

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Tuesday, 29th January, 2019, 6.30 pm - Civic Centre, High Road,  
Wood Green, N22 8LE**

**Members:** Councillors Pippa Connor (Chair), Nick da Costa, Mike Hakata, Felicia Opoku, Sheila Peacock, Yvonne Say and Eldridge Culverwell

**Co-optees/Non Voting Members:** Helena Kania

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

To approve the minutes of the previous meeting.

## **7. CABINET MEMBER Q&A**

An opportunity to question the Cabinet Member for Adults & Health, Cllr Sarah James, on developments within her portfolio.

## **8. MENTAL HEALTH SERVICES (PAGES 7 - 12)**

An overview and update on mental health services in Haringey with input from the CCG, Council, Police and BEH Mental Health Trusts.

## **9. WORK PROGRAMME UPDATE (PAGES 13 - 16)**

To review the current Work Programme and to discuss possible additions for meetings in 2019/20.

## **10. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

## **11. DATES OF FUTURE MEETINGS**

Dominic O'Brien, Principal Scrutiny Officer  
Tel – 020 8489 5896  
Fax – 020 8881 5218  
Email: dominic.obrien@haringey.gov.uk

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

Monday, 21 January 2019

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH  
SCRUTINY PANEL HELD ON FRIDAY 18TH JANUARY 2019, 2.30  
- 4.35 pm**

**PRESENT:**

**Councillors: Pippa Connor (Chair), Nick da Costa, Mike Hakata,  
Sheila Peacock and Eldridge Culverwell**

**26. 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'.

**27. APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Cllr Felicia Opoku, Cllr Yvonne Say and co-opted member, Helena Kania.

**28. ITEMS OF URGENT BUSINESS**

None.

**29. DECLARATIONS OF INTEREST**

None.

**30. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**31. MINUTES**

In relation to the action points from the minutes of the meeting held on 1<sup>st</sup> November 2018, Cllr Connor confirmed that she had written to Cllr Charles Adje, Cabinet Member for Strategic Regeneration and Cllr Emine Ibrahim, Cabinet Member for Housing & Estate Renewal regarding suicide prevention and the construction industry. She had also raised the issue of suicide prevention at the Joint Health Overview & Scrutiny Committee for the NCL area which had discussed the peer-to-peer support app for 10-16 year olds, known as Kooth. The app was quite expensive however, so the cost may be more usefully discussed across the whole five-borough area.

Charlotte Pomery, Assistant Director for Commissioning, noted that Kooth had presented to the CAMHS Transformation Board earlier that day and had been well supported so options for funding and implementation were being considered.

Details on action points on mental health training, safeguarding data and the Priority 2 budget position for Quarter 1 of 2018/19 would be circulated to panel members shortly.

**AGREED: That the minutes of the Adults & Health Scrutiny Panel meeting held on 1<sup>st</sup> November 2018 be approved as an accurate record.**

**32. SCRUTINY OF THE 2019/20 DRAFT BUDGET / 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2019/20 - 2023/24)**

Paul Durrant, Senior Business Partner, introduced the report on the 2019/20 Draft Budget, the Medium Term Financial Strategy (MTFS) for 2019/20 to 2023/24 and the savings proposals that relate to the Scrutiny Panels' remit. Scrutiny panel recommendations would be referred to the Overview & Scrutiny Committee for discussion on 28<sup>th</sup> January, then referred to Cabinet for discussion on 12<sup>th</sup> February with final proposals put forward for consideration of Full Council on 25<sup>th</sup> February.

The report refers to £6.5m of additional budget reductions for 2019/20 that are required on top of the £7m of budget reductions for 2019/20 already submitted to the four scrutiny panels. However, following the finalisation of the funding settlement this figure has reduced to £5.2m. Cllr Patrick Berryman, Cabinet Member for Finance, said that work was ongoing on how to resolve this £5.2m gap and present a balanced budget ahead of the Cabinet meeting in February.

The budget reduction proposals for Adult Services total £3.624m over five years. £2m of these were proposed for 2019/20, a further £1.049m in 2020/21, £195k in 2021/22, £280k in 2022/23 and £100k in 2023/24.

