

**DRAFT SCRUTINY PANEL RECOMMENDATIONS AND COMMENTS FOR
CONSIDERATION BY THE OVERVIEW AND SCRUTINY COMMITTEE**

The Overview and Scrutiny Committee is asked to discuss and consider the Draft recommendations outlined below. Final recommendations will then be presented to the Overview and Scrutiny Committee at its meeting on 22nd January 2013 for approval and referral to Cabinet for consideration.

Line	Recommendation	Key points from the draft minutes from the Panel
Adults and Health Scrutiny Panel		
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.	<ul style="list-style-type: none"> • 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. • Consideration is being given to integrating Occupational Therapy with another provider. This already happens in Boroughs such as Islington and Croydon. • Preference would be with commissioning a local healthcare provider. • 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 the 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.
	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	N/A

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	<p>health and social care they would have liked the opportunity to ask questions on the proposed savings.</p> <p>Questions which the Panel wished to be asked at the Overview and Scrutiny Committee were:</p> <ul style="list-style-type: none"> ▪ 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. 	
<p>A16</p>	<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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. • 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

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		<p>commissioned.</p>
<p>A17</p>	<p>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.</p> <p>The Panel therefore RECOMMENDS that:</p> <ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> • 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.
	<p>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.</p> <p>The Panel therefore RECOMMENDS that:</p> <ul style="list-style-type: none"> ▪ Public Health consider picking up the full funding of the post, at least during the forthcoming transitional period. 	<ul style="list-style-type: none"> • 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. • 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.

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<p>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.</p> <p>The Panel therefore RECOMMENDS that the full amount of money is given to Adults in all of the remaining years of the grant.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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 (as per Appendix 3). • 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.
<p>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.</p>	
<p>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.</p>	

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Communities Scrutiny Panel		
P7	That the possibility of obtaining external funding to mitigate the increase in school swimming charges be explored.	<ul style="list-style-type: none"> • Additional cost would be borne by schools. • The new charge was likely to be £2.60 - £3 per session per child. This would be looked at together with the new service provider. • The charges had remained static for a number of years. • It was acknowledged that there was a risk that schools would stop using the service but swimming was part of the national curriculum and this was therefore viewed as unlikely. • The increased charges were considered as not being out of line with those made by comparable authorities. • The Panel were of the view that it was important to ensure that the proposed changes did not impact negatively on children but that it was unlikely that the increase would deter schools from using the service.
P9	That the options of developing a joint mobile library service with Barnet and Enfield and developing an integrated service with another service provider be explored fully.	<ul style="list-style-type: none"> • The Panel were concerned at the potential impact on housebound and other vulnerable people. • The Cabinet Member reported that the service had 712 users who took out approximately 150,000 items per year. The figure for housebound people was approximately 14,000 items borrowed per year. The service covered streets, sheltered accommodation, housebound people, schools and children's centres. However, the number of users had been going down. • The 180 housebound people who used the service all had a number of other service providers visiting them in their homes every day. • It was not feasible to just run the service for housebound as the numbers were too small. • It was noted that a review that was planned and engagement with users would be arranged as part of the review.

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		<ul style="list-style-type: none"> • Partners would be closely involved and that this would include Age Concern. • The Panel were of the view that it was important that that partner agencies such as the London Fire Brigade, Police Service, the Clinical Commissioning Group and the Mental Health Trust and any other relevant partners were also involved and that the option of integrating with health and safety services be fully explored.
P12	<p>That the proposed budget reduction to support for area forums/committees be considered further by the Panel following the receipt of feedback from area forum/committee Chairs.</p>	<ul style="list-style-type: none"> • It was noted that the enablement team in Front Line services currently had 4 staff – 3 full time and 1 part time. • It was proposed that all of the posts would be deleted. The posts had been created as part of the development of Front Line Services. • Part of the reason for their creation had been to sort out the distribution lists for area forums/committees and this had now been done. In addition, they also had a role in assisting with the development of area plans and attending meetings of area forums/committees. The remainder of their time had been used on other functions. The work that they had been doing on area forums/committees would need to be picked up elsewhere within the Council. • The Panel commented that progress on area plans had been slow. This was acknowledged by Cabinet Member for Communities. • In addition, a number of the actions that had been included within some area plans were things that were already being done or planned. It was open to question whether work on them represented value for money. • Panel Members questioned whether there was the capacity to effectively support area plans. Although money had been

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		committed to facilitate this, progress still needed to be made. The Cabinet Member was of the view that the role of area forum/committee chairs was important. It was not solely about charring meetings and there were other ways of engaging with residents.
Environment and Housing Scrutiny Panel		
	TO FOLLOW	
Children and Young People Scrutiny Panel		
	TO FOLLOW	