

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

**Monday, 18th January, 2016, 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**

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. **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 - 10)

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

7. APPOINTMENT OF NON VOTING CO-OPTED MEMBER (PAGES 11 - 14)

This item seeks formal approval of the appointment of a non voting co-opted Member to the Panel.

8. HARINGEY FOOT CARE SERVICES (PAGES 15 - 20)

To consider an update on foot care services available in Haringey.

9. BETTER CARE FUND UPDATE (PAGES 21 - 48)

To consider an update on progress with the Non-Elective Admissions target and the results of the Care Homes Deep Dive and the Falls Deep Dive.

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

Q&A session 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.

11. PROMOTING A SUSTAINABLE AND DIVERSE MARKET PLACE IN LIGHT OF THE CARE ACT AND FOLLOWING THE COMMISSIONING FOR BETTER OUTCOMES PEER REVIEW (PAGES 49 - 60)

This report offers an opportunity for the Panel to consider 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 undertaken in the borough.

12. THE MULTI AGENCY APPROACH TO SAFEGUARDING AND QUALITY ASSURANCE IN RELATION TO THE PROVIDER MARKET (PAGES 61 - 64)

This report outlines the work currently underway to develop a multi-agency approach to safeguarding and quality assurance, with particular reference to the provider market.

13. WORK PROGRAMME UPDATE (PAGES 65 - 78)

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

14. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

15. DATES OF FUTURE MEETINGS

The following dates are listed in the diary:

- 11 February 2016
- 1 March 2016

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

Friday, 8 January 2016

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**MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL
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Councillors Pippa Connor (Chair), David Beacham, Clare Bull, Stephen Mann, Peter Mitchell and Felicia Opoku

AH59. 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'.

AH60. APOLOGIES FOR ABSENCE

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

AH61. ITEMS OF URGENT BUSINESS

There were no items of urgent business put forward.

AH62. DECLARATIONS OF INTEREST

Cllr 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.

AH63. ORDER OF AGENDA

AGREED: That the order of the agenda be varied to consider agenda items 6 and 7 before agenda item 5.

AH64. MINUTES

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

AH65. NHS ENGLAND UPDATE

The Chair welcomed Mike de Coverly, NHS England, and Fiona Erne, NHS England, to the meeting.

Mr de Coverly commenced his presentation by explaining that the Haringey Premises Strategy had been presented to the NHS England Finance, Investment, Procurement and Audit (FIPA) subgroup, in August 2015. It was noted that final endorsement of the Premises Strategy Plan, on behalf of NHS England, had been provided by FIPA in September 2015.

The panel was informed that NHS England, Haringey CCG and Haringey Council Planners were working on a Delivery Plan to address the challenges outlined in the Strategy Plan. It was hoped that this would be completed by 31 December 2015. Mr de Coverly noted that the Delivery Plan had identified a number of potential sites for surgery site development that would meet the needs of underlying deficit in service and potential population growth.

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During the discussion, reference was made to the RAG risk rating methodology for GP Practices incorporating Practice Viability, Access Performance and Premises Risk. It was noted that these ratings would help inform decisions about new sites and the actions required to drive improvements to patient access.

Mr de Coverly explained, by approving the Haringey Strategic Premises Development Plan, that NHS England had approved the strategic case for a new practice in the Tottenham Hale area. The panel was informed that the NHS England Decision Making Group had approved the selection of Lawrence House Practice in Tottenham to enter into competitive dialogue to establish the proposed new pilot in Tottenham Hale. The following points were noted in relation to the Tottenham Hale Surgery Development Project:

- The fact that NHS England and Haringey CCG had established, and agreed, premises funding responsibilities.
- A Project Manger had been appointed to facilitate the mobilization of the service and a business case writer had been appointed to prepare the final business case for the premises.
- A portacabin facility had been sourced that met the requirements of the proposed new service.
- NHS England and Haringey CCG were working on an IT solution that would allow connectivity to the new temporary facility.
- The planned service commencement date was January 2016 and it was noted that the Lawrence House Practice had confirmed that they had sourced GP and nursing staff for this date.
- The need to secure a permanent site for the Tottenham Hale practice. It was noted that this was likely to occur within the next 3-5 years and that two possible locations had already been identified for the permanent site.

Ms Erne provided an update on the Primary Care Transformation (formerly Infrastructure) Fund. The following points were noted:

- The fund was an investment programme to help general practice make improvements, including in premises and technology.
- In January 2015 GPs had been invited to submit bids for investment in 2015/16, by using the Primary Care Infrastructure Fund (PCIF),
- Nationally, 721 GP practices PCIF applications had been approved in principle by Spring 2015.
- In Haringey, six GP practices had been approved under PCIF. However, it was noted that three had subsequently withdrawn. The panel was also informed that eight Haringey practices had applied for Improvement Grants.
- In October 2015 NHS England outlined their approach to funding for 2016-2019. It was explained that the Primary Care Transformation Fund would allow CCGs to

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bid for money in order to progress premises plans. It was explained that this money would cover capital costs while CCGs would need to consider how they would fund any uplift in revenue costs associated with rent and rates reimbursements.

During discussion, the panel considered the impact of population growth and GP retirement and recognised that while there was significant current need in Tottenham Hale there would be additional future need in this area as well as in Northumberland Park, Noel Park and Green Lanes.

AGREED:

That the updates from NHS England, concerning Haringey's Premises Strategy Plan, the Tottenham Hale Surgery Development Project, and the Primary Care Transformation (formerly Infrastructure) Fund, be noted.

AH66. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

The Chair informed the panel that two deputation requests had been received.

Emel Teymur, Heather Martin and Partrick Morreau, on behalf of The Haynes and The Grange Relatives Support Group, addressed the panel and raised a number of points, including:

- General concerns about how the proposed changes to adult care services would impact on people with dementia.
- Concerns that service users and carers, from the Grange Day Care Centre and from the Haynes Day Centre, had not always been able to provide meaningful feedback to the process because they did not have enough information.
- The consultation had been undertaken before alternative models of service provision had been developed. Without a clear understanding of these alternative models of provision, it had been difficult for service users and carers to give a meaningful response.
- Concerns the co-design workshops had been held at quite short notice and that this had made it difficult for some carers to attend.

Emel Teymor concluded that The Haynes and The Grange Relatives Support Group believed that, before making final decisions on adult care services, Cabinet should acknowledge the need for further detailed information to be provided to support a more meaningful consultation and decision making process.

Martin Hewitt, Anna Nicholson, Dr Hilarie Williams and Vida Black, on behalf of Haringey Autism and Save Autism Services Haringey, addressed the panel and raised a number of points, including:

- Concerns about the proposed changes to services for people with learning difficulties and autism.

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- The fact that the proposed closure of the Roundway service had caused deep anxieties.
- The fact that there was limited information available about alternative service provision should Day Care Centres and Residential Care Homes close.
- Concerns that the consultation had been undertaken before alternative models of service provision had been developed.
- Concerns that the consultation and co production process had ran concurrently. It was noted hat this has created confusion and that not all service users and carers had fully understood the purpose of the co design meetings.
- Concerns about the research that had been carried out in preparing the proposals for changes to adult social care in Haringey.
- Issues in relation to a new national implementation plan (“Building the right support”) published (October 2015) by NHS England, the Local Government Association and the Association of Directors of Adult Social Services.

In conclusion, Anna Nicholson provided a summary of a report, prepared by the National Autistic Society, detailing findings from a survey conducted with parents and carers and residential staff caring for adults who attended the Roundway day service. It was noted that the report concluded that parents, service users and staff wanted the Roundway service to remain open.

The Chair thanked the speakers for their contributions and informed the panel that these issues would be picked up under the presentation on the methodology that supported the consultation and co production for proposed changes to adult care services, item 8 of the agenda.

(Following concerns raised during the item, concerning the omission of feedback papers, due to a clerical error, from the Adult Services Consultation report, Cllr Peter Morton, Cabinet Member for Health and Wellbeing, confirmed that these papers would be published, and considered, before Cabinet on 10 November 2015.)

**AH67. PRESENTATION ON THE METHODOLOGY WHICH HAS SUPPORTED
CONSULTATION AND CO PRODUCTION FOR PROPOSED CHANGES TO ADULT
CARE SERVICES**

The Chair informed the panel that the aim of the item was to consider the way in which the consultation and co production processes had been carried out in relation to proposed changes to adult care services.

Cllr Peter Morton, Cabinet Member for Health and Wellbeing, introduced the item and provided a summary of the methodology that had supported the consultation and co production for proposed changes to adult care services. The panel was informed that the Council had not yet made a decision on the proposals and that no decision would be made until a report was presented to Cabinet on 10 November 2015.

The panel was informed the purpose of the consultation, that commenced on 3 July 2015 and ended on 1 October 2015, was to (a) explain specific proposals and the

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likely impact on the service offer, and to (b) seek views and to understand concerns on how to shape and implement services for the future.

Cllr Morton explained that throughout the consultation it had been made clear that the Council would continue to meet statutory responsibilities to provide services that meet the assessed needs of adults, to safeguard adults at risk and would work with service users and their families and carers to design future services. It was noted that independent advocacy had been supplied to people who used services and that specific workshops and focus groups had been held for users and carers. Cllr Morton advised the panel that he would continue to work with service users, carers and other stakeholders to design services fit for the future.

Beverley Tarka, Director of Adult Social Services, advised the panel that:

- Consultation documents had been issued to 270 service users, and to carers of service users.
- 530 posters and flyers had been issued to libraries and GP surgeries.
- A press release had been issued to promote the consultation.
- An ongoing social media campaign had been used to direct people to the consultation.
- A frequently asked questions document, and an easy read consultation, had been produced.
- Staff briefings and newsletters had been prepared to inform staff.
- Feedback received during the consultation for the Medium Term Financial Strategy and Corporate Plan had been used to ensure key stakeholders were empowered to respond to the consultation.

Charlotte Pomery, Assistant Director Commissioning, explained that the consultation and co production processes had ran concurrently. It was noted that co production was concerned with engaging service users and carers in defining the outcomes they wanted to achieve and provided opportunities to explore how outcomes could be met. The panel was informed of Care Act Statutory Guidance and also the principles and process that would be used for co production in Haringey.

The panel was informed that engagement experts Good Innovation had been working with the Council to deliver a series of workshops looking at new ways to deliver adult care and support for the future. Andrew Bathgate and Tania Ferreira, both from Good Innovation, explained that they had been working on co production projects that had considered potential new delivery models for day opportunities for those with dementia and transition support for those moving from residential care to supported living. Issues in relation to audience insight and co-creation were considered.

During the discussion, reference was made to the following:

- The consultation process in relation to Proposal 1: To increase the council's capacity to deliver re-ablement and intermediate care services.

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- The consultation process in relation to Proposal 2: Increasing our capacity to provide suitable accommodation that promotes individual well being through expanding Supported Living Accommodation AND Shared Lives Scheme.
- The consultation process in relation to Proposal 3: Increase the flexibility and availability of day services within the borough.
- The mapping of future adult care services.
- Personal budgets and direct payments.
- Transitional arrangements.
- The feedback that had been received by The Lewis and Mary Haynes Trust in relation to the proposals.

Following the discussion, the panel provided feedback to the Cabinet Member for Health and Wellbeing on the methodology which had supported consultation and co production for proposed changes to adult care services.

This included the fact that the proposals for the future of adult social care in Haringey covered many complex issues; the Adults and Health Scrutiny Panel noted the consultation process had provided many opportunities for engagement and feedback but were concerned that:

- Service Users / Carers felt they could not always provide meaningful feedback to the process because they did not have enough information.
- The consultation had been undertaken before alternative models of service provision had been developed. Without a clear understanding of these alternative models of provision, the panel felt that it would have been difficult for Service Users and Carers to give a meaningful response to what are complex issues.

The panel particularly noted:

- The importance of clearly communicating the impact of the information gathered during the consultation process – i.e. what was changed as a result of acting upon the information gathered.
- The importance of continuing dialogue with service users and carers about what happens once Cabinet has made its decision.

The panel raised concerns that running the consultation process and the co design process concurrently lead to confusion over the purpose of each process. For example, the Service users and Carers (who provided evidence to the meeting under the deputation item) noted that they had not fully understood the purpose of the co design meetings.

The following points were noted by the panel in relation to the ongoing co design process:

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- The importance of providing clarity on the role that Service Users and Carers will play in the re-design of services.
- The importance of having input from as many service users and carers as possible.

AGREED:

- (a) That the feedback to the Cabinet Member for Health and Wellbeing, referred to above, be noted.
- (b) That the Overview and Scrutiny Committee, at their meeting on 30 November 2015, be asked to consider and endorse the following recommendations:
 - That Following the Cabinet decision on the 10th November 2015 a clear commitment should be made about the long term follow up of both service users and carers during any transition period and if services change, an in-depth review of how these changes were managed should be carried out and reported back to Cabinet.
 - That if any changes to services are decided on the 10 November 2015 (by Cabinet) then an appropriate review of safeguarding procedures for vulnerable adults should take place during any transition in service provision with feedback provided to all Councillors.
 - That in scrutinising the implementation of the recommendations being put to Cabinet on 10 November, the Adults and Health Scrutiny Panel requests full access to, information provided to and decisions made by, the Transition Group (which provides scrutiny and challenge to the delivery of the Transformational proposals/plans and ongoing monitoring of quality and performance).

AH68. MENTAL HEALTH AND WELLBEING UPDATES

The Chair welcomed Shelly Shenker, Assistant Director, Mental Health Commissioning, Haringey CCG, and Tamara Djuretic, Assistant Director of Public Health, to the meeting.

The panel was informed that Haringey's Overview and Scrutiny Committee had commissioned a series of reviews on mental health and wellbeing over the last two years. It was noted that recommendations from completed reviews had informed the priorities and the implementation plan for the Haringey CCG and Haringey Council Joint Mental Health and Wellbeing Framework that had been published in March 2015.

The panel was informed that the report, attached at agenda item 9, provided an update on the progress that had been made under each priority.

The progress made in relation to Priority 1: Promoting mental health and wellbeing and preventing mental ill health across all ages, was noted. The panel was informed that:

- Contracts aimed at improving mental health and wellbeing had been retendered.

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- 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 had started in September.
- Suicide rates in Haringey had significantly decreased over the last few years. The work carried out by the borough wide suicide prevention group was noted.

The progress made in relation to 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 was noted. The panel was informed that a Haringey CAMHS Transformation Board was being set up across the whole system partnership to lead the transformation of local CAMHS services.

The following points were noted:

- Haringey's CAMHS Transformation Plan had been completed in September 2015 and submitted to NHS England for validation in October 2015.
- Approval of the plan would release funds of £500k per annum for five years (including 2015/16).
- Haringey's CAMHS Review Board had overseen an in-depth CAMHS review that had recently concluded.
- The CAHMS review had identified a number of areas that would require a project group. Transition was one of these areas and would be picked up by a subgroup of the Haringey CAMHS Transformation Board. It was noted that the subgroup would incorporate recommendations from the scrutiny review on CAMHS transition.
- The interim progress report, attached at Appendix A, that provided a high level summary on progress against each of the recommendations put forward, by the Adults and Health Scrutiny Panel in March 2015, as part of their scrutiny review on CAHMS transition.
- The CCG had been successful in two bids for £150k worth of monies to develop schools initiatives to support children with poor mental health.

Following discussion, the panel agreed that a more detailed update, specifically related to Priority 2 and the Overview and Scrutiny CAHMS transition review recommendations, should be prioritised in the panel's future work programme (for March 2016).

The progress made in relation to Priority 3: Improving mental health outcomes of adults and older people by focusing on three main areas was noted. The panel was informed actions under this priority would ensure the needs of people with a severe mental illness were addressed.

The progress made in relation to Priority 4: Commissioning and delivering an integrated enablement model which uses individuals, families and communities'

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assets as an approach to support those living with mental illness to fund fulfilling lives, was noted. During the discussion, reference was made to the following:

- The fact that the enablement strand of the framework had formally been launched on 14 July at an event attended by a wide range of stakeholders including service users and clinicians.
- A local steering group, chaired by the Head of Housing Commissioning, had drafted an accommodation pathway for people with mental health needs. It was also noted that the council was piloting a new accommodation pathway for people with very complex needs called "Housing First". The panel was informed that this model would be evaluated to determine effectiveness.

