



**Haringey Council**

<b>Report for:</b>	Adults and Health Scrutiny Panel	<b>Item Number:</b>	<b>11</b>
--------------------	----------------------------------	---------------------	-----------

<b>Title:</b>	Work programme for 2013-2014
---------------	------------------------------

<b>Report Authorised by:</b>	Cllr Gina Adamou Chair, Adults and Health Scrutiny Panel
------------------------------	---

<b>Lead Officer:</b>	Melanie Ponomarenko, Senior Scrutiny Officer, Strategy & Business Intelligence  Melanie.Ponomarenko@Haringey.gov.uk
----------------------	---

<b>Ward(s) affected:</b> All	<b>Report for Key/Non Key Decisions:</b>
------------------------------	--

**1. Describe the issue under consideration**

- 1.1 This is a report to support discussions by the Adult and Health Scrutiny Panel when setting their work programme for 2013/14.

**2. Cabinet Member Introduction**

- 2.1 Not applicable.

**3. Recommendations**

- 3.1 The panel are requested to:

1) To agree the work programme for the forthcoming year.

**4. Other options considered**

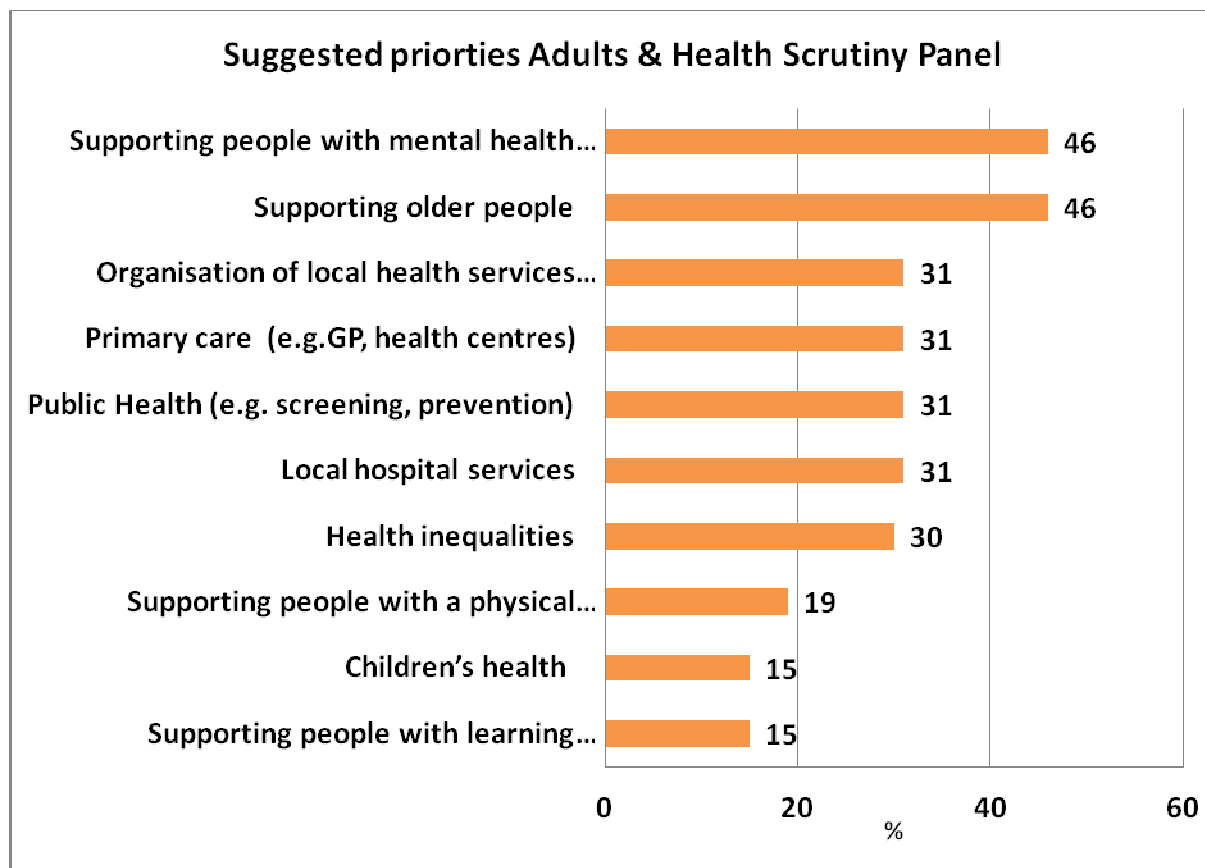
- 4.1 Not applicable.

