

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Thursday, 29th September, 2016, 6.30 pm – Civic Centre, High Road, Wood Green, N22 8LE**

**Members:** Councillors Pippa Connor (Chair), Gina Adamou, Charles Adje, David Beacham, Eddie Griffith, Liz McShane and Peter Mitchell

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

Quorum: 3

### 1. **FILMING AT MEETINGS**

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

### 2. **APOLOGIES FOR ABSENCE**

### 3. **ITEMS OF URGENT BUSINESS**

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

#### **4. DECLARATIONS OF INTEREST**

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

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

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

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

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

#### **5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

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

#### **6. MINUTES (PAGES 1 - 12)**

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 11 July 2016.

#### **7. HARINGEY FOOT CARE SERVICES (PAGES 13 - 18)**

The attached report, to be introduced by the Head of Strategic Commissioning, provides an update on work undertaken to ensure sufficiency of foot care provision in Haringey.

#### **8. AN INTEGRATED TARGET OPERATING MODEL TO ENABLE ADULTS IN HARINGEY TO LIVE HEALTHY, LONG AND FULFILLING LIVES (PAGES 19 - 64)**

This report, to be introduced by the Assistant Director, Adult Social Services, provides summary information to support a follow-up scrutiny discussion (following an all Members Learning and Development Session on 21<sup>st</sup> September 2016) to contribute to the development of new ways of working, through an Integrated Target Operating Model that will; enable Adults in Haringey to live healthy, long and fulfilling lives by maximising their independence and support the future financial sustainability of health and care services in the borough.

**9. COMMISSIONING FOR BETTER OUTCOMES - PRESENTATION**

The Panel will receive an update, via PowerPoint presentation from the Assistant Director Commissioning, on issues arising in relation to promoting a sustainable and diverse market place following the Commissioning for Better Outcomes Peer Review undertaken in the borough.

**10. HOME CARE MARKET UPDATE**

To receive a verbal update, from the Assistant Director Commissioning, on the Home Care Market across Haringey.

**11. WORK PROGRAMME UPDATE (PAGES 65 - 84)**

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

**12. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

**13. DATES OF FUTURE MEETINGS**

The following dates are listed in the diary:

- 17 November 2016
- 1 December 2016
- 20 December 2016 (Budget Scrutiny)
- 6 March 2017

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Wednesday, 21 September 2016

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## **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON MONDAY, 11TH JULY, 2016, 6.30 - 10.20 pm**

### **PRESENT:**

**Councillors:** Pippa Connor (Chair), Charles Wright, Charles Adje, Felicia Opoku, Barbara Blake and Peter Mitchell

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

### **ALSO PRESENT:**

**Councillors:** Cllr Jason Arthur, Cabinet Member for Finance and Health, and Cllr Eddie Griffith (from 8:55pm)

### **1. 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'.

### **2. APOLOGIES FOR ABSENCE**

It was noted apologies for absence had been received from:

- Cllr Gina Adamou (substituted by Cllr Charles Wright)
- Cllr David Beacham
- Cllr Eddie Griffith (substituted by Cllr Felicia Opoku)
- Cllr Liz McShane (substituted by Cllr Barbara Blake)

*Note – Cllr Griffith was in attendance from 8.55pm but did not take part in the meeting.*

### **3. ITEMS OF URGENT BUSINESS**

The Chair commented that on 6 July the Care Quality Commission (CQC) had informed North Middlesex University Hospital that it needed to make significant improvements to the quality of care provided by its emergency department. With this in mind, the Chair agreed to receive an urgent update on the situation. This was because (i) the CQC report had been published following publication of the scrutiny agenda and (ii) an update was needed to ensure issues raised could be considered before the scrutiny work programme (agenda item 13) was agreed.

**4. AMENDMENT TO THE ORDER OF BUSINESS**

**AGREED:** That item 14, New Items of Urgent Business, be taken before item 6, the minutes of the meeting held on 1 March 2016.

**5. DECLARATIONS OF INTEREST**

Cllr Pippa Connor declared a personal interest in relation to agenda items 3, 7, 8, 9, 10, 11, 12, 13 and 14 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 3, 7, 8, 9, 10, 11, 12, 13 and 14 by virtue of being a member of the Royal College of Nursing.

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

**6. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**7. NEW ITEMS OF URGENT BUSINESS**

Jill Shattock, Director of Performance, Haringey CCG, informed the Panel that following an unannounced inspection by the Care Quality Commission (CQC) in April, the Chief Inspector of Hospitals had published a report in July concerning urgent and emergency care services at North Middlesex University Hospital. The Panel was informed the service had been rated as inadequate.

The following points were noted:

- The inspection, of the emergency department and two of the hospital's medical wards, had been in response to a number of serious incidents which had raised concerns about the standards of care.
- At the time of the inspection, CQC inspectors had raised immediate concerns, and subsequently issued a Warning Notice requiring the trust to significantly improve the treatment of patients attending the emergency department.
- The CQC had been working closely with colleagues at NHS Improvement, NHS England, Health Education England and the General Medical Council to ensure patient safety improved.
- The hospital, together with partners, had launched a new programme, known as "Safer, Faster, Better". It was noted that this had been designed to speed up the flow of patients through A&E and to help achieve the national target of seeing, treating, admitting or discharging 95% of patients within four hours.

- The hospital's A&E department was one of London's busiest, seeing around 500 patients a day. The Panel was informed the hospital had met, or came close to the 95% target, until July 2015.
- The trust had developed an action plan setting out the steps it would take to address concerns identified in the Warning Notice and report.

Ms Shattock advised that the hospital had begun a programme of improvements to address concerns, such as delays in patients seeing a doctor, the need for greater leadership in the Accident and Emergency (A&E) department, and staff morale. This included:

- Appointing a new clinical director of the hospital's A&E department who had started on 27 June.
- Appointing a new nursing lead in A&E who had previously led improvements in other A&E departments.
- Gaining five additional middle grade doctors and consultants on loan from other London trusts to bolster its A&E medical team.
- Improving communication with patients, families and other stakeholders.
- Greater collaboration with community care providers in order to speed up the discharge of patients.

The Panel was informed the hospital would receive support in making further improvements from Royal Free London. It was noted Julie Lowe, Chief Executive, had resigned and that Libby McManus, from the Royal Free and previously interim Chief Executive at Chelsea and Westminster Hospital, had agreed to take on the role of interim Chief Executive at North Middlesex, with David Sloman, Chief Executive of the Royal Free, taking on the role of accountable officer on an interim basis.

In response to questions, Ms Shattock commented the CQC would revisit in September and the Panel was assured that findings would be available for public scrutiny. The Chair advised that the Adults and Health Scrutiny Panel had been invited to attend, and take part in, Enfield's Health Scrutiny Committee on 5<sup>th</sup> October. It was noted Enfield had already agreed to monitor the CQC action plan and it was agreed that working in partnership would avoid duplication of resources.

**AGREED:**

That the urgent update from the Director of Performance, Haringey CCG, be noted.

**8. MINUTES**

**AGREED:** That the minutes of the meeting held on 1 March 2016 be approved as a correct record.

*Note – although minute 109 was approved as a correct record, it was noted that subsequently the Chair of the Panel had been unable to attend the University of Bedfordshire conference on 27 April and that Cllr Peter Mitchell had attended instead.*

## **9. TERMS OF REFERENCE AND MEMBERSHIP**

In response to questions, concerning his new health responsibilities set out in Appendix C to the report, Cllr Jason Arthur, Cabinet Member for Finance and Health, advised:

- His priority was on delivering outcomes outlined in the Haringey Corporate Plan 2015-18.
- Demand for adult social care services was rising at a time when central government was making considerable cuts to Haringey's budget.
- He was no longer responsible for a number of areas, including Human Resources, Information Technology, Arts and Culture, and Customer Services, among others.

In addition, it was noted a third of Council spending was spent on adult social care. With this in mind, Cllr Arthur advised combining responsibilities for finance and health made sense as changes were needed to ensure the Council could continue to meet the care needs of all Haringey residents while making sure spending was kept under control.

### **AGREED:**

- (a) That the terms of reference and protocol for Overview and Scrutiny be noted; and
- (b) That the policy areas, remits and memberships for each Scrutiny Panel be noted.

## **10. APPOINTMENT OF NON VOTING CO-OPTED MEMBER**

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

### **AGREED:**

- (a) That Helena Kania be appointed as a non voting co-opted Member of the Adults and Health Scrutiny Panel for the 2016/17 Municipal Year.
- (b) That the appointment of non voting co-opted Members to the Panel be reviewed on an annual basis, at the first meeting of the 2017/18 Municipal Year.

## **11. UPDATE REGARDING GENERAL PRACTICE IN HARINGEY**



Cassie Williams, Assistant Director of Primary Care Quality and Development, provided an update in relation to Haringey CCG's work concerning their statutory responsibility to support quality improvement in General Practice.

Ms Williams commenced her presentation by focusing on the progress that had been made regarding the new practice in Tottenham Hale. The following points were noted:

- A temporary site had been commissioned in response to a large deficit of primary care in Tottenham Hale.
- A three year contract had been agreed with Lawrence House, a local practice, to provide primary care.
- The temporary site had been made available for three years and fitted out by Lee Valley Estates, the developer for Hale Village.
- It was intended that the Welbourne Centre would become the new permanent site at the end of the three year period.

In response to questions, Ms Williams explained the temporary site was due to open shortly. It was noted the opening date had been put back due to technical problems. The panel was assured regular updates would be provided on Council and CCG websites to ensure patients / the public were kept informed. Moving forwards, it was agreed an update on progress, with input from Healthwatch Haringey, should be prioritised as part of the Panel's future work programme for March 2017.

In terms of Estates and Technology Transformation Funding, the Panel was asked to note that there was a £900m fund available over three years for primary care premises across England. The Panel was informed that recent bids from Haringey CCG aimed to address future capacity challenges in priority areas across the borough. It was noted that the advancements Haringey CCG planned to initiate were subject to successful bids (submitted in June, notification of outcome in August 2016). Information was considered in relation to both Haringey's estates and technology bids and a wide range of issues were discussed, including:

- Priority areas for estates development, including current and future shortfall in capacity across Tottenham Hale, Green Lanes, Wood Green/Noel Park, and Northumberland Park.
- Primary Care Estates, including priorities to create new or extend/redevelop current primary care premises and priorities that would create space to improve integration with other services, enable general practice to provide a wider range of services reducing unplanned admissions, and support hub working.
- The aims and objectives of the North Central London Primary Care Strategy.

Ms Williams concluded her presentation by describing changes to the way primary care would be commissioned from April 2017. The Panel was informed that in 2014, NHS England invited CCGs to enter into a new relationship where they took on additional shared responsibility for how local general practice was commissioned. It

was noted that this provided opportunities for greater consistency between primary and other healthcare, to meet local need more effectively. Ms Williams advised Haringey CCG jointly commissioned (level 2) general practice with NHS England and had been invited to consider taking on level 3, delegated commissioning. The impact of taking on delegated commissioning were considered, including:

- Commissioning more joined up across all of healthcare
- Budget responsibilities
- Greater freedom to produce locally aligned incentive schemes
- Contract management of practices

The Panel was informed there were a number of issues to address, including governance issues across North Central London, conflicts of interest and financial risk, and that CCG Member Practices would vote on how to proceed at the end of August 2016.

**AGREED:**

- (a) That the Primary Care Update, focusing on premises and technology, be noted.
- (b) That an update on the Tottenham Hale Medical Practice, with input from Haringey CCG and Healthwatch Haringey, be prioritised as part of the Panel's future work programme for March 2017.

**12. PHYSICAL ACTIVITY FOR OLDER PEOPLE - INITIAL SCOPING**

Following discussion at the Scrutiny Cafe in June, the Panel received a presentation, from Dr. Jeanelle de Gruchy, Director of Public Health, concerning physical activity for older people.

The Chair commented that the aim of the presentation was to help scope a scrutiny project that had realistic aims and objectives, with clear links to council priorities.

Dr. de Gruchy commenced her presentation by outlining key issues relating to physical inactivity in Haringey, including:

- Priorities outlined in both the Council's Corporate Plan (2015-18) and Haringey's Health and Wellbeing Strategy (2015-18).
- Findings from the Sport England Active People Survey. The Panel was informed that 1 in 4 Haringey residents were physically inactive and that inactivity in Haringey had remained at a similar rate since 2012.
- The benefits of physical activity for both adults and older adults. It was noted that even small amounts of activity could lead to health gains and supported people to self manage long term conditions.

- By 2031 there would be a 40% increase in the number of people over the age of 80 living in London.

In response to questions, Dr de Gruchy explained that new models of social care, which encouraged people to do more for themselves, were needed to help reduce social care costs. In addition, the Panel was informed participation in physical activity declined with age. It was noted that this impacted on an older adults ability to remain independent and maintain social contacts.

The following points were discussed concerning Haringey's approach to increasing physical activity:

- Population level interventions, including investment in cycling and walking infrastructure, and active ageing through design.
- Community level interventions, including Haringey's Year of Walking campaign, and active travel through the Smarter Travel team.
- Interventions through services, such as Silver Fit and One You Haringey.

It was noted that a potential area of enquiry for scrutiny related to creating/designing environments that encouraged physical activity. However, it was felt that the work on the Adults and Health Scrutiny Panel should, at least initially, focus on:

- Making the most of every day interactions of front line staff who engage with residents (Making Every Contact Count); and
- Community asset mapping and engaging older people to find out what types of physical activity they liked.

Cllr Barbara Blake provided information on how she had helped establish a successful netball group for women living in St Ann's. It was noted the group had encouraged women living on the Edgecot, Victoria, Culvert and Kerswell Estates to get some exercise, make new friends and have some fun.