AGREED:

- (a) That the overall progress on the implementation of the Mental Health and Wellbeing Framework be noted.
- (b) That a more detailed update, specifically related to Priority 2 and the Overview and Scrutiny CAHMS transition review recommendations, be prioritised in the panel's future work programme (for March 2016) and discussed further under item 10 on the agenda – Work Programme Update.

AH69. 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.

In terms of budget monitoring, the panel was informed that on 19 October 2015 the Overview and Scrutiny Committee had agreed that 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 Medium Term Financial Strategy. The Chair explained that this scrutiny work would be undertaken by the Adults and Health Scrutiny Panel in February 2016 (with a date to be confirmed outside of the meeting).

Mr Scade explained that following the discussion at the last panel meeting, concerning adult safeguarding, he had met with officers concerning the possibility of setting up an informal briefing session with the Chair of the Haringey Safeguarding Adults Board (SAB). The panel agreed that this would be useful, especially if there was an opportunity to go through the SAB Annual Report and to consider ways in which scrutiny could add value to adult safeguarding and quality assurance issues moving forwards.

Following the briefing provided by the North Middlesex University Hospital NHS Trust in August 2015, concerning their Quality Account, it was agreed that a further briefing/update should be arranged for January 2016.

Following discussion under agenda item 9 (Mental Health and Wellbeing Updates) it was agreed that an update on Priority 2 of the Health and Wellbeing Framework and

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the Overview and Scrutiny CAMHS transition review recommendations, should be prioritised for March 2016.

AGREED:

- (a) 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 30 November 2015.
- (b) That an informal briefing session be arranged, by the Principal Scrutiny Officer, to enable panel members to meet with the Chair of Haringey Safeguarding Adults Board in late November / early December. This should provide an opportunity to discuss the SAB's Annual Report and to consider ways in which scrutiny could add value to adult safeguarding and quality assurance issues moving forwards.
- (c) That the Principal Scrutiny Officer be asked to liaise with the North Middlesex University Hospital NHS Trust to confirm a suitable time to meet, during January 2016, to consider an update on the Trust's Quality Account.

AH70. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

AH71. 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'.

Clr Pippa Connor

Chair

Report for: Adults and Health Scrutiny Panel – 18 January 2015

Item number: 7

Title: Appointment of Non Voting Co-opted Member

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

Lead Officer: Christian Scade, Principal Scrutiny Officer, 020 8489 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 The report seeks formal approval of the appointment of a non voting co-opted Member to the Panel.

2. Cabinet Member Introduction

N/A

3. Recommendations

- 3.1 That Helena Kania be appointed as a non voting co-opted Member of the Panel for the remainder of the 2015/16 Municipal Year;
- 3.2 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.

4. Reasons for decision

- 4.1 The Council recognises the valuable contribution that co-optees can make to the scrutiny process and, as set out in Section G (3.1) of the Overview and Scrutiny Procedure Rules, each scrutiny panel is entitled to appoint up to three people as non-voting co-optees.

5. Alternative options considered

- 5.1 The Panel could decide not to appoint any non voting co-opted Members or, alternatively, could decide to appoint two or three co-optees.

6. Background information

- 6.1 The Local Government Act 2000 made provision for the co-option of non-elected members to Overview and Scrutiny to bring additional expertise and skills to scrutiny work and to increase public engagement with scrutiny.

- 6.2 Within the current structure of scrutiny in Haringey, there is one overarching Overview and Scrutiny Committee and four advisory panels, these being:
- Adults and Health
 - Children and Young People
 - Environment and Community Safety
 - Housing and Regeneration
- 6.3 The Overview and Scrutiny Committee consists of 5 non executive members and includes Haringey's statutory education representatives, who have voting rights solely on education matters.
- 6.4 Scrutiny panels are Chaired by a Member of the Overview and Scrutiny Committee. The membership of each panel consists of between 3 and 7 non executive members and are politically proportional as far as possible. The membership of the Children and Young People's Scrutiny Panel also includes the statutory education representatives of the Overview and Scrutiny Committee.
- 6.5 In addition, each scrutiny panel is entitled to appoint up to three non-voting co-optees to assist scrutiny with its work. The terms of reference / arrangements for Overview and Scrutiny are set out in Part 2 (Article 6), Part 3 (Section B) and Part 4 (Section 6) of the Council's Constitution. Further information can be found via the link below:
- <http://www.haringey.gov.uk/local-democracy/about-council/council-constitution>
- 6.6 By bringing a diverse spectrum of experience and adding a different perspective to many items, non voting co-optees are expected to add value to scrutiny by performing the following roles:
- To act as a non-party political voice for those who live and/or work in Haringey.
 - To bring specialist knowledge and/or skills to the Overview and Scrutiny process and to bring an element of external challenge by representing the public.
 - To establish good relations with members, officers and co-optees.
 - To abide by the relevant sections of the Council's Constitution in terms of the rules and procedures for Overview and Scrutiny.
- 6.7 It is expected that non voting co-optees will:
- Attend formal meetings of the Panel, which are usually held in the evening.

- Attend additional meetings and evidence gathering sessions such as site visits.
 - Prepare for meetings by reading the agenda papers and additional information to familiarise themselves with the issues being scrutinised.
 - Prior to meetings consider questions they may wish to put to Cabinet Members, officers and external witnesses.
 - Help the Panel to make practical suggestions for improvements to services.
 - Assist in the preparation of reports and the formulation of recommendations.
 - Contribute to the development of the annual scrutiny work programme.
 - Keep abreast of key issues for the authority and bear these in mind when scrutinising services and making recommendations for improvement.
- 6.8 Key aspects of the Panel's work concerns adult social care, health and social care integration, public health and scrutinising the work of the CCG and NHS.
- 6.9 Helena Kania has contributed to scrutiny, as a non-voting co-opted member, since 2003 and is considered well placed to assist the Panel in its work moving forward. Ms Kania has been Chair of Whittington Patient/Public Involvement Forum, then Chair of Haringey LINK . She is currently the Vice-Chair of Haringey Forum for Older People and has been a committee member for 3 years. In addition, she is chair of the Health and Social Care group for Haringey Forum for Older People. Helena is currently part of the carers Reference Group and a representative for them on the Adult Partnership Board. She is a patient Shadow Governor at Whittington Health; represents patients on the Clinical Quality Review Group for Haringey CCG; is part of the Haringey CCG Patient Network and has just helped set up her local surgery Patient participation Group.
- 7. Statutory Officers Comments**
- Finance and Procurement**
- 7.1 Only statutory education representatives of the Overview and Scrutiny Committee receive an allowance, in accordance with the Members' Allowance Scheme. As a result, there are no direct financial implications arising from this report.

Legal

- 7.2 The Assistant Director of Corporate Governance has been consulted in the preparation of this report. Part 4 Section G (3.1) of the Overview and Scrutiny Procedure Rules in the Constitution permits the Panel to appoint up to three people as non-voting co-optees.
- 7.3 The co-optee is not entitled to vote on recommendations before the Panel. Therefore, the co-optee is not bound by the Council's Code of Conduct (in Part 5 Section A of the Constitution) that include the registration and declaration of interest. However, the co-optee should be required to comply with relevant parts of the General Obligations of the Code (in Paragraph 3) when attending the meetings and conducting the business of the Panel.

Equality

- 7.4 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.
- 7.5 The proposals outlined in this report relate to the membership of the Adults and Health Scrutiny Panel. The proposals carry no direct implications for the Council's general equality duty.

7 Use of Appendices

None

8 Local Government (Access to Information) Act 1985

Report for: Adults & Health Scrutiny Panel, 18 January 2016

Item number: 8

Title: Haringey Foot Care Services

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

Lead Officer: Marco Inzani, Commissioning Lead: Better Care Fund
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Ward(s) affected: All

Report for Key/

Non Key Decision: Non Key Decision

1. Describe the issue under consideration

1.1. This report will address the following issues that have been highlighted by the Adult and Health Scrutiny Programme:

- What foot care services are available to people in Haringey?
- How can people find out about foot care services in Haringey?

2. Recommendations

2.1. The Adults Health & Scrutiny Panel is asked to note the following:

- There are a range of foot care services in Haringey provided by both statutory and voluntary health and social care organisations.
- Issues with the performance of the Whittington Health Podiatry and Foot Health Service are being tackled via monthly contract monitoring meetings.
- There are a number of communication channels used to notify Haringey residents about local foot care services.

3. Reasons for decision

3.1. The following information is a brief overview of foot care services in Haringey and should give assurance that services are available, quality issues are dealt with and there are communication channels available.

4. Alternative options considered

4.1. Not applicable

5. Background information

5.1. The following foot care services are available to Haringey residents:

Haringey Locality Teams

5.2. The Locality Team consists of a community matron, physiotherapist and pharmacist from Whittington Health NHS Trust; a social worker from the London Borough of Haringey and a mental health nurse from Barnet, Enfield and Haringey Mental Health Trust. There are currently two locality teams (one in the east and one in the west of Haringey). The Locality Teams work with patients who are at risk of an emergency hospital admission and co-ordinate care to help keep people well and independent.

5.3. As part of the initial comprehensive assessment Locality Team members review the past medical history of the patient/client including factors that affect foot care, such as diabetes and falls history. The team members also check whether agencies, such as podiatry services, were ever involved with the care of the patient. During the assessment, the foot condition is checked and a Falls Risk Assessment (FRAT) is also conducted. Following the assessment, referrals are made to the appropriate agencies for further foot care, if required.

Whittington Health NHS Trust - Podiatry and Foot Health Service

5.4. Whittington Health Podiatry and Foot Health Service specialises in assessing and treating problems of the lower limb particularly of the foot and ankle. Podiatrists aim to maintain and promote good foot health within the population of Haringey in order to help sustain mobility, independence and reduce pain.

5.5. The service assesses a patient's foot problem and provides them with treatment and self-care advice as appropriate to their individual needs. The service strives to support patients to self-manage their foot problems in order to improve and increase control over their foot health. The service offers:

- Treatment of foot pain: Podiatrists can help diagnose foot pain by assessing a patient's foot structure, gait analysis and through the prescription of orthotics or innersoles.
- Treatment of the high-risk foot: Podiatrists play an important role in caring for patients that are at risk of foot problems due to Diabetes, circulation problems or Rheumatoid arthritis. These patients can be at risk of foot ulcers, infection and possible amputation and therefore take priority over low-risk patients.
- Treatment of skin and nail conditions of the foot: The service can only provide this care to eligible patients, based on a medical and clinical need, to facilitate mobility.
- Toenail surgery: Some persistent nail conditions, e.g. ingrown toenails, can be permanently resolved through a minor surgical procedure carried out under local anaesthetic

- Radiosurgery: Some painful, longstanding verrucae and corns can be treated by a minor surgical procedure using radio waves under local anaesthetic.
- Injection Therapy: Specially trained podiatrists can administer anti-inflammatory injections in the foot to resolve painful conditions where conventional treatments have failed.

5.6. All Patients can be referred to the Podiatry and Foot Health Service by their GP or other health care professional.

5.7. In Haringey, within the community, treatment is carried out in 6 health centres (Monday - Friday 8.00 am – 6.00 pm excluding Bank holidays):

- Bounds Green Health Centre
- Hornsey Central Neighbourhood Health Centre
- Lordship Lane Clinic (Orthotics laboratory)
- Stuart Crescent Health Centre
- The Laurels Health Living Centre
- Tynemouth Road Health Centre

5.8. The service is commissioned to provide toenail cutting by assistants for those whose disability prevents their ability to undertake this for themselves, including those with diabetes. Domiciliary treatment is available for patients who are completely housebound either in their own home or a care/nursing home. An individual will not be eligible for a home visit if they are able to leave their home environment on their own or with minimal assistance to visit public or social recreational services (including shopping). Patient transport is available for patients who require assistance to travel and meet the eligibility criteria.

5.9. The podiatry service also has an acute clinic based at Whittington Hospital which is consultant lead and only treats high-risk, urgent foot complaints e.g. diabetic gangrene or ischaemic foot ulcers.

5.10. Regular monitoring meetings are held with the podiatry service. These meetings cover residents across Haringey and Islington and current data is reported across both boroughs. The service receives approximately 1400 referrals per month. From April to September 2015:

- 65% of patients waited less than six weeks for their first appointment. Throughout September 2015 the service has been working to reduce the waiting list of patients waiting longer than six weeks in order to meet the target of 95% of patients waiting less than six weeks.
- 14% of patients did not attend their appointments. This is set to reduce with the imminent introduction of text reminders.
- 8% of appointments have been cancelled by the service; however this may be higher than usual due to the fact that even if a patient changes an appointment themselves or there are problems with patient transport it counts as a cancellation by the service. IT system improvements in December 2015 should help with this.
- 100% of clients discharged from the service have an improved quality of life, function and have been given the skills to self-manage, with 98% agreeing that they would recommend the service to friends and family.

- 5.11. Actions to improve performance are agreed in the contract monitoring meetings.

London Borough of Haringey - Adult Foot Care Service

- 5.12. The London Borough of Haringey and The Whittington Health NHS Trust have trained staff to become Foot Care Assistants. Foot Care Assistants provide simple nail cutting and foot care at five venues across the Borough. Staff are regularly up-dated and their practice skills reviewed by the Whittington Health Podiatrists who were involved in their training.
- 5.13. The Adult Foot Care Service is provided between 9.30 am and 3.30 pm, five days a week (one day in each venue):
- The Priory, N8
 - Abyssinia Court, N8
 - The Haven Day Service, N17
 - The Crescent, N15
 - Woodside, N22
- 5.14. The Haringey Adult Foot Care Service provides simple toe nail cutting and foot hygiene, to adults over the age of 50. The resident must live in Haringey and have difficulty in managing their own foot hygiene/toe nail cutting. The service doesn't treat people with diabetes and rheumatoid arthritis as they are best cared for by the Whittington Health Podiatry Service.
- 5.15. At a first session with the Adult Foot Care Service a foot care kit will need to be purchased at a cost of £5.75 (this price may increase slightly). This kit will be for the Resident's personal use, which they can take home and bring to each appointment. After this one off payment all future sessions [approximately 30 minutes] are free. This service has delivered to over 260 residents to date.
- 5.16. Due to the planned closure of The Haven, from where the Adult Foot Care Service is being delivered, the service is currently considering options for future delivery from alternative locations.

Bridge Renewal Trust – Foot Care+

- 5.17. The Bridge Renewal Trust (a charity focused on reducing health inequalities) has been providing affordable Foot Care+ for older people (aged over 50 years old) in Haringey since 2010. The service receives charitable funding to deliver the service and is not funded by Haringey CCG or the London Borough of Haringey. Over the past two years approximately 400 clients have visited the weekly Foot Care+ Clinic at the Laurels Healthy Living Centre or have been visited by the FootCare+ Outreach Programme. Most of the clients are over 70 years old, with many in their 90's.
- FootCare+ Clinic: The FootCare+ service includes toe nail cutting and foot therapy (foot massage that aims to help circulation and is ideal for some

conditions such as diabetes). The nail cutting is £10 and the foot therapy is £10, or £15 for a combined treatment.

- FootCare+ Outreach: The FootCare+ Outreach Programme is available to Care Home or Sheltered Scheme. The service is provided directly at the location (if a minimum of 6 clients can be assembled). Locations are visited every 6-8 weeks, depending upon the demand for the service. Currently 12 locations are visited.

