

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
19TH SEPTEMBER 2013

Councillors Bull, Erskine, Stennett, Winskill

Apologies Councillor Adamou, Pam Moffatt

LC18. APOLOGIES FOR ABSENCE

Cllr Adamou and Pam Moffatt

The Panel wished their best wishes to Cllr Adamou to be noted.

In Cllr Adamou's absence Cllr Winskill proposed that the meeting be Chaired by Cllr Bull. This was agreed by the Panel.

LC19. URGENT ITEMS

None

LC20. DEPUTATIONS

None

LC21. DECLARATIONS OF INTEREST

None

LC22. HEALTH ASSESSMENTS OF LOOKED AFTER CHILDREN

Dr Holt and Marian Parks presented to the Panel. Key points noted:

- The team aims to meet the statutory health needs of children in care.
- The health assessment should take place within the first four weeks of a child going into care.
- For children under 5 years of age reviews take place every 6 months.
- There is only one permanent Doctor in the team and the team therefore depends upon help from other Doctors.
- Some children are placed out of borough and therefore the team travels out of borough to conduct health assessment reviews.
 - This ensures continuity of care for the child.
- Immunisation records only show 'fully immunised for age' when there is proof that the immunisations have taken place.
 - The number of immunised children for age is believed to be higher than the 71% shown on the presentation, however if there is no proof of immunisations then they recommend that the immunisations are started again.

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- When a child is placed in Haringey the team are able to access a child's records, but this is not the case when they are placed out of borough. This is a challenge.
- The numbers who DNA (Do Not Attend) are very low as a percentage overall.
 - If a child is a couple of minutes late then the team will always call them.
 - Text reminders are not sent as there is a risk that the phone could be with another person e.g. the child's parent when the child is in care. This would alert the parent to where the child would be at a certain time.
- Meningitis C is due to be offered with the school leaver booster.
- Change to Immunisation programme coming in from now e.g. for rotavirus from September 2013 first dose must be given by 15 weeks – this represents a big challenge due to the window in which it must be given in.
- The team feels that the standard of health assessments has increased since both initial and review assessments are done by them (rather than the review done by a GP).
- The team have access to Framework-I and therefore update records. They are also in contact with social workers.
- It can take 6-8 hours in total to do one health assessment – this would include signposting to services, referrals etc.
- They are very much dependent on the Local Authority asking them to see the children/letting them know a child is in care else they have no way of being informed.
- Challenges include:
 - Out of borough placements and ensuring continuity.
 - Adoption workload – Dr Holt can often meet with prospective adopters 3 times to explain a child's health, risks etc, for example if the child's mother was a drug user during pregnancy.
 - Sexual health and teenage pregnancy – if a child is pregnant then the team talks through all of the options available to them and the steps needed for the options.
 - Cultural sensitivity is needed in these conversations.
 - Sexual health discussions include asking whether they are sexually active. If they are then this will be noted on the assessment form.
 - The whole of the assessment form goes to the social worker.
 - Child and Adolescent Mental Health Services (CAMHS) is an area of concern as some children are very troubled.
 - Young people on remand – are now classed as children in care (following Legal Aid, Sentencing and Punishment of Offenders Act)

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

- The situation in Islington is different – they are organisationally different as the children's health assessment team is located within the local authority. There are also less children in care in Islington than Haringey, but the same amount of staff.
- It can be up to 3 months before the team are alerted that a child is in need of a health assessment in Haringey.
- The CiC Health Assessment team do send reminders and prompts to the Looked After Children team but it would be more efficient if it were part of a seamless process.

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AGREED:

- The Panel to write to Cllr Waters about work which is being done around integrating Children in Care Health Assessments with Looked After Children team.
- Panel to follow up progress at a later date.

LC23. CABINET MEMBER QUESTIONS

Cllr Vanier, Cabinet Member for Health and Adult Services gave an overview of her portfolio area.

