

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY 20TH JUNE 2019, 6.30 - 9.25pm

PRESENT:

**Councillors: Pippa Connor (Chair), Patrick Berryman, Nick da Costa,
Eldridge Culverwell, Mike Hakata and Matt White**

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

Apologies for absence were received from Cllr Felicia Opoku and Helena Kania.

3. ITEMS OF URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MINUTES

Cllr Connor reported that, following the previous meeting, a useful briefing on mental health had been distributed to all Councillors which had been provided by Tim Miller, Lead Commissioner for Adult Mental Health.

Cllr Connor referred to an action point from the previous meeting where a query had been raised about an assessment fee of £25 charged for counselling by the Haringey Wellbeing Network. An explanation had now been received on what costs these fees cover but Cllr Connor requested that further explanation be requested on what more could be done to help anyone in severe financial difficulties who requires this support. (ACTION)

AGREED: That the minutes of the meeting held on 4th March 2019 be approved as an accurate record.

7. FINANCE UPDATE

Paul Durrant, Head of Finance and Business Partnering, presented an overview of the financial performance of services within Priority 2 (Enable adults to live healthy, long and fulfilling lives) as at the end of quarter 4, 2018/19. Overall the final outturn resulted in an overspend of £4.2m.

The headline placement costs showed an overspend of £7.2m which was broken down into:

- Learning difficulties - £3.6m overspend
- Mental health - £2.4m overspend
- Physical support - £1.42m overspend

A further overspend of £0.7m on Osborne Grove Nursing Home brought the total overspend to £7.9m. This was mitigated by a resilience reserve contribution of £2m from Corporate Services, an underspend on staffing and overheads by £0.8m and the capitalisation of occupational health costs from the revenue budget which altogether resulted in the final figure of a £4.2m overspend.

The report provided to the Panel also provided a breakdown of the budget allocation for Priority 2 services for 2019/20 which shows a gross budget of around £114m and a net budget of around £82m. The column marked “other ASC” on the second table represents staffing and overheads costs.

Cllr Connor thanked Paul Durrant for the report, noting that it had been requested at short notice. She said that the Panel would find it useful to have a more in-depth study of the budget at a future meeting, looking at the budget in its entirety and including both revenue and capital costs. This will help the Panel to have a really robust understanding of the overall budget when looking at budget savings in future. The request from the Chair was therefore for an in-depth look at the budget at the September meeting of the Panel. (ACTION)

Asked about the term “Net budget (not including overheads)” on the second table in the report, Paul Durrant said that the overheads not included related to non-service costs such as accountancy and HR.

8. SUICIDE PREVENTION UPDATE

Chantelle Fatania, Consultant in Public Health, introduced the update report on suicide prevention noting that a previous report had been provided to the Panel in November 2018 and that this new report provided a further update on progress over the last six months. In particular, the Panel had been interested in following up on action to support construction workers which has been identified as a high-risk group for suicide and also has a significant presence in Haringey borough in the moment because of the high level of construction projects. In April 2019, the Chair of the Haringey Suicide Prevention Group (HSPG), Professor David Mosse, had attended a meeting of the Construction Partnership to present to them about the work of the HSPG and the about the range of interventions available locally. His feedback was that while there are several initiatives that the group is engaged with, this engagement is patchy across the partnership as a whole. Further work is ongoing and representatives of the group have been invited to attend future meetings of the HSPG.

Other successes over the last 6 months are covered in the report. These include the provision of funding for a 'postvention' suicide liaison service ['postvention' refers to the support to a local community following a suicide] across North Central London (NCL) which is expected to provide practical and emotional support to around 100 families and social networks affected by suicide each year in the NCL area. Fencing to prevent suicide is currently being installed on Archway Bridge. Several community organisations have recently joined the HSPG and there is now representation from LGBTQ, Turkish, Kurdish and Jewish communities. The HSPG will be preparing the next suicide prevention plan for Haringey which is due to start from April 2020. This is likely to be supported by a new suicide audit in 2020 but the data is currently being awaited. It is no longer possible to access data directly from coroners and the data is being gathered on a London-wide level. There hasn't yet been guidance on what type of data will be provided or whether it will provide enough detail to allow analysis on risk factors.