Information and Communication

- 5.18. In order for people in Haringey to find out about foot care services there are several methods for communication:
- 5.19. People who require foot care services will be identified by health and social care services including GPs, district nurses and the Locality Team (as described above). Once foot care needs have been identified people can be referred into the appropriate service e.g. Whittington Health Podiatry Service.
- 5.20. The London Borough of Haringey has commissioned IAG (Information Advice and Guidance) services from Citizens Advice Bureaux (CAB), Age UK and the Law Centre which can be accessed in the community both face-to-face or via the telephone. The IAG will be able to identify how people can access foot care services in Haringey.
- 5.21. Health services (eg Whittington Health) often have Patient Advice and Liaison Services (PALs) or equivalent. These services can give information on the services provided, eligibility criteria and can help to resolve any concerns or problems regarding health services.
- 5.22. The London Borough of Haringey Integrated Access Team (IAT) is the first point of contact for new users of Adult Social Care services, their carers and families. It delivers a simple screening process aimed at resolving local residents' social care needs as quickly as possible. Where needs are more complex, or where there are concerns regarding the safeguarding of vulnerable adults, a speedy referral will be made to the most appropriate service. The service will also give information and advice on a range of services and activities locally. The team can be accessed via the telephone, email or in writing.
- 5.23. An online directory for health and social care services, known as Haricare (www.haricare.haringey.gov.uk), has been produced by the London Borough of Haringey. This directory includes foot care services. The directory will be kept up to date via the IAG service.
- 5.24. NHS Choices (www.nhs.uk) gives information on health conditions and local services for these conditions. There is a section on foot health and foot care for older people which also links to a directory to find a registered podiatrist as well as its existing directory of health and social care services.

6. Contribution to strategic outcomes

6.1. Foot care links to a number of plans for the London Borough of Haringey (LBH) and Haringey CCG. In particular it supports:

- 2014/19 North Central London 5-Year Plan
- 2014/19 Haringey CCG 5-Year Plan
- 2015/16 Haringey CCG Operating Plan
- LBH (2012) Joint Health and Well-being Strategy

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

7.1. Finance and Procurement

7.1.1. This report is for noting only and there are no financial implications arising directly out of this report. There are also no procurement issues arising.

7.2. Legal

7.2.1. There are no legal implications arising from the recommendations in the report

7.3. Equality

7.3.1. As this paper is a brief overview of foot care services in Haringey with no decisions an equality impact assessment has not been completed on this paper.

8. Use of Appendices

8.1. Not Applicable

9. Local Government (Access to Information) Act 1985

9.1. Not Applicable

Report for: Adults & Health Scrutiny Panel, 18 January 2016

Item number: 9

Title: Better Care Fund Update

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

Lead Officer: Marco Inzani, Commissioning Lead: Better Care Fund
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Ward(s) affected: All

Report for Key/

Non Key Decision: Non Key Decision

1. Describe the issue under consideration

1.1. This report will address the following issues that have been highlighted by the October 2015 Adult and Health Scrutiny Committee:

- Brief update on progress with the Non-Elective Admissions target
- Results of the Care Homes Deep Dive
- Results of the Falls Deep Dive

2. Recommendations

2.1. The Adults Health & Scrutiny Panel is asked to note the following:

- The continued progress with delivering a reduction in Non-Elective Admissions
- The themes of the Care Homes Deep Dive
- The themes of the Falls Deep Dive

3. Reasons for decision

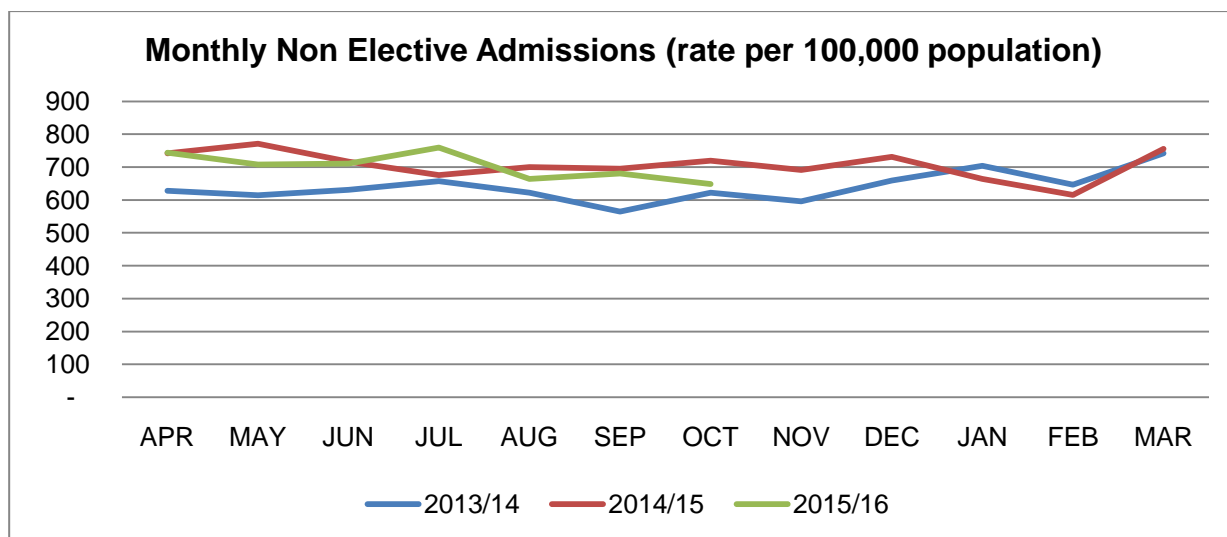
3.1. The following report provides an update to the information presented within the October 2015 Adult and Health Scrutiny Committee. The report includes progress with the impact of the Better Care Fund on Non-Elective Admissions; information on admissions to, and from, care homes and the initial response to the key themes; and information on falls and the initial response to the key themes.

4. Alternative options considered

4.1. Not applicable

5. Background information

5.1. The Better Care Fund (BCF) continues to make progress on reducing the main target of non-elective admissions (unplanned and emergency hospital admissions). The following table and graph demonstrate that the rate of non-elective admissions (per 100,000 population) from April to October 2015 has been lower than the same period in 2014 (apart from July).



Year	Non-Elective Admissions (Rates per 100,000 population)											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2013/14	628	615	631	657	623	565	622	596	659	704	646	742
2014/15	742	771	717	676	700	695	720	691	731	664	615	755
2015/16	744	707	710	759	664	681	648	#N/A	#N/A	#N/A	#N/A	#N/A

5.2. The national target for Haringey BCF is to reduce actual non-elective admissions (rather than rates per 100,000) by 1.5% from January to December 2015. Progress so far from January to October 2015 is a 1.0% reduction in non-elective admissions.

5.3. To support the reduction in non-elective admissions the range of BCF services in health and social care are being implemented, monitored and reviewed.

5.4. The reduction in non-elective admissions is the main target for the BCF, however there are an additional five outcome measures. Two of these outcome measures are admissions into residential and nursing care homes and injuries due to falls. It is the interplay of health and social care that influence these measures and their subsequent impact on non-elective admissions. A large proportion of non-elective admissions in the over 65 population are due to falls and/or come from care homes. Higher numbers of non-elective admissions also places pressures on care home admissions. It is for these reasons that a more detailed analysis was conducted on these outcomes.

- 5.5. The information in the Care Homes Summary highlights the key themes from the Care Homes Deep Dive. The key themes are:
- 5.5.1. There has been an increase in admissions to both residential and nursing care homes
 - 5.5.2. Haringey has the highest number of care home admissions and spend in their comparator group
 - 5.5.3. Haringey has higher care home costs than the comparator group
 - 5.5.4. There has been an increase in length of stay in Step Down facilities
 - 5.5.5. Most ambulance callouts from care homes were due to the request of a healthcare professional
 - 5.5.6. Non-Elective admission rates in care homes by GP practice are variable
 - 5.5.7. Respiratory, Urinary Tract Infections and Musculoskeletal issues are the top three reasons for a non-elective admission from care homes
 - 5.5.8. Priscilla Wakefield and Spring Lane have a higher rate of non-elective admissions for the top three reasons for non-elective admissions from care homes
- 5.6. In response to these key themes the following response has been discussed with key stakeholders in Haringey:
- 5.6.1. Develop a Primary Care Led Care Homes Service Pilot with one GP Practice linked to one care home (three in total). Focus on Priscilla Wakefield, Spring Lane and Osborne Grove and prioritise falls, Urinary Tract Infections (UTIs) and respiratory.
 - 5.6.2. Review the impact of winter schemes including 'Living Care at Home' – a 2 week package of support to stabilise people at home following discharge from hospital.
 - 5.6.3. Continue to develop the role of social care brokerage in developing alternative and cost effective solutions to in-borough care home placements and review the impact at an appropriate date
 - 5.6.4. Develop the market for alternatives to residential and nursing care
 - 5.6.5. Determine the reasons for higher care home costs in Haringey
 - 5.6.6. Develop a business case for an integrated discharge team
 - 5.6.7. Develop a business case for Step Down support to ensure that it is used appropriately and reduces the need for a care home admission
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- 5.6.8. Develop a business case to expand the provision of reablement including provision in step-down facilities
- 5.6.9. Undertake community engagement to determine the issues that prevent carers from wanting a patient to be discharged home
- 5.7. The care homes actions will be incorporated into the work programme of the Intermediate Care Group who will monitor their implementation.
- 5.8. The information in the Falls Summary highlights the key themes from the Falls Deep Dive. The key themes are:
 - 5.8.1. There has been a 9% increase in the rate of falls related injuries (per 100,000 population) in the over 65s in Haringey (2013/14 to 14/15)
 - 5.8.2. There was a 17% increase in the rate of non-elective admission for falls (per 100,000 population) in the over 65s in Haringey (2013/14 to 14/15)
 - 5.8.3. Falls are mainly happening to women over 85 in the west of the borough
 - 5.8.4. Fractures made up 46% of falls related non-elective admissions in the over 65s
 - 5.8.5. There has been a 6% reduction in the rate of hip fractures in the over 65s in Haringey between 2010/11 and 2013/14
 - 5.8.6. There has been a 7% increase in referrals to the Integrated Community Therapy Team falls services in Whittington Health between 2013/14 and 2014/15
 - 5.8.7. From 2013/14 to 2014/15 there was a 10% increase in patients at North Middlesex and a 7.3% reduction in patients at Whittington
 - 5.8.8. 32% of social care clients were assessed as being at risk of falls, with 54% of these clients receiving housing adaptations or equipment
- 5.9. In response to these key themes the following response has been discussed with key stakeholders in Haringey:
 - 5.9.1. Continue to monitor the balance and strength exercise group
 - 5.9.2. 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
 - 5.9.3. Review the evidence base regarding the use of falls prevention information resources in primary care
 - 5.9.4. Explore the linkage of the falls pathway to hospital discharge

5.9.5. Explore the development of a fracture liaison service for Haringey

5.10. The falls actions will be incorporated into the work programme of the Integration Implementation Group who will monitor their implementation.

6. Contribution to strategic outcomes

6.1. The BCF is one of the key plans for the London Borough of Haringey (LBH) and Haringey CCG. In particular it supports:

- 2014/19 North Central London 5-Year Plan
- 2014/19 Haringey CCG 5-Year Plan
- 2015/16 Haringey CCG Operating Plan
- LBH (2012) Joint Health and Well-being Strategy

6.2. The BCF is helping to deliver Priority 2 (Healthy Lives) of LBH's Priorities 2015/16 and Priority 2 (Integration) of Haringey CCG's Priorities 2015/16.

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

7.1. Finance and Procurement

7.2. This report is for noting only and there are no financial implications arising directly out of this report. There are also no procurement issues arising.

7.3. Legal

7.4. There are no legal implications arising from the recommendations in the report

7.5. Equality

7.6. An Equalities Impact Assessment (EIA) was completed for the whole BCF Programme in December 2014. The overall outcome was to continue with the programme as there were a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender, religion/belief, marriage, human rights, socio-economic group, social inclusion and community cohesion. These positive impacts were mainly due to: the cohort of patients and services users that will be the main beneficiaries; the delivery of services in people's homes; working in a service user centred way to define health and social care goals; and the intention to improve health and well-being. No negative impacts were highlighted.

8. Use of Appendices

8.1. Care Homes Summary AHS v0.3

8.2. Falls Summary AHS v0.3

9. Local Government (Access to Information) Act 1985

9.1. The original BCF plans and papers, including the equality impact assessment, can be found on the following web-link:

<http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm>

Adults & Health Scrutiny Committee Care Homes Summary

December
2015

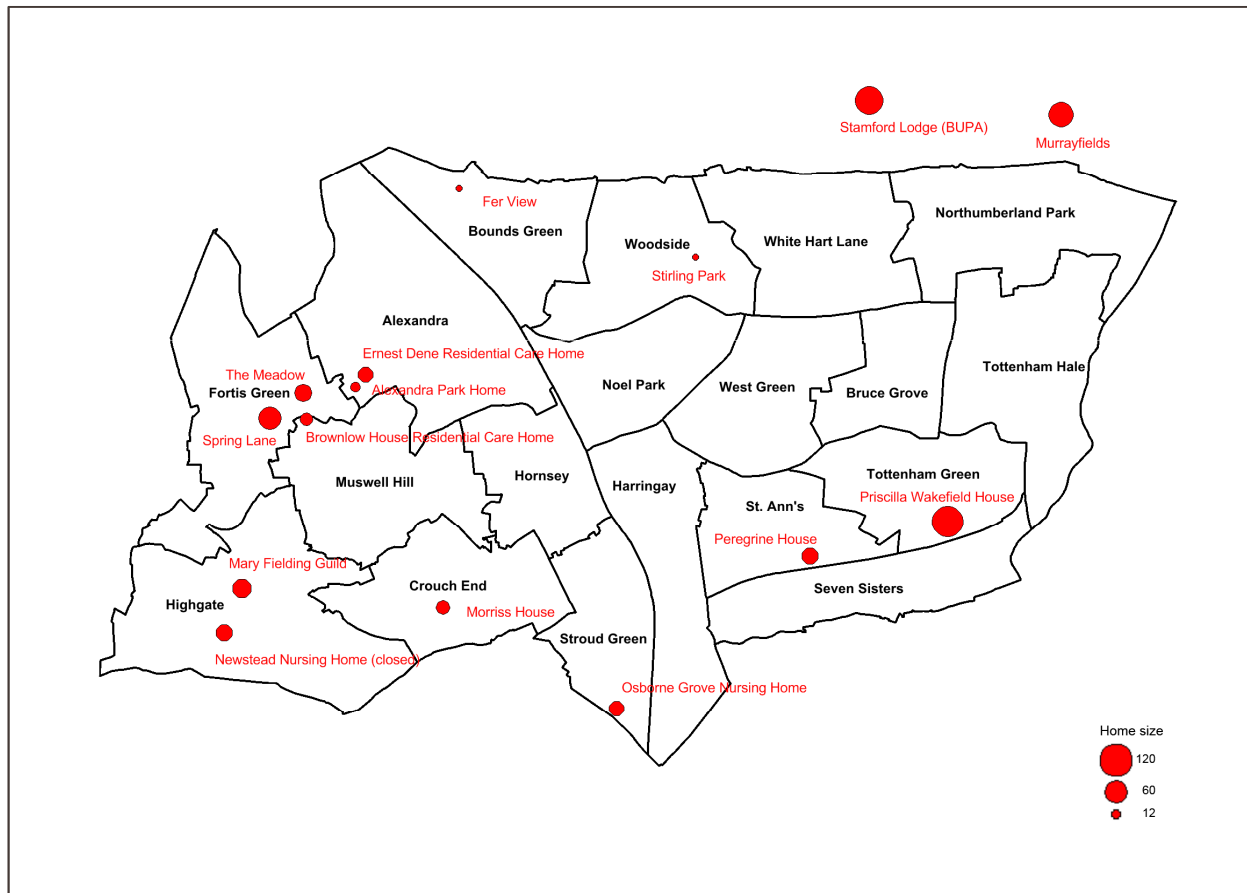
**Better Care
Fund**

Business Intelligence
Haringey Council and Haringey Clinical Commissioning Group

Local Care of the Elderly Residential and Nursing homes

2

Better Care Fund

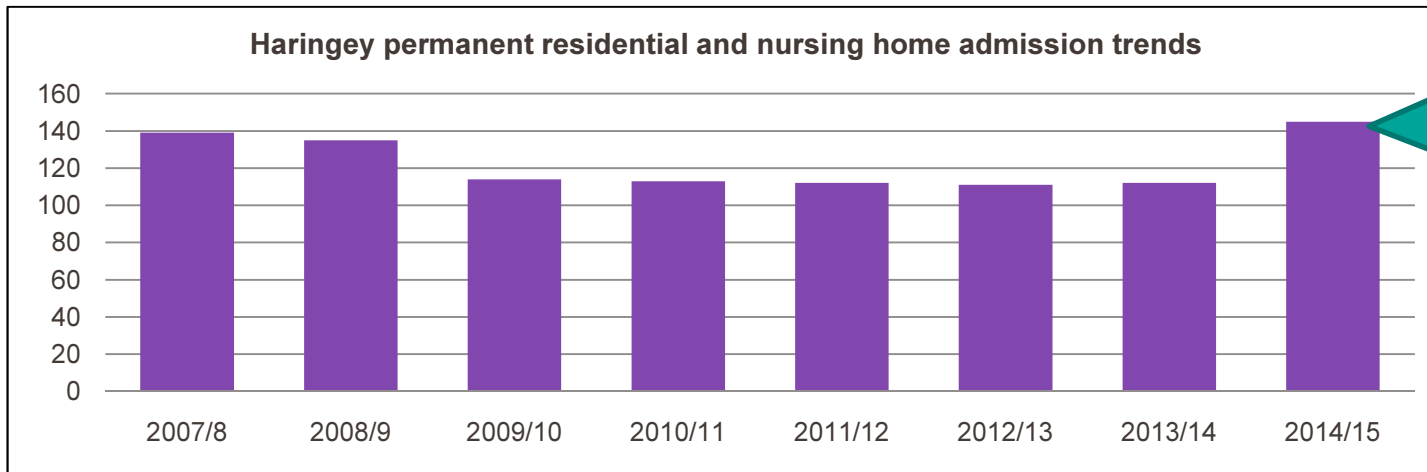


	Maximum Service Users	
Residential Homes	Morriss House	47
	Broadwater Lodge (closed)	45
	Brownlow House	45
	The Meadow	40
	Spring Lane	35
	Fer View	33
	Peregrine House	25
	Ernest Dene	24
	Alexandra Park Home	15
	Mary Fielding Guild	6
	Stirling Park	6
	Nursing Homes	Priscilla Wakefield
Osborne Grove		32
Newstead (closed)		36
O/B Providers with Haringey GP	Stamford Lodge	90
	Murrayfield	74

