MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
16TH APRIL 2013

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

LC57. APOLOGIES FOR ABSENCE

Claire Andrews, HFOP

LC58. URGENT BUSINESS

None received.

LC59. DECLARATIONS OF INTEREST

None received.

LC60. CABINET MEMBER QUESTIONS

Cllr Vanier gave introduced her portfolio. The following points were noted:

There is a continued focus on developing the service.

- Budget pressures continue to be a key challenge.
- The Budget performance out-turn is on track. Cllr Vanier thanked the Director (Mun Thong Phung) and the Assistant Director (Lisa Redfern) for this, noting their management and innovation in keeping costs down in a needs led environment.
- The local Healthwatch has recently replaced the Local Involvement Network following the Health and Social Care Act 2012. The Cabinet Member thanked the LINK for their work over the previous years.
- Adults Services are working with the CCG and NHS Trusts on joint provision.
- Cllr Vanier congratulated the Haringey's Joint Learning Disability Partnership Nursing team who have just won the National Nursing Standard Award for their innovative nursing model for adults with learning disabilities.
- Safeguarding continues to be high on the agenda and is monitored regularly.
- The Annual Account and Annual Safeguarding report are both now available on the Haringey website.

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

- There will be training for Members on the role and function of the Health and Wellbeing Board.
- The Panel had requested to see the Public Health budget prior to it going to Cabinet, as happens with other Council service budgets as part of the Budget Scrutiny Process. Panel Members queried why this had not been the case with the Public Health budget. The Panel was informed that due to the changes in the Health system and Public Health moving from the NHS to local authorities the budget settlement had been later and that the budget needed to go to Cabinet prior to coming to the Adults and Health Scrutiny Panel.
- The Panel asked how the budget had gone from a large over spend to a smaller overspend of £300k. It was noted that both sets of figures were projected due to the service being demand based. The projections had meant that the service was able to take pre-emptive action in order to manage the budget, balancing value for money with managing needs. It was also noted that Adults have tight budget management controls and systems which include a 'management call over' meeting where each budget is worked through. It was also noted that it is extremely difficult to manage a needs led budget.
- It was also noted that the continuing care reassessments had not led to as many people being transferred to social care budgets as had been expected.
- The Panel asked whether there was a ceiling in the provision of care packages due to the financial pressures and was informed that there is not.
- Service user needs are reviewed and reassessed when necessary and at annual reviews and if a service user needs had changed then their package would change to ensure that their needs are being met. If a person's needs change to such an extent that they, for example, need 24 hour nursing care then the service would argue that they needed NHS Continuing Healthcare.
- There was discussion around integrated care and it was noted that there needed to be a shift in funding from the acute sector. The Panel was also informed that it was the Health and Wellbeing Boards role to encourage and promote integrated working and the role of the Clinical Commissioning Group to lead on it.
- The Panel requested that the Clinical Commissioning Group be invited to a future meeting in order to talk to the Panel about how this work is progressing.

Agreed:

- The Clinical Commissioning Group would be invited to a future meeting to talk about the work being done on integrated care.

LC61. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY

This item was withdrawn as there is now a joint meeting of Haringey Enfield and Barnet Councillors scheduled to discuss the BEH Clinical Strategy update.

LC62. DRAFT QUALITY ACCOUNTS OF BARNET ENFIELD AND HARINGEY MENTAL HEALTH TRUST

This item was deferred pending approval of the draft Quality Account by the BEH Mental Health Trust Board.

LC63. DRAFT QUALITY ACCOUNTS - WHITTINGTON HEALTH

The Panel received the draft Quality Objectives for the forthcoming year and was asked for comments.

Key discussion points noted:

- Whittington Health is awaiting end of year data and would like to come back to the Panel again once there is further progress on the Quality Accounts.
- The Whittington Board signs off the Quality Accounts prior to submission.
- The Quality Account is a mandatory and public document.
- It would be used by Monitor as part of it's quality assessment process.
- The Care Quality Commission may use it when considering services.
- Each NHS Trust has to submit 5 overarching objectives as part of their Quality Account.
- The data used is 2012/13 and the objectives cover 2013/14.
- Whittington Health has chosen Integrated Care as this had been something they had been working on for a while and wanted to demonstrate this.
    - An integrated care pilot had been piloted at Whittington Health where multi disciplinary team members take part in telephone conferences to

discuss patient's care. Early results show that people's care is better managed through this.

