

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
MONDAY, 10 DECEMBER 2012**

Councillors Adamou (Chair), Mallett, Stennett, Erskine and Winskill

Co-Optee Helena Kania (LINK)

LC23. APOLOGIES FOR ABSENCE

None received.

LC24. URGENT BUSINESS

None received.

LC25. DECLARATIONS OF INTEREST

Cllr Adamou declared that her daughter is a Haringey Social Worker.

LC26. DRAFT MEDIUM TERM FINANCIAL PLAN

Cabinet Member Introduction

Cllr Vanier, Cabinet Member for Health and Adult Services introduced the budget by setting the context for the service:

- There is a rising demand due to an ageing population and an increase in health challenges, for example long term conditions.
- Spend on vulnerable adults accounts for approximately 20% of the Councils spending.
- The recent Care and Support White Paper provided no decision on funding.
- Most of this service provides statutory duties and therefore cannot easily be cut.
- Challenge is how we fund the service with a lower budget and higher demand and customer expectations.

Review of Budget proposals from Draft MTFP

A1 – The reduction in this post is due to the majority of the post being transferred elsewhere. In order to manage change and deliver savings the post is still currently needed due to the level of seniority and experience. It is listed as a saving for 2015/ 16; if possible it will be brought forward.

Noted that the current staff to Manager ratio across Adult and Community Services is 1:11.

A2 – This saving relates to the integration agenda and will involve service restructuring, consultation and change management as it is a complete change in the way that the service is managed.

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Consideration is being given to integrating Occupational Therapy with another provider. This already happens in Boroughs such as Islington and Croydon.

Noted that people in receipt of adult social care do not mind who is delivering a service, as long as it is being delivered to a high quality standard, meets their assessed needs and is responsive.

Whilst there is no discretion in what statutory services can be delivered, there is discretion in how these services can be delivered and therefore can aim for better quality and value for money.

The preference would be with commissioning a local healthcare provider.

This saving does not include merging social work with occupational therapy posts.

There is still a lot of work to be done on this proposal and the service is still in the early stages of looking at models, including Haringey being the lead.

Models are successful elsewhere, for example Barnet, Westminster, Hammersmith and Kensington & Chelsea are integrating many of their assessments into one provider – Central London Community Healthcare (CLCH) NHS Trust.

Any model would need to ensure robust and clearly accountable local governance and management structures.

The Panel noted that any provider would need to focus on the needs of the whole Borough.

A3 – This is also a transformational saving which will reduce a management tier and result in a generic management structure.

Concerns were raised about the extra burden that this may place on staff in a climate where there is an increased demand and a decrease in staff.

Noted that there is an aim to reduce management costs, but that there is no absolute guarantee that this would not have an impact on service delivery and staff support.

A4 – No impact on service delivery.

A5 – Currently vacant posts.

The Panel asked whether a risk assessment had been done in order to mitigate any risks should the efficient systems management mentioned on the savings proposal not be sufficient.

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It was noted that this had been considered by an external consultant commissioned by Organisation, Development and Change (OD&C) at the time of business process re-engineering taking place.

A6/ A7 – also vacant posts.

The Panel asked whether current staff members were taking on the responsibilities of the posts which were currently vacant and due to be deleted.

The panel was informed that this is the case and also noted that the current structure is highly efficient and that current working was constantly being reviewed both with managers and with those who the service was accountable to in order to ensure the efficient operation of services.

A8 – as above.

A9 – This saving is due to the moving to a multi-borough contract with Hammersmith and Fulham, Kensington and Chelsea, Hounslow, Richmond and Westminster.

The advantage would be a cost and volume discount and better value for money.

There has been a reduction in demand for meals on wheels due to a number of reasons, for example some people preferring to make their own arrangements, on-line supermarket delivery, Personal budgets and such like.

Residents needing this service will still receive it; there is no service cut.

The current post holder also offered nutritional advice to in-house residential homes, which the Council no longer has (apart from Osborne Grove Nursing Home and Linden Road).

The Panel asked about the price inflation of meals, and were informed that this has been kept very low and below the Retail Price Index (RPI).

The Panel noted that some of the boroughs mentioned as part of the tri-borough contract were known for being keen on passing on costs to service users. The Panel were informed that any contract for the provision of meals would include price control for Haringey within the contract specification, and this would be part of the agreement.

A10 – This saving would be based on restructuring in order to rationalise the management structure.

A11/ A12 – Both posts are currently vacant.

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A13 – Is due to be covered by the Overview and Scrutiny on 17th December 2012.

A14/ A15 – No impact.

A16 – This saving is about helping people with learning disabilities to live in the community as opposed to large institutions. Savings achieved average a third less care costs.

The National policy direction is also about moving away from large institutions. Winterbourne View recommendations also support this move away from large institutions to more personalised supported housing. An example of this is Campsbourne which the Adults and Health Scrutiny Panel considered at their Panel meeting in September.

The Panel asked whether it was possible to bring this saving forward from 15/ 16 as it is a positive saving. The Panel were informed that this would be dependent on the availability of housing.