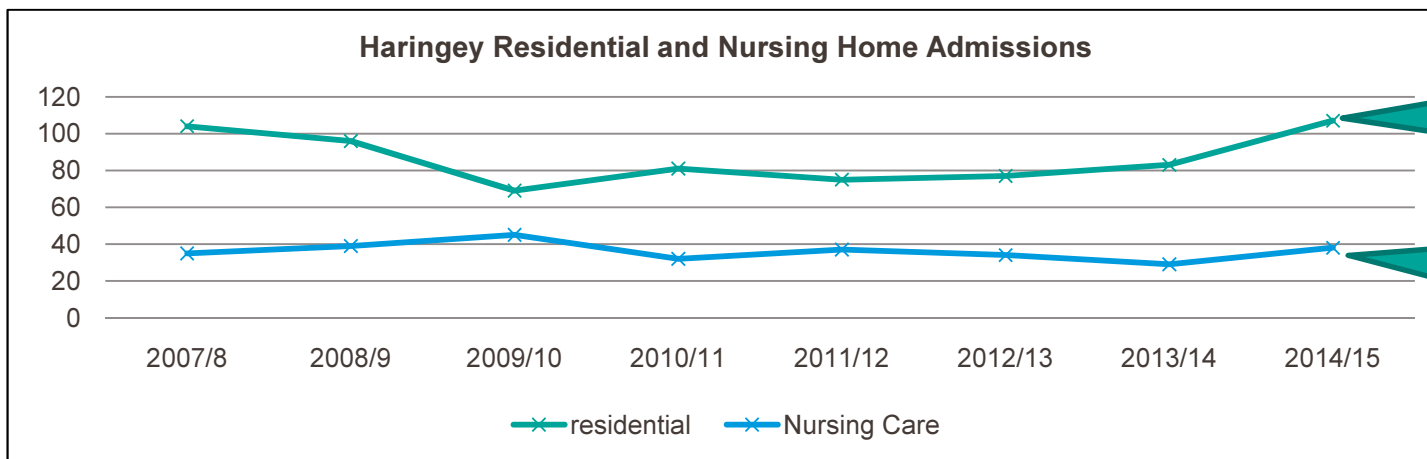
Increase in permanent residential and nursing home admissions

3

Better Care Fund



There was a 29% increase in residential and nursing home admissions in 2014-15



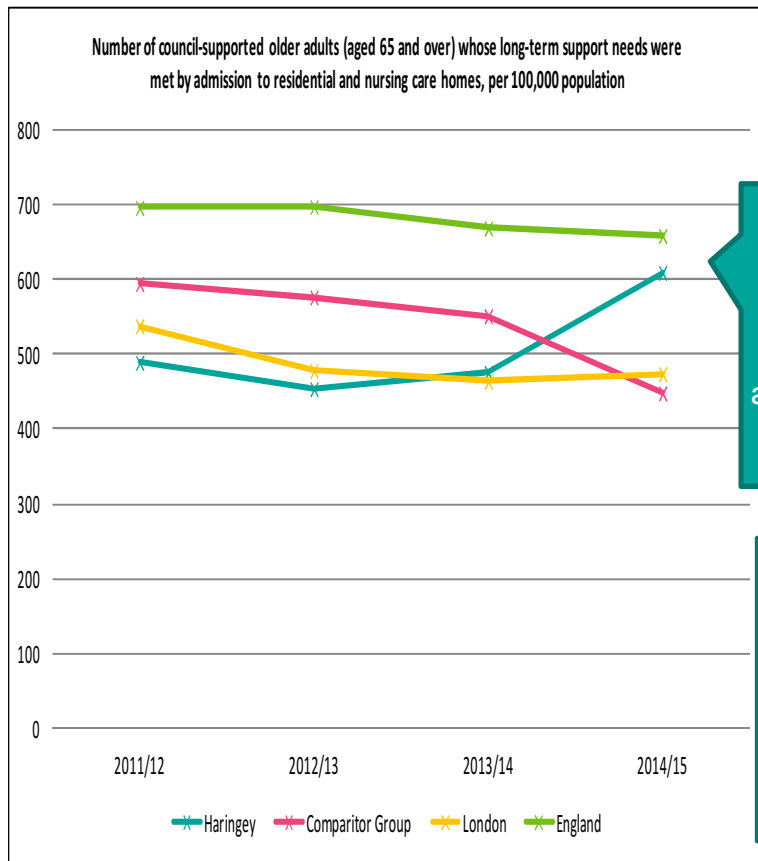
There was a 28% increase in residential home admissions in 2014-15

There was a 31% increase in nursing home admissions in 2014-15

Haringey has highest number of care home admissions and spend in comparator group

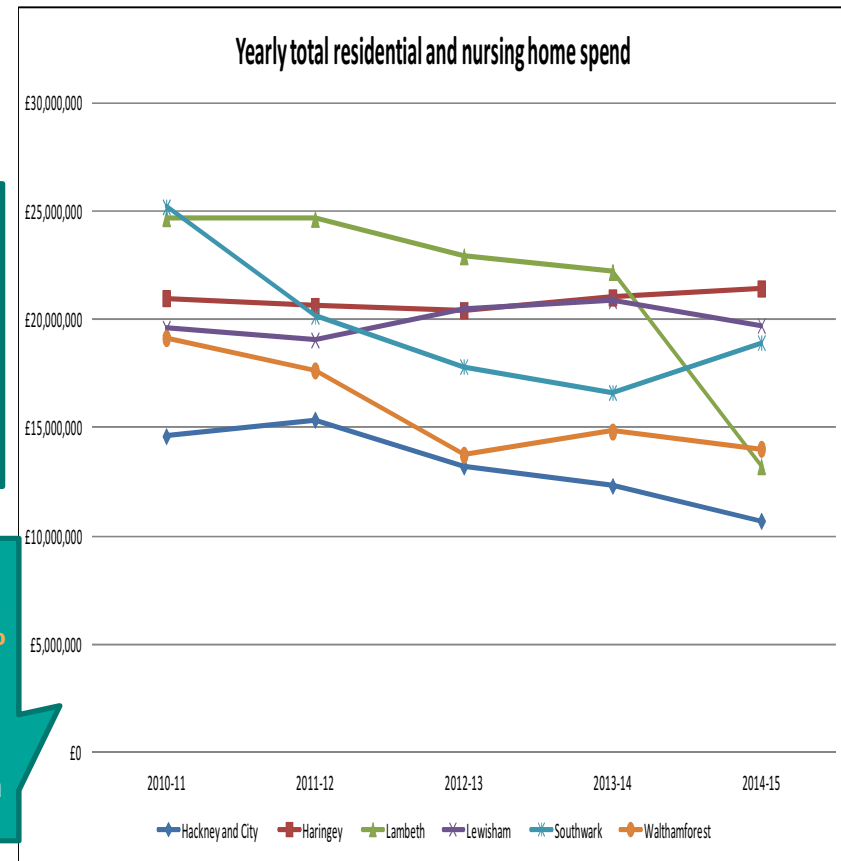
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Better Care Fund



There was a **29%** increase in residential and nursing home admissions per 100,000 population

In the past 5 years there has been a **2%** increase in total spend on residential and nursing care in Haringey.

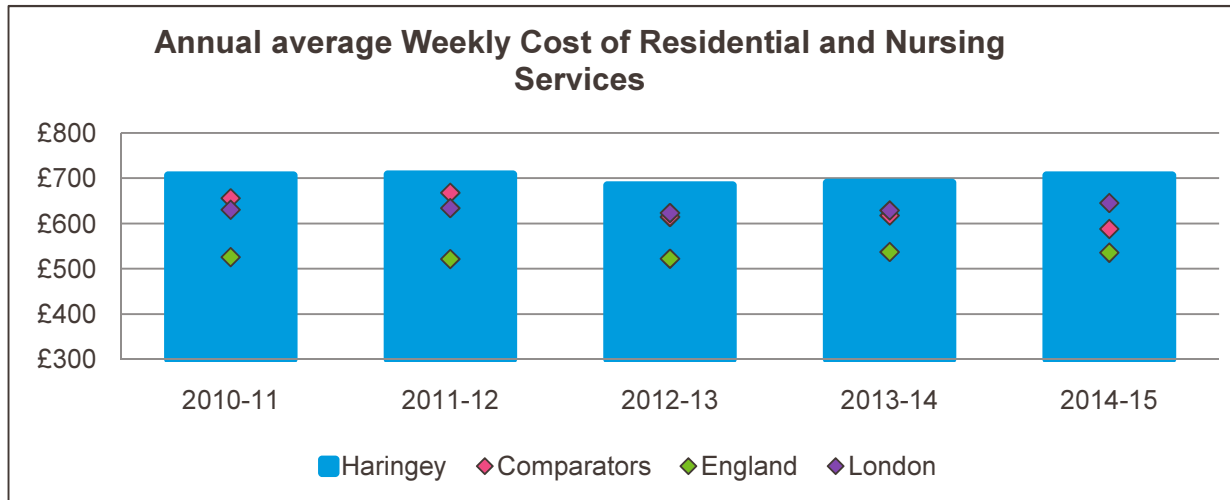


* Data includes placements made outside of the borough.

Haringey has higher care home costs than comparator group

5

Better Care Fund



- Haringey's average weekly cost of residential and nursing Service increased by 2.3% in 2014/15 compared to the previous year.

- Haringey's average weekly cost has been consistently above the comparator group (8%), London and England (36%)

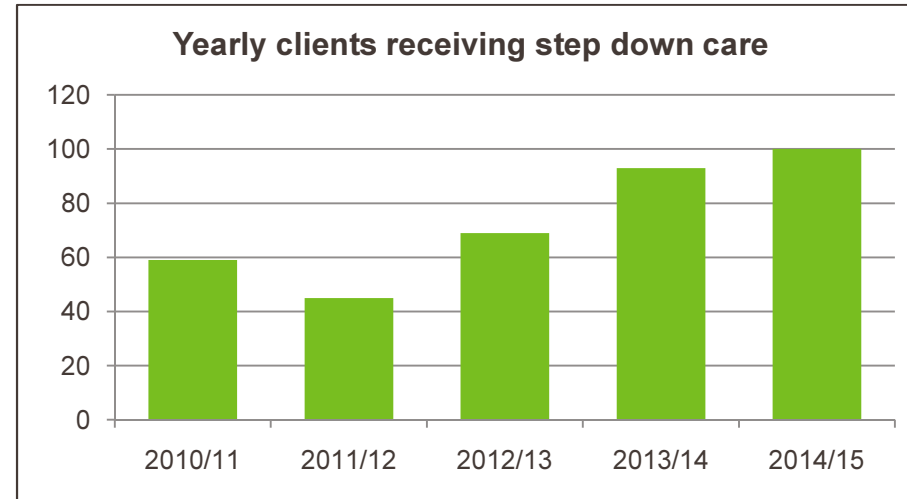
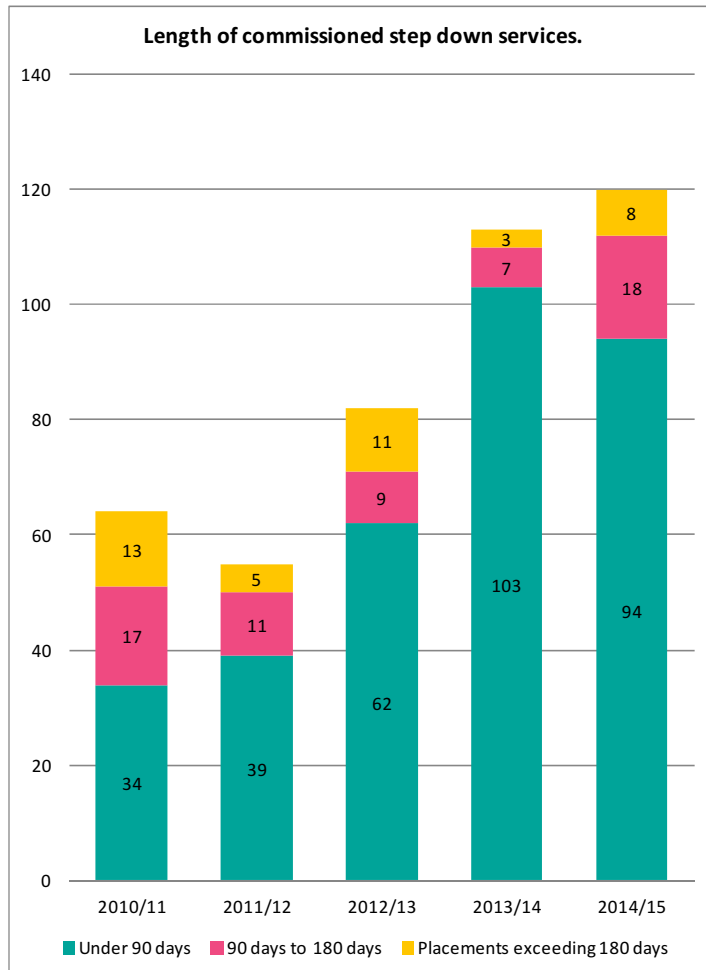
Yearly rates of accommodation location and type.

