

## **REPORT OF THE ADULTS AND HEALTH SCRUTINY PANEL 10<sup>TH</sup> JANUARY 2013**

The draft minutes of the Adults and Health Scrutiny Panel are herewith attached. The main items discussed were as follows:

### **BEH MHT DRAFT COMMUNICATING CHANGE GUIDANCE**

Maria Kane, Chief Executive of BEH MHT introduced the paper. Key points noted include:

- The proposed closure of Downhills Ward and the handling of the proposal was the impetus for updating the guidance.
- The outcome of the working group, set up following the Special A&HSP in November, is that Downhills Ward and Finsbury Ward will remain open, and Haringey Ward will now close. Downhills and Finsbury Ward will be combined Assessment and Treatment Wards.
- These changes are interim and will be in place until the site is redeveloped.

Comments from the Panel included:

- There is a need for a more robust statement on getting buy-in from the voluntary & community sector, service users, carers groups and staff at the start of the document.
- The expectation should be that there is two way communication between the MHT and service users, voluntary and community groups, carers etc and that this should be both engagement and listening to what each group has to say.
- The Panel noted that they were impressed with the cooperation of the MHT through the working group and that changes were made based on the input of the working group.

### **AGREED:**

- The MHT would include the role of the Board in the Communicating Change Guidance.
- The importance of getting buy in from service users, the voluntary and community sector, carers and staff would be strengthened to emphasise that communication and engagement is a two way process.

### **BEH MHT HOME TREATMENT TEAMS AND RECOVERY HOUSES**

The Panel were taken through a presentation. The following discussion points were noted:

- Strong relationships with carers and their families is an integral part of the services.
- It was noted that the smallest Recovery House is in Haringey, and in the West of the borough away from the area of highest need. The MHT stated that there is not a limit on the number of Recovery Houses an area could have and that if they were offered a house in the area of most need then they would be very keen to take this on.

The Panel asked for an update on the Foundation Trust application status and were informed that the current process and next steps are unclear.

### **AGREED:**

- The Panel would write to the Cabinet Member for Housing about any available property in the East of the Borough which could be used as a Recovery Houses.
- The MHT would involve peer groups in looking at the language on information sheets.
- The MHT and LPC would discuss sharing information on mental health services in the borough to enable pharmacists to signpost.
- The Panel would write to the TDA and the CCG to ask for clarification on the next steps and affirm the CCG's support of the Foundation Trust application.

- The Panel would revisit HTTs and Recovery Houses at a later date for further input.

## **REPORT ON THE POSITION OF HEALTH VISITING AND DELIVERY OF THE NEW BIRTH VISIT IN HARINGEY - WHITTINGTON HEALTH**

The Panel was taken through the report by Sam Page, AD Universal and Safeguarding Children's Services.

The following points were noted:

- Health Visitors are an unusual area of growth.
- Haringey has a high trajectory of growth due to vulnerability in the population and growth.
- Expected growth in Haringey is 50 Health Visitors. This is a welcome but challenging growth target.
- Haringey previously worked to 28 days for New Birth Visits. This was agreed locally with Commissioners. Nationally the target is 14 days, which is now worked to.
- Whittington Health is currently at the baseline amount of Health visitors, but has not started to recruit to expansion figures. This should be an additional 14 Health Visitors by April, but is not achievable at this stage.

Discussion points noted include:

- 20 new students are planned across Haringey and Islington over the next 2 years. This will be alongside the additional Health Visitors.
- It will take a couple of years to build up and embed a service of experienced Health Visitors.
- The performance rates in the report relate to the whole borough. Differences in performance relate to where they are vacancies.
- Agency staff do not always have the local knowledge which is needed; however they do try and work with the same Health Visitors to maintain knowledge gained.
- Islington has about the same numbers of Health Visitors as Haringey but with a smaller population. There are more Health Visitors per baby in Islington.

The Panel congratulated Whittington Health on the significantly improved performance around New Birth Visits.

### **AGREED:**

Whittington Health would come back to the Panel with information on the activities Health Visitors undertake at Children's Centres.

