

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

**Tuesday, 10th October, 2017, 6.30 pm - Civic Centre, High Road,
Wood Green, N22 8LE**

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

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 - 6 MARCH 2017 (PAGES 1 - 12)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 6 March 2017.

7. MINUTES - 29 JUNE 2017 (PAGES 13 - 24)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 29 June 2017.

8. NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE

To receive a verbal update from the Chair following recent NCL JHOSC meetings. The papers from these meetings can be viewed online via the following links:

- [19 September 2017](#)
- [22 September 2017](#)

9. FUTURE MODEL OF HEALTH AND CARE IN HARINGEY - DISCHARGE PATHWAYS AND MARKET DEVELOPMENT (PAGES 25 - 34)

The purpose of this report is to provide an update on the Haringey's Design Framework for Integrating Health and Social Care, with a particular focus on the work across health and social care to improve discharge from hospital pathways and market developments to support this.

10. PRIMARY CARE UPDATE (PAGES 35 - 38)

This report provides a brief summary of information which will be provided in a presentation at the Adults and Health Scrutiny Panel on 10th October 2017.

11. CABINET MEMBER Q&A

An opportunity to question Councillor Arthur, Cabinet Member for Finance and Health, and Cllr Vanier, Cabinet Member for Adult Social Care and Culture, on their portfolios.

12. WORK PROGRAMME UPDATE (PAGES 39 - 50)

This report gives details of the proposed scrutiny work programme, including planned project work, for the remainder of the municipal year.

13. FOOT CARE UPDATE (PAGES 51 - 54)

This CCG paper provides an update on the Whittington Health Podiatry and Foot Health Service. This follows previous reports on Haringey Foot Care Services received by the Panel in January 2016 and September 2016. This item has been provided for information and is not for discussion.

14. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

15. DATES OF FUTURE MEETINGS

To note the dates of future Panel meetings:

- 16 November 2017
- 14 December 2017
- 8 March 2018

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Monday, 02 October 2017

**MINUTES OF THE MEETING OF THE ADULTS AND HEALTH
SCRUTINY PANEL HELD ON MONDAY, 6TH MARCH, 2017,
6.30 - 9.51 pm**

PRESENT:

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

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

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health

51. 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.

52. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Cllr Charles Adje.

53. ITEMS OF URGENT BUSINESS

None.

54. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 8, 9, 10, 11, 12, 13 and 14 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda items 8, 9, 10, 11, 12, 13 and 14 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 8, 9, 10, 11, 12, 13 and 14 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 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 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.

55. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

The Chair informed the Panel that requests to speak in relation to Day Opportunities in Haringey, agenda item 11, had been received. It was noted that these requests would be taken as part of agenda item 11.

56. MINUTES - 1 DECEMBER 2016

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

57. MINUTES - 20 DECEMBER 2016

AGREED: That the minutes of the meeting held on 20 December 2016 be approved as a correct record.

58. AMENDMENT TO THE ORDER OF BUSINESS

AGREED:

- (a) That agenda item 11, Day Opportunities in Haringey, be taken after item 8, Update Regarding General Practice in Haringey.
- (b) That agenda item 9, Cabinet Member Q&A, be taken after item 10, Community Wellbeing Framework Update, and item 12, Osbourne Grove – Verbal Update.

Clerks note – the minutes follow the order of the published agenda.

59. UPDATE REGARDING GENERAL PRACTICE IN HARINGEY

Cassie Williams, Assistant Director for Primary Care Quality and Development, provided an update in relation to Haringey CCG's work on estates.

Ms Williams commenced her presentation by focusing on the Haringey and Islington joint Local Estates Strategy. The Panel was informed that the strategy:

- Highlighted areas of greatest need for estates development as part of regeneration schemes, including Tottenham Hale, Wood Green, Northumberland Park, and Green Lanes.
- Would ensure a strategic approach to estates development. This would help meet local need and ensure the CCG could accommodate the General Practice model of the future.

The Panel went on to consider a range of issues in relation to the General Practice model of the future. The following points were discussed:

- The importance of disability access, including car parking.
- Access to specialist advice when needed without having to go to hospital.
- A practice staff team who specialise in a range of areas to provide a range of services.
- Stop smoking services, befriending, patient self-management.
- Access to social care support, social workers, employment or housing advice.
- Rapid help to prevent hospital admissions and to help people get home.
- High quality service in every practice.
- The importance of prevention.
- The ability to do things online and, importantly, speak to a clinician when required..
- Ensuring a quality support team including district nurses, health visitors, physiotherapists, and community psychiatric nurses.

In terms of meeting the estates challenge, the Panel was informed of three successful bids for the Estates and Technology Transformation Fund: (i) Tottenham Hale; (ii) Green Lanes; and (iii) Wood Green. It was noted that the potential investment was £11 million although it was highlighted there was still work to be done to secure the funding, including:

- Project Initiation Document - successfully completed
- Outline Business Case (OBC) – in progress
- Confirmation of GP practices to be relocated (expected April 2017)
- Ongoing discussions with developers concerning building design
- Full Business Case – initiated subject to OBC approval

The Panel was informed that the work above was progressing well and Ms Williams concluded her presentation by providing an overview of other estates work. The following points were noted:

- Eight practices had submitted expressions of interest for Improvement Grants in 2016 for delivery in 2017/18 and 2018/19.
- These improvements grants would allow buildings to be improved to improve access and support improved disability access, infection control management etc.

The Panel was informed each expression of interest required NCL approval, in order to progress, and that six of the eight practices had been approved. It was noted that four were due to be progressed in 2017/18 while two would progress in 2018/19.

AGREED:

- (a) That the update on Primary Care, focusing on estates, be noted.
- (b) That an item on Primary Care, with information on how far patients travel to see their GP and an update on GP recruitment, be included in the Panel's future work programme for Autumn 2017 (date TBC).

60. CABINET MEMBER Q&A

The Panel received information on the work of the Cabinet Member for Finance and Health, Councillor Jason Arthur.

Councillor Arthur commenced his presentation by providing an update on work that was taking place to progress Haringey's proposals for London's Health and Care Devolution Programme. Councillor Arthur went on to provide an update on a range of issues, including:

- The ongoing work being led by the Haringey Obesity Alliance. In terms of the "No Ball Games" review, the Panel was informed that 150 signs had been removed. In addition, Cllr Arthur explained a number of activities, such as Haringey's Weekend of Play, were planned to raise awareness of problems associated with obesity and to encourage residents to become more active.
- An update on Haringey's Community Sexual Health services. The Panel was asked to note that further information, including reasons for recent decisions, was provided in reports considered by Cabinet in December 2016 and January 2017.
- The fact that Barnet, Enfield and Haringey Mental Health NHS Trust had recently been awarded a national Health Service Journal (HSJ) award for Project Future. The Panel was informed that the service, based in Tottenham, was provided in collaboration with MAC-UK and Haringey Council. The Panel was informed that the project, funded by the Big Lottery Fund, helped young people to get back into education, employment and training, and to engage with mental health services.
- An update on care package reviews. This included an update on review work completed by Capita and the Panel was informed that work in this area was about promoting independence in a sustainable way.

During the discussion a wide range of issues were considered in relation to carers, including support, respite, and the assessment process, and in relation to UNISON's ethical care charter. It was agreed that an update, with input from the CCG, on the support available to carers should be included in the future scrutiny work programme for consideration during 2017/18.

In response to questions, Cllr Arthur explained that in setting a budget for 2017/18 the Council had approved an increase in council tax of 3% relating to the adult social care precept. It was noted the levy would be added to bills in 2017/18 and 2018/19 and would bring in an additional £2.7 million per year that would be ring-fenced. The Panel asked for further information about Haringey's adult social care budget, including the use of the precept, and it was agreed that this should be considered at the next meeting.

In addition, findings from the Supported Housing Review were discussed. The Panel noted that supported housing was funded by two council departments, Housing and Social Care. Cllr Arthur explained that the review had involved obtaining a range of stakeholder views, through quantitative and qualitative means, on current supported housing provision, support models, and built environments across the borough. It was highlighted that this work had been completed in light of a changing housing and social care landscape which emphasised a need to modernise and diversify the housing support offer. The Panel was informed that the findings and recommendations from the review would be considered by Cabinet on 14 March 2017.

AGREED:

- (a) That the update from the Cabinet Member for Finance and Health be noted.
- (b) That the items suggested for future scrutiny, highlighted in the minutes above, be included in the Panel's work programme for 2017/18.

61. COMMUNITY WELLBEING FRAMEWORK UPDATE

Dr Tamara Djuretic, Assistant Director of Public Health, introduced the report as set out. The Panel was informed that there was a growing body of evidence to suggest non-medical interventions such as social prescribing were effective in improving health and wellbeing and reducing health care utilisation through promoting self management.

It was noted that Neighbourhood Connect (a social prescribing project) had piloted in Haringey in 2015. The Panel was informed that its evaluation had suggested some good outcomes however it had failed to demonstrate value for money and it had struggled to engage effectively with certain hard-to-reach communities to reduce social isolation.

