analysis was required by NCL Informatics and Contracts to establish whether this was a data anomaly of clinical change in practice and brief the CCG accordingly.
- There was a rise in mixed-sex accommodation breaches at the Whittington. Subsequent analysis identified this to be at a learning disability respite unit and action to resolve this has been taken by the integrated learning disability service management team responsible for this Section 75 agreement, also provided with London Borough of Haringey and BEHMHT.
- NCL and the CCG are forecasting an overspend of approximately £10m. Following the assessment of this emerging risk at the Month 5 Performance Review, the CCG's QIPP Commissioning group has initiated new work to address the QIPP gap, with a particular focus on the 13/14 run rate. Proposals were generated at a workshop on 4 September with CCG GP leads and NCL PMO colleagues, for review and development at the Clinical Cabinet on 6 September. Implementation and capacity plans and lead responsibilities are being progressed through the CCG's QIPP Commissioning group on 18 September.
- Critical capacity gaps are now becoming clear, both for leadership and QIPP delivery and the CCG is working to address these. The NCL team approved in principle the CCG's proposal for a senior QIPP manager to enable increased QIPP capacity to be deployed at consolidating existing QIPP plans and generating new ones through the QIPP Transformation Boards with NCUH, WH and BEHMHT and CCG collaborative commissioners.

4 GOVERNANCE HEADLINES

4.1 Achievements of the CCG Board and other sub-committees

4.1.1 Haringey emerging CCG's governance and structures continue to develop. The following headlines can be reported for the groups that met recently:

4.1.2 The CCG Board held an additional seminar on 23 August 2012 to focus on the authorisation process and associated issues. Following a governance presentation by Frank Donlon (the new authorisation project director) the Board reviewed the latest draft of the Constitution and the revised Committee and Management structures, and agreed the revised Communication and Engagement Strategy. The

forthcoming site visits and evidence for the Domain Groups were also discussed. The CCG is holding a follow-up session on the Domain Groups and Case Studies evidence on 6 September 2012, attended by additional members of the shadow CCG Governing Body and management team.

5 PROGRESS TOWARDS AUTHORISATION

5.1 Progress against plan

5.1.1 Progress has been made in the following areas:

- Sarah Price has been appointed as the Chief Officer, and David Maloney has been appointed as the Chief Finance Officer
- Additional resource in the form of a project manager and project director has been brought in to support the authorisation process. The CCG is on track to submit their authorisation application on 1 October with the other wave 3 CCGs
- Documentation is now being uploaded onto the knowledge management system, and being sign-posted to ensure the reviewers are able to find the evidence they require
- Following the submission of the written application, preparation will begin in earnest for the Mock Site Visit with NHS London on 11 October and the Site Visit with the NHS Commissioning Board on 13 November.

5.2 Milestones achieved and upcoming

5.2.1 Haringey Emerging CCG is on track for wave 3, and recently achieved the following milestones:

- Appointments of the CO and CFO
- Initiation of the 360° stakeholder survey
- Ongoing preparation of the authorisation documentation and application

5.2.2 The CCG is currently working towards the following milestones:

- Submission of the authorisation application on 1 October
- Mock Site Visit with NHS London on 11 October
- Site Visit with the NHS Commissioning Board on 13 November
- Authorisation outcome expected by 31 December.

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