

**MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL
MONDAY, 29 SEPTEMBER 2014**

Councillors Connor (Chair), Adamou, Bull, Beacham, Mann, Patterson and Stennett

Apologies Helena Kania (Co-optee)

LC1. WEBCASTING

LC2. APOLOGIES FOR ABSENCE

Helena Kania, Co-optee (HFOP)

LC3. URGENT BUSINESS

The Haringey Mind advocacy service was raised as an Urgent Item.

Cllr Morton informed the Panel that the Mind Advocacy service contract was originally due to expire in March 2014, this was then extended twice. The Panel was also informed that the mental health advocacy service was due to be re-tendered taking into consideration requirements and changes from the Care Act.

Representatives from Mind raised concerns about the ending of the Mind advocacy contract in Haringey, specifically with regards to the reasons for the contract expiring in December with no new service in place until April and the impact that this would have on current and future mental health service users who were in need of this service.

The AD for Commissioning informed the Panel of the following points:

- A workshop was held for the voluntary sector before the summer, this included informing organisations that changes would be needed in order to meet the requirements of the Care Act.
- The intention was to better align advice and information with advocacy.
- There needed to be more of a focus on prevention and early intervention, and also equipping people with the necessary information via different means.
- There was a link with the Customer Service Transformation project.
- There was a need to bear in mind the financial constraints currently on Haringey Council.
- There had been communication with the Chief Executive of Mind in Haringey.
- There are two other providers of mental health advocacy across Barnet, Enfield and Haringey, and it is not believed that there would be a gap in service provision.

The Panel raised a number of queries and concerns:

- The confusion as to why the Mind Advocacy contract was not continuing.
- How the link with the Customer Service Transformation programme would work.
- Whether the other providers had capacity to take on the work.

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- The apparent mis-communication with Mind as to the reasons why their contract was not continuing.
- The impact of the change on mental health service users in the borough.

The Panel agreed:

- To write a letter to the Cabinet Member outlining their concerns.
- Include an agenda item on mental health advocacy at their next Adults & Health Scrutiny Panel on 6th November to enable wider discussion.

LC4. DECLARATIONS OF INTEREST

None received

LC5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None received

LC6. OVERVIEW AND SCRUTINY COMMITTEE AND SCRUTINY PANELS - CONSTITUTIONAL TERMS OF REFERENCE AND PROTOCOL

Noted

LC7. INTRODUCTION TO KEY AREAS COVERED BY THE PANEL

Cllr Morton introduced the item noting three priorities currently being worked on:

- Improving the lives of residents e.g. ensuring good quality of care and good access to GPs.
- Health & Wellbeing strategy re-fresh – getting it right
- Health and social care integration and the Better Care fund – the opportunities these present.

Adult Social Service

Beverley Tarka, Interim Director for Adult Social Services, gave a presentation to the Panel covering an overview, recent developments and key themes of her Directorate.

Presentation attached.

Public Health

Tamara Djuretic, Assistant Director, Public Health gave an overview of Public Health including wider determinants, key objectives, domains and remit of public health, budget overview, issues and opportunities.

Presentation attached.

Haringey Clinical Commissioning Group

Sarah Price, Chief Operating Officer, Haringey CCG presented to the Panel including an overview of the NHS reforms, role of CCG's and NHS England, key providers of Haringey CCG and an overview of their spend.

Presentation attached.

Priorities for Haringey CCG include:

- Providers working better together

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- Considering how they can contract to incentivise
- Integration to ensure seamless support for service users
- Improving primary care e.g. the quality of care provided
- Prevention and playing a part in early help and intervention.

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

- The recommendations from the two mental health reports which were undertaken by the Panel in 2013/14 are being incorporated in the Joint Mental Health Framework which is currently being written.
- The draft Joint Mental Health Framework will come back to the Panel before being agreed by the Health and Wellbeing Board to enable the Panel to comment and feed into the document.
- The two priority strands of the Health and Wellbeing Strategy re-fresh are mental health and child health.
- The Better Care Fund is not new money and there are government targets tied up with the release of funding.
- Neighbourhood Connect is a good example of building community resilience. This is currently being evaluated and has some good qualitative evidence feeding into it.
- Referrals to Day Centres – this is done following a Community Care Assessment to consider what needs are eligible to be met - a support plan is produced e.g. care needs, social isolation etc.
- The challenge around community resilience is in getting the community to develop mechanisms to meet need and reach a greater mass of people e.g. befriending. There is a need to ensure that good outcomes are available to everyone and not just those who are eligible for services.
- There is no funding available to establish services like luncheon clubs. Instead the Council is pump-priming to develop volunteering schemes which just cover expenses. The response to date has been very good.
- The teenage pregnancy rate is higher than the London average but it is going down. Work being done includes mainstreaming sexual health programmes in schools and having a dedicated sexual health school nurse.
- Childhood obesity is high and not reducing.
 - Prevalence is higher in the East of the Borough.
 - Data is captured at reception and Year 6. Year 6 is more of an issue than reception.
 - There is a need to look at different environments around children that we can influence and have conversations with parents on the issue.
- Public Health take over the commissioning of Health Visitors from October 2015 and opportunities around this are being explored. There is a Health Visitor workforce issue in Haringey which is being worked on.
- There is an issue with number of GPs in the area. The Health and Wellbeing Board have an item on their next agenda (the day following this meeting). NHS England are also due to respond to the issue.
 - The role of the Health and Wellbeing Board in relation to GPs is a leadership role and it is therefore looking at taking a strategic view over the next 5, 10 and 20 years.