Before finalising the scope and terms of reference for the review it was agreed that the following issues should be considered:

- Further analysis of the Sport England Active People Survey (2015) in order to gain greater insight into the population cohort who had been identified as being physically inactive. It was also agreed that it would be useful to receive a breakdown of the primary support needs and age band of contacts receiving care packages over the last two to three years.
- The importance of gathering evidence from residents, service users, carers, residents associations and community groups, in addition to talking to front line staff.
- Looking at how physical activities were marketed, communicated and sign posted to residents.

- The work being undertaken by the Bridge Renewal Trust in terms of community asset mapping.
- The barriers to physical activity and the importance of looking for solutions that could be introduced, facilitated or supported by the Council and/or its partners in order to get older residents more active.

It was also agreed that the challenge of engaging older people from hard to reach groups should be addressed as part of the review. The Chair commented specifically that consideration needed to be given to those living in care homes and supported living environments; those from minority communities; and those who were socially excluded.

**AGREED:**

- (a) That the presentation from Dr. Jeanelle de Gruchy, Director of Public Health, concerning physical activity for older people, be noted.
- (b) That Christian Scade, Principal Scrutiny Officer, be asked to scope a scrutiny review to assist Haringey's approach to increasing physical activity amongst older adults, taking account of the issues outlined in the minutes above.
- (c) That the scoping, agreed at (b), and initial evidence gathering take place during August and September, with scoping documents submitted to the Overview and Scrutiny Committee in October for final approval.

**13. ADDRESSING COMMUNITY WELLBEING: TAKING FORWARD THE FINDINGS OF THE EVALUATION REPORT OF NEIGHBOURHOODS CONNECT**

Dr Tamara Djuretic, Assistant Director of Public Health, advised that the Council and Haringey CCG had jointly commissioned a Neighbourhoods Connect service through the Better Care Fund in 2015. It was noted the service had intended to address social isolation for those needing, or likely to need, interventions from health or adult social care as part of a preventative approach.

The Panel was informed that following the evaluation of the Neighbourhoods Connect pilot that the CCG and Council had agreed the importance of commissioning a model that would address community health and wellbeing and co-ordinate the range of community based services across the borough.

In response to questions, Dr Djuretic explained that a decision had been made to pause any decision on whether to re-commission the Neighbourhoods Connect service itself. This was in order to agree an overarching strategic framework for community based approaches to health and wellbeing and to determine the precise nature of the service to be commissioned.

During the discussion, reference was made to the following:

- The evaluation of the Neighbourhoods Connect service attached at Appendix 1 to the report. A variety of issues were discussed in relation to the pilot including issues and concerns relating to service objectives, value for money and the methodology that had been used.
- Emerging thinking concerning social prescribing locally and work that was taking place in other boroughs, including Tower Hamlets.
- Budget pressures faced by both the Council and CCG and the importance of co-ordinating resources, for example via the Better Care Fund, and adopting a strategic approach across the borough.
- The variety of community-centred approaches linked to health and wellbeing, including the diagram attached at Appendix 2 to the report.
- Key stakeholders in relation to the emerging model, including the asset mapping work that was being undertaken by the Bridge Renewal Trust.
- The importance of providing clarity in terms of how outcomes from the model would be measured.

The Panel was informed that the Council's Corporate Plan set the overarching vision and the strategic framework for the emerging community approach to prevention. However, additional outcomes had been identified, including:

- Reduction in inequalities across the borough
- Improved wellbeing and social connectivity
- Reduced social isolation
- Increased patient/resident/service user satisfaction
- Reduced levels of service use (whether in primary or secondary health care, social care or other statutory provision)
- Changing type of services used e.g. increased use of the voluntary and community sectors
- Increased self-management and self-support
- Prescribing of specific medications reduced (to be defined)
- Supported primary, community and social care.

Dr Djuretic concluded by explaining the new model was being developed at pace and would be informed by a multi-agency workshop being held during July. It was noted that work in this area would align with the work to develop a new model for day opportunities in the borough.

**AGREED:**

- (a) That an update on the Community Wellbeing Model be prioritised as part of the panel's future work programme for March 2017.
- (b) That the Assistant Director of Public Health, and Assistant Director of Commissioning, be asked to look at ways to involve non-executive members in the development of the Community Wellbeing Model, allowing opportunities to scrutinise how outcomes would be measured prior to the model being finalised.

**14. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR FINANCE AND HEALTH**

The panel received an update from Cllr Jason Arthur, Cabinet Member for Finance and Health, concerning his work and priorities for 2016/17.

Cllr Arthur commenced his presentation by outlining the importance of (i) actively supporting independence and wellbeing; (ii) early help and building community resilience, and (iii) ensuring spending was under control, in terms of delivering priorities outlined in the Corporate Plan 2015-18.

The following issues were discussed:

- The on-going demand for services, the impact of public sector reform and on-going funding reductions in terms of the financial performance of services provided by Adult Social Care, Commissioning and Public Health. It was noted the Quarter 1 financial position would be reported to Cabinet in September.
- An update on plans aimed at increasing flexibility and availability of day services within the borough. This included information being provided on work being facilitated by FutureGov who had worked with adult social care and dementia clients in order to test a devolved service where users decided what happened during their day instead of going to a generic day centre.
- The progress that had been made in relation to scoping and evidence gathering in relation to the Haringey devolution prevention pilot. The role of public health in relation to air pollution was also discussed.
- Framework considerations, and associated projects, concerning the development of a Target Operating Model (TOM) to enable "Healthy, Long and Fulfilling Lives". It was noted that an all Member briefing would take place before the Scrutiny Panel looked at the TOM in more detail in September.
- Caring responsibilities and assessments following the consultation on a proposed new model for carers' services in Haringey. The role of carers and families in relation to the TOM were also considered.
- The Haringey and Islington Wellbeing Partnership. It was noted that this was a partnership being formed between NHS organisations and local authorities in Haringey and Islington. Issues were also considered in relation to the

Sustainability and Transformation Plan (STP) for North Central London (NCL). It was noted that further STP scrutiny would be undertaken by the NCL Joint Health Overview and Scrutiny Committee throughout 2016/17.

- Joint commissioning intentions for Haringey CCG and the local authority, including plans for intermediate care, as outlined in a report considered by the Health and Wellbeing Board in May 2016.

In addition, Cllr Arthur advised the Panel of the priority work that was taking place to review care packages. It was noted all reviews would be completed before the end of September 2016.

**AGREED:**

That the update from the Cabinet Member for Finance and Health be noted.

**15. WORK PROGRAMME DEVELOPMENT**

The Chair advised that Haringey's Overview and Scrutiny Committee was responsible for developing an overall work programme, including work for its standing scrutiny panels. The Panel was informed that in putting this together, the Committee would have regard for suggestions put forward by each Panel, their capacity to deliver the programme, and officers' capacity to support them in that task.

It was noted that:

- Under agenda item 9, the Panel had requested an update on General Practice, focusing on Tottenham Hale, for consideration in March 2017.
- Under agenda item 11, the Panel had requested an update on the community wellbeing model, for consideration in March 2017. It was agreed that March would also be a good time to receive updates on the Better Care Fund and Day Opportunities.

In addition, and as agreed under agenda item 10, the Panel would undertake an in-depth review focusing on Physical Activity for Older People.

**AGREED:**

That, subject to the above, the areas outlined in Appendix A to the report be prioritised for inclusion in the 2016/17 scrutiny work programme and recommended for approval to the Overview and Scrutiny Committee on 21 July.

**16. LONG MEETING**

Prior to 10.00pm, during consideration of the Work Programme Development item, the Panel considered whether to adjourn the meeting at 10.00pm or continue to enable further consideration of the case in hand.

The Panel **AGREED** to suspend standing orders (Part 4, Section B, Committee Procedure Rules 18) to continue the meeting beyond 10.00pm.

**17. DATES OF FUTURE MEETINGS**

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

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....



**Report for:** Adults & Health Scrutiny Panel, 29 September 2016

**Item number:**

**Title:** Haringey Foot Care Services

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

**Lead Officer:** Sanjay Mackintosh, Head of Strategic Commissioning  
[sanjay.mackintosh@haringey.gov.uk](mailto:sanjay.mackintosh@haringey.gov.uk)  
Tel: 020 8489 5704

**Ward(s) affected:** All

**Report for Key/**

**Non Key Decision:** Non Key Decision

## 1. Describe the issue under consideration

1.1 This report provides an update to the panel on work undertaken to ensure sufficiency of foot care provision in Haringey.

## 2. Recommendations

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

- Changes made in foot care provision in Haringey and progress made to ensure continuity of service
- Steps being taken to tackle performance issues with the Whittington Health Podiatry and Foot Health Service
- Continued work to raise awareness of foot care services in the borough

## 3. Reasons for decision

3.1 Not applicable. This report is for information only.

## 4. Alternative options considered

4.1. Not applicable. This report is for information only.

## 5. Background information

5.1. During 2015/16, the Adults and Health Scrutiny Panel work programme focused on ensuring there is sufficient foot care provision in Haringey. Take up of foot care services by older people is an important measure in preventing falls, but foot care services are also critical for treating acute conditions such as poor circulation as a result of diabetes.

5.2. In January 2016, the panel received a report outlining the range of foot care services in Haringey, including community services provided by staff from the Haven day centre and the Bridge Renewal Trust (called Foot Care+), and acute services provided by Whittington Health. As part of this work, the panel asked officers to focus on the following issues:

- Ensuring continuity of community-based preventative services once the Haven Day Centre closes
- The performance of Whittington Health Podiatry and Foot Health Service
- Opportunities to expand the available of foot care services in Haringey

## 6. Community-based services

6.1 In line with the decision by Cabinet in November 2015, the Haven Day Centre closed on 31 August 2016. A single member of staff was employed at the Haven to provide foot care services to older people attending the centre, as well as visiting four other locations in the borough to provide an outreach service. This service is now no longer being provided directly by Haringey Council.

6.2 As a result of this closure and in parallel with the process to close the Haven, Council officers have been working with the Bridge Renewal Trust to support their willingness to expand their foot care service in the borough (Foot Care +).

6.3 The Foot Care+ service has been delivered by the Bridge Renewal Trust since 2011. The service aims to address the challenge of foot health, isolation and loneliness in old age by providing a toe nail cutting and foot massage service to older people aged 50 years or over. As part of this, foot care therapists encourage clients to have tea or coffee and a chat with trained volunteers who offer befriending and signposting support to local social activities. This social prescribing service is as important as the preventative foot care treatment they receive, as it aims to connect older people to their communities and prevent social isolation.

6.4 Each year, the Foot Care + service sees over 650 older people with most clients aged over 70 years old and some in their 90s. There are two methods of take up for the service:

- Foot Care + Clinic: Located at the Laurels Healthy Living Centre, the Foot Care+ service includes toe nail cutting and foot therapy. Nail cutting is £10 and foot therapy is £10 per session if taken separately or £15 per session if both services are taken up.
- Foot Care + Outreach: The Foot Care + Outreach Programme is available to Care Homes or Sheltered Housing Schemes in the borough. The service is currently offered at the following locations in the borough, which are visited every 6-8 weeks depending upon the demand for the service:

1. Ashmount Road/Earlsmead Road, N15
2. Bigbury Close, N17
3. Circular Road, N17
4. Clement House, N17
5. Clive Lloyd House, N15
6. Lamford Close, N17
7. Latimer Road, N15
8. Portland Place, N15
9. Sophia House, N15
10. St Mungo's Hostel, N15
11. Stonebridge House, N15
12. Summerhill Road, N15
13. William Atkinson House/William Rainbird House, N17

6.5 In addition to the above, the Foot Care + service will now be visiting locations previously visited by staff from the Haven Day Centre, in order to offer continuity of service. Over the coming months, the Bridge Renewal Trust will be visiting:

1. Abyssinia Court, N8
2. Campbell Court, N17
3. The Crescent, N15
4. The Haynes Day Centre, N8
5. The Priory, N8
6. Woodside Neighbourhood Centre, N22

## **7. Whittington Health NHS Trust - Podiatry and Foot Health Service**

7.1 Whittington Health's 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. This service is accessed via referral from a GP.

7.2 There continues to be high demand for the service, which receives approximately 1400 referrals per month. Performance at July 2016 was as follows:

- 34% of patients waited less than six weeks for their first appointment. The Service had a number of staff vacancies which adversely affected capacity. The Service is now fully staffed and has put in place a strategy 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.
- 12% of patients did not attend their appointments. This was below 10% in April and May 2016 and has increased to 12% in July.
- 3% of appointments have been cancelled by the service - a significant improvement on previous months.

- 90% of clients discharged from the service have an improved quality of life, function and have been given the skills to self-manage, with 100% agreeing that they would recommend the service to friends and family.

7.3 Haringey and Islington CCGs are currently performance-managing the Podiatry and Foot Health Service through regular contract performance monitoring meetings. Haringey and Islington CCGs have escalated the need to improve performance and the Service is developing an action plan which will deliver improvements that allow the service to meet expected targets.

7.4 Haringey Council and Haringey CCG are exploring alternative options with Whittington Health Podiatry Service and Bridge Renewal Trust to take advantage of the fact that Bridge Renewal Trust's Foot Care staff are trained to deliver nail cutting services to people with diabetes. An option could be to agree an approach to signposting people who are referred to Whittington Health Podiatry Service, but do not meet the criteria, to alternative nail cutting services in the borough.

## 8. Promotion of foot care services in Haringey

8.1. We are also continuing to promote foot care services in the borough via different routes:

- **Nurse and Health Care Assistant Forum (October 2016)** – raising awareness of Foot Care + service and Whittington Health service as a preventative measure for older people, plus part of the range of services offered to people with diabetes
- **Locality Teams** - people who require foot care services are identified by health and social care services including GPs, district nurses and the Locality Team.
- **Haringey Advice Partnership** – this service is delivered by a partnership between Citizens Advice Haringey, Public Voice and HAIL and offers information, advice and guidance to residents across the borough. It will continue to signpost people to Foot Care Services
- **Patient Advice and Liaison Services (PALS)** - these services can give information on the services provided, eligibility criteria and can help to resolve any concerns or problems regarding health services.
- **Integrated Access Team (IAT)** - 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.
- **Haricare** - an online directory for health and social care services, known as Haricare ([www.haricare.haringey.gov.uk](http://www.haricare.haringey.gov.uk)), has been produced by the London

Borough of Haringey. This directory contains foot care services including Whittington Health and the Foot Care + service.