Asked for further detail on the specific concern about construction workers, Chantelle Fatania said that there is no specific data for Haringey but Professor David Mosse had recommended further action in this area as they are known from other areas to be a high-risk demographic group and require support to maintain good mental health and wellbeing. Cllr Connor commented that it would be useful to hear further feedback from the construction industry after their next meeting. (ACTION)

Responding to further questions from the Panel, Chantelle Fatania confirmed that the CCG commissioner for mental health services is on the HSPG and that the next suicide prevention plan in 2020 will be more specific about how mental health services are linked in. She also confirmed that suicide rates in BAME communities tend to be higher than the general population for multi-factorial reasons.

9. DEVELOPING A PLACE-BASED APPROACH - NORTH TOTTENHAM

Rachel Lissauer, Director of Commissioning and Integration at Haringey CCG, introduced the first part of this item speaking about the practical partnership work around integration and prevention. The context had been signalled in advance by the NHS Long Term Plan published in January 2019 which set the direction through the mandate that all areas are to become integrated care systems by April 2021. Within each integrated care system there is an expectation that there will be a single CCG which would be at a much higher level than currently so this is likely to require a merger of existing CCGs. The Long Term Plan also signalled that GPs should work as part of primary care networks with more contractually based partnerships and these networks, each covering around 30,000 to 50,000 populations, have now been signed off in Haringey. There has also been a focus on developing integration at Borough level as well as the NCL level and, in addition, a series of workshops have been held which proposed a greater degree of localised working.

Charlotte Pomery, Assistant Director for Commissioning, said that the response from the Health and Wellbeing Board about the Borough partnership had been based on the wider governance arrangements and key outcomes such as reducing health inequalities, ensuring that health and wellbeing outcomes are improved for all residents. The existing joint working across the NCL area, including through the Sustainability and Transformation Plan means that Haringey is starting from a strong position. They were also keen to emphasise that the integrated care system should not just include health and care services but should also include factors that impact on health and wellbeing such as housing and the environment. There is currently an intention to build a broad, inclusive and collaborative approach. There was also some specific feedback about ensuring that there is sufficient capacity at Borough level, that there is enough time to work through the key issues and that the views of local residents are built into the work.

In response to questions from the Panel, Rachel Lissauer said that the signal of the CCGs of their intention to form a single CCG is likely to happen in September. Staff for the existing CCGs will remain in their Boroughs as the governance structures integrate into the single CCG. Charlotte Pomery said that in terms of IT there is already a large digital programme in place across the NCL area including a strand on sharing health and care records. Rachel Lissauer said that the leadership would be shared and emphasised that a lot of joint working had already been established in NCL before the Long Term Plan was published. Beverley Tarka, Director of Adults and Health, added that the NCL has put together a co-design group and has called for nominations from all stakeholders so this is very much a shared endeavour.

Jonathan Gardner, Director of Strategy at Whittington Health NHS Trust, introduced the next part of the presentation. The area of biggest need where the greatest impact could be achieved had been identified as North Tottenham. In October/November 2018 there was a community engagement event led by Bridge Renewal Trust followed by a launch event in December 2018. Various meetings were held from January to March 2019 which aimed to establish a framework and vision for the project. A day discussion with the whole Borough partnership was then held in May 2019 to look at localities and integrated care.