- The panel queried the success measurements of this objective as it does not show what proportion of total patients it relates to or what is happening to the care of those not part of the integrated care conferencing, who may benefit from being included.
- The Panel asked whether the driving force behind this approach was cost and finance led and was informed this integrated way of working can prevent someone having to be admitted to hospital, for example by ensuring a person has some extra help at a particular point. Therefore whilst there is a financial element to it, it is not the driving force. The driving force is about better outcomes for the patients.
- It was noted that the pilot was set up by clinicians rather than managers.

- The Panel queried the success measures and whether they were meaningful.
- The Panel felt that the success measures needed to be more specific in order to actually measure any improvements over a specified period of time.
- The Panel was informed that this was an early draft and that when setting the final measures they would be very strict on setting objective measurements and proportion of patients/cases in order for them to be tracked.
- The Panel was informed that the Quality Account is put together by patients and clinicians as well as the Board and that the draft objectives would shortly be taken to Healthwatch.
- The Panel queried who set the targets and was informed that this was the clinicians. It was noted that the targets set are subject to challenge, for example the Non Executive Directors on the Board and Commissioners will challenge the targets. UCL partners are also very challenging when considering the targets being set.
- The Panel queried what happened when the Trust did not achieve the target at the end of the year and were informed that this does happen for example Objective 4 (alcohol and smoking) has been carried over from the previous year.
- The Quality Account will be signed off by the Board at the end of May and it is mandatory to have them published by 30th June.

Agreed

- The Panel would look at the Quality Account again before it was finalised.

LC64. HEALTHWATCH HARINGEY

Barbara Nicholls, Head of Adult & Voluntary Sector Commissioning introduced the report.

Key points noted:

- The initial tender exercise was not successful. Therefore the Citizens Advice Bureau (CAB) and the Race Equality Council were approached to deliver Healthwatch in Haringey.
- An interim Chair has been appointed, Sharon Grant (Chair of Haringey's CAB).
- The new Director started on 15/4/2013.

- CAB will provide information and advice, support and coordination of volunteers and statutory responsibilities such as the rights enter and view (adults residential and nursing care homes).
- The Race Equality Council will deliver community engagement aspects.
- Next steps include:
    - Recruitment of the staff team.
    - Establishment of a Board and recruitment of volunteers to the Board.
    - Agree and implement governance arrangements.
- A priority piece of work for the next year will be looking at how hard to reach groups can be engaged with.
- NHS Complaints Independent Advocacy Service – Since April 1 2013, council's have a statutory duty to commission independent advocacy services to provide support for complaints about NHS care or treatment. Haringey has joined a consortium with other local authorities and commissioned 'Voiceability'.
- It was noted that individual hospitals will still have PALS (Patient Advice and Liaison Service).

Key discussion points noted:

- Concern was raised by the Haringey Forum for Older People representative with regards to PALS, who queried what role HeathWatch would have in

ensuring the PALS service was at a high standard. BN agreed to look into this and get back to the Panel.

- The Panel queried how Healthwatch, PALS and Voiceability would work together and was informed that Healthwatch England was currently developing guidance for local Healthwatch organisations.
- The Panel queried how a resident would go about making a complaint about a local GP service and was informed that this would initially be via the GP Practice (should the person feel comfortable doing so). The current alternative and next step would be the NHS Commissioning Board. However, it was noted that an organisation had recently been commissioned to sit between GP Practices and the NHS Commissioning Board and that this was the North West London Commissioning Support Unit.
- It was noted that the Haringey CCG website currently has information on how to make a complaint. BN agreed to send this link to the Panel.
- Publicity and communications would be a priority for the local Healthwatch, including letting residents know where to go for what information.
- The Panel noted that the information would need to be relevant for a wide cross section of demographics and was informed that Healthwatch were looking at a range of communication methods, including linking up with social media and more 'traditional' methods of communication which may be more suitable for older people.
- The Panel was informed that there is a range of communication ready and waiting to go at the appropriate time, including posters and distribution would include GP surgeries and pharmacies.
- The HFOP representative asked how different organisations would be able to input into Healthwatch and was informed that Job Description style documents were currently being developed for the different roles needed for Healthwatch and that there would subsequently be a campaign to recruit to the roles with the aim to have as big a cross section of people as possible. BN agreed to provide further information on this.
- The Panel queried whether we were on par with other local authorities in terms of where we are in developing Healthwatch and was informed that we were in the 'middle of the pack' in relation to London Councils.
- It was noted that a forthcoming HAVCO event on 23rd May and Area Forums would be good ways of disseminating information about Healthwatch.