- **NHS Choices ([www.nhs.uk](http://www.nhs.uk))** – this 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.

## 9. Contribution to strategic outcomes

9.1. 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 Wellbeing Strategy
- Priority 2 of Haringey Council's Corporate Plan 2015-18

## 10. Statutory Officers comments

### *Finance and Procurement*

10.1. This report is for noting only and there are no financial or procurement implications arising directly out of this report.

### *Legal*

10.2. There are no legal implications arising from this report.

### *Equality*

10.3. 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

10.4. Older age groups in particular are the prime users of foot care services in the borough, and these services remain popular and valued. The services available are based on podiatry need, and do not discriminate against any of the protected characteristics. A key strategic priority is to promote expanded access to and awareness over the foot care services that are available in the community, through supporting the outreach work of the Bridge Renewal Trust's Foot Care+

Scheme and through incorporating podiatry into the information, advice and guidance given to residents.

**11. Use of Appendices**

11.1. None

**12. Local Government (Access to Information) Act 1985**

12.1. Not Applicable

**Report for:** Adults and Health Scrutiny Panel on 29<sup>th</sup> September 2016

**Item number:**

**Title:** An Integrated Target Operating Model to enable Adults in Haringey to live healthy, long and fulfilling lives

**Report authorised by:** Beverley Tarka – Director of Adult Social Services

**Lead Officer:** John Everson – Assistant Director of Adult Social Services  
Tel: 0208 489 4433,  
Email: [john.everon@haringey.gov.uk](mailto:john.everon@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/**

## 1. The purpose of this report

This paper provides summary information to support a follow-up scrutiny discussion (following an all Members Learning and Development Session on 21<sup>st</sup> September 2016) to contribute to the development of new ways of working, through an Integrated Target Operating Model that will; enable Adults in Haringey to live healthy, long and fulfilling lives by maximising their independence and support the future financial sustainability of health and care services in the Borough.

The paper and the corresponding presentation (**Appendix 1**) will ensure that members of the Adults and Health Scrutiny Panel have a clear understanding of the developments to date, including:

- The challenges facing Adult Social Services, Public Health and Health Services
- What our service users, carers, their representative groups, our staff and partners have told us we should be focusing on to maximise peoples independence in the Borough.
- How we are responding to these challenges and opportunities, and the 'next steps' we are proposing that will:
  - Seek to maximise the independence of Haringey's residents
  - Help us manage demand for more complex and costly health and social care services

This then provides an opportunity at the Adults and Health Scrutiny Panel on 29<sup>th</sup> September 2016 for members to:

- Help shape and test our direction of travel, highlight key areas of importance and identify any areas for additional focus.
- Explore the best way to involve the Adults and Health Scrutiny Panel in future developments as the work evolves.

## 2. Background information

The following provides a summary of the vision, challenges, work to date and next steps in the development of the Haringey's integrated target operating model. Additional detail is provided in **Appendix 1**, in the form of a presentation that will be used to inform discussions at the Adults and Health Scrutiny Panel on 29<sup>th</sup> September 2016.

## 3. The Vision

Our vision for all adults in Haringey, and the guiding principle for all service transformation (as agreed by Cabinet on 16<sup>th</sup> June 2015), places an emphasis on the values which promote and maximizes an individual's independence, dignity, choice and control, shifting away from institutional care towards community and home based solutions.

This approach is embodied by Priority 2 of the Corporate Plan, which seeks to 'empower all adults to live healthy long and fulfilling lives', and is underpinned by the following objectives:

- 1) A borough where the healthier choice is the easier choice
- 2) Strong communities where all residents are healthier and live independent fulfilling lives
- 3) Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
- 4) Residents assessed as needing formal care and /or health support will receive responsive high quality services
- 5) All vulnerable adults will be safeguarded from abuse

These objectives and corporate priorities have a strong whole population Public Health focus but also inform the future operating model for adult social care.

## 4. The Challenge

The funding and demand challenges facing Haringey's adult social care services are severe. An increasing and ageing demographic base is causing long-term demand pressures for adult social care services, and at the same time Government funding to the local authority continues to shrink year on year.

In addition Haringey's population faces levels of deprivation and health inequalities that are more comparable to the profile of inner-city than suburban areas, yet Haringey has a comparatively smaller funding base to spend on adult care services than neighbouring inner city boroughs.

Adult social care accounts for around 30% of all that Haringey Council currently spends and have savings targets of £24m by 2018/19, with a programme of work in place to address this. However the rate of finding savings cannot keep pace with the expected demand pressures from demographic change that



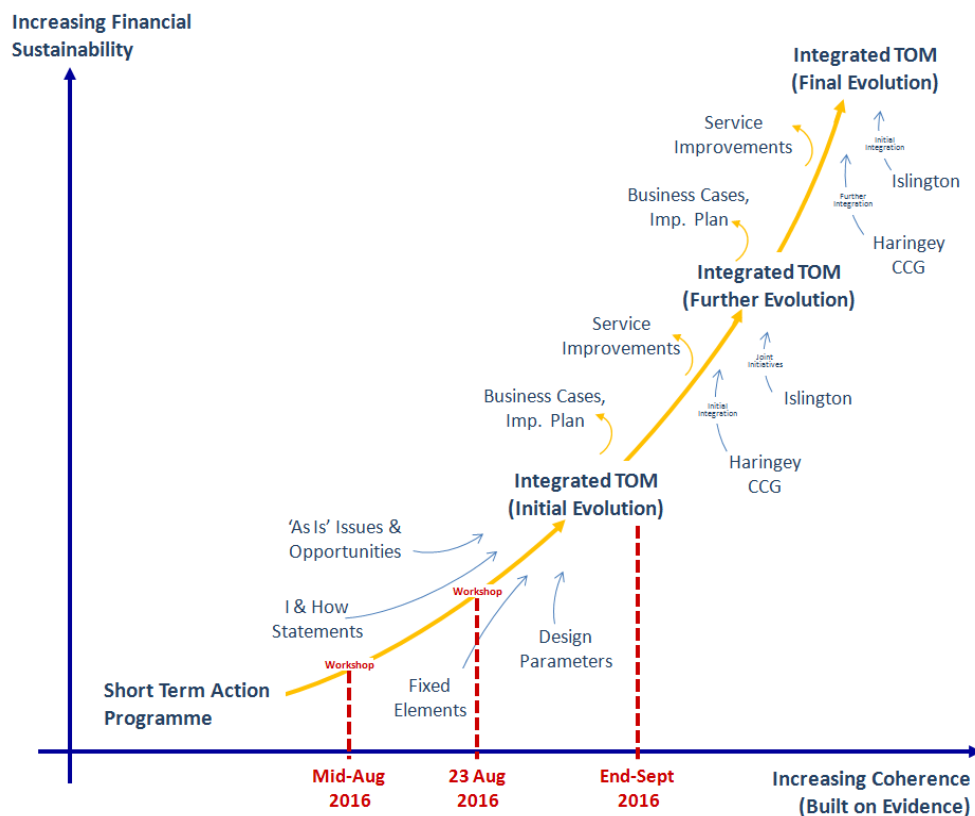
Haringey faces in the short to medium term. Even after all of the £24m savings measures, Haringey’s funding gap for adult services would still be around £22.3m in 2018/19 if the proposals and actions outlined in this paper were not in development.

Added to this the challenges faced by other partners, including Haringey CCG who have a predicted financial gap of £12.6m in 2016/17, a transformational, joined up medium to long term plan is required to address the issues.

## 5. Developing an Integrated Target Operating Model

To deliver our vision of maximising independence, managing future demand pressures, whilst meeting the level of financial efficiencies we need to achieve financial sustainability, we have agreed a genuinely transformational approach between Adult Social Services, Public Health and Haringey CCG.

The road-map to the achievement of this is set out in our Integrated Target Operating Model (‘ITOM’) - which as it evolves will support progressively greater integration between all services to deliver the step change required.



To inform this we have worked with service users, carers, staff and our partners to ensure that we are clear about our current offer (the ‘As Is’) and what people may want for the future (the ‘I statements’) and how these may be delivered.

These provide a set of person centred, meaningful and readily understood statements to ensure all developments are focused around the outcomes that enable people to remain independent. **See Appendix 2**

To provide a clear framework all developments have been centred on the five objectives of Haringey Councils Corporate Plan, Priority 2 - *Healthy Long and Fulfilling Lives*. This provides a coherent link between our Public Health prevention opportunities (at primary, secondary and tertiary levels) and our health and social care community support, early intervention and responsive high quality service intervention options, underpinned by the need to safeguard those people who are most vulnerable in our communities.

### 6. **Developing the 'To Be' – The 1<sup>st</sup> Phase of the Integrated Target Operating Model**

Based on our vision, our understating of the challenges, our current service offer (the 'As Is') and what people are telling us is important in terms of maintaining their independence (the I Statements), we have worked with stakeholders to identify opportunities that will help us shape our new ways of working and inform the first phase of our Integrated Target Operating Model.

The options are currently draft as we continue to test and develop:

- **Integrated Commissioning:** Review of commissioned primary, secondary and tertiary prevention services across the investment landscape to:
  - Rationalise contracts and improve VfM - by achieving greater economies of scale, reduce clienting and commissioning costs
  - Establish their overall VfM in achieving their contractual requirements and delivering the outcomes we require, refocusing these as necessary
- **Develop Community Hubs:**
  - Phased transfer of front door activity from Adult Social Care closer to the community
  - Embedding Assistive Technology within the first point of contact and throughout the customer journey
- **Re-Designed Service Model:** Restructuring Adult Social Services to create a more effective, efficient and flexible workforce. This will be achieved by implementing a clear performance management framework and simplifying systems and reorganising service delivery.
- **Information Integration:** Ensuring that the right information is available at the right time and in the right place to enable citizens, service users and carers to:
  - Help themselves effectively
  - Be aware of their own health any emerging or existing conditions so they can take steps to manage these

It includes the provision of tools to enable the receipt of self-directed support  
The Project will build on work undertaken to date, with consideration also given to the future of Haricare

- **Models of Care for People with LD:** Developing models of care for people with Learning Disabilities across Haringey and Islington to improve health and care outcomes - and manage costs in line with existing and future budgets
- **Integrated Out of Hospital Project:** Bringing together all new and existing out of hospital services, this project aims to take these forward - improve their coordination, capacity and quality, maximising independence and overall value for money. The key focus will be older people / frail and pre-frail adults and it is anticipated that the following services will be part of this:
  - **Primary Care:** Locality Teams , Mental Health and Primary Care Hubs, Mental Health Navigators
  - **Intermediate Care Services:** Bed Based Intermediate Care, Step Down, Reablement, Cavell ( Bridge Ward), Rapid Response
  - **Hospital Services:** Home from Hospital, North Middlesex at Home, Discharge to Assess, Integrated Discharge Team, 7-day week working

### 7. **Next Steps:**

Member Learning & Development Session (21<sup>st</sup> September 2016)

- To help shape and develop thinking to date

Adults & Health Scrutiny Panel (29th September):

- Panel to provide further detailed reflections on developments to test and shape the integrated target operating model.

Project next steps:

Obtaining 'sign off' for each Project to progress to scoping stage, this will include:

- Service user, carer and representative group involvement in co-design and co-production
- Joint work with our partners, particularly Haringey CCG and Islington
- Close working with service providers, community and voluntary sector

### 8. **Contribution to strategic outcomes:**

The whole approach is focused on the Priority 2 objective to empower all adults to live healthy long and fulfilling lives and to deliver the associated objectives:

1. A borough where the healthier choice is the easier choice
2. Strong communities where all residents are healthier and live independent

fulfilling lives

3. Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
4. Residents assessed as needing formal care and /or health support will receive responsive high quality services
5. All vulnerable adults will be safeguarded from abuse

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

**Finance and Procurement**

The report outlines plans for developing a Target Operating Model (TOM) for Adults Social Care. Such a TOM would be expected to produce service efficiencies and cost savings through the streamlining of processes. At present the financial benefits have not been quantified, but these will emerge as the plan develops.

There are expected to be some costs associated with developing the TOM, through temporary additional resource in the Adults Transformation Team or elsewhere in the service. Such funding requests have been managed so far through the presentation of business cases to the Corporate Director of Resources, who has delegated authority to release funds from the corporate Transformation Reserve.

This report is not seeking a decision on the allocation of additional resources in support of this initiative.

**Legal**

There are no legal implications arising from the report.

**Equality**

The operating model proposes some major changes to the way in which adult social care services are delivered. This will impact those currently in receipt of services and changes to the delivery of services is also likely to have an impact for staff too. A high level EQIA has been completed and has identified the need for a structured programme of consultation with staff, and engagement and communication with service users as the detail of the service changes are

developed. Specific EQIA's will need to be developed for each of the detailed proposals which sit underneath the framework.

