

# **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY 21<sup>ST</sup> JULY 2022, 6:30pm-9:05pm**

## **PRESENT:**

**Councillors: Pippa Connor (Chair), Cllr Brennan, Cllr Gourtsoyannis and Cllr Peacock**

### **53. 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'.

### **54. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Anna Abela, Cllr Thayahlan Iyngkaran, Ali Amasyali and Helena Kania.

### **55. ITEMS OF URGENT BUSINESS**

None.

### **56. 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 and also noted that her sister chaired the Age Well Partnership Board that was referred to in the agenda papers.

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

None.

### **58. MINUTES**

Cllr Connor noted that some of the actions referred to in the minutes of the previous meeting would be addressed by Cllr Lucia Das Neves, Cabinet Member for Health, Social Care and Well-being as part of the Cabinet Member Questions agenda item, and that any outstanding points would be dealt with via written responses.

The minutes of the previous meeting were approved as an accurate record.

**RESOLVED – That the minutes of the meeting held on 3<sup>rd</sup> March 2022 be approved as an accurate record.**

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

The Panel noted the report which set out the terms of reference and membership for the Overview and Scrutiny Committee and the Scrutiny Panels for 2022/23.

Cllr Connor informed the Panel that while Council policy on Violence Against Women & Girls (VAWG) was within the remit of the Adults & Health Scrutiny Panel, the main Overview & Scrutiny Committee was due to carry out a Scrutiny Review on this topic in 2022/23.

#### **60. APPOINTMENT OF NON-VOTING CO-OPTED MEMBERS**

The Panel noted the report which was to seek formal approval of non-voting co-opted Members to the Panel for the 2022/23 Municipal Year and approved the appointment of Ali Amasyali and Helena Kania to the Panel.

**RESOLVED – That Ali Amasyali and Helena Kania be appointed to the Adults & Health Scrutiny Panel for the 2022/23 Municipal Year.**

#### **61. PLACE BASED PARTNERSHIP FOR HEALTH AND CARE**

Will Maimaris, Director for Public Health at Haringey Council, and Rachel Lissauer, Director of Integration for Haringey at North Central London ICB, introduced slides providing an overview of the integration of health and care services in Haringey and how this would fit within the wider Integrated Care System (ICS) for North Central London:

- The Haringey Borough Partnership (HBP), which had been in operation for several years, brought together the Council, NHS organisations and voluntary/community organisations.
- The new North Central London (NCL) Integrated Care System (ICS) brought together partners across Barnet, Camden, Enfield, Haringey and Islington.
- Within the ICS there were other bodies including the NCL Integrated Care Board (ICB) which has the statutory responsibility for allocating the NHS budget and commissioning services, effectively replacing the Clinical Commissioning Group (CCG). The first Board meeting took place on 4<sup>th</sup> July 2022.
- The NCL Health and Care Partnership would be a joint committee with Councils across the five boroughs which would be responsible for strategic planning on health and social care needs.

- A provider collaborative, known as the UCL Health Alliance, would bring together NHS trusts and primary care to work together across NCL to develop more systematic joint working. There would also be place-based partnerships and multidisciplinary working in neighbourhood areas to further development integrated working at local level.

Rachel Lissauer and Will Maimaris then responded to questions from Panel Members:

- Asked by Cllr Gourtsoyannis about the budget available to the ICB, Rachel Lissauer said that the Board had a responsibility to present a balanced budget to NHS England. Whereas under the old system there could often be negotiation between the NHS Trusts and the CCG on where deficits should sit, this was now the collective responsibility of an integrated board. Cllr das Neves added that an important challenge would be around balancing differing priorities across the NCL area.
- Asked by Cllr Connor about the membership of the ICB, Rachel Lissauer said that it had one local authority partner member and did not have a patient representative. She added that the governance structure was for the ICB to be complemented by the NCL Health and Care Partnership which had not been formed yet but would include wider local authority and voluntary/community sector representation. The Community Partnership Forum would also provide engagement opportunities for patient representatives and the voluntary/community sector.
- Asked by Cllr Gourtsoyannis about the process for organisations to gain membership of the Haringey Borough Partnership, Rachel Lissauer said that the voluntary organisations were represented by the Bridge Renewal Trust and that she regularly spoke with networks of voluntary organisations about live issues along with the Chief Executive of the Bridge Renewal Trust.

Further slides were presented with the following key points:

- National government policy was that, by Spring 2023, all 'Places' should adopt a leadership and governance model with a single point of accountability across health and social care. This single accountable person for Haringey had not yet been determined. A shared plan with outcomes should be underpinned by pooled or aligned resources by 2026. Further guidance was expected from the government later in the year, but preparations were being made locally in the meantime.
- The ambitions for Place in the NCL area included reducing health inequalities, embedding prevention and early help into local partnership working and co-designing integrated neighbourhood/place services with residents.
- Functions at Borough level would include statutory responsibilities such as safeguarding and delivery of transformation work as well as publishing a local partnership plan which would include a core set of action and deliverables. The Borough Partnership delivery role would involve bringing together senior

leaders with local delivery responsibility. While there were no specific changes to scrutiny arrangements required, there was a potential opportunity for a more joined up approach to public scrutiny and accountability.