Dr Djuretic explained that learning from this project had indicated a bottom-up approach, focusing on local community assets and building on existing local resources and expertise, was more likely to succeed both in improving health and in being cost-effective and sustainable. Furthermore, Dr Djuretic highlighted that a more strategic approach, with the development of an overall Community Wellbeing Framework, was required in order to initiate a community asset approach, integrate health and care services and to concentrate on preventative interventions that could subsequently reduce demand on services and increase the health and wellbeing of Haringey residents.

In response to questions, Dr Djuretic explained that Local Area Coordination was about providing a well integrated and co-ordinated care pathway with a single access point. It was noted that the pathway would be designed locally to address key priority objectives of primary, community and social care, to reduce social isolation, promote social connectiveness and reduce health and care needs.

The following issues were considered by the Panel in relation to social prescribing and Local Area Coordination:

- The Sustainability and Transformation Plan for North Central London, including Care Closer to Home Integrated Networks (CHINs).
- A recent report by the London Healthy Partnership that suggested an opportunity for Haringey CCG to save £20,131,351 by 2021.
- Governance arrangements for the Better Care Fund.

The Panel was informed that the new model would be delivered within existing services (e.g. primary care, libraries, VSC, etc) and would work alongside existing local programmes including Community Hubs. It was noted that an extended stakeholder engagement event would be held during the design phase of the programme to co-develop an evidence based programme that reflected and built upon previous learning and local circumstances and priorities. The Panel was informed that the model would integrate with other community schemes.

In response to questions, Dr Djuretic explained that the model would use a prevention based approach to proactively identify, and target, high risk and hard-to-reach groups, in particular:

- Older people with multiple long term conditions
- Groups identified by NHSE work e.g. falls, diabetes
- People with disabilities
- People that are socially isolated who don't reach out for help before crisis

The Panel was informed that the project would initially be rolled out in areas with high prevalence of poverty, health inequality and poor life expectancy. The service would then be evaluated before being expanded across the borough.

Dr Djuretic explained that local area co-ordinators would be recruited from local communities, would be located in a community hub and be supported by existing networks of care coordinators/navigators (as part of the integrated/locality teams). The Panel was informed that the coordinators would support people in a variety of ways, including:

- People not yet known to services to help build resilience and to remain part of their community (staying strong – avoiding need for services).

- People at risk of becoming dependent on services to remain strong in their own community diverting the need for more expensive “formal service” responses (reduce demand).
- People already dependent on services to become less so and more resilient in their own community.

In terms of the components of the framework, it was noted that the following issues would be very important:

- Asset mapping with an electronic, user friendly application, designed and informed by frontline staff and communities.
- Change in mindset and culture across health and social care frontline staff.
- Co-ordination across the borough.
- The skill-set for the co-ordination role, including empathy, local knowledge, wellbeing coaching skills.
- Having a range of different community interventions to support prevention and independence.

The Panel went on to discuss criteria for evaluating the success of the model. Dr Djuretic highlighted Local Area Coordination had a significant evidence base that had been built up over the past 28 years. It was noted that when designed properly, with input from local people together with strong leadership, there was evidence of consistent and positive outcomes, including reductions in: Isolation; Visits to GP and A&E; Dependence on formal health and social services; Referrals to Mental Health Team and Adult Social Care; Safeguarding concerns; Evictions and costs to housing; Smoking and alcohol consumption; and Dependence on day services. In addition, it was noted that recent independent Social Return on Investment evaluations, in both Derby City and Thurrock Councils, had shown a £4 return for every £1 invested.

In terms of next steps, the Panel was informed that funding from the Better Care Fund had been approved and that a number of activities would take place to develop the model and to design how local area coordinators would operate across Haringey. The Panel was advised that the aim was to move from design phase to implementation by summer 2017 and that two co-ordinators would be employed by the Council for Year 1, increasing to three in Year 2.

AGREED: That the update on the Community Wellbeing Framework be noted and that a further update be considered by the Panel in March 2018.

62. DAY OPPORTUNITIES IN HARINGEY

The Chair welcomed the following representatives from the Adult Social Care Planning and Oversight Group, formerly the Co-Production Steering Group, to the meeting:

- Sharon Grant OBE, Chair Healthwatch Haringey, and Chair of the Oversight Group
- Patrick Morreau, The Lewis and Mary Haynes Trust
- Mary Langan, Autism Partnership Board, Learning Disabilities Partnership Board
- Gordon Peters, Chair of the Older People's Reference Group

Charlotte Pomery, Assistant Director Commissioning, introduced the report, as set out, and it was noted that members of the Panel had recently visited both The Haynes and Ermine Road. With this in mind, and following feedback from service users and carers, the Chair explained that the Panel wanted to consider further the transformation processes underway to develop and implement a new model of day opportunities for people with learning disabilities, including complex needs and autism, for older people and for those living with dementia.

The Panel was informed that the day opportunities project was being managed through the programme structure for Corporate Plan Priority 2, reporting to the Priority 2 Board. It was noted the Adult Social Care Planning and Oversight Group had received regular reports on progress, highlighting a number of issues that needed to be addressed. In response to questions, the Panel was informed that two sub-groups, one from Ermine Road and one for The Haynes, comprising users, carers, staff and other stakeholders had recently been established. This was to ensure carers and service users were meaningfully engaged in the development and implementation of the new model.

During the discussion a wide range of issues were considered, including:

- Literature relating to “co-design” / “co-production” and concerns relating to how this related to the day opportunities model in Haringey.
- Some of the difficulties experienced by service users in relation to the reassessment process and the transition to new forms of provision. This included concerns about the design and functionality of Haricare, Haringey's directory for adults who need care and support.
- The importance of dementia awareness training. The Panel was informed the Council had identified up skilling and training staff as an important outcome and it was noted work had taken place to ensure providers did the same.
- The need for effective communication with users, carers and staff throughout the process. The Panel was informed a variety of formats and channels had been used. This had included using the individual reassessment process, regular coffee mornings with carers and updates to Partnership Boards. However, it was recognised that at times throughout this wide ranging process some carers had highlighted that they would have liked more information about the process. This was acknowledged to be an ongoing need and would be monitored through programme arrangements and the Oversight Group.

- The importance of carers to the new model and the need to ensure support and help was provided to help them care for their loved ones whilst also living a fulfilling life themselves.
- The importance of developing a person centred approach to ensure meaningful and stimulating activities for all service users.

In response to concerns raised about the capacity and sustainability of the new model, the Panel was informed substantial work had been undertaken with local providers to stimulate the day opportunities market for older people and people with learning disabilities. Ms Pomery explained work was also underway to ensure mainstream providers, such as leisure services, supported people to access services. It was noted that this had resulted in the establishment of a number of new provisions with an increased set of choices for users.

To ensure the voices of service users and carers were effectively heard and understood, the Panel was informed that a review, led by Dr Roger Green, Centre for Community Engagement Research, Goldsmiths University of London, had been carried out in 2016. This had focused on Haringey's Adult Services Partnership Arrangements. The aim of the review was to:

- Examine the membership, terms of reference, ways of working, and reporting mechanisms of the Adults Partnership Board, the Learning Disabilities Partnership Board and the Autism Partnership Board.
- Consider the principles and practices of co-production and partnership board 'best practice' elsewhere and how they might possibly inform these partnership arrangements.

In view of concerns raised during the meeting the Panel was informed that a key recommendation from the review, concerning day opportunities, was that a shared commitment and understanding to co-production and co-design should be developed and that the role, purpose, number, modus operandi etc of the various partnership boards should be considered via a community workshop during the spring. With this in mind, the Panel agreed they should be kept informed of developments in this area.

In conclusion, Cllr Arthur, Cabinet Member for Finance and Health, provided an update concerning future transport arrangements for The Haynes . The Panel was informed, following an options appraisal, that the current mini bus model would be retained with a driver employed to collect and deliver residents to and from The Haynes.

AGREED:

- (a) That the update on Day Opportunities in Haringey be noted.
- (b) That further updates on Day Opportunities, including work to stimulate the market and action to ensure effective communication, be considered by the Panel during 2017/18.

63. OSBORNE GROVE NURSING HOME - VERBAL UPDATE

Beverley Tarka, Director for Adult Social Services, and Charlotte Pomery, Assistant Director for Commissioning, provided a verbal update on issues concerning Osborne Grove nursing home.

The Panel was informed the Care Quality Commission (CQC) had carried out an unannounced inspection of the service in December 2016. The inspection team highlighted the service was caring, with people living in the home praising staff and describing them as polite and friendly. However, the CQC concluded, at the time, that overall the service "Required Improvement".

Ms Tarka went on to explain that, as service provider, the council had been served with four enforcement warning notices. These were in respect of safe care and treatment, meeting nutritional and hydration needs, person centred care and good governance.

The issues above concerned the Panel, especially as the previous CQC inspection, carried out in November 2015, had returned an overall service rating of "Good" with all legal requirements being met. In response to questions, Ms Tarka explained that a number of steps had been taken, including:

- The appointment of an experienced nurse consultant in order to provide support in relation to quality issues moving forward.
- The identification of corporate resources to support and deliver service improvements.

In addition, issues relating to Haringey's Quality Assurance Framework, including establishment concern procedures, were considered. To ensure action was completed, and legal requirement met, the Panel was informed that the CQC would carry out a further inspection. These findings would be published, and shared with the Panel, in due course.

