

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday, 5th November, 2015, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

MEMBERS: Councillors Pippa Connor (Chair), Gina Adamou, David Beacham, Clare Bull, Stephen Mann, Peter Mitchell and Felicia Opoku

Quorum: 3

1. FILMING AT MEETINGS

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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. ITEMS OF 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 - 8)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 5 October 2015.

7. NHS ENGLAND UPDATE (PAGES 9 - 10)

Since the start of 2015 the Adults and Health Scrutiny Panel has received several updates about Primary Care in Haringey.

With NHS England responsible for commissioning primary care (recognising there are now co-commissioning arrangements in place), and having heard from Haringey CCG in January 2015 and June 2015, the Panel will receive a presentation from NHS England.

The issues for discussion will include (a) the plans being developed out of Haringey's Strategic Premises Plan, (b) plans for Tottenham Hale, and (c) an update on the Primary Care Infrastructure Fund.

8. PRESENTATION ON THE METHODOLOGY WHICH HAS SUPPORTED CONSULTATION AND CO PRODUCTION FOR PROPOSED CHANGES TO ADULT CARE SERVICES (PAGES 11 - 28)

This item provides information on the methodology which has supported Consultation and Co production for proposed changes to adult care services.

9. MENTAL HEALTH AND WELLBEING UPDATES (PAGES 29 - 40)

This report provides updates in relation to: (a) the Joint Mental Health and Wellbeing Framework in Haringey, and (b) the recommendations made by the

Adults and Health Scrutiny Panel, in March 2015, concerning Transition from Child Mental Health Services to Adult Mental Health Services.

10. WORK PROGRAMME UPDATE (PAGES 41 - 52)

This report gives details of the proposed scrutiny work programme for the remainder of the municipal year.

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

The following dates are listed in the diary:

- 18 January 2016
- February 2016 (TBC)
- 1 March 2016

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Bernie Ryan
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Wednesday, 28 October 2015

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MINUTES OF ADULTS & HEALTH SCRUTINY PANEL HELD ON Monday, 5th October, 2015, 6.37pm – 9.15pm

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, Raj Sahota and Felicia Opoku

47. 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'.

48. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Cllr David Beacham (Cllr Bob Hare substituted) and Cllr Clare Bull (Cllr Peter Mitchell substituted).

49. ITEMS OF URGENT BUSINESS

There were no items of urgent business put forward.

50. DECLARATIONS OF INTEREST

Councillor Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9 and 10 by virtue of her sister working as a GP in Tottenham.

Councillor Peter Morton, Cabinet Member for Health and Wellbeing, declared a personal interest in relation to agenda item 9 – Haringey Better Care Fund Plan Update – by virtue of being a Council appointed representative for the Bridge Renewal Trust.

There were no disclosable pecuniary or prejudicial interests declared by members.

51. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

There were no deputations, petitions, presentations or public questions.

52. MINUTES

AGREED: That the minutes of the meeting held on 29 June 2015 be approved as a correct record.

53. CARE QUALITY COMMISSION

The panel considered a presentation from Martin Haines, Inspection Manager, Adult Social Care Directorate, Care Quality Commission, London Region.

Mr Haines commenced his presentation by explaining that the Care Quality Commission (CQC) was the independent regulator of health and social care in England. It was explained that the purpose of the CQC was to ensure health and social care services provided safe, effective, compassionate, high-quality care, and to encourage care services to improve. The panel noted that the role of the CQC was to monitor, inspect and regulate services to ensure they met fundamental standards of quality and safety.

Mr Haines provided details concerning the information published by the CQC, including performance ratings, and on the methodology and approach used by the CQC. The following issues were noted in relation to the practicalities of inspection:

- Unannounced except where this would be impractical
- Provider Information Returns (PIR)
- The emphasis that was placed on hearing people's voices
- The use of bigger inspection teams, including specialist advisors and experts by experience

The panel was informed that, under the new CQC framework, inspectors assessed all health and social care services against five key questions - is a service: safe, effective, caring, responsive to people's need and well-led? Mr Haines explained that a judgement framework supported this assessment, providing a standard set of key lines of enquiry directly relating to the five questions. The panel noted that the new ratings system used the assessment of these five areas to rate services as: outstanding, good, requires improvement or inadequate. This enabled people to easily compare services. The panel was informed that services rated as outstanding were normally re-inspected within 2 years; good services within 18 months; services requiring improvement within a year; and inadequate services within 6 months.

Mr Haines concluded his presentation by providing information on the following:

- The fit and proper person requirement to ensure directors or equivalents were accountable for the delivery of care and that they were fit and proper to carry out this role.
- The purpose of special measures to ensure failing services were improved or closed.

During the discussion reference was made to the following:

- The latest national and local CQC ratings, as of September 2015.

- Fundamental CQC standards with a comparison between regulations used since April 2015 and previous regulations.
- The programme of inspection for Haringey and how the CQC worked/communicated with the Council.
- The importance of safeguarding, and issues in relation to the Council's Establishment Concerns Procedure.
- The importance of the CQC taking evidence from, and talking to, the relatives and carers of service users.
- The ways in which members of the scrutiny panel, and members of the public, could receive further details about the CQC including information via the following channels: www.cqc.org.uk; enquiries@cqc.org.uk; and @CareQualityComm.

The panel thanked Mr Haines for his attendance and it was agreed that the Care Quality Commission should attend a Scrutiny Panel meeting in October 2016 to provide an update on their inspection programme for Haringey.

AGREED:

1. That the report and presentation from the Care Quality Commission be noted.
2. That the Care Quality Commission be invited to attend a Scrutiny Panel meeting in October 2016 to provide an update on their inspection programme for Haringey.

54. QUALITY ASSURANCE AND DEVELOPING A PARTNERSHIP APPROACH IN HARINGEY

The panel considered the report, and presentation, of Beverley Tarka, Director of Adult Social Care.

Beverley Tarka commenced her presentation by providing information on the Council's new duties as set out in Sections 5 and 48 of the Care Act 2014. The panel noted the changing landscape for adult social care in terms of both the Care Act and the Council's commissioning intentions, as set out in the Corporate Plan and Market Position Statement. As a result of these changes, it was explained that the Council was strengthening its approach to quality assurance and contract monitoring.

The panel was informed that Quality Assurance was important to ensure local services were safe and of a high standard. It was recognised that everyone, including people who use services, relatives, carers, providers, staff delivering the service, social care staff, health practitioners, safeguarding professionals, and regulatory bodies, had a role to play to ensure improvements could be made to the quality of care provided across Haringey.

During the discussion, reference was made to the governance arrangements that were in place and information was provided in relation to how quality would be assured in respect of safeguarding, social work practice, provider services and

commissioning, and in relation to the opportunities that were available to develop a community wide partnership approach to assuring quality across Haringey's Health and Social Care system.