The service is currently working on 3 more possible schemes with housing where families would like their relatives to move out of institutional care. Options are being explored for housing, but this housing needs to be within Haringey.

The Panel asked who would provide care in these homes and was informed that, as with Campsbourne, there would be a high level of input from families on what care services would be commissioned.

A17 – The Panel were informed that out of the total £400k savings, £184k had been identified (as per circulated document). The remaining £215k would be delivered in 14/ 15.

The Mental Health posts due for deletion have been vacant for months.

Adults have discussed the deletion of these posts with BEH MHT who are aware that savings need to be made whilst being aware of the possible implications.

The service aims to minimise the impact as much as possible.

Mental Health social worker posts have not been cut over recent years, when other services have had posts cut. If the savings are not made from these, vacant posts, then they will need to come from elsewhere.

There are approximately 21 remaining Mental Health social worker posts. The vacant posts work has been taken up by existing social workers and management is ensuring that the service is still responding appropriately to demand.

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In terms of local comparators, Haringey is better resourced in Mental Health social workers. A national CIPFA audit shows Haringey to be about average.

The posts due for deletion are the "As Is" position as they are mainly vacant. However, the service is looking strategically with Managers and Partners.

Savings are being made with consideration to how vulnerable people can best be protected.

The Panel noted that the Principal Policy Officer post is joint funded by Public Health and that should Public Health wish, they can fully fund the post.

The Panel asked whether future demand in relation to benefit cuts had been considered and were informed that the service is away of the changes and demand. However this has to be managed within the budget set.

NHS Grant to Support Care and Benefit Health

This is a grant which has been given to the NHS for social care, and will continue in 2013/ 14 and 2014/ 15.

The Grant is not ring-fenced, hence a growth bid has been submitted by Adult Services.

This bid is reflected in the growth/Investment proposals in Appendix 3 of the main reports pack.

The Panel noted that the Acute sector is getting better at getting people out of hospital quicker so they can be treated within the community and that this has an impact on social care services in terms of increased demand.

Investment A2 reflects the projected increase in learning disability and mental health service users and also that that people have a higher life expectancy with more complex needs.

There are difficulties in managing the increase demand of people coming into the social care system, for example where the BEH MHT believe that someone is well enough to be treated in the community and social care is responsible for these services.

There are strategies in place in order to help to manage the increased demand in older people for example extra care sheltered housing.

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Consideration of identified area(s)

N/A.

Conclusions and recommendations

A2 – The Panel **RECOMMENDS** that any moves which are made in relation to the redesign of Adult social work assessment relating to Occupational therapy and social work assessment should focus on the integration of health and social care.

The Panel further **RECOMMENDS** that Haringey Council should be the lead authority on service provision.

A13 - The Panel noted that where there is an element of health and social care they would have liked the opportunity to ask questions on the proposed savings.

Questions which the Panel wished to be asked at the Overview and Scrutiny Committee were:

- What support is being given to support the voluntary and community organisations who will be impacted by these cuts?
- The Panel would like assurances that any changes to voluntary and community organisations due to these cuts would not have a negative impact on client safety.

A16 – The Panel welcomes the move to enable more people with learning disabilities to live independently in the community and looks forward to hearing further updates on progress.

The Panel **RECOMMENDS** that the Campsbourne model, which the Panel considered at its meeting in September, should be used as a model for other supported housing schemes.

A17 – Whilst the Panel notes that some of these posts have been vacant for some time it has concerns that the extra burden on existing staff will not be sustainable and that this will have an adverse effect on the service provided to service users.

The Panel has concerns that a Principal Policy Officer post in the Adult Commissioning service is being cut at a time of transition when these skills may be needed.

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The Panel therefore RECOMMENDS that:

- The impact of the reduction of posts is monitored at 3 and 6 months and that steps are taken where it is found that there is an adverse effect on the service being provided.
- Public Health consider picking up the full funding of the post, at least during the forthcoming transitional period.

NHS Grant to Support Care and Benefit Health

The Panel welcomes the NHS Grant and recognises that the service needs an injection of funding in order to manage the demographic changes and an increase in demand.

The Panel therefore **RECOMMENDS** that the full amount of money is given to Adults in all of the remaining years of the grant.

The Panel also strongly supports making a further business case to ensure that the level of the NHS grant continues to keep pace with the increased pressures on the service.

Health and social care integration

The Panel is encouraged by the number of health and social care integrated services and **RECOMMENDS** acceleration in the move to greater integration in order to improve outcomes for service users and improved financial efficiency.

Public Health

The Panel understands that the Public Health budget is not yet available and looks forward to receiving the Public Health budget when it becomes available in order to allow the Panel to scrutinise the proposals as per its constitutional duty.

LC27. MINUTES

Approved.

LC28. PANEL FORWARD PLAN

The Whittington Health Foundation status update is to be deferred until the Panel on 2nd April due to the application being put on hold for a few months.

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LC29. DATES OF FUTURE MEETINGS

LC30. NEW ITEMS OF URGENT BUSINESS

None received.

Clr Gina Adamou

Chair