Ms Pomery concluded the item by providing information on the future operating model. The Panel was informed that in setting a Medium Term Financial Strategy for 2017-2022 the Council had agreed that an option appraisal should be carried out on how best to achieve a £672,000 savings target while maintaining nursing home provision at Osborne Grove.

The Panel was informed that the first strand of this was to consider whether an alternative provider would offer better quality and better value for money. The second strand was to explore the feasibility of expanding capacity at Osborne Grove. The following points were noted:

- There was significant demand for nursing care and limited capacity in Haringey and locally

- The site had been assessed as underused and offering potential for expansion either to create more nursing beds or extra care sheltered units, both of which were needed locally.

Ms Pomery explained that options for future provision included: a continued in-house operating model, outsourcing to a care provider, the creation of a local authority trading company and the establishment of a joint venture between the council and a care provider. In response to questions, the Panel was informed that Cabinet would consider the option appraisal, with preferred option, in May 2017.

AGREED: That the update concerning Osborne Grove be noted.

64. PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY PROJECT - VERBAL UPDATE

The Chair provided an update on the Physical Activity for Older People Scrutiny Project. It was explained that evidence gathering had been completed and that a draft report had been circulated via email. It was noted that following comments from the Panel the final report would be considered by the Overview and Scrutiny Committee on 27 March 2017.

AGREED: That the verbal update concerning the Physical Activity for Older People Scrutiny Project be noted.

65. WORK PROGRAMME UPDATE

The Chair provided an update on the Panel's work programme for 2016/17, attached at Appendix A to the report, highlighting several outstanding items for consideration during 2017/18.

AGREED: That, subject to the additions, comments and amendments, referred to under agenda items 8, 9, 10, 11 and 12, the areas of inquiry outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee.

66. NEW ITEMS OF URGENT BUSINESS

None.

67. DATES OF FUTURE MEETINGS

It was noted that the schedule of meetings for 2017/18 would be agreed by Full Council on 20 March 2017.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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**MINUTES OF THE MEETING OF THE ADULTS AND HEALTH
SCRUTINY PANEL HELD ON THURSDAY, 29TH JUNE, 2017, 6.30
– 9.55 PM**

PRESENT:

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

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

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health

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

None.

3. ITEMS OF URGENT BUSINESS

Following inspection visits in March, the Panel was informed the Care Quality Commission (CQC) had published a report and rated the overall service at Osborne Grove as inadequate. With this in mind and in view of a Cabinet Member signing on 20 June, approving consultation with residents, carers and other stakeholders on the proposal to close the nursing home, the Chair agreed to receive an urgent update on the situation. It was noted that this would be taken under agenda item 12, New Items of Urgent Business.

4. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of being a member of the Royal College of Nursing.

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

5. AMENDMENT TO THE ORDER OF BUSINESS

AGREED:

- (a) That agenda item 5, Deputations/Petitions/Presentations/Questions, be taken after item 9, Update and Lessons Learnt from the Physical Activity for Older People Scrutiny Project.
- (b) That agenda item 12, Urgent Business concerning Osbourne Grove Nursing Home, be taken after item 10, Work Programme Development 2017/18.

Clerks note – the minutes follow the order of the published agenda.

6. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

The meeting heard a deputation, led by Rod Wells, from Haringey Keep Our National Health Service Public (KONP).

Following a NHS North Central London (NCL) memo, reported in the Guardian on 21 June 2017, Mr Wells outlined KONP's concerns about NCL's Sustainability and Transformation Plan being a cost-cutting exercise. He said that concern had been voiced by chairs of Healthwatch and that there had not been meaningful consultation.

The Panel was asked to consider the following:

- To put the concerns raised by KONP to the NCL Joint Health Overview and Scrutiny Committee (JHOSC) on 7 July 2017.
- To recommend that NCL commissioners and providers attend the NCL JHOSC on 7 July 2017 to explain what the impact would be.
- To host a day of public engagement for Haringey residents so planned changes could be properly debated.
- To recommend to the NCL JHOSC on 7 July 2017 an ongoing programme of public consultation to inform all residents within NCL (with events in all boroughs).

The Chair thanked Mr Wells for his contribution and informed the Panel that the issues raised by KONP would be considered by the NCL JHOSC on 7 July 2017. Moving forwards, it was agreed that the Panel should receive regular updates on the work of the NCL JHOSC.

AGREED:

- (a) That the deputation from Haringey Keep Our National Health Service Public be noted.
- (b) That the issues raised by Haringey Keep Our National Health Service Public, including those relating to public engagement and consultation, be considered in more detail by the NCL Joint Health Overview and Scrutiny Committee on 7 July 2017.
- (c) That updates on work undertaken by the NCL Joint Health Overview and Scrutiny Committee be considered by the Panel at each meeting.

7. MINUTES - 6 MARCH 2017

It was noted that the minutes of the meeting held on 6 March 2017 would be reported to the next meeting.

8. TERMS OF REFERENCE AND MEMBERSHIP

Christian Scade, Principal Scrutiny Officer, introduced the report as set out.

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 for 2017/18 be noted.

9. 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 2017/18 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 2018/19 Municipal Year.

10. UPDATE AND LESSONS LEARNT FROM THE PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY PROJECT

Jeanelle de Gruchy, Director for Public Health, and Christian Scade, Principal Scrutiny Officer, provided an update on the response to the recently completed Physical

Activity for Older People Scrutiny Project. The Panel was informed the response, set out in Appendix A to the report, had been agreed by Cabinet on 20 June 2017 and the Panel went on to consider lessons learnt from the project.

In terms of process, feedback from officers and Members highlighted the following had worked well:

- Non-political
- Well scoped with clear links to strategic priorities
- Focusing on a theme, rather than an individual service
- Sound methodology incorporating a wide range of evidence/perspectives
- Arrangements enabled discussion and consensus building between key stakeholders.

In terms of outcomes from the project the Panel agreed the following underlined evidence of achievement:

- Findings aligned to Haringey's overall strategic approach
- Recommendations evolved from the best research available
- Suggestions for change took into account the local situation
- The final report promoted opportunities for improvements across the system

The Panel also identified areas for improvement, including:

- The need for further engagement with residents and service users
- The need to ensure the scope for project work translated into each evidence gathering session
- Developing SMART(er) recommendations by sharing findings with officers and Cabinet Members earlier in the process
- The need to give greater consideration to resources and funding implications to ensure all recommendations put forward are achievable
- The importance of having due regard to the Council's Public Sector Equality Duty

In conclusion, the Panel agreed that overall the positive response from Cabinet demonstrated the potential of the Overview and Scrutiny function, especially in terms of making improvement across a system.

AGREED:

- (a) That the update from the Director for Public Health and Principal Scrutiny Officer be noted.
- (b) That Cabinet's response to the Physical Activity for Older People Scrutiny Project, attached at Appendix A to the report, be noted.
- (c) That an update on the implementation of the recommendations be considered by the Panel in March 2018.

11. WORK PROGRAMME DEVELOPMENT 2017/18

Christian Scade, Principal Scrutiny Officer, introduced the report and advised that the 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 agreed that issues set out in Appendix A of the report should be included in the Panel's work programme for 2017/18. The Panel also agreed the following should be considered:

- Meals on Wheels - feedback on the consultation exercise that was agreed by a Cabinet Member signing in June
- Health issues/concerns relating to the Haringey Development Vehicle
- Disability Related Expenditure - feedback on the consultation exercise that was agreed by a Cabinet Member signing in June 2017
- Issues, highlighted in the minutes from other agenda items including the deputation and urgent business

In addition, the Panel was informed of project work being led by the Housing and Regeneration Scrutiny Panel (HRSP) and the Environment and Community Safety Scrutiny Panel (ECSSP):

- The impact of tall buildings and high density development on residents way of life, including public health (HRSP)
- The conditions and attitudes towards social housing in Haringey (HRSP)
- Parks and Open Spaces (ECSSP)

It was recognised work in these areas would be cross-cutting and that as a result the Panel would be able to contribute (if they wanted). The Panel was informed that further information was available from the Scrutiny Support Team.

AGREED: That, subject to the additions, comments and amendments, referred to above, the items outlined in Appendix A of the Work Development Report be approved and recommended for endorsement by the Overview and Scrutiny Committee on 17 July 2017.

12. PRIORITY 2 - TRANSFORMATION UPDATE

The Panel received a presentation on the funding and resources available for Corporate Plan Priority 2.

Beverley Tarka, Director, Adult Social Services, commenced the presentation by explaining that the vision for Priority 2 (P2) was to enable all adults to live healthy, long and fulfilling lives. The Panel was informed the P2 Transformation Programme supported this vision by driving the delivery of MTFs savings, with an overall strategy to maximise the independence and wellbeing of residents and managing future demand for services and associated budgets. It was noted that work in this area involved working with key stakeholders and building on evidence from across the sector and was informed by the Design Framework for Integrated Health and Care.

Ms Tarka went on to provide information on the following:

- The P2 budget for 2017/18, totalling £95.4 million
- The total budget for adults social care, totalling £80.5 million
- Care packages by provision, totalling £63.1 million
- Care packages by age and primary support reason

In terms of the social care precept, the Panel was informed that the precept had been levied at 3% in 2017/18 with a total value of £2.7 million. The Panel was informed that this money would be used to protect social care services and the Council would improve outcomes for people by working in close partnership with the NHS in order to enable all adults to live healthy, long and fulfilling lives. It was noted that the Council would use the precept to develop a sustainable adult health and social care system through the following projects: Prevention; Stronger in Communities; Intermediate Care; Operations and Commissioning; Market and Brokerage. Further information was then provided on each project.

