

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday, 17th November, 2016, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

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

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

Quorum: 3

1. **FILMING AT MEETINGS**

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

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

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

2. **APOLOGIES FOR ABSENCE**

3. **ITEMS OF URGENT BUSINESS**

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

4. DECLARATIONS OF INTEREST

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

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

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

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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

6. MINUTES (PAGES 1 - 10)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 29 September 2016.

7. PRIORITY 2 BUDGET POSITION (PERIOD 6 2016/17) (PAGES 11 - 16)

This report provides an overview of the financial performance of the services within Priority 2 (Enable adults to live healthy, long and fulfilling lives) as at the end of Quarter 2, 2016/17.

8. WORK PROGRAMME UPDATE (PAGES 17 - 28)

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

9. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

10. DATES OF FUTURE MEETINGS

The following dates are listed in the diary: 1 December 2016; 20 December 2016 (Budget Scrutiny); and 6 March 2017.

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

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

Wednesday, 09 November 2016

This page is intentionally left blank

**MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY
PANEL HELD ON THURSDAY, 29TH SEPTEMBER, 2016, 6.30 – 9.25PM**

PRESENT:

Councillors Gina Adamou, Gideon Bull, David Beacham, Eddie Griffith and Peter Mitchell (in the Chair)

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

ALSO PRESENT:

Councillor: Charles Wright

18. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Cllr Pippa Connor, Chair of the Panel. As a result, it was **AGREED** that Cllr Peter Mitchell should preside as chairman for the meeting.

The Panel was informed that apologies for absence had also been received from:

- Cllr Charles Adje (substituted by Cllr Gideon Bull);
- Cllr Liz McShane; and
- Cllr Jason Arthur, Cabinet Member for Finance and Health.

19. 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'.

20. ITEMS OF URGENT BUSINESS

None.

21. DECLARATIONS OF INTEREST

None.

22. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

23. MINUTES

AGREED: That the minutes of the meeting held on 11 July 2016 be approved as a correct record.

24. HARINGEY FOOT CARE SERVICES

Charlotte Pomery, Assistant Director, Commissioning, provided an update on Haringey foot care services. It was noted that during 2015/16, the Panel's work programme had focused on ensuring there was sufficient foot care provision in Haringey. It was noted the take up of foot care services by older people was an important measure in preventing falls and treating acute conditions such as poor circulation as a result of diabetes.

During the discussion a variety of issues, highlighted in the report, were considered, including:

- Recent changes that had been made to foot care provision in Haringey, including the development of community-based preventative services following the closure of the Haven Day Centre, and progress that had been made to ensure continuity of service.
- The locations, outlined in 6.4 of the report, where each year over 650 older adults received community-based services. In addition, it was noted that the Foot Care + service had started to visit new locations, previously visited by staff from the Haven Day Centre. In response to questions, Ms Pomery agreed to send Panel Members further information to explain why Larkspur Close had not been used by the Foot Care + service.
- The steps that had been taken to tackle performance issues with the Whittington Health Podiatry and Foot Health Service. The Panel was informed that Haringey and Islington CCGs managed the performance of the service via regular contract performance monitoring meetings. The Panel was informed that both CCGs had identified the need to improve performance and that the service would be developing an action plan to deliver improvements to ensure the service met expected targets.
- The performance of the Podiatry and Foot Health Service at July 2016, outlined in section 7.2 of the report, was noted. Concerns were raised in relation to the number of patients waiting more than six weeks for their first appointment. However, it was suggested that additional monitoring was required in relation to the maintenance of the service (e.g. the time you wait for an appointment once you are in the system). The Panel asked Ms Pomery to circulate further information on the performance matrix that was used for the service.
- The work, outlined in section 8 of the report, that was taking place to raise awareness of foot care services across the borough. It was noted this was being done via a variety of channels, including: the nurse and health care assistant

forum; the locality teams; the Haringey Advice Partnership; Patient Advice and Liaison Services; the Integrated Access Team; Haricare; and NHS Choices.

