



Haringey Council

Special Adults and Health Scrutiny Panel

TUESDAY, 13TH NOVEMBER, 2012 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Adamou (Chair), Mallett, Stennett, Erskine, Winskill, and Rice (Substitute for Cllr Adamou)

Co-Optees: Helena Kania (LINK), Claire Andrews (HFOP)

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any 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 9 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. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (PAGES 1 - 6)

To receive a presentation from the Mental Health Trust on the proposed closure of Downhills Ward.

Attending:

Maria Kane – Chief Executive
Lee Bojtor – Chief Operating Officer
Oliver Treacy – Service Director
Andrew Wright – Director of Strategic Development

PRESENTATION TO FOLLOW

5. MENTAL HEALTH SUPPORT ASSOCIATION (PAGES 7 - 10)

To hear from the Mental Health Support Association.

6. NEXT STEPS

The Panel will consider next steps and any recommendations.

7. MINUTES (PAGES 11 - 22)

8. FUTURE MEETINGS

10th December, 6.30pm (Budget Scrutiny)
10th January, 6.30pm
2nd April, 6.30pm

9. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 2 above

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and Member Services
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Wednesday, 07 November 2012

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Councillor Reg Rice
Chair
Haringey Overview and Scrutiny Committee
Haringey Council

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By e-mail only

5 October 2012

Dear Councillor Rice

Downhills Ward at St Ann's

I am writing to update you on the position of Downhills Ward at St Ann's Hospital as there has been some concern about our processes. As you may know, a decision was taken by the Crisis and Emergency Service Line within the Trust to close the ward on 20 September. Unfortunately, this decision was made at very short notice, without properly discussing this in advance with patients, carers and staff. This is highly regrettable and the Trust is currently reviewing how this occurred in this way. This change did not follow our policies around proper engagement with patients, carers, staff and wider stakeholders and for that I apologise profusely.

We recognise that this incident caused a great deal of unnecessary distress to patients on the ward and their carers, which was avoidable, had proper notice been given and the change implemented in a planned way. We have apologised to the patients concerned and their carers. I have personally met a number of patients and carers to apologise and explain that this change was not managed as well as it should have been.

At present, Downhills Ward remains open and there are currently six patients on the ward. We have given a commitment that it will remain open until all the existing patients have completed their current episode of care. We are making sure that all those patients affected by this incident are being properly supported and helped to recover as quickly as possible.

As we have discussed with the OSC on a number of occasions over recent years, the Trust has a clear long term strategy to develop a greater range of more appropriate alternatives to inpatient mental health care, in line with national policy and best clinical practice. Over the last few years, we have strengthened our Home Treatment Teams, giving greater choice to patients and promoting their recovery through allowing more patients to be supported at home, rather than needing to be admitted to an inpatient ward.

Over the last year, we have also opened three new mental health Recovery Houses, one in each of the boroughs we serve to provide better care environments for our patients. These are run in partnership with the mental health charity 'Rethink' and have proved very popular with patients, as they provide a more homely alternative to an inpatient ward, allowing patients to stay closer to their homes and families, and return home as quickly as possible.

As a result of these developments, the Trust has been using fewer and fewer inpatient beds, as more and better alternatives are introduced. We regularly review the numbers of



Chairman: Michael Fox
Chief Executive: Maria Kane

beds in use and, since July, there have been over 20 mental health beds vacant across the Trust's inpatient units. This is neither clinically safe nor a good use of public funds. The Trust has therefore been reviewing the best way of consolidating our existing inpatient beds, to ensure the continued clinical safety of all inpatients and to make the best use of our financial and staffing resources. The Trust monitors the availability of inpatient beds twice daily and has the flexibility to ensure that there are always beds available to meet clinical needs.

The decision to close Downhills Ward was taken in response to the reduced demand for beds following the opening of the three Recovery Houses, which have been successfully operating for many months. Downhills Ward is the poorest quality environment for our patients of any of our current inpatient wards. As you know, the Trust has given a formal commitment to retain a full range of inpatient mental health services at St Ann's Hospital in the long term and we are developing plans to build new, modern mental health facilities at St Ann's as quickly as possible which meet all the latest care standards, which the current wards at St Ann's do not.