John Everson, Assistant Director, Adult Social Services, advised that Haringey's Design Framework for Health and Social Care set the foundations for full integration of health and social care by 2020. In response to questions, Mr Everson outlined the importance of the Better Care Fund (BCF) and highlighted both achievements and areas for improvement following a review of work carried out during 2016/17.

BCF Review 2016/17 –

Achievements	Areas for Improvement
More support for people with dementia through dementia navigators	Increase impact on non-elective admissions
Over 1600 people discussed in multi-disciplinary teleconferences to improve their health and social care packages	Increase referrals into Locality Team
Successful falls prevention workshop across Haringey, Camden and Islington	Work with frequent callers to London Ambulance Service / frequent attenders at A&E
Implementation of an Advanced Care Planning Facilitator in care homes supporting end of life	Increase the scale of Discharge to Access across all hospitals
Expansion of Rapid Response providing urgent health and social care within 2 hours, 7 days a week	Improve non-emergency patient transport and medication on discharge from hospital
Successful implementation of simplified discharge pathway from hospital led by reablement, being used as a model across NCL	Develop further work to support health and wellbeing in care homes
Implementation of reablement flats in Protheroe House – winning national housing award	Develop demand and capacity plans for intermediate care
180 patients supported to self-manage their Long Term Conditions via “Expert Patient” type groups	Build capacity of organisation to deliver information, advice and guidance
Approved funding for Local Area Coordination	Supporting the attitudes, behaviours and culture to embed integrated working
Secured funding for an Integrated Digital Care Record Across NCL	Implement an Integrated Digital Care Record

Moving forward, the Panel was informed that national guidance for the BCF had not been published and that as a result plans for 2017/18 had not been finalised yet. The following points were considered:

- Targets for BCF Outcomes
- The fact 24 different services received funding and that all previous BCF services would continue to be commissioned following a service review and prioritisation
- The fact that four national conditions for the BCF had been met i.e. a jointly agreed plan; maintenance of social care; funding out of hospital services; and managing transfers of care.

In response to questions about the Health and Wellbeing Board, the Panel was informed that the BCF maintained rigorous and inclusive governance arrangements.

Charlotte Pomery, Assistant Director, Commissioning, provided an update on Day Opportunities Transformation. In addition, and following an invitation from the Chair, Mary Langan, Autism Partnership Board, Learning Disabilities Partnership Board provided an update on developments at Ermine Road Day Centre, including some of the challenges faced by service users and carers.

In setting the scene, Ms Pomery commented that the challenge for day opportunities, in order to deliver MTFs savings, was to transition out of a buildings based service model and to improve day services for people with dementia and learning disabilities. It was noted that the vision was to develop a decentralised, hyper-local, highly connected community resource and a responsive marketplace that connected people with the things they wanted to do.

The Panel was reminded that an initial co-production workshop had highlighted a need to focus on:

- Developing the day opportunities market – having more providers to support people’s needs
- Testing Care Navigation – working with users to help them make the right choice to meet their needs
- Making the most of the Haynes and Ermine Road as community hubs
- Making sure people can find information that they need about day opportunities

With this in mind, Ms Pomery went on to outline work that had been done in relation to market development, care navigation, developing community hubs, and access to information. The following points were noted:

- Market development
 - o The work that had taken place with the community sector and private suppliers in order to gauge capacity and to increase choice for service users
 - o The setting of clear expectations concerning fees and quality as part of externally commissioned provision
 - o The development of a Day Opportunities Provider Quality Assurance Framework
- Care navigation
 - o The use of support plan meetings to bring as much information as possible about different options to help service users navigate the market
 - o Once support plans had been completed, Brokerage had worked to identify services to meet identified outcomes
 - o All transitions had been completed and 6 week reviews had taken place
- Haynes and Ermine Road Hubs
 - o The Hub Service Specification which had been developed through Co-production Groups
 - o The appointment of Hub Managers

- The development of a new model on both sites
- Access to information about day opportunities
 - The work that had taken place to improve and refine Haricare in order to make it easier to use and more user-focused
 - Options for a new digital offer which would bring together assessments, information, advice, guidance and local knowledge

During the discussion the Panel was informed that a number of lessons had been learnt. For example, navigating lots of different options could be complex and that matching outcomes to the provider offer was very personal. In addition, work was needed to facilitate participation in “universal” activities such as leisure activities. The Panel went on to consider next steps for the project, including:

- The fact that the hubs at the Haynes and Ermine Road would be piloted in house for 6 months before a decision on a future provider was taken
- The work that would continue to develop a range of opportunities in the community, including improved access to universal services
- The monitoring of day opportunities provision, including externally commissioned services under the Quality Assurance Framework
- The need to capture user and carer feedback in order to help address gaps in the market
- Using intelligence from quality assurance in order to support market development
- Work to expand the use of Personal Assistants
- Developing work with the Dementia Action Alliance on access to universal services

In response to questions, the Panel informed that consideration would also be given to introducing a Dynamic Purchasing System for Day Opportunities Providers.

The presentation concluded with an update on the Priority 2 Performance Dashboard. It was noted further information about the Dashboard could be found online via: <http://www.haringey.gov.uk/local-democracy/policies-and-strategies/building-stronger-haringey-together/p2>

AGREED:

- (a) That the presentation outlining the funding and resources available for Corporate Plan Priority 2 be noted.
- (b) That an update on Haringey’s Design Framework for Health and Social Care be considered by the Panel at its next meeting (10 October 2017).

13. NEW ITEMS OF URGENT BUSINESS

Following inspection visits in March, the Panel was informed the Care Quality Commission (CQC) had published a report and rated the overall service at Osborne Grove as inadequate. With this in mind and in view of a Cabinet Member signing on 20 June 2017, approving consultation with residents, carers and other stakeholders on the proposal to close the nursing home, the Chair agreed to receive an urgent update on the situation.

The Panel was informed that in November 2015 a decision had been taken by Cabinet to retain Osborne Grove as a nursing and residential provision. It was noted that the site in Stroud Green comprised a 32-bedded nursing unit, with a day centre space and a large car park.

In response to questions, the Panel was informed that since this decision the nursing home had been subject to a local authority led “Establishment concerns” process in order to manage a number of essential improvements to service user safety and the quality of care. Alongside this, it was noted the CQC had inspected the home in December 2016, and again in March 2017, and that the home continued to be under special measures with its overall CQC rating being “Inadequate”.

Beverley Tarka, Director for Adult Social Services, explained that an embargo was in place and that 18 residents were currently living on the site (down from 32 at full occupancy). The Panel was informed that issues at Osborne Grove were entrenched and linked to ineffective management and significant competency and performance issues. Ms Tarka advised that despite significant resource investment from the Council it was likely, given the lack of improvements, that the current range of issues would remain for the foreseeable future.

Given the above, including protracted staffing issues which were impacting adversely on the standards required to ensure compliance, the Panel was informed, based on quality of care and safety grounds, that the proposal for Osborne Grove was closure.

During the discussion, consideration was also given to a variety of issues, including:

- Questions around nursing home capacity both within Haringey and across North Central London.
- The requirement for a period of consultation with residents, family members and other stakeholders before any final decision was made.
- The need to set out a range of options was considered and the Panel was informed, given the severity of the situation, that the primary concern had to be the quality of care offered to patients. It was noted that Cabinet would have the final decision on the outcome of the proposals.
- The fact that there was an option to continue the previous Cabinet decision (November 2015) to develop additional reablement and intermediate care provision on site in partnership with the NHS. However, the on-going concerns with quality of care and resident safety had made this position untenable

In response to questions, officers advised significant resources had been put into bolstering management and service delivery at Osborne Grove and that there was always an option to retain use of the facility if, for instance, a further CQC inspection reported significant improvements in care standards. The Panel was informed further information about the CQC's findings could be found online via the following web-link:

- [Date of publication - 30 May 2017](#)
- [Date of publication - 7 February 2017](#)

The Panel asked where patients would go if the site was closed and when information would be available. Officers advised that they would be speaking to patients and their families on an individual basis and would seek their input as to what type of provision they would like to receive. Officers also reiterated that patients affected would receive a further reassessment of need in the eventuality that the nursing home was closed . It was acknowledged that there would be further conversations with patients independent of the outcome of the consultation and that this was normal practice given peoples' needs changed over time.

In conclusion, the Chair thanked Sharon Grant OBE, Chair Healthwatch Haringey, for contributing to the discussion on this item. The Panel also agreed that Healthwatch Haringey should be involved in developing proposals for Osborne Grove moving forward.

AGREED:

- (a) That the urgent update concerning Osborne Grove nursing home be noted.
- (b) That further updates on Osborne Grove be considered by the Panel, with the timing of the next update to be confirmed as part of the agenda planning process for 2017/18.