Location	Accommodation type	2010/11	2011/12	2012/13	2013/14	2014/15
In Borough	Nursing	7%	8%	7%	10%	9%
	Residential	20%	18%	18%	16%	18%
Out of Borough	Nursing	14%	15%	17%	17%	16%
	Residential	52%	51%	50%	50%	51%
Out of Borough with Haringey GP	Nursing	7%	8%	8%	8%	6%
	Residential	0%	0%	0%	0%	0%

Increase in length of stay in Step Down facilities

6

Better Care Fund

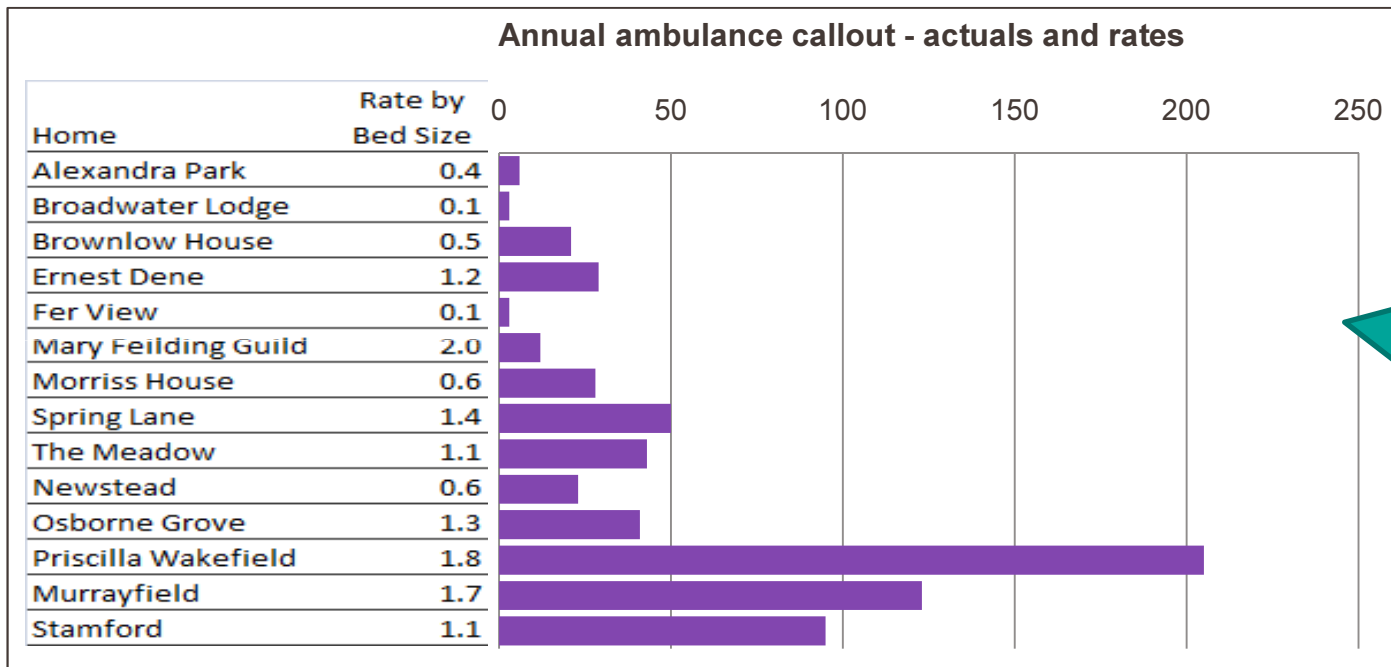


- There have been 434 step down services purchased between 2010-11 and 2014-15. A total number of 366 clients receiving a step down service.
- There has been a 70% increase in the number of clients receiving step down services between 2010-11 and 2014-15.
- In 2014-15 there was a 7% increase in the number of step down placement services that exceeded 180 days .

Most ambulance callouts requested by healthcare professional

7

Better Care Fund



Mary Feilding Guild has the highest rate of Ambulance callout by bed size of the home with 2 admissions per bed space. This home is responsible for 2% of all local ambulance callouts

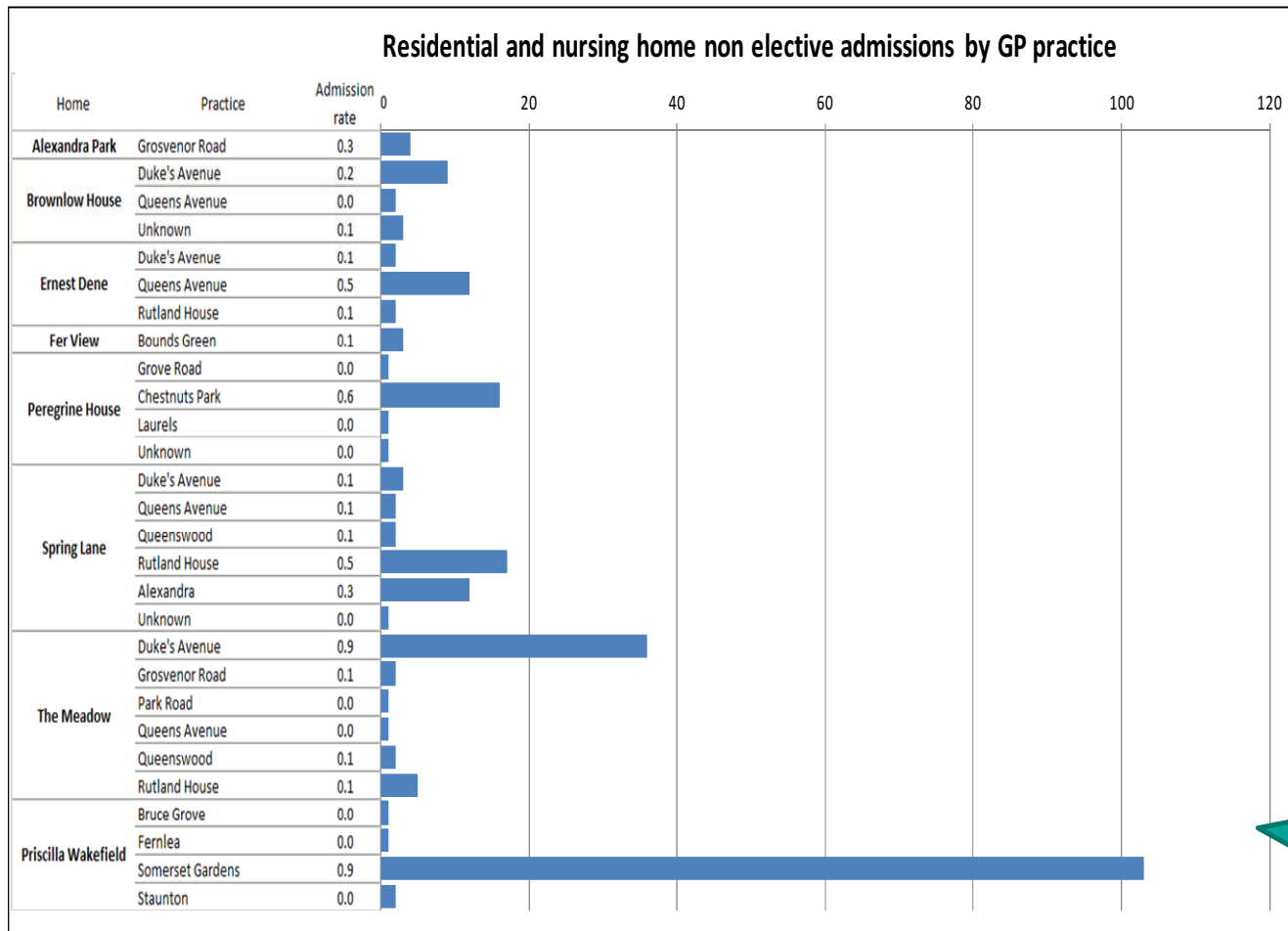
- The main reason for callouts was 'health care professional admission protocol' which accounted for 37% of callouts, 85% Nursing and 15% residential. This is where a registered health care professional places the 999 call and requests conveyance on the back of their examination. This can be from GP's, District Nurses, registered Nurses working within the Care home setting etc.

- Falls were the second main reason, which accounted for 11% of call outs, 32% Nursing and 68% Residential.

Non-Elective rates by GP Practice are variable

8

Better Care Fund



- There were 247 Non-elective admissions in 2014-15 relating to patients who were residing in residential or nursing care within the borough.

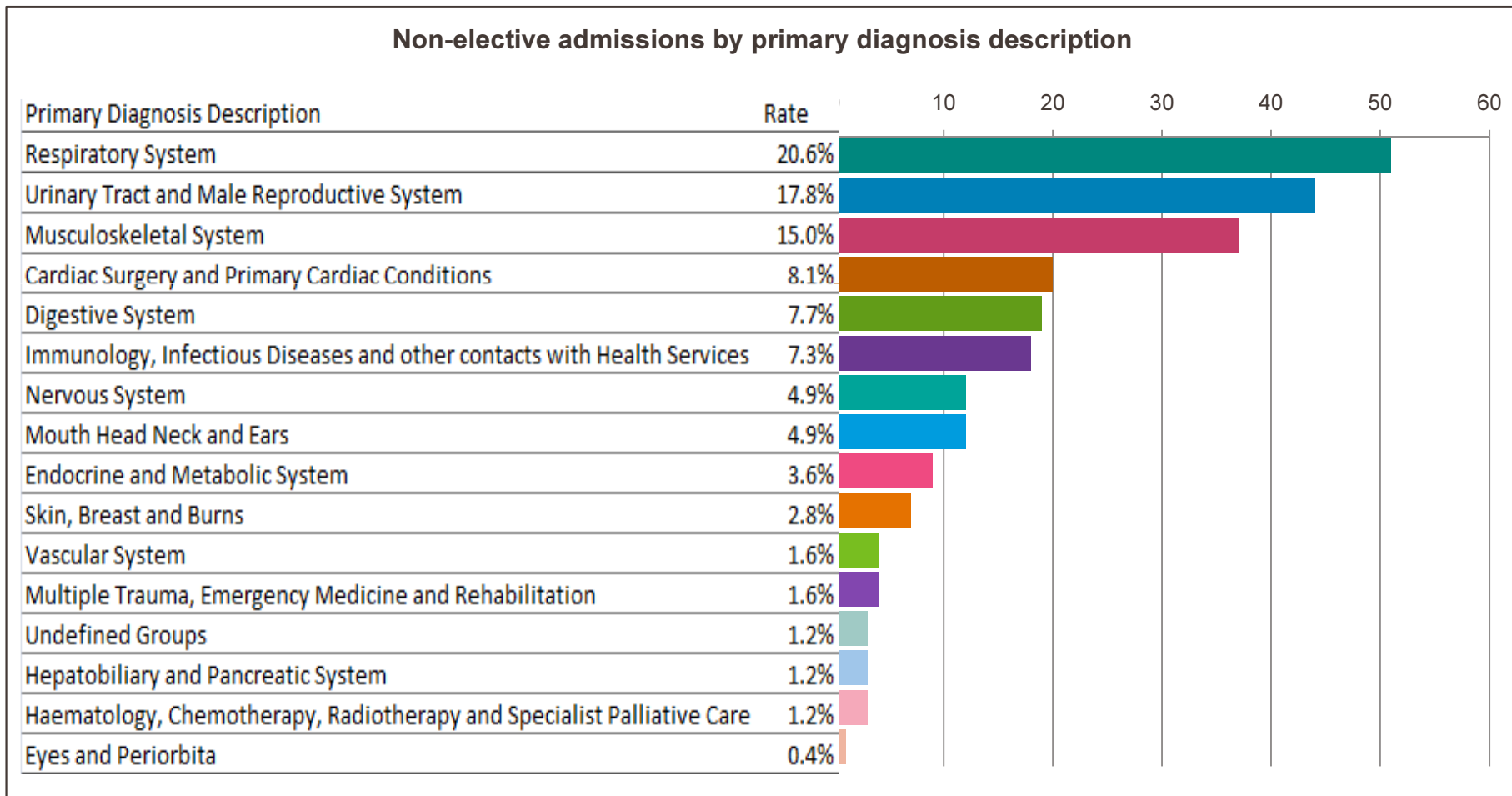
- In 2014-15 Non-Elective admissions of residents from residential and care homes made up 3.4% of all Non-Elective admissions (65+).

SUS data is missing half of the residential and nursing homes therefore there could be up to twice as many admissions from care homes.

Respiratory, UTIs and MSK are top three Non Elective admissions

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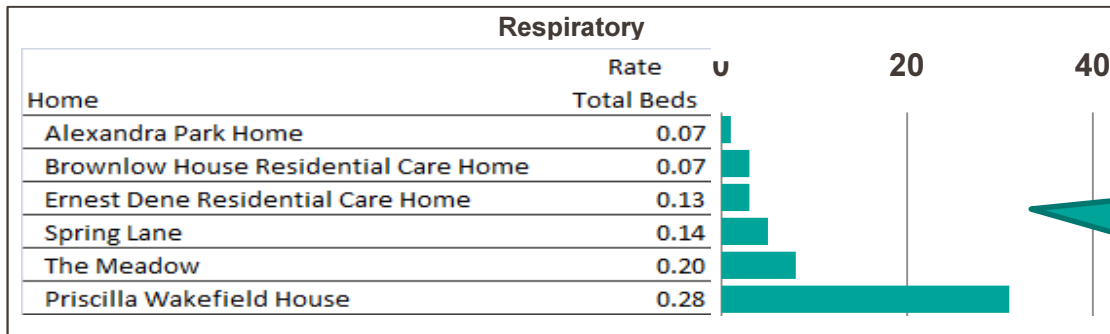
Better Care Fund



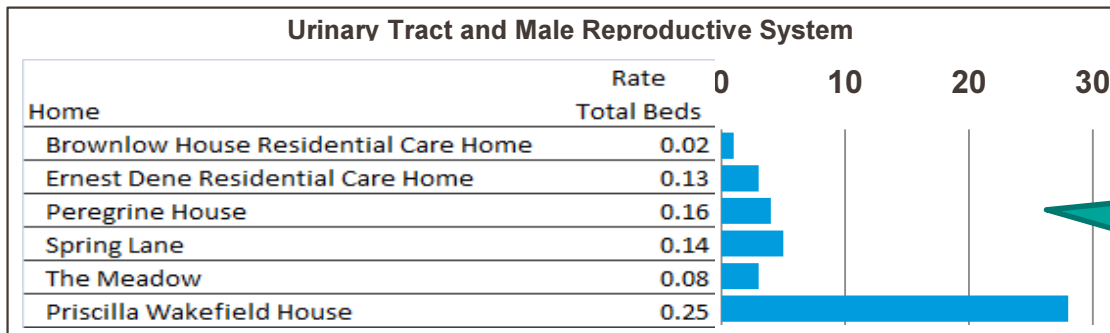
Top 3 diagnosis for non-elective admissions.

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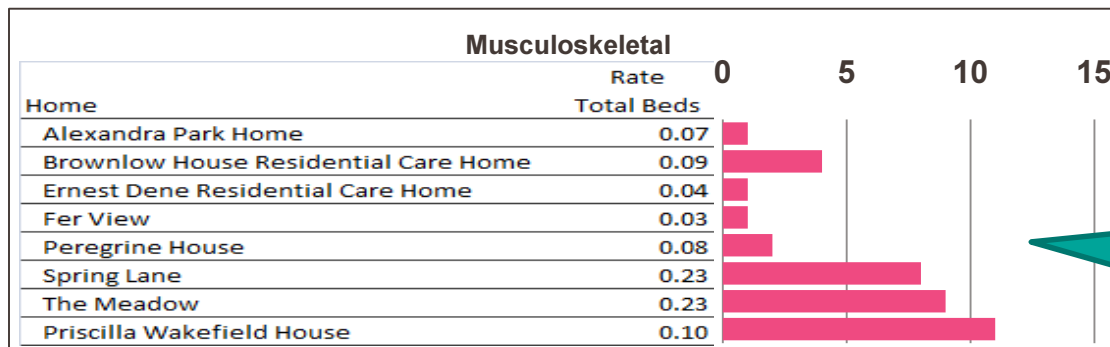
Better Care Fund



51 admissions for respiratory diagnosis, 60% of these admissions relate to patients residing in Priscilla Wakefield this nursing home has the highest rate of respiratory admissions per bed size of home



44 admissions for Urinary Tract and male reproductive diagnosis, 63% of these admissions relate to patients residing in Priscilla Wakefield and this home has the highest rate of these admissions by bed size.



37 admissions for Musculoskeletal diagnosis, 29% of these admissions relate to patients residing in Priscilla Wakefield. Spring Lane homes have the highest rate of these admissions per bed size of the home.

Response – Initial Themes

11

Better Care Fund

1. Primary Care Led Care Homes Service Pilot – One GP Practice linked to one care home (three in total). Focus on Priscilla Wakefield, Spring Lane and Osborne Grove and prioritise falls, Urinary Tract Infections (UTIs) and respiratory.
2. Review the impact of winter schemes including ‘Living Care at Home’ – a 2 week package of support to stabilise people at home following discharge from hospital.
3. Continue to develop the role of social care brokerage in developing alternative and cost effective solutions to in-borough care home placements and review the impact at an appropriate date
4. Develop the market for alternatives to residential and nursing care
5. Determine the reasons for higher care home costs in Haringey
6. Develop a business case for an integrated discharge team
7. Develop a business case for Step Down support to ensure that it is used appropriately and reduces the need for a care home admission
8. Develop a business case to expand the provision of reablement including provision in step-down facilities
9. Undertake community engagement to determine the issues that prevent carers from wanting a patient to be discharged home

The care homes actions will be incorporated into the work programme of the Intermediate Care Group who will monitor their implementation.