The panel considered the information contained in Appendix 1 and Appendix 2 of the report and a number of issues were discussed, including:

- Whistle-blowing policies and protocols for social workers, care staff and external service providers.
- The aims and objectives of the Safeguarding Adults Board (SAB) and the purpose of the Adult Social Services Quality Assurance Board. The panel agreed that it would be useful for the Director of Adult Social Care to provide members of the scrutiny panel with a diagram to clarify the governance arrangements for Quality Assurance and Adult Safeguarding in Haringey
- The roles and responsibilities of various stakeholders, including elected councillors, and looking at ways in which the Adults and Health Scrutiny Panel could add value to adult safeguarding and quality assurance issues.
- Definitions for quality and the Care Quality Commission's framework for quality – safe, effective, caring, responsible, well led.
- Measurements of quality including issue relating to contract monitoring, complaints, compliments and other feedback.
- The shared strategic focus that was provided through the Health and Wellbeing Board, SAB's Quality Assurance sub-group and Quality Workshops.
- The Adult Social Care and Improvement and Quality Action Plan for 2014/15 and 2015/16 concerning the actions listed in relation to work enhancing the quality of life for people with care and support needs.
- Haringey's Market Position statement, published in June 2015. It was explained that this set out Haringey's plans to work with providers to develop diverse high quality care locally to meet local need and the Council's strategic priorities whilst delivering value for money.

AGREED:

- (a) That the content of the report and presentations, outlining Haringey's approach to Quality Assurance and ambition to develop a community wide partnership approach to assuring quality across the Health and Social Care system, be noted.
- (b) That the Director of Adult Social Care be asked to provide members of the scrutiny panel with a diagram to clarify the governance arrangements for Quality Assurance and Adult Safeguarding in Haringey.
- (c) That a member briefing be arranged, by the Principal Scrutiny Officer, to enable panel members to further consider how the Adults and Health Scrutiny Panel could

best contribute to adult safeguarding and quality assurance issues. It was agreed that this should take place during November 2015.

55. HARINGEY BETTER CARE FUND PLAN UPDATE

The panel considered the report of Marco Inzani, Commissioning Lead for the Better Care Fund (BCF).

Mr Inzani informed the panel that the BCF was a transformational programme for complex system integration. It was explained that the vision for Haringey's BCF was for people to have more control over the health and social care they received, for it to be centred on their needs, supporting independence and locally provided wherever possible.

The panel noted that the pooled budget for the Haringey BCF in 2015/16 was £22 million, with £16.4 million from Haringey CCG and £5.6 million from Haringey Council.

Mr Inzani informed the panel that Haringey CCG and Haringey Council had approved plans for the use of the BCF pooled budget. It was noted this would be used to review and deliver up to 20 different services organised into four schemes.

A number of issues were discussed in relation to Scheme 1: Admission Avoidance, including:

- The Locality Team. The panel was informed that this service had been implemented as a Test and Learn Pilot with two GP practices (Lawrence House and Morris House). It was noted that patients at risk of an emergency hospital admission would be supported by a multi-disciplinary team to identify health and social care goals that would promote self-care and self-management to improve health and well-being.
- Falls Prevention. The panel was informed that this service provided a strength and balance exercise programme to help prevent falls in older people.

The panel was informed that Scheme 2: Effective Hospital Discharge included the following services: Reablement; Step Down; and Home From Hospital. It was noted that these services facilitated discharge from hospital as quickly, safely and effectively as possible.

In terms of Scheme 3: Promoting Independence, the panel was informed that the BCF would help to deliver services that would build community capacity to reduce isolation and improve health and wellbeing. The following services were discussed: Neighbourhood Connects; Palliative Care; Supported Self-Management (Generic); and Supported Self-Management (Diabetes).

Mr Inzani explained that Scheme 4: Integration Enablers would help to deliver services to support the implementation of the first three schemes. The panel considered information relating to Interoperable IT; Workforce Development; Disabled Facilities; and Care Act Responsibilities.

In terms of BCF Governance, it was noted that each BCF Scheme linked to a working group and that the working groups reported to the Operational Group – Adults. The panel was informed that this included membership from: Haringey CCG; Haringey Council; HAVCO; Healthwatch; North Middlesex Hospital Trust; and Whittington Hospital Trust. Mr Inzani explained that any issues from this group were escalated to the Health and Care Integration (HACI) Board that reported to the Health and Well-being Board. The panel was informed that once a quarter all finance and performance was overseen by the Finance and Performance Partnership Board. It was noted that the HACI Board and the Finance and Performance Partnership Board were the only meetings that were exclusively for senior managers from Haringey Council and Haringey CCG.

During the discussion, reference was made to: how the BCF budget had been assigned; how the main target of a reduction in emergency hospital admissions had been progressing; how outcomes were progressing; how the public had been engaged; how national conditions were being met; how key milestones were being delivered; how risks had been identified and managed; and how the programme was being governed.

The panel was informed that the BCF was expected to deliver fewer emergency hospital admissions (Non-Elective admissions or NELs) over 2015/16.

Mr Inzani explained that Haringey CCG measured hospital activity on Non-Elective Admissions (NELs) using Secondary Uses Service (SUS) data. It was noted that this was the single, comprehensive repository for healthcare data in England. The panel was informed that SUS data for Total NELs had approximately 1000 specialties (e.g. trauma and orthopaedics; neurosurgery; palliative medicine). It was noted that NHS England recommended using a subset of NELs for the BCF. This recommended subset excluded a number of specialties including well-babies and oral surgery. It was noted that Haringey CCG and Haringey Council had decided to adopt this definition so it more closely aligned to the BCF programme of work for 2015/16. The panel considered the information on NELs and NEL performance as outlined in sections 5.8 – 5.13 of the report.

In addition to NELs, it was noted that the Haringey BCF was measured according to the following five outcomes:

- Permanent admissions of older people to residential and nursing care homes, per 100,000 population.
- Proportion of older people who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services.
- Delayed transfers of care (delayed days) from hospital per 100,000 population.
- Injuries due to falls in older people per 100,000 population.
- GP Patient Survey: In the last 6 months, has the Service User received enough support from local services (not just health) to manage their long term condition(s)?

The panel raised concerns in relation to both Care Home Outcomes (30% over target) and Falls Outcome (23 over target). In response to questions, Mr Inzani explained that the factors that contributed to these outcomes were varied and complex. As a result, the panel was informed that a thorough analysis (deep dive) had been undertaken to examine a range of supporting data to determine whether an appropriate response could be explored.

During the discussion it was noted that several risks had been identified for the delivery of the BCF Plan. The highest risk related to emergency hospital admissions not being reduced. It was explained that this was the main target for the BCF and that the release of the contingency fund was dependent on this performance. Other risks and issues included: Joint working structures; the fact that future budgets and targets for the BCF had not been confirmed by NHS England beyond April 2016; Data quality and sharing; and the fact that the existing culture of the workforce in health and social care could be a barrier to integration and access of services.

AGREED:

- (a) That the updates on the Haringey Better Care Fund be noted:
- (b) That an update on the Haringey Better Care Fund, focusing on Non-Elective admissions and the thorough analysis (deep dive) in relation to Care Home and Falls Outcomes, be prioritised in the panel's future work programme (for January 2016) and discussed further under item 10 on the agenda – Work Programme Update.

56. WORK PROGRAMME UPDATE

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

It was agreed that the following items, discussed under items 7, 8 and 9 on the agenda, should be prioritised for inclusion in the panel's future work programme:

- The Care Quality Commission should be invited to attend a Scrutiny Panel meeting in October 2016 to provide an update on their inspection programme for Haringey.
- An update on the Haringey Better Care Fund, focusing on Non-Elective admissions and the thorough analysis (deep dive) in relation to Care Home and Falls Outcomes, should be prioritised in the panel's future work programme (for January 2016).
- A member briefing should be arranged, by the Principal Scrutiny Officer, to enable panel members to further consider how the Adults and Health Scrutiny Panel could best contribute to adult safeguarding and quality assurance issues. It was agreed that this should take place during November 2015.