- The Panel asked how much Haringey had received for Healthwatch and how this had been spent. The Panel were informed what the money was a non-ring fenced funding, and that the HealthWatch contract value was £200k between the CAB and the Race Equality Council and the Voiceability contract was capped at £65k. Whilst the funding is not ring-fenced, the Council has budgeted £65k for the Voiceability contract and £215k for Healthwatch. £15k is retained by the Council for contract management and other contingencies. The Panel asked for a short briefing on this.
- It was noted that Healthwatch has a statutory seat on the Health and Wellbeing Board.
- The Panel queried how the relationships with other bodies would work, particularly with relation to safeguarding matters. The Panel were informed that this was being developed as there would need to be a clear line between where the role of Healthwatch stopped and where safeguarding and protection services and bodies began. It was noted that the Enter and View powers of Healthwatch were different for adults and children. BN agreed to provide further information on this.
- The Panel discussed the relationship between the Adults and Health Scrutiny Panel and Healthwatch. It was noted that a LINk representative had been co-opted onto the Adults and Health Scrutiny Panel, but that this may not be appropriate for Healthwatch given their seat on the Health and Wellbeing Board. This was something which the Scrutiny Support officer was already looking into and speaking with other authorities about and would feed back to the Panel in due course.
- It was noted that as part of the work programme for the Panel in 2013/14 there would be (subject to Panel Membership and OSC approval) a stakeholder session between the Clinical Commissioning Group, Health and Wellbeing Board, Healthwatch and the Adults and Health Scrutiny Panel to build relationships and clarify how each body would work together effectively. This will form the basis for an updated Scrutiny Protocol.

Agreed

- Barbara Nicholls to provide the contact details for the new Director of Healthwatch.
- Barbara Nicholls to provide:

- Information on what powers Healthwatch have with regards to dealing with under performing PALS services.
- An overview of what money was given to Haringey for the set up and running of Healthwatch and how this has been allocated.
- Information on how membership of Healthwatch will be formed to ensure representativeness and democratic accountability across all sectors of the local community.
- Information on the relationship between Healthwatch and other bodies which look after the safeguarding of residents.
- Web link for information on complaints from Haringey Clinical Commissioning Group website

- Scrutiny Officer to continue research into whether Healthwatch are co-opted onto other Health Panels and any conflicts of interest with their seat on the Health and Wellbeing Board.
- Scrutiny Officer to ensure that the above mentioned Stakeholder Session is part of the draft work programme for 2013/14.

LC65. UPDATE ON PERSONALISATION AND PERSONAL BUDGETS

Bernard Lanigan, Head of Personalisation, Assessment & Occupational Therapy Services introduced the item.

Key points noted:

- Individuals are at the centre of the process with safeguarding an integral part, including whether a person is capable and competent to make decisions themselves.
- Personalisation allows an individual to stay in control.
- There is a system in place to identify how much money a person would be entitled to. This is based on need so if two people have the same needs then they would have the same amount of money allocated to them. This allows for transparency.

- There has been very little legal challenge on the money allocated and where this has happened Adults have been able to answer all questions and the cases have gone no further.
- Each person has a professional Social Worker assessment aided by an Occupational Therapist assessment and any other assessment seen as necessary. It is the needs identified which the financial allocation is based on.
- Some people have taken this allocation as a Direct Payment others have asked for the Council to undertake transactions on their behalf, this is not charged for.
- After 6 weeks clients undergo a review in order to 'fine tune' their care package. In the majority of cases this is okay, occasionally some changes are made, for example a change in provider or an increased allocation.
- Adults also ensure that all of the benefits a client can claim for are being claimed for.
- There is a challenge in ensuring that clients spend Disability Living Allowance (DLA) on what it is meant for.
- The Charging Policy is laid down by Government. The DLA is disregarded in assessments.
- Advice, information and signposting is a big part of Adults role for example if a client would prefer to do something other than attend a day centre then they can be signposted to adult learning or volunteering.
- There is an increased range of services available from a couple of years ago, for example:
    - There are 39 regulated Domiciliary Care agencies.
    - There are now 2 extra care sheltered housing schemes in the West of the borough and Protheroe House and Pretoria Road are being developed in the East.
    - Homes for Haringey Houses have been adapted for people with learning disabilities, for example Campsbourne.
- An issue with Direct Payments has been that clients were required to have a separate account to ensure that the money allocated can be fully accounted for. A lot of banks don't have simple bank accounts for people to access.
    - Therefore a Debit Card has been developed. The Debit card is loaded with a clients financial allocation. This has been slow to take off as the