- The information provided by Haricare. The Panel noted the correct information was not always available at the right time to enable citizens, service users and carers to help themselves effectively and to be aware of their own health so they could take steps to manage emerging or existing conditions.
- Concerns in relation to the number of older people who may have problems carrying out basic foot care, such as nail cutting, by themselves. Consideration was given to the estimated need and unmet need in the borough and the possible cost of unmet need. It was suggested that better data collection was required in order to understand these issues/costs.
- Opportunities to expand the availability of foot care services in Haringey to ensure gaps in service provision were addressed.

The Panel was informed that the Council and Haringey CCG were exploring options with the Whittington Health Podiatry Service and the Bridge Renewal Trust to take advantage of the fact Bridge Renewal Trust Foot Care staff had been trained to deliver nail cutting services to people with diabetes. It was noted that one option, being explored to ensure gaps in provision were addressed, would be to agree an approach where patients referred to the Whittington Service, but who did not meet the service criteria, were signposted to alternative community based options. The panel also suggested more could be done via GP surgeries to help promote/signpost residents to services across the borough.

AGREED:

- (a) That the update, on foot care services across Haringey, be noted.
- (b) That a further update be prioritised for inclusion in the Panel's work programme for 2017/18, focusing on work undertaken to ensure sufficiency of foot care provision in the borough.

25. AN INTEGRATED TARGET OPERATING MODEL TO ENABLE ADULTS IN HARINGEY TO LIVE HEALTHY, LONG AND FULFILLING LIVES

Following discussion at a Members Learning and Development Session on 21 September, John Everson, Assistant Director of Adult Social Services, provided an update on developments concerning Haringey's Integrated Target Operating Model (ITOM). The Panel was asked to note:

- The significant funding and demand challenges facing Adult Social Services, Public Health and Health Services.
- That the Council's vision for adults in Haringey, and the guiding principles for service transformation (agreed by Cabinet on 16th June 2015), placed an emphasis on values that promoted and maximized an individual's independence, dignity, choice and control.

The Panel was informed that the Council's approach, outlined by Priority 2 of the Corporate Plan, was based on a shift from institutional care towards community and home based solutions.

Mr Everson explained that in order to deliver the Council's vision of maximising independence and managing future demand pressures, whilst achieving financial sustainability, the Council had agreed a genuinely transformational approach between Adult Social Services, Public Health and Haringey CCG.

In response to questions, the Panel was informed that the road-map for delivering a new sustainable model of health and care was set out in the ITOM. It was noted that as the model evolved it would support progressively greater integration between all services to deliver the significant change required.

Mr Everson advised, that in order to inform the development of the ITOM, work had been undertaken with service users, carers, staff and partners to ensure the Council was clear about its current service offer (the "As Is"), what people wanted for the future (the "I statements"), and how these may be delivered. It was noted that additional information, concerning service user, partner and carer engagement, had been provided as part of Appendix 1 to the report.

The Panel was informed objectives in Haringey's Corporate Plan had a strong 'whole population' public health focus and would inform the future operating model. Dr de Gruchy, Director of Public Health, went on to provide information on the importance of prevention and various primary, secondary and tertiary prevention strategies. This included consideration of population, community and personal health issues. The Panel also considered the current service offer, outlined on a large process map, including entry and exit points for adult social care and the health and social care pathway.

During the discussion, reference was made to the following:

- The current budget position and the financial performance of Priority 2 Services (Adult Social Care, Commissioning and Public Health). It was agreed that further consideration needed to be given to these issues as part of the Panel's planned Budget Monitoring session on 17 November.
- The importance of mental health services, day opportunities and the support provided by the Community Reablement Service.
- The benefits and flexibility of using a Dynamic Purchasing System to streamline procurement for both suppliers and the Council.
- The schedule for developing the ITOM, as outlined in Appendix 1 to the report.
- Issue relating to the use of personal budgets and direct payments.
- The Council's Equality Duty and use of Equalities Impact Assessments in terms of assessing the impact of any new policies. In addition, the Panel suggested that a

health assessment should be introduced, for all Haringey policies, in order to promote health gains for the local population, reduce health inequalities and to ensure new policies did not actively damage health.