Asked about the previously identified savings Beverley Tarka, Director of Adults & Health, said that in the 2018/19 MTFS there had been a £2.4m savings target for 2019/20 based on demand management. An authorisation panel, chaired by either Beverley Tarka or John Everson, had been put in place to oversee care purchasing spend and ensure that the best outcomes and value for money were being obtained. The £2m of new savings for 2019/20 set out in the report is in addition to this £2.4m savings target.

John Everson, Assistant Director for Adults, introduced each of the budget reduction proposals for Priority 2. Questions from the panel members were responded to by Cllr Patrick Berryman, Beverley Tarka, Charlotte Pomery, John Everson and Paul Durrant.

**PA1 - Charging for Managed Accounts**

This proposal involves:

- introducing a new administration fee when the Council acts as an Appointee (managing benefits on behalf of someone who cannot manage their own affairs, for example because they lack capacity)

- introducing a new charge for people who fund their own care but choose to have their care package managed by the Council.

Panel members expressed concerns that those requiring an Appointeeship are likely to be the poorest and most vulnerable and queried whether this measure would be fair or equitable. Panel members observed that savings of £70,000 across 200 people identified under this proposal averaged an annual charge of £350 per person.

The panel was informed that the Equalities Impact Assessment was the tool used to identify these potential inequalities and to mitigate this and ensure that groups with protected characteristics are not disadvantaged. There are a number of people supported through an Appointeeship who do have significant funds so are not all necessarily among the poorest. People's ability to pay will be assessed and legislative guidance applies to how these charges are levied. It was confirmed that clients paying the charge on a monthly basis would not pay any more than clients paying on an annual basis.

**AGREED: That the Panel be provided with a copy of the relevant Equality Impact Assessment.**

**AGREED: That further information be provided to be Panel on the proposed annual charges compared to the equivalent annual charges levied by broadly comparable local authorities. This should include any known evidence about whether charges by other local authorities have caused any financial harm to individuals.**

#### **PA2 - Fast tracking financial assessments**

This proposal involves speeding up the process of financial assessments so that charging starts as soon after the start of services as possible. This saving relies mainly on reducing debt levels and the cost of recovering overpayments.

Panel members queried whether it was appropriate to discuss someone's needs at the same time as discussing the costs of those needs. The panel was informed that it was important to do so in a sensitive way but that the Council also had a responsibility to have these conversations early at an appropriate time rather than allowing a time lag which could sometimes result in costs to the Council that are not recouped. The needs assessment would be carried out first, followed shortly afterwards by the financial assessment.

#### **PA3 - Capitalisation of CAS**

This proposal involves capitalising the operating and equipment costs of Haringey's Community Alarms Service but does not involve changing the service in any way.

#### **PA4 - Housing Related support**

This proposal involves funding housing advice and support through the new Flexible Homelessness Support Grant. This grant is provided for two years by the Ministry of

Housing, Communities & Local Government (MHCLG) which has allocated sums of funding to individual local authorities to meet additional responsibilities under the new Homelessness Reduction Act. In response to questions from the panel it was confirmed that the posts supported by this proposal are based within Adults & Social Care directorate. The Homelessness Reduction Act is focused on prevention by supporting people who are considered likely to become homeless including by working with landlords, family members and others to find solutions.

### **PA5 - In-House Negotiator**

This proposal builds on an approach already ongoing which involves a negotiator looking at market intelligence and liaising with care providers in relation to high-cost care packages of over £1,000 a week to ensure that the Council is getting a reasonable price for the care that has been commissioned and that the care services that have been paid are being delivered in full.

Asked whether there was a risk that the Council could end up paying more in some cases or that levels of service could be reduced in response to payment reductions, the Panel was informed that this was unlikely to be a significant risk as these are very high cost packages and providers will be aimed to charge the amount they consider to be appropriate for their business. The proposal is predominantly about market negotiation. The reviewing of care packages is done on a very individual basis depending on the circumstances and so the Council does not always wait for an annual review, but if there is a change in the care package there is a six-week review as standard.