AGREED:

That, subject to the additions, comments and amendments, referred to above, the items outlined in Appendix A of the Work Programme Update report were agreed and recommended for endorsement by the Overview and Scrutiny Committee on 19 October 2015.

57. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

58. DATES OF FUTURE MEETINGS

The Chair referred Members present to Item 12 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

NHS England Update – Tottenham Hale



Haringey Premises Strategy Plan Update

- The Haringey Premises Strategy Plan was presented to the NHS England FIPA Pipeline 11th August 2015, who have endorsed the findings of the paper on behalf of NHS England.
- The final endorsement of the Premises Strategy Plan on behalf of NHS England was provided by FIPA on 21st September 2015.
- NHS England, Haringey CCG and Haringey Council Planners are working on a Delivery Plan which sets out, in detail, proposed solutions to meet the challenges outlined in the Strategy Plan. We hope that this will be complete by 31st December 2015.
- The Delivery Plan identifies a number of potential sites for surgery site development across the borough that meet the needs of underlying deficit in service and potential population growth
- The Joint Group have established a RAG risk rating methodology for GP Practices incorporating Practice Viability, Access Performance and Premises Risk. These risk ratings will help inform decisions about new sites and actions to drive improvements to patient access.

Tottenham Hale New Surgery Development Project

- By approving the Haringey Strategic Premises Development Plan NHS England have approved the strategic case for a new practice in the Tottenham Hale area.
- NHS England Decision Making Group (DMG) have approved the selection of Lawrence House Practice in Tottenham to enter into competitive dialogue to establish the proposed new pilot practice in Tottenham Hale.
- NHS England and Haringey CCG have established and agreed premise funding responsibilities
- A Project Manager has been appointed to facilitate mobilization of the service and a business case writer appointed to prepare the final business case for the premises.
- A portacabin facility (150sqm) has been sourced that meets the requirements of the proposed new service. It will need to be refurbished but outline plans have been prepared to ensure that it can be configured to meet the necessary requirements
- Planning permission submitted by Lea Valley Estates to establish a temporary health facility on the site will soon be submitted to Haringey Council.
- Lea Valley Estates have confirmed that they will have builders on site until June 2016, who will be able to rapidly establish services links to the facility

- NHS England and Haringey CCG are working on an IT solution that will rapidly allow connectivity to the new temporary facility.
- Planned service commencement is January 2016. Lawrence House Practice have confirmed that they have sourced GP and Nursing staff for service commencement on this date.

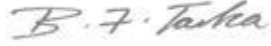
Primary Care Infrastructure Fund

- Nationally, 721 GP practices PCIF applications have been approved in principle (spring 2015).
- Applications range from facility expansions / improvements which will provide short term capacity within the wider GP network of practices
- Six Haringey GP practices approved under PCIF; three have subsequently withdrawn their application
- Eight Haringey GP practices have applied for Improvement Grants; approval process is currently underway

Report for: Adults and Health Scrutiny Panel on 5th November 2015

Item number: 8

Title: Presentation on the methodology which has supported Consultation and Co production for proposed changes to adult care services

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

Lead Officer: Beverley Tarka, Director of Adult Social Services

Ward(s) affected: All

**Report for Key/
Non Key Decision: Non-Key Decision**

1. Describe the issue under consideration

- 1.1 In June 2015 Adult Health and Scrutiny Panel received a report on the principles and methodologies which would support the consultation and co production processes for changes to adult social care services.
- 1.2 At this meeting it was agreed that a further report would be received providing detail of the way in which these processes had been conducted.

<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=804&MId=7412&Ver=4>

2. Cabinet Member Introduction

- 2.1 Any proposed changes to the way in which adult social care services are delivered and received are of concern to the users and carers who receive our services.
- 2.2 It is therefore extremely important that we take all steps possible to engage people in consultation, to enable them to voice their views and, indeed, concerns.
- 2.3 The consultation process has been thorough and particularly targeted at groups who would be affected if the proposals for change are agreed.
- 2.4 In addition to the meetings facilitated by advocates I have also met with interested parties to receive their views.
- 2.5 At the same time we have engaged with people to seek their views on the outcomes they wish to achieve if services were to be delivered differently.

- 2.6 This co production work again has been thorough, rounded and of significant importance in helping us to develop models of sustainable services which meet the needs of our communities.

3. Recommendations

- 3.1 It is recommended that Panel notes the content of the presentation which outlines the way in which the consultation and co production processes have been carried out.

4. Reasons for decision

- 4.1 For noting only.

5. Alternative options considered

- 5.1 There is a legal obligation to consult on major service change, and good practice would suggest in any case that we would want to fully involve the users of our services in any service change. There is no requirement to co produce, although The Care Act Statutory Guidance does refer to co production as 'When an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered'.
- 5.2 The alternative option would be for officers to develop new delivery models without the views of service users being taken into consideration.

6. Background information

- 6.1 The consultation process commenced on 3rd July 2015 and ended on 1st October 2015. The purpose of this consultation was to (1) explain in detail specific proposals and the likely impact on the service offer and (2) seek views and understand the concerns on how to shape and implement the services for the future.
- 6.2 Throughout the consultation we were clear that we would continue to meet our statutory responsibilities to provide services that meet the assessed needs of adults, safeguard adults at risk and work with service users and their families and carers in the design of future services.
- 6.3 Independent advocacy was supplied to people who use services which would be affected if the proposals were to be agreed and specific workshops and focus groups were held for users and carers.
- 6.4 Co production was concerned with engaging service users and carers in defining the outcomes they wanted to achieve and exploring how these outcomes could be met.
- 6.5 Good Innovation is a specialist consultancy focused on helping organisations that do good to grow. We work with organisations that have a social purpose – including charities, social enterprises and Local Government – to help them

grow through generating more income, developing new services and delivering more impact.

A number of key principles underpin our work. We're an audience insight led organisation, meaning we always start by working closely with people to understand their lives, their needs and their problems.

We are also firm believers in co-creation. We regularly co-create and have experience working alongside a diverse range of people throughout our projects, including children with physical disabilities, adults with terminal Motor Neurone Disease, parents of children with physical disabilities, adults with severe mental health issues and people living with dementia.

Organisations we have worked for include the Mental Health charity Mind (helping them understand what their service users need in response to the roll-out of personalisation), Diabetes UK (looking at services for people with Type 2 diabetes), Scope, MND Association, Save the Children, NSPCC and Barnardo's.

This project was led by Andrew Bathgate and Tania Ferreira. Andrew is one of the Partners at Good Innovation with around 15 years' experience from the corporate, charity and social enterprise sectors. Tania is a Senior Consultant, with around 10 years experience from the worlds of corporate and charity innovation and service design.

6.6 Co production considered potential new delivery models for Day opportunities for those with Learning Difficulties, Day opportunities for those with dementia and transition support for those moving from residential care to supported living.

6.7 Lessons Learnt

Feedback received during the consultation for the Medium Term Financial Strategy and Corporate Plan was used to ensure key stakeholders as detailed above, were empowered to respond to the consultation.

Previous Consultation

6.7.1 Consultation period 1 month

Feedback received/observations: "...the Council is giving people insufficient time to respond...".

Action taken: Adult Social Care consultation period was 90 days.

6.7.2 Drop-in sessions – engagement regarding Adult Social Care proposals

Feedback received/observations: Respondents mainly wished to respond to the area of the proposals that potentially affected them.

Action taken: Focus Groups and Workshops were held separately for each potentially affected day service, residential home and the reablement service.