- The options that existed for the ITOM as a result of the council's regeneration agenda, especially in Tottenham and Wood Green. The importance of collective decision making was highlighted.
- The importance of assessing value for money i.e. using the optimal use of resources to achieve intended ITOM outcomes. It was noted there were differences between "Economy" (spending less); "Efficiency" (spending well); and "Effectiveness" (spending wisely).
- The role of carers in terms of delivering a sustainable model of health and care across Haringey. It was noted that Carers Week, an annual campaign to raise awareness of caring, highlighted the challenges carers faced and the contribution they made to families and communities throughout the UK. However, the Panel agreed the importance of carers had not been reflected in the Haringey ITOM and that more needed to be done to ensure adequate support was provided to carers so that they could look after their loved ones. It was also recognised that carers were individuals with needs of their own and that this needed to be picked up in the development of the ITOM.
- The Sustainability and Transformation Plan for North Central London and what this might mean for the development of Haringey's ITOM.

In addition, various issues, including those relating to governance, were discussed in relation to joint commissioning for Haringey CCG and the local authority, including plans for intermediate care, and the development of an accountable care partnership across Haringey and Islington.

Mr Everson concluded his presentation by explaining key steps for developing the ITOM. Based on the Council's vision, understanding of the challenges, the "As Is" and "I Statements", the Panel was informed that opportunities had been identified that would shape both new ways of working and the first phase of the Haringey ITOM. It was noted that the following opportunities (outlined in Appendix 1 of the report) had been identified for further development:

- Integrated Commissioning
- Develop Community Hubs
- Information Integration
- Re-Designed Service Model
- Models of Care for People with LD
- Integrated Out of Hospital Project

The Panel was assured that the comments and suggestions put forward by the Panel, and from the Member Learning and Development Session, would be taken on board before the projects (above) progressed to the scoping stage.

AGREED:

- (a) That the update on the Integrated Target Operating Model be noted.
- (b) That the Chair of the Panel and Assistant Director, Adult Social Services meet, outside the meeting, to consider (formal and/or informal) options for scrutiny input before the scope and timeframes for each Business Critical Project are confirmed.

26. COMMISSIONING FOR BETTER OUTCOMES - PRESENTATION

Charlotte Pomery, Assistant Director Commissioning, provided an update on issues arising for the Council in relation to promoting a sustainable and diverse market place in light of the Care Act and following the Commissioning for Better Outcomes Peer Review that had been undertaken in Haringey during February 2015.

To set the scene, Ms Pomery commenced her presentation by providing information on the Department for Health's Care Markets Work Programme. The Panel was informed that a number of workstrands had been supported by the government in order to support local authorities to achieve the ambitions and statutory requirements for commissioning, market shaping and contingency planning and provider failure set out in the Care Act. Information was provided on the following:

- The Government's Market Shaping Review
- A CIPFA project on adult social care finance, costs, fees and sustainability
- Local contingency planning.

Following discussion by the Panel in January 2015, it was noted that a key line of enquiry related to promoting a sustainable and diverse market place. With this in mind, the presentation from Ms Pomery, focused on both strengths identified by the Haringey peer review team and areas identified for consideration / action moving forwards.

The Panel was asked no note:

Areas identified by the Peer Review	Action Taken
<ul style="list-style-type: none"> - The generation of positive engagement with provider partners and wider stakeholders 	<ul style="list-style-type: none"> - Strengthening of provider forum - Reinvigoration of Voluntary and Community Sector Forum - Development of co-production

	model
- Significant additional engagement required around next steps of budget consultation, ensuring clarity of options under consideration	- Statutory consultation on proposed service model changes
- People do not feel listened to (providers, carers, service users, staff)	- Co-production model and Steering Group established - Review of Partnership Boards underway - Stronger internal and external communications - Stepping up of user and carer engagement mechanisms
- Training and development for the whole ASC workforce is required (including consideration of resources required)	- Whole staff engagement in Professor John Bolton's thinking on model for social care - Development of Integrated Target Operating Model
- Lack of approach to address inflation up-lift and Fair Fee process	- Building costs of care approach through development of Dynamic Purchasing System - Stronger understanding of current and projected costs of care - National work underway on social care market overall
- Lack of collation of intelligence on the diversity of the market place i.e. what's out there	- Consistent use of CarePlace, development of HariCare - Mapping of community and other assets to inform day opportunities and wider work
- Market intelligence to inform micro and macro-commissioning	- Detailed market analysis across all forms of care and support - Supported Housing Review – needs and market analysis complete - Establishment of brokerage – finance, quality assurance, service finding, value for money and appropriate provisions
- Systematic quality monitoring of	- Brokerage delivering contract

capacity of the market to deliver	monitoring, quality assurance - DPS with contract monitoring functionality, including introduction of electronic call monitoring system for home care - Multi-agency Quality Assurance sub group established and reports to SAB
- Underdeveloped response to the current and future needs of older people and market supply of care	- Needs analysis across all care groups - Confirmation of requirement for more extra care sheltered

