

**DRAFT MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
THURSDAY, 27 SEPTEMBER 2012**

Councillors Adamou (Chair), Stennett, Erskine and Winskill

Co-opted members Claire Andrews, HFOP

LC1. APOLOGIES FOR ABSENCE

Cllr Mallett
Helena Kania

LC2. URGENT BUSINESS

Hornsey Park Surgery

LC3. DECLARATIONS OF INTEREST

The Chair wished it to be noted that her daughter is a Social Worker for Haringey Council.

LC4. TERMS OF REFERENCE

The Panel requested clarification on the relationship between the Panel and the main Overview and Scrutiny Committee, in particular with reference to what does and does not need to be referred to the main Overview and Scrutiny Committee for approval.

The Panel noted the role of scrutiny in holding the Health and Wellbeing Board to account, once this is a statutory body and asked for further information on how this will work in practice.

The Terms of reference for the Panel were noted.

AGREED:

Clarification on what needs to go to the Overview and Scrutiny Committee would be discussed amongst the Panel Chairs and the Chair of Overview and Scrutiny.

Senior Policy Officer would keep the Panel informed of developments and publications on the relationship between Overview and Scrutiny and the Health and Wellbeing Board.

LC5. WORK PROGRAMME FOR THE PANEL

The Panel asked that an update on the Clinical Commissioning Group transition be added to the January agenda.

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Noted that NCL have an integrated working strategy and that this should be looked at with a view to assessing how this links to Haringey.

AGREED:

Senior Policy to look at NCL integrated working strategy with a view to this linking into a piece of work undertaken by the Panel.

Senior Policy Officer to do some research on integrated care, including under-pinning budgets.

LC6. CO-OPTEEES

The Panel welcomed Claire Andrews, Haringey Forum for Older People, as a co-optee on the Panel.

It was noted that the Haringey Forum for Older People and Age UK Haringey are due to go into partnership in the near future.

AGREED:

A representative from Haringey Association of Voluntary and Community Organisations (HAVCO) would also be invited to be a co-optee on the Panel.

LC7. CABINET MEMBER QUESTIONS

Cllr Vanier, Cabinet Member for Health and Adult Services, presented the following P points as an introduction to her portfolio area:

- Adults has a net budget of £74.3 million.
- Adults provides personalised services to residents over 18 years of age.
- There is a statutory duty to work with vulnerable people in the borough.
- Aims to provide good value for money through strong commissioning practices.
- Challenges include:
 - Poor health of some residents over 65 years of age which use the majority of hospital beds with reference to unplanned hospital provision.
 - Increase in long term conditions.
 - Ageing population.
 - Rising cost of care.
 - Reducing the life expectancy gap.
 - Adult safeguarding becoming a statutory duty.
- Achievements include:
 - A good re-ablement service
 - Two forty bed extra care schemes with an estimated saving of £0.5 million in the first year.
 - Protheroe House is being re-designed to provide extra care housing.
 - Telecare – looking to expand this further to assist in the management of long term conditions.
 - Warm and Healthy campaign.

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- Two new supported living schemes for people with Learning Disabilities – Campsbourne and Priory Road (coming soon to support respite and emergency provision).

The Cabinet Member was asked about the shadow Health and Wellbeing Board (sHWB) and the following information was given to the Panel:

- The shadow Health and Wellbeing Board has produced the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.
- The Health and Wellbeing Strategy Delivery Plan is due to be agreed later this month.
- Governance of the Health and Wellbeing Board is still under discussion as government regulations have not yet been published.
- The current membership is 13 people and includes the Local Involvement Network and the Chair of the Clinical Commissioning Group as well as one other GP.
- Examples of current work include early bookings for anti-natal care as this has been flagged as an area where there are issues.
- The sHWB ceases its shadow form as of April 2013 when it becomes statutory.
- There is discussion taking place as to whether the HWB will be a partnership board or a sub-committee. Hoping that regulations clarify this.
- The Panel raised concerns that only those who are on the sHWB know what work is being undertaken and that decisions may therefore be being made without any dialogue or input from any other stakeholder and the implications for this once the sHWB takes on its statutory function without people knowing how it took the form which it does or why.
- The Panel asked for further information on its statutory role in scrutinising the Health and Wellbeing Board.