14. 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: Councillor Pippa Connor

Signed by Chair

Date

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Report for: Adults Health and Scrutiny Panel on 10th October 2017

Item number: 9

Title: Future Model of Health and Care in Haringey - Discharge pathways and market development

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.everson@haringey.gov.uk

Ward(s) affected: All

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

1. Describe the issue under consideration

- 1.1 The purpose of this report is to provide Adult Health & Scrutiny Panel (AHSP) an update on the Haringey's Design Framework for Integrating Health and Social Care, with a particular focus on the work across health and social care to improve discharge from hospital pathways and market developments to support this.
- 1.2 This builds on the AHSP meeting in September 2016 and the MLD sessions that took place during 2016/17 on Haringey's Design Framework for Integrated Care/Integrated Target Operating Model.

2. Recommendations

- 2.1 Adult Health & Scrutiny Panel is asked to:
- A) Consider and comment on the progress provided in this report

3. Background information

3.1 Vision

- 3.1.1 Our vision for all adults in Haringey emphasizes the values which promote and maximize an individual's wellbeing, independence, dignity, choice and control, shifting away from institutional care towards community and home based solutions where appropriate. This approach is embodied by Priority 2

of the Council's current Corporate Plan, which seeks to 'empower all adults to live healthy long and fulfilling lives.'

3.1.2 Haringey Council is seeking a step-change in outcomes for health and care service users, while meeting the challenges of rising demand, shrinking budgets and increasing statutory responsibilities. Yet Haringey, traditionally seen as an Outer London borough, has a comparatively smaller funding base for adult care services than our neighbouring inner-London boroughs, despite the local population facing comparable inner-city levels of deprivation and health inequalities.

3.2 Whole system leadership to better support our residents

3.2.1 Responding to these challenges the Council and its partners have developed an ambitious transformation programme since early 2016. This seeks to put Haringey residents and service users at the centre of our decision-making, ensuring the whole system focuses on those people at risk of losing their independence and declining health.

3.2.2 Strategic leadership from the Council and collaboration between partners and stakeholders, both within the borough and across the North Central London Sustainability and Transformation Plan (STP) area, is at the heart of Haringey's approach to achieving better outcomes for health and social care users.

3.2.3 ***Haringey's Design Framework for Integrated Care*** is a jointly-developed framework for local Council, CCG and Public Health services, defining and agreeing how we use local resources and design services for the future. This has been developed to help us navigate consistently between our starting position, the aspirations for the system and the significant constraints we are working within. It is built around six design principles, informed by local priorities, national best practice, and expertise from the likes of Professor John Bolton, advisor to the LGA on Adult Social Care efficiency:

- Prevention
- Stronger in communities
- Maximising wellbeing & independence
- Integrating health and care
- A fair and equal borough
- Co-design with residents and service users

3.3 Working together to solve a shared problem

3.3.1 To deliver this ambitious whole system transformation we have first needed to focus on creating the strong local foundations required. A critical area where this has demonstrably improved outcomes has been in ensuring those residents who have difficulty maintaining their health and wellbeing can access effective home and community services, particularly when they have been in hospital and are returning home.

A 2015 review highlighted that our intermediate care service (those that help both prevent admission to hospital and those that help them return home in a timely manner), including the Councils reablement service, did not deliver the best outcomes for residents, support joined up working or always deliver value for money.

The review highlighted some of the key issues we needed to resolve as a health and care system:

- High numbers of residents experienced unnecessarily long lengths of stay in hospital. On average it took 10 days for a resident to receive an assessment in hospital to facilitate their safe discharge. This was in part reflected by the high number of reportable Delayed Transfers of Care (DOTC) cases, attributable to social care, in our partner hospitals.
- Haringey's reablement service was not easily able to demonstrate the improvement in the health and independence of those people who had accessed it, it also had significant unit costs and did not offer value for money in services for residents
- LB Haringey's Integrated Access Team's (IAT) workload was not strongly focused on ensuring successful transitions for residents into community-based care, but rather 80% of their time was taken up on the complex administration of Assessment and Discharge Notices, a paperwork processing function.
- Residents were not always receiving the support they needed from health or social care, both when leaving hospital and when experiencing a crisis at home. This was due to the fact that no agreed pathway, to define health and care roles within the system, had been jointly agreed. This caused confusion around who was responsible for care co-ordination and support and critical times.

3.4 Laying foundations for transformation – Developments and Progress

3.4.1 Haringey, with its partners in neighbouring hospitals and the CCG, developed an innovative programme of work to address these issues. Case studies, which will be presented for discussion at AHSP, provide the context of the new or improved approaches and the experiential difference for Haringey residents. The following provides the detail of the steps taken to deliver the improvements:

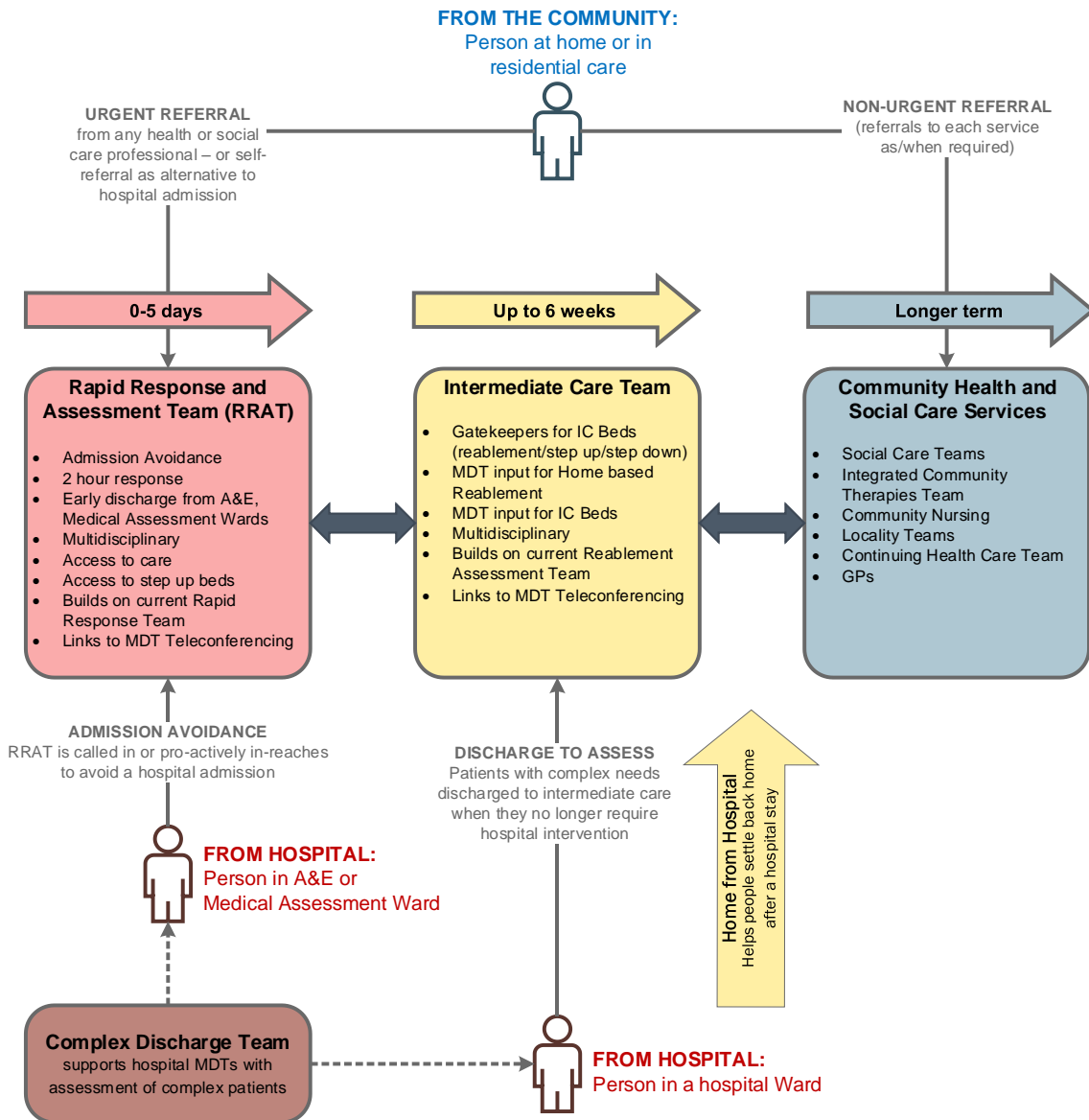
i. System Leadership - Head of Integrated Care Role:

Establishing a new Head of Integrated Care role to provide operational and system leadership and shift the culture toward greater integration between health and social care services was key. This role reports to Council AD and is funded by Council/CCG through the Better Care Fund (BCF) and works closely with the existing Head of Integrated Commissioning post, both of whom play a pivotal role with their teams in driving and steering improvements.

ii. A shared intermediate care pathway for Haringey:

Developing and agreeing with partners a high-level intermediate care pathway for Haringey ensures clarity and transparency on the role of all partners in supporting the prevention of avoidable hospital admissions and reducing the risk of delayed transfers home. This is as illustrated below.

