

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

**Tuesday, 1st March, 2016 at 6.30 pm - Civic Centre, High Road,
Wood Green, N22 8LE**

Members: Councillors Pippa Connor (Chair), Gina Adamou, Charles Adje, David Beacham, Stephen Mann, Peter Mitchell and Felicia Opoku

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

Quorum: 3

1. **FILMING AT MEETINGS**

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

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

2. **APOLOGIES FOR ABSENCE**

3. **URGENT BUSINESS**

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

4. DECLARATIONS OF INTEREST

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

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

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

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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

6. MINUTES (PAGES 1 - 12)

To approve the minutes of the Adults and Health Scrutiny Panel meetings held on:

- 18 January 2016
- 11 February 2016 - **TO FOLLOW**

7. PRIMARY CARE UPDATE (PAGES 13 - 16)

This report provides an update regarding developments in Primary Care. It describes the strategic direction of primary care including work around estates, access and prevention. This item will also consider how this work links to Haringey Council's Priority 2: *Outstanding for All: Enable all adults to live healthy, long and fulfilling lives with control over what is important to them.*

8. NEIGHBOURHOODS CONNECT (PAGES 17 - 20)

This report provides an update on work to deliver a Neighbourhoods Connect service across the borough.

9. MENTAL HEALTH AND WELLBEING FRAMEWORK - PRIORITY 2

To receive a presentation from Catherine Swaile, Vulnerable Children's Joint Commissioning Manager, following a request from the Panel in November 2015. This presentation will provide an update in relation to Priority 2 of the Mental Health and Wellbeing Framework – *“Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments and by focusing on transition into adulthood”* – highlighting where recommendations from the Overview and Scrutiny CAHMS transition review (March 2015) fit in.

10. ADULT SAFEGUARDING UPDATE (PAGES 21 - 26)

This paper has been drafted in relation to the recent BBC London report which reported that there had been a lack of care and support for an elderly lady living at home with dementia.

11. HIGH LEVEL PROJECT PLAN FOR DAY OPPORTUNITIES TRANSFORMATION

To receive a presentation from Beverley Tarka, Director of Adult Social Services, and Charlotte Pomery, Assistant Director Commissioning, in relation to the high level Project Plan for Day Opportunities Transformation.

12. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR HEALTH AND WELLBEING

An opportunity to question the Cabinet Member for Health and Wellbeing, Councillor Peter Morton, on his portfolio.

13. WORK PROGRAMME UPDATE (PAGES 27 - 40)

This report gives details of the 2015/16 scrutiny work programme and highlights outstanding items of work for consideration in developing a work programme for 2016/17.

14. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

15. DATES OF FUTURE MEETINGS

The schedule of meetings for 2016/17 will be agreed by Full Council on 17 March 2016.

Christian Scade
Principal Scrutiny Officer
Tel – 020 8489 2933
Fax – 020 8881 5218
Email: christian.scade@haringey.gov.uk

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

Monday, 22 February 2016

MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY PANEL HELD ON MONDAY 18 JANUARY 2016, 6.30 - 9.59 pm

PRESENT:

Councillors: Pippa Connor (Chair), David Beacham, Stephen Mann, Peter Mitchell, Felicia Opoku and Kania

Co-opted Member: Helena Kania (Non Voting Co-optee)

ALSO PRESENT:

Councillors: Peter Morton, Cabinet Member for Health and Wellbeing, Gideon Bull (6.45pm – 9.35pm) and Adam Jogee (8.15pm – 9.00pm)

72. FILMING AT MEETINGS

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

73. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Cllr Gina Adamou and Cllr Clare Bull.

74. ITEMS OF URGENT BUSINESS

There was no urgent business to discuss.

75. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared a personal interest in relation to agenda items 8, 9, 10, 11, 12 and 13 by virtue of her sister working as a GP in Tottenham.

76. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

77. MINUTES

AGREED: That the minutes of the meeting held on 5 November 2015 be approved as a correct record.

(Clerk's note: It was noted that Helena Kania, although not a formal member of the Panel on the 5 November 2015, had attended and contributed to the meeting.)

78. APPOINTMENT OF NON VOTING CO-OPTED MEMBER

The Chair informed the panel that the Local Government Act 2000 made provision for the co-option of non-elected members to Overview and Scrutiny in order to bring additional expertise/skills to scrutiny work and to increase public engagement with scrutiny.

AGREED:

- (a) That Helena Kania be appointed as a non voting co-opted Member of the Adults and Health Scrutiny Panel for the remainder of the 2015/16 Municipal Year.
- (b) That the appointment of non voting co-opted Members to the Panel be reviewed on an annual basis, at the first meeting of the Municipal Year.

79. HARINGEY FOOT CARE SERVICES

Marco Inzani, Commissioning Lead: Better Care Fund (BCF), updated the Panel on local foot care services and the communications channels that were used to notify residents about services across the borough.

The Chair advised, that in preparing for this item, members of the Panel had received feedback from users of the Bridge Renewal Trust's Foot Care Plus service (clinic and outreach) and had met representatives from the Hornsey Pensioners Action Group.

Mr Inzani commenced his presentation by providing a summary of the foot care services available to Haringey residents. Information was provided on:

- Haringey Locality Teams
- Whittington Health Podiatry and Foot Health Services
- The Haringey Adult Foot Care Service
- The Bridge Renewal Trust who provided affordable Foot Care+ services for older people (aged over 50 years old)

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

- The importance of using various communication channels to ensure clear sign posting and information in relation to foot care. It was noted the Council had commissioned Information Advice and Guidance services from Citizens Advice Bureaux, Age UK and the Law Centre. It was explained that these services could be accessed in the community both face-to-face or via the telephone and that moving forward it would be possible to identify how many people had accessed foot care services in Haringey.
- An online directory for health and social care services, known as Haricare had been produced, and recently re-launched, by the council. Following feedback from

members of the panel it was recognised that since the re-launch there had been a few issues with the directory but these would be addressed moving forwards.

- The information provided by NHS 111 in relation to foot care.
- Concerns were raised in relation to performance issues highlighted in the report in relation to the Podiatry and Foot Health Services provided by Whittington Health NHS Trust. In view of the costs associated with each “did not attend” it was agreed that the panel needed a better understanding of why patients did not attend and the action being taken to reduce the number of patients not attending.
- The panel received information concerning the regular monitoring meetings that were held with the Podiatry and Foot Health Service. It was noted that such meetings covered services provided to residents across Haringey and Islington. Concerns were raised in relation to the number of patients waiting for more than six weeks for their first appointment. In addition, it was suggested that additional monitoring was required in relation to the maintenance of the service (e.g. the time you wait for an appointment once you are in the system).
- The NHS Friends and Family Test was discussed in relation to foot care.
- Further information was requested in relation to the specification for the Podiatry and Foot Health Service provided by Whittington Health NHS Trust in order to better understand the issues with performance outlined in the report.
- Recruitment and retention issues were considered in relation to the Podiatry and Foot Care Health Service.
- The Haringey Adult Foot Care Service, provided by a foot care assistant who provided simple nail cutting and foot care at The Priory, Abyssinia Court, The Haven Day Centre Service, The Crescent, and Woodside.
- Concerns in relation to the number of older people who may have problems carrying out basic foot care, such as nail cutting, by themselves. Consideration was given to the estimated need and unmet need in the borough and the possible cost of unmet need. It was suggested that better data collection was required in order to understand these issues locally.
- It was explained, due to the planned closure of the Haven, that the Foot Care Service was considering options for future delivery from alternative locations. The panel was assured that alternative provision would be in place before the closure of the Haven.
- The Chair noted that feedback on the Adult Foot Care Service had been positive and it was suggested that the Council and The Whittington Health NHS Trust should consider options for increasing the number of staff who were trained in basic foot care. It was also suggested that such training could be rolled out further to carers, friends and family, community groups among others.

