DRAFT MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
THURSDAY, 10 JANUARY 2013

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

Co-optees Helena Kania (LINk), Claire Andrews (HFOP)

LC31. APOLOGIES FOR ABSENCE

None received.

LC32. URGENT BUSINESS

None received.

LC33. DECLARATIONS OF INTEREST

None received.

LC34. 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 working group which was set up with the Adults and Health Scrutiny Panel following the Special meeting in November was very constructive and reached a consensus on the way forward.
- The outcome of the working group 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.
- Maria thanked the working group for their input.

The Communicating Change Guidance needed to be strengthened both in governance arrangements and in the policy.

Changes to services now need to be signed off by an Executive Director. However, this does not negate the need for stakeholder engagement.

The Guidance is due to be signed off next week and will then be circulated to Managers and Clinical Directors.

The Guidance will also be re-launched across the Trust and discussed at Team meetings.

In response to a question Maria informed the Panel that the paper is Guidance, but that staff are expected to adhere to it and that sanctions would be in place for those who don't adhere to it. The policy/governance aspect of it is that any changes must be signed off at Executive Director level.

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.
- The Mental Health Support Association raised the role of Non Executive Directors in the process and were informed by the MHT that the role of the Board would be added to the document for clarification.

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.

LC35. BEH MHT HOME TREATMENT TEAMS AND RECOVERY HOUSES

The panel was taken through the presentation by Jackie Liveras, Assistant Director, Crisis and Emergency.

Key points included:

Home Treatment Teams (HTTs)

- HTTs have been running for 12 years across the country.
- HTTs are a meaningful alternative to hospitals.
- The National Service Framework some years ago laid out what the role of HTTs is.
- People prefer to be treated in the own homes.
- There is a target of 727 treatment episodes; MHT is currently at 700 and therefore expecting to exceed the target by quite a lot.

Issues include a slight drifting from the National Service Framework and so work is currently being done to re-focus the service.

- HTTs are a vital component of enabling the re-profiling of beds.

Future plans include:

- Work to improve service users experience and quality of services, for example ensuring that service users do not have to complete multiple assessments, GPs being able to refer to HTTs directly for assessment.
- The intake service was reviewed at the end of 2011; this work is now being re-looked at.

Recovery Houses

- The partnership with Rethink is working very well.

Issues include:

- Services are not always in place to enable people to move on.
- Recovery Houses are usually full, with an expected increased demand this will increase pressure.
- 90 admissions across the Trust.

Comments from Rethink included:

- The success of Recovery Houses is due to the partnership between Rethink and the MHT.
- Recovery Houses are a hub within the community.
- Feedback from service users is positive.
- Peer support groups are being formed and ex service users are being developed in the skills needed to run these groups.

The following discussion points were noted:

- All staff that are displaced from the closure of Haringey Ward will be redeployed, including an increase in staff numbers on HTTs.
- The ability for GPs to refer to HTTs is positive.
- If a person goes into a pharmacy with mental health queries then it would be helpful for the pharmacies to know where to signpost to and which services were open when etc. The MHT agreed to speak to the Local Pharmaceutical Committee to share this information.
- The language used on the information sheets about HTTs and Recovery Houses will be shared with service user peer groups to gain their input on how they can be improved, particularly in relation to the language used.
- Strong relationships with carers and their families is an integral part of the services.
- HTTs are moving towards a position where all assessments are done in the home, apart from in exceptional circumstances. By conducting these at home family members and carers are often automatically involved.
- Social workers are a part of all HTTs and will conduct carer's assessment where the carer says that they wish one to be undertaken.
- The MHT have a target on carer's assessment and report to the Local Authority. They also have their own records.
- It is ensured that carers are spoken to and listened to as part of the pathway.
- Care Coordinators based in HTTs are responsible for the Care Plans for service users in both HTT services and in Recovery Houses. They then liaise with the relevant staff member if the service user moves to acute care.

- The monitoring of a service user depends upon their risk assessment, when in primary care this is the GP.
- 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.
    - It was noted that larger houses, for example with over 15 rooms is more economically efficient and cost effective.
    - It was noted that a property review is currently taking place which may identify suitable properties which could be used for this.
- Noted that the RIO IT system is being rolled out to the Haringey Recovery House this month, and that this will make it easier for assessments to be done 24hrs a day without disturbing resting staff on night shifts.
- All information leaflets, and service users care pack include information on how to complain. If a person wishing to complain wasn't aware of a direct route they would be able to call the St Ann's helpline and be put through to the relevant department.