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Adults & Health Scrutiny Committee Falls Summary

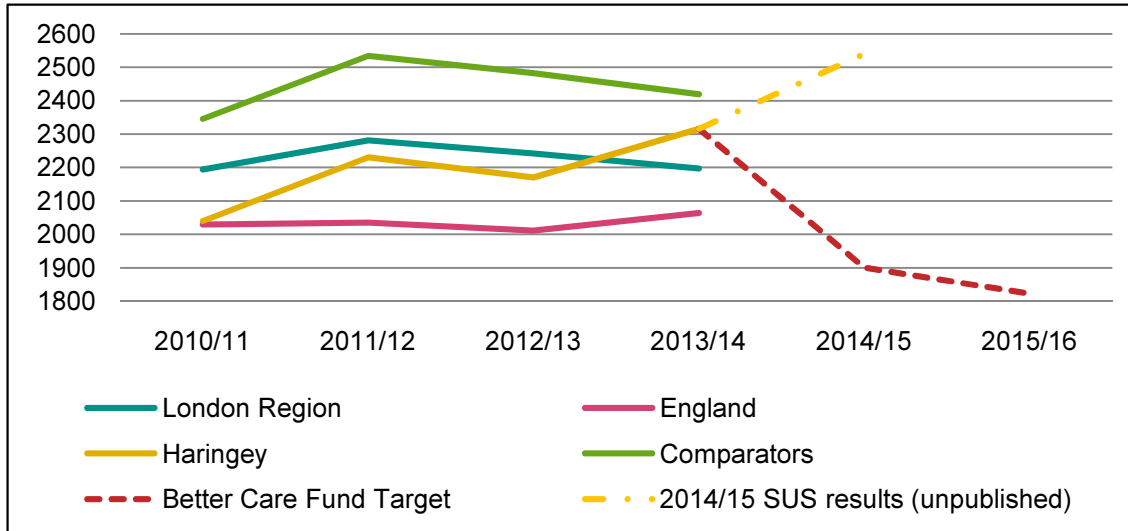
December 2015

Better Care Fund

Business Intelligence

Haringey Council And Haringey Clinical Commissioning Group

9% Increase in Rate of Falls Related Injuries (65+) in Haringey (2013/14 to 14/15)



Public Health Outcomes Framework- Injuries due to falls 65+, standardised rate per 100,000 population

	2010/11	2011/12	2012/13	2013/14
Barking and Dagenham	2363	2615	2336	2027
Hackney and City	1814	2257	2389	2317
Lambeth	2306	2497	2626	2681
Lewisham	2223	2295	2205	2281
Southwark	2400	2753	2941	2770
Waltham Forest	2832	2761	2410	2376
Haringey	2040	2230	2171	2315

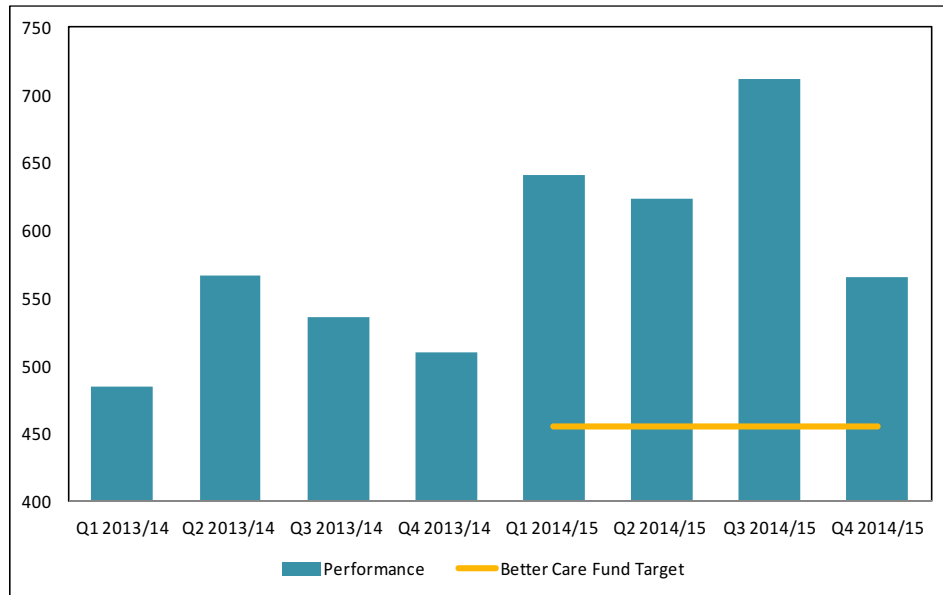
PH Outcomes framework – Injuries due to falls 65+, standardised rate per 100,000 pop - Comparators

- Public health Outcome results for 2014/15 has not yet been published.
- Data taken from SUS using the PH definition is initially showing a 9% growth (2540.28 per 100,000 population)
- The BCF target for 2014/15 was 1900 per population this will have been exceeded by 34% an additional 154 patients.
- BCF target currently amended to a 2.2% reduction in falls from 2014/15 baseline.
- Falls target is to be aligned to target in Value Based Commissioning (VBC) from early 2016 based on falls presenting to acute care in people aged over 75.

1125 Haringey Patients had a Non-Elective Admission for Falls.

3

Better Care Fund

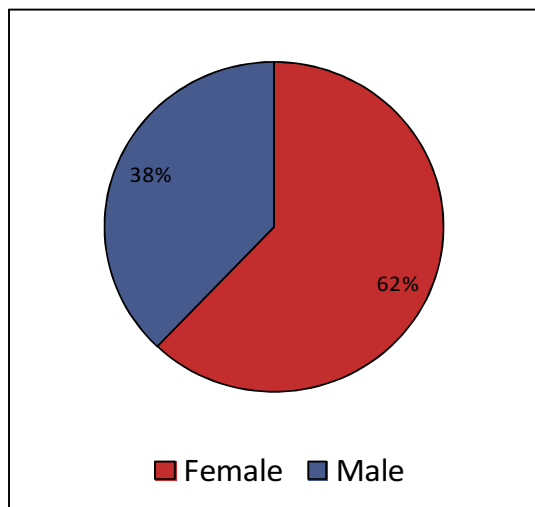


Falls per 100,000 population resulting in Hospital admission

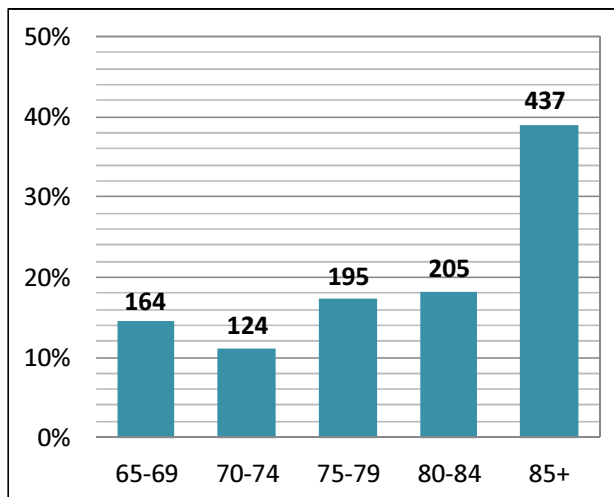
	2013/14	2014/15
April	38	53
May	49	53
June	40	47
July	54	50
August	36	48
September	40	51
October	37	50
November	47	63
December	51	57
January	42	41
February	32	57
March	46	43

- There was a 17% increase in the rate of non-elective admissions for falls (per 100,000 population) between 2013/14 and 2014/15.

Demographic breakdown of Falls related Non Elective Admissions



Gender of Non-Elective Admissions for Falls.



Age Breakdown of Non-Elective Admissions for Falls

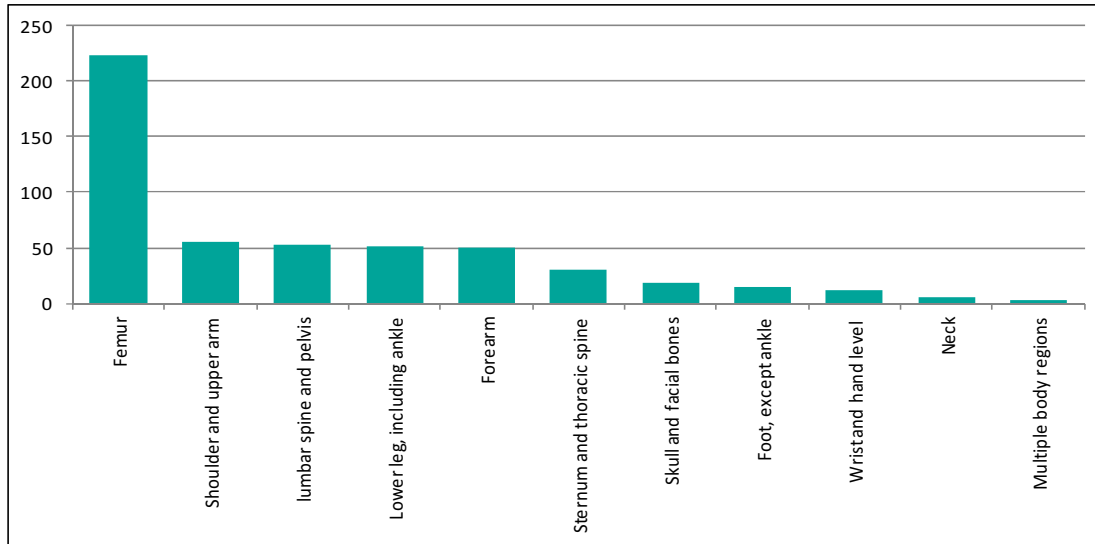
Collaborative	Non Elective Admissions
Central	161
North East	139
South East	143
West	519
Out of Borough	151

Practice	Collaborative	Non Elective admissions for falls 65+ Surgery population
Grosvenor Road Surgery	South East	7.23%
Allenson House Medical Centre	West	7.05%
High Road Surgery (Singh)	South East	6.74%
Dr Auk Raja	North East	6.52%
Highgate Group Practice	West	6.51%

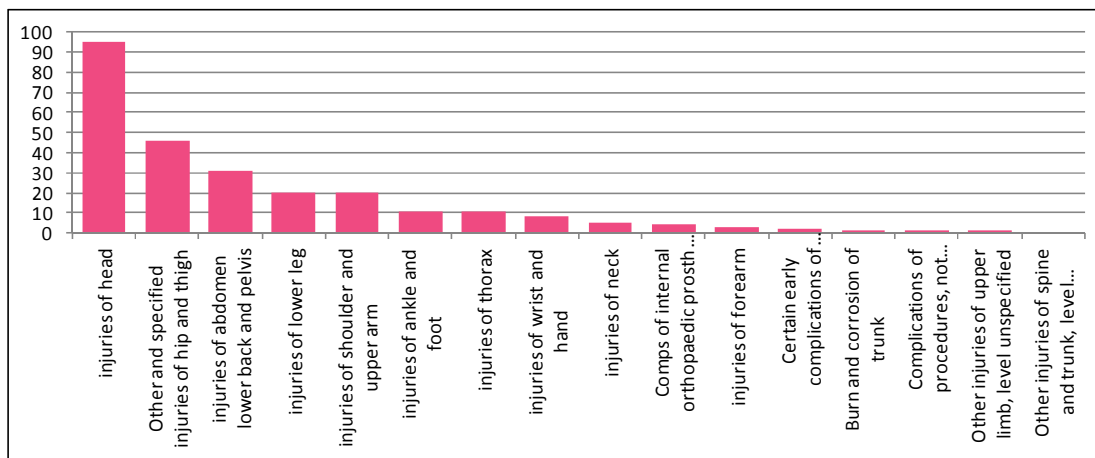
Top 5 rates of Non-Elective admissions for falls related injuries

- Falls are mainly happening to women over 85 in the west of the borough. There are fewer admissions in the Black/ African/ Caribbean/ British Ethnicity group.

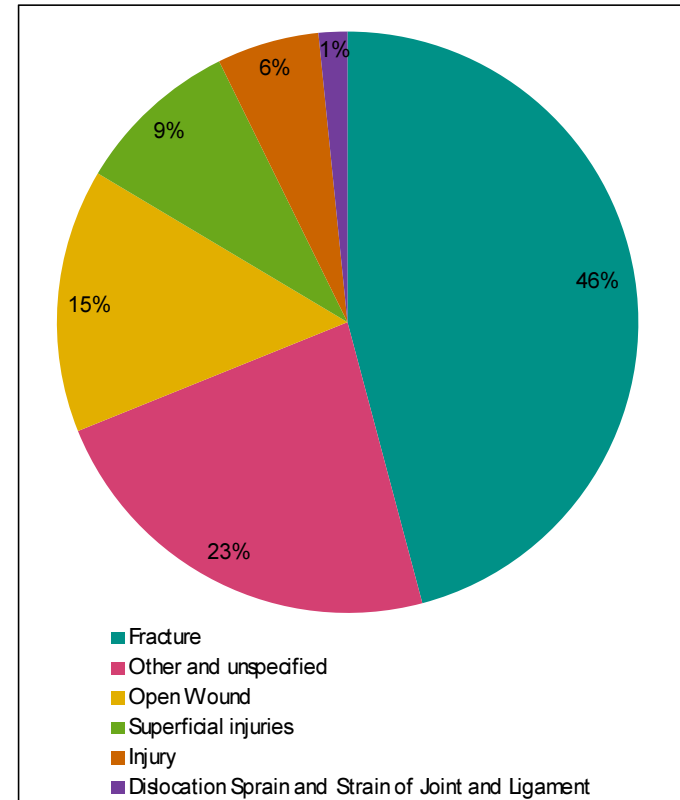
Fractures made up 46% of falls related Non Elective admissions (65+).



PHE -Slips, trips and falls definition Non Elective Admissions - fractures.

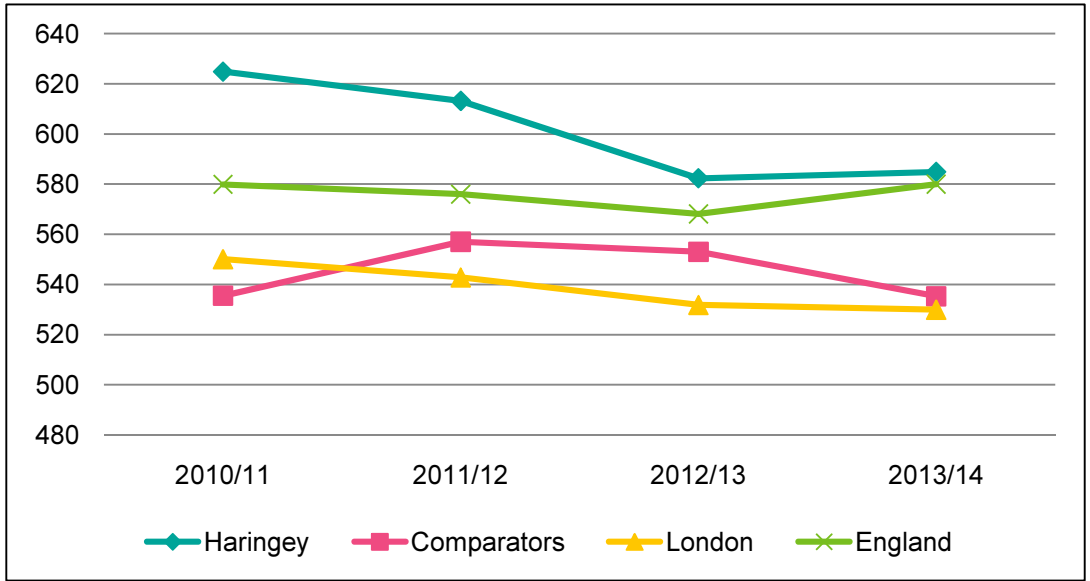


PHE -Slips, trips and falls definition Non Elective Admissions -Other and unspecified.