Issues in relation to patient transport and the role of podiatry care in relation to falls prevention were also considered.

AGREED:

- (a) That the range of foot care services in Haringey, provided by statutory and voluntary health and social care organisations, be noted.
- (b) That the performance of the Whittington Health Podiatry and Foot Health Service be noted.
- (c) That the communications channels, used to notify residents about local foot care services, be noted.
- (d) That the Principal Scrutiny Officer be asked to organise an initial evidence gathering session, with commissioners and providers, to consider (i) the issues/concerns outlined above (the minutes) and (ii) how scrutiny could add value moving forward.

80. BETTER CARE FUND UPDATE

Marco Inzani, Commissioning Lead: Better Care Fund (BCF), provided an update on the information that had been presented to the Panel in October 2015.

Mr Inzani explained that continued progress had been made in delivering a reduction in Non-Elective Admissions (unplanned and emergency hospital admissions). The Panel noted that reduction in non-elective admissions was the main target for the BCF.

During the discussion, reference was made to the following:

- The fact that a large proportion of non-elective admissions in the over 65 population were due to falls and/or came from care homes.
- The fact that higher numbers of non-elective admissions placed pressure on care home admissions.
- The increase in permanent residential and nursing home admissions.
- The effects of delayed transfer of care and work the council and partners were doing to improve this.
- The fact that Haringey had the highest number of care home admissions and spend in relation to their comparator group.
- The increase in the length of stay in step down facilities.
- Ambulance callouts requested by healthcare professionals. It was noted that the main reason for callouts was the healthcare professional protocol. This accounted

for 37% of callouts while falls was noted as the second main reason, accounting for 11% of call outs.

- It was noted that non-elective rates by GP Practice were variable. It was also explained that data was missing for half of residential and nursing homes and that as a result there could be up to twice as many admissions from care homes.
- Respiratory, Urinary Tract Infections and Musculoskeletal issues were noted as the top three reasons for non-elective admission from care home.
- The work that was taking place in relation to reviewing Haringey's strategy for intermediate care.

In response to a Care Homes Deep Dive the panel was assured that the following actions/themes had been discussed with key stakeholders:

- Develop a Primary Care Led Care Homes Service Pilot with one GP Practice linked to one care home (three in total). It was noted that this would focus on Priscilla Wakefield, Spring Lane and Osborne Grove and would prioritise falls, Urinary Tract Infections and respiratory.
- Review the impact of winter schemes including 'Living Care at Home'. It was noted that this was a 2 week package of support to stabilise people at home following discharge from hospital.
- Continue to develop the role of social brokerage in developing alternative and cost effective solutions to in-borough care home placements.
- Develop the market for alternatives to residential and nursing care. For example, extra care sheltered accommodation.
- Determine the reasons for higher care costs in Haringey.
- Develop a business case for an integrated discharge team.
- Develop a business case for Step Down support to reduce the need for care home admission.
- Develop a business case to expand the provision of reablement including provision to step-down facilities.
- Undertake community engagement to determine issue that prevent carers from wanting a patient to be discharged home.

The Panel was informed that the actions above would be incorporated into the work programme of the Intermediate Care Group who would monitor implementation.

Mr Inzani went on to provide a summary in relation to the Falls Deep Dive (outlined in the report). The Panel was asked to note:

- There had been a 9% increase in the rate of falls related injuries in the over 65s in Haringey (2013/14 to 14/15).
- There had been a 17% increase in the rate of non-elective admissions falls in the over 65s in Haringey (2013/14 to 14/15).
- Falls were mainly happening to women over 85 in the west of the borough.
- There had been a 7% increase in referrals to the Integrated Community Therapy Team falls service at Whittington Health between 2013/14 and 2014/15.
- 32% of social care clients had been assessed as being at risk of falls, with 54% of these clients receiving housing adaptations or equipment.

In response to the Falls Deep Dive the panel was assured that the following actions would be incorporated into the work programme of the Integration Implementation Group who would monitor their implementation:

- Continue to monitor the balance and strength exercise group
- Continue to ensure that people at risk of a non-elective admission due to falls are supported by the Locality Team, particularly in the West.
- Review the evidence base regarding the use of falls prevention information resources in primary care.
- Explore the linkage of the falls pathway to hospital discharge.
- Explore the development of a fracture liaison service for Haringey.

(Clerk's note: The Chair requested a written response in relation to a number of detailed questions that had been set to Charlotte Pomery, Assistant Director Commissioning, via email)

AGREED:

- (a) That the progress in delivering a reduction in Non-Elective Admissions be noted.
- (b) That the themes and actions from the Care Homes Deep Dive be noted.
- (c) That the themes and actions from the Falls Deep Dive be noted.
- (d) That an update on the Better Care Fund, including progress in relation to the themes/actions from the Care Homes Deep Dive and the Falls Deep Dive, be prioritised as part of the panel's future work programme for June/July 2016. It was agreed that this should include information on the costs / cost savings associated with the actions.

81. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR HEALTH AND WELLBEING

The panel received a verbal update on the work of the Cabinet Member for Health and Wellbeing, Councillor Peter Morton.

Councillor Morton provided an update on the following issues:

- An update on priorities set out in Haringey's Health and Wellbeing Strategy 2015-18. This included information on two successful bids for government funding relating to health prevention projects/pilots concerning (a) supporting people to remain in / getting back into employment and (b) creating healthy communities.
- The work of the Haringey Obesity Alliance.
- Information was provided on a new national Sugar Smart campaign. It was explained that children from Stamford Hill Primary School had launched a new innovative app that would help parents and children to see how much sugar was in everyday food and drink.
- An update on the "No Ball Games" signs review including work that was taking place with Homes for Haringey and residents associations to raise awareness of problems associated with obesity and to encourage children to be more active.
- The impact of fast food outlets on health and new planning ideas that had been outlined in the Council's Local Plan Making documents. It was explained that these proposals would ban new hot food takeaways from opening within 400 meters of primary and secondary schools.
- GP access in Tottenham, including an update in relation to the progress of the Premises Task and Finish Group. It was noted that planned service commencement, in Tottenham Hale, was expected during late February 2016.
- The fact that Haringey, like most other London Borough, had seen continuing increases in the demand for Adult Social Care services as a result of an ageing population and market demand leading to increased provision costs. As a result, Councillor Morton explained that the Council was consulting on a proposal to apply a 2% social care council tax precept to the 2016/17 budget. It was noted that further information on these issues could be found in the 19th January 2016 Cabinet papers.
- The outcome of an open tender process for the award of a contract to The Bridge Renewal Trust to be the Council's strategic partner for the Voluntary and Community Sector.
- An update on the facilities and plans for Protheroe House.