It had been established that there was a need for low-level mental health support and for help with housing, employment and benefits with intervention at an early stage to prevent problems from arising. The public health data showed a higher prevalence of diabetes and hypertension. These and the other factors identified have led to the draft vision statement which emphasises the need to “create a step forward in how well we prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities.” This requires more joined up local systems, integrated multi-disciplinary teams that tackle issues holistically and a new system partnership with the voluntary sector. This will be enabled by a joint approach to the shared public estate, integrated data and systems, a more mature approach to finance and more joined-up governance with the Council and NHS. The principles that have been identified are a) a preventative approach, b) partnerships based in local communities, c) a learning approach and d) a strength-based approach. The approach is aimed at all ages and focuses on early intervention, prevention and building strong and resilient communities to shift more people away from specialist care. The Community First work is a key pillar of this and the connection of IT infrastructure, estates and workforces are important enablers. In response to a question from the Panel, Jonathan Gardner said that they were still working on the best model to help people navigate community-based services as this could involve Community First, Local Area Coordinators or the existing knowledge of front-line staff. Will Maimaris, Director of Public Health, emphasised the importance of social prescribing, local area coordinators and building a strengths-based approach through all services.

In response to further questions from the Panel, Viv Acharya, Programme Lead for Community First, said that:

- Community First currently operates from Wood Green Library on Mondays and Tuesdays. The plan is to roll this model out to Marcus Garvey Library and then extend out to work collaboratively with the primary care networks, GP practices and North Middlesex Hospital A&E.
- In practical terms for residents, the previous pathways for something like depression may be more medical but with a more integrated approach the residents could also get access to other help and support such as debt or housing advice that might help to address some of the underlying causes.
- On housing problems he said that the issues could be wide ranging but that Community First can often act as advocates for people while acknowledging that they can only use the pathways available to them within the context of a wider housing crisis. The Homelessness Prevention Team are part of their service offer and Community First is seen as part of their outreach work.
- Community First has 3.5 FTEs on a multi-disciplinary team which includes Citizens Advice Bureau colleagues.

Geoffrey Ocen, Chief Executive of the Bridge Renewal Trust, informed the Panel about their community engagement work in the summer of 2018 which involved speaking to 369 residents, of which around 20% were from the North Tottenham area. This involved focus groups and one-to-one interviews and often involved people with the sort of employment, housing or other problems that this work was targeted at

improving. People understand the pressures on public services in recent years and are also keen to see support at an early stage. Digital engagement worked for some but others want access to face-to-face support.

On a comment from the Panel that more detail on how this will work in practice could be provided, Beverley Tarka said that they are working on the principle that solutions need to evolve from the bottom-up from residents and the workforce, which is why there is such an emphasis on engagement. It is also important to note that in terms of investment, this has been made a high priority for the future of how early intervention and prevention is supported and by bringing partners together resources are being multiplied. Completing the presentation, Beverly Tarka showed slides that mapped out all the different services in Haringey and the resources that are available. The top three risks that had been identified were limited staff engagement with the new way of working, IT systems and estates limiting the speed/scale of change and outcomes not being met.

Asked whether NHS funding could be cut if outcomes are not achieved, Beverley Tarka said that some initial investment would be required but much of the work was about how existing resources are used better, improving knowledge of the existing resources and integrating pathways. Will Maimaris gave an example of a recent initiative on reducing strokes by addressing risk factors and with the number of strokes coming down the Council spend on care is reduced.

Beverley Tarka confirmed that the initiative is due to be reviewed at the end of the financial year so it should be possible to come back to the panel with an update in April/May 2020. (ACTION) Asked whether site visits for Members would be possible, Beverley Tarka said that it would but only from April 2020 onwards as it was currently still at the planning stage. Viv Acharya added that a business case for a more sustainable version of Community First is due to be developed by December 2019.

10. CABINET MEMBER Q&A

Cllr Sarah James, Cabinet Member for Adults & Health, took questions from the Panel on issues within her portfolio.