The Panel asked for reassurance that the new HealthWatch budget would be at least the circa £146k currently spent on the Local Involvement Network and whether the budget for Patient Advice and Liaison service will come to Haringey when HealthWatch takes over the advocacy role.

In response it was noted that in the current economic climate there is no guarantee that any budget can be protected.

It was also noted that Adults is not, as yet, aware of the PALS funding.

The Panel noted that there needs to be transparency on all funding arrangements.

The Panel asked for reassurance that as well as improvements to online access to services and information that improvements were also being made for those who may

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not have access to the internet, or the skills to access the internet, for example some older people.

The Panel were informed that improvements had also been made elsewhere, for example the Integrated Access Team which is a single point of access for people contacting Adult services.

AGREED:

The Senior Policy Officer would send information to the Panel on the relationship between scrutiny and the Health and Wellbeing Board as and when this becomes available.

A briefing on the sHWB work programme would be circulated to the Panel.

A briefing note on the funding of HealthWatch and the PALS funding transfer would be provided to the Panel.

RECOMMENDATION:

That the minutes of the sHWB are published on the Haringey website to allow transparency of work undertaken.

LC8. BUDGET MONITORING 2012/ 13

Katherine Heffernan, Head of Finance for Adults and Housing introduced the Budget Monitoring report.

A correction to the report was noted – Para 5.3, third line from the bottom should say 'commissioning' rather than 'decommissioning'.

It was noted that the current financial pressure is due to an increased demand for services, particularly in older people services and mental health services.

There is also a large amount of pressure due to Continuing Healthcare where people leave the care of the NHS and need adult services. Noted that the budgets do not follow these cases.

Noted that whilst there is growing demand on services the budget is not growing.

There is uncertainty on the future of funding for social care with no decision currently being made by the Government following the Dilnott Commission report.

Noted that health inequalities in the area also have an impact as people are becoming ill earlier and this has an implication on services and therefore the budget.

Noted that the cost of caring for older people outside of hospital settings has a direct impact on social services and whilst this action may contribute to the health deficit reduction the costs are being shifted from the NHS onto social care.

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Noted that the Fair Access to Care services (FACs) criteria for Haringey has not changed, and remains at the Critical/Substantial level. Some authorities are just providing at a Critical level.

The Panel were reassured that there is ongoing and robust dialogue between health and social care colleagues about the shifting of costs from NHS services onto social care services, particularly around the continuing healthcare assessments.

Work is being undertaken to integrate commissioning by Section 75 and Section 256 arrangements.

(N.b Section 75, NHS Act 2006:

- *“Pooled funds - the ability for partners each to contribute agreed funds to a single pot, to be spent on agreed projects for designated services*
- *Lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation*
- *Integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line” (DoH website)*

Section 256

“PCTs can make payments (service revenue or capital contributions) to the local authority to support specific additional local authority services. For example, where older people require a greater level of care in the community. This is a grant for additional local authority spend (a contribution to the other partner’s costs for care delivery), not a transfer of health functions to the local authority. The provision can be used to create joint budgets for joint and integrated services.” (Audit Commission)).

The Panel were informed that Adults is being extremely tough in negotiations, both in terms of multi-disciplinary assessments and also with regards to any cost shifting onto social care services.

Noted that Adults and Health are also trying to work closer together to improve services for the service user and to provide a seamless service.

There is a lot of pressure due to the rate of people coming out of hospital, and those who are no longer being admitted who previously may would have and who need social care services.

Noted that the service is due to put in a growth bid for the forthcoming budget round, however there would be no guarantee in the current climate that this would be approved.

It was noted that the service is trying to contain budget pressures as much as possible internally, for example not recruiting to posts unless absolutely necessary.

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Noted that Haringey receives funding as an outer London authority with inner London needs.