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

- The launch of Earlham Primary School's walking bus scheme.
- The process for care and support needs assessments in relation to changes to adult care services.
- The finance and risk modelling that had been undertaken in relation to day opportunities transformation and changes that had occurred as a result of this work. For example, it was noted that savings of approximately £3.6 million had been moved back from years 1 to 2 in terms of the Council's Medium Term Financial Strategy.
- Issues in relation to purchasing care, the costs of care packages and carers' assessments.
- The consultation process for the 2016/17 budget, including the proposed 2% social care precept. It was noted responses to these proposals would be fed into budget papers and considered by Cabinet and Full Council in February 2016. Concerns were raised that it was difficult to find the budget consultation online via www.haringey.gov.uk It was suggested that a link should be made available via the home page to ensure this information was made as accessible as possible.
- The significant forecast out-turn variance for Adult Social Services of a £12.9 million overspend. It was noted that factors leading to the variances and the actions being taken to address the issues and solutions to them would be considered by the Adults and Health Scrutiny Panel at a meeting on 11 February 2016.
- The process/timetable for co-production in relation to decisions made by Cabinet in November 2015 concerning changes to adult care services. The panel suggested that moving forward there should be flexibility in adult care budgets to support the outcomes of co-production exercises.
- The role of the Stakeholder Steering Group, chaired by Healthwatch, in relation to the co design of new opportunities in relation to adult care services.
- Issues in relation to community provision and support for carers in relation to concerns raised in relation to dementia care in the east of the borough.
- Issues in relation to personal budgets and direct payments.
- The importance of providing clear advice, signposting and information to service users and carers in relation to changes to adult care services, including proposals in relation to the 2% social care council tax precept.
- The work that was being carried out by the Corporate Delivery Unit in relation to the supply and demand of adult care services.
- Concerns in relation to the future use of buildings once services, such as the Haven Day Centre, had been closed.

AGREED:

- (a) That the update from the Cabinet Member for Health and Wellbeing be noted.
- (b) That an update in relation to the co design of new opportunities in relation to changes to adult care services be prioritised as part of the panel's future work programme for June/July 2016. This should include input from the Stakeholder Steering Group.

82. PROMOTING A SUSTAINABLE AND DIVERSE MARKET PLACE IN LIGHT OF THE CARE ACT AND FOLLOWING THE COMMISSIONING FOR BETTER OUTCOMES PEER REVIEW

Charlotte Pomery, Assistant Director Commissioning, provided an update on issues arising for the Council in relation to promoting a sustainable and diverse market place in light of the Care Act and following the Commissioning for Better Outcomes Peer Review that had recently been undertaken.

The panel was informed that, in January 2015, Haringey had put itself forward as one of the Commissioning for Better Outcomes Peer Challenge pilots, led by the Local Government Association. The panel was asked to note that the peer challenge process was not an inspection but designed to help an authority, and its partners, to assess current achievements, areas for development and capacity to change in a constructive way.

Charlotte Pomery explained that work carried out by the peer review team in relation to the domain of the requirement to promote a sustainable and diverse market place had contributed to the development of the Council's work in this area.

The panel was informed that the peer review team had found that the Council had a number of strengths, including: strong and responsible leadership around the budget; data and analysis being looked at systematically to drive discussions around value for money; having a developed policy on anticipating and responding to provider failure; and positive engagement from providers to engage with the Council and deliver innovative services; among others.

It was noted that the review had also identified a number of areas for consideration by the Council moving forward, including:

- Significant additional engagement required around next steps of budget consultation, ensuring clarity of options under consideration.
- Lack of clear approach to address inflation up-lift and Fair Fee process.
- An underdeveloped response to the current and future needs of older people and market supply of care.
- Lack of collation of intelligence on the diversity of the market place and of how this was being used to inform and assist micro and macro commissioning.

During the discussion, reference was made to the following:

- The fact that the Council had established a brokerage function, on a pilot basis, to micro-commission services for individuals following assessment and support planning.
- Issues in relation to the National Living Wage and work that was being done to address inflation up-lift and to enact a Fair Fee process.
- The Council's Market Position Statement.
- Information and analysis of Haringey's local provider market for residential and nursing care in the borough.
- The Voluntary and Community Sector Commissioning Framework.
- The limited capacity for nursing care home placements available locally.
- The decision to maintain Osborne Grove Nursing home as a nursing home, delivered through an NHS provider.
- The CarePlace initiative (a software system) that enabled participating authorities to compare rates paid for care and support services. It was noted that this information placed local authorities in a stronger negotiating position with providers.

Charlotte Pomery advised the review findings had helped to shape areas of work that the Council had been developing and the Council had acted in response to each of the areas identified for consideration (as outlined in sections 5.7 – 5.9 of the report).

AGREED:

- (a) That the Commissioning for Better Outcomes Peer Review and the actions taken in response to its findings with regard to the market be noted.
- (b) That the continued work to maintain positive relationships with and to develop the provider market be noted.
- (c) That an update on promoting a sustainable and diverse market place, including areas identified for consideration by the peer review team, be prioritised as part of the panel's future work programme for Autumn 2016.

83. THE MULTI AGENCY APPROACH TO SAFEGUARDING AND QUALITY ASSURANCE IN RELATION TO THE PROVIDER MARKET

Charlotte Pomery, Assistant Director Commissioning, provided an update on the work that was being carried out to develop a multi-agency approach to safeguarding and quality assurance, with particular reference to the provider market,

During the discussion, reference was made to the following:

- Sections 5 and 48 of the Care Act 2014
- Haringey's commissioning intentions as set out in the Council's Corporate Plan and Market Position Statement
- Haringey's Provider Failure Policy
- The roles and responsibilities of the Safeguarding Adults Board
- The methodologies/measures the Council and partners used to assure quality of services for local residents
- The new Pan London Safeguarding Policy and Procedures

The panel was informed that the Council would be strengthening its approach to quality assurance and contract monitoring across all provision to ensure a continued focus on quality of provision.

It was noted that the previous approach to quality assurance had been largely inward looking and whilst holding providers to account this had relied on the Council being the primary agency in the process. Ms Pomery informed the panel that the new model reflected the multi-agency requirements of the Care Act, and where assuring the quality of services, it was explained that this would be carried out in partnership with a range of stakeholders, including providers, to enable greater understanding, a richer response and wider ownership of the process.

In order to take this work forward it was noted that a new sub-group of the Haringey Safeguarding Adults Board had been established to ensure local quality assurance and safeguarding arrangements were effective across all partners. The panel was informed that this would be supported by a revised Quality Assurance Framework and an annual work plan.

AGREED:

That the work to develop a multi-agency approach to quality assurance and safeguarding in relation to the provider market be noted.

84. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided a brief update on the proposed scrutiny work programme for the remainder of the 2015/16 municipal year.

AGREED:

That the work programme, set out in Appendix A to the report, be noted.

85. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

86. DATES OF FUTURE MEETINGS

The Chair referred Members present to Item 15 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

MEETING:	Adults and Health Scrutiny Panel
DATE:	Tuesday, 1 March 2016
TITLE:	Primary Care Update
LEAD DIRECTOR/MANAGER:	Jennie Williams, Executive Nurse and Director of Quality and Integrated Governance
AUTHOR:	Cassie Williams, Assistant Director of Primary Care Quality and Development
CONTACT DETAILS:	cassie.williams@haringeyccg.nhs.uk

SUMMARY:

This report provides an update to the Adults and Health Scrutiny Panel regarding developments in Primary Care. It describes the strategic direction of primary care including work around estates, access and prevention. It will also consider how this work links to Haringey Council's Priority 2: Outstanding for All: Enable all adults to live healthy, long and fulfilling lives with control over what is important to them.

SUPPORTING PAPERS:

None

RECOMMENDED ACTION:

This report is provided for INFORMATION

Objective(s) / Plans supported by this paper: A redefined model for Primary Care providing proactive and holistic services for local communities supporting 'healthier Haringey as a whole'.

Audit Trail:

Patient & Public Involvement (PPI): There has been no patient involvement in this paper

Equality Analysis:**Risks:****Resource Implications:**

1. Introduction

Haringey CCG is working to ensure high quality general practice in Haringey together with NHS England and the local practices. The CCG is currently at level two co-commissioning; i.e. working in collaboration with NHS England to commission primary care, making decisions about how national priorities can be focused to the greatest benefit of the local community and considering how to continuously provide greater quality of care.

2. Primary Care Strategy

The Primary Care Strategy was developed across North Central London (NCL) (5 boroughs: Barnet, Camden, Enfield, Islington and Haringey). The strategy is based upon the delivery of the Strategic Commissioning Framework which was developed pan-London to provide a new Primary Care offer to Londoners based on specific goals. These are to provide accessible, coordinated and proactive care to the whole population. It is acknowledged that in order to achieve this it is also necessary to work on specific enablers which are estates, workforce, information technology infrastructure and at scale working.

One of Haringey CCGs areas of strategic priority is: “A redefined model for Primary Care providing proactive and holistic services for local communities supporting ‘healthier Haringey as a whole’.” Working towards the above goals will support the CCG in meeting this priority. This will also support the council in achieving priority 2 and its goal to enable all adults to live healthy, long and fulfilling lives in Haringey.

3. Accessible Care and at scale working

In the last 18 months, practices have been increasing the availability of GP appointments through working together in geographic areas to provide additional Saturday clinics and evening appointments. Practices are now establishing a pan-Haringey federation which will enable them to provide an equitable offer to all patients across Haringey for evening and weekend appointments. This will include the potential for patients to access the service via 111 or by being redirected from A&E when primary care is a more appropriate option. The new pan-Haringey service is due to be running by quarter 2 of 2016-17.

In addition to these appointments, work is ongoing to improve the use of technology to support better access. This includes increasing the uptake of online appointment booking and repeat prescription ordering. A bid is also due to be submitted to the national Primary Care Transformation Fund in April for e-consulting which would enable patients to get primary care advice and support electronically.

Improving access also includes ensuring the population to know when is the right time to use primary (GP) and acute (A&E) care and when to use other services which are more appropriate in certain instances, such as visiting a pharmacy or managing minor coughs and colds at home. Local councillors are invited to comment on how the CCG and the council might support the population to make the best choices about their use of healthcare.

The development of a new federation also provides opportunities for Primary Care to work differently together. It has the potential to create new models of care and to make available to the whole population a variety of services. An example of this would be that at scale they could more

effectively offer to the population access to long acting contraception. This is more cost effective and often better for patients. The CCG is working with public health, who commission this service, to consider how this could be best delivered.

4. Coordinated Care

Work is continuing to enable care to be coordinated around individuals. The Better Care Fund which is work coordinated between health and social care how supporting the development of multidisciplinary Locality Teams who can provide joined up care for those most in need of it, including those with multiple long term conditions and those most at risk of admission to hospital. Patients in this cohort are regularly discussed. As a result care plans are developed and dedicated care coordinators identified. Coordinated care provides better outcomes for patients.

5. Proactive Care

In 2015-16 a new local incentive scheme was developed to support increased case finding of those most at risk of stroke. This is a particular area of focus in Haringey Council's Priority 2. Haringey currently has higher than expected numbers of strokes occurring within its population and lower than expected identified cases of two medical conditions which are known risk factors for stroke. These are, atrial fibrillation (AF) (irregular heart beat) and hypertension (high blood pressure). A local incentive scheme has been developed to support GPs in identifying cases of AF and hypertension. The scheme has been running for 4 months. Practices have been screening for these conditions and by April 2016 further information will be received around the impact of this programme. The plan is to continue and extend the programme (from July 2016) to incentivise practices in the better management of these conditions. This includes supporting practices to engage in motivational interviewing of their patients which has been found in hypertension to support better self-management including better medication compliance.

From July 2016 the CCG plans to add a COPD (Chronic Obstructive Pulmonary Disease) (respiratory disease) case finding and management incentive scheme for GPs as this is also an area high incidence in Haringey which results in frequent avoidable hospital admissions.

Work continues to support better management of all long term conditions through self-management courses. In this financial year courses have been developed for those with diabetes and also for generic long term conditions. Evidence has shown that such groups support individuals to better manage their own health. This is also part of the council's priority 2.

Public health information is crucial in identifying those areas of priority for our Haringey population and the CCG continues to work closely with public health colleagues to ensure that we respond to the population's needs.

6. Estates Development

In the previous year, a primary care estates strategy was developed for Haringey which identified four wards with particular need for additional GP capacity. This report has previously been brought to the Adult Oversight and Scrutiny Committee. Work is now progressing to consider how to meet

this need. The priority areas are Green Lanes, Noel Park/Wood Green, Northumberland Park and Tottenham Hale.

Tottenham Hale, in particular, was identified as having a current need and agreement was achieved from NHS England to establish a new GP practice in the area. A temporary site is now in development in Hale Village that will be able to take up to 7000 patients whilst a permanent site is built. The new site is due to be open on 11th April 2016, however, there is some risk that work to re-specify the demountable may result in a further limited delay to later in April.

The best permanent site/s locations for this practice are yet to be confirmed. These are being considered as part of a current feasibility study in the area which will be completed in March 2016. It is, however, likely that the Wellbourne Centre will be a future primary care site with potential to accommodate at least 20,000 patients. The plan would also allow for flexible use of space to enable joint working with council and community services. This location will support growth of at least 20,000 patients. The Council is now looking for a development partner for this site. Planning permission will be sought later in 2016 with work starting on site in early 2017.