Key points noted include:

- There have been some recent management changes with Lisa Redfern (AD) being seconded to CYP and Beverley Tarka is acting up in her place.
- Adults currently have a stable workforce with some vacant posts having been recruited into and currently no recruitment freeze.
- There is a good relationship with partners e.g. Mental Health Trust and CCG and the operational interface with partners is very good.
- There is an Integrated Care Board which oversees integration, for example Section 256 arrangements (*N.b. Section 256 of the National Health Act allows NHS bodies to enter into arrangements with local authorities to carry out activities with health benefits.*)
- Adults has 20% of the Council's net budget this year.
- The department has received some additional funding to support demographic pressures.
- There was a small overspend last year – this was due to increased demand and continuing health care.
- Unit costs comparisons have been made with 12 statistical neighbours – these should that Haringey Adults compares favourably for external purchases.
- Challenges include finding increasingly efficient ways to manage demands.

In response to questions from the Panel it was noted:

- The Integrated Care Board is an Officer meeting which has been recently re-established.
 - It is led by Mun Thong Phung (Adults) and Sarah Price (CCG).
 - The Terms of Reference are currently being re-looked at due to the Integration and Transformation Fund.
 - The Board reports to the Health and Wellbeing Board.
 - It is an adult focused Board.
- There are currently a number of Section 75 agreements in place for example within Learning Disabilities, re-ablement, admissions avoidance service, Integrated community equipment services etc.
- Integrated care should be commissioning driven and is not about joining with providers, it's about joint commissioning.
- The Integration and Transformation Fund plan is due to go to the Health and Wellbeing Board in January for agreement. Engagement on the plan is taking place on an ongoing basis.

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- Health Visiting is due to come under the local authority remit as of 2015.
- Performance for New Birth Visits meeting the target of being seen within 4 weeks was 73.6% as of October 2012.

AGREED:

- The Integration Transformation Fund (ITF) engagement plan to be sent to the Scrutiny Officer to be circulated to the Panel.
- The ITF Plan which is due at the Health and Wellbeing Board in January would come to the Adult and Health Scrutiny Panel.
- Panel Members requested that this happen prior to agreement by the Health and Wellbeing Board to allow meaningful input.

LC24. BUDGET MONITORING

- There is a projected overspend of £1.2 million.

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

- With regards to a query as to whether the department had had the opportunity to look at the impact of previous decisions and whether the savings had been achieved the Panel were informed that a piece of research had been undertaken by the policy unit which had been signed off on that day.
- The budget is monitored monthly at an Officer level and this includes monitoring the achievement of savings.
- The Care Purchasing Budget is the buying of care for service users, this includes personal budgets.
- The 'level of over commitment' mentioned within the report is largely related to the demographic pressures.
- The department attempts to put preventative strategies in place where ever possible, examples of this include the re-ablement project.
- The Public Health grant is also about preventative measures with the majority of public health investment being about long terms gains.
- It was noted that there was a £300k overspend last year in Adults, and that at the same points a year earlier (Sept 2012) it was projected to be a £2 million overspend.

LC25. END OF YEAR PERFORMANCE MONITORING

- The Local Account which shows performance in Adults is due to be published soon.
- A lot of the Delayed Transfers of Care are health issues. These issues are being worked though by the North Middlesex Hospital.
 - Noted that accommodation can be an issue.
- In response to a question about whether there has been any work done to look back on Delayed Transfers of Care data to see if there are any trends the Panel was informed that the query should be directed to The Urgent Care Network (CCG).
- The Panel queried why there was a difference in satisfaction rates between carers and service users (Carers showing 39% overall satisfaction and service

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users showing 56.1% satisfaction) and was informed that this would be looked at in the quarterly assurance meeting and would be fed back to the Panel.

- It was noted that the surveys were Department of Health set and participation was not very high.
- There are a number of programmes of work being done on child obesity including with schools.
- City University has been commissioned to do some work on fast food shops and schools and this research will inform further work to be done by Public Health.
- It was noted that childhood obesity is an issue which needs to be tackled early.