**10. Use of Appendices:**

Appendix 1: ITOM Members Learning & Development Presentation

Appendix 2: ITOM Objectives & How Statements

**11. Local Government (Access to Information) Act 1985:**

N/A

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# Members Learning & Development Session

*Developing an integrated target operating model to enable all adults to live healthy, long and fulfilling lives*

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21<sup>st</sup> September 2016 (7.00pm – 8.30pm)

<b>Session 1: Introduction</b>	<b>7.00</b>
1.1 Our Vision	
1.2 The Challenge	
1.3 What we Are Doing	
<b>Session 2: Integrated Target Operating Model (ITOM): Development</b>	<b>7.10</b>
2.1 Developing an Integrated TOM	
2.2 Engagement with service users, carers, staff and partners	
2.3 'I & How' Statements	
2.4 'As Is' and 'To Be' (process maps on wall)	
<b>Session 3: Integrated Target Operating Model: Next Steps</b>	<b>7.20</b>
3.1 Business Critical Projects	
<b>Session 4: Discussion</b>	<b>7.30</b>
4.1 Breakout Session	
<b>Session 5: Close &amp; 'Next Steps'</b>	<b>8.25</b> <i>(close 8.30)</i>



*“An opportunity to understand and contribute to the development of our new ways of working, through our integrated target operating model, that will enable Adults in Haringey to live healthy, long and fulfilling lives by maximising their independence and support the future financial sustainability of health and care services”*

## **In this Session we will look at:**

- The challenges facing Adult Social Services, Public Health and Health Services
- What our service users, carers, their representative groups, our staff and partners have told us we should be focusing on to maximise people's independence
- How we are responding to these challenges and opportunities, and what ‘next steps’ we are proposing:
  - Seeking to maximise the independence of Haringey's residents
  - Working to understand and manage demand for more complex and costly health and social care services

## **This Session will provide an opportunity to:**

- Help shape our direction of travel and ensure we haven't missed anything
- Explore the best way to involve you and other Members in future developments

# Session 1

7.00 – 7.10

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*Introduction*

## Priority 2:

Outstanding for all

# **Enable all adults to live healthy, long and fulfilling lives**



A borough where the healthier choice is the easier choice

Strong communities, where all residents are healthier and live independent, fulfilling lives

All vulnerable adults will be safeguarded from abuse

Residents assessed as needing formal care and / or health support will receive responsive and high quality services

Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing

## Our Challenge.....



£££ - Savings

- Last year, for every **£3 we spent**, **£1** went on adult social care
- **2015/16** overspend was **£12.5m** we were meant to save **£5.5m**
- 2016/17 overspend is projected to be **£12.2m** (MTFS, month 3)
- **Despite** making **£7.6m savings**
- **Budgetary pressure** as Govt. funding continues to reduce

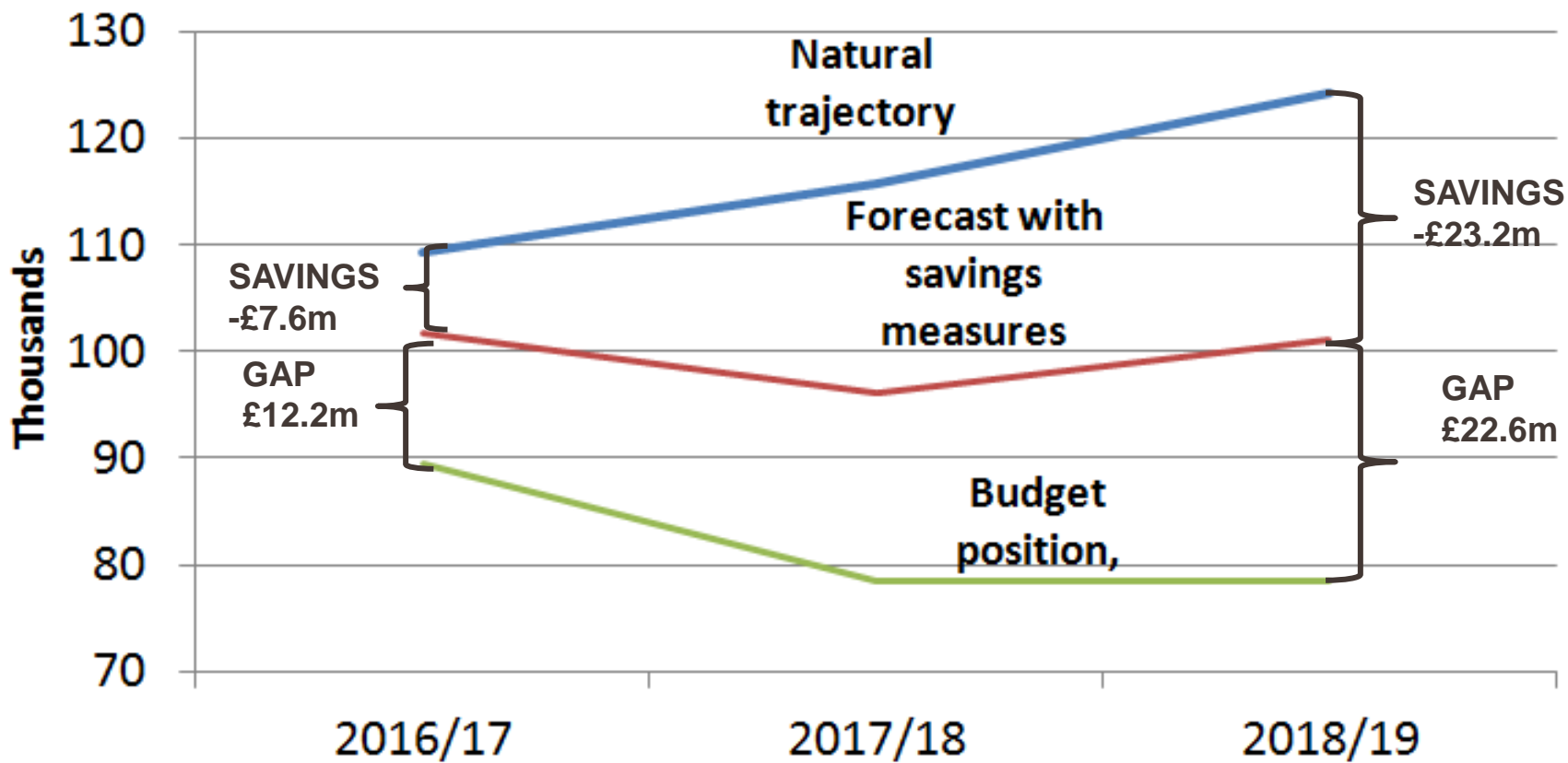
## Our Partner's Challenge.....

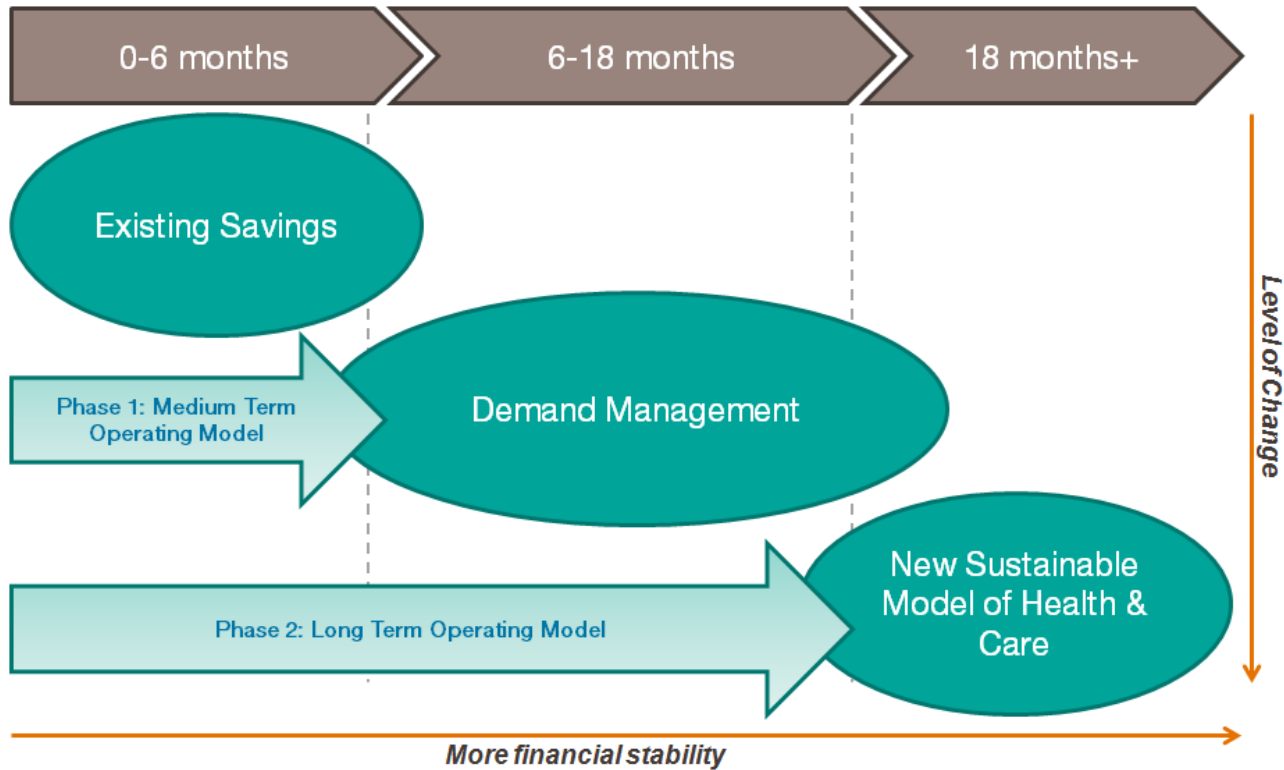


**Haringey Clinical  
Commissioning Group**

- Haringey CCG's 2016/17 **financial gap** is **£12.6m**

### Priority 2 - current 3 year forecast





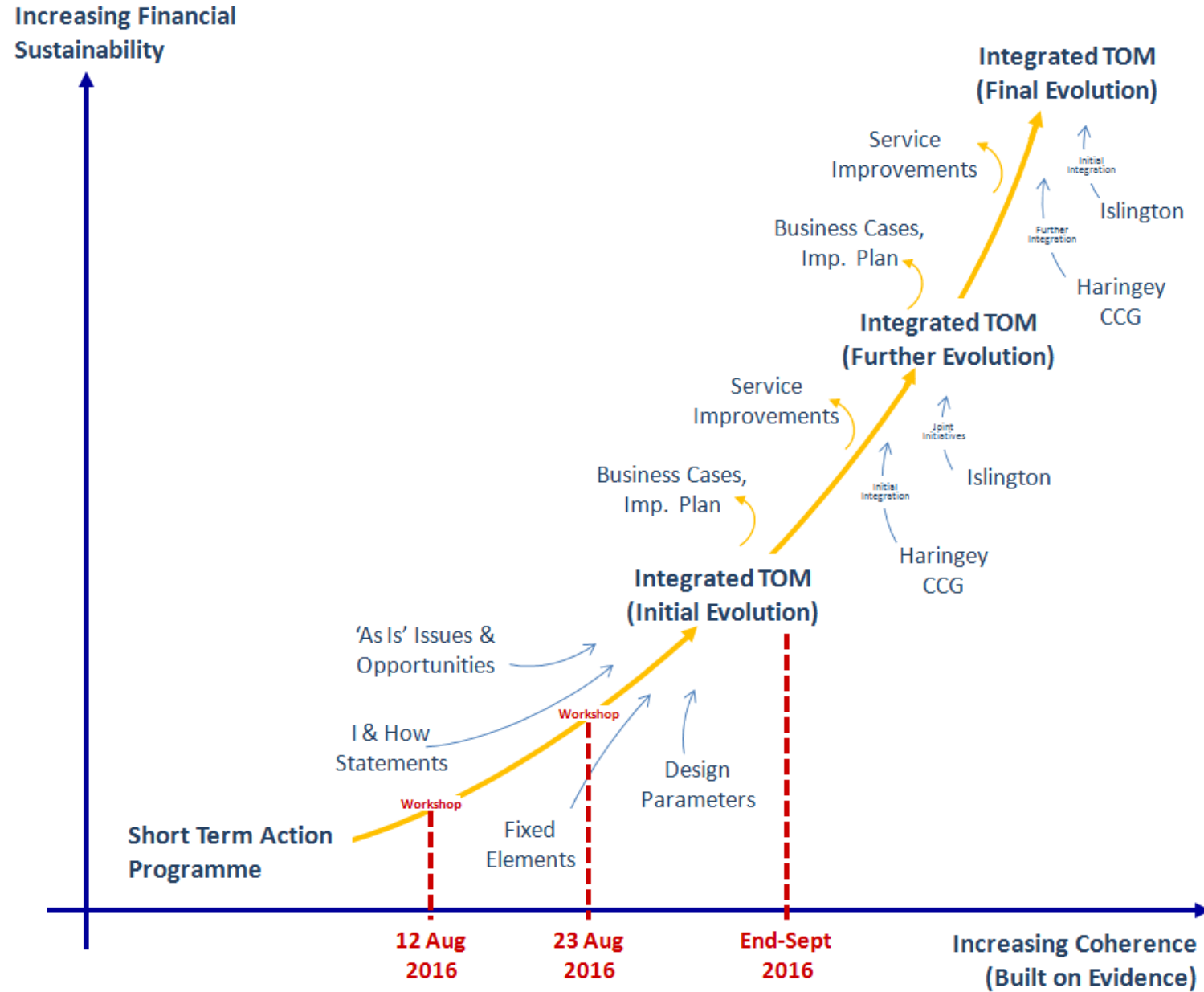
- **Immediate action** as well as **fundamental changes** to the way we deliver services
- **Maximising independence** will be the guiding principle
- **Understanding and managing demand** will be key
- **Service transformation will lead** the delivery of sustainable and sizeable savings, rather than the other way round