**5. Background information**

- 5.1 The work programme is a fixed item on the agenda of each Adults and Housing Scrutiny Panel meeting to enable members to develop a forward plan of work and to monitor agreed actions.
- 5.2 This report has been produced to support discussions by the Adults and Health Scrutiny Panel in updating and monitoring its 2013/14 work programme. This being the first meeting of the panel, an overview of the work programme formulation to date has also been included.

Adults and Health Scrutiny Panel work programme development

- 5.3 The main overarching Overview & Scrutiny Committee administered an on line survey among local stakeholders to help identify scrutiny priorities in the year ahead (2013/14). Within the survey participants were able to identify priorities for each of the following scrutiny bodies;
  - Overview & scrutiny Committee;
  - Adults & Health Scrutiny Panel;
  - Children & Young People Scrutiny Panel;
  - Communities Scrutiny Panel;
  - Environment & Housing Scrutiny Panel;
- 5.4 155 responses were received to the above survey. From the work areas covered by the A&HSP, the suggested priorities for 2013/14 from respondents are given below:



5.5 The on-line survey received 96 individual qualitative responses which provided specific suggestions for scrutiny to look at in 2013/14, 26 of which related to areas covered by the Adults and Health Scrutiny Panel. A summary of the issues suggested for possible inclusion in the panel work programme is presented below, (all individual suggestions for this panel can be read in their entirety in Appendix A).

- Support to the voluntary Sector
  - Relationship with the council
- Support for people with mental health needs
  - Impact of welfare reforms
  - Accessibility of local services
  - Health inequalities
  - Implications arising from the redevelopment of St Ann's
  - Personalisation issues
- Establishment of Healthwatch
- Structure of local health services
- BAME and long term conditions
- Primary Care (CCG)
  - Variations in services
  - How local people are consulted (practice participation groups)
  - Impact of reforms
  - New procurement and entry of private providers
- Improved partnership working (integration)
  - Acute, primary care & social care
- Future of Whittington Hospital
- Support to street drinkers
- Links between health and housing
- How local authority public health duties are coordinated

5.6 Further to the completion of the on-line survey, Scrutiny Chairs met with relevant Cabinet members and senior officers to further discuss issues arising from the survey. Possible inclusion of areas or topics from corporate priorities within the work programme were also discussed.

5.7 From this process an outline programme of scrutiny topics were identified for the Overview & Scrutiny Committee and the four scrutiny panels. These were agreed at the Overview & Scrutiny Committee on June 17<sup>th</sup> 2013 and are summarised below for the Adults and Health Scrutiny Panel.

One off reports	Further information
111 and Out of Hours services	Update, roll out and performance statistics
Haringey & Francis Report	'Quality Assurance' on CCG plans to ensure Trusts are meeting recommendations
GP access	To consider work being done by the Haringey CCG on improving access to GPs.
Primary Care Strategy	Update and delivery
Budget	Update on MTFP, RAG & 2012 recommendations

Voluntary Sector Commissioning Framework	Support to the voluntary sector
Healthwatch	Structure, governance, complaints, interaction with OSC and work programme for the forthcoming year.
Day Care	What is currently offered? What plans are there for the future?
Response Winterbourne View	
Whittington Health – Integrated Care Strategy	Presentation and overview
Health and Wellbeing Board	
Local Pharmacies	Joined up care pathways and partnership arrangements.
NHS Health checks	Progress update
Project work	
Mental Health	Possible areas of focus: Proposed changes to the way the 'front end' works within BEHMHT Residential / supported living provision in the borough Access to primary care for people with MH issues Physical health for people with MH Recovery College at Clarendon, how it fits into with the multiagency recovery pathway
Sexual Health	One off session
Dementia	One off session
The Laurels	One off session
Ongoing	
Francis Report	Implementation of recommendations
St Ann's site redevelopment	Any Haringey specific Health services aspects

#### Cabinet Member Question and Answer sessions

- 5.9 Under agreed scrutiny protocols, Cabinet Members will be invited to attend relevant scrutiny panels twice each year to discuss issues within their portfolio area. The format of Cabinet Q and A is not prescribed and can be varied according to agreement between the Panel Chair and Cabinet member. There is an assumption however, that written questions will not be submitted (or answers provided) in advance of panel meetings.