6.7.3 Drop-in sessions for service users and families/carers combined

Feedback received/observations: "...adults with complex needs will not understand...". Additionally it was recognised that the proposals had different impacts on the service user and the families/carers and it was important that each group had a chance to air the implications to them. Some did not feel comfortable airing the implication if the cuts on them in front of their family member so as to not make them uncomfortable.

Action taken: Focus Groups for families/carers. Workshops for service users *Families/carers were invited to support service users however the emphasis of the meeting was on the response of the service user to the consultation. Two Workshops were held at day centre and residential home to ensure service users understood the proposals and had time to consider their response.

6.7.4 Drop-in sessions Theatre style

Feedback received/observations: Sessions were lead by the Cabinet Member for Health and Wellbeing and the Director of Adult Social Services. Quieter attendees were not afforded the opportunity to respond.

Action taken: Round table discussions at all Focus Groups. Each table had one facilitator to capture the feedback to the consultation and ensure each person around the table had an opportunity to speak.

6.7.5 Medium Term Financial Strategy

Feedback received/observations: Additional material/explanation was needed so the proposal and potential impact was better understood.

Action taken: Detailed consultation documents were produced. Frequently Asked Questions – document produced, available on the consultation web page, at the day centres and upon request.

7. **Contribution to strategic outcomes**

7.1 **Priority 2:** Enable all adults to live healthy, long and fulfilling lives (Priority 2 Corporate Plan 2015-18).

7.2 **Objective 1:** A borough where the healthier choice is the easier choice

7.3 **Objective 2:** Strong communities, where all residents are healthier and live independent, fulfilling lives

7.4 **Objective 3:** Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing

- 7.5 **Objective 4:** Residents assessed as needing formal care and / or health support will receive responsive and high quality services
- 7.6 **Objective 5:** All vulnerable adults will be safeguarded from abuse
- 7.7 The outcomes of the consultation will lead to further decisions by Cabinet which may have policy implication.

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

8.1 Equalities Comments

8.1.1 The proposals to transform the way services are delivered are as a direct result of the need to deliver services equitably. We are acutely aware that Adult Social Services serves a vulnerable community; a significant proportion of whom have a protected characteristic as defined in the Equality Act 2010. For each proposal, Equality Impact Assessments have been carried out to ensure no policy, projects or plans discriminates against any disadvantaged or vulnerable people. Provisional assessments were carried out based on service user data and made available on the internet during the consultation. The EqiAs were updated to take account of and analyse the results of the consultation/co-production process.

8.2 Finance Comments

8.2.1 This report is for noting only and describes the consultation and co-production work that has already taken place. There are no financial implications directly arising as a result of this report.

8.3 Procurement Comments

8.3.1 Not applicable.

8.4 Legal Comments

8.4.1 There is a common law duty on the Council to consult with service users, carers, providers, employees and other stakeholders that are likely to be affected by proposals for the provision of adult social care services in the borough. The consultation must take place at a time when the proposals are still at their formative stages. The Council must provide the consultees with sufficient information to enable them to understand what the Council's proposals are, the reasons for them and to enable an intelligent consideration and response. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond. The Council must give genuine and conscientious consideration to the responses received during the consultation before making its final decision on the proposals.

8.4.2 Scrutiny Reviews Panels are established by Overview and Scrutiny Committee. The Constitution provides that the Scrutiny Review Panels must refer their findings/recommendations in the form of a written report to the Overview and

Scrutiny Committee for approval. Following approval by Overview and Scrutiny Committee, final scrutiny reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate.

9. Use of Appendices

9.1 Presentation.

10. Local Government (Access to Information) Act 1985

10.1 Not applicable.

Consultation and Co production

3rd July 2015 – 1st October 2015

The Process

- MTFs and Corporate Plan consultation December 2014
- Mandate to Consult June 2015
- Consultation commenced 3rd July 2015
- Consultation ended 1st October 2015
- Report to Cabinet November 2015

Consultation and Co production

- Two processes ran concurrently
- Statutory consultation on the proposals
- Continuing work with service users, carers, stakeholders to design services fit for the future

Consultation - how have we done it?

- Consultation documents produced and issued to 270 service users, and carers of service users, possibly affected by the proposals
- 530 posters and flyers issued to libraries and GP surgeries
- Press release to promote consultation
- Ongoing social media to direct people to the consultation
- Frequently asked questions produced and updated
- Staff Briefings, intranet page, staff newsletter
- Web page reactive and pro active press briefing
- Engagement of Partnership Boards, CCG Working groups

Consultation - how have we done it?

- Commitment given to independent advocacy
- 23 focus groups attended by some 220 service users and carers of all services potentially affected by the proposals
- Staff engagement sessions held with all staff groups potentially affected by the proposals

Consultation responses

Proposal 1: To increase the council's capacity to deliver reablement and intermediate care services

126 questionnaires completed *Online as well as postal

Proposal 2: Increasing our capacity to provide suitable accommodation that promotes individual well being through expanding Supported Living Accommodation and Shared Lives Scheme

37 questionnaires completed*

Proposal 3: Increase the flexibility and availability of day services within the borough

230 questionnaires completed*

46 Letters/emails received **Number of individuals/groups - some individuals/groups corresponded more than once as part of the engagement process we have not counted repeat engagement for the purpose of this report.