## Session 2

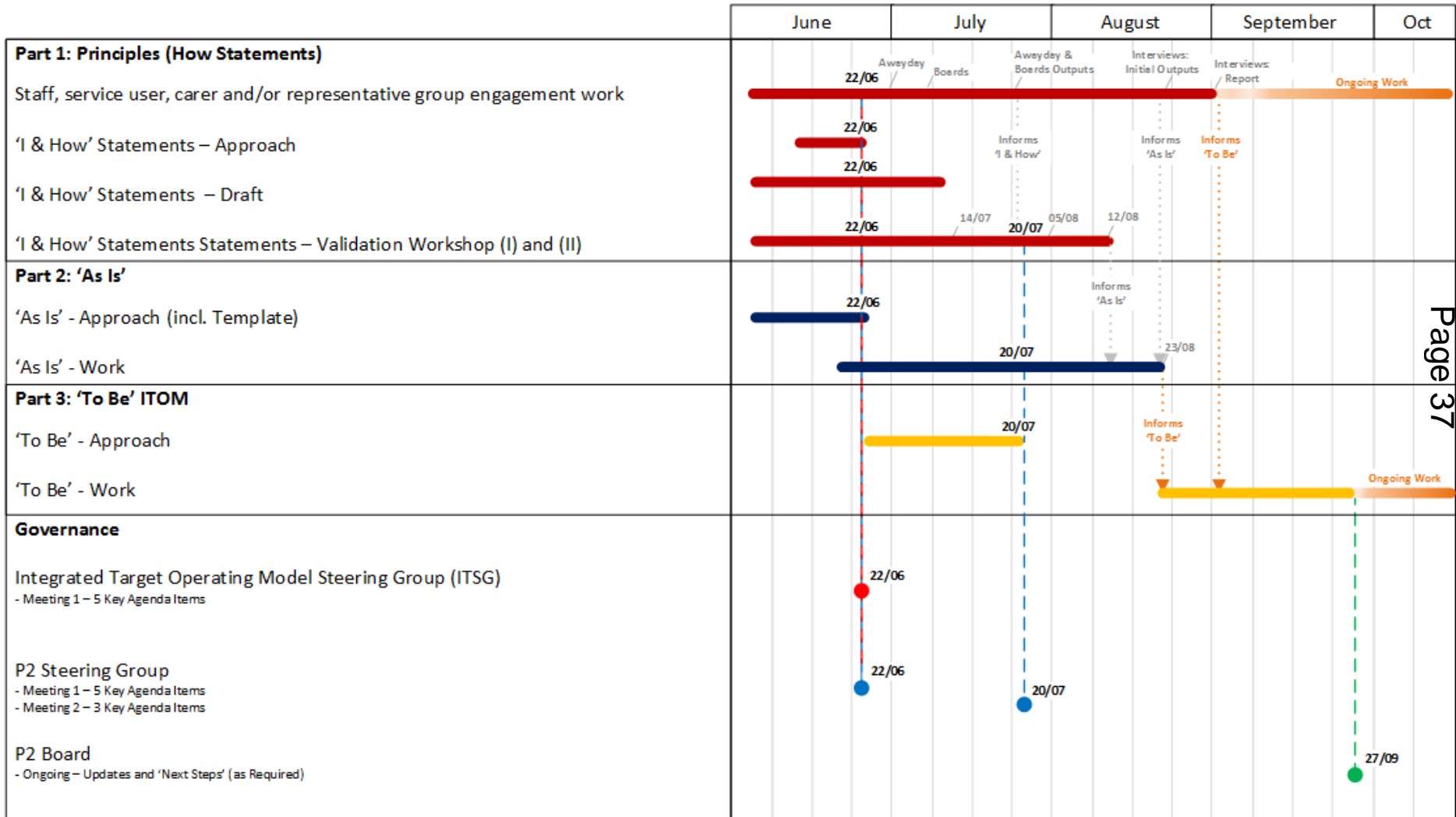
7.10 – 7.20

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*Integrated Target Operating Model: Development*







## Background:

- Range of engagement with service users and carers
- Structured interviews looked at:
  - Experience of service users before they came to use our services
  - First contact with the council,
  - Of services and (if relevant) recovering independence
- Further engagement planned

## Interviews with Service Users & Carers – “What we’ve Heard so Far”

- Dearth of *good* information in the community- currently disjointed, overwhelming
- At the front door, service users have not had the support and direction they would expect to support their independence
- Carers felt they needed consistent and reliable help to be able to keep the person they care for at home
- In mental health services:
  - There is still a stigma felt by service users to admit their illness
  - Who you live with also seems to be a big factor in recovery

### Background:

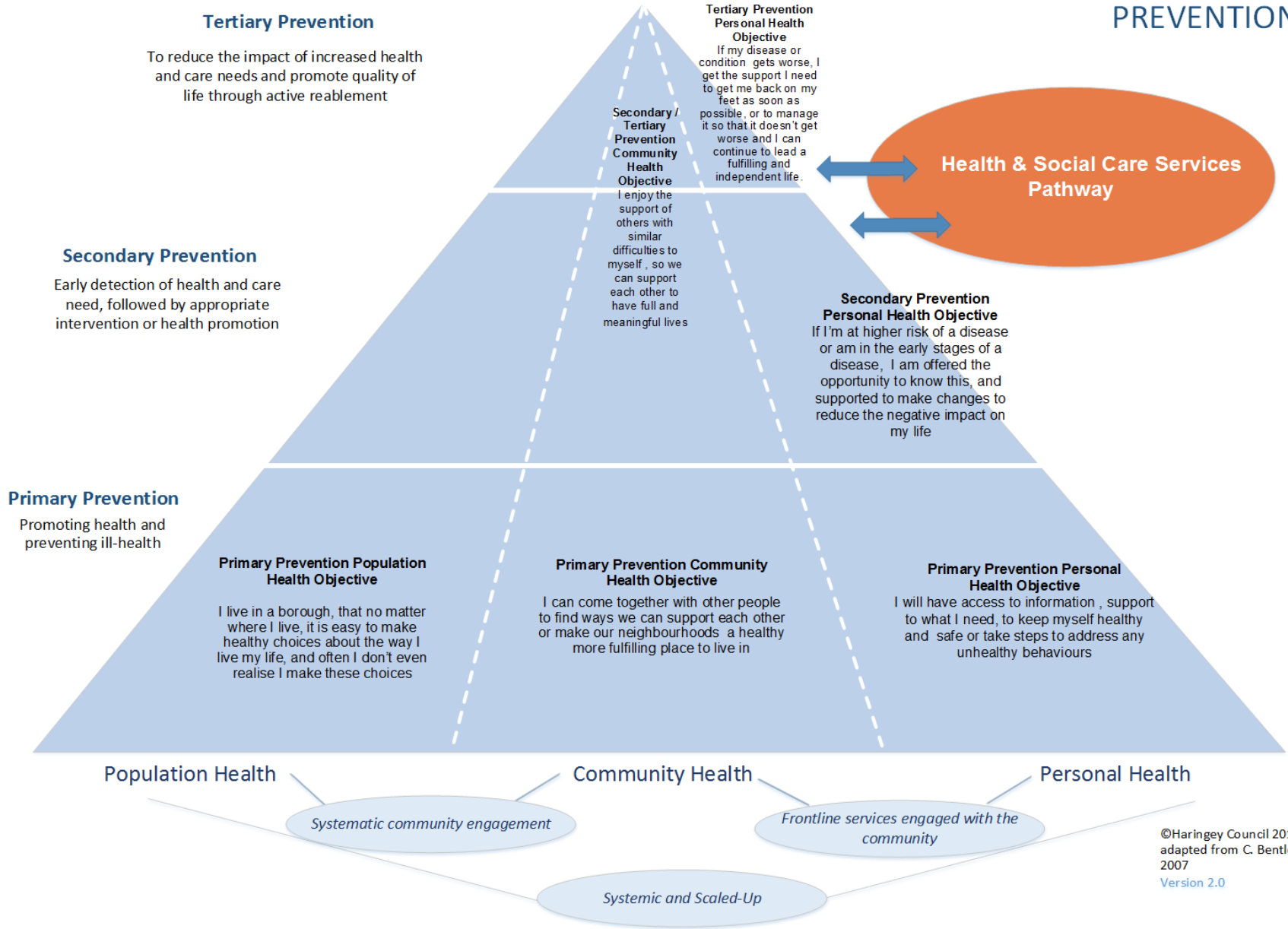
- Engagement undertaken with staff and partners

### Workshop with partnership boards– “What we’ve Heard so Far”

- Reaffirmed that information is disjointed and confusing
- People pointed to the built environment as a factor in enabling independence
- People not feeling part of a community because the residents in their local area were transient – how do we resolve this?
- People felt a more holistic, joined up approach was needed when offering services across the system
- People wanted more transparency and understanding of the social care offer
- Participants were keen to highlight that that some people might never be fully independent

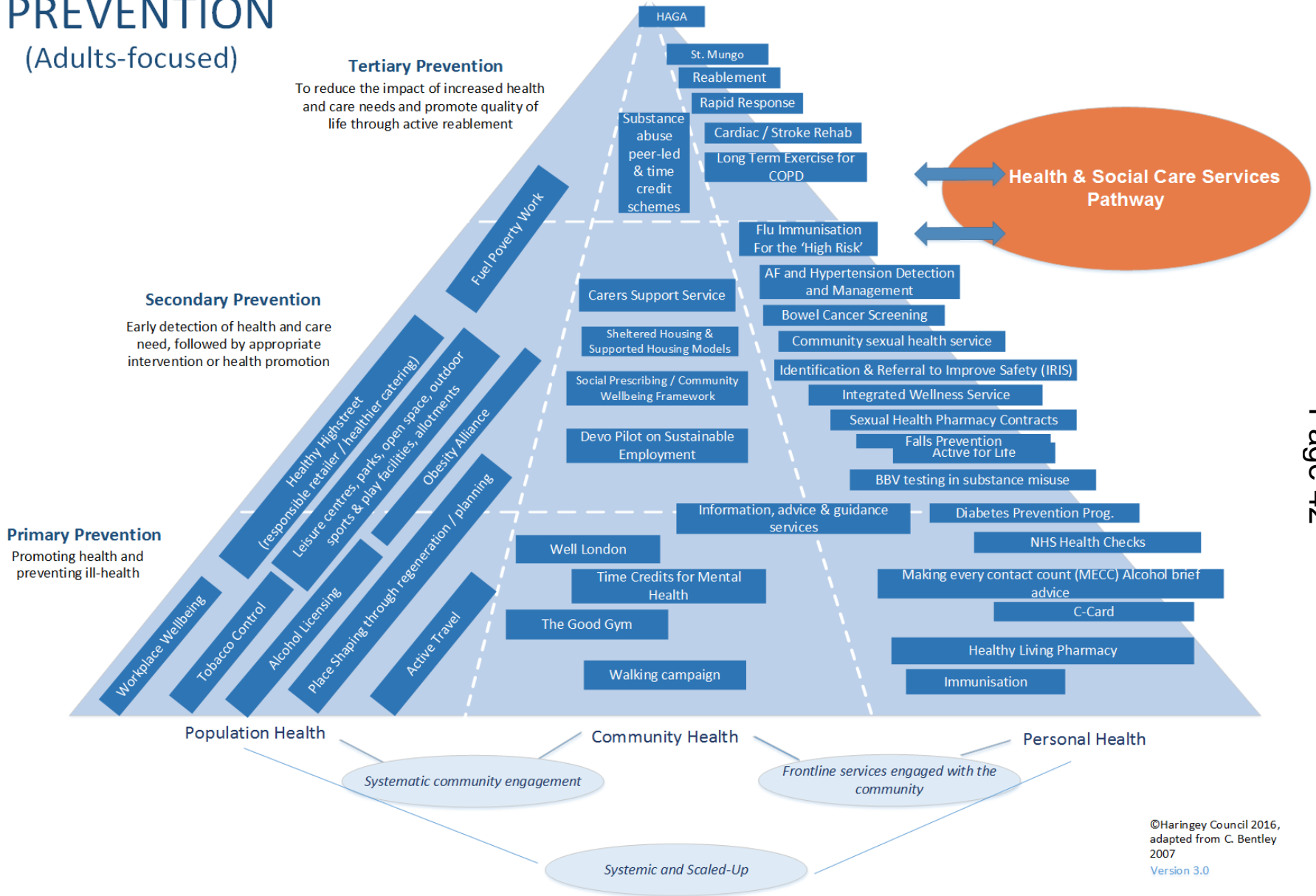
- Critical stage in the development of our ITOM involved the preparation of a set of pithy, meaningful and readily understood Statements that reflect our engagement work
- Convey our ambition for Adult Social Services, Public Health and Health Services and explain how we will deliver on this
- As there is a clear line of sight between these and the Council's P2 Objectives they also explain how we will deliver on these
- 'I & How' Statements were developed based on what people have told us is important to help them maintain their independence
- A set of Overarching 'I & How' Statements were also developed to sit alongside those for each P2 Objective to ensure the connection between the 'Healthy Lives' Objectives
- These apply equally to each P2 Objective, and will be used more generally to help steer the development of our future operating Model(s)
- We have also been working to develop a set of performance measures to complement our 'I & How' Statements

**Please refer to the handout provided for more about these.....**



# PREVENTION

(Adults-focused)