During discussion, reference was made to the following:

- The fact 17 care workers had lodged a case at the employment tribunal to complain that contractor Sevacare had not paid their staff the national minimum wage for work carried out in the borough.
- The Panel was informed that the tribunal was ongoing. However, it was noted the Council had paid Sevacare enough money through contract fees to ensure all live-in carers could receive the national living wage for 24 hour care provided. In addition, it was noted the council required all contractors to obey minimum wage law, including remuneration for travel time.
- The Panel was advised that the Council had terminated their contract with Sevacare, following serious concerns raised by the Care Quality Commission in April 2016

The Panel went on to discuss, more generally, the pros and cons of various service delivery options including shared services, outsourcing, and “insourcing”, among others. It was commented that any model that moved away from direct provision raised questions about democratic accountability. In response to questions, the Panel was informed, that as part of the options appraisal process, an in-house option was developed as standard practice. The Panel was informed that each option was considered to assess whether they could improve investment, modernise services, enhance organisational capacity, achieve efficiencies and achieve regeneration and other social benefits such as reducing inequality, generating employment and improving the environment.

AGREED: That the Commissioning for Better Outcomes (Update on Actions) presentation be noted.

27. HOME CARE MARKET UPDATE

Charlotte Pomery, Assistant Director, Commissioning, provided an update on the home care market across Haringey. Ms Pomery outlined how the Council was working

with providers to ensure the development of a diverse, effective and high quality local market.

The following issues were discussed:

- The various pressures on local government finances and the need to make better use of resources.
- The fragility of the home care market, including demand and capacity issues facing national providers, pressures on staffing and the impact of Brexit on the sector.
- The role and responsibilities of the Care Quality Commission and the Haringey Safeguarding Adults Board.
- The work being carried out across London via the Care Act Commissioners Network.
- The fact the Council was focusing much more on outcomes. It was noted that this was highlighted by Haringey's outcomes based framework for Home Care.
- The benefits and flexibility of using a Dynamic Purchasing System to streamline procurement for both suppliers and the Council.
- Transfer of undertakings (TUPE) regulations in relation to the home care sector, including local issues relating to Sevacare.

Alternative, longer term, models for Home Care were also considered as part of this item.

AGREED: That the update on the Home Care Market across Haringey be noted.

28. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2016/17 municipal year.

During the discussion, reference was made to:

- The fact the Panel had been invited to attend, and take part in, Enfield's Health Scrutiny Committee on 5th October. The Panel was informed that this was an opportunity to monitor developments at the North Middlesex University Hospital following a Care Quality Commission report, published in July, relating to urgent and emergency care services and concerns about standards of care.
- The dates for budget scrutiny for 2016/17. It was noted the Panel would meet on 20th December to consider budget proposals relating to Corporate Plan Priority 2 (P2).
- The roles and responsibilities of scrutiny in relation to budget monitoring. It was noted that the Panel would hold a special meeting, on 17 November, to consider

an update on the financial performance of P2 services (Adult Social Care, Commissioning and Public Health). The Panel requested information about performance against forecast savings.

- The meeting schedule for the scrutiny review into Physical Activity for Older People.

In addition, it was noted that:

- Under agenda item 7, the Panel had requested an update on Foot Care Services, for consideration during 2017/18.
- Under agenda item 8, the Panel had agreed the Chair of the Panel would meet the Assistant Director, Adult Social Services, outside the meeting, to consider (formal and/or informal) options for scrutiny input before the scope and timeframes for each Business Critical Project were confirmed for the Integrated Target Operating Model.

AGREED:

- (a) That, subject to the additions, comments and amendments, referred to above, the items outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee on 17 October 2016.
- (b) That the scope and terms of reference, attached at Appendix B to the report, for the Panel's review on Physical Activity for Older People be approved and recommended for endorsement by the Overview and Scrutiny Committee on 17 October 2016.