Once the current patients on Downhills Ward have finished their current episode of care and have been discharged home or to other clinical settings, the ward will formally close. Following the closure of Downhills Ward, two acute adult mental health wards will remain open at St Ann's. Both of these will remain open until they are replaced by new facilities as part of the redevelopment of St Ann's, due to commence in autumn 2013. The two remaining wards are:

- Haringey Ward – 18 bedded admissions and assessment ward. This can accommodate both male and female patients who need admission to an inpatient ward for an initial assessment. Patients remain on the ward for up to seven days. Many patients do not need to remain in an inpatient setting for longer than this and are discharged home or to other settings, supported by the appropriate community or home treatment team. For those patients who need a longer stay on an inpatient ward for treatment purposes, they are then transferred to another ward.
- Finsbury Ward – 12 bedded acute adult ward. This is where patients requiring longer stay therapeutic inpatient care in Haringey are cared for, most being transferred from the admissions ward. Finsbury Ward can only accommodate male patients, as it does not have appropriate facilities for mixing male and female patients, unlike Haringey Ward.

Following the closure of Downhills Ward, both male and female patients will continue to be admitted to Haringey Ward for initial assessment. Many will then be discharged back home or into other community settings. Those male patients who need a longer stay in an inpatient setting will be admitted onto Finsbury Ward. However, female patients from Haringey Ward who require a longer stay in an inpatient setting cannot be accommodated in Finsbury Ward and will be transferred to dedicated female inpatient facilities at Chase Farm Hospital in Enfield.

This position will only exist for a relatively short period of time, as Haringey and Finsbury Wards will be reprovided in new build facilities at St Ann's, as part of the overall redevelopment of the site. The new mental health inpatient facilities at St Ann's will be able to accommodate both male and female patients as they will have individual rooms with en suite facilities etc. The new facilities will be designed to meet all the latest care standards, which the current wards fall far short of.

The Trust recognises that this may cause genuine difficulties for some carers and other visitors of the small number of female patients from Haringey who will be placed on a female ward at Chase Farm Hospital. However, these patients will have much better facilities at Chase Farm Hospital, which has newly refurbished wards with en suite rooms and a generally much more modern care environment than is currently possible at St Ann's. The numbers of these patients is also very small, as very few patients require an extended stay on an inpatient ward.

The Trust is actively looking at ways of supporting carers, relatives, friends and others who may be inconvenienced by this short term change until the much improved new facilities at St Ann's are available.

I hope my letter has explained the latest position around Downhills Ward and reassured you that the ward will remain open until all the existing patients have completed their current episode of care. I would like to emphasise again that the recent incident is highly regrettable and we have apologised to the patients affected and their carers for this. We are reviewing how this situation occurred and why proper notice and engagement of those potentially affected was not given as it should have been.

I would like to assure the Committee that this incident does not affect our ongoing plans to redevelop St Ann's and provide significantly improved facilities to serve the population of Haringey in the future. We look forward to continuing our constructive relationship with the OSC around this and other important issues.

With best wishes

Yours sincerely

A handwritten signature in blue ink that reads "Maria Kane". The signature is fluid and cursive, with a long horizontal stroke at the end.

Maria Kane
Chief Executive

CC: Councillor David Winskill – Vice Chair, Haringey OSC
Rob Mack – Senior Policy Officer, LBH – to distribute to other OSC members
Lisa Redfern – Deputy Director, Adult and Community Services, LBH

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Overview & Scrutiny

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Haringey Council

Head of Strategy and Business Intelligence Eve Pelekanos

Your ref:

Date: 06 November 2012

Our ref: SR/ DWSA

Direct
dial: 0208 489 2933

Email: Melanie.Ponomarenko@haringey.gov.uk

Dear Maria,

Re: Downhills Ward at St Ann's

Many thanks for your letter dated 5th October, which Cllr Rice has asked that I respond to as Chair of the Adults and Health Scrutiny Panel.