Other areas also having long term building solutions identified and proposed. Again, close working with the council is supporting these developments. In order to minimise the potentially significant uplift in rate and rents reimbursements that the CCG would be liable for when developments are complete, work is ongoing to bid for Primary Care Transformation Fund money (submissions are in April). This could potentially release capital to support building new premises which could then be used as GP practices at affordable rents.

7. Workforce Development

Ensuring that there are sufficient doctors, nurses and healthcare assistants in Haringey to meet the growing population is vital if Primary Care is to be of a high quality. The CCG works closely with health providers and adult social care in a network called the Community Education Provider Network (CEPN). This network seeks to ensure there is the right workforce in an area and to support coordinated training. In addition there are specific yearly priorities. In this year there has been a focus on practice nurse (and community nurse) recruitment and development and health and social care support worker training. In the new financial year it has been identified that recruitment and retention of staff in Haringey is a necessary priority. This includes primary care staff. The CCG is looking to work closely with the council and other partners to support development of the needed workforce in the area; considering how quality staff are attracted and retained.

8. Conclusion

Quality Primary Care is vital to support the Council's priority 2 to ensure Haringey's population is healthy. Close collaboration between health and the council is necessary if we are to achieve this goal. It will be vital to focus on prevention and well as treatment and to ensure that the necessary infrastructure is in place (including estates and technology) to deliver an effective primary care.

Report for: Adults and Health Scrutiny Panel, 1st March 2016

Item number:

Title: Neighbourhood Connects Service

Report

authorised by : Charlotte Pomery



Lead Officer: Sebastian Dacre

Ward(s) affected: All

Report for Key/

Non Key Decision: For information

1. Describe the issue under consideration

1.1 The Council and the Clinical Commissioning Group (CCG) commissioned a Neighbourhoods Connect service through the Better Care Fund in 2015. The service was intended to address social isolation for those needing or likely to need interventions from health or from adult social care as part of a preventative approach. This report sets out for the Adults and Health Scrutiny Panel some of the key information about the service and will be accompanied by a presentation to the Panel.

2. Cabinet Member Introduction

2.1 Neighbourhoods Connect is an innovative way to address social isolation amongst residents at risk of needing health or social care. The impact of loneliness and isolation on people's health and wellbeing is beginning to be understood and this service – still in the early stages of implementation – is an effort to understand whether interventions and signposting offer a strong response to individuals who are feeling lonely and unable to take forward key areas of their lives.

3. Recommendations

3.1 To note the work to deliver a Neighbourhoods Connect service across the borough.

4. Reasons for decision

4.1 Whilst the Neighbourhoods Connect service has been in operation for less than a year, Adults and Health Scrutiny Panel is keen to understand its impact in addressing social isolation amongst Haringey residents. This paper sets out some of the early activity data received from the service which will be evaluated in May 2016 as part of its Better Care Fund funding arrangements.

5. Alternative options considered

5. Not applicable.

6. Background information

6.1 Social isolation and loneliness can be key factors in people's health and wellbeing. A recent Better Care Fund event on loneliness, attended by over 100 people, identified three key themes as contributing to loneliness in the borough:

- Loss - through bereavement or people leaving home, which leaves people isolated
- Lack of money - either for Haringey residents so they cannot afford to participate in certain activities or for local community groups which may have to close due to a lack of funding
- Disability – affecting both physical health, mobility and mental health, which may limit people being able to leave their house or using services

6.2 In order to address issues of social isolation, the Council and the CCG commissioned HAGA and Groundwork to deliver a Neighbourhoods Connect service in four localities covering the whole borough and aligned to the primary care collaboratives in Haringey. Groundwork operates in the West Collaborative, HAGA in the other three. The service started in June 2015 and was originally designed to run for a year. Given the slow development required to engage effectively with people in localities, a further six months of funding has been agreed and a full evaluation of the service will get underway in May. The service grew out of a pilot which took place in 2014 and which showed some good outcomes. The specification for the service was outcomes based meaning that the two service providers were able to determine how best to seek and engage with people in the community who may not be in touch with service but who could benefit from some interventions.

6.3 The current contact figures for the service are set out in the table below. Monitoring information is collected on the profile of individuals seen by the service. Feedback is sought and collected from people using the service.

Provider	Collaborative	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
HAGA	Central	8	12	2	49	43	35	30	72
	North East	6	38	9	33	24	16	24	16
	South East	0	9	2	29	14	24	26	44
Ground Works	West	0	7	8	16	4	13	5	0
Total		14	66	21	127	85	88	85	132

6.4 The service is delivered through a number of settings including regular sessions at libraries, General Practice, community centres, the Partnership Boards, Whittington Health and North Middlesex NHS Trusts, Sheltered Housing and specific events including the CAB beach event on Ducketts Common and the Mental Health Enablement event at Barnet, Enfield and Haringey Mental Health Trust. Events that are family, fun or activity--focused have not been suitable for engaging with people around

social isolation. Events that focus on needs, such as employment, volunteering and advice services, have offered better engagement opportunities.

6.5 The three core outcomes set out in the specification for the service are:

1. Haringey residents aged 18 and over are supported to improve their wellbeing
2. Haringey residents aged 18 and over are supported to connect with their community
3. Haringey residents aged 18 and over are supported to be active participants in their community

With an additional outcome from the list below:

4. People aged 18 and over who are at risk of a fall are supported to reduce their falls risk.
5. Increase in number of people trained in dementia awareness
6. People with a long term condition who are supported to self manage their care.

6.6 Asset mapping is being carried out as the service is being delivered. The asset mapping is being achieved through information sharing with stakeholders, desk top research, information received from the community and working collaboratively with service providers. The service, in different ways, is seeking to increase participation in a number of existing community initiatives and to develop new ones such as establishment of a gardening project for residents in a neighbourhood and increased use of communal spaces in residential blocks.

7. Contribution to strategic outcomes

7.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council over the next three years. As well as seeking to enable all adults to lead healthy and fulfilling lives, the Plan's underpinning principles of empowering communities to enable people to do more for themselves and promoting equality are reflected in the Neighbourhoods Connect service.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

8.1 Finance

Not applicable.

8.2 Procurement

Not applicable.

8.3 Legal

Not applicable.

8.4 Equality

8.4.1 An Equalities Impact Assessment was carried out at the point of awarding the contract. An evaluation of the service will be undertaken in May 2016 to determine the outcomes of the service and its wider impact. This is likely to consider the impact on protected groups of delivering the service in this way.

9. Use of Appendices

None.

10. Local Government (Access to Information) Act 1995

None.

Report for: Adults & Health Scrutiny Panel on 1st March 2016

Item number:

Title: Adult Safeguarding Update

Report authorised by : Beverley Tarka, Director of Adult Social Services

Lead Officer: Chris Atherton, Principal Social Worker

Ward(s) affected: N/A

Report for Key/

Non Key Decision: Non Key Decision/For Information

1. Describe the issue under consideration

1.1 This paper has been drafted in relation to the recent BBC London report which reported that there had been a lack of care and support for an elderly lady living at home with dementia. The news report was filmed at the service user's home and included neighbours who it appears had contacted the media about their concerns. Adult Services is unable at this stage to comment in detail on the specifics of this case in order to respect confidentiality of the individual and data protection considerations however, it is important to state that we have been in frequent contact with the resident and have enhanced the care and support she needs, while promptly investigating issues that have been raised with us.