Figure 1: High-level Intermediate Care pathway for Haringey



iii. Service Improvements and Redesign:

Development of the Social Care Intervention Team and a Single Point of Access (SPA) for key partners, residents and their families has streamlined

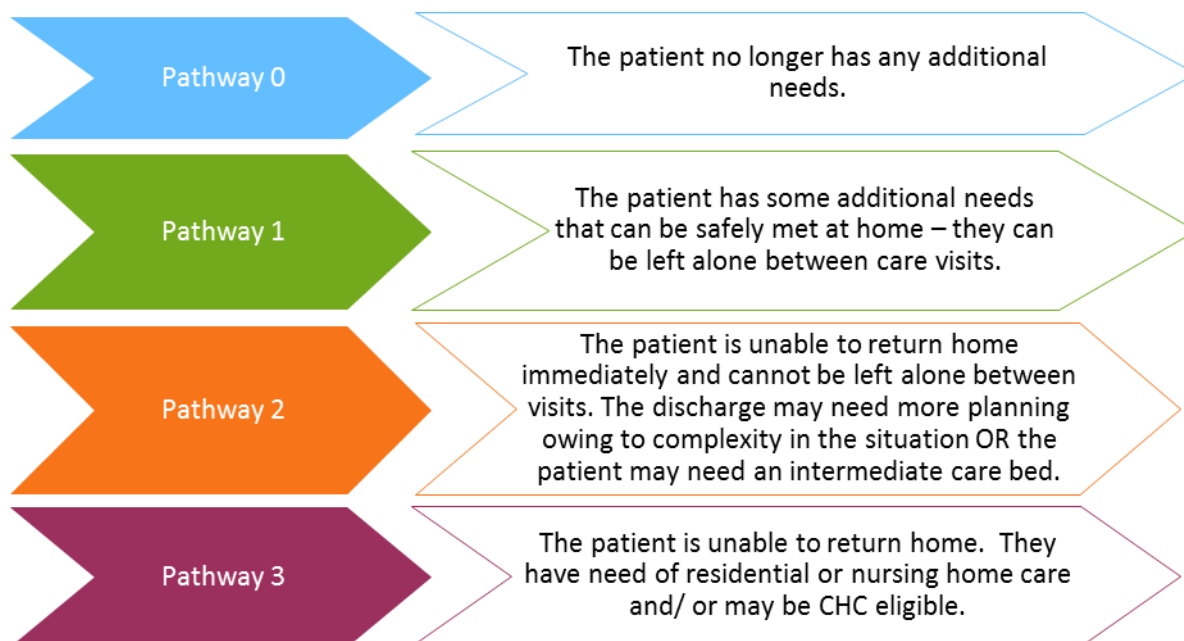
the referral, assessment and discharge process for service users within an acute setting. In conjunction with this we have redesigned Adult Social Care's Integrated Access Team, with a focus on improving performance and managing demand more proactively.

Importantly we have also re-specified and refocused the work of the reablement service to ensure that we were targeting and supporting the right people, at the right time in the right place, whilst delivering the best value for money services.

iv. Hospital Discharge: Implementing 'Discharge to Assess'

Ensuring that people do not remain in hospital when they do not need to be there ensures that their health and care outcomes are not compromised and that capacity is maintained within the hospital for those people who need to be there. To address this, system-wide agreement was reached to implement a new process, known as the Medway model of 'Discharge to Assess'. This includes clearly defined pathways based on levels of patient need:

PATIENT PATHWAYS - Four patient discharge pathways based upon level of support required on leaving hospital



v. Professional Expertise

The provision of a Link Worker role to provide input to wards and front-of-house staff, has helped to identify and discharge patients, contributing to

training and support of staff, including patient case discussion on discharge to assess. This role is helping to shape a shared culture across teams within and outside the service to ensure that residents have as seamless a journey as possible.

3.5 Market Development

- 3.5.1 Haringey's reablement service is a key component to ensure that people are supported home in a timely manner and receive the care that they need to recover their independence.
- 3.5.2 However, additional capacity and market development is required to manage our new ways of working and we are therefore working closely with partners and providers to manage this.
- 3.5.3 For those residents who do need a package of care or who need to move permanently to accommodation based care, including extra care sheltered, residential or nursing care, we have been keen to ensure that we have access to a market which is able to meet their needs.
- 4.5.4 By changing our commissioning approach for home care – which is now supplied through a Dynamic Purchasing System – we have ensured sufficient local capacity to meet need, have stabilised the home care market in the borough, have decreased local provider reliance on zero hour contracts and are now in a position to redesign the model of home support more fundamentally. To this end, we have been engaging with a range of stakeholders before working through the best procurement option, with a view to commissioning an outcomes based, locality delivered and joined up home support system. We believe a more joined up model of home care could help to reduce levels of hospital and care home admissions, benefiting both individuals and the wider system.
- 3.5.6 We are also working with our partner authorities across North Central London to safeguard capacity for the local health and care economy particularly in respect of nursing care. As there is considerable demand for this type of provision and limited supply, we are working on ways that we can stimulate and develop the market to be better tuned to meet demand.
- 3.5.7 Finally, we have been working very closely with providers, through the Providers' Forum, to ensure that they are aware of the pivotal part they play in the whole health and care economy. They are always willing to discuss changes to their model and to the pathways on which they operate and we need to ensure their ongoing involvement in the design and implementation of new services and pathways. Notably too, we have been working with residential and nursing care providers to reduce the level of avoidable A & E attendances and admissions from care homes locally. This involves upskilling staff, good lines of communication and an understanding of the resident's wishes as regards their care.

i. Additional Home based reablement capacity

In the medium term and in order to build the capacity to meet the increasing need for home based reablement, we are looking to develop a preferred provider locality based arrangement (that will mirror the Care Closer to Home Networks – ChiNs) with our existing domiciliary care providers. The thinking is that the Council's reablement service will work with the chosen provider in each locality, providing the necessary training and support to enable them to provide reablement, rather than home care, and increase our capacity to be able to deliver home based reablement. This is due to be in place early in the new year.

The existing Dynamic Purchasing System has already increased the supply of domiciliary care and stabilised price in this area. However, the preferred provider framework model will build on this and in addition to ensuring that providers have the necessary skills will also ensure that we are able to put it in place more quickly.

ii. Home from Hospital

The Council have also commissioned the Home from Hospital service. Our provider, the Bridge Renewal Trust, are commissioned to recruit, train and support Homes from Hospital workers to provide a home accompaniment and visiting service. This service should be provided to an annual minimum of 500 Haringey residents over 18 years old on discharge from A&E and Whittington and North Middlesex Hospital inpatient beds, subject to referral criteria being met. The service focuses predominantly on those people aged 65+. The objectives of the service are:

- Having a visible presence in the acute hospitals working with health and social care particularly at emergency departments and medical assessment wards
- For the Home from Hospital service to be part of multidisciplinary hospital discharge planning
- Building up connections with community resources such as: Neighbourhood Connects; Locality Teams; Information, Advice and Guidance Services; Housing; Community Health services; and voluntary sector services.

iii. Bed based provision

To support those people whose health and care needs are too complex for them to go straight home from hospital we have commissioned additional intermediate care beds that support different levels of need. This includes a 10 bed reablement service in Protheroe House, a One Housing's extra care scheme and a number of nursing beds at Priscilla Wakefield House (this varies over the year but will be 8 this Winter).

The beds are overseen by a dedicated multi-disciplinary team who make support plans and provide specialist therapy input, to enable users to meet their outcomes. This team includes a GP and a dedicated social worker who leads on discharge planning to ensure that people do not block beds and there is good flow through the system.

An audit of our existing bed based provision, including the 12 high needs beds at Bridges Ward, provided by Whittington Health, for both Haringey and Islington is being finalised. It is expected that this will lead to recommendations of how Haringey and Islington can pool their bed based provision. This is part of wider work looking at intermediate care across Haringey and Islington with the view to aligning provision across both boroughs.

3.6 Making a Difference – Improvements and Impact

- 3.6.1 The strategic approach reflected in Haringey's Design Framework and joined up health and social care planning and implementation of actions outlined in the report have produced significant improvements in the experience of local residents and in their outcomes. Importantly, decisions about residents' short and long term care after a period of illness or in hospital are not being made for them from a hospital bed, but alongside them in an environment which will be more like or be home.
- 3.6.2 Residents are now less likely to be discharged from hospital only to be readmitted and many achieve a high percentage of their previous mobility and functionality and are therefore able to stay living independently at home with little or no care.
- 3.6.3 This is reflected in the improved effectiveness of our operations, our stronger approach to developing and delivering integrated care, and importantly the improvements for the experience of residents' in Haringey. These include:
- A transformed Reablement Services: This can now respond within 24 hours of a resident's discharge, providing the opportunity for 849 residents to benefit from a reablement intervention in 2016/17, compared to 459 in 2015/16.
 - This refocusing and re-specifying of the service has also helped to reduce unit costs from £45 per person to £23.
 - Facilitation, on average, 10 discharges per week through reablement from March 2017 to date, reducing the time residents spend in hospital by saving 2-3 bed days per discharge;
 - On average since April 2017, 76% of those people with complex needs supported by reablement, recovered sufficiently from their crisis situation in hospital, not to require a long-term social care service. This potential cost avoidance to Adult Social Care, attributed to transforming reablement, is currently reported at £1.1 million.

- Case studies, which will be presented for discussion at AHSP, will provide the context of the new or improved approaches and the individual experiential difference for Haringey residents.