Non-Elective Admissions for Falls related injuries by description

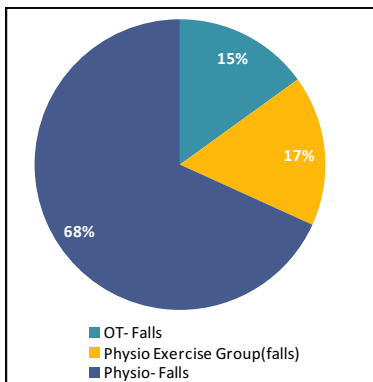
6% reduction in rate of hip fractures (over 65's) in Haringey between 2010/11 and 2013/14.



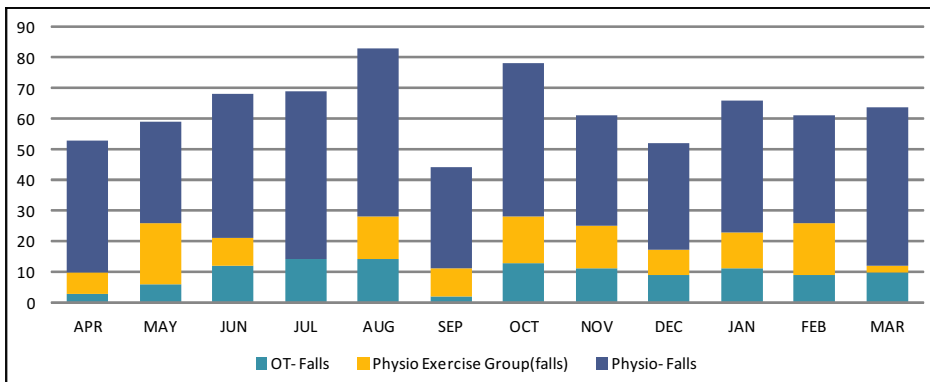
Public Health Outcomes Framework - Hip fractures in people aged 65 and over per 100,000 population

- Public Health Outcomes Framework data shows that between 2010/11 and 2013/14 Haringey had the Highest rate of Hip Fractures above, the Comparator Group, London and England.
- Haringey has seen the largest reduction in Hip Fractures per 100,000 population (6.4%) between 2010/11 and 2013/14. This has notably reduced the rate which is now in line with England's rate.

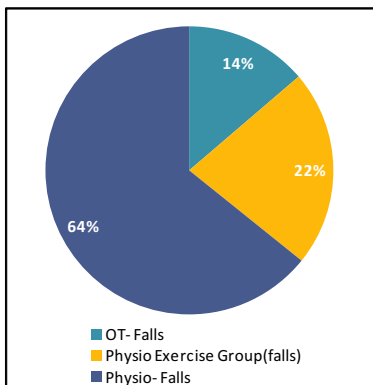
1568 Referrals made to the ICTT Falls prevention programmes.



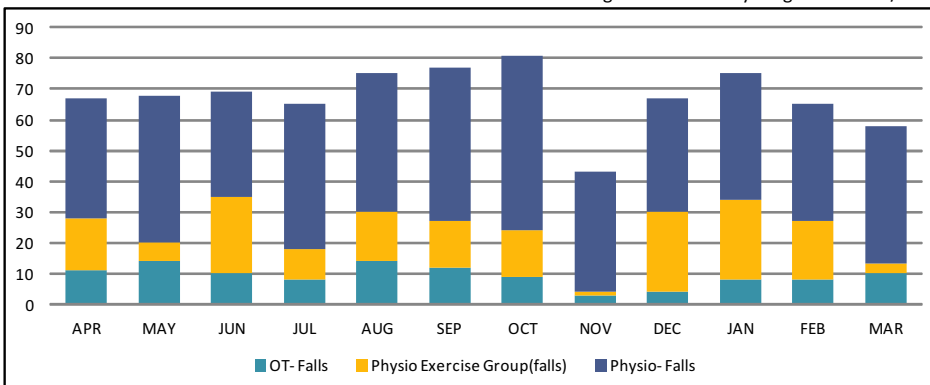
ICTT Falls Programmes 2013/14



Referrals to Whittington ICTT Team by Programme 2013/14



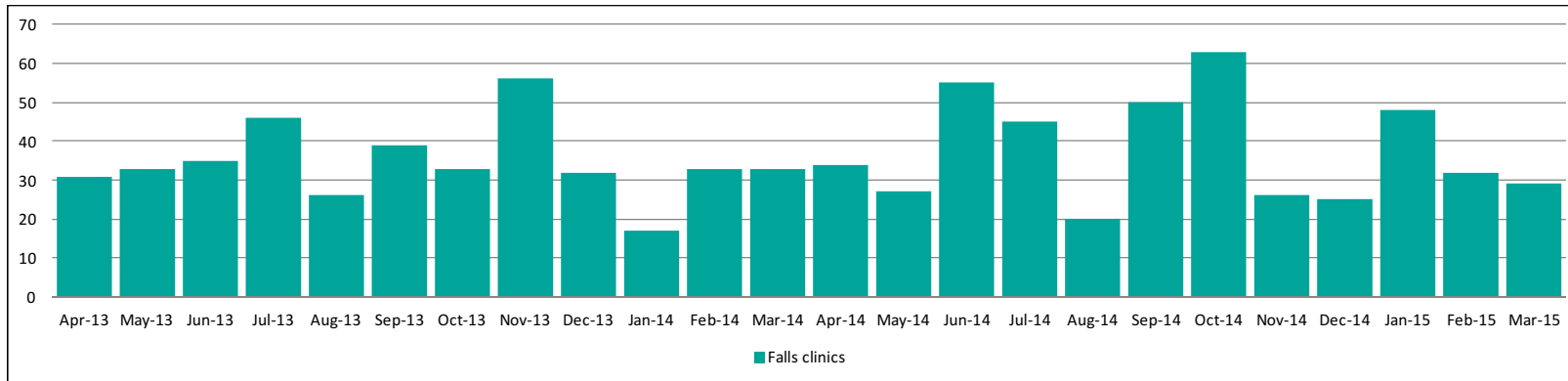
ICTT Falls Programmes 2014/15



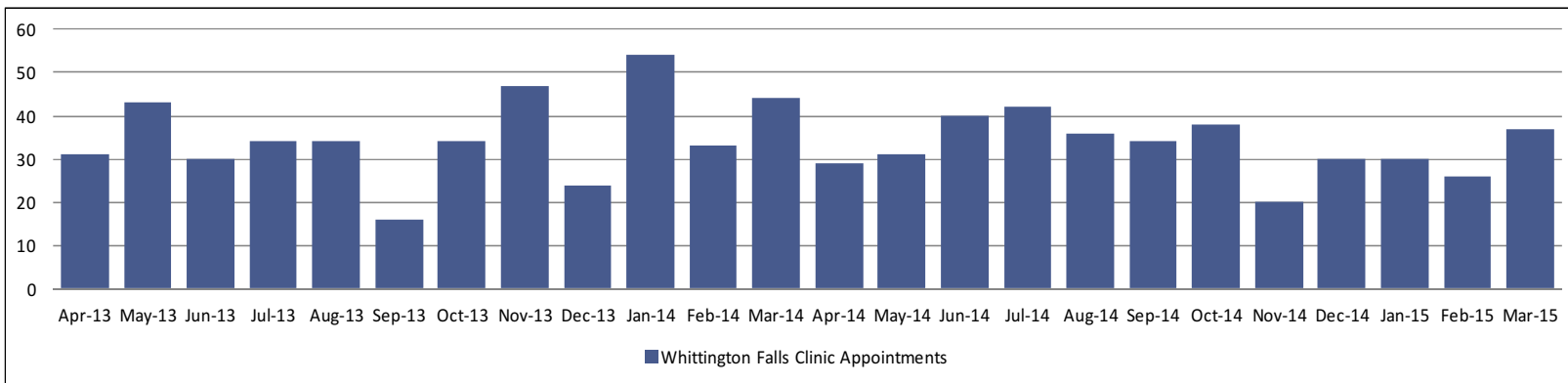
Referrals to Whittington ICTT Team by Programme 2014/15

- There was a 7% increase in referrals to the Integrated Community Therapy Team between 2013/14 and 2014/15 (52 additional referrals).
- The Physio-Exercise Group had a growth of 41% year on year (an additional 52 referrals).
- The OT falls programme had a reduction of 3 patients between 2013/14 and 2014/15.
- The Physio Falls programme had an increase of 3 patients between 2013/14 and 2014/15.

868 appointments at North Middlesex falls clinic and 817 appointments at Whittington.



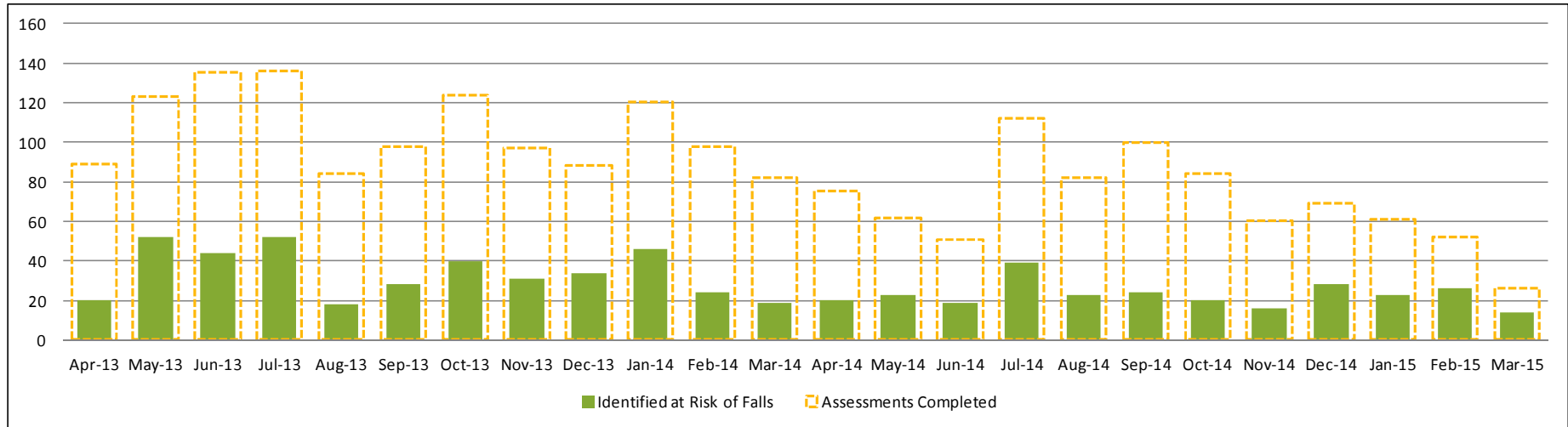
North Middlesex Falls Clinic Patients 2013/14 and 2014/15



Whittington Falls Clinic Patients 2013/14 and 2014/15

- Both North Middlesex and Whittington have 2 falls clinics per week.
- From 2013/14 to 14/15 there was a 10% increase in patients at North Middlesex and a 7.3% reduction in patients at Whittington.

683 Social Care clients identified as at risk of falls.



Number of Social Care Assessments completed at risk of Falls

- 2108 AMD (Adults Multi-disciplinary assessment) Assessments completed between April 2013 and March 2015.
- 683 clients (32%) of clients were identified at risk of falls.
- 366 clients identified at Risk of falls received housing adaptations or equipment. The main ones being major adaptations (eg level access shower, wet room, stair lift), minor adaptations (grab rail, stair rail, chair raiser) and bedroom/bathroom equipment.
- 309 clients identified at risk of falls received a Reablement Service.

Response – Initial Themes

1. Continue to monitor the balance and strength exercise group
2. 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
3. Review the evidence base regarding the use of falls prevention information resources in primary care
4. Explore the linkage of the falls pathway to hospital discharge
5. Explore the development of a fracture liaison service for Haringey

The falls actions will be incorporated into the work programme of the Integration Implementation Group who will monitor their implementation.

Report for: Adults & Health Scrutiny Panel, 18 January 2016

Item number: 11

Title: Promoting a sustainable and diverse market place in light of the Care Act and following the Commissioning for Better Outcomes Peer Review

Report authorised by : Zina Etheridge, Deputy Chief Executive

Lead Officer: Charlotte Pomery, Assistant Director Commissioning
Charlotte.pomery@haringey.gov.uk
Tel: 020 8489 3751

Ward(s) affected: All

Report for Key/

Non Key Decision: Non Key Decision

1. Describe the issue under consideration

1.1 This report offers an opportunity for the Adults and Health Scrutiny Panel to consider the 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 undertaken in the borough.

2. Recommendations

2.1. The Adults and Health Scrutiny Panel is asked to note the following:

- The Commissioning For Better Outcomes Peer Review and the actions taken in response to its findings with regard to the market
- Continued work to maintain positive relationships with and to develop the provider market

3. Reasons for decision

3.1 The focus of the Adults and Health Scrutiny Panel on promoting a diverse and sustainable market arises from Section 5 of the Care Act 2014. This sets out new duties for Councils with regard to shaping and managing their local care markets. There are duties placed on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition as set out in the Care Act is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-

effective outcomes that promote the wellbeing of people who need care and support.

4. Alternative options considered

4.1 Not applicable

5. Background information

5.1 In January 2015, Haringey put itself forward as one of the Commissioning for Better Outcomes Peer Challenge pilots, led by the Local Government Association in partnership with the Department of Health and the Association of Directors of Social Services. Three local authorities across the country acted as pilots and peer challenge reviews were undertaken using the draft Commissioning for Better Outcomes Standards which were used to guide the review and as headings in the feedback. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change in a constructive way. The peer challenge is not an inspection. The Executive Summary of the report is attached as Appendix 1.

5.2 At the time of the peer challenge, there were 12 standards grouped into four domains, which are set out in more detail in Appendix 2:

- Person-centred and outcomes-focused
- Inclusive
- Well led
- Promotes a sustainable and diverse market place

Following the three pilots, Haringey contributed to a process of revising the standards to reduce duplication and to ensure a clearer focus on key areas.

5.3 The work carried out by the review team on the fourth domain and the requirement to promote a sustainable and diverse market place has contributed to the development of the Council's current work in this area.

5.4 The review found that the Council had a number of strengths, identified as:

5.4.1 Strong and responsible leadership around the budget process

5.4.2 Internal workforce development programme and approach

5.4.3 Enthusiastic and motivated senior level commissioners working across the Council

5.4.4 Positive engagement with providers of services for people with learning disabilities

5.4.5 Positive commitment from providers to engage with the Council and deliver innovative services

5.4.6 A developed policy on anticipating and responding to provider failure

- 5.4.7 Consideration of new models of social enterprise
- 5.4.8 Extra care housing redesign engaged providers and people who use services
- 5.4.9 Data and analysis being looked at systematically to drive discussions around value for money
- 5.5 The review team also identified a number of areas for consideration by the Council moving forward under the domain of promoting a diverse and sustainable market place, as follows:
 - 5.5.1 The generation of positive engagement with provider partners and wider stakeholders
 - 5.5.2 Significant additional engagement required around next steps of budget consultation, ensuring clarity of options under consideration
 - 5.5.3 People do not feel listened to (providers, carers, service users, staff)
 - 5.5.4 Training and development for the whole ASC workforce is required (including consideration of resources required)
 - 5.5.5 Lack of clear approach to address inflation up-lift and Fair Fee process
 - 5.5.6 Lack of collation of intelligence on the diversity of the market place and of how this is being used to inform and assist micro and macro commissioning
 - 5.5.7 Lack of systematic monitoring of volume of commissioned services (capacity of the market to deliver)
 - 5.5.8 Underdeveloped response to the current and future needs of older people and market supply of care
- 5.6 The review findings have helped to shape areas of work the Council was already developing and the Council has acted in response to each of the areas identified for consideration. As Members of the Panel are aware, the initial consultation on the Medium Term Financial Strategy was followed by a period of co-design and statutory consultation on the proposals which engaged with a wide range of stakeholders in a variety of ways. This is now being followed up with a further co-design process to design and deliver the next phases of transformation of adult social care. Subsequent to the review report, the Market Position Statement setting out the Council's commissioning intentions for the market has been published, there has been further work with providers on quality assurance and safeguarding, the Provider Forum has been strengthened, the Voluntary and Community Sector Commissioning Framework has been approved and more opportunities for dialogue with providers have been established. The tenders for the Strategic Partner and Information, Advice and Guidance services are examples of processes where collaboration between providers in responding to the opportunities have enriched the services to be offered. The training point made was in relation to the understanding of service finding and micro-

commissioning and the Council has responded by developing a pilot brokerage service, discussed in more detail at 5.8.4.