The Panel asked that in future the budget report Cabinet Member introduction could be deleted as there were concerns that it was party political and therefore goes against the non-party political nature of scrutiny.

AGREED:

The Panel would write to support the case for greater funding for Haringey.

The Senior Policy Officer would ask the Head of Finance for future reports to be edited to remove the Cabinet introduction.

LC9. LEARNING DISABILITY SERVICE - TRANSITION FROM WHITEHALL STREET

Beverley Tarka, Head of Learning Disabilities, gave an overview of the move from Whitehall Street to Campsbourne. The following points were noted:

- The policy direction nationally is one towards enabling people to have more choice and control over their lives.
- The Service feels that the move to Campsbourne encapsulates this policy direction.
- Adults worked closely with Housing and identified an uneconomic void, where the cost of renovating the property for a family was too high.
- Capital investment was approved for this property to be redeveloped using the Community Care Grant and the Housing Revenue Account.
- Work was undertaken in a tight timescale of 6 months.
- Residents of Campsbourne were encouraged to choose their own colour scheme for their new home.
- There are two care staff at Campsbourne at all times. These are being paid for by the service users using personal budgets.
- Documents such as a Service Level Agreement and Protocol were created specifically for this piece of work.
- Residents at Campsbourne have had post-placement reviews to assess how they are getting on in their new home.
- An Independent Mencap Advocate has been commissioned to do a review with the service users who are now residents of Campsbourne. Overall this review found the residents to be very happy in their new home and enjoying an active social life.

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- One resident commented that she was unable to view Campsbourne before moving in and that she would have liked to have done so. The Panel were informed that this was due to health and safety issues. However, they are considering this as a lesson learnt for any future project. It was also noted that photos were taken and put up at Whitehall for residents to be able to see pictures of where they would be moving to.
- The unit cost at Whitehall Street was £1800 as opposed to £1200 per week at Campsbourne.

Yvonne, next of kin for a resident of Campsbourne, made the following points:

- There was a lot of consultation about the move from Whitehall, however there was no choice as to whether or not they wanted Whitehall to close – this decision was made by the Council.
- The new home is closer to Yvonne and therefore more accessible for her to visit.
- Campsbourne has a more homely feel than Whitehall did.
- Her relative now does her own shopping which she has never been able to do before and has settled in much better than had been expected.
- Yvonne feels that the staff at Campsbourne are wonderful and very caring.
- Yvonne is very happy with the overall outcome.

The brother of a resident made the following points:

- Felt the move was rushed
- Would have preferred his sister on the ground floor but choice was not available.
- Very happy with the staff at Campsbourne.
- His sister is happy being able to go out and into the community.

Edenvale (Care Providers for Campsbourne) made the following points:

- Two members of staff who previously worked at Whitehall were able to secure jobs with Edenvale). These staff Members have said that residents have blossomed and become more assertive in their new home.
- There are no set menus at Campsbourne – residents can choose what they want to eat.
- Residents are going out more, for example visits to the local pub, and they are able to do this when they choose to.
- Residents able to enjoy every day activities which most people take for granted, for example doing their own clothes shopping and their own food shopping.

The following points were made in response to questions by the panel:

- There is now just one in-house residential provision which is council owned. This is for people who have very high support needs.

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- The Lowry and the Priory are being developed along the same model as Campsbourne.
- It was the families who chose Edenvale rather than Adult services. This was done by the families interviewing providers. Before this was done, each potential provider was fully audited by Adults, this included safeguarding.
- The Priory will be for people who have chosen Council respite.
- As a direction of travel Adults hopes to develop more services along these lines.
- All residents are registered with a local GP.
- For future developments Adults would ensure that residents were able to meet contractors a lot earlier to discuss their needs. They would also drive people around the area so that they have more of a feel for the neighbourhood that they will be moving into.
- Campsbourne is environmentally safe and has a burglar alarm as well as Telecare facilities.
- Both announced and unannounced safeguarding visits have taken place. There have been no safeguarding issues reported to date.
- Housing Officers have met with the residents.
- Residents have not met with Safer Neighbourhood Teams.