The Adults and Health Scrutiny Panel (A&HSP) has a number of concerns about the processes and speed of decision for the closure as well as concerns about the closure itself.

Whilst Overview and Scrutiny is aware of the long term strategy of developing a greater range of alternatives to inpatient mental health care we would have expected the decision to close Downhills to be referred to scrutiny, as well as to other relevant stakeholders, for consideration, as has happened on previous occasions.

We would like to know what the proposed timetable is for closing Downhills Ward as well as what consultation and engagement is planned to ensure that all stakeholders are fully involved in the decision making process. We would also like to know when comments from scrutiny are expected in order to be taken into consideration.

We have serious concerns as to the speed in which an apparent decision has been made to close Downhills Ward and move vulnerable patients without proper consultation with patients and carers and would like further information on what led to this failure as well as reassurance that this will not happen again. It would seem that if inpatient numbers are regularly monitored and Recovery Houses have had an impact over a matter of months, then there should have been ample time to fully engage with patients and carers.

The Panel also has concerns that should Downhills Ward close there will no longer be an inpatient facility for females based within the Borough. Whilst we appreciate that the long term intention is to redevelop Haringey Ward and Finsbury Ward to accommodate both male and female patients it would appear that the redevelopment is still in its early stages and the closure of Downhills would mean a lack of female beds for a considerable amount of time. We would find it very useful to gain more of an understanding how many female patients have been affected already by being placed at Chase Farm rather than St Ann's and what the future projections are for female inpatient need.

We would also like further information on the following areas:

- What services are currently in place to replace those currently offered at Downhills Ward.
- Whether those who are to be discharged to other clinical settings following their current episode of care will be transferred to Chase Farm.
- How the trust intends to support carers, relatives, friends and others who will be inconvenienced.

I have asked Melanie Ponomarenko (who supports the A&HSP) to look at dates for a special Panel meeting in order to discuss the matters outlined above with BEH MHT.

Yours sincerely,

Cllr Gina Adamou
Chair
Adults and Health Scrutiny Panel

CC. Cllr Rice, Chair, Overview and Scrutiny Committee
Adults and Health Scrutiny Panel
Mental Health Carers Support Association
Lisa Redfern – Deputy Director, Adult and Community Services



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5 November 2012

Submission to Scrutiny Sub Committee on Health prior to meeting on 13 November 2012

Decision and its implementation

The decision to close Downhills Ward was taken by the senior clinical management team on Monday 17 September as part of the ongoing business plan of the Mental Health Trust to reduce inpatient beds.

1. Why was an attempt made to carry out this decision within two days (19 September) without any prior consultation, planning, and communication, preparation with services users, their carers or staff?
2. Why is there no awareness from management at all levels that their operational decisions affect vulnerable people – both service users and carers – and as such, however financially and clinically necessary such decisions are, they need to be carried out in a sensitive and humane manner
3. Why is there no one among all the many managers in the Trust that does not look at such operational decisions within their wider context before implementing them to make sure that they will work and be to the benefit of service users, the quality of the treatment that they receive and staff, and so as to ensure that they do not have to be referred to Scrutiny?

Reasons for the Closure

The reasons that the Trust gave for its decision to close Downhills Ward were a surplus of female beds across the Trust at the time; lowered demand for inpatient beds due to the robust working of the Home Treatment Teams and the Recovery Houses; the positive effect of the Jonah task oriented system in reducing the length of inpatient stay; the fact that Downhills Ward has the worst quality of environment for patients. We would challenge these reasons.

1. The Jonah system was started on St Ann's wards some six months ago and so presumably staff have been operating it on their own, after the training, for some

three months now. We are not clear when staff in other boroughs were trained in it, but we understand it was after Haringey. Surely one needs statistics for at least six months, preferably a year, to see if the original improvements in reducing patient stay are sustained and ongoing.