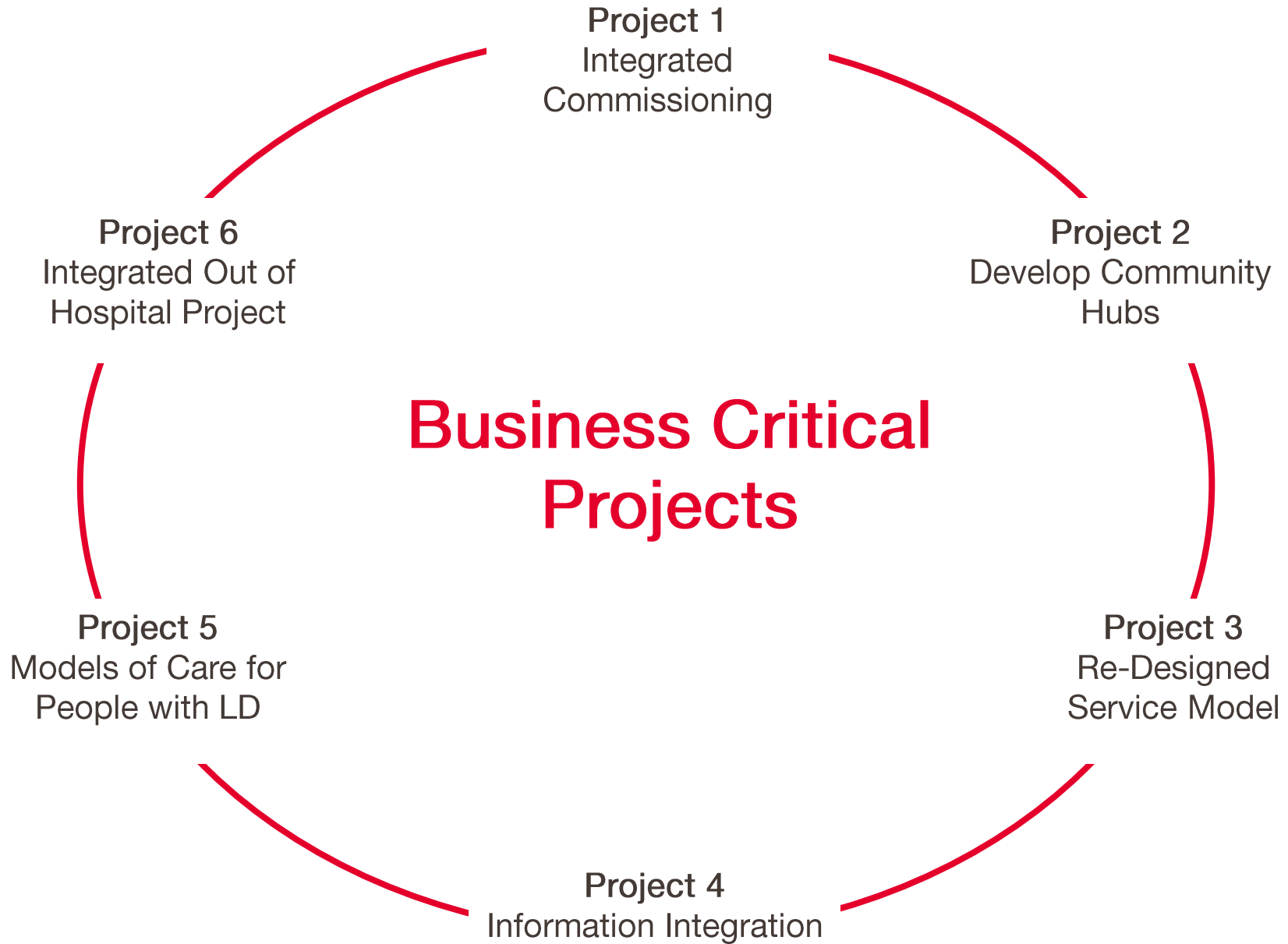


# Session 3

7.20 – 7.30

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*Integrated Target Operating Model: Next Steps*





Project	Summary
<p><b>Integrated Commissioning</b></p>	<p>Review of commissioned primary, secondary and tertiary prevention services across the investment landscape to:</p> <ul style="list-style-type: none"> <li>• Rationalise contracts to improve VfM, by achieving greater economies of scale, reduce clienting and commissioning costs</li> <li>• Establish their overall VfM in achieving their contractual requirements and delivering the outcomes we require, refocusing these as necessary</li> </ul>
<p><b>Develop Community Hubs</b></p>	<ul style="list-style-type: none"> <li>• Phased transfer of front door activity from Adult Social Care into Haringey Advice Partnership (HAP)</li> <li>• Embedding Assistive Technology within the first point of contact and throughout the customer journey</li> </ul>

Project	Summary
<p><b>Re-Designed Service Model</b></p>	<p>Re-designing Adult Social Services service delivery model to create a more effective, efficient and flexible workforce. This will be achieved by implementing a clear performance management framework, simplifying systems and reorganising service delivery</p>
<p><b>Information Integration</b></p>	<p>Ensuring that the right information is available at the right time and in the right place to enable citizens, service users and carers to:</p> <ul style="list-style-type: none"> <li>• Help themselves effectively</li> <li>• Be aware of their own health any emerging or existing conditions so they can take steps to manage these</li> </ul> <p>It includes the provision of tools to enable the receipt of self-directed support. The Project will build on work undertaken to date, with consideration also given to the future of Haricare</p>

Project	Summary
<b>Models of Care for People with LD</b>	<p>This project will focus on the developing models of care for people with Learning Disabilities across Haringey and Islington to improve health and care outcomes - and manage costs in line with existing and future budgets</p>
<b>Integrated Out of Hospital Project</b>	<p>Bringing together all new and existing out of hospital services, this project aims to take these forward - improve their coordination, capacity and quality. The key focus will be on older people, frail and pre-frail adults across:</p> <ol style="list-style-type: none"> <li>1. <u>Primary Care</u>: Locality Teams, MH and Primary Care Hubs, MH Navigators</li> <li>2. <u>Intermediate Care Services</u>: Bed Based Intermediate Care, Step Down, Reablement, Cavell, Rapid Response</li> <li>3. <u>Hospital Services</u>: Home from Hospital, N. Mid at Home, Discharge to Assess, Integrated Discharge Team, 7 day-a-week working</li> </ol>

# Session 4

7.30 – 8.25

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*Discussion*

## Now that we've been through what....

- Our services currently look like
- Key challenges we face
- People think of our services – and where we need to focus our efforts
- We are doing to respond our challenges – and the key projects we propose to take forward

## We want to use the next 55 mins. for a Group Discussion:

- **Group Discussion:** Divide into two groups, and consider (45 mins.):
  - **Question 1:** What are the most important areas described in our proposed new ways of working (Target Operating Model) that we should build on?
  - **Question 2:** Are there any gaps or areas we should focus on more going forward?
- **Feedback:** Round-table report back and discussion (5 mins. per group):
  - **Question 1:** Top 3 important areas to build on
  - **Question 2:** Top 3 gaps or areas of focus to build in

# Session 5

8.25 – 8.30

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*'Next Steps' & Close*

- Adults & Health Scrutiny Panel (29th September):
  - Opportunity to feedback ahead of this
  - Panel will provide further opportunity for reflections on today
  
- Keen to hear about the best way to involve you and other Members in the transformation process
  
- Our Next Steps:
  - Obtaining ‘sign off’ for each Project
  - Project scoping:
    - Service user, carer and representative group involvement in co-design and co-production
    - Joint work with our partners, particularly Haringey CCG and Islington
    - Close working with service providers, community and vol. sector

Thank you for coming along today. I hope that you found the workshop useful.

Please contact me if you have any questions about today, or if I can be of further help:

Telephone:                      0208 489 4433

E-Mail:                            [john.everson@haringey.gov.uk](mailto:john.everson@haringey.gov.uk)





**Transformation Programme**

**Developing a Medium-Term Integrated  
Target Operating Model**

***(Objectives & How Statements)***

**DATE: 12 August 2016**

**VERSION 14.0**

## CONTENTS

Introduction.....	1
Objectives & How Statements <sup>1</sup> .....	2
<b>P2 Objective 1:</b> A Borough where the Healthier Choice is the Easier Choice	
<b>P2 Objective 2:</b> Strong Communities, where Residents are Healthier & Live Independent, Fulfilling Lives	
<b>P2 Objective 3:</b> Support at an Earlier Stage for Residents who have Difficulty in Maintaining their Health and Wellbeing	
<b>P2 Objective 4:</b> Those who Need Care and /or Health Support will Receive Responsive & High Quality Services	

<sup>1</sup> **P2 Objective 5:** All Vulnerable Adults Will be Safeguarded from Abuse is treated as one of a set of Overarching (or 'cross-cutting') Statements which apply equally to each P2 Objective, and will be used more generally to help steer the development of our Integrated Target Operating Model. For further details, please refer to the Introduction.

## Introduction

The development of a set of pithy, meaningful and readily understood statements (referred to as 'How Statements') that explain **how we will deliver** on a range of goals (and hence our P2 Objectives) is a key stage in the development of our Integrated Target Operating Model - as these will be used to guide the development of this.

The How Statements have been developed for each P2 Objective by the Transformation Team working alongside the SRO Owners for each of these. As part of the development process they have also been reviewed by range of senior managers from across Health, Public Health and Adult Social Services at two Validation Workshops (on 14 July and 05 August) to make sure that they:

- Are unambiguous, comprehensive and robust
- Are integrated - across the P2 Objectives
- Do not contradict one another
- Form a consolidated set of statements that can be used as the basis for designing our future service operating model
- Reflect our level of ambition for the future

A set of Overarching (or 'cross-cutting') How Statements (which apply equally to each P2 Objective, and will be used more generally to help steer the development of our Integrated Target Operating Model) have also been developed to sit alongside those for each P2 Objective:

- Maximising service users and carer's independence
- Achieving financial sustainability
- Prevention
- Working with communities
- Creating a fair and equal Borough, by investing a proportionate amount of effort into those who need it most
- Safeguarding vulnerable adults from abuse

Both the Overarching How Statements and those developed for each P2 Objective were 'signed off' at P2 Steering Group on 10 August. The remainder of this document contains details of the How Statements that have been developed for each P2 Objective.

## Integrated Target Operating Model: Objectives & How Statements

P2 Objective	Objective	How we will do this	Measures (examples to be further developed)
<p><b>Objective 1</b></p> <p>A Borough where the healthier choice is the easier choice</p>	<p><b>Primary Prevention Population Health Objective</b></p> <p>I live in a borough, that no matter where I live, it is easy to make healthy choices about the way I live my life, and often I don't even realise I make these choices</p> <p><b>Equality Objective</b></p> <p>I want to live in a borough that is inclusive and works to reduce inequalities</p> <p><b>Primary Prevention Personal health Objective</b></p> <p>I have access to</p>	<p>By understanding the health needs in the borough, so that we are able to target efforts and adapt our approach, in order to reduce health inequalities</p> <p>By working to ensure health outcomes are embedded across the policies and actions of the council and partner organisations, for example workforce policies, regeneration, housing, licensing and planning</p> <p>By advocating for increased powers for the council to shape a healthier borough</p> <p>By influencing our partners including local businesses to be health promoting and inclusive organisations</p> <p>By working with our partners and communities to advocate and campaign for a healthy Haringey</p> <p>By training frontline staff in the council and partner organisations to feel more confident in recognising poor mental health or unhealthy behaviours and to support behaviour change or access to support services</p> <p>By ensuring that residents are able to access health information, advice and a range of health promotion services in accessible settings, for example community pharmacists.</p>	<ul style="list-style-type: none"> <li>The life expectancy gap across the Borough will reduce</li> <li>Age-standardised rate of mortality considered preventable from stroke in those aged &lt;75 per 100,000 population</li> <li>Atrial Fibrillation measure being developed - e.g. Observed/estimated prevalence of atrial fibrillation</li> <li>The proportion of overweight or obese children at year 6 (ages 10-11) (<i>Adults not currently measured to be developed</i>)</li> <li>The proportion of adults participating in less than 30 minutes of physical activity per week</li> </ul>

P2 Objective	Objective	How we will do this	Measures (examples to be further developed )
<p><b>Objective 2</b> Strong communities, where residents are healthier &amp; live independent, fulfilling lives</p>	<p>information and support to what I need, to keep myself healthy and safe or take steps to address any unhealthy Behaviours</p>	<p>By providing information and support in an accessible and equitable way, so that all residents can lead healthy lives</p> <p>By working with the voluntary and community sector to develop volunteering and peer support roles and enabling people in our community to come together around an issue or problem and develop shared solutions</p> <p>By facilitating the creation of support networks such as community hubs, peer support group and area-based initiatives through effective use of social media and community organising approaches</p> <p>By co-designing, co-producing and co-delivering solutions with our community.</p>	<p><b>Outcome measures:</b></p> <ul style="list-style-type: none"> <li>• Reduction in Alcohol-related admissions</li> <li>• Increase in early diagnosis of HIV</li> <li>• Reduction in STIs</li> <li>• Average Warwick-Edinburgh wellbeing score for adults</li> </ul>

P2 Objective	Objective	How we will do this	Measures (examples to be further developed )
<p><b>Objective 3</b></p> <p>Support at an earlier stage for residents who have difficulty in maintaining their health and wellbeing</p>	<p><b>Safeguarding Objective</b></p> <p>I know that I am safe from abuse by others</p>	<p>By making sure that safeguarding is everybody's business, with communities playing a part in preventing, identifying and reporting neglect and abuse</p> <p>By ensuring people, and their carers, needs are met at first contact with community and statutory services without being passed between services</p> <p>By identifying early those people who could benefit from technology and Assistive Technology</p> <p>By ensuring good quality information and advice when people first contact all services that will help them to navigate the systems</p> <p>By working with agencies to ensure that they have processes and systems in place that are clear and simple and early identify and prevent escalation of risk</p> <p>By developing points in the community to be better able to target</p>	<p><b>Process measures:</b></p> <ul style="list-style-type: none"> <li>Hypertension measure being developed e.g. proportion of people who have high blood pressure whose blood pressure is controlled (BP&lt;150/90)</li> </ul> <p><b>Financial measures:</b></p> <p>To be developed</p> <p><b>Outcome measures:</b></p> <ul style="list-style-type: none"> <li>Reduction in the number of people requiring ongoing formal care</li> <li>Increase in the number of people accessing community resources</li> <li>Increase in the number of people who are satisfied with the information that they receive</li> </ul>