#### Budget Scrutiny

- 5.12 The budget is scrutinised by each Scrutiny Review Panel in their respective areas and subsequent reports produced from their deliberations go to the Overview & Scrutiny Committee for approval. The areas of the budget which are not covered by the scrutiny panels shall also be considered by the main Overview & Scrutiny Committee.

5.13 As per protocol, the Vice Chair of the Overview & Scrutiny Committee shall be responsible for the co-ordination of the Budget Scrutiny process and recommendations made by respective Scrutiny Review Panels relating to the budget.

5.14 To allow the OSC to scrutinise the budget in advance of it formally being set and refer those recommendations to the Cabinet, the following timescale has been discussed between the Vice Chair of OSC and the Assistant Director of Finance (Deputy CFO)

<b>26th June 2013</b>	Government Spending Review
<b>July</b>	Cllr Winskill writes to OSC and Panels outlining budget scrutiny timeline, attaching provisional savings proposals and pre-agreed savings.  N.b. Pre-agreed saving are background/context only.
<b>Sept Panel meetings</b>	Panels consider: <ul style="list-style-type: none"> <li>• Progress in achieving savings from last MTFP;</li> <li>• An update on financial position of Directorates; and</li> <li>• Progress of any agreed recommendations from Budget Scrutiny in 2012.</li> </ul>
<b>Budget Scrutiny training</b>  <b>Date: November TBC</b>	Budget Scrutiny training session for OSC and Panel Members.
<b>November</b>	Draft MTFP agreed at Cabinet
<b>Scrutiny Panels:</b>  <b>A&amp;H –12 Dec</b>	Scrutiny Panels and OSC scrutinise Draft MTFP and any budget saving identified in their area of responsibility.  Cabinet Member for Finance & Senior Officers attend to answer questions.
<b>Early Dec</b>	Local Government Settlement
<b>Dec-early Jan</b>	Actions from Budget Panel meetings and OSC Budget meeting followed up.  OSC Budget Scrutiny report formulated ensuring legal and finance comments and input.
<b>23rd January</b>	Final Budget Scrutiny Report and recommendations approved

	by OSC and formally referred to Cabinet.
<b>11th February</b>	Cabinet. OSC recommendations from the Budget Scrutiny process report to Cabinet for response. As part of the budget setting process, the Cabinet will clearly set out its response to the recommendations/ proposals made by the OSC in relation to the budget.
<b>26th February</b>	Budget setting at Full Council

### Performance Monitoring

- 5.15 The corporate performance report will report to Scrutiny Panels and the Overview and Scrutiny Committee twice per annum.

### Cabinet Forward Plan

- 5.16 In considering its work plan, the Adults and Health Scrutiny Panel may wish to consider or note the Forward Plan (future decisions taken by the Cabinet). Items or decisions to be taken by Cabinet which may be of relevance to the panel are given below.

<b>Cabinet Date</b>	<b>Item - decision</b>
10 <sup>th</sup> September 2013	Financial Planning (Budget) Monitoring Monitoring report on the forecast spend against budget and consideration of any proposed budget virements.

## **6. Comments of the Chief Financial Officer and Financial Implications**

- 6.1 The costs of preparing this report have been met from within existing budgets. It is expected that undertaking Scrutiny reviews will largely involve contributions from existing staff and thus can be contained within current budgets, if additional expenditure is required to undertake reviews then appropriate authority should be received before spend takes place.

## **7 Head of Legal Services and Legal Implications**

- 7.1 The Head of Legal Services has been consulted on this report.
- 7.2 Scrutiny Panels are established to assist Overview and Scrutiny Committee with the discharge of its scrutiny functions. Overview and Scrutiny Committee is responsible for determining future scrutiny work programme. Therefore, Scrutiny Panel's work programme must be approved by Overview and Scrutiny Committee.
- 7.3 There are no other legal implications arising from this report.