- The Haringey Borough Partnership Executive was co-chaired by Andy Donald, (Chief Executive of Haringey Council) and Helen Brown (Chief Executive of Whittington Health). Beneath this were four partnership boards (Start Well, Live Well, Age Well and Place).

Cllr Gourtsoyannis asked for further details about the expected co-production process. Rachel Lissauer said that a scheme had been developed with HealthWatch which could potentially be adopted by the Borough Partnership. There had also been some good examples of co-production and co-design locally which would be taken in account as well. Cllr das Neves added that she defined co-production as begin where a service is designed for and with residents and where there was a focus on lived experience about what works. While co-production may not necessarily work for every aspect of a service, she felt that there was scope to have lived experience input for many services. This could help to deliver better outcomes for residents and to address objectives such as reducing health inequalities.

Cllr Connor suggested that, while this process was being put together, further information could be shared with the Panel on the principles of co-design and co-production that would be applied through integrated working. Beverley Tarka emphasised that co-design principles needed to be developed with residents. However, details could be shared about what had worked well so far and how the learning on the ways of working in this area had progressed. Cllr Connor added that an understanding of how the process would be developed with residents would also be useful. **(ACTION)**

Cllr Brennan observed that, as a new Councillor, she felt that communication from the Council on services and projects could often be lacking or would focus too heavily on jargon or buzzwords that were often unclear to residents. Cllr das Neves agreed that the Council needed to do more to improve on this, particularly through using more straightforward language, communicating through formats such as digital newsletters and establishing models of co-production that involve clear and easily understood outcomes. Cllr Connor suggested that information about the communications and engagement process for a specific project could be brought to the Panel at the next time that a suitable new project was in development. **(ACTION)**

Cllr Peacock asked about co-optees and resident representation on the partnership boards. Rachel Lissauer said that there was a representative of Haringey Over-50s on the Aging Well partnership board. Cllr Peacock referred to other pensioner groups in the borough that would also be in a position to contribute. Will Maimaris agreed that there could be conversations with other groups about how they might most appropriately contribute through the new governance structures. This wouldn't

necessarily have to involve direct partnership board representation. Rachel Lissauer added that there was a resident and voluntary/community sector group (the Community Health Advisory Board) that meets in parallel to the Health and Wellbeing to discuss the same items on the agenda. Cllr das Neves agreed that it would be worth communicating with voluntary/community groups that are not currently involved in order to understand whether they would be interested in contributing. It was agreed that this should be explored further. **(ACTION)**

Will Maimaris then spoke about efforts to improve population health outcomes at Borough level. There had been challenges regarding this since 2010 and overall life expectancies had been reducing, particularly in the most deprived areas and amongst men. The Covid pandemic had then reduced life expectancies further. The Covid vaccination programme had proved to be successful in systematically working on a population outcome. This approach could now be taken forward through the Borough Partnership in other areas to reduce health inequalities and improve health outcomes. A range of population health measures were used to track these outcomes.

Cllr Gourtsoyannis suggested that further detail on the policies to support these outcomes would be useful. Will Maimaris noted that the framework illustrated in the slide was relatively new but that details on specific policies could be provided to future meetings in any areas that the Panel wished to explore further. Cllr Connor added that it would be important to understand what had changed under the new system compared to the public health approach used in the past and how this was expected to improve outcomes. Will Maimaris said that the NCL outcomes framework itself was new and allowed a more systematic approach to specific health outcomes. Cllr Connor suggested that it would be useful to see the progress with regular updates on the new data, perhaps through the finance and performance briefings, so that specific areas could be scrutinised. **(ACTION)**

Asked by Cllr Brennan about the national requirements for integrated working, Rachel Lissauer said that there were fairly fixed expectations of what had to be done included a balanced budget, an outcomes framework and performance on health quality. What was less fixed was the role of Place and Borough in relation to the integrated care system.

Asked by Cllr Connor about the implications of integrated working for budget scrutiny and how Councillors could fully understand how budgets were being used, Beverley Tarka said that she recognised the challenge and that some of the practical issues were still being worked through so this was all still at an early stage. Rachel Lissauer added that, as the Borough Partnership evolved, it would be possible to consider under which areas joint budgets and oversight would help in better using finite resources. Cllr Connor suggested that this issue should be monitored as arrangements were put into place with further details provided to the Panel when available. **(ACTION)**

The Panel agreed to continue to monitor progress on the implementation of integrated working and noted that the Chair and Scrutiny Officer would liaise with officers over expected timescales for this. **(ACTION)**

## **62. CABINET MEMBER QUESTIONS**

Cllr das Neves introduced this item by setting out some identified priorities under her portfolio. These included mental health and wellbeing, migrants/refugees, violence against women and girls (VAWG), health inequalities, locality working in neighbourhoods and integrated working through the Borough Partnership. Other challenges included the impact of Covid, the rising demand for services including more complex needs, aids and adaptations and making the connection between housing and social care.