29. NEW ITEMS OF URGENT BUSINESS

None.

30. DATES OF FUTURE MEETINGS

The Chair referred Members present to item 13 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR:

Signed by Chair

Date

Report for: Adults and Health Scrutiny Panel
17th November 2016

Item number: 7

Title: **Priority 2 Budget Position (Period 6 2016/17)**

Report authorised by : Beverley Tarka, Director of Adults Services

Lead Officer: David Tully
Telephone: 020 8364 3248,
Email: David.Tully@Haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Not a key decision

1. Describe the issue under consideration

This report provides an overview of the financial performance of the services within Priority 2 (Enable adults to live healthy, long and fulfilling lives) as at the end of quarter 2, 2016/17.

2. Cabinet Member Introduction

3. Recommendations

That Members note the financial position of Priority 2 services.

4. Reasons for decision

This is a report for information and discussion.

5. Alternative options considered

As this is an information and discussion paper, there are no alternatives.

6. Background information

6.1 Introduction

6.1.1 Priority 2 services are those relating to Adults within the Deputy Chief Executive's Department. This includes all of the services managed by the Director of Adults Services and the Adults focussed services managed by the Director of Public Health and the Assistant Director of Commissioning.

6.1.2 **Table 1** sets out the main components of those services funded from Council budgets and it indicates that the Priority is forecast to overspend by £12.8m in 2016/17.

Table 1: Priority 2 budget position Period 6 2016/17

Summary Forecast position	Budget 2016/17 £'000	Forecast position £'000	Difference £'000
1. Packages of Care (Adults)	53,120	64,650	11,530
2. Directly provided services (Adults)	5,535	6,920	1,385
3. Other Adults Social Care (Adults)	14,407	13,943	-464
4. Commissioning Budgets	3,521	3,858	337
5. Public Health Budgets	13,702	13,702	0
Total Priority 2	90,285	103,073	12,788

6.1.3 The projected overspend confirms difficulties in delivering on savings measures on time, and, in particular, being able to contain demand for adults social care in particular. There have nonetheless been reductions in expenditure, albeit not at a pace and scale expected by savings targets.

6.1.4 This report attempts to convey a sense of the pressures and gaps facing Priority 2 in financial terms.

6.2 Adults Packages of Care +£11.5m

6.2.1 Care packages for Adults are significantly overspent (by £11.5m) and would have been £5m more overspent had there not been agreement from Cabinet in September 2016 to allocate funding from contingency. Efforts to make reductions in 2015/16 to numbers and costs of packages of care were thwarted because the number of new admissions to care was 40% higher in that year than in 2014/15.

6.2.2 The care purchasing spend is based on actual open cases at 1st April 2016, forecast new cases during the year at 2015/16 levels of activity, less the natural rate of closed packages during 2015/16. The forecast cost of this has taken into account the expected impact of all the transformation projects in 2016/17, reflecting actual changes in activity levels as the year progresses, to produce a variance of £11.5m.

6.2.3 These forecasts already factor in a fair assessment of the likely impact of savings measures, including the contribution that 100% reviews of all packages can provide.

6.2.4 The budgets for 2016/17 are those planned when the original MTFS was set out in February 2015. So, the overspend is attributable to the twin pressures of unfunded demand in the system and slippage on the savings measures that were planned.

6.2.5 Section 6.7 considers progress in delivering saving measures. The overall expectation is that the combination of packages of care and those services which are to be reprovided will mean that the vast majority of savings will have been delivered by 2018/19 ie one year later than planned. While £23m of the planned £24.5m savings are expected to be delivered, there remains £22m, which will have accumulated over 4 years in additional demand. So, in order to deliver a balanced budget, savings would have needed to be twice as much as is currently planned.

6.2.6 Officers are continuing to develop strategies to reduce spend in this area where possible. Much of the transformation programme has taken until 2016/17 to take effect, with packages of care most significantly affected by:

- a concerted effort to ensure 100% of all clients' needs were reviewed in the context of a policy of Promoting Independence;
- changes to the processes for averting from care those unlikely to meet standard thresholds;
- streamlining arrangements for undertaking assessments;
- developing more preventative initiatives in collaboration with health colleagues.