Co production

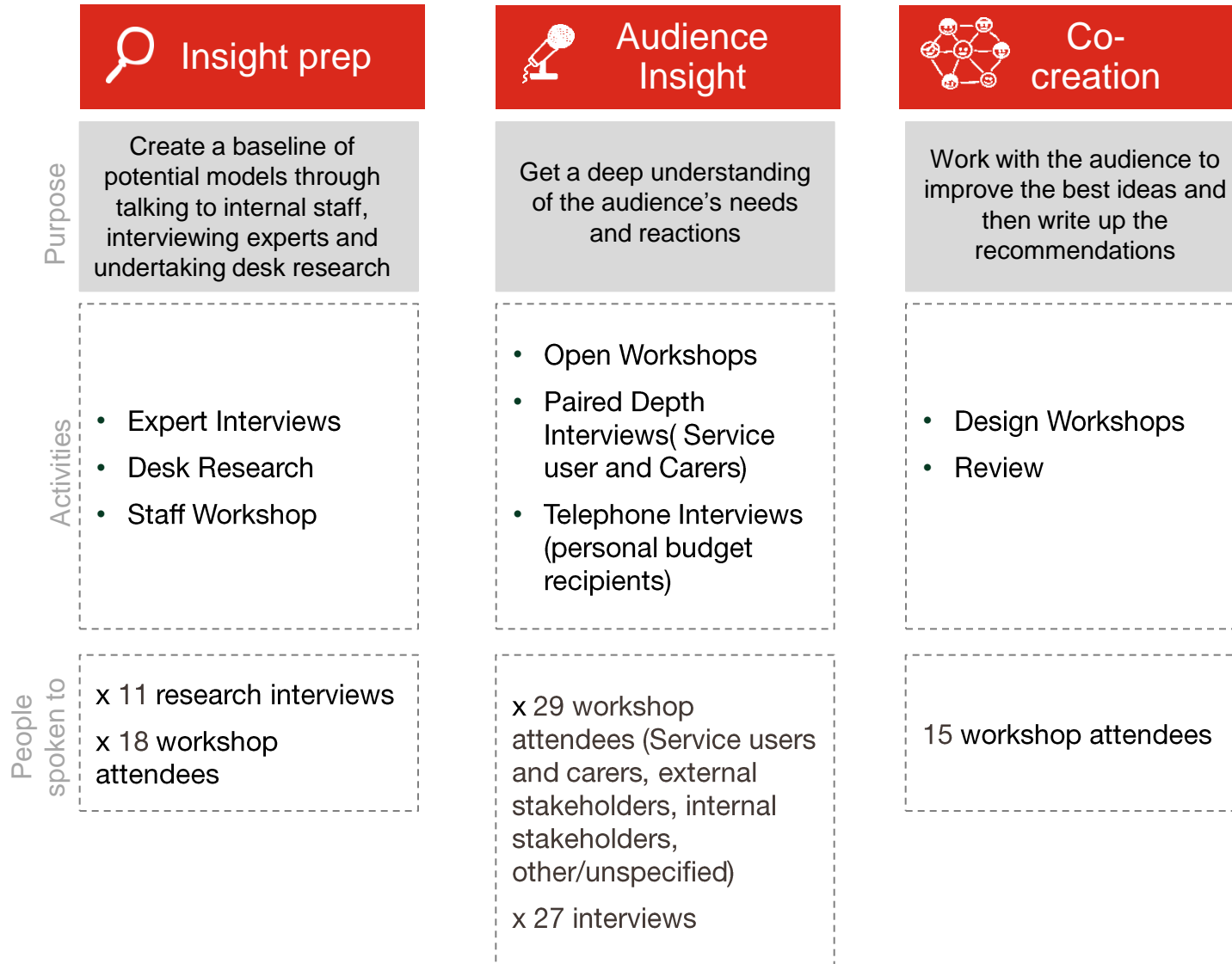
Care Act Statutory Guidance

Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions

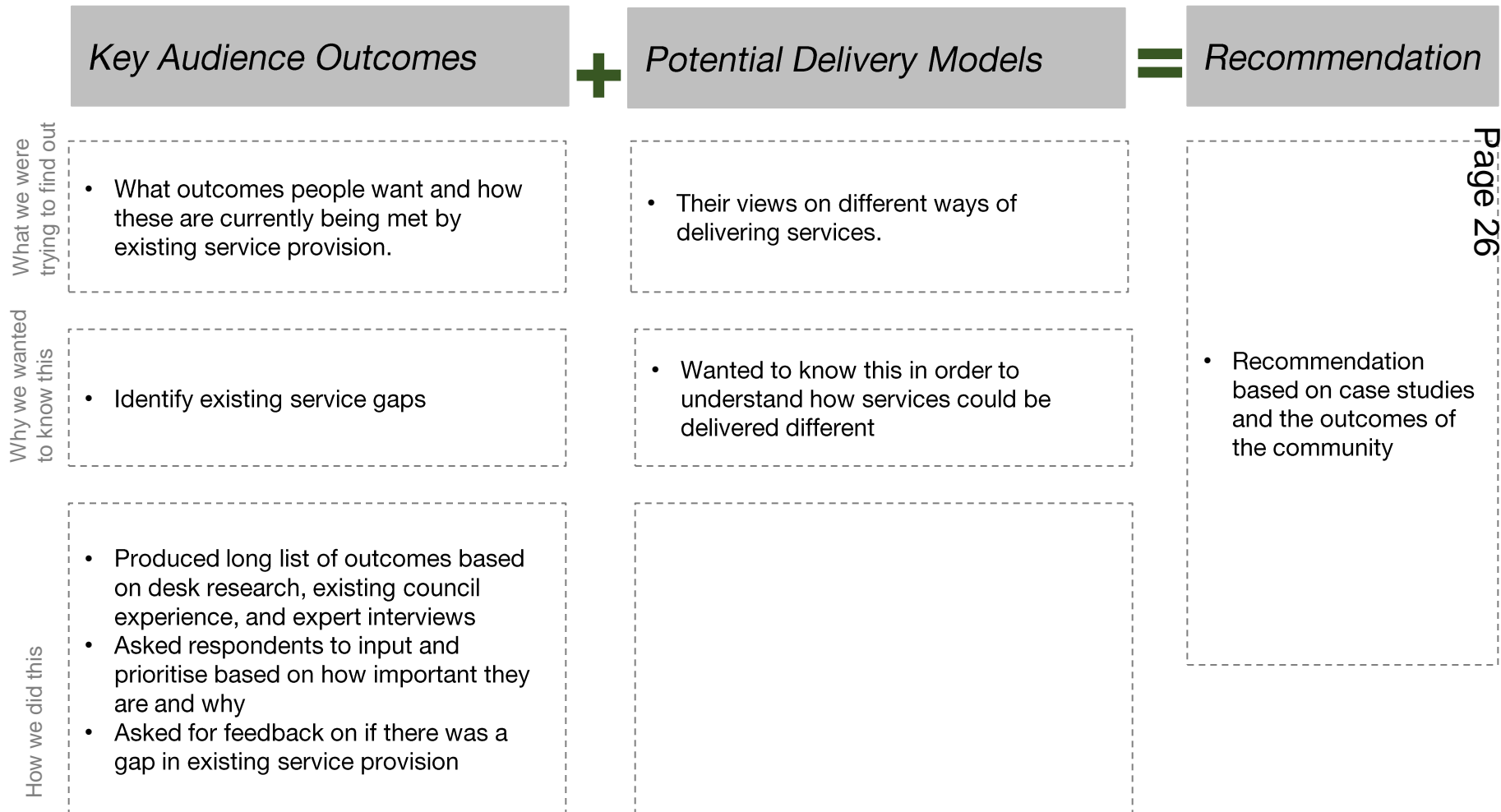
Principles for co production

- Improving outcomes for residents
- Transparency about parameters
- Respect for others' perspectives
- Ability to test ideas and thinking – we are not producing a finished set of proposals for stakeholders to agree/disagree with – we will be bringing our thinking along with everyone else to develop
- Trust and understanding – for example, not seeing attributed thoughts on social media, co-production sessions are not the campaign sessions
- Space to acknowledge the challenge of working differently
- Advocacy for users
- Willingness to think through ideas and change our minds, within the parameters
- Steadfast adherence to the values and principles of Corporate Plan – e.g. building capacity and resilience, prevention and early intervention, promoting independence, fairness and equity, partnership working, value for money, customer focused

The Process of co production



What we have been trying to understand through co-design



Next steps

Consultation feedback directly received by the Council is currently being analysed.

An Independent Co-Production report and Independent Advocacy report will be provided.

The consultation results and the co-production outcomes will be presented to Cabinet in November to allow a final decision on the proposals to be made.

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Report for: Adults and Health Scrutiny Panel, 5th November 2015

Item number: 9

Title: Mental Health and Wellbeing updates

Report authorised by : Jill Shattock, Director of Commissioning, Haringey CCG

Lead Officer: Tamara Djuretic, Assistant Director of Public Health,
Tamara.djuretic@haringey.gov.uk 0208 4893265
Shelley Shenker, Assistant Director, Mental Health
Commissioning, Haringey CCG
Shelley.shenker@haringeyccg.nhs.uk

Ward(s) affected: All

Report for Key/

Non Key Decision: Non key decision

1. Describe the issue under consideration

- 1.1 Haringey's Overview & Scrutiny Committee has commissioned a series of reviews on mental health and wellbeing over the last eighteen months. Recommendations from completed reviews informed the priorities and implementation plan for the Haringey CCG and Haringey Council Joint Mental Health and Wellbeing Framework published in March 2015.
- 1.2 The Framework sets out four priorities and this paper provides brief update on progress made under each Priority.