- 5.7 For the Council, the four areas for consideration directly relating to the market place are felt to be particularly pertinent in drafting this report given the requirements to address demand and supply within a challenging financial landscape. The review team commented in their narrative that:
- 5.7.1 More needs to be done to address inflation up-lift and enact a Fair Fee process. The Council should ensure that there are open discussions with providers about the current financial situation, including the levels of pay and quality of care. The Council should satisfy itself that providers are paying staff the minimum wage and make an assessment of the sustainability of supply. Discussions should also consider the cost of providing innovative methods of achieving agreed outcomes for service users.
- 5.7.2 Information on the provider market needs to be brought together and held in one place so that it can be accessed and analysed more easily. By collating information on what and how much is being commissioned (as well as what services are already being provided that may not be formally commissioned) intelligence can be developed on the diversity of the market place as well as the capacity of the market to deliver what is specified through commissioning. There needs to be a systematic approach to knowing what is happening in the whole market and for this to be used to address issues such as out of borough placements due to lack of supply.
- 5.7.3 In the Team's view there appeared to be an underdeveloped response to the current and future needs of older people and the market supply of care. There is a need for more data on older people and for this to be used to inform the need for future housing and extra care provision.
- 5.8 In response to these findings, the Council has taken a number of actions both better to understand and analyse the provider market and to develop a more systematic approach to micro-commissioning of care and support services.
- 5.8.1 The Council has always had a process for addressing inflation uplift and ensuring that providers are paying staff the minimum wage. This year, however, with the first impact of the phasing in of the National Living Wage and clarification of the status of pay for sleeping nights, the Council is drawing up a revised process to consider any required uplift, fully cognisant of the financial challenges the local authority, and indeed the wider health and care landscape, are facing.
- 5.8.2 The Council has carried out detailed analysis of Haringey's local provider market for residential and nursing care in the borough, across adult care groups. Council officers are currently working to complement the current set of data with more information on care and support services delivered in the home so that there is a comprehensive picture of provision in the borough. This information will be presented to the Panel at its January meeting. The analysis demonstrates the diversity of provision locally but also where some

of the capacity issues reside. A pan-London analysis of the provider market for care homes has also been carried out through London Councils, and this will be fed back to the Council in early February, which will further complement the information generated locally.

- 5.8.3 In response to the analysis carried out to date, the Council recognises that there is limited capacity for nursing care home placements available locally. It is partly in recognition of this that a decision to maintain Osborne Grove Nursing Home as a nursing home, delivered through an NHS provider to offer opportunities for greater clinical input and links with wider hospital services, was recommended to Cabinet in November. The peer review also identified such issues in relation to the capacity of the market to meet the current and future needs of older people and therefore to the market supply of care. The analysis above is helping the Council to have a better understanding of the situation and in addition, it is noted that there are two extra care sheltered housing schemes being developed, and nearing completion, in the borough which will enhance residential capacity in the borough by approximately 100 units. There is also a Supported Housing Review about to get underway across the Council, into which the care and support needs of older people – and indeed of working age adults with additional needs – will be fed to ensure that they are understood and addressed. The Council is already beginning to consider future need for additional extra care sheltered provision in the borough.
- 5.8.4 The Council has established, on a pilot basis initially, a brokerage function to micro-commission services for individuals following assessment and support planning. This function is being delivered through Commissioning with social workers now able to focus on dedicated social work tasks such as needs assessment, review and support planning. The brokerage function is developing a directory of services available to meet different outcomes, which meet quality and price requirements.
- 5.8.5 The authority is also actively participating in the CarePlace initiative, developed initially through the West London Alliance authorities but now widely used across London. This software system relies on local authorities providing data on their usage of care and support services thus enabling participating authorities to compare the rates they are paying for any particular care and support services and the take up of identified provisions. This is real time data which allows authorities to understand better the costs of care and places them in a stronger negotiating position with providers. The authority is due to take up the e-brokerage module on CarePlace which will enable Haringey to have access to live information on availability of placements, compare vacancies and monitor quality. This latter element is particularly welcome as there will be real time information about the quality of provision and requirements on providers to produce data about quality and performance which can be compared easily with that produced for other authorities
- 5.9 The Commissioning for Better Outcomes Peer Review provided the Council with some clear areas for consideration pertaining to developing a diverse

and sustainable market, as part of its wider Care Act duties. The Council has benefited from the insights of the peer review team in focusing on analysis of the market to guide future actions in relation to developing the market in line with Care Act requirements.

6. Contribution to strategic outcomes

- 6.1. The work set out above contributes to delivery of Priority Two (Healthy Lives) of the Corporate Plan and to the achievement of the Medium Term Financial Strategy.

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

7.1. Finance and Procurement

- 7.1.1. This report is for noting only and there are no financial implications arising directly out of this report. There are also no procurement issues arising.

7.2. Legal

- 7.2.1. There are no legal implications arising from the recommendations in the report

7.3. Equality

- 7.3.1. The care groups identified through the analysis identified above are people with protected characteristics. There will be positive impacts particularly on older people (over 65) and people with disability (including mental health) in responding in a timely and effective way to their care and support needs, which is enabled by an approach based on good data and analysis.

8. Use of Appendices

- 8.1. Appendix 1: Commissioning for Better Outcomes Peer Challenge Report – Executive Summary
- 8.2. Appendix 2: Commissioning for Better Outcomes Peer Challenge Report – draft domains and standards

9. Local Government (Access to Information) Act 1985

**Appendix 1: Commissioning for Better Outcomes Peer Challenge Report
Executive Summary**



**London Borough of
Haringey
Commissioning for Better
Outcomes
Peer Challenge Report**

March 2015

Executive Summary

London Borough of Haringey requested that the Local Government Association undertake a Commissioning for Better Outcomes Peer Challenge at the Council and with partners. The work was commissioned by Beverley Tarka, Interim Director of Adult Social Services, London Borough of Haringey who was the client for this work. She was seeking an external view on the quality of commissioning activity at London Borough of Haringey in the Adults Social Care department and with partners to deliver effective outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was to consider where commissioning is:

- a) Currently in progress: improving outcomes (carers, access to information, advice and guidance, new strategic partner)
- b) In development (promoting independence through re-ablement and adopting an outcomes based approach to provision of domiciliary care)
- c) The governance framework for commissioning, (joint arrangements with the CCG through the BCF and the recently established Health and Care Integration Programme and the Corporate Plan)
- d) The use of systems, processes and procedures including those processes set up for integration between health and social care.

A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.

Strengths

- There is strong leadership, vision and direction from senior management who have a clear insight into current position and required action
- There is clear political support for the adult social care and health agenda
- Strong corporate support for adult social care from Chief Executive and Deputy Chief Executive and the rest of the senior leadership team
- The workforce is committed and caring, with a strong focus on delivering outcomes for individuals
- There are a number of positive initiatives delivering positive for outcomes for those who access services, carers and the market place
- There are effective safeguarding arrangements in place across the partnership
- There is a strong commitment from the Council to engage service users, providers and partners

Areas for consideration

- The quality of current frontline services needs to be maintained during the changes in structure
- More needs to be done to proactively engage with and demonstrate that people with lived experience, care providers and staff feel that they are being listened to
- The Front Door arrangements need to be addressed so that people enquiring about services are respectfully and appropriately dealt with
- Existing change plans need to be reviewed and where possible governance arrangements aligned so that areas for action can be prioritised; maximising capacity whilst maintaining pace. This work should be undertaken in the context of greater integration with Health.

The report includes detailed comment across the Commissioning for Better Outcomes Standards as well as specific answers to the scoping questions posed to help London Borough of Haringey and partners to continue to develop and improve.

Appendix 2 –Commissioning for Better Outcomes Domains and Standards

Domain	Description	Standards
Person-centred and outcomes-focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level	1. Person-centred and focuses on outcomes 2. Promotes health and wellbeing 3. Delivers social value
Inclusive	This domain covers the inclusivity of commissioning, both in terms of the process and outcomes.	4. Coproduced with local people, their carers and communities 5. Positive engagement with providers 6. Promotes equality
Well led	This domain covers how well led commissioning is by the Local Authority, including how commissioning of social care is supported by both the wider organisation and partner organisations.	7. Well led 8. A whole system approach 9. Uses evidence about what works
Promotes a sustainable and diverse market place	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	10. A diverse and sustainable market 11. Provides value for money 12. Develops the workforce

Good commissioning is:

Person-centred and outcomes-focused

1. Person-centred and focuses on outcomes - Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives, and over their care and support.

2. Promotes health and wellbeing for all - Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people's capabilities and support within their communities, commissioning services to promote health wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse and neglect.

3. Delivers social value - Good commissioning provides value for the whole community not just the individual, their carers, the commissioner or the provider.

Inclusive

4. Coproduced with people, their carers and their communities - Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.

5. Promotes positive engagement with providers - Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

6. Promotes equality - Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

Well led

7. Well led by Local Authorities - Good commissioning is well led by Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.

8. Demonstrates a whole system approach - Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.

9. Uses evidence about what works - Good commissioning uses evidence about what works; it utilises a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

Promotes a diverse and sustainable market

10. Ensures diversity, sustainability and quality of the market - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.

11. Provides value for money - Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best

use of resources and achieve the most positive outcomes for people and their communities.

12. Develops the commissioning and provider workforce - Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers, and the coordination of health and care workforce planning.

Report for: Adults & Health Scrutiny Panel, 18 January 2016

Item number: 12

Title: The multi agency approach to safeguarding and quality assurance in relation to the provider market.

Report authorised by : Zina Etheridge, Deputy Chief Executive

Lead Officer: Charlotte Pomery, Assistant Director Commissioning
Charlotte.pomery@haringey.gov.uk
Tel: 020 8489 3751

Ward(s) affected: All

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

1. Describe the issue under consideration

1.1 This report outlines the work currently underway to develop a multi-agency approach to safeguarding and quality assurance, with particular reference to the provider market.

2. Recommendations

2.1. The Adults and Health Scrutiny Panel is asked to note the following:

- The work to develop a multi-agency approach to quality assurance and safeguarding, which will affect the provider market

3. Reasons for decision

3.1 Section 5 of the Care Act 2014 sets out new duties for Councils with regard to shaping local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition as set out in the Care Act is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost effective outcomes that promote the wellbeing of people who need care and support.

3.2 Section 48 of the Care Act places new duties on local authorities to meet need when a care provider becomes unable to carry on a regulated activity because of business failure.

3.3 The Council recognises the changing landscape for adult social care both in terms of the Care Act and its own commissioning intentions as set out in the Corporate Plan and the Market Position Statement. The Council is therefore

strengthening its approach to quality assurance and contract monitoring across all provision to ensure a continued focus on quality of provision.

4. Alternative options considered

4.1 Not applicable

5. Background information

- 5.1 As previously reported to the Adults and Health Scrutiny Panel, there is an established safeguarding and quality assurance process in place with regard to providers, based on the approach set out clearly and published in the Market Position Statement 2015. This is complemented by the Haringey Provider Failure Policy which enables the local authority, in the event of business failure, to step in to meet needs of people affected by business breakdown.
- 5.2 The Safeguarding Adults Board now receives regular reports on the level of safeguarding alerts, whistle blowing and quality issues raised with regard to the provider market, keeping all partners apprised of any areas of concern.
- 5.3 Quality assurance in Haringey is important to ensure that services for local residents are safe and operating to a high standard. There is a link between effective safeguarding and effective quality assurance in the provider market and services and providers operating to a high quality are likely to experience fewer safeguarding incidents, and to respond to them more effectively where they do occur, than providers delivering services of a lower quality standard. Quality assurance is also about ensuring that the quality assurance resources that are available are deployed effectively to target on those areas and providers most in need of improvement. There are a range of methodologies and measures that the Council and partners use to assure the quality of services for local residents.
- 5.4 It has been acknowledged that the previous approach to quality assurance has been largely inward looking and whilst holding providers to account has relied on the Council being the primary agency in the process. The new model being developed is one which reflects the multi-agency requirements of the Care Act and where assuring the quality of services is carried out in partnership with a range of stakeholders, including providers, to enable greater understanding, a richer response and wider ownership of the process.
- 5.5 In this new model everyone including people who use services, relatives, carers, providers, staff delivering services including social care staff and health practitioners, safeguarding professionals and regulatory bodies such as the Care Quality Commission and HealthWatch all have a role to play to contribute to the improvement in the quality of care provided for Haringey residents. As members of the Panel will recall from previous reports, there are regular meetings between the Council, the Clinical Commissioning Group and the Care Quality Commission to share intelligence and to undertake planned joint work in addition to work in response to incidents or alerts raised around quality and or safeguarding standards in particular providers.
- 5.6 In order to take this work forward, a new sub-group of the Haringey Safeguarding Adults Board has been established to ensure that local quality

assurance and safeguarding arrangements are effective across all partners. This will be supported by a revised Quality Assurance Framework and an annual work plan. Draft Terms of Reference were presented to the most recent meeting of the Safeguarding Adults Board held in October 2015 for approval following discussion across the partnership. The sub-group will take forward the priorities agreed at a recent workshop considering how partner organisations across Haringey could work together to develop a more joined-up approach to improving quality across health and social care in Haringey. The priorities were identified as better communication and safeguarding across the partnership. Next steps include looking to develop quality champions in each organisation that can signpost people appropriately and facilitate better connections between organisations, ensuring providers are fully engaged in the partnership, extending the invitation to include health and community agencies, undertaking a review of current safeguarding intelligence to identify where more strategic interventions may improve quality across the system and seeking to integrate safeguarding across the partnership through developing a multi-agency approach.

- 5.7 It is worth noting that the new Pan London Safeguarding Policy and Procedures have very recently been published. The Council now needs time to review the new Policy and make the amendments required to local procedures and practice. It is proposed that flow charts setting out the procedure for raising safeguarding and quality alerts are presented to the Adults and Health Scrutiny Panel at its meeting.

6. Contribution to strategic outcomes

- 6.1. The work set out above contributes to delivery of Priority Two (Healthy Lives) of the Corporate Plan and to delivery of the Care Act 2014.

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

7.1. Finance and Procurement

- 7.1.1. This report is for noting only and there are no financial implications arising directly out of this report. There are also no procurement issues arising.

7.2. Legal

- 7.2.1. There are no legal implications arising from the recommendations in the report

7.3. Equality

- 7.3.1. The care groups affected by safeguarding and quality assurance processes are people with protected characteristics. There will be positive impacts particularly on older people (over 65) and people with disability (including mental health) in responding in a timely and effective way to any quality and safeguarding issues as these will affect delivery of their care and support needs.

8. Use of Appendices

9. Local Government (Access to Information) Act 1985

Report for: Adults and Health Scrutiny Panel – 18 January 2016

Item number: 13

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>

Appendix A

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

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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>

Appendix A

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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Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
		<p>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.</p>	<p>Dr. Jeanelle de Gruchy Director of Public Health</p>
	<p>Work Programme Update</p>	<p>A standing item to ensure the panel's work programme is kept under review throughout the year.</p>	<p>Christian Scade, Principal Scrutiny Officer</p>
<p>18 January 2016</p>	<p>Foot Care</p>	<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>
	<p>Better Care Fund (BCF) Update</p>	<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>

Appendix A

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

Appendix A

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	To focus on Co-commissioning, the strategic direction for Primary Care in Haringey, and New Models of Primary Care	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 “ <i>deep dive</i> ” on Neighbourhood Connects towards the end	Beverley Tarka, Director Adult Social Services

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Meeting Date	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
		of 2015/16 (Q4) to ensure it is delivering agreed objectives / tackling issues associated with isolation and loneliness across the borough.	
	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
	Mental Health and Wellbeing Framework – Priority 2	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.	Dr Tamara Djuretic, Assistant Director of Public Health Shelly Shenker, CCG Catherine Swaile, CCG
	Scrutiny Update on Adult Safeguarding	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)	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:

- Men’s Health Review – from 2011/12 – monitoring of previous recommendations (TBC)

Appendix A

- 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 or February 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

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