AGREED:

- Local Account to be sent to MP for circulation to Panel when published
- Panel to write to the CCG Urgent Care Network to ask for information on what is being done to look back at Delayed Transfers of Care dates to identify any trends?
- Adults to feedback when they have looked at carer and service user satisfaction in order to see if they can identify why there is a difference in the rates (OP44 – 56.6% OP45 – 39%)

LC26. RESPONSE TO WINTERBOURNE VIEW

The Panel received an update on work being done in response to Winterbourne View.

Key points noted:

- All relevant Learning Disability service users had to be reviewed by May 2013.
- In Haringey this was 26 service users, the reviews have all been completed and a health record is in place for all.
- Following the Campsbourne House Adults is working with Housing services to renovate other void properties which can be used for supported living.
- When an assessment is made as to whether a person is ready to move on from their current living arrangement the assessment does not just rely on information from private providers.
- The focus of work is on holistic support and not just on accommodation.
- Beverley (Interim Assistant Director) had attending a Quality Assurance meeting earlier that day with NHS England and had raised issues around funding arrangements. These issues are relating to funding support packages for learning disability service users throughout the pathway – the Department of Health has not mandated that the money would follow a person through the pathway, it has instead been left to local discretion.
 - Care packages can be around £100k per year and therefore work is needed with the CCG in order to manage and negotiate this.

The Panel raised concerns about the funding arrangements specifically about the possibility of cost shunting and that a person's care package can be dependent on local 'arm wrestling' on the funding of this.

The Panel wished their compliments to Officers on the piece of work be noted.

AGREED:

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The Panel would write to Normal Lamb raising concerns about the funding arrangements.

LC27. PRIMARY CARE STRATEGY UPDATE

The Panel received a presentation from Michael Hepworth, Interim Head of Primary Care Development.

Key points noted:

- A local profile is given to each practice, this includes expected prevalence data.
- There is a clear pocket of GP surgeries in the East of the borough where improvement is needed
- The top three investment domains are:
 - Integration – the current collaboratives are too large to engage currently and so smaller groups are being developed which sit underneath the collaboratives.
 - Clinical Services
 - Information Technology – better IT leads to better communications.

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

- NHS England are taking a 'stronger arm' approach to quality and performance. The CCG can encourage the GP Surgeries to work with them to improve, however NHS England has more 'clout' in making them improve.
- There are IT alert systems which can be programmed to send out Flu vaccination reminders.
- Doc Man Support is a communication device between primary and secondary care. At present this is primarily used to communicate from secondary care to primary care.
- Patient Chase is a systems which allows stratification for example all patients with diabetes could be pulled up on the records.
- The CCG wants to be very transparent with their data.
- More work could be done with pharmacies and looking at how we can get pharmacies more involved in primary care.

AGREED:

- Michael would check whether he is able to circulate the CCG dashboard to the Panel.

LC28. SCOPING REPORT - MENTAL HEALTH AND ACCOMMODATION

It was agreed that Move On would be noted in the scoping report as this would form part of the project.

The Panel agreed the Scoping report and referred it to the Overview and Scrutiny Committee for approval.

LC29. SCOPING REPORT - MENTAL HEALTH AND PHYSICAL HEALTH

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It was agreed the project would include dentistry and obesity/weight management.

The Panel agreed the scoping report and referred it to the Overview and Scrutiny Committee for approval.

LC30. FEEDBACK FROM AREA CHAIRS

None received.

LC31. FEEDBACK FROM JHOSC

Cllr Bull, Chair of the NCL Joint Health Overview and Scrutiny Committee, informed the Panel that there had recently been a meeting focusing on CQC reports on BEH Mental Health Trust.

The Panel was also informed about a piece of work due to be done on cardiac and cancer pathways.

AGREED:

- JHOSC minutes on BEH MHT and CQC reports would be circulated to the Panel.

LC32. MINUTES OF LAST MEETING

Agreed.

LC33. NEW ITEMS OF URGENT BUSINESS

None received.

LC34. DATES OF FUTURE MEETINGS