2. The Theory of Constraints (carried through to the Trust, by QFI consulting) talks about the fact that “one size doesn’t fit all” and looks towards “ongoing improvement”. Closure of the only female ward for longer stay patients in Haringey does NOT fit all
3. Neither will there be ongoing improvement for the patients placed out of borough. Contact with carers, friends and family will be impossible for many, resulting in poor integration back into their community, poor recovery and ultimately increasing the cycle of relapse.
4. As far as the Home Treatment Teams (HTT) are concerned we feel the jury is still out until the current reforms/restructuring have been introduced and operating for at least six months. The Home Treatment Teams have been working in an ineffective and untherapeutic manner for many years and consequently are yet again undergoing a full review of their structure and ways of working. Patient and carers dissatisfaction with the HTT service did not need to be proven to us by BEHMHT survey conducted by Kevin Yates in January. We have on-going and repeated examples from service users and their families of poor practice.
5. We need to be certain that any changes introduced will lead to the improvements that are necessary for HTT to be able to provide the quality of support for patients that will be a real alternative to treatment on inpatient wards or in the Recovery Houses.
6. The Haringey Recovery House (RH) at Fortis Green was opened in March/April and so has only been operating for some six months. There are four less beds provided in Fortis Green compared to the Elysian (Barnet) and Suffolk Houses (Enfield). We are very aware that the initial belief that the RHs would be a real alternative to hospital admission has not proven to be true. Inpatients are being discharged to RHs when their needs are primarily housing or social. Often poorly thought out sudden discharges of extremely vulnerable people are being made to B&B’s when a RH bed is needed. These “step-down admissions” are already resulting in patients in crisis not being “recommended” for admission.
7. We know that these people do not appear on the “refused” statistics. We refute the claims that Fortis Green is working well. Inaccurate and poorly kept information has resulted in a lack of consistent KPIs presented at the monthly operational meetings we have attended.
8. The Downhills Ward environment may be of poor physical quality but it does provide a space close to patients’ homes, families and friends. The Trust’s statement on Downhills mentions “allowing patients to stay closer to their homes and families” as an important point in favour of the Recovery Houses.

Consequences of Proposed Closure

1. Closure of the ward would mean that there will be no acute inpatient beds for women from Haringey in Haringey for at least the next 3-4years.
2. Closure of Downhill's ward will mean additional stress, cost and inconvenience to family members wishing to maintain contact with female relatives who are admitted for treatment to a psychiatric ward in Chase Farm hospital.
3. Clearly a number of patients and their families were not happy to be moved from Downhills, which is why they are still on the ward and the ward is still open. What choice will future patients have to be able to stay close to their homes, families and friends?
4. There are already no Psychiatric Intensive Care Unit (PICU) beds for women anywhere in the Trust, so this would be a further reduction in services to women.
5. There will be six beds in the Haringey Assessment ward for women and that will be the sum total of inpatient beds for women in Haringey.
6. Despite assurances that "clinicians will review the situation...and...will only take the decision to close the ward once all the current patients have finished their current inpatient care programme" we have information that the Trust is not sticking by this statement but is at this moment planning to close the ward within the very near future and to move the remaining patients on the ward to Chase Farm.
7. The Trust has recently located its Recovery House for Haringey residents on the boundary with the Borough of Barnet(Fortis Green Road). It proposes to relocate inpatient facilities for Haringey women into Chase Farm Hospital in Enfield. For the most deprived members of our community, predominantly living in the east of the borough and likely to have a higher incidence of mental illness, as for residents across the borough, access to the Trust's services is convoluted and increasingly and increasingly burdensome. The Trust appears to be steadily withdrawing from populations that have greatest need; preferring to situate its services in relatively isolated locations outside f Haringey.
8. In the light of the mental health trust's constant changing of policies and practical actions, despite what they have previously stated publicly, what guarantee do we have that the new St Ann's will have an acute ward for female inpatients.
9. All these points add up to a substantial variation in service for female patients in Haringey.