6.3 Directly Provided Services +£1.4m

6.3.1 Much of this overspend of £1.4m arises from slippage in implementing a reprovision of directly provided services (£1.0m) and from overspends at Osborne Grove (£0.4m).

6.3.2 Direct services have been reconfigured, often involving closures or scaling back of facilities. This has included closure of Day Opportunities at Haven and Grange, with remodelling of provision at Haynes. Day Care for Learning Disabilities are being reprovided, as is residential provision at Linden Road. It has taken more time than anticipated to deliver these service redesign projects because it has been vital that new packages of care for the clients attending these services are in place before they close. These reprovisions are expected all to have been brought to a conclusion in this financial year, with the full benefit of the cost savings being experienced in 2017/18.

6.3.3 Osborne Grove reprovision arrangements were not expected to be put in place before April 2017. There have been difficulties with the premises at Osborne Grove which has meant that no new clients are being admitted to this in-house nursing home. The original plans for savings at Osborne Grove will now be rethought and resubmitted for the revised MTFs, as the savings cannot be met in the way that was originally envisaged.

6.4 Other Adults Social Care -£0.5m

6.4.1 This service principally includes the social work staffing budgets for the service, including assessment, reviewing and commissioning functions within Adults Social Care. There are underspends against vacant salaries budgets across the service, mainly in assessment, adaptations and Learning Disabilities in anticipation of filling posts before the end of the financial year or including these posts in delivering the anticipated £0.970m workforce saving planned for 2017/18.

6.5 Commissioning +£0.3m

6.5.1 Commissioning budgets in Priority 2 are overspending by £0.3m. £0.2m of this is in the costs of the central commissioning and brokerage functions, with the remainder relating to commissioned contracts for substance misuse and voluntary sector.

6.5.2 The whole budget for the Assistant Director for Commissioning overall is showing a £0.1m overspend because there are some underspends on Priority 1 activities that offset the pressures in P2.

6.6 Public Health Nil

6.6.Public Health expect to end the year on budget.

6.7 Status of Medium Term Financial Strategy savings measures

6.7.1 **Table 2a** summarises the savings targets for all the services in Priority 2 and their delivery status. As is indicated in some of the in-year variance explanations above, there are services where the targets have slipped and there is a small element that cannot be delivered, even with an extra year. In overall terms, around £23m out of the £24.5m original targets have plans for delivery.

Table 2a: Summary of Statuses for Priority 2 MTFS Savings Targets

Status	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000	Total
ORIGINAL PRIORITY SAVING TOTAL	5,558	8,189	10,726	0	24,473
Comprised of					
SAVINGS ALREADY ACHIEVED	1,387	0	0	0	1,387
SAVINGS ON TRACK WITH FIRM PLANS	0	3,133	4,633	0	7,766
SAVINGS WITH LESS CERTAIN PLANS	0	3,821	8,459	1,540	13,820
SAVINGS GAP	4,171	1,235	-2,366	-1,540	1,500