### **CLINICAL COMMISSIONING GROUP UPDATE**

The Panel received an update from Sarah Price, Chief Officer and Dr Pelendrides, Chair.

Points noted include:

- An Authorisation visit took place in November; this was conducted by a group of external peers who had no experience of Haringey.
- There are a few areas left which they need to reassure Commissioners on by the end of January (12 out of 117).
- Final result on authorisation will be available in February and will include any conditions which are attached to the authorisation.
- They need to achieve a balanced budget and currently aim to do this by the end of 2013/14. The deficit has gone from £17million last year to £7 million.
- The Integrated Care Strategy is a current area of focus which is being worked on with the Local Authority.

Discussion points noted include:

- Changes are about transformation rather than stopping services being provided.

- The Integrated Care re-ablement pilot which has been running in the North East of the borough is being extended to the central cluster. This pilot includes a weekly teleconference with all practitioners about a persons care and to plan their next phase of care.
  - The next stage is to find people at risk and intervene before they go to A&E.
- The Primary Care Strategy work includes looking at improving access to GPs more generally. The CCG is working with North Middlesex and Whittington Health on Urgent Care Centres.
- The CCG is working with the MHT to look at improving access for GPs to mental health care services. This is a prioritised piece of work over the next few months.
- GPs do not always feel confident managing low level mental health needs as they are unsure that they will get the support that they need.

## **HEALTH AND WELLBEING BOARD UPDATE**

The Panel received a verbal update on the Haringey Health and Wellbeing Board.

Points noted include:

- The Health and Wellbeing Board takes a strategic approach.
- It has produced the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy along with its delivery plan.
- Regulations are expected to show exemptions to Section 102 (Local Government Act 1972), political proportionality.
- Haringey Shadow Health and Wellbeing Board has been operating on a small membership basis but with discussions still ongoing about the final membership.
- The focus thus far has been on organisational development (alongside the Health and Wellbeing Strategy and Delivery Plan and the Joint Strategic Needs Assessment). A priority area has been consider from each of the Health and Wellbeing Strategy objectives.
- A Haringey Health and Wellbeing Board website will be up and running by April and this will include minutes of the board.

Discussion points noted include:

- The Panel wished to know why the minutes of the shadow Health and Wellbeing Board would not be available any earlier than April. The Panel were informed that the minutes of previous meetings would all be made available when the website goes live.
- The Cabinet Member agreed to get back to the Panel with further information on consultation which is due to take place ahead of the Terms of Reference and arrangements being agreed by Cabinet in March.
- Health and Wellbeing Boards are held to account by Overview and Scrutiny, in Haringey this would be the Adults and Health Scrutiny Panel.
- The Panel raised concerns that they do not know more about what the shadow Health and Wellbeing Board has been doing, or the future arrangements. This was not only relevant to the Panel Members but to Councillors across the Council.
- The Panel commented that overall the work of the shadow Health and Wellbeing Board sounded positive, and it was therefore puzzled as to why it was not able to get more information on it.

## **AGREED:**

- The Cabinet Member would provide the Panel with information on the planned consultation arrangements for the Health and Wellbeing Board arrangements prior to approval at Cabinet in March.
- The Adults and Health Scrutiny Panel would consider holding information sharing meetings with providers and commissioners on a regular basis to ensure they are able to maintain an overview of changes and key issues in the local health environment.

**RECOMMENDATIONS OF BUDGET SCRUTINY  
AGREED**

**PANEL WORK PROGRAMME  
AGREED:**

- The Senior Policy Officer would scope the Integrated Care Pilot project.

**COUNCIL FORWARD PLAN**

The Panel requested to consider the Health and Wellbeing Board paper due at Cabinet in March (Establishment of New Health and Wellbeing Board – Functions/remit and Governance arrangements) as pre-decision scrutiny prior to it being considered by Cabinet.

The Panel discussed their input into the procurement process and felt that in future it would be helpful for them to consider service specifications (where relevant) when a large contract was being tendered.

**AGREED:**

- Senior Policy Officer would speak to relevant Officers to see when this paper would be available and arrange a special Panel meeting should this be necessary (and in line with the Overview and Scrutiny Protocol)

**Cllr Gina Adamou**

**Chair**