1.2 At the time of the press report, the support being provided to this resident included multiple daily visits from carers in line with her assessed needs and express wish to remain living at home. These wishes were noted during social work intervention and assessment. However, given the complex and rapidly changing nature of adult social care cases, the appropriateness of this support is regularly reviewed on an ongoing basis. We continue to work closely with her to ensure that the care she receives carries on meeting her assessed needs and is in her best interests.

1.3 Currently Adult Social Services is undertaking a Section 42 enquiry into the events that led to contact being made to the Local Authority on 20th January 2016. The safeguarding process is looking at a number of potential areas which may include self neglect, neglect and organisational abuse. However, these are potential areas of enquiry and at present there is no clear evidence to state that any of these areas of abuse have taken place. The process of the Section 42 enquiry is described in more detail in section 6.1.

2. Cabinet Member Introduction

2.1 The Council is committed to caring for all Haringey residents who receive adult care support. This case is unacceptable, and as soon as the lady's circumstances were brought to my attention, the Council began a number of steps to deal with the matter: we increased her care packages and arranged for the property to be deep cleaned. It is right that we now investigate further via a Section 42 enquiry and ensure that lessons learnt inform future practice.

2.12 The Care Act 2014 provides an important framework to address the issues under consideration in this case. It is clear that people's wishes, needs and feelings should be at the heart of all care and support activity, including safeguarding, and that local authorities must involve individuals in all decisions about them. This 'duty to involve' applies in all settings and regardless of the complexity of a person's situation. Effective adult safeguarding means promoting people's rights as well as their physical safety. The Section 42 enquiry currently underway will enable all parties involved to identify learning and improvements for practice. The Safeguarding Adults Board (SAB) will have a role in ensuring that learning and improvement is disseminated broadly.

3. Recommendations

3.1 This is an update report so there are no recommendations for the Committee, but the Section 42 enquiry will be pursued as outlined in this report.

4. Reasons for decision

4.1 The recommendation arising from the Section 42 enquiry will be reported back to Scrutiny for review.

5. Alternative options considered

N/A

6. Background information

6.1 Section 42 enquiry

6.1.1 An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

6.1.2 The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk.

6.1.3 This is usually preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore whether the Section 42 duty applies.

6.1.4 It is important that at all points, the six safeguarding principles, are considered in determining the next course of action:

- empowerment – people should be supported and encouraged to make their own decisions and give informed consent;
- prevention – it is better to take action before harm occurs rather than waiting until it does occur;
- proportionality – the response should be the least intrusive and the most appropriate to the risk presented;
- protection – there should be support and representation for those in greatest need;
- partnership – services should work with their communities to produce local solutions; communities have a part to play in preventing, detecting and reporting neglect and abuse; and

- accountability – safeguarding practice should be accountable and transparent.

6.1.5 Enquiry by Local Authority

This applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- (a) has needs for care and support (whether or not the authority is meeting any of those needs);
- (b) is experiencing, or is at risk of, abuse or neglect; and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes. Whatever form the enquiry takes, the following must be recorded:

- details of the safeguarding concern and who raised it;
- the views and wishes of the adult affected, at the beginning and over time, and where appropriate the views of their family;
- any immediate action agreed with the adult or their representative;
- the reasons for all actions and decisions;
- details of who else is consulted or the concern is discussed with;
- any timescales agreed for actions; and
- sign-off from a line manager and/or the local safeguarding lead or designated adult safeguarding manager.

6.2 Advocacy

6.2.1 The Care Act introduces a new advocacy duty for local authorities. This applies to adults who are the subject of a safeguarding if:

- they have care and support needs;
- they have 'substantial difficulty' in being involved in decision-making; and
- there is no appropriate person available to support them and represent their wishes.

6.2.2 According to the legislation, there are four areas to consider when assessing whether an adult has substantial difficulty in being involved in a decision. Can the person:

- understand the relevant information?
- retain information?
- use or weigh up information?
- communicate their views, wishes and feelings?

6.2.3 If the person has substantial difficulty in being involved in a decision, an appropriate individual can support them and help them to be involved. This individual may be their family member or friend of the individual, but may not be someone who is paid to give care or treatment to them.

6.2.4 The role of an advocate is to support and represent the individual, and to help them be involved in key processes and interactions with the local authority.

6.2.5 It is essential that the advocate is fully independent. The Care Act 2014 makes clear that advocates must not be employed by the local authority or by any

organisation that has been commissioned to carry out assessments, care and support plans or reviews for the local authority.

6.3 Consideration of Ongoing Support

6.3.1 After a safeguarding incident has been reported and investigated, and action taken to ensure that the person is no longer at risk of abuse or neglect, practitioners will consider what ongoing support the person may need.

6.4 Next Steps

6.4.1 At present there are two main strands that are being actioned by Adult Social Services in relation to this case.

6.4.2 The first is around the current and long term support arrangements for the service user. This is being managed by the allocated Social Worker along with other Health and Social Care colleagues. Consideration will be given to ongoing assessment of capacity in relation to specific decision making in relation to care and support choices. The support of advocacy is an important component of this. Risk management of the various options is also an integral part of this work.

6.4.3 If this option proves untenable, then consideration will have to be given to a move to a formal care setting such as a residential or extra care placement. This would provide the service user with the ongoing and focused care and support that she would require in managing her needs and making sure outcomes are achieved. In keeping with good practice we will work supportively and sympathetically with the resident. Any action will be mindful of her wishes, including the ongoing involvement of informal carers and friends.

6.4.4 The second strand is the safeguarding Section 42 enquiry which is currently underway. This enquiry will help ascertain the views and wishes of the service user where it is possible to do so, to establish the facts of what has happened and make recommendations for what actions need to be taken next. This will be supported by the formal safeguarding strategy meetings that are in place.

6.4.5 The outcomes of the safeguarding enquiry, including recommendations and key areas of learning, will be fed back to the Safeguarding Adults Board (SAB).

7. Contribution to strategic outcomes

7.1 The Safeguarding Adults Board (SAB) will consider the outcomes and recommendations of the Section 42 enquiry and will support dissemination of learning that has arisen.

8. Statutory Officers comments (Legal)

Haringey Adult Social Services is in the process of taking the appropriate and proportionate steps required by them pursuant to the relevant provisions within the Care Act 2014 and the Mental Capacity Act 2005, to safeguard and make the welfare decisions that need to be made for the individual concerned that are in her best interest. Because of the sensitive and personal nature of the work being completed, the service must respect the individual's privacy and we are not in a position to provide any further detail's that risk a breach of confidence or process and procedure.

9. Use of Appendices

N/A

10. Local Government (Access to Information) Act 1985

N/A

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Report for: Adults and Health Scrutiny Panel – 1 March 2016

Item number: 13

Title: Work Programme Update

Report authorised by : Bernie Ryan, Assistant Director of Corporate Governance

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

Ward(s) affected: All

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

- 1.1 This report gives details of the 2015/16 scrutiny work programme and highlights outstanding items of work for consideration in developing a work programme for 2016/17.