The projected savings are based on assumptions from the work already carried out by the negotiator in 2018/19. The proposal to recruit two care negotiators would be looked at flexibly as this may, in time, turn out not to be needed.

Panel members noted that the projected savings resulting from this proposal in the agenda pack does not match the figures provided in the supplementary sheet that had been provided to the Panel. A clarification would be provided in writing.

Asked whether there were any risks associated with this proposal, officers referred to the previously discussed points about needs/costs being assessed as higher in some cases, or that external economic factors such as inflation or consequences of Brexit could impact on the market.

**AGREED: That the figures on the projected savings from this proposal be clarified in writing.**

**AGREED: That potential risks be added to the proposal, including on the number of clients and the potential savings.**

### **PA6 - Transfer of High Cost Day Opportunities**

This proposal involves reducing the costs of out of borough placements by bringing three ex-day centres in Haringey back into use and enabling some service users to transfer back to services within the borough. The three ex-day centres are the Haven,



the Roundway and the Woodside. There is still some options appraisal work to do, so while there are likely to be some capital costs these are not yet fixed. A full review of individuals that could transfer back into the borough would also be required on their potential transition as some individuals may be settled in their out of borough settings.

On whether service users and carers might feel nervous about this transition due to the changes being put forward in order to save money, there were a number of people who want to come back so the process would start with them. Individuals would be consulted on their needs. There is also a significant throughput of people coming through each year who could be provided with better value for money outcomes. In relation to individuals who want to stay where they are, their care package may still be subject to cost negotiation as set out previously under proposal PA5.

On whether the large projected savings of £525,000 in 2020/21 could prove to be unachievable or could be delayed the Panel was informed that benchmarking had been carried out using locally available day opportunities provision provided by the voluntary sector in Haringey compared to the costs of out of borough provision which were significantly higher. The high savings figure reflected the often high cost of some care packages.

**AGREED: That the Panel notes its concerns about the potential risk of the savings not being delivered to the amount and/or timescale projected.**

#### **PA7 - Public Health (Sexual Health)**

This proposal involves projected savings based on efficiencies that are already beginning to be achieved though the delivery of different types of sexual health services including online home testing kits which provide more choice, anonymity and flexibility.

#### **PA8 - Investment of drug and alcohol savings in preventative services for adults and families, targeting health inequalities**

This proposal involves retendering of three substance misuse contracts which has created savings.

#### **PA9 Further savings to be delivered by Adults Services**

This item relates to additional savings of £720k over five years which would be achieved through operational business management.

#### **Capital budget**

The Panel was informed that the finance member of staff specialising in this area was unavailable and so questions would need to be responded to in writing. Questions from the Panel were:

- On capital scheme 213 (Canning Crescent Assisted Living) does the £6.7m identified include the CCG funding or is the CCG funding additional to this?

- On capital scheme 214 (Osborne Grove Nursing Home) there is £200k of capital spend identified for 2018/19 on the supplementary information sheet. What was this for?
- On capital scheme 214 (Osborne Grove Nursing Home) how has the figure of £10.75m been arrived at given that the feasibility study has not yet been completed.
- On capital scheme 215 (Hornsey Town Hall) how many affordable housing units will be purchased, will these be managed by Homes for Haringey and on what terms is the affordable housing available to people?

On the Osborne Grove Nursing Home consolidation, Beverley Tarka said that this did not involve additional capital costs and that by consolidating residents onto one floor this will reduce the staffing requirement which is expected to save about £400k per year. The feasibility study on the proposals for Osborne Grove Nursing Home is expected in February or March.

**AGREED: That the Panel's questions on the capital budget be responded to in writing.**

**33. NEW ITEMS OF URGENT BUSINESS**

None.