## **8. Equalities and Community Cohesion Comments**

- 8.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:
- Helping to articulate the views of members of the local community and their representatives on issues of local concern
  - Bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
  - Identifying and engaging with hard to reach groups
  - Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
  - Generating evidence to help identify the kind of services wanted by local people
  - Promoting openness and transparency; all meetings are held in public and documents are available to local people.
- 8.2 A number of engagement processes will be used to support the work of the Adults and Health Scrutiny Panel and members will seek to include representation from a broad representation of local stakeholders. It is expected that any equalities issues identified during this process, will be highlighted and addressed in the conclusions and recommendations of individual reports produced by the panel.

## **9. Head of Procurement Comments**

- 9.1 Not applicable.

## **10. Policy Implications**

- 10.1 Recommendations for policy developments arising from the work of the Adults and Health Scrutiny Panel are agreed by the Overview & Scrutiny Committee before submission to Cabinet for approval.

## **11. Use of Appendices**

- 11.1 The following appendices are included:
- Appendix A – Suggestions for the A&HSP scrutiny panel
  - Appendix B – The draft forward plan for the Adults and Health Scrutiny Panel.
  - Appendix C – The Corporate Plan 2013/14 and 2014/15

## **12. Local Government (Access to Information) Act 1985**

## Appendix A – Suggestions for Adults and Health Scrutiny Panel

<p>A member of a community group or voluntary group (details provided)</p>	<p>Voluntary sector support - taking a strategic view based on the desired relationship between the Council and the sector, as well as the specifics in terms of funding round outcomes</p>
<p>A local resident, community group member - disabled user led group (details provided)</p>	<p>There are increasing inequalities for all disabled people in Haringey. There is no user led disabled people's organisation - we are a local social firm providing training in disability and removing inequality but the local authority does not engage. Others do and are benefiting from our service. We have also set up a user led organisation to campaign for equality in Haringey and have a wide ranging group of people of all disability groups, ethnicity and ages. We want equality for disabled people in Haringey. Now.</p>
<p>A member of a community group or voluntary group (Mental Health Advocate)</p>	<p>adult mental health provision: specifically the difficulty in accessing free counselling services and therapeutic activities for people not currently under care of primary mental health team who are on lowest incomes who are most in need of psychological support. There are more and more demands on what little benefits vulnerable adults receive. Now that people are having to pay towards council tax even when they are on benefits, basic utility bills being higher each year, and also the fact that housing benefit does not cover total cost of rent, people are having to use their ESA and DLA to cover these basic costs and are not able to use them for the reasons they are awarded in the first place. This is leading to an increased pressure on psychological health which I am concerned will eventually cause an explosion of mental ill health, including increased levels of despair, depression and lack of motivation for working towards recovery.</p> <p>I am interested in what information GP's have to give clients who are facing the problems which I have identified above. I am concerned that the constant demand for medical reports to satisfy the endless requirements for further evidence to support benefit claims is causing GP's and other NHS staff to become dismissive of adults experiencing mental ill health and to have a tendency to depersonalise the support they offer more and more, and to provide incomplete and inaccurate information to patients about what their possible sources of support are.</p>
<p>A local resident and community group member (details provided)</p>	<p>1) HealthWatch - nothing seems to be happening on this at all. They don't appear to have even employed a director yet 2) Anti Mental Health stigma campaign -</p>