2. Cabinet Member Introduction

- 2.1 Mental illness is a key priority for Haringey and one that we have recognised by making it a focus in the Haringey Health and Wellbeing Strategy. Mental health problems can impact on any sphere of life: family, employment, education, social interactions and tackling this issue is a priority for the Council and therefore I welcome the partnership approach to developing and implementing the Framework.
- 2.2 I note the progress that has been made over the last six months since the Framework was published. We can look forward to future initiatives, in particular the development of enablement model and the implementation of Children and Adolescent Mental Health Services (CAMHS) transformation plan.

3. Recommendations

- 3.1 The Panel is asked to note the overall progress on the implementation of the Mental Health and Wellbeing Framework;
- 3.2 The Panel is asked to agree that a more detailed update, specifically related to Priority 2 and the Overview & Scrutiny CAMHS transition review recommendations, is scheduled for March 2016.

4. Reasons for decision

N/A

5. Alternative options considered

N/A

6. Background information

- 6.1 Priority 1: Promoting mental health and wellbeing and preventing mental ill health across all ages** – The actions under this priority are intended to ensure that universal and community targeted (e.g. for specific ethnic groups or geographical areas) interventions are in place across the whole population which de-stigmatise mental health, raise awareness of mental health issues and promote resilience from an early age. This priority is led by public health.

Key progress so far:

- Contracts aimed at improving mental health and wellbeing were re-tendered in order to embed further community engagement approach and ensure that interventions are sustainable going forward. Four contracts including mental health and wellbeing education for all schools, mental health awareness training for frontline staff, Time Bank model and Thinking Space contracts started on 1st September;
- Suicide rates in Haringey have significantly decreased over the last few years. Official statistics published in September 2015 suggest that, looking at annual rates, Haringey has moved from 3rd highest to 23rd in London. Borough-wide suicide prevention group led by MIND and Prof David Mosse was established and draft action plan produced. This development signalled a new ways of working where the Council facilitated and supported community to lead on a priority identified by themselves, secure some external funding and bring various stakeholders together to develop local action plan.
- Mental Health and Wellbeing Survey is now completed and final report is due in November.

- 6.2 Priority 2: 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** – Haringey CAMHS Transformation Board was set up across the whole system partnership to lead transformation of local CAMHS services. The

Haringey Mental Health Review and Transformation Plan was completed in September 2015 and was submitted to NHS England for validation in October, following Health and Wellbeing Board sign off. Approval of the plan will release funds of £500k per annum for implementation of recommendations for five years (including 15/16).

The CAMHS Review has identified a number of areas which will require a project group. Transition is one of these areas and will be picked up by a subgroup of the Haringey CAMHS Transformation Board. This subgroup will incorporate recommendations from O&S review on CAMHS transition and since, this subgroup has not been established as yet, it is proposed to present progress update on O&S recommendations in March 2016. In the interim, Appendix I provides high level summary on progress against each recommendation put forward by the O&S Panel review on CAMHS transition.

Haringey CAMHS Transformation Board has overseen in-depth CAMHS review that has recently concluded. Key recommendations are:

- The development of joint commissioning arrangements to facilitate coherent pathways across health, social care and education.
- Services need to be more focussed on outcomes, using evidence based approaches.
- There is a relative lack of early intervention support, this should be expanded.
- Peer support and digital solutions should be developed as part of this model.
- There is a lack of out of hours support around crisis presentations and we need to work with other boroughs to scope a new model.
- Targeted services should be enhanced for vulnerable children and young people such as Looked After Children, children with learning disabilities and/or autistic spectrum disorders, youth offenders and young carers.
- Recommendations as regards improving transitions for children in CAMHS. Officers have already responded to the Scrutiny Panel review of CAMHS transitions and it is recommended that the CAMHS review in its entirety is brought to Scrutiny Committee for comment.

The CCG has also been successful in two bids for £150k worth of monies to develop schools initiatives to support children with poor mental health.

- 6.3 Priority 3: Improving mental health outcomes of adults and older people by focusing on the three main areas: meeting the needs of those most at risk; improving care for people in mental health crisis; improving the physical health of those with mental-ill health and vice versa** – The actions under this priority are to ensure that we address the needs of people with a severe mental illness, including those with complex co-morbidities/ social issues which could include substance misuse, learning disabilities, offending histories and homelessness. The actions should address physical health needs which are relatively poor for this cohort.

Key progress so far:

- Haringey, with Barnet and Enfield CCGs, has submitted an action plan to NHSE in accordance with Mental Health Crisis Care Concordat guidance which sets out national standards for local partners for preventing and responding to

mental health crisis (for example, response times for mental health professionals and emergency services). The action plan involves BEH Mental Health Trust, acute services, the police, the London ambulance service and the council. It has been informed by consultation with service users and lead GPs.

- The plan includes measures to ensure the responsiveness of the BEH Crisis Resolution Home Treatment Team and the AMHP service and the availability of appropriate places of safety for adults and children when they are found in a public place and the police believe that mental health treatment may be required (Section 136). The plan is due for refresh at the end of October and is being submitted to the Community Safety Partnership in January 16.
- Other actions are captured within the other priorities, especially priority 4.

6.4 Priority 4: Commissioning and delivering an integrated enablement model which uses individuals, families and communities' assets as an approach to support those living with mental illness to lead fulfilling lives – The actions under this priority underpin our vision for mental health services which is about 'supporting people to meet their potential to live independently, to have meaningful social relationships, maintain good quality housing, find and/or maintain employment and live a satisfying life.'

The enablement strand of the mental health framework was formally launched on 14th July at an event attended by a wide range of about forty stakeholders including service users and clinicians. Stakeholders discussed the individual and system outcomes they would like to see from enablement.

Resource for a joint CCG and council enablement lead has been agreed to ensure oversight of the programme of work required to deliver on this priority. A stakeholder steering group is being set up to agree implementation.

Key progress so far:

- A significant amount of work to support an enablement approach is already underway in Haringey. At a primary care level, welfare advice and alcohol harm reduction support is being provided in primary care settings to pilot whether this model is effective in delivering holistic support that reduces stress and anxiety and improves mental well being.
- At a secondary care level, BEH Mental Health Trust has moved back to borough based services to improve integration with local pathways. The Trust is testing a number of measures which will make services more enablement focussed, such as implementing the Wellness and Recovery Action Plan (WRAP) model in the recovery houses (which are currently under review). Using the WRAP approach, courses delivered from the Clarendon Recovery College provide skills development and confidence building to service users to support earlier discharge. The new Recovery and Enablement Track in community mental health services offers intensive but shorter term interventions with the aim of maximising independence and reducing the need for secondary care interventions. The CCG is working with BEH to take the learning and evaluation from these pilots to inform new models of care. BEH is also appointing a local enablement lead to work with the council and CCG to support implementation.