The Panel asked for an update on the Foundation Trust application status and were informed that the current process and next steps are unclear. The Foundation Trust application had been through NHS London and was with the Department of Health when the Trust Development Agency (TDA) was formed. The TDA have said they would like to go through some of the stages again and there is therefore a 3 – 4 month delay expected, before it goes to Monitor.

The current process and lines of responsibility are currently unclear.

The forthcoming Francis report on Mid Staffs may have implications on the process.

A recent CQC inspection resulted in some moderate concerns which other Trust intend to put right in the immediate future.

The MHT are doing some Peer Review work with a high performing neighbouring Trust.

The Mental Health Support Association stated that the interest of the Panel in HTTs and Recovery Houses has been positive and useful and requested that Panel revisit the area in future. The Mental Health Trust stated that they would be happy to bring further information to the Panel, particular as input would be useful as the care pathway changes.

It was noted that Nick Bishop, Mental Health Support Association, was stepping down. The Panel wished their thanks to be noted for Nick's valuable support and input over the years.

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 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.

LC36. 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.
- There is a commitment to increase the number of health visitors by 2015.
- 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.
- There are implications on the Healthy Child Programme and work is being done to consider what this means in terms of shared outcomes with partners.
- A teenage mum's programme running in the borough has been very successful.
- The challenge with increasing the numbers of health visitors is that there are very few available health visitors, particularly in London.
- Whittington Health is working with NHS London, the Deanery and Health Visiting Training services.
- Health Visitors are trained nurses who then undertake a year graduate training to become a Health Visitor.
- Health Visitor students undertake a significant amount of training in practice, for which they need support in place.
- With a depleted workforce and a population with high vulnerability it is challenging to provide the necessary level of support to students.
- The lack of experienced Health Visitors numbers has an impact on newly qualified Health Visitors who need support to make sure they are confident and safe.
- A Health Visitor model needs both new and experienced Health Visitors as part of it.
- Some retired Health Visitors so come back into practice with flexible arrangements.
- 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.
- Processes are currently being looked at to make them more efficient and agency staff are being used where they are needed.
- Work has been done on the information flow across the whole pathway between agencies and the format of the information. This has resulted in significant improvements on performance, as reflected in the chart at the end of the submitted report.
- A big piece of work still to be done is considering the communication with midwifery at Whittington Health and North Middlesex Hospital.
- The expansion of Health Visitors links to the work currently being done around the 54,000 project.

Discussion points noted include:

- There are not enough Practice Teachers in Haringey. Therefore Mentors have been put in place that are 'long-armed' by Practice Teachers. This is supported by strong development and training support.
- The shortage of Health Visitors is a national issue.
- There is a national push on a Return to Practice programme to get previous Health Visitors back into jobs.
- 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.
- Interpretors are used when there are language barriers, this can cause an additional challenge if there are delays stemming from this.
- Whittington Health do work with local communities, however it is not always appropriate to use local community members as translators due to a variety of reasons e.g. the subject matter, cultural sensitivities and appropriateness, governance, confidentiality etc.
- 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.

LC37. CLINICAL COMMISSIONING GROUP UPDATE

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

Points noted include:

- The CCG is currently preparing for authorisation.
- 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:

- Concerns about whether the savings which have been made are sustainable or whether they will come back in more acute forms.
- The anticipated overspend this year is mainly due to the acute sector.
- There is currently a 'cap and collar' contract in place with the North Middlesex Hospital. This will end at the end of the financial year.
- There is a lot of pressure to change services and bring them closer to people's homes.
- 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.
- There is a link between long term conditions and mental health.
- Mental health is a priority in the Health and Wellbeing Strategy and work is being done around Long Term conditions.
- NCL are looking into concerns raised about Harmoni.
- NCL are the contract holders and are in the process of procuring a new Out of Hours service to begin in April. This may or may not be Harmoni.
- Noted that Helena Kania, LINk, sits on the Out of Hours monitoring group and that Harmoni are currently performing at 100%.
    - There are concerns that Harmoni is being taken over by Care UK, who do not have as good performance statistics.
- 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.
- GP appointments are not directly in the control of the CCG.
- The LPC noted that they have experience of people saying that they are unable to get a GP appointment and therefore intend to go directly to A&E.