**34. DATES OF FUTURE MEETINGS**

- 29<sup>th</sup> January 2019
- 4<sup>th</sup> March 2019
- 19<sup>th</sup> March 2019 (Provisional Joint Meeting with Children & Young People's Scrutiny Panel)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

**Report for:** Adults and Health Scrutiny Panel, 29<sup>th</sup> January 2019

**Title:** Haringey Mental Health Services Overview and Update

**Report authorised by:** Charlotte Pomery, Assistant Director of Commissioning

**Lead Officer:** Tim Miller, Lead Commissioner for Adult Mental Health

**Co-authors:** Dr Katrin Edelman, Clinical Director for Haringey, Barnet Enfield and Haringey Mental Health Trust  
Tony Kelly, Detective Superintendent, Enfield

**Ward(s) affected:** All

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

## 1. Describe the issue under consideration

- 1.1 Haringey Health Scrutiny Board has requested an update on the adult mental health services in Haringey. This is timely, given the increasing national conversation about mental health, increasing investment in NHS services and the changing shape of services in Haringey.
- 1.2 This paper briefly sets out the current services, pathways, successes and challenges in order to inform Board.

## 2. Recommendations

- 2.1 That the Adults and Health Scrutiny Panel notes the report.

## 3. Reasons for decision

- 3.1 n/a

## 4. Alternative options considered

N/A

## 5. Background information

### 5.1 Introduction to mental health

- 5.1.1 The World Health Organisation describe mental health as “*Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*”.
- 5.1.2 ‘Mental health’ services are largely focused on mental *ill-health*, supporting people to improve their mental health which includes being able to have a meaningful life with a long term mental health condition.

- 5.1.3 Mental health conditions range on a spectrum from more prevalent conditions, such as depression and anxiety, to less prevalent conditions such as psychosis or so-called personality disorders. Each condition can vary in intensity, and people can respond differently to the treatment and support that is available. Though people live positive and rewarding lives with mental ill-health, it can be a profound challenge and significantly affects quality of life and opportunity.
- 5.1.4 Causes of mental ill-health include genetic factors, adverse childhood experiences, poverty, discrimination and other forms of stress. Reducing harm, stress, poverty and working towards the provision of civic services which are safe and inclusive for people with mental health conditions to access are good underpinnings for a mentally healthy community.
- 5.1.5 When compared to similar areas, prevalence of mental illness in Haringey is higher for more severe mental illness and lower for anxiety and depression. Figures that are used in planning services are:
- Estimated number of people with anxiety or depression: 34,500
  - Number recorded on GP registers with a severe mental illness: 4,100

## 5.2 Overview of mental health services

- 5.2.1 It should be recognised that individuals themselves, their families and social networks provide most of the support in coping with and recovering from mental ill-health. Consequently, much of what the public and voluntary and community sectors do has an impact on mental health. Our main services specifically for mental ill-health comprise of universally accessible services and secondary, specialist services. They are set out below:
- 5.2.2 General Practice provides the majority of mental health support and treatment in the NHS. GPs see and treat people with a wide range of mental health conditions and work alongside specialist clinical input where required.
- 5.2.3 *Let's Talk Haringey* is our main service of psychological therapies (an 'IAPT', *Improving Access to Psychological Therapies* service). This is a self-referral service that provides support for over 5,500 Haringey residents with depression, anxiety and phobias each year.
- 5.2.4 Barnet, Enfield and Haringey Mental Health Trust's (BEMHT) is the main provider of secondary, specialist community and acute mental health services. These comprise a wide range of treatment and support for people with more severe and/or complex conditions and treat around 1,100 Haringey residents at any one time.
- 5.2.5 The Council's adult social care functions for people with a primary mental health condition are provided via a team integrated with BEMHT's community services.
- 5.2.6 People who require practical social care support are able to access support at home or supported living / residential care via a funded care package which is arranged via the integrated social care and health teams.
- 5.2.7 Haringey Council runs the Clarendon Recovery College, a free local resource which runs a wide variety of courses for Haringey residents who've experienced or are experiencing mental health problems.
- 5.2.8 'Third' sector services include
- 127 properties of supported housing dedicated to people with mental health conditions.