card does not currently allow bank to bank transfers. However this is being worked on.

- Third party management is also being developed, this would allow an organisation such as Sevacare to be paid a clients allocation and the client would then 'draw down' the services.
- An Integrated Assessment tool has been developed which has reduced the time from assessment to receipt of money to 4 weeks. However, if a client needed the money immediately then they would receive it.

Discussion points noted:

- Most people who have been receiving care for an extended amount of time are happy to continue receiving care in the more traditional way, however some are giving personalisation a go.
- New clients tend to take an allocated amount of money rather than just have services provided for them.
- The Panel raised concerns that new clients are being pushed into managing their own budget, based on some anecdotal evidence. The Panel was informed:
    - The Government has said that we must assume people are competent and treat them as such.
    - There is a large number of people who are able to manage their own households and life and therefore would be generally able to manage their own care or Personal Budget.
- It was noted that if someone is being financially abused then they are already likely to be being financially abused prior to receiving a Personal Budget. The Social Work assessment should pick up on this.
- If there is any doubt at all about a person's ability to manage their own care/direct payment then they will not be offered it. The care will be managed by Adult Services.
- Clients who take direct payments have often already identified someone close to them.
- Clients are informed of their options and following the social work assessment someone goes out and talks them through their options to ensure that are able to make an informed choice.

- The Panel queried what would happen if someone had decided to manage their own care and then decided they no longer wanted to and was informed that they would be able to change their mind. An opportunity for this would be at the annual review for example.
- The Panel queried how Adults ensured that clients were not saving the money 'for a rainy day' and was informed that there is an annual review of all accounts. However, clients are able to build up an 8 week surplus which allows them to have flexibility with their care package. For example if someone was unwell for a short spell of time they would be able to arrange for their carer to come in for extra hours by using this surplus.
    - The Panel was also informed that reserves are looked to ensure that there is a valid reason for them, for example to check that the money is not being spent because the person is unable to spend it.
- The Panel was assured that risk assessments are done on all clients and action plans are put in place to mitigate against any risks.
- The Panel was also ensured that interpreters were used whenever needed and that family and friends were never used.
- Disability related benefits are disregarded when undertaking assessments.
- Younger adults are the quickest to uptake personalised budgets, whilst those with mental health needs tend to be the slowest. This is also the case nationally.
- The Panel queried how personalised budgets can be managed in a time of budget cuts, and where a client would be able to see any reductions in the amount of money they physically receive. The Panel were informed that the only time a persons allocation could change was an annual assessment, but this would not necessarily mean that their allocation changed, it could mean that they need more money to meet a greater need.
- The Panel asked about the impact of the forthcoming loss of the mobile library service and was informed that the Adults service was jointly doing some work with the library service around this, and options included volunteering.
- The Panel asked about user led group services where people club together and do something or arrange for a class etc and was informed that this is beginning to be looked at. The challenge is about getting people trusting each other with each others finances.

- There is a Personal Budget User Forum where people share ideas and collaborate.
- People do share services etc but we don't often hear about it as they just get on and do it.
- There are some shared services at the Winkfield Resource Centre at the moment, for example courses where a group of people are all interested in the same one, the course is arranged by the Winkfield and paid for by the clients.

LC66. HEALTH AND WELLBEING STRATEGY DELIVERY PLAN UPDATE

Jeanelle de Gruchy, Director of Public Health, introduced the Health and Wellbeing Strategy Delivery Plan report.