	seems to have stalled 3) More information to be made available for the new "Personal Health Budgets"
A member of a community group or voluntary group (details provided)	The future structure of local health services, for people with a Long term condition from BAME
A local resident (details provided)	Declining resources locally for people with mental health conditions, including the proposed redevelopment of St. Ann's, at a time when we can assume that mental ill heath is on the increase (eg. rise in suicides in Haringey, continuing cuts to services). The most vulnerable are being left further behind in our community with resultant impact on health inequality issues.
A member of a community group or voluntary group (details provided)	How Haringey supports youth groups and voluntary art sectors and their buildings. The Stylisters Children and youth, Urban Short Cuts, Big peoples Theatre have seen voluntary art groups set-up and leave Haringey in the last 20 years. The Haringey Council has never funded our group despite achieving outstanding outcomes
A local resident (details provided)	a) Primary care b) quality variation, access t services, inflexibility in providing basic services like blood tests in ways convenient to patients (I have examples) c) improve health but also make services more accessible.
A local resident (details provided)	Hospitals, GP's and social care working together. In December my neighbour, aged 70 and in poor general health had a fall and was hospitalised, I had to got to extreme lengths to ensure that he was not sent home until support was in place. I dread to think what would have happened to him if I had not been his advocate. I I could not get any help from his GP, and there was little cooperation /coordination between the hospital and care. Eventually I did manage to get Social Care to provide support for my neighbour but it had been a long, arduous and frustrating process. A sick person deserves better than this. There just has to be a better way of managing this aspect of the care of older people.
A member of a residents association (details provided)	Supporting Citizens Advice centres with funding, bearing in mind that they have been cut at a time when more people need them than for decades in the past. B and C Government cuts are short-sighted. They are likely to build up huge problems in the future. 2. b. Government policies are forcing
A local resident, community group and residents association member (details provided)	The integration of health and social care with particular reference to older and or disabled people living in the community
A local resident and community group member (details provided)	It is crucial to examine how local health services are being delivered under the new law, and how local authority public health responsibilities are coordinated with NHS services. In particular, how the LA is taking

	responsibility for developments at St Ann's Hospital.
A local resident (details provided)	The care of Haringey's vulnerable groups. The aged and those with mental and physical disabilities.
A representative of a local public service	Links between housing and health. It's a big agenda nationally and we don't appear to be doing anything locally.
A local resident and community group member (details provided)	Personal budgets for mental health users. Lack of transparency. Will rely less on other services and make area safer.
A member of a community group or voluntary group (details provided)	a) Tendering of Health Services. b) I have sat as a patient representative on stroke and non-stroke tendering panels and am extremely concerned that health services are being tendered and are liable to be privatised and secondly that patient priorities are not considered important. I have not been particularly impressed by the officials who are involved in this process. c) I am concerned that we will lose our national health service to inadequate private suppliers who can win tenders.
A local resident (details provided)	Future of Whittington Hospital
A member of a community group or voluntary group (details provided)	Targeted work with street drinkers
A member of a community group or voluntary group member (details provided)	St Ann redevelopment and REAL consultation on wider Health aspects not just planning. Publicity re HWBs, Healthwatch and the CCG and health structures.
A local resident (details provided)	. [2] a) The future structure of local health services. b) with the reorganisation of the NHS, it would important to see how the local health services could complement the health provision affected by the recent reorganisation of the NHS. c) Essential that any gaps exposed by the reorganisation should be plugged.
A local resident	The worrying privatisation of the health service and how this will impact on GP's freedom to practice as they see fit., I have already heard of GP's saying that they can no longer refer directly to consultants. The importance of patient participation groups in all group practices and the role of the CCG's especially their accountability to local people i.e. involving the community by consulting before major decisions are made effecting their health issues.
A local resident	Local health services - to make sure there is community involvement in their planning.
A member of a community group or voluntary group member (details provided)	The impact of proposed closures at the Whittington Hospital on Haringey residents; encouraging patients always to ask for a genuine NHS provider when being referred somewhere by their GP - not a private provider using the NHS logo.
A local resident (details provided)	The future of health services in the area, including the