4. Contribution to strategic outcomes

4.1 The approach and actions support the Priority 2 objective to empower all adults to live healthy long and fulfilling lives and to particularly deliver the following objectives:

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

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

5.1 Finance (ref: CAPH60)

The various components of the Transformation programme have been developed with a view to enabling Adults Social Care to meet its financial obligations within the Medium Term Financial Strategy. This will be achieved by controlling demand and reducing cost through a combination of

–

- Market management
- Demand management
- Operational management

In addition, the Transformation programme develops the framework within which the council will meet the requirements agreed in the Haringey Better Care Fund plan.

5.2 Equalities

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- 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.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

This report provides Scrutiny members with an update on the Haringey Design Framework for Integrated Care which is intended to improve the outcomes of social care service users, particularly for women, older people, disabled people and BAME communities. An equality impact assessment was undertaken when developing the Framework and any future decision will require further equality impact assessments.

5.3 **Legal**

There are no legal implications arising from the recommendation in the report.

6. **USE OF APPENDICES**

- a. Patient Pathways – Case Studies - To be presented at Scrutiny Panel on 10th October 2017

7. **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**



Haringey

Clinical Commissioning Group

MEETING:	Adults and Health Scrutiny Panel
DATE:	Tuesday, 10 October 2017
TITLE:	Primary Care Update: Care Closer to Home and Primary Care Estates
LEAD DIRECTOR/MANAGER:	Jennie Williams, Executive Nurse and Director of Quality and Integrated Governance
AUTHOR:	Cassie Williams, Assistant Director of Primary Care Quality and Development
CONTACT DETAILS:	cassie.williams@haringeyccg.nhs.uk

SUMMARY:

This report provides a brief summary of information which will be provided in a presentation at the Adults and Health Scrutiny Panel on 10th October 2017.

The Primary Care update will focus on two particular areas:

- Care Closer to Home – a workstream of the North London Partners in Health and Social Care’s Sustainability and Transformation Plan (STP)
- Primary Care Estates – an update of work being undertaken that has previously been presented to this Panel

SUPPORTING PAPERS:

None

RECOMMENDED ACTION:

This report is provided for INFORMATION

1. Introduction

This report provides a brief summary of information which will be provided in a presentation at the Adults and Health Scrutiny Panel on 10th October 2017. This primary care update will provide information about two particular areas:

- Care Closer to Home
- Primary Care Estates

1. Care Closer to Home

North London Partners in Health and Social Care's Sustainability and Transformation Plan (STP) has identified various priority areas, including the Care Closer to Home workstream. At the heart of this workstream are three areas:

- Extended Primary Care Access
- Care Closer to Home Integrated Networks (CHINs)
- Primary Care Quality Improvement Support Teams (QISTs)

Haringey CCG is working with partners to deliver the goals of this workstream.

1.1 Extended Primary Care Access

Haringey practices have now established a borough-wide GP federation, which every practice belongs to. Since September 2016, they have been providing extended access appointments in 3-4 hubs across Haringey. These supplement the core primary care offer, by providing appointments between 6.30-8.30pm on weekday evenings and 8am-8pm on Saturday and Sunday. In April, the federation won the contract to provide this across Haringey for a further 2 years. Approximately 40% of those who filled out feedback forms said that they would have gone to A&E if they had not been able to access a primary care appointment.

1.2 Care Closer to Home Integrated Networks

These are multidisciplinary teams (health, social care, voluntary sector) which cover a population of 50,000-80,000 and who provide care for the whole population that they cover. The goal is to provide a more integrated and holistic, person-centred community model. The diagram below shows how this might work.

Four CHINs are emerging in Haringey. They are in the very earliest stages of development and will need time to progress. They are each starting with a certain population group, which is a priority for their area to focus on. Two CHINs in the East are working to improving long term conditions management and are starting with diabetes and hypertension. The Central and West CHINs are working with people who are frailty.

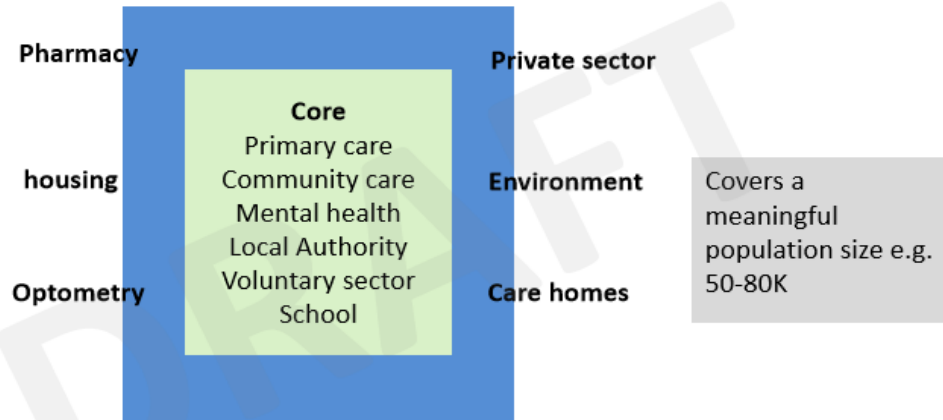
This new partnership approach requires the engagement of all health and social care parties. It will prioritise keeping the population well, focusing on prevention and helping patients being active in their own care. It will also help people to avoid hospital when they don't need to be there, providing the care closer to home.

Care closer to home integrated networks (CHIN)

Principle

Network/hub does commissioning and providing

- Network has a multidisciplinary teams – pulled from core group supplemented by locally determined key players



Commissioning

- Needs analysis (public health and outcomes)
- Agree care pathways that are in scope
- Delegated budget
- Set an agreed commissioner plan
- Review aim to reduce variation – to achieve upper 25% across key players

Providing

- Acute reactive – clinician agnostic
- LTC chronic – clinician specific
- Rehabilitation
- Admission prevention
- Discharge facilitation

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Note: CHINs involvement in commissioning has not yet been established.

1.3 Quality Improvement Support Teams

Across Primary Care there is both warranted and unwarranted variation in quality. Some variation is due to different populations and therefore health needs. The CHIN focus on the particular population will support proactive management of these particular needs. Where the variation is not due to population variation, there will be a focus on improving quality. QISTs will work with practices to provide practical support to improve systems and processes and will include providing additional clinical time where required to improve patient outcomes and patient experience.

In year one, the Haringey QIST will focus on improving diabetes treatment targets across all practices, improving the ability of patients to get appointments in practices where this is most challenging and reducing variation in referral patterns to hospitals.

2. Estates

In November 2016, Haringey CCG were informed that they had been provisionally successful in three bids to the NHS England Estates and Technology Transformation Fund. This potentially provides £11 million of capital for the development of three new primary care facilities in Wood Green, Tottenham Hale and Green Lanes. All three areas have been previously identified as high priorities in Haringey CCG's estates strategy.

In order to secure the money, it is necessary to submit project initiation documents (PIDs), if successful then outline business cases (OBC) are developed and finally full business cases. PIDs were submitted in quarter one of this year and OBCs are being submitted for approval in October 2017. The goal is for these sites to be built by 2020-2021 and to house existing practices, currently in non-fit for purpose buildings, who have the capacity to expand their list to approximately 15,000-20,000.

Whilst these three sites were the highest priorities for Haringey, it is acknowledged that there are other areas which need estates solutions in the next 3-5 years. The CCG continues to explore avenues to ensure that Primary Care needs of Haringey are met in fit for purpose buildings.

2. Conclusion

This paper provides a summary of information that will be presented at the Adults and Health Scrutiny Panel.

Report for: Adults and Health Scrutiny Panel – 10 October 2017

Item number: 12

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, including planned project work, 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 including planned project work, attached at **Appendix A**, and considers whether any amendments are required.

(b) That the Overview and Scrutiny Committee be asked to endorse any amendments, at (a) above, at its next meeting.

4. Reasons for decision

4.1 The work programme for Overview and Scrutiny was agreed by the Overview and Scrutiny Committee at its meeting on 17 July 2017. 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 13 June 2017, the Overview and Scrutiny Committee agreed a process for developing the 2017/18 scrutiny work programme.

- 6.2 Following this meeting, a number of activities took place, including various agenda planning meetings, where suggestions, including a number from members of the public, were discussed. From these discussions issues were prioritised and an indicative work programme agreed by the Overview and Scrutiny Committee in late July.
- 6.3 Whilst Scrutiny Panels are non-decision making bodies, i.e. work programmes must be approved by the Overview and Scrutiny Committee, this item gives the Panel an opportunity to oversee and monitor its work programme and to suggest amendments.