Key points noted:

- The full Health and Wellbeing Strategy Delivery Plan reports to the Health and Wellbeing Board on an annual basis and exception reports quarterly.
- The Health and Wellbeing Strategy is a partnership document.
- The associated Delivery Plan has a lead Public Health Assistant Director for each outcome and is updated as and when necessary.

Discussion points noted:

- The Panel asked when health checks for those with mental health needs would be started and was informed that this was already underway.
- The Panel noted that some performance target information was missing and was informed that this was a working progress, balancing the old target focused regime with the old NHS targets, the newer Public Health Outcomes Framework targets and any locally set ones, for example teenage pregnancy. There are also some national best practice targets, which are included but not mandated to be included.
- The Childhood Measurement target figures for 2012 came out recently and would be updated on the delivery plan in due course.
- The Panel asked about initiatives and programmes for example around breast feeding and childhood obesity and whether these were targeted. The Panel

was informed that the work is targeted by considering demographic information, for example ethnicity.

- The Panel asked whether the Public Health budget is linked to the delivery plan and performance and was informed that it is, and that this can be reflected when the Public Health Budget is brought to the Panel at it's next meeting.
- The Panel asked about immunisations performance with reference to measles cases on the Haringey/Hackney border. The Panel was informed that there was currently one known case in Haringey and that the MMR uptake is quite high. However this was relating to age 5, and the concern is with older Children who should have previously been immunised and had not. The Panel were informed that there were challenges in ensuring children in the Somalian and Orthodox Jewish communities.
    - There is a Service Level Agreement with Homerton Hospital to increase the uptake in the Orthodox Jewish community.
    - There is a particular challenge in the Somalian community as they believe there is a link between MMR and autism.
- It was noted that:
    - Health Protection now sits within the Council and that the Health Protection Agency nationally now sits within Public Health England. The HPA and PHE liaise locally.
    - At the time of the meeting the HPA was preparing a statement on measles.
    - When cases arise there is a very targeted approach concentrating on those in the immediate vicinity of the person with measles.
    - There were over 2000 cases of measles in England and Wales in 2012.
    - Vaccination rates in Haringey have improved significantly in recent years reaching population coverage of 88-90% for MMR.
- The Panel raised concerns that that GP registers only went back a few years on the electronic system and that prior to this time the records were still in paper format. The Panel was concerned that this may not be looked at and that the electronic system alone would be relied on.
- Public Health is taking technical advise from Public Health England and a lead from other areas who have experienced measles outbreaks.

- It was noted that transience compounds issues as the medical records may not follow the person.
    - It was noted that the responsibility for commissioning immunisation programmes transferred from PCTs to NHS England on 1st April.
    - Public health expert input for these immunisation programmes will be provided by Public Health England (PHE). PHE are also the main body responsible for managing local and national outbreaks, in liaison with the DPH and local teams.
    - The Health and Social Care Act 2012 states that Directors of Public Health must assure themselves that plans are in place for immunisations to take place.
    - The Panel queried where immunisations take place and was informed that this was dependant on the age of the child and the appropriate setting but that some do take place in schools and Children's Centres.

Agreed:

- The Public Health Budget would be presented at the next Panel meeting and would be linked to the delivery plan and performance.
- JdG would send a note to all Councillors once guidance was received from PHE.

LC67. WORK PROGRAMME 2013/14

The Panel were asked whether they had any suggestions for areas which the Panel should include in their work programme for the forthcoming municipal year. The following suggestions were made:

- Winterbourne View – as per email sent by Cllr Mallett to Cllr Adamou last month.
- Working together/Integrated Care
- Whittington – Quality Accounts and Estates Strategy
- GP Practice quality – reference was made to the 'Your NHS' website which could be a resource for this.

- Adults with Mental Health needs – physical health outcomes

Discussion on whether Children's Health should sit with the Adults and Health Scrutiny Panel or the Children and Young People's Scrutiny Panel.

Noted that should there be a matter which is cross cutting then this is the responsibility of the main Overview and Scrutiny Committee.

Noted that a joint Panel meeting between the Adults and Health Scrutiny Panel and the Children and Young People's Scrutiny Panel could be arranged to consider an item if necessary.

LC68. MINUTES

Agreed

LC69. AREA COMMITTEE CHAIRS FEEDBACK

None received.

LC70. NEW ITEMS OF URGENT BUSINESS

None received.

Cllr Gina Adamou

Chair