Submitted by

Dr Sarah White and Nick Bishop

On Behalf of the Mental Health Support Association

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DRAFT MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
THURSDAY, 27 SEPTEMBER 2012

Councillors Adamou (Chair), Stennett, Erskine and Winskill

Co-opted members Claire Andrews, HFOP

LC1. APOLOGIES FOR ABSENCE

Cllr Mallett
Helena Kania

LC2. URGENT BUSINESS

Hornsey Park Surgery

LC3. DECLARATIONS OF INTEREST

The Chair wished it to be noted that her daughter is a Social Worker for Haringey Council.

LC4. TERMS OF REFERENCE

The Panel requested clarification on the relationship between the Panel and the main Overview and Scrutiny Committee, in particular with reference to what does and does not need to be referred to the main Overview and Scrutiny Committee for approval.

The Panel noted the role of scrutiny in holding the Health and Wellbeing Board to account, once this is a statutory body and asked for further information on how this will work in practice.

The Terms of reference for the Panel were noted.

AGREED:

Clarification on what needs to go to the Overview and Scrutiny Committee would be discussed amongst the Panel Chairs and the Chair of Overview and Scrutiny.

Senior Policy Officer would keep the Panel informed of developments and publications on the relationship between Overview and Scrutiny and the Health and Wellbeing Board.

LC5. WORK PROGRAMME FOR THE PANEL

The Panel asked that the an update on the Clinical Commissioning Group transition be added to the January agenda.

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Noted that NCL have an integrated working strategy and that this should be looked at with a view to assessing how this links to Haringey.

AGREED:

Senior Policy to look at NCL integrated working strategy with a view to this linking into a piece of work undertaken by the Panel.

Senior Policy Officer to do some research on integrated care, including under-pinning budgets.

LC6. CO-OPTEEES

The Panel welcomed Claire Andrews, Haringey Forum for Older People, as a co-optee on the Panel.

It was noted that the Haringey Forum for Older People and Age UK Haringey are due to go into partnership in the near future.

AGREED:

A representative from Haringey Association of Voluntary and Community Organisations (HAVCO) would also be invited to be a co-optee on the Panel.

LC7. CABINET MEMBER QUESTIONS

Cllr Vanier, Cabinet Member for Health and Adult Services, presented the following P points as an introduction to her portfolio area:

- Adults has a net budget of £74.3 million.
- Adults provides personalised services to residents over 18 years of age.
- There is a statutory duty to work with vulnerable people in the borough.
- Aims to provide good value for money through strong commissioning practices.
- Challenges include:
 - Poor health of some residents over 65 years of age which use the majority of hospital beds with reference to unplanned hospital provision.
 - Increase in long term conditions.
 - Ageing population.
 - Rising cost of care.
 - Reducing the life expectancy gap.
 - Adult safeguarding becoming a statutory duty.
- Achievements include:
 - A good re-ablement service
 - Two forty bed extra care schemes with an estimated saving of £0.5 million in the first year.
 - Protheroe House is being re-designed to provide extra care housing.
 - Telecare – looking to expand this further to assist in the management of long term conditions.
 - Warm and Healthy campaign.

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- Two new supported living schemes for people with Learning Disabilities – Campsbourne and Priory Road (coming soon to support respite and emergency provision).

The Cabinet Member was asked about the shadow Health and Wellbeing Board (sHWB) and the following information was given to the Panel:

- The shadow Health and Wellbeing Board has produced the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.
- The Health and Wellbeing Strategy Delivery Plan is due to be agreed later this month.
- Governance of the Health and Wellbeing Board is still under discussion as government regulations have not yet been published.
- The current membership is 13 people and includes the Local Involvement Network and the Chair of the Clinical Commissioning Group as well as one other GP.
- Examples of current work include early bookings for anti-natal care as this has been flagged as an area where there are issues.
- The sHWB ceases its shadow form as of April 2013 when it becomes statutory.
- There is discussion taking place as to whether the HWB will be a partnership board or a sub-committee. Hoping that regulations clarify this.
- The Panel raised concerns that only those who are on the sHWB know what work is being undertaken and that decisions may therefore be being made without any dialogue or input from any other stakeholder and the implications for this once the sHWB takes on its statutory function without people knowing how it took the form which it does or why.
- The Panel asked for further information on its statutory role in scrutinising the Health and Wellbeing Board.