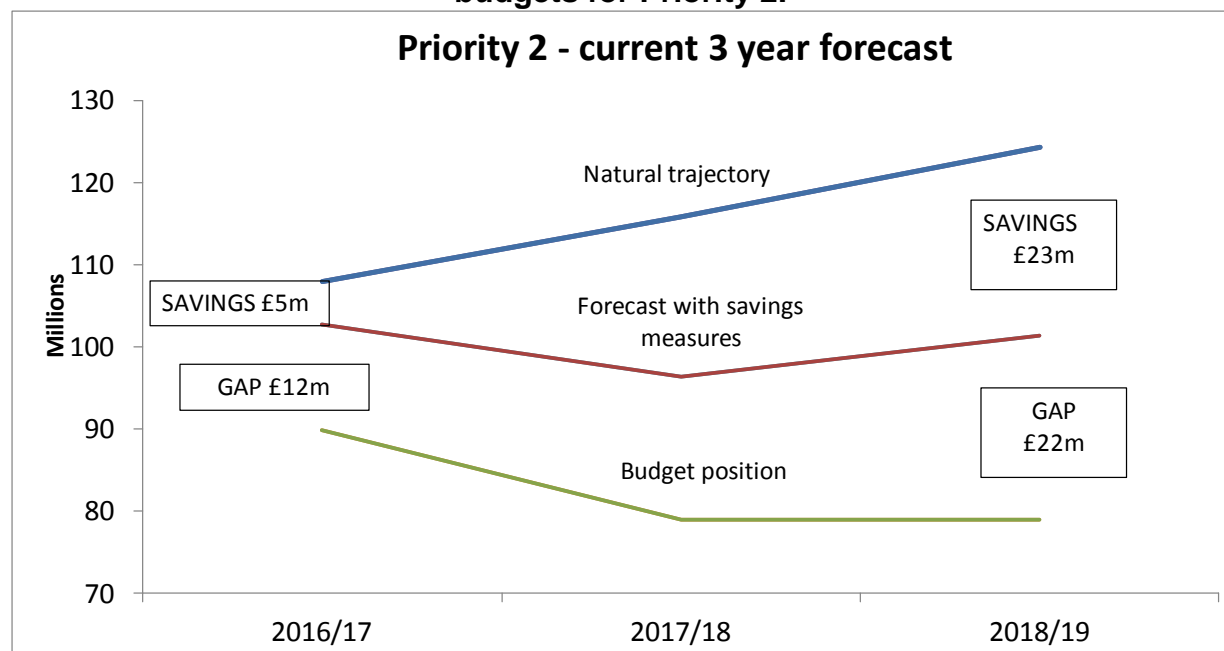
6.7.2 **Table 2b** identifies the status of each of the original MTFS savings targets according to the same categories as Table 2a.

Table 2b: analysis of MTFS savings components for Priority 2

Status	Already achieved	Savings on track with firm plans	Savings with less certain plans	Savings Gap	Total
Packages of Care / Direct Provisions	0	4,640	11,527	1,500	17,667
Adults Workforce savings	0	0	970	0	970
Voluntary Sector Commissioning	200	1,200	0	0	1,400
Public Health Savings	1,187	1,926	1,323	0	4,436
Total	1,387	7,766	13,820	1,500	24,473

6.7.3 **Table 2c** identifies the MTFS savings in the context of the natural trajectory of costs and the budgets for Priority 2. It indicates that by 2018/19 the existing savings programme would have delivered £23m savings, but because the demand has continued to go up, this has left a gap of £22m. So, in order to deliver spending within budgets, officers would have had to identify twice as many savings (£45m). Given that Cabinet added £5m to recognise the increase in demand in September 2016, the original aim ought, with hindsight, to have been to deliver £50m of savings.

Table 2c: MTFs savings in the context of the natural trajectory for costs and the budgets for Priority 2.



6.7.4 The slippage on savings and the continuing demand have contributed to the existing financial position. The revised MTFs, insofar as it can afford to, will need to recognise the size of the gap (ie close the gap), even if it requires subsequent, new savings to assist in managing the Council's overall financial position.

7. Contribution to strategic outcomes

7.1 This report is dealing with the financial position of those services which are contributing to the Council's Priority 2: Enable adults to live healthy, long and fulfilling lives.

8. Statutory Officers comments (Chief Finance Officer (including procurement),

8.1 Assistant Director of Corporate Governance, Equalities)

8.1.1 The Assistant Director of Corporate Governance has been consulted on this report.

8.2 Finance and Procurement

8.2.1 This is a financial report which has been prepared in collaboration with the Chief Finance Officer.

8.3 Legal

8.3.1 Section 28 of the Local Government Act 2003 imposes a statutory duty on the Council to monitor during the financial year its expenditure and income against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the Council must take such action as it considers necessary to deal with the situation. This could include, as set out in the report, action to reduce spending in the rest of the year.

8.3.2 The Council must act reasonably and in accordance with its statutory duties and responsibilities when taking the necessary action to reduce the overspend.

8.4 Equality

8.4.1 The Council has a public sector equality duty under the Equality 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.

8.4.2 This report provides an update on the current budgetary position for Priority 2 in relation to the MTFs. All MTFs savings were subject to equalities impact assessment as reported to Full Council on 23rd February 2015.

Report for: Adults and Health Scrutiny Panel – 17 November 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

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 notes the timescale for the Physical Activity for Older People Scrutiny Review (section 6.4).