provided)	ability of the CCG to preserve the good points of our existing NHS, the future of the St Ann's Hospital site as a place where facilities could be installed to redress health inequalities in the borough; the absence of A and E facilities within the borough and the increased pressure on the Whittington's A and E, elderly care and several other departments as it downsizes
A local resident (details provided)	how new role of public health incorporated in NHS and Social Care Act, 2013 is to be implemented in Haringey. I am particularly concerned to protect the current array of services from private sector takeover or replacing, and to aid CCG in commissioning public and preventive services. Community health is also at risk from budget restrictions and will need close monitoring
A local resident, community group and residents association member (details provided)	a) St Ann's Hospital redevelopment b) When the process started the local community was promised a state of the art healthcare campus. As the plans have progressed it is obvious the needs of the local community are being overlooked so the Mental Health Trust can rid itself of the site that it sees as a liability, but in reality has huge potential to be an asset to local people and support regeneration efforts. Even though many agencies provide services on the site no one seems to be taking an overall view and supporting the integration of services. The CCG should be doing this but they seem to be absent from the process. Whittington Health have a really sensible proposal to integrate children's services on the site, bringing together, health, mental health and local authority services together to focus on the young person, not their organisational boundaries. Nothing has happened. This isn't just about money it is about working together. Similarly, since the Mental Health Trust reversed its decision to move the inpatient wards to Chase Farm there is an opportunity to integrate primary mental healthcare, acute services and 'recovery houses' to provide a seamless - non stigmatising - service. Nothing has happened. c) The site is a community health resource, at the very least the plans should demonstrate how they will improve health overall and reduce health inequalities. An independent healthcare needs assessment should be undertaken as a matter of priority so we get the services we need, now and in the future, not just a collection of disparate services shoved together on a corner of the site.
A local resident (details provided)	Social Services and Health. In particular how all the services from GPs to NHS work together to support those at home and also support of those who care for them. It is an important area as there are a growing number of people who now with personalised budgets

	<p>rely on the integration of services to support them. 2) To review how the council holds care agencies to account and how the contracts are set-up to provide good quality home care to those who require it and investigate the use of zero hour contracts as a means of cutting costs. I feel that this is important as I believe there are a number of residents who receive only minimal contact and support as contractors are using the system of zero hour contracts and excluding travel time so that they pay less. This has a wellbeing impact on residents.</p>
A local resident (details provided)	<p>Help elderly people who are isolated to join in dance and exercise or computer groups. so that we can create a society that works as a group and can help each other.</p>
A local community group (details provided)	<p>Waiting times for counselling treatment for mental ill-health are reported to be very long; the doctors were obliged to prescribe drugs while patients waited to be seen. Could the committee investigate waiting times in Haringey and urge that more counsellors are employed as appropriate?</p> <p>Concern was expressed at the loss of the 'crisis centre' for mental health patients. Could the committee examine the services available for mental health patients needing support?</p> <p>Many people said that confidentiality rules were making it difficult for carers and relatives to vulnerable patients to the extent that some appointments were missed and carers excluded from consultations. Can the OSC examine whether professional staff interpret regulations in caring fashion?</p> <p>The councillor present, had been approached by patients that had received correspondence addressed to their homes about electronic means of providing repeat prescriptions. There are concerns about a private firm having their addresses. The councillor can explain further.</p>

## Appendix B – Adults and Health Scrutiny Panel – forward plan

Date	Meeting	Item and lead officers
29/07/13	Panel Meeting	<p><u>Terms of reference</u> Report for panel (Scrutiny)</p> <p><u>Work Programme</u> Report for panel (Scrutiny)</p>

		<u>Whittington Health</u>
		<u>Haringey Stat – Mental Health</u>
		<u>Scoping for Mental Health projects</u>
19/09/13	Panel Meeting	<u>Cabinet Q &amp; A</u> Cllr Vanier – Cabinet Member for Health and Adult Services
		<u>Budget Monitoring</u> Budget Monitoring report on service areas covered by A&HSP Update on recommendations of Budget Scrutiny Directorate update
		<u>Performance Monitoring</u> Report on service performance in areas covered by A&HSP
		<u>Response to Winterbourne View</u>
		<u>Primary Care Strategy</u> Update on delivery
		<u>Scoping Reports</u> Agree scoping reports for planned work
11/11/13	Panel Meeting	<u>111 &amp; Out of Hours Services</u>
		<u>Haringey and Francis Report</u>
		<u>NHS Health Checks update</u>
12/12/13	Panel Meeting	<u>Budget Scrutiny</u> Consideration of proposals (savings) arising from MTFP
27/02/14	Panel Meeting	<u>Cabinet Q &amp; A</u> Cllr Vanier – Cabinet Member for Health and Adult Services
		<u>Improving GP Access</u>
		<u>Local pharmacies</u>

Items to be scheduled:

- Voluntary Sector Commissioning Framework
- Healthwatch Haringey
- Day Care
- Whittington Health – Integrated Care Strategy
- Health Assessments of Looked After Children
- Health and Wellbeing Board
- 

Topic focused evidence gathering sessions to be scheduled on:

- 1) Sexual Health
- 2) Dementia
- 3) The Laurels