The Panel asked for reassurance that the new HealthWatch budget would be at least the circa £146k currently spent on the Local Involvement Network and whether the budget for Patient Advice and Liaison service will come to Haringey when HealthWatch takes over the advocacy role.

In response it was noted that in the current economic climate there is no guarantee that any budget can be protected.

It was also noted that Adults is not, as yet, aware of the PALS funding.

The Panel noted that there needs to be transparency on all funding arrangements.

The Panel asked for reassurance that as well as improvements to online access to services and information that improvements were also being made for those who may

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not have access to the internet, or the skills to access the internet, for example some older people.

The Panel were informed that improvements had also been made elsewhere, for example the Integrated Access Team which is a single point of access for people contacting Adult services.

AGREED:

The Senior Policy Officer would send information to the Panel on the relationship between scrutiny and the Health and Wellbeing Board as and when this becomes available.

A briefing on the sHWB work programme would be circulated to the Panel.

A briefing note on the funding of HealthWatch and the PALS funding transfer would be provided to the Panel.

RECOMMENDATION:

That the minutes of the sHWB are published on the Haringey website to allow transparency of work undertaken.

LC8. BUDGET MONITORING 2012/ 13

Katherine Heffernan, Head of Finance for Adults and Housing introduced the Budget Monitoring report.

A correction to the report was noted – Para 5.3, third line from the bottom should say 'commissioning' rather than 'decommissioning'.

It was noted that the current financial pressure is due to an increased demand for services, particularly in older people services and mental health services.

There is also a large amount of pressure due to Continuing Healthcare where people leave the care of the NHS and need adult services. Noted that the budgets do not follow these cases.

Noted that whilst there is growing demand on services the budget is not growing.

There is uncertainty on the future of funding for social care with no decision currently being made by the Government following the Dilnott Commission report.

Noted that health inequalities in the area also have an impact as people are becoming ill earlier and this has an implication on services and therefore the budget.

Noted that the cost of caring for older people outside of hospital settings has a direct impact on social services and whilst this action may contribute to the health deficit reduction the costs are being shifted from the NHS onto social care.

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Noted that the Fair Access to Care services (FACs) criteria for Haringey has not changed, and remains at the Critical/Substantial level. Some authorities are just providing at a Critical level.

The Panel were reassured that there is ongoing and robust dialogue between health and social care colleagues about the shifting of costs from NHS services onto social care services, particularly around the continuing healthcare assessments.

Work is being undertaken to integrate commissioning by Section 75 and Section 256 arrangements.

(N.b Section 75, NHS Act 2006:

- *“Pooled funds - the ability for partners each to contribute agreed funds to a single pot, to be spent on agreed projects for designated services*
- *Lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation*
- *Integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line” (DoH website)*

Section 256

“PCTs can make payments (service revenue or capital contributions) to the local authority to support specific additional local authority services. For example, where older people require a greater level of care in the community. This is a grant for additional local authority spend (a contribution to the other partner’s costs for care delivery), not a transfer of health functions to the local authority. The provision can be used to create joint budgets for joint and integrated services.” (Audit Commission)).

The Panel were informed that Adults is being extremely tough in negotiations, both in terms of multi-disciplinary assessments and also with regards to any cost shifting onto social care services.

Noted that Adults and Health are also trying to work closer together to improve services for the service user and to provide a seamless service.

There is a lot of pressure due to the rate of people coming out of hospital, and those who are no longer being admitted who previously may would have and who need social care services.

Noted that the service is due to put in a growth bid for the forthcoming budget round, however there would be no guarantee in the current climate that this would be approved.

It was noted that the service is trying to contain budget pressures as much as possible internally, for example not recruiting to posts unless absolutely necessary.