- The Panel queried how many GP practices were still operating 0845 phone numbers, they were informed that this is not under the control of the CCG. However, there was anecdotal evidence that the number was decreasing.
- 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.
- The Health and Wellbeing Board is looking at welfare reform changes and their impact alongside work on health inequalities.

LC38. 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 is a forum for discussion and challenge and bringing peers together.
- It has produced the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy along with its delivery plan.
- It is supporting the Clinical Commissioning Group authorisation process.
- In terms of Governance, the Act includes a minimum membership of:
    - Elected member of the local council
    - Director of adult services
    - Director of children's services
    - Director of public health
    - Member of the local Healthwatch
    - Representative of Clinical Commissioning Group
- Regulations are due out this month.
- 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. It currently includes:
    - 3 Elected Members
    - 1 Local Involvement Network representative
    - Director of Adults and Community Housing
    - Director of Public Health
    - Director of Children and Young People
    - 4 Clinical Commissioning Group representatives (Chair, Chief Officer, GP and Lay member).
- 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 for example a session has been held on each of the following:
    - Antenatal care;
    - Alcohol reduction;
    - Severe and enduring mental health; and
    - Teenage pregnancy.

- A Haringey Health and Wellbeing Board website will be up and running by April and this will include minutes of the board.
- The Health Select Committee has quoted the Haringey Health and Wellbeing Board as an example of best practice.
- There have only been two meetings held of the shadow Health and Wellbeing Board attended by just members of the Board; all other meetings have included various community members and council Officers.

Discussion points noted include:

- The Panel wished to know what information had been presented to the Health Select Committee on the Haringey shadow Health and Being Board.
- 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 raised concerns that they need to know more about what the shadow Health and Wellbeing Board has been doing, and the future arrangements.
- The Panel were informed that the minutes of previous meetings would all be made available when the website goes live.
- With reference to the involvement of the voluntary and community sector, and their representation on the Health and Wellbeing Board the Panel were informed that this was still under discussion, however they would be involved in task groups which would feed into the Health and Wellbeing Board.
- 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.
- There will be an announcement on the Haringey website when the Health and Wellbeing Board website goes live.
- Health and Wellbeing Boards do not need to go through the same kind of authorisation process as Clinical Commissioning Groups.
- Health and Wellbeing Boards are held to account by Overview and Scrutiny, in Haringey this would be the Adults and Health Scrutiny Panel.
- The previous Health and Wellbeing Partnership Board was a unique forum in which both commissioners and providers got together. The Panel raised the query as to where this void could be filled.
    - It was noted that OSC had previously held meetings with commissioner and providers of health to share information and the possibility of the A&HSP doing this was raised.
- The Co-optee member from the Forum for Older People wished it noted that she did not feel satisfied that she had enough information on the Health and Wellbeing Board to adequately inform the HFOP.
- 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.

With reference to Healthwatch, the Cabinet Member informed the Panel that discussions are taking place on all options; including a possible fall back option should there not be a provider in a position to be put in place.

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.

LC39. RECOMMENDATIONS OF BUDGET SCRUTINY

The Panel approved the final recommendations of their budget scrutiny work, to be referred to the Overview and Scrutiny Committee on 22nd January for approval and referral to Cabinet.

LC40. MINUTES OF PREVIOUS MEETINGS

Approved.

LC41. AREA COMMITTEE CHAIRS FEEDBACK

None received.

LC42. PANEL WORK PROGRAMME

The Panel made the following changes to the proposed agenda for their meeting on 2nd April:

- Whittington Health Foundation Application update – the Panel wished for this to be a written update.
- Barnet, Enfield, and Haringey Clinical Strategy – the Panel requested a written briefing in advance to enable them to ask questions at the meeting.
- Cabinet Member questions – The Panel wished to invite Cllr Vanier to the meeting for Cabinet Member Questions as it was agreed that this would take place twice per municipal year.

The Panel agreed to consider the Integrated Care Pilot which has been running in the North East of the borough as one of their projects. The Panel requested that this is scoped with the aim of gaining service user perspectives of what worked well and what areas could work better with a view to making recommendations and lessons learnt which would be valuable to future services based on this model.

Agreed:

- The Chair and Senior Policy Officer would discuss the agenda further to ensure it is manageable.
- The Senior Policy Officer would scope the Integrated Care Pilot project.

LC43. 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)

LC44. DATES OF FUTURE MEETINGS

2nd April, 2013, 6.30pm

LC45. NEW ITEMS OF URGENT BUSINESS

None

Cllr Gina Adamou

Chair