(c) That the Overview and Scrutiny Committee be asked to endorse 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 Whilst Scrutiny Panels are non-decision making bodies, i.e. work programmes must be approved by the Overview and Scrutiny Committee, this item gives the Panel an opportunity to oversee and monitor its work programme and to suggest amendments.
- 6.4 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. The timescale for this review is outlined below:

Activity	Dates
Review set up by Panel / OSC	Jul 2016
Scoping	Aug / Sept 2016
Scoping Document agreed by OSC	17 Oct 2016
Evidence Gathering	Oct 2016 – Jan 2017
Analyse findings / develop recommendations	Late Jan / early Feb 2017
Draft report signed off - with comments from legal / finance	23 Feb 2017
Draft report considered by the Panel	6 Mar 2017
OSC to discuss / agree final report	27 Mar 2017
Cabinet Response	May/Jun 2017

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.

Contribution to strategic outcomes

- 6.9 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*”.

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

Finance and Procurement

- 7.1 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

- 7.2 There are no immediate legal implications arising from this report.
- 7.3 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.
- 7.4 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.
- 7.5 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

- 7.6 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.

7.7 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.

7.8 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.

8 Use of Appendices

Appendix A – Work Programme

9 Local Government (Access to Information) Act 1985

9.1 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

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
11 July 2016	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 - Initial Scoping for Scrutiny Project Work	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
29 September 2016	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 & 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	This was requested by the Panel in January 2016. 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
5 October 2016 Enfield Civic Centre	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 – further information is available via the LB Enfield website – link here.</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 & Public Health)</p> <p>This item will take into account issues discussed in February 2016, 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>Charlotte Pomery, AD Commissioning</p> <p>Martin Haines, Inspection Manager, CQC</p>
	Care Quality Commission – Inspection Programme	<p>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 (adult social care) inspections locally as they affect Haringey residents.</p>	

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
	Making Safeguarding Personal (MSP)	<p>This item will be structured as follows, with presentations on the following:</p> <ol style="list-style-type: none"> 1. To set the scene, Dr Cooper will give an overview of this sector led initiative. 2. Following this introduction, and based on a recent ADASS study (“a temperature check”) Dr Cooper will reflect on progress to date across the country. 3. Haringey officers will then outline how MSP has been developed locally. 	<p>Dr Adi Cooper, Independent. Chair, Haringey's SAB</p> <p>Beverley Tarka, Director Adult Social Services</p>
	Safeguarding Adults Board – Annual Report 2015/16	<p>To review the annual report of the Safeguarding Adults Board and to consider (and comment on) the Strategic Plan for 2016/17, including the updated delivery plan (to be attached as an appendix).</p> <p>To set the scene, and to structure the discussion, a covering report will be prepared by Patricia Durr.</p> <p>This report will also include a summary of the learning arising from the Section 42 enquiry that was undertaken following a BBC London report which reported that</p>	<p>Dr Adi Cooper, Independent. Chair of Haringey's SAB</p> <p>Patricia Durr, SAB Business Manager</p> <p>Beverley Tarka, Director Adult Social Services</p>

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
		there had been a lack of care for an elderly lady living at home with dementia.	
		Issues concerning MSP will be picked up under the MSP item above.	
	Transforming Care	<p>A covering report will set out national principles concerning Transforming Care (Winterbourne View) with information for North Central London attached as an appendix.</p> <p>The covering report will also make clear that a presentation, on day opportunities transformation in Haringey, will be given at the meeting.</p>	<p>Beverley Tarka, Director Adult Social Services</p> <p>Charlotte Pomery, AD, Commissioning</p> <p>John Everson, AD Adult Social Care</p>
20 December 2017	Budget Scrutiny	P2 Budget Proposals ref Draft MTFS	<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>

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
6 March 2017	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
	Better Care Fund Update (Date TBC)	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 (Date / Details TBC)	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
	Physical Activity for Older People	Final Report	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.

Foot Care

- An update for 2017/18 was requested at the September 2016 AHSP meeting (Details TBC)

ITOM

- Next steps TBC following discussion at the September 2016 AHSP meeting (February 2017 TBC)

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.

This page is intentionally left blank