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Noted that Haringey receives funding as an outer London authority with inner London needs.

The Panel asked that in future the budget report Cabinet Member introduction could be deleted as there were concerns that it was party political and therefore goes against the non-party political nature of scrutiny.

AGREED:

The Panel would write to support the case for greater funding for Haringey.

The Senior Policy Officer would ask the Head of Finance for future reports to be edited to remove the Cabinet introduction.

LC9. LEARNING DISABILITY SERVICE - TRANSITION FROM WHITEHALL STREET

Beverley Tarka, Head of Learning Disabilities, gave an overview of the move from Whitehall Street to Campsbourne. The following points were noted:

- The policy direction nationally is one towards enabling people to have more choice and control over their lives.
- The Service feels that the move to Campsbourne encapsulates this policy direction.
- Adults worked closely with Housing and identified an uneconomic void, where the cost of renovating the property for a family was too high.
- Capital investment was approved for this property to be redeveloped using the Community Care Grant and the Housing Revenue Account.
- Work was undertaken in a tight timescale of 6 months.
- Residents of Campsbourne were encouraged to chose their own colour scheme for their new home.
- There are two care staff at Campsbourne at al times. These are being paid for by the service users using personal budgets.
- Documents such as a Service Level Agreement and Protocol were created specifically for this piece of work.
- Residents at Campsbourne have had post-placement reviews to assess how they are getting on in their new home.
- An Independent Mencap Advocate has been commissioned to do a review with the service users who are now residents of Campsbourne. Overall this review found the residents to be very happy in their new home and enjoying an active social life.

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- One resident commented that she was unable to view Campsbourne before moving in and that she would have liked to have done so. The Panel were informed that this was due to health and safety issues. However, they are considering this as a lesson learnt for any future project. It was also noted that photos were taken and put up at Whitehall for residents to be able to see pictures of where they would be moving to.
- The unit cost at Whitehall Street was £1800 as opposed to £1200 per week at Campsbourne.

Yvonne, next of kin for a resident of Campsbourne, made the following points:

- There was a lot of consultation about the move from Whitehall, however there was no choice as to whether or not they wanted Whitehall to close – this decision was made by the Council.
- The new home is closer to Yvonne and therefore more accessible for her to visit.
- Campsbourne has a more homely feel than Whitehall did.
- Her relative now does her own shopping which she has never been able to do before and has settled in much better than had been expected.
- Yvonne feels that the staff at Campsbourne are wonderful and very caring.
- Yvonne is very happy with the overall outcome.

The brother of a resident made the following points:

- Felt the move was rushed
- Would have preferred his sister on the ground floor but choice was not available.
- Very happy with the staff at Campsbourne.
- His sister is happy being able to go out and into the community.

Edenvale (Care Providers for Campsbourne) made the following points:

- Two members of staff who previously worked at Whitehall were able to secure jobs with Edenvale). These staff Members have said that residents have blossomed and become more assertive in their new home.
- There are no set menus at Campsbourne – residents can choose what they want to eat.
- Residents are going out more, for example visits to the local pub, and they are able to do this when they choose to.
- Residents able to enjoy every day activities which most people take for granted, for example doing their own clothes shopping and their own food shopping.

The following points were made in response to questions by the panel:

- There is now just one in-house residential provision which is council owned. This is for people who have very high support needs.

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- The Lowry and the Priory are being developed along the same model as Campsbourne.
- It was the families who chose Edenvale rather than Adult services. This was done by the families interviewing providers. Before this was done, each potential provider was fully audited by Adults, this included safeguarding.
- The Priory will be for people who have chosen Council respite.
- As a direction of travel Adults hopes to develop more services along these lines.
- All residents are registered with a local GP.
- For future developments Adults would ensure that residents were able to meet contractors a lot earlier to discuss their needs. They would also drive people around the area so that they have more of a feel for the neighbourhood that they will be moving into.
- Campsbourne is environmentally safe and has a burglar alarm as well as Telecare facilities.
- Both announced and unannounced safeguarding visits have taken place. There have been no safeguarding issues reported to date.
- Housing Officers have met with the residents.
- Residents have not met with Safer Neighbourhood Teams.