2. Cabinet Member Introduction

N/A.

3. Recommendations

- 3.1 (a) That the Panel considers its work programme, attached at **Appendix A**, and considers whether any amendments are required.
- (b) That the Overview and Scrutiny Committee be asked to endorse any amendments, at (a) above, at its next meeting.

4. Reasons for decision

The work programme for Overview and Scrutiny was agreed by the Overview and Scrutiny Committee at its meeting on 27 July 2015. Arrangements for implementing the work programme have progressed and the latest plans for the Adults and Health Scrutiny Panel are outlined in **Appendix A**.

5. Alternative options considered

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

6. Background information

- 6.1 The careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility. At its first meeting of the municipal year, on 8 June 2015, the Overview and Scrutiny Committee agreed a process for developing the 2015/16 scrutiny work programme.
- 6.2 Following this meeting, a number of activities took place, including a public survey and Scrutiny Cafe, where over 90 suggestions, including a number from members of the public, were discussed by scrutiny members, council officers, partners, and community representatives. From these activities issues were prioritised and an indicative work programme agreed by the Overview and Scrutiny Committee in late July.
- 6.3 Whilst Scrutiny Panels are non-decision making bodies, i.e. work programmes must be approved by the Overview and Scrutiny Committee, this item gives the Panel an opportunity to oversee and monitor its work programme and to suggest amendments.

Forward Plan

- 6.4 Since the implementation of the Local Government Act and the introduction of the Council's Forward Plan, scrutiny members have found the Plan to be a useful tool in planning the overview and scrutiny work programme. The Forward Plan is updated each month but sets out key decisions for a 3 month period.
- 6.5 To ensure the information provided to the Panel is up to date, a copy of the most recent Forward Plan can be viewed via the link below:

<http://www.minutes.haringey.gov.uk/mgListPlans.aspx?RP=110&RD=0&J=1>

- 6.6 The Panel may want to consider the Forward Plan and discuss whether any of these items require further investigation or monitoring via scrutiny.

Recommendations, Actions and Responses

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

7 Contribution to strategic outcomes

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

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

Finance and Procurement

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

Legal

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

Equality

- 8.6 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - Advance equality of opportunity between people who share those protected characteristics and people who do not;

- Foster good relations between people who share those characteristics and people who do not.

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

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

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

9 Use of Appendices

Appendix A – Work Programme

10 Local Government (Access to Information) Act 1985

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

Work Programme 2015/16 – Adults and Health Scrutiny Panel

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
29 June 2015	Primary Care in Haringey	<p>An update on “Primary Care in Haringey” – including the Premises Task and Finish Group.</p> <p>Using the report from January 2015 as a template this item will provide an update on (a) Access to GPs/Buildings; (b) Primary Care Models moving forward; and (c) GP Co-Commissioning.</p> <p>In addition, this is an opportunity to look at options for scrutiny involvement moving forward, for example input from / questioning of NHS England.</p>	<p>Cassie Williams, Head of Quality and Performance, Haringey CCG</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p>
Cont...PTO	The principles and methodology that will support the consultation and co-production process for proposed changes to adult care services	<p>An update on the redesign and re-provision of Adult Social Services – using the 16 June Cabinet report as a template.</p> <p>This paper informs Members of the principles and methodology that will support the consultation and co-production processes.</p> <p>The Cabinet Member for Health and Wellbeing will be in attendance for Q&As.</p>	<p>Cabinet Member for Health and Wellbeing Councillor Peter Morton</p> <p>Beverley Tarka, Interim Director Adult Social Services</p> <p>Charlotte Pomery, Assistant Director Commissioning</p>

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
29 June 2015	Quality Assurance and the Care Quality Commission in Haringey	<p>To receive an update/info on:</p> <ul style="list-style-type: none"> - The LBH improvement plan in relation to the CQC Sevacare – Haringey Inspection Report (May 2015) with information requested in relation to the strategic direction of the council as an enabler to support a diverse market place. - The progress that had been made in delivering the improvement plan for KLOE 5 – “<i>Is the service well led?</i>” in relation to the CQC Inspection of Haringey’s Community Reablement Service (Update requested by the Scrutiny Panel in March 2015). - Options for keeping scrutiny informed of CQC inspections to ensure panel members are aware of, and are able to provide input to, trends emerging, especially in terms of safeguarding. This should include options for planned inspections and services where the inspections have already reported. 	<p>Beverley Tarka, Interim Director Adult Social Services</p> <p>Charlotte Pomery, Assistant Director Commissioning</p>
	Scrutiny Work Programme Development	To set out some basic principles of good work programming and to provide an update on the public survey and Scrutiny Cafe.	Christian Scade, Principal Scrutiny Officer

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
5 October 2015	Care Quality Commission Inspection Programme	<p>An opportunity for Members of the Panel to hear about the CQC's strategic approach to their regulatory and quality improvement work as well as to understand issues and trends arising from recent inspections locally as they affect Haringey residents.</p> <p>CQC to set out their future work programme and highlights from inspections already carried out.</p> <p>Martin Haines, Inspection Manager, CQC to attend.</p>	<p>Charlotte Pomery, Assistant Director Commissioning</p> <p>Martin Haines, Inspection Manager, CQC</p>
	Quality Assurance and Safeguarding	<p>Update report to include the following:</p> <ul style="list-style-type: none"> - Draft QA Framework to be provided to the panel for comment before the framework is considered by SAB in October; - Case studies and information on roles and responsibilities; - Options for scrutiny involvement moving forward; - Report to outline how the framework will ensure links between quality assurance and safeguarding are understood and followed through. 	<p>Charlotte Pomery, AD Commissioning</p> <p>Beverley Tarka, Director Adult Social Services</p>
	Health and Social Care Integration	<p>This item will provide an update on the corporate programme to set the scene but will focus on the Better Care Fund.</p>	<p>Beverley Tarka, Director Adult Social Services</p> <p>Marco Inzani Commissioning Lead for Better Care Fund</p>

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
	Work Programme Update	A standing item to ensure the panel's work programme is kept under review throughout the year.	Christian Scade, Principal Scrutiny Officer
5 November 2015	The consultation and co-production process for proposed changes to adult care services	To look at how the process was conducted	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD Commissioning
	Mental Health and Wellbeing Updates	This item will cover: <ul style="list-style-type: none"> - Monitoring of actions outlined in the Joint Mental Health and Wellbeing Framework. For further information please see the minutes from the March 2015 AHSP meeting. - Monitoring of the recommendations made by the Transition from Child to Adult Mental Health Service Scrutiny Project. The Executive Response was considered by Cabinet in June 2015. 	Dr Tamara Djuretic, Assistant Director of Public Health Shelly Shenker, CCG Catherine Swaile, CCG
	Access to GPs	Since the start of 2015 the Panel has received several updates concerning Primary Care in Haringey. Moving forward, and in view of the plans for Tottenham Hale, the Scrutiny Panel have invited NHS England to attend their meeting on 5 November.	Jonathan Weaver, NHS England Cassie Williams, Assistant Director of Primary Care Quality & Development