- To complement the work taking place within BEH Mental Health Trust, the council and CCG have been working with local clinical and managerial leads to improve access in the two crucial areas of accommodation and employment.
- A local steering group chaired by the Head of Housing Commissioning has drafted an accommodation pathway for people with mental health needs, the roles and responsibilities of key agencies involved, and developed a guide for care co-ordinators which will be launched in November. The aim is to ensure effective and timely assessment, access to least restrictive housing options and move on which maximises independence for people with mental health needs. The group is also developing an accommodation pathway dashboard to monitor improved outcomes for service users.
- The council is also piloting a new accommodation pathway for very people with very complex needs called 'Housing First'. Under this approach, the traditional pathway of a two year period in supported housing with 24 hour support followed by an independent tenancy with a weekly visit is no longer followed. Instead, the individual is offered independent and permanent accommodation straight away and receives intensive support which can be flexed in accordance with fluctuating need. This model will be evaluated to determine effectiveness.
- In relation to employment, regional funding has been secured to embed local workers into clinical teams to provide support for people with a severe mental illness into employment and assist with maintaining that employment. This model is strongly supported by the national evidence base. Discussions are underway to explore options of providing a similar model for people with a mild or moderate mental illness based within IAPT services. Since July, 35 people have used the service and 5 people have entered employment.

7. Contribution to strategic outcomes

Mental Health and Wellbeing Framework is underpinned by Priority 1 and Priority 2 of the Corporate Plan and Health and Wellbeing Strategy Ambitions 7, 8 and 9.

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

Finance and Procurement

This is an update report for noting and as such there are no recommendations for action that have a direct financial implication.

Legal

This is an update report for noting and, as such, there are no recommendations for action that have direct legal implication.

Equality

The framework sets out proposals for reducing health inequalities and also delivering 'parity of esteem', the principle that mental health services should be commissioned on a par with physical health services. An individual equality impact assessment have been undertaken as part of mental health commissioning process such as commissioning of Housing First pilot project.

Protected characteristics such as age are being addressed through the focus on reforming the CAMHS service and ensuring effective transitions into adulthood. Furthermore, protected characteristic of 'disability' is being addressed through targeted services for children and adults with learning disabilities, autism and complex co-morbidities.

9. Use of Appendices

Appendix I – Transition from Child Mental Health Services to Adult Mental Health Services – Response to Conclusions and Recommendations of Adults and Health Scrutiny Panel Project Report

10. Local Government (Access to Information) Act 1985

Mental Health and Wellbeing Framework

<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=771&MId=6848&Ver=4>

Health and Wellbeing Strategy 2015-2018

Haringey's Corporate Plan 2015-2018

<http://www.haringey.gov.uk/local-democracy/policies-and-strategies/corporate-plan-2015-18>

Appendix I - Transition from Child Mental Health Services to Adult Mental Health Services – Response to Conclusions and Recommendations of Adults and Health Scrutiny Panel Project Report

Overall comments on the report				
<p>NHS Haringey Clinical Commissioning Group (CCG) and the Council (LBH) welcome this report as a positive contribution to addressing the issue of transition from child to adult mental health services. It outlines a number of key areas for further work and exploration and some tangible recommendations for how to do this.</p> <p>The CCG and Haringey Council are currently in the process of reviewing all child and adolescent mental health services. This work fits within the context of the national taskforce on CAMHS and the local development of a Haringey Mental Health and Wellbeing Framework. It will provide a stock-take of current provision and support the development of a local transformation plan to ensure improved access and high quality evidence based provision. Work is currently going on with stakeholders to map and evaluate services and to develop a sustainable model for the future. The outcomes from this Scrutiny Panel Report are extremely timely and will feed into this work.</p>				
<p>Update November 2015</p> <p>The Haringey Mental Health Review and Transformation Plan was completed in September 2015 and was submitted to NHS England for validation in October, following Health and Wellbeing Board sign off. Once it has been agreed it will be published on both the Council and CCG website. The CAMHS Review has identified a number of areas which will require a project group. Transition is one of these areas and will be picked up by a subgroup of the Haringey CAMHS Transformation Board. Additionally consultation on NICE guidance for Transition from child to adult services has just closed, so we are awaiting publication of these standards and a supporting quality standard to inform developments in this area.</p>				
Recommendation	Draft response (Agreed/ Not Agreed/Partially Agreed)	Who and When	Update November 2015	
1	<p>In view of the absence of a shared electronic client record system across mental health and social care, the panel recommends that a clear process for information sharing across agencies is developed.</p>	<p>Agreed.</p> <p>We recognise that solutions to these interface issues need to be considered in order to assist integrated care planning. This is a challenge not unique to mental health services and one which forms a plank of work within the Health and Care Integration Programme.</p>	<p>In order to define the parameters of the information required we will ensure this is on the agenda for the workshop outlined in recommendation 4c.</p> <p>We will discuss what information is required and the process by which that is shared to ensure timely notification of children that are likely to require support post 18 and joined-up planning.</p> <p>Any IT or process issues not specific to CAMHS will be taken forward by the Integration Board as part of its work on systems Integration</p>	<p>Under the work being coordinated through the Health and Care Integration programme Haringey is currently scoping interoperability between all health and social care systems. The intention is look at solutions so that information can be shared more easily in the context of the current systems used. Initial scoping is due to be completed by the end of 2015.</p>

2	<p>The panel recommends that a piece of work is undertaken to look at what data is available, and is required, across health and social care agencies. This could be used to analyse trends, understand why young people drop out of services, and to identify the most appropriate ways to support discharge planning. This information could help tailor the help offer to prevent escalation of need and re-entry at a later point.</p>	<p>Agreed.</p> <p>We believe we need to:</p> <ul style="list-style-type: none"> • Establish what data is currently available across various agencies around young people transitioning from CAMHS • Establish what data is required around transition to enable the planning and commissioning of services • Begin to gather and report this information so that it can be used as outlined. 	<p>As part of the multi-agency workshop outlined in recommendation 4C we will identify what data is currently held that will support this work and what the gaps are within the system in terms of data.</p> <p>Robust data will need to be gathered as part of the 'Heads Up for Haringey Pilot' to support our understanding of the transition pathway. We can then establish what data is required on an ongoing basis and commissioners will work with relevant providers to implement.</p>	<p>Work has started with providers to understand the volume of children and young people reaching 18 within CAMHS, and their pathways. This should be completed by April 16.</p>
3	<p>The panel recommends that a coordinating and overseeing role is identified at the commissioning and operational level to ensure that no young people fall through the gap due to their housing needs and situation and to prevent young people from becoming homeless.</p>	<p>Partially Agreed.</p> <p>The coordinating and overseeing role for children and young people leaving care is fulfilled by the Young Adult Service. However we recognise the need for local mental health services to support those returning to Borough through effective transfers of care from other mental health services that have been providing care to the young person while they were out of</p>	<p>LBH Young Adult's Service to provide coordination for care leavers and link with mental health providers to address any issues around individual young people.</p> <p>LBH to ensure the youth strategy and the mental health framework implementation groups map and address any broader links between mental health problems and homelessness.</p> <p>LBH & CCG Commissioners to ensure contractual mechanisms are in place</p>	<p>There are significant recommendations within the CAMHS Review relating to Looked After Children and Care Leavers. We will be piloting 'bridging' treatment services for children and young people who are not settled or are in transition between placements.</p> <p>The Council is developing a homelessness strategy, of which prevention will be a part. Both CAMHS and adult mental health services have a role as stakeholders in this work.</p>