P2 Objective	Objective	How we will do this	Measures (examples to be further developed )
	<p>information about my care, support and community which is consistent, accurate, accessible and up to date</p> <p>I want my health needs identified early to help me make informed choices and self manage risks to my health</p> <p>I have access to 7 day a week services that help me to avoid hospital admission and support my continuing recovery</p> <p>If I'm at higher risk of a disease or losing my independence the early stages of a disease, I am offered the opportunity to know this, and supported to make changes to reduce</p>	<p>those people at risk of deterioration</p> <p>By supporting and influencing the development of diverse and representative voluntary and community sector services</p> <p>By ensuring that services procured achieve value for money and better outcomes for people</p> <p>By ensuring that people are able to have all of the relevant information on their care, community and health available to help them manage their condition</p> <p>By identifying early those people who are socially isolated and frequently attend primary and secondary care</p> <p>By developing a cohesive pathway between a range of agencies and services to improve the quality of information given to people to ensure that their holistic needs are better met</p> <p>By helping those with complex needs to self manage these needs and help those in recovery to help themselves</p> <p>By developing out of hospital pathways to prevent hospital or nursing home admission and help facilitate safe and rapid discharges from hospital and avoiding re-admission and supporting older peoples recovery</p> <p>By ensuring that contact entry points are easily accessible and widely known about so that people don't fall through the net</p>	<ul style="list-style-type: none"> <li>• Increase in the number of people who have Assistive Technology</li> <li>• Increase in the number of carers who are in receipt of the right level of support</li> <li>• A reduction in the number of complex patients being admitted to hospital</li> <li>• Increase in the number of people who complete their recovery programme</li> <li>• Increase in the number of people who remain drug and alcohol free following completion of their recovery programme</li> <li>• A reduction in the number of people re-admitted to hospital and to a recovery programme</li> <li>• A reduction in non-elective admissions to hospital and</li> </ul>

P2 Objective	Objective	How we will do this	Measures (examples to be further developed )
	<p>the negative impact on my life</p> <p>If my disease or condition gets worse, I get the support I need to get me back on my feet as soon as possible, or to manage it so that it doesn't get worse and I can continue to lead a fulfilling and independent life</p> <p>I enjoy the support of others with similar difficulties to myself, so we can support each other to have full and meaningful lives</p> <p>I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help</p>	<p>By giving individuals the right information about how to recognise abuse and what they can do to keep themselves safe and giving them clear and simple information about how to report abuse</p>	<p>permanent admission to residential and nursing care</p> <p><b>Process measures:</b></p> <ul style="list-style-type: none"> <li>• Decrease in the number of repeated calls to adult social services</li> <li>• Increase in the number of multi – disciplinary assessments leading to holistic outcomes</li> </ul> <p><b>Financial measures:</b></p> <ul style="list-style-type: none"> <li>• Reduction in the cost of long term care</li> <li>• A reduction in the cost of non elective admissions to hospital and permanent care</li> </ul>



P2 Objective	Objective	How we will do this	Measures (examples to be further developed ) Outcome measures:
<p><b>Objective 4</b></p> <p>Those whose need care and / or health support will receive responsive and high quality services</p>	<p>I am in control of planning the support I need to manage my health and social care needs</p> <p>I have access to a menu of services and help me access the support I need through self directed support</p> <p>I have access to opportunities that enable me to play a full part in society and support me to reach my potential</p> <p>I feel safe, I can live the life I want and I am supported to manage any risks</p> <p>I receive quality services that are timely, responsive and safe</p>	<p>By providing interventions that maximise independence and helps people to regain skills and confidence which minimises the amount of time spent in contact with services</p> <p>By providing person centred planning and interventions that help to support people to fully utilise their local networks and communities</p> <p>By working collaboratively with colleagues across health, housing and other agencies to avoid duplication and ensure that their assessment addresses peoples holistic needs</p> <p>By designing a whole system that supports safe and speedy discharges for Haringey residents within all hospitals</p> <p>By ensuring education, support and advice is shared across organisational boundaries to help inform decision making</p> <p>By providing efficient reablement / enablement services that offer value for money for Haringey residents, council and NHS</p> <p>By ensuring that all people, including their carers, in receipt of care have their health and care needs reviewed at timely intervals</p> <p>By developing pathways that take account of the persons wishes, feelings and choices at the end of their life</p> <p>By ensuring that people can readily get in touch with someone to raise concerns and there are mechanisms in place to ensure feedback</p>	<ul style="list-style-type: none"> <li>• A reduction in the number of people moving permanently into institutionalised care</li> <li>• Increase in the number of people who believe that their personal outcomes have been met</li> <li>• Increase in the number of people managing their own support as much as they wish</li> <li>• Reduction in the number of people receiving on-going social care support</li> <li>• Number of people with a goal focussed reablement plan in place</li> <li>• Reduction in the number of people readmitted back to hospital after 91 days</li> </ul>

P2 Objective	Objective	How we will do this	Measures (examples to be further developed )
	<p>I am confident that no long term decisions will be made about my health and social care needs when I am in crisis but I will be supported through this</p> <p>I am a carer who has a life outside of my caring role and have my needs reviewed regularly</p> <p>I have a network of people who support me, carers, family, friends, community and if needed paid support staff</p> <p>I am confident that professionals working with me are working together, consult with me and help me make the right decision about my needs at the right</p>	<p>By ensuring that the workforce across all service areas has the capabilities and capacity to deliver a high quality services that are quality assured</p> <p>By designing an integrated service that assesses, plans and agrees discharge planning</p> <p>By developing an IT system to be used across an integrated health and social care system</p> <p>By working together across professional boundaries to ensure that communication is clear and consistent</p> <p>By ensuring that care is delivered and meets the needs of the person 7 days a week through the development of integrated services</p> <p>By ensuring that paid support staff are available</p> <p>By commissioning services as a system, maintaining staff and market development to ensure there is a constant service delivery</p> <p>By ensuring the roles of all agencies are clear, together with the lines of accountability and that staff understand what is expected of them and others</p> <p>By ensuring agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements</p>	<p><b>Process measures:</b></p> <ul style="list-style-type: none"> <li>• Consistent application of equality and eligibility criteria</li> <li>• All reviews completed in year</li> <li>• Increase in the number of referrals to the Haringey Reablement Service</li> <li>• Number of initial reablement assessments started within 2 working days from acceptance of new referral</li> <li>• 95% of patients having an Estimated Discharge Date within 24 hours</li> </ul> <p><b>Finance measures:</b></p> <ul style="list-style-type: none"> <li>• Reduction in the number of Delayed Transfers of Care</li> <li>• Reduction in the cost of care packages at the start of the reablement period compared to the completion of reablement</li> </ul>

P2 Objective	Objective	How we will do this	Measures (examples to be further developed )
	<p>I will get help to support to report abuse I get help to take part in the safeguarding process to the extent of which I want to and to which I am able to - <b>Cross-cutting Secondary and Tertiary Community Health Objective</b></p>		<ul style="list-style-type: none"> <li>• 3 day reduction on the average length of stay for complex discharge</li> <li>• Reduction of 10 patients from the medically optimised list per month</li> </ul>



**Report for:** Adults and Health Scrutiny Panel – 29 September 2016

**Item number:**

**Title:** Work Programme Update

**Report**

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

**Lead Officer:** Christian Scade, Principal Scrutiny Officer, 0208 489 2933,  
[christian.scade@haringey.gov.uk](mailto:christian.scade@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/**

**Non Key Decision:** N/A

**1. Describe the issue under consideration**

- 1.1 This report gives details of the 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 work programme, attached at **Appendix A**, and considers whether any amendments are required.

(b) That the Panel approves the scope and terms of reference, attached at **Appendix B**, for the Panel's review on Physical Activity for Older People.

(c) That the Overview and Scrutiny Committee be asked to endorse the scope of the review, Appendix B, and any amendments, at (a) above, at its next meeting.

**4. Reasons for decision**

- 4.1 The work programme for Overview and Scrutiny was agreed by the Overview and Scrutiny Committee at its meeting on 21 July 2016. 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 6 June 2016, the Overview and Scrutiny Committee agreed a process for developing the 2016/17 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 In addition, following discussion by the Panel on 11 July, it was agreed an in-depth piece of work should be undertaken on Physical Activity for Older People. Following discussions between the Chair and relevant officers, a draft scope has now been developed and is attached for approval at **Appendix B**.
- 6.4 Whilst Scrutiny Panels are non-decision making bodies, i.e. work programmes must be approved by the Overview and Scrutiny Committee, this item gives the Panel an opportunity to oversee and monitor its work programme and to suggest amendments.

### Forward Plan

- 6.5 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

**Appendix B** – Scope for the Physical Activity for Older People Scrutiny Project

## **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.



**Adults and Health Scrutiny Panel – Work Programme 2016/17**

<b>Meeting</b>	<b>Agenda Items</b>	<b>Details and desired outcome</b>	<b>Lead Officer / Witnesses</b>
<b>11 July 2016</b>	Terms of Reference / Membership	To set out the terms of reference and membership for Overview and Scrutiny	Christian Scade, Principal Scrutiny Officer
	Appointment of Non Voting Co-opted Member	To appoint Helena Kania as a non-voting co-opted Member of the Panel	Christian Scade, Principal Scrutiny Officer
	Primary Care Update	To focus on the following issues: Tottenham Hale; Estates; Technology	Cassie Williams, AD, Primary Care Quality & Development, CCG
	Physical Activity for Older People - <b>Initial Scoping for Scrutiny Project Work</b> (Title TBC)	To receive a presentation from the DPH to help the Panel scope a project for 2016/17 that has realistic aims and objectives with clear links to council priorities	Jeanelle De Gruchy, Director of Public Health
	Addressing community wellbeing: taking forward the findings of the evaluation report of Neighbourhoods Connect	To consider findings from the Neighbourhoods Connect evaluation report	Charlotte Pomery, AD, Commissioning
	Cabinet Member Q&A	An opportunity to question the Cabinet Member for Finance and Health in relation to: Public Health; Health devolution pilots; Safeguarding adults; Adults with disabilities and additional needs; Adult social care; and Health and social care integration and commissioning.	Cllr Arthur, Cabinet Member, Finance and Health
	Work Programme Development	To receive an update on the work programme development process.	Christian Scade, Principal Scrutiny Officer

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
<b>29 September 2016</b>	Foot Care Update	To update the Panel on local foot care services following scrutiny work that took place during 2015/16.	Sanjay Mackintosh Head of Strategic Commissioning
	Target Operating Model (TOM) to enable <i>Healthy, Long &amp; Fulfilling Lives</i>	An opportunity for scrutiny input before Cabinet. This will include a timetable for TOM in terms of (a) what's been achieved; (b) what happens next; and (c) options for scrutiny involvement moving forwards.	John Everson AD, Adult Social Services
	Commissioning for Better Outcomes – Peer Review Update on Actions Presentation	<a href="#">This was requested by the Panel in January 2016.</a> This update, suggested for Autumn 2016, will focus on promoting a sustainable and diverse market place, including areas identified for consideration by the peer review team. Information will be provided via PowerPoint presentation (based on the Cambridge presentation)	Charlotte Pomery, AD, Commissioning
	Home Care Market Verbal Update	To receive a verbal update on the Home Care Market across Haringey.	Charlotte Pomery, AD, Commissioning
<b>5 October 2016</b>  <b>Enfield Civic Centre</b>	North Middlesex University Hospital – focusing on A&E performance	<p>North Middlesex University Hospital has recognised that urgent improvements must be made to its accident and emergency department following a Care Quality Commission (CQC) report (July 2016)</p> <p>This meeting will be hosted by LB Enfield and gives an opportunity for scrutiny to hold the Trust to account and to monitor progress since July.</p>	Enfield Scrutiny Team coordinating

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
17 November 2016	Budget Monitoring	<p>An update on the financial performance of P2 Services (Adults Social Care, Commissioning &amp; Public Health)</p> <p>This item will <a href="#">take into account issues discussed in February 2016</a>, including the Council's Brokerage Service, Intermediate Care Strategy and the Recruitment and Retention Strategy for Adult Services.</p>	<p>Cabinet Member, Finance and Health</p> <p>Beverley Tarka, Director Adult Social Services</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p> <p>Charlotte Pomery, AD Commissioning</p>
1 December 2016	Adult Safeguarding	<p>Following scrutiny work undertaken last year it is likely KLOE for this meeting will focus on <i>"what does good look like for an adult at risk?"</i></p> <p>The items listed below will enable scrutiny to ask questions / look for evidence in terms of: continuity of relationships for the adult with professionals; adults at risk being heard and involved in decisions – "Nothing about me without me"; understanding the person; Safeguarding being personalised; partnership working – with the adult and between agencies; and professionals showing concerned curiosity and due regard.</p>	<p>Dr Adi Cooper, Independent. Chair of Haringey's Safeguarding Adults Board</p>
	Making Safeguarding Personal (MSP)	<p>Following a discussion between the Chair of the Panel and the Chair of Haringey's SAB in July 2016, this item will be structured as follows:</p> <ol style="list-style-type: none"> <li>1. To set the scene, Dr Cooper, will give</li> </ol>	

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
		<p>an overview of this sector led initiative.</p> <p>2. Following this introduction, and based on a recent ADASS study (to be published during the summer) Dr Cooper will reflect on progress to date across the country.</p> <p>3. Haringey officers will then outline how MSP has been developed locally.</p>	<p>Beverley Tarka, Director Adult Social Services</p>
	<p>Adult Safeguarding Update / Section 42 Enquiry</p>	<p>To include a summary of the learning arising from the Section 42 enquiry that was undertaken following a BBC London report which reported that there had been a lack of care for an elderly lady living at home with dementia.</p>	<p>Beverley Tarka, Director Adult Social Services</p> <p>Charlotte Pomery, AD, Commissioning</p>
	<p>Safeguarding Adults Board – Annual Report 2015/16</p>	<p>To review the annual report of the Safeguarding Adults Board, and to consider the Strategic Plan for 2016/17.</p> <p>Issues concerning MSP will be picked up under the MSP item above.</p> <p><b>Consideration needs to be given in relation to presenting relevant data from Q1 and Q2 (for trend analysis)</b></p>	<p>Dr Adi Cooper, Independent. Chair of Haringey's SAB</p> <p>Patricia Durr, SAB Business Manager</p> <p>Charlotte Pomery, AD, Commissioning</p>
		<p>In addition, an update from the QA Sub Group, based on the</p>	

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
		September 2016 SAB meeting, may be an appropriate mechanism for the Panel to be assured of the robustness of quality assurance activity in the borough ( <a href="#">for further discussion based on the panel discussion in June 2015</a> and a suggestion from Dr Cooper in July)	
	Care Quality Commission – Inspection Programme	An opportunity for Members of the panel to hear about the CQC’s strategic approach to their work as well as to understand issues and trends arising from inspections locally as they affect Haringey residents.	Charlotte Pomery, AD Commissioning Martin Haines, Inspection Manager, CQC
	(Verbal – TBC) Update on Day Opportunities Transformation	To receive a (verbal) update on the current situation. Further information will be provided at the March meeting (below)	Beverley Tarka, Director Adult Social Services  Charlotte Pomery, AD, Commissioning
<b>6 March 2017</b>	Update Regarding General Practice in Haringey	To focus on Tottenham Hale (details TBC)	Cassie Williams, AD, Primary Care Quality & Development, CCG
	Day Opportunities Transformation	To build on the presentation / timetable provided to the Panel in March 2016 with input from the Stakeholder Steering Group	Beverley Tarka, Director Adult Social Services  Charlotte Pomery, AD, Commissioning

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
	Better Care Fund Update <b>(Date TBC)</b>	This was requested by the Panel in January 2016. To include info on: (a) progress concerning themes/actions from the Care Homes Deep Dive and the Falls Deep Dive; and (b) the costs / cost savings associated with the actions.	Marco Inzani Commissioning Lead for Better Care Fund
	Community Wellbeing Model <b>(Date / Details TBC)</b>	Based on the discussion / requests made by the Panel in July 2016. Scope of item TBC	Charlotte Pomery, AD, Commissioning  Dr Tamara Djuretic, AD, Public Health
	Cabinet Member Q&A	Review of the year with questioning to focus on: Public Health; Health devolution pilots; Safeguarding adults; Adults with disabilities and additional needs; Adult social care; and Health and social care integration and commissioning.	Cllr Arthur, Cabinet Member, Finance and Health
	Work Programme Update	To discuss suggestions for inclusion in the 2017/18 scrutiny work programme.	Christian Scade, Principal Scrutiny Officer

**Other Items:**

**Early Supported Discharge**

- To follow up on the issues and concerns raised by the NCL JHOSC during 2015/16
- Input from Sarah Price, Chief Officer, Haringey CCG, was suggested at the March 2016 meeting of the Panel.