The Panel asked that the Independent Mencap Advocacy review report be circulated to the Panel.

The Panel thanked the representatives for attending and congratulated them on the service change.

AGREED

Residents of Campsbourne to be introduced to their local Safer Neighbourhood Team.

The Independent Mencap Advocacy report to be circulated to the Panel.

LC10. CLINICAL COMMISSIONING GROUP UPDATE

Sarah Price, Accountable Officer, Haringey Clinical Commissioning Group presented the following points:

- She will be working closely with Dr Helen Pelendrides (Chair of the Haringey Clinical Commissioning Group) through the authorisation process.
- At present the Clinical Commissioning Group (CCG) has a delegated responsibility and can therefore make decisions.
- The CCG won't be fully accountable until April 2013.
- There is a lot of change coming for the CCG over the next 6 months to prepare them for full authorisation.

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- This is a time of risk, however it has been planned for which includes planning to mitigate risks.
- The CCG is financially challenged, with a significant overspend.
- The CCG is changing the way that services are provided, moving towards a more integrated approach and one which wraps around families.
- Working closely with other boroughs and organisations to improve services and value for money. There are potentially lots of alliances which the Haringey CCG can benefit from.

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

- Referral management and demand management are two key challenges.
- Budgets are not controlled by the Clusters, they are centrally controlled.
- The Cluster has been able to financially risk share by pooling a top-slice of budgets. for example the 2% top slice has been used to transform services.
- Haringey has previously paid less into this top-slice due to it's financial pressures.
- The CCG are looking at 'risk pool' options across London. This would enable CCG's to access any surplus which they wouldn't have otherwise been able to.
- It is not necessarily better to have an under-spend rather than an overspend as each area starts from zero every year.
- The CCG is unable to pool budgets with the Council until April 2013 as they are not a statutory body until then.
- The direction of travel in Haringey is towards greater integration.
- Discussion between the CCG and senior Managers in Adult Services is taking place.
- The NCL Primary Care Strategy aims to improve services across the board. However there is a need to develop a Haringey Primary Care Strategy from the NCL one.
- Haringey has a different GP profile to the rest of the NCL cluster in that it has a high number of salaried GPs.
- The CCG is hoping to appoint a Medical Director and a Director of Quality soon.
- Allocation of Public Health funding does not directly link to the previous spend of an area on Public Health. Allocations are currently being revised and so figures may change over the next couple of months.

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Sarah was welcomed to her new role in Haringey by the Panel and thanked for attending so early in the role.

The Panel wished for their thanks to be passed on to Andrew Williams, outgoing Borough Director/Acting Accountable Officer for his help and support during his time in Haringey.

AGREED:

That the Senior Policy Officer to look into what disease areas are likely to cause the highest budget pressures.

LC11. AREA COMMITTEE CHAIRS FEEDBACK

None received.

LC12. FUTURE MEETINGS

10th December, 2012

10th January, 2012

2nd April, 2013

LC13. NEW ITEMS OF URGENT BUSINESS

Concern was raised with regards to the future of Hornsey Park Surgery.

Hornsey Park Surgery is not currently expected to meet Care Quality Commission standards which come into force next year. Options are being explored to ensure that the surgery does meet standards.

Concerns have been raised that the surgery will be forced to move out of its current catchment area and further to the West of the borough due to uncertainty of the current properties lease and opportunities for improving the current or nearby surgery.

The panel raised concerns that:

- any move to Hornsey would make it very difficult for existing patients to travel as although it is geographically close, it would be two bus journeys
- a move would further exacerbated health inequalities in the borough.

It was noted that whilst Doctor continuity is important, the quality of provision was also important and this would need to be balanced when considering the premises for the surgery.

AGREED:

Sarah Price, Accountable Officer, Haringey CCG would speak to North Central London NHS to get an update on the situation for the Panel.

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Clr Gina Adamou

Chair

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