Cllr das Neves then responded to questions from the Panel.

Cllr Gourtsoyannis raised the issue of refugee health and discrimination in access to services. Cllr das Neves acknowledged that there were challenges, such as in relation to those with no recourse to public funds. She added that the Council was already carrying out work in this area, including in improving access to primary care services and that there was an advisory board which brought together representatives of voluntary sector services working with migrants/refugees in the Borough. The Board had assisted the Council in responding to emerging issues and in improving accessibility to services. Gill Taylor, Assistant Director for Communities and Housing Support, commented that Haringey was considered to be one of the best London Boroughs for supporting refugees with no recourse to public funds and this approach had been supported by Cabinet Members for a number of years. This included access to rent-free beds and wrap-around support. The Council also had a Welcome Strategy on offering support and advice for newly arrived migrants and refugees. There were various active projects including on supporting Ukrainian refugees, Hong Kong migrants and the Afghan relocation scheme.

Asked by Cllr Gourtsoyannis about the Council's role in access to hospital treatment for refugees/migrants and associated issues around how Hospital Trusts interpreted the law in this area, Gill Taylor said that a groups of colleagues from Councils and the CCG in the NCL area meet regularly to discuss inclusion health which covers this topic. This group had so far mainly looked at how to expand capacity to provide support rather than the legal issues. Rachel Lissauer suggested that this group could feed into the Integrated Care Partnership to increase visibility of the issues across NCL. Gill Taylor agreed that she would follow up on the legal questions with Hospital Trusts and the links to the Integrated Care Partnership. **(ACTION)**

Cllr Peacock raised the issue of VAWG and requested an update on the Hearthstone charity noting that it no longer appeared to be present at the shop front on Commerce Road where it had previously been based. Denise Gandy, Assistant Director for Housing Demand, explained that the charity had recently moved from the shop front to the community centre behind this due to social distancing requirements during the Covid-19 pandemic. Hearthstone remained active and was currently looking to extend its outreach offer.

Cllr Peacock also raised the issue of violence against men. Cllr das Neves acknowledged that this was an issue and that rates had recently increased but noted that, as women suffer this type of violence disproportionately, this is where most of the strategic focus was directed. Gill Taylor commented that an LGBT IDVA (Independent Domestic Violence Advocate) was currently being recruited, noting that some of the violence against men was committed by other men. Denise Gandy added that the Hearthstone charity provided a service offer to men. Cllr das Neves noted that more investment had recently been used to support VAWG services including some work with a focus on perpetrators.

Asked about the provision of refuges, Will Maimaris said that while some spaces were provided in-borough, many women would go out of borough in order to get away from their situation. Gill Taylor said that the provision of safe accommodation was being expanded in Haringey, providing more women with the choice to stay in-borough if they wished.

Due to time limitations, Cllr Connor requested that written updates be provided to the Panel on the current situations with Canning Crescent and Osborne Grove. The Panel also requested a written update on the use of former Irish Centre site, Cllr Connor asking about progress on proposals to move the Grace Organisation into the building and Cllr Peacock expressing concerns about possible unauthorised use of the building. **(ACTION)** Cllr das Neves noted that a new digital newsletter had just been produced on Canning Crescent which provided an overview on the latest situation. She added that the site was looking good, though the opening date had been delayed.

Asked by Cllr Connor for an update on the Adults & Health budget and the situation with any savings that were required given the current pressure on services. Cllr das Neves noted that an additional £6m had been invested in the 2022/23 budget and agreed to provide a more detailed response in writing. **(ACTION)**

### **63. WORK PROGRAMME UPDATE**

Providing an update on the Work Programme, Cllr Connor informed the Panel that the 'Scrutiny Café' consultation event would be taking place in September. Feedback from this would help to inform the Panel on possible topics for Scrutiny Reviews in 2022/23 and 2023/24.

The Panel's next meeting would also be in September and would include items on delays to aids and adaptations and an update on the Council/NHS response to the Living Through Lockdown report that had been produced by the Joint Partnership Board.

With regards to new items for future meetings, the Panel indicated that they would like to discuss how provision of dementia services could be increased and that they wanted to see a breakdown of the current provision of services in the west, centre and east of the Borough. Another suggested item was preparedness for a possible future pandemic based on what had been learned from the Covid-19 pandemic. **(ACTION)**

Cllr Connor proposed that a joint meeting with the Children & Young People's Scrutiny Panel could be held in February 2023 on transition between children's and adult services in areas including learning difficulties, autism and mental health. **(ACTION)**

Cllr Connor proposed that the update item on integrated joint partnership working and co-production could be pencilled in for the March 2023 meeting. **(ACTION)**

#### **64. DATES OF FUTURE MEETINGS**

- 15<sup>th</sup> September 2022 (6:30pm)
- 17<sup>th</sup> November 2022 (6:30pm)
- 8<sup>th</sup> December 2022 (6:30pm)
- 13<sup>th</sup> March 2022 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....