**Items to be considered elsewhere:**

**NCL JHOSC / BEH Sub Group**

- Quality Accounts for Healthcare providers, including the North Middlesex University Hospital NHS Trust, and BEH Mental Health NHS Trust. Timings and ways of doing this, including joint scrutiny, need to be confirmed for 2016/17.

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## Appendix B – Physical Activity for Older People – Scoping Document

Review Topic	Physical Activity for Older People
<b>Rationale</b>	<p>The reasons for carrying out a review, include:</p> <ul style="list-style-type: none"> <li>- 1 in 4 residents are physically inactive and, despite recent improvements, physical inactivity in Haringey has remained at a similar rate since 2012.</li> <li>- New models of social care which encourage people to do more for themselves are needed to reduce social care costs.</li> <li>- Participation in physical activity declines with age. This impacts on an older adults ability to remain independent and maintain social contacts (isolation).</li> <li>- Even small amounts of physical activity can lead to health gains and support people to self manage their long term conditions.</li> <li>- By 2031 there will be a 40% increase in the number of people over the age of 80 living in London.</li> <li>- Input from scrutiny will contribute to priorities outlined in both the Council’s Corporate Plan and Haringey’s Health and Wellbeing Strategy.</li> </ul>
<b>Scrutiny Membership</b>	<p>Members of the Adults and Health Scrutiny Panel will carry out this review:</p> <p>Cllr Pippa Connor (Chair), Cllr Gina Adamou, Cllr Charles Adje, Cllr David Beacham, Cllr Eddie Griffith, Cllr Liz McShane, Cllr Peter Mitchell and Helena Kania (Non-Voting Co-optee).</p>

<p><b>Terms of Reference</b></p>	<p>To make recommendations on Haringey’s approach to increasing physical activity among older adults, by:</p> <ul style="list-style-type: none"> <li>- Identifying what the Council and partners can do, especially in terms of community level interventions (e.g. walking and gardening) and interventions through services (e.g. Silver Fit and One You Haringey);</li> <li>- Ensuring the most is being made of everyday interactions i.e. front line staff engaging with residents (Making Every Contact Count);</li> <li>- Identifying activities/services that are available and investigating how these are marketed, communicated and sign posted;</li> <li>- Working with communities, and engaging older people, to establish the types of activity they like and what the barriers are;</li> <li>- Identifying solutions that can be introduced/facilitated/supported by the Council and/or partners.</li> </ul> <p>When addressing the above, consideration will be given to older people from hard to reach groups, including those living in care homes and supported living environments; those from minority communities; and those who are socially excluded.</p>
<p><b>Links to the Corporate Priorities</b></p>	<p>This review relates to priorities outlined in both the Council’s Corporate Plan (2015-18) and Haringey’s Health and Wellbeing Strategy (2015-18).</p> <p><a href="#"><u>Corporate Plan:</u></a></p> <p>Priority 2 – “Enable all adults to live healthy, long and fulfilling lives”, especially objectives relating to: “A borough where the healthier choice is the easier choice”; and “Strong communities, where all residents are healthier and live independent, fulfilling lives”.</p>

	<p>Priority 3 – “A clean, well maintained and safe borough where people are proud to live and work” especially the objective relating to making “Haringey one of the most cycling and pedestrian friendly boroughs in London”.</p> <p>There are also links to the cross cutting themes of “Prevention and Early Intervention”, “A Fair and Equal Borough”, “Working Together with our Communities”, “Value for Money”, “Customer Focus”, and “Working in Partnership”.</p> <p><b><u><a href="#">Haringey’s Health and Wellbeing Strategy:</a></u></b></p> <p>Priority 1 – “Reducing obesity”; Priority 2 – “Increasing healthy life expectancy”; and Priority 3 – “Improving mental wellbeing”.</p>
<p><b>Suggested Background Reading</b></p>	<ul style="list-style-type: none"> <li>- <a href="#">“Everybody Active, Every Day” – including guidelines from the Chief Medical Officer (Sept 2014)</a> – PH England</li> <li>- <a href="#">Sporting Future: A New Strategy for an Active Nation (Dec 2015)</a> – HM Government</li> <li>- <a href="#">Sport England: Towards an Active Nation Strategy 2016-2021</a> – Sport England</li> <li>- <a href="#">NICE guidance and pathways</a></li> <li>- <a href="#">Statistics on Obesity, Physical Activity and Diet (England, 2016) from hscic</a></li> <li>- <a href="#">Physical activity strategy for the WHO European Region 2016-2025</a></li> </ul>
<p><b>Methodology/ Approach</b></p>	<ul style="list-style-type: none"> <li>- It is anticipated evidence will be gathered through a series of half-day sessions during October – January.</li> <li>- Informed participants will be invited to give evidence on a sequential basis throughout a morning, afternoon or evening.</li> <li>- This approach facilitates continuity to evidence gathering, and allows members to focus on key objectives. The Panel will also need to meet with residents, and front line staff, away from the Civic Centre.</li> <li>- Evidence from each session will be summarised from which members will draw up conclusions and recommendations.</li> <li>- The draft/final report will then be considered in public by the Adults and Health Scrutiny Panel and the Overview and</li> </ul>

Scrutiny Committee in March (dates below).

**Stage 1 – Setting the Scene**

- **Overview of relevant research and literature**
  - Input / written submissions, from external stakeholders to help set the scene (see “suggested background reading” for ideas)
  
- **Haringey’s approach, focusing on community level interventions and interventions through services**
  - Making Every Contact Count, **Marion Morris, Head of Health Improvement**
    - With input from Dr Vanessa Bogle, Director of Innovative Health / MECC Trainer
  - Overview of “Year of Walking”, “Silver Fit”, “[Active for Life](#)” and “[One You Haringey](#)”, **Marion Morris, Head of Health Improvement**
    - With input from Edwina Brocklesby, founder of SilverFit, James McMeckan and Deborah Saunders, One You Haringey, Louise O'Mahony or a representative from the Sport and Community Team, Fusion Lifestyle and Andrea Keeble, Sport and Physical Activity Commissioning Manager (LBH).
  - Homes for Haringey, “Promoting physical activities”, **Astrid Kjellberg-Obst, Executive Director of Operations and Chinyere Ugwu , Community and Customer Relations Director**
  - Community asset mapping, **Geoffrey Ocen, Chief Executive Bridge Renewal Trust**
  - Haringey CCG, **Rachel Lissauer, Acting Director of Commissioning**
  - (Annual) Adult Social Care Assessments (“3 wishes project”), **Sue Southgate, Service Manager Assessment & Personalisation**
  - **Mike Wilson, Director of Healthwatch Haringey**

- To observe, contribute to the discussion, and provide feedback, especially in terms of options for community engagement (stage 2 of the review)

- Any Others?

- **Examples of good practice from other local authority areas**

- Enfield's Sports Development team might be worth contacting regarding their initiatives for older people. The activities listed on the Age UK Enfield website may be of interest:

- ✓ [http://www.enfieldindependent.co.uk/news/localnews/9829792.Inspirational\\_women\\_rewarded\\_for\\_work\\_in\\_borough/](http://www.enfieldindependent.co.uk/news/localnews/9829792.Inspirational_women_rewarded_for_work_in_borough/)

- ✓ [The Friday walk](#), run by Maggie Govender, might be worth visiting as well as talking to her about her work with older people more generally.

### **Stage 2 – Engagement with Residents, Community Groups and Front Line Staff**

- Consideration needs to be given to engaging older people from hard to reach groups, including those living in care homes and supported living environments; those from minority communities; and those who are socially excluded.
- The approach for Stage 2 is to be confirmed and will be dependent on findings/suggestions from session 1.
- To help structure “Stage 2” we may want to contact speakers from a recent ESRC seminar ref [“Physical activity among hard-to-reach groups: Issues of research, policy and practice”](#) Input from [Dr Samuel Nyman](#) (Bournemouth University) and / or [Prof Christina Victor](#) (Brunel University) may be useful.

### **Stage 3a – Reflection on findings**

- To consider how findings from the review can inform the development of Haringey's approach to increasing physical

	<p>activity among older adults.</p> <ul style="list-style-type: none"> <li>• What else could be done to increase physical activity among older adults?</li> <li>• Is further evidence required?</li> </ul> <p><b><u>Stage 3b – Drafting Recommendations</u></b></p> <ul style="list-style-type: none"> <li>• Drafting of SMART recommendations and agreeing flow of final report.</li> </ul>
<p><b>Equalities Implications</b></p>	<p><a href="#">Haringey has reduced its proportion of physically inactive adults to 24.94% bringing it in line with similar boroughs.</a> However, analysis from the Sport England Active People Survey (2015) shows physical inactivity (at least 150 minutes of physical activity a week), is generally lower in low-income households.</p> <p>In Haringey:</p> <ul style="list-style-type: none"> <li>- 1 in 4 residents are physically inactive and, despite recent improvements, physical inactivity has remained at a similar rate since 2012.</li> <li>- In the east of the borough, where lower socio-economic groups are more highly represented, physical activity rates are amongst the lowest in the country, with only 48.6% physically active compared to 66.3% in higher socio-economic groups.</li> <li>- A large proportion of the BME community is physically inactive at 25%.</li> <li>- 46.6% of those aged 65 and over are physically inactive, while a higher proportion of females, at 28.1%, are inactive compared to males at 24.7%.</li> </ul> <p>The Council has a public sector equality duty under the Equalities Act (2010). The Panel will need to ensure it addresses</p>

	<p>this duty by considering and clearly stating;</p> <ul style="list-style-type: none"> <li>- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;</li> <li>- Whether the impact on particular groups is fair and proportionate;</li> <li>- Whether there is equality of access to services and fair representation of all groups within Haringey;</li> <li>- Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.</li> </ul>
<b>Timescale</b>	<ul style="list-style-type: none"> <li>- Review set up by Panel / OSC in <b>July</b></li> <li>- Scoping (<b>August/September</b>)</li> <li>- Final scoping document submitted to OSC for final approval (<b>17 October</b>)</li> <li>- Evidence gathering (<b>October – January</b>)</li> <li>- Analyse findings / develop recommendations <b>late January / early February</b></li> <li>- Draft report signed off (with comments from legal / finance) by <b>23 February</b></li> <li>- Draft report considered by Adults and Health Scrutiny Panel on <b>6 March</b></li> <li>- OSC meets on <b>27 March</b> to discuss / agree final report</li> <li>- Cabinet Response – with partner input – prepared for <b>May/June</b> Cabinet</li> </ul>
<b>Reporting arrangements</b>	<p>The dates for reporting are outlined above. Jeanelle de Gruchy, Director of Public Health, will coordinate the Cabinet Response (with input from partners as appropriate).</p>
<b>Publicity</b>	<ul style="list-style-type: none"> <li>- A press release, quoting the Chair of OSC, was issued in mid August outlining key projects for scrutiny, including work relating to physical activity. The Head of External Communications has confirmed that this will also be included in the</li> </ul>

	<p>next edition of the partners' newsletter, to be published in August.</p> <ul style="list-style-type: none"> <li>- Once the scope has been finalised, the scrutiny team will liaise with the Head of External Communications to ensure details of the review are publicised internally and externally. This will include looking at ways to involve local people and community groups. The outcomes of the review will be published once completed.</li> </ul>
<b>Constraints / Barriers / Risks</b>	<ul style="list-style-type: none"> <li>- Not being able to get key evidence providers to attend on the agreed date of evidence gathering.</li> <li>- Not being able obtain evidence from key informants e.g. local authorities, academics</li> </ul>
<b>Officer Support</b>	<p><b>Scrutiny Support</b></p> <ul style="list-style-type: none"> <li>- Christian Scade, Principal Scrutiny Officer</li> </ul> <p><b>Lead Service Support</b></p> <ul style="list-style-type: none"> <li>- Jeanelle de Gruchy, Director of Public Health</li> <li>- Marion Morris, Head of Health Improvement</li> </ul>