The Panel asked that the Independent Mencap Advocacy review report be circulated to the Panel.

The Panel thanked the representatives for attending and congratulated them on the service change.

AGREED

Residents of Campsbourne to be introduced to their local Safer Neighbourhood Team.

The Independent Mencap Advocacy report to be circulated to the Panel.

LC10. CLINICAL COMMISSIONING GROUP UPDATE

Sarah Price, Accountable Officer, Haringey Clinical Commissioning Group presented the following points:

- She will be working closely with Dr Helen Pelendrides (Chair of the Haringey Clinical Commissioning Group) through the authorisation process.
- At present the Clinical Commissioning Group (CCG) has a delegated responsibility and can therefore make decisions.
- The CCG won't be fully accountable until April 2013.
- There is lost of change coming for the CCG over the next 6 months to prepare them for full authorisation.

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- This is a time of risk, however it has been planned for which includes planning to mitigate risks.
- The CCG is financially challenged, with a significant overspend.
- The CCG is changing the way that services are provided, moving towards a more integrated approach and one which wraps around families.
- Working closely with other boroughs and organisations to improve services and value for money. There are potentially lots of alliances which the Haringey CCG can benefit from.

In response to questions from the Panel the following points were made:

- Referral management and demand management are two key challenges.
- Budgets are not controlled by the Clusters, they are centrally controlled.
- The Cluster has been able to financially risk share by pooling a top-slice of budgets. For example the 2% top slice has been used to transform services.
- Haringey has previously paid less into this top-slice due to it's financial pressures.
- The CCG are looking at 'risk pool' options across London. This would enable CCG's to access any surplus which they wouldn't have otherwise been able to.
- It is not necessarily better to have an under-spend rather than an overspend as each area starts from zero every year.
- The CCG is unable to pool budgets with the Council until April 2013 as they are not a statutory body until then.
- The direction of travel in Haringey is towards greater integration.
- Discussion between the CCG and senior Managers in Adult Services is taking place.
- The NCL Primary Care Strategy aims to improve services across the board. However there is a need to develop a Haringey Primary Care Strategy from the NCL one.
- Haringey has a different GP profile to the rest of the NCL cluster in that it has a high number of salaried GPs.
- The CCG is hoping to appoint a Medical Director and a Director of Quality soon.
- Allocation of Public Health funding does not directly link to the previous spend of an area on Public Health. Allocations are currently being revised and so figures may change over the next couple of months.

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Sarah was welcomed to her new role in Haringey by the Panel and thanked for attending so early in the role.

The Panel wished for their thanks to be passed on to Andrew Williams, outgoing Borough Director/Acting Accountable Officer for his help and support during his time in Haringey.

AGREED:

That the Senior Policy Officer to look into what disease areas are likely to cause the highest budget pressures.

LC11. AREA COMMITTEE CHAIRS FEEDBACK

None received.

LC12. FUTURE MEETINGS

10th December, 2012

10th January, 2012

2nd April, 2013

LC13. NEW ITEMS OF URGENT BUSINESS

Concern was raised with regards to the future of Hornsey Park Surgery.

Hornsey Park Surgery is not currently expected to meet Care Quality Commission standards which come into force next year. Options are being explored to ensure that the surgery does meet standards.

Concerns have been raised that the surgery will be forced to move out of its current catchment area and further to the West of the borough due to uncertainty of the current properties lease and opportunities for improving the current or nearby surgery.

The panel raised concerns that:

- any move to Hornsey would make it very difficult for existing patients to travel as although it is geographically close, it would be two bus journeys
- a move would further exacerbated health inequalities in the borough.

It was noted that whilst Doctor continuity is important, the quality of provision was also important and this would need to be balanced when considering the premises for the surgery.

AGREED:

Sarah Price, Accountable Officer, Haringey CCG would speak to North Central London NHS to get an update on the situation for the Panel.

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Clr Gina Adamou

Chair