- Mind in Haringey is the lead provider for Haringey's new Wellbeing Network, which is a partnership with a number of other organisations and provides a range of non-clinical support and activities to help people live with and recover from mental health conditions. This network is intended to help people at higher risk to get support earlier on, and so prevent the need for turning to specialist health or social care support or treatment.
- 5.2.9 BEHMHT provide a 24 hour crisis telephone line and a Crisis Resolution and Home Treatment service for people at a high risk of a hospital admission. The CRHTT supervises a 7 bed community Recovery House in Fortis Green in collaboration with Look Ahead Housing Association. This provides an alternative to inpatient admission.
- 5.2.10 BEHMHT provides 50 inpatient beds on three wards at St Ann's Hospital. A new inpatient building is due to open in 2020 on the St Ann's site.
- 5.2.11 Haringey substance misuse services are provided by BEHMHT at the Grove and alcohol services are provided by HAGA.
- 5.2.12 Psychiatric Liaison Services offer assessment, treatment and onward referral for people presenting with an emergency related to a mental health condition services to people attending an A&E department. They also provide mental health care to acute hospital inpatients who have a mental health co-morbidity. BEHMHT provide the service at the North Middlesex; Camden and Islington Foundation Trust provide the service at the Whittington Hospital.
- 5.2.13 Finally, there are some tertiary specialist NHS services, such as forensic services and eating disorders services provided by BEHMHT. Services for people with learning disability and autism are provided by the Haringey Learning Disabilities Partnership (a partnership between BEHMHT, Whittington Health and Haringey Council).

### **5.3 Access to Mental Health Services**

- 5.3.1 GPs act as the primary referrer for specialist care in the NHS, referring to almost all further NHS treatment.
- 5.3.2 Let's Talk Haringey welcomes self-referrals and it is the main route into their services.
- 5.3.3 Social care can be accessed via the Council's First Response service, but most navigate to the integrated / BEHMHT community teams from their GPs or another route, e.g. following hospital admission.
- 5.3.4 Supported housing is non-statutory, provided under a Housing pathway rather than a Social Care/NHS pathway, but the services are also accessed via the integrated / BEHMHT community teams.
- 5.3.5 The Wellbeing Network (see 5.2.8 above) is open to referrals from any agency or self-referral.
- 5.3.6 Anyone can make a crisis referral, which will be triaged by a Trust-wide Crisis Hub and directed to the right pathway.
- 5.3.7 The police are key partners here, as they often identify (or are alerted to) people in an acute crisis and have powers under the Mental Health Act to take people to a place of safety for an urgent mental health assessment.

### **5.4 Key Recent Developments**

- Locality working: BEHMHT have reorganised their community mental health teams into the same geography as the primary care system and the Care

Closer to Home Integrated Networks of four 'Locality' areas. A new role of Link Workers, mental health nurses working from general practice is being tested in the Central Locality. This has been designed to link to the Wellbeing Network from Mind in Haringey and other local services.

- North Central London partnership working: Haringey Council and CCG are working with other Councils and CCGs in North Central London. Through the North London Partners (formerly the "STP"), Haringey now benefits from:
  - Specialist perinatal mental health care and treatment for the 5% of women with most severe mental illness during the period of pregnancy and up to one year after birth,
  - Somerset Villa in-patient rehabilitation ward, now open in Enfield and supporting a small number of male residents in Barnet Enfield and Haringey requiring periods of rehabilitative care
  - Specialist IAPT support for people who also have a long term physical health condition (currently diabetes, COPD, under cardio rehab or with MSK related chronic pain).
  - A psychiatric intensive care ward for women, meaning that they no longer have to be transported out of the area to receive a short period of intensive treatment
- Haringey Council has been strengthening the capacity of integrated health and care arrangements with BEHMHT. These include employment services using the Individual Placement and Support model from Twining Enterprise; Information, Advice and Guidance support from Citizen Advice Haringey, and Housing Needs Officers from Homes for Haringey providing housing needs assessments and homeless prevention work.