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
		With NHS England responsible for commissioning primary care (recognising there are now co-commissioning arrangements in place), and having already heard from Haringey CCG, the Panel would like an update from NHS England. The issues for discussion include (a) plans for Tottenham Hale, (b) plans being developed out of the Strategic Premises Plan, and (c) an update on the premises infrastructure fund bid.	Dr. Jeanelle de Gruchy Director of Public Health
	Work Programme Update	A standing item to ensure the panel's work programme is kept under review throughout the year.	Christian Scade, Principal Scrutiny Officer
18 January 2016	Foot Care	<p>Consideration of issues discussed as part of the Scrutiny Cafe (June 2015) and Public Survey (May/June 2015).</p> <p>Panel members to meet with service users in December/January (date TBC) to gain a better understanding of various issues, raised at the Scrutiny Cafe and Public Survey.</p>	<p>Beverley Tarka, Director Adult Social Services</p> <p>Marco Inzani Commissioning Lead BCF</p>
	Better Care Fund (BCF) Update	<p>In October 2015 the Panel asked for an update on the BCF.</p> <p>It was agreed that this should focus on Non- Elective admissions and the deep dive / analysis taking place in relation to Care Home and Falls Outcomes.</p>	<p>Marco Inzani Commissioning Lead BCF</p> <p>Beverley Tarka, Director Adult Social Services</p> <p>Charlotte Pomery,</p>

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
		Information will also be provided on the Care Home Market.	AD Commissioning
	LGA Peer Challenge <i>“Commissioning for Better Outcomes”</i>	An opportunity for scrutiny to focus on issues/actions relating to promoting a sustainable and diverse market place. This should include the executive summary, and the recommendations, from the peer review. Charlotte Pomery will also provide information on “the market” to enable Members to have a picture and some analysis of the services residents receive from the market.	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD Commissioning
	The Provider Market	This report will focus on the multi agency approach to safeguarding and quality assurance in relation to the provider market.	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD Commissioning
	Cabinet Member Questions – Cabinet Member for Health and Wellbeing	Q&A session (TBC) with the Cabinet Member for Health and Wellbeing, Councillor Peter Morton, focusing on the process for co-production during the implementation of decisions, made by Cabinet in November 2015, in relation to changes to adult care services.	Cllr Peter Morton / Daisy Daventry
	Work Programme Update	A standing item to ensure the panel’s work programme is kept under review throughout the year.	Christian Scade, Principal Scrutiny Officer
11 February 2016	Budget (and Performance) Monitoring – Priority 2	In October 2015 the main Overview and Scrutiny Committee agreed each scrutiny panel could set a date, during the course of	Beverley Tarka, Director Adult Social Services

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
	<i>“Enable all adults to live healthy, long and fulfilling lives”</i>	<p>each year, to undertake a review of their areas overall service and financial performance, taking into account previous years’ performance, the current year’s estimated outturn position and future changes as set out in the Council’s MTFS. The outcome from each review will be considered by the full O&S Committee at the next meeting where the Council’s overall quarterly budget performance is considered.</p> <p>To set the scene information will be provided at the start of the meeting in relation to the P2 Priority Performance Dashboard.</p>	<p>Katherine Heffernan, Head of Finance (to liaise with CCG colleagues)</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p> <p>Charlotte Pomery, AD Commissioning</p> <p>Cabinet Member for Health and Wellbeing, Councillor Peter Morton</p>
1 March 2016	Primary Care Update (Report)	<p>To focus on the strategic direction for Primary Care in Haringey, and New Models of Primary Care. This will include updates on: pro-active care; premises; access; and prevention. Consideration to be given to how these issues link to the Priority 2 dashboard</p> <p>http://www.haringey.gov.uk/local-democracy/policies-and-strategies/building-stronger-haringey-together/p2</p>	Cassie Williams, Assistant Director of Primary Care Quality & Development
	Mental Health and Wellbeing Framework – Priority 2 (Presentation)	<p>In November 2015 the Panel agreed that an update, specifically related to Priority 2 (of the framework) and the Overview and Scrutiny CAHMS transition review recommendations should be scheduled for March 2016.</p>	<p>Tamara Djuretic, AD Public Health</p> <p>Shelly Shenker, CCG</p> <p>Catherine Swaile, CCG</p>

Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
	High Level Project Plan for Day Opportunities Transformation (Presentation)	The panel will receive a presentation on the high level project plan for Day Opportunities Transformation.	Beverley Tarka, Director Adult Social Services
	Neighbourhoods Connect (Update Report)	<p>On 29 June 2015 the Adults and Health Scrutiny Panel discussed a number of suggestions in relation to loneliness and isolation. Following further discussion, with the Panel Chair and officers, it's been agreed the Panel should receive an update report on "Neighbourhoods Connect".</p> <p>This update report will include:</p> <ul style="list-style-type: none"> - What's in place across the borough - "Who's doing what / where?" - Mapping of activity and key milestones moving forward 	<p>Beverley Tarka, Director Adult Social Services</p> <p>Charlotte Pomery, AD Commissioning</p>
	Cabinet Member Q&A	"Review of the Year" with a focus on Objective 1, Priority 2.	Cabinet Member for Health and Wellbeing Councillor Peter Morton
	Scrutiny Update on Adult Safeguarding (Verbal Update)	Following the workshop with Dr Cooper, looking at how scrutiny can add value to adult safeguarding and quality assurance issues, this is an opportunity to summarise scrutiny activity in this area. This report will provide a summary of site visits, best practice from other local authorities and look at ways to develop the scrutiny work programme moving forwards.	Cllr Pippa Connor, Chair Christian Scade, Principal Scrutiny Officer
	Work Programme	End of Year Update	Christian Scade, Principal Scrutiny Officer

Items to be scheduled / rolled over to 2016/17:

- Men's Health Review – from 2011/12 – monitoring of previous recommendations
- Care Quality Commission Inspection Programme – October 2016
 - o This annual item – with input from the CQC - was requested by the Panel in October 2015.
- SAB Annual Report – to become an annual item – dates TBC .
- Alcohol and Tobacco - for further discussion with the Director of Public Health based on priorities outlined in Health and Wellbeing Strategy.
- Quality Accounts: North Middlesex University Hospital NHS Trust
 - o Following the joint briefing with LB Enfield in August 2015 the Trust suggested a follow up briefing could take place in January or February 2016 (TBC)
- Various work programme suggestions were put forward for future scrutiny by OSC in [Jan 2016](#) and by the Panel in [Jan 2016](#) and [Feb 2016](#)
 - o These can be viewed via the minutes (once published) via the hyperlinks above and will need to be picked up in developing the 2016/17 work programme.

Items not taken forward:

- Obesity
 - o Following an informal briefing on the panel's work programme, held on 9 September 2015, it was agreed that time and resources, at this stage, should be prioritised by scrutinising, and preparing for, other items listed on the work programme.
- Paediatric A&E attendances and admissions.
 - The issue of A&E attendances and admissions was picked up by the NCL JHOSC at their meeting in September 2015

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