Cllr White raised improving cycling infrastructure as a way of making a positive impact on health and suggested that Cabinet-wide support is needed to drive these changes. While transport is not specifically within Cllr James' portfolio she said that she is fully signed up to the active travel agenda and recognises the long-term health benefits. Cllr Hakata suggested that healthier travel options should be part of Cllr James' portfolio as a public health issue. Cllr James said that a lot of public health work was already ongoing in this area including mapping areas of pollution, diabetes, asthma and obesity which often correlate. Cllr Connor suggested that a briefing on the public health implications on this issue could be obtained. (ACTION)

Cllr Da Costa said that at a recent briefing, Members had been told that the take up of direct payments in Haringey is only 22% which is lower than other Boroughs and

asked what was being done to address this. Cllr James said that the remedy is to focus on particular groups of social care recipients and new clients to encourage them to switch to direct payments.

Asked about Osborne Grove Nursing Home, Cllr James said that a paper on this would be going to a meeting of the Cabinet in July after the feasibility study was completed in May. Four options were examined by the feasibility study, two of which involved refurbishment of the existing premises and an extension and two of which involved a demolition and rebuild. The study has demonstrated that it is feasible to build a 70-bed nursing home on site and that will be the intended objective but final costing figures are being worked up. Her preference is for demolition and rebuild across the site including the health centre already there. This would enable a state of the art nursing home with outward facing community facilities and possibly also supported housing units. There are difficulties with the existing building which has been found to be at risk of progressive collapse in the event of a fire. There is no lift capable of taking a bed as the doors are not wide enough and some of the rooms are not big enough but enlarging the size of them would be structurally difficult if the refurbishment option was chosen. The whole feasibility study has been conducted with the involvement of the co-design group which has contributed ideas that have been incorporated such as the maximisation of garden space.

Cllr Lucia das Neves, Chair of the Overview & Scrutiny Committee, said that the Cabinet Member's comments on the risk of progressive collapse should be fed into the Overview & Scrutiny Committee ongoing work on fire safety as Osborne Grove had previously been looked at as part of the fire safety scrutiny review and this particular concern had not emerged. (ACTION) Cllr James said that this risk had only become apparent when the structural plans were looked at.

Cllr Connor raised the issue of social care assessments noting that she had recently been informed that there were 160 residents who had needed to wait for around 6 months for an initial assessment for social care. Cllr Connor requested that clarification be provided on those figures and on what is being done to address the long waiting times. (ACTION)

Cllr Connor asked about the consultation on new charges for managed accounts which had previously been examined by the Panel as part of the budget scrutiny process in January 2019. The specific queries were:

- If people tick the box on the consultation opposing the fees how will this be taken into account?
- As some protected groups have been identified as being impacted by this change by the Equality Impact Assessment how will this be addressed?
- Have the savings already been built into the financial structure for the budget plans or is there scope for this to be adjusted?

Cllr James agreed to come back on the details on the first two questions. (ACTION)
The saving had been agreed and built into the budget so if the policy was changed then money would need to be found from elsewhere.

Asked about the timescales for the Adult Social Care Review following the Scrutiny Panel's recent review on Day Opportunities, Cllr James said that the piece of work on day centres is due to be up and running by May 2020 with the initial report complete by September 2019.

Cllr da Costa said that the Health Service Journal had recently reported that the Barnet, Enfield & Haringey Mental Health Trust had one of the highest rates of inappropriate out of borough placements (1,180 days in the reporting period) and asked what the Trust is doing to address this. Cllr James agreed to follow this up with a written response. (ACTION)

11. WORK PROGRAMME UPDATE

The updated work programme was noted and Cllr Connor reiterated the request for a public health briefing paper on transport issues to be followed up and considered before deciding whether this could be added as a future item on the work programme. Cllrs da Costa, Hakata and White suggested that commissioning of services could be a topic for a future scrutiny review.

12. DATES OF FUTURE MEETINGS

- 5th Sep 2019 (6:30pm)
- 14th Nov 2019 (6:30pm)
- 12th Dec 2019 (6:30pm)
- 25th Feb 2020 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair

Date