## 5.5 Future Intentions

- The NHS 10 year plan was released in January 2019 and sets out the vision for NHS mental health services in the next 10 years. It sets out intentions around integrated care systems and the important role that mental health will play in these to improve integration of services for people with mental health difficulties.
- It builds on the *Five Year Forward View for Mental Health*, which is still being delivered, but also prioritises some areas which were under-addressed in the earlier document. Priorities are:
  - New and integrated models of primary and community mental health for adults and older adults with severe mental illnesses, which will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.
  - Continued increased investment in mental health services
  - Continued increase in IAPT services, with a focus on support for people with a long term physical health condition
  - A single point of access and timely, universal mental health crisis care for everyone via NHS 111
  - Increase in alternative forms of provision for those in crisis; sanctuaries, safe havens and crisis cafes.
  - Specific waiting times targets for emergency mental health services will for the first time take effect from 2020

- Ongoing efforts to reduce suicides and new investment in suicide bereavement support for families and staff working in mental health crisis services
- The Council and its partners are working on the business case for mental health services at the Canning Crescent centre, which was agreed for purchase by the Council's Cabinet Committee in September 2018. Proposals are expected to include supported housing; a crisis café/safe haven; respite/crisis accommodation and a new home for the Clarendon Recovery College.
- BEHMHT, the Council and the CCG are working on the various elements of the rehabilitation and accommodation pathway including better use of inpatient rehabilitation facilities, improvement to community rehabilitation services and recommissioning of the housing pathway.

## **6 Contribution to strategic outcomes**

- Priority 2 of the Council Corporate Plan,
- Haringey Council's Community Strategy,
- Joint Mental Health and Wellbeing Framework 2015 – 2018.

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

### **7.1 Finance and Procurement**

This is an update report for noting and as such there are no direct financial implications associated with this report.

### **7.2 Legal**

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

### **7.3 Equality**

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

- Statement around wider view of equalities; Council and integrated services perspective

## **8 Use of Appendices**

N/A

## **9 Local Government (Access to Information) Act 1985**

N/A

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## Adults and Health Scrutiny Panel

### Draft Work Plan 2018-19

<p><b>1. Scrutiny review projects;</b> These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.</p>	
Project	Comments
Care Home Commissioning	<ul style="list-style-type: none"><li>• Interim report published March 2018.</li><li>• Further evidence session held October 2018.</li><li>• To be completed.</li></ul>
Day Opportunities	<ul style="list-style-type: none"><li>• Review to run from November 2018 to March 2019.</li><li>• Draft objective of review:<ul style="list-style-type: none"><li>○ To review Haringey’s Day Opportunities provision and what services are currently offered in order to learn from the past to improve care in the future for residents.</li></ul></li><li>• Draft sub-headings:<ul style="list-style-type: none"><li>○ Looking at services from a residents’ perspective, what has happened to service users and their carers since the day care closure?</li><li>○ Has the move from day centre based care to community settings made overall financial savings?</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Where are our residents currently being cared for?</li> <li>○ What is the evidence from external witnesses?</li> </ul>
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<p>2. <b>“One-off” Items;</b> These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.</p>	
Date	Potential Items
<b>4 September 2018</b>	<ul style="list-style-type: none"> <li>● Terms of Reference</li> <li>● Appointment of Non-Voting Co-opted Member</li> <li>● Performance Update</li> <li>● Cabinet Member Questions; Adults and Health</li> <li>● Community Well-Being Framework</li> </ul>
<b>4 October 2018</b>	<ul style="list-style-type: none"> <li>● Care Homes Review – Evidence Session</li> </ul>
<b>1 November 2018</b>	<ul style="list-style-type: none"> <li>● Haringey Safeguarding Adults Board Annual Report 2017-18</li> <li>● Financial Monitoring; To receive an update on the financial performance relating to Corporate Plan Priority 2.</li> </ul>

	<ul style="list-style-type: none"> <li>• Suicide Prevention</li> </ul>
<b>13 December 2018</b>	<ul style="list-style-type: none"> <li>• Budget Scrutiny</li> </ul>
<b>29 January 2019</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions; Adults and Health</li> <li>• Mental Health</li> </ul>
<b>4 March 2019</b>	<ul style="list-style-type: none"> <li>• Physical Activity for Older People – update</li> <li>• General Practice - NCL strategy (see JHOSC - 30<sup>th</sup> Nov)</li> </ul>

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