		Borough. Homelessness or unsettled accommodation should not be a barrier to accessing mental health support.	to support seamless access to mental health services for this group- September 2015	
4	<p>(a) The “Heads up for Haringey” model should be adopted for young people in Haringey on a partnership basis. In the first instance this should be on a pilot basis working with young people. This pilot could then be built on and expanded taking into account lessons learnt and feedback from young people and their parents and carers. (Dr Nick Barnes, BEH Mental Health NHS Trust, has offered to oversee this)</p> <p>(b) A scoping exercise should be completed by CAMHS providers to understand the number of children and young people approaching transition.</p> <p>(c) A multi-agency workshop should examine how the pilot would be resourced, implemented and evaluated.</p> <p>(d) Intelligence from the pilot should be</p>	<p>Agreed.</p> <p>We will complete a scoping exercise to look at developing a transition model for young people in Haringey. This will need to be completed as a pilot initially to gather information on the transition pathway. This will need to be a multi-agency piece of work and we have already had interest expressed by BEH and Tavistock and Portman to be involved.</p>	<p>LBH/CCG Commissioners to organise a multi-agency workshop to examine pilot development by July 2015. The outcomes from this workshop will inform the CAMHS Review and can be included in the local transformation plan. Timescales will be determined at that point.</p> <p>BEH to support the development of this pilot.</p>	<p>Transition was a key area considered through the CAMHS Review and discussed with broad stakeholder engagement. It was recognised that we need to commission and deliver services that are more focussed and promote enablement, this will entail incorporating a step down approach. Within our CAMHS Transformation Plan we have included some resource to develop and evaluate a creative life skills course with young people aimed at 14-21 year olds who have ongoing mental health needs but who will not meet the threshold for adult mental health services.</p> <p>We are currently gathering data on the number of young people accessing CAMHS at transition age to look at how we take this broader pilot forward.</p>

	used to inform future commissioning intentions and service developments.			
5	<p>The panel recommends that a “Heads up for Haringey” guide be developed and presented to young people as they are referred to this mental health service. This guide should be developed with input from young people and carers and include:</p> <ul style="list-style-type: none"> - Information on local services which may be accessible to the young person - Referral forms - Pages for useful information which the young person can add to - Information on useful websites and Apps 	<p>Agreed.</p> <p>We will look at improving information for families accessing CAMHS or seeking to access CAMHS. The format for this should be determined through work with young people.</p>	<p>The CAMHS Review will look at how this can be developed and whether a similar resource is required for professionals/referrers. This will then form part of the local transformation plan.</p>	<p>The CAMHS Transformation Plan includes resource to begin to pull together a clearly articulated local offer to support mental health clinicians and families to find the right service. Better information for families is an area which was highlighted in the Review and we will be looking at how we can co-produce improved information with young people and parents. We are also looking at developing resources for professionals within universal services so they can better support children and young people to access the right support.</p>
6	<p>The panel recommends that there is a multi-disciplinary and multi-agency meeting a minimum of once per month to discuss the cases of young people who are due to move across into the Heads up for Haringey service and those who are in the new Heads up for Haringey service to ensure the needs of young people are being met.</p>	<p>Partially agreed.</p> <p>Whilst we agree that regular multi-agency case discussion meetings would be useful, we would like to review this in the context of other transition planning arrangements and allow the frequency to be determined by need. The CAMHS Transition process needs to be considered within the wider 0-</p>	<p>The existing transition panel will be reviewed to see if this is an appropriate forum or if this work can be learnt from. Transition planning arrangements will be taken forward as part of the pilot development. LBH/CCG</p>	<p>This will be considered by the working group on Transition that will be established as part of the CAMHS Transformation Plan process.</p>

		25 offer agenda and as far as possible the processes need to dovetail.		
7	The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team.	<p>Agreed.</p> <p>We recognise the benefits of working across children and adult services. We will look at this recommendation in the broader context of solutions for closer working between CAMHS, adult mental health services and social care. We would like to consider this option amongst other opportunities for working across services which may include joint training/joint case planning etc.</p>	BEH, LBH and the CCG to consider and take forward	This will be considered by the working group on Transition that will be established as part of the CAMHS Transformation Plan process.

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Report for: Adults and Health Scrutiny Panel – 5 November 2015

Item number: 10

Title: Work Programme Update

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

Lead Officer: Clifford Hart, Democratic Services Manager, 0208 489 2920,
clifford.hart@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 proposed scrutiny work programme for the remainder of the municipal year.

2. Cabinet Member Introduction

N/A.

3. Recommendations

3.1 (a) That the Panel considers its future 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.
- 6.4 It had been agreed that the Adults and Health Scrutiny Panel would undertake a review on the issue of obesity. However, 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 in the work programme attached at **Appendix A**.

Forward Plan

- 6.5 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.
- 6.6 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>
- 6.7 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

- 6.8 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>

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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

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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

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		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	Care Act Implementation	To include information on safeguarding following the QA item considered by the Scrutiny Panel in October. What training and development opportunities, including site visits, do panel members require before this item is scrutinised?	Beverley Tarka, Director Adult Social Services
	Better Care Fund (BCF) Update	In October 2015 the Panel asked for an update on the BCF. 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.	Beverley Tarka, Director Adult Social Services Marco Inzani Commissioning Lead BCF
	LGA Peer Review <i>"Commissioning for Better</i>	An opportunity for scrutiny to focus on issues/actions relating to promoting a sustainable and diverse market place, and	Beverley Tarka, Director Adult Social Services

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	<i>Outcomes</i>	<p>older people.</p> <p>Charlotte Pomery will provide information on “the market” to enable Members to have a picture and some analysis of what services residents receive.</p>	Charlotte Pomery, AD Commissioning
	Foot Care Update	<p>Monitoring of previous scrutiny review recommendations plus consideration of issues discussed as part of the Scrutiny Cafe (June 2015) and Public Survey (May/June 2015).</p> <p>For further discussion. Consideration to be given to panel members taking part in other activities, such as site visits, to prepare for the item.</p>	Beverley Tarka, Director Adult Social Services
	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
February 2016 (Date TBC)	Budget Monitoring – Adult Social Services / and Public Health	<p>In October 2015 the main Overview and Scrutiny Committee agreed each scrutiny panel could set a date, during the course of 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>Beverley Tarka, Director Adult Social Services</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p> <p>Katherine Heffernan, Head of Finance</p>

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1 March 2016	Primary Care Update	To focus on Co-commissioning, the strategic direction for Primary Care in Haringey, and New Models of Primary Care with input from GPs.	Cassie Williams, Assistant Director of Primary Care Quality & Development
	Impact / monitoring of changes to adult care services	Q4 was suggested for this item to enable consideration of suitable data / insight. KLOE will focus on whether services are delivering the required standards and whether this is in accordance with the Council's commitments to local residents / service users.	Beverley Tarka, Director Adult Social Services
	Loneliness and isolation	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 suggested the Panel carries out a "deep dive" on Neighbourhood Connects towards the end of 2015/16 (Q4) to ensure it is delivering agreed objectives / tackling issues associated with isolation and loneliness across the borough.	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD Commissioning
	Cabinet Member Q&A	"Review of the Year" – similar format to be used as March 2015.	Cabinet Member for Health and Wellbeing Councillor Peter Morton
	Scrutiny Project Work	To consider any final project work and agree whether any reports should be considered for approval by the Overview and Scrutiny Committee on 8 March 2016.	Christian Scade, Principal Scrutiny Officer
	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

Items still to be scoped / scheduled:

- Adult Safeguarding
 - o A workshop will be set up to consider how the Adults and Health Scrutiny Panel can add value to adult safeguarding and quality assurance issues. Following initial scoping at the workshop this will lead to site visits, evidence gathering sessions with service users and carers, and looking at best practice from other local authorities. This work will help brief Members in relation to items already on the agenda, for 2015/16, and will also explore areas for further scrutiny moving forward.
- .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.
- 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 2016 (TBC)

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