Forward Plan

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

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

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

Recommendations, Actions and Responses

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

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 Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
 - 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 three parts of the duty applies to the following protected characteristics: age; disability; gender reassignment; pregnancy/maternity; race; religion/faith; sex and sexual orientation. In addition, marriage and civil partnership status applies to the first part of the duty.
- 7.8 The Panel should ensure that it addresses these duties by considering them during scoping, evidence gathering and final reporting. 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 service 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.
- 7.9 The Panel should ensure that equalities comments are based on evidence, when possible. 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 2017/18

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
29 June 2017	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 for 2017-18	Christian Scade, Principal Scrutiny Officer
	Update and Lessons Learnt from the Physical Activity for Older People Scrutiny Project	To provide an update on the Cabinet Response and to consider lessons learnt from the review (methodology, outcomes, barriers etc).	Jeanelle de Gruchy, DPH Christian Scade, Principal Scrutiny Officer
	Work Programme Development	To receive an update on the work programme development process with officer input at the meeting (no Scrutiny Cafe this year)	Christian Scade, Principal Scrutiny Officer
	P2 Transformation Update (Presentation)	To receive an update, via presentation, on the funding and resources available for P2. This will include updates on BCF, the model for Day Opportunities and how the social care precept is being used.	Beverley Tarka, Director Adult Social Services John Everson, AD, Adult Social Services Charlotte Pomery, AD Commissioning
	Urgent Item on Osbourne Grove	Update following the recent Cabinet Member signing	Beverley Tarka, Director Adult Social Services

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
10 October 2017	NCL JHOSC Update	Verbal update from the Chair on following the NCL JHOSC meeting on 19 September 2017. Panel Members will be sent the agenda / papers for the NCL JHOSC meeting.	Cllr Pippa Connor (Chair)
	Future Model of Health and Care in Haringey (Discharge pathways and market development)	An update on the Design Framework – focusing on discharge pathways and market development – with case studies. This will build on the AHSP meeting in September 2016 and the MLD sessions that took place during 2016/17 on ITOM.	John Everson, AD, Adult Social Services
	Primary Care Update	An update was requested by the Panel in March. This item will follow on from the discharge pathways item above.	Cassie Williams, AD Primary Care Quality and Development
	Cabinet Member Q&A	An opportunity to question relevant Cabinet Members on their areas of responsibility relevant to the Panel's ToFR. To include any questions, on the consultation process, relating to Osborne Grove and/or Community Meals.	Cllr Arthur, Cabinet Member for Finance and Health Cllr Vanier, Cabinet Member for Adult Social Care and Culture
	Foot Care Update FOR NOTING ONLY	<u>An update for 2017/18 was requested at the September 2016 AHSP meeting.</u> The Chair has agreed this should be prepared as a (short) briefing paper for noting i.e. it will be published with the agenda but not discussed at the meeting.	Andrea Cronin, Commissioning Manager, CCG

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
<p>16 November 2017</p>	<p>Budget Monitoring</p>	<p>An update on the financial performance of P2 Services (Adults Social Care, Commissioning & Public Health)</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> <p>Paul Durrant, Senior Business Partner</p> <p>John Everson, AD, Adult Social Services</p>
	<p>NCL JHOSC Update</p>	<p>Verbal update from the Chair on work being led by the NCL JHOSC</p>	<p>Cllr Pippa Connor</p>
<p>14 December 2017</p>	<p>Budget Scrutiny</p>	<p>Scrutiny of P2 Budget Proposals</p>	<p>Cllr Arthur, Cabinet Member for Finance and Health</p> <p>Cllr Vanier, Cabinet Member for Adult Social Care and Culture</p>

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
January 2018	Osborne Grove	Update Item – timing / scope of item TBC	Beverley Tarka, Director Adult Social Services
Date TBC	Adult Safeguarding	<p>Following scrutiny work undertaken over the last couple of years 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>	
	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 (adult social care) inspections locally as they affect Haringey residents.	Charlotte Pomery, AD Commissioning Martin Haines, Inspection Manager, CQC
	Making Safeguarding Personal (MSP)	Details TBC	Dr Adi Cooper, Independent. Chair, Haringey SAB Beverley Tarka, Director Adult Social Services
	Safeguarding Adults Board – Annual Report 2016/17	Details TBC	Dr Adi Cooper, Independent. Chair of Haringey's SAB

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
			Patricia Durr, SAB Business Manager
		The items above will need to ensure that the actions / issues arising from the meeting on 1 December 2016 are addressed.	
8 March 2018	Community Wellbeing Framework	As discussed in March 2017 an update on the framework will be considered by the Panel in March 2018	Dr Tamara Djuretic, AD, Public Health
	NCL JHOSC Update	Verbal update from the Chair on work being led by the NCL JHOSC	Cllr Connor
	Physical Activity for Older People	Monitoring of previous recommendations following Cabinet's response in June 2017	Dr. Jeanelle de Gruchy Director of Public Health
	Cabinet Member Q&A	Review of the year	Cllr Arthur, Cabinet Member, Finance and Health Cllr Vanier, Cabinet Member for Adult Social Care and Culture

Care Home Commissioning Scrutiny Project

The overarching aim of this project is to ensure residents in Haringey receive high quality care in care home settings (residential and nursing) and that contracts incentivise care homes to provide high quality care. This will be done by looking at Haringey's current care home offer, with consideration given to both the user/carer experience and workforce support and planning.

This piece of work will be scoped in October with evidence gathering taking place during November – January. A final report will be prepared for consideration by the Overview and Scrutiny Committee on 26 March.

FUTURE ITEMS TBC

Adult Packages of Care

- For further consideration following discussion at the November budget monitoring meeting.
- Information from the Corporate Delivery Unit was circulated to the Panel in November 2017.
- Details TBC

Meals on Wheels

- Feedback on the consultation exercise that was agreed by a Cabinet Member signing in June (date TBC)

Fees and Charges / Disability Related Expenditure

- Feedback on the consultation exercise that was agreed by a Cabinet Member signing in June 2017 (date TBC)
- In addition, as part of last year's budget scrutiny it was agreed that an update should be given to a future meeting of the Panel (date TBC) on the impact of the proposed revenue savings proposals. This should include monitoring of the EqIA action plan and consideration of how changes are monitored via annual care assessments.
- <http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CIId=804&MIId=7967&Ver=4>

Haringey Development Vehicles

- Health related issues and concerns relating to the HDV

Carers' Services/ Strategy Update

- As discussed in March 2017 under the Cabinet Member Q&A with input from the CCG.

Items to be considered / raised elsewhere:

NCL JHOSC / BEH Sub Group

- North London Partners in Health & Care, Sustainability and Transformation Plan (STP)
- Quality Accounts for Healthcare providers, including the North Middlesex University Hospital NHS Trust, and BEH Mental Health NHS Trust.

Suicide Prevention Plan

- A briefing note, based on the email below from the Centre for Public Scrutiny, was included with the OSC agenda for 17 July 2017

“House of Commons Health Committee Advocates Role for Local Scrutiny of Suicide Prevention Plans

In December 2016, the Health Committee published an interim report on suicide prevention to inform the Government's updated suicide prevention strategy. The Government subsequently published its update to the strategy in the form of a progress report. Witnesses told the Committee's latest inquiry that the underlying strategy is essentially sound but that the key problem lies with inadequate implementation. 95% of local authorities now have a suicide prevention plan, but there is currently little or no information about the quality of those plans.

The Committee noted that there is a role for local scrutiny of implementation of suicide prevention plans in the first instance and considered that this local scrutiny could be a role for health overview and scrutiny committees within local authorities. The Committee has made a recommendation to Government that effective implementation of the suicide prevention plan in local areas should be a key role of health overview and scrutiny committees.”

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**Haringey****Clinical Commissioning Group**

MEETING:	Adults & Health Scrutiny Panel
DATE:	10 October 2017
TITLE:	Haringey Foot Care Services
LEAD DIRECTOR/ MANAGER:	Rachel Lissauer
AUTHOR:	Andrea Cronin
CONTACT DETAILS:	Andrea.cronin@nhs.net 0203 688 2790

SUMMARY:

This report provides an update on the Whittington Health Podiatry and Foot Health Service. This follows previous reports on Haringey Foot Care Services received by the panel in Jan 2016 and Sept 2016.

RECOMMENDED ACTION:

Adults & Health Scrutiny Panel is asked to:

- Note the update.

Introduction

1.1. This report provides an update on the Whittington Health Podiatry and Foot Health Service. This follows previous reports on Haringey Foot Care Services received by the panel in Jan 2016 and Sept 2016.

2. Whittington Health Podiatry and Foot Health Service

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

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

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

2.4. Regular monitoring meetings are held with the podiatry service. These meetings cover residents across Haringey and Islington and current data is reported across both boroughs.

- Whittington Health continues to struggle to meet the target of 95% of patients waiting less than six weeks. In July 2017 31% of patients waited less than six weeks for their first appointment and in August 2017 27% of patients. A patient tracking list has been put in place to track patients who have exceeded the 6 week wait and to ensure they are prioritised. Whittington Health has raised the issue regarding their ability to meet the 6 week wait for the Community Services they deliver. This issue is being addressed by a CCG task and finish group that meets to agree the specifications and the key performance indicators of each service. Commissioners are working with the podiatry Service Manager to agree an up to date specification for the podiatry service.
- Did not attend rates have improved and are achieving their target (less than 10%) since the introduction of text reminders. 8.92% of patients did not attend their appointments in August 2017;
- 7.69% of appointments have been cancelled by the service in August 2017 this meets the target of less than 8% of appointments cancelled by the Trust;
- 100% of clients discharged from the service would recommend the service to friends and family.

2.5. Commissioners in Haringey and Islington CCGs continue to work closely with the Service Manager and monitor the performance of the service.

3. Recommendation

Adults & Health Scrutiny Panel is asked to:

- Note the update.

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