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- Air pollution/the quality of air is an issue in London and this is monitored by Environmental Health Officers. In relation to respiratory health – smoking is a bigger issue and therefore Public Health is focusing efforts on smoking.
 - On a wider basis public health is encouraging people to walk and cycle more and use cars less. This approach is also being linked into Tottenham regeneration.
- Public Health is the lead directorate for the Joint Strategic Needs Assessment (JSNA) but it is developed across the partnership. The intention is to widen this partnership approach and share data so that the JSNA becomes more timely and less retrospective.
- There are 9 projects currently looking at different aspects and approaches in public health in the acknowledgement that one size does not fit all. These projects include some work commissioned locally in the Turkish & Kurdish community on mental health as Turkish and Kurdish men have a higher suicide rate.
- Out of a £320m CCG budget approximately £2m is spend on private companies. There is a need to remember that this includes spend on very specialist care packages for people. Evidence suggests that there has been little appetite nationally for use of private companies under the ‘any willing provider’ legislation, as CCG’s do not have control.
- Continuing Healthcare criteria is set nationally. CCG and Adult services have been working together over the past year to improve the process ensuring it is robust and clinically led.
- There is a London wide issue around recruitment and retention of approved social workers. ADASS has recently done a survey about this, which Haringey has responded to.

Healthwatch Haringey

Gordon Peters, Board Member, Healthwatch Haringey gave the Panel an overview of their work and key aspects of their role. Key points noted include:

- Information and communicating advice and support – focusing on the most vulnerable and looking at dialogue as opposed to just providing information.
- Critical friend – through their Enter and View programme. This started with a visit to the Osborne Grove Nursing home, which appears to represent good practice.
- Mental Health – Healthwatch Haringey have concerns around St Ann’s hospital and feel that good practice should feed in more to developments around mental health. There are also concerns around what will happen to people on Wards during the redevelopment and the need for more supported Housing.
- Children & Families Act
- GP access and inequality – especially around Tottenham Hale as can be seen from their recent report.
- Healthwatch Haringey have concerns about the tighter eligibility criteria.
- Integrated Care – examples of best practice from elsewhere are being sought.

Adult Service Presentation_AHSP_29th Sept

LC8. WORK PLAN

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The proposed Panel work programme was agreed and referred to the Overview and Scrutiny Panel

AGREED:

- Cllr Connor and Cllr Morton would meet to discuss aspects of the work plan yet to be scheduled and have a conversation about other areas which the Panel could add value.
- Where there is a cross over between a topic on the Adults & Health Scrutiny Panel and the Children & Young People's Scrutiny Panel then a joint meeting or section of a meeting would be scheduled.

LC9. ADULTS & HEALTH SCRUTINY PANEL PROJECT

The Terms of Reference and Objectives of the Panel Project were agreed as follows and referred to the Overview and Scrutiny Committee.

Terms of Reference

"To review the Child and Adolescent Mental Health Service transition pathway from child to adult mental health services in order to make recommendations to improve the transition pathway and experience for young people."

Objectives of the project

- To gain an understanding of the CAMHS transition pathway process from child to adult mental health services including commissioning and budgetary arrangements
- To gain an understanding of the CAMHS transition pathway from the perspective of young people and their families
- To compare local practice with identified areas of good practice and national guidance
- To make evidence based recommendations to improve the pathway

LC10. NEW ITEMS OF URGENT BUSINESS

None received

LC11. DATES OF FUTURE MEETINGS

Noted

Cllr Pippa Connor

Chair

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Adults & Health Scrutiny Panel

29 September 2014

Key Messages

- Haringey: a borough of great opportunity
- Ensure all residents are able to make the most of the potential that Haringey and London has to offer
- We are faced with challenges but also great opportunities
- We are committed to ongoing transformation of our services, delivering continued improvement and change for the residents of Haringey

Key Messages ... cont'd



- Our priorities:
 - **Outstanding for all:** Enabling all Haringey children to thrive
 - **Safety and wellbeing for all:** Where everyone feels safe and has a good quality of life
 - **Opportunities for all:** A successful place for everyone
 - **A better council:** Delivering responsive, high quality services and encouraging residents who are able to help themselves to do so
- Council Members and Officers work to deliver these priorities, ensuring we meet our potential as an organisation and as a place

Adult Social Services – Key Facts



- Adult Social Care enables vulnerable people to feel safe and to receive the personalised support they need to live independent and healthy lives
- **4,100** people using Adult Social Services
- 412 FTE staff in Adult Social Care
- Adults Social Care budget for **2014-15** is circa **£73m**

Adult Social Services (1)



- Provides a range of services (in partnership with other statutory agencies, such as the NHS, the third sector, independent providers and internal partners)
- Services to residents at risk (over age 18) – (e.g. provides support to older people; people with problems relating to mental health and learning difficulties; substance use; people with disabilities; people with HIV/AIDS and to carers)

Adult Social Services (2)



- Information, advice and support
- Lead role in safeguarding vulnerable adults and protecting people from harm
- ‘Out of hours’, 24 hours 365 days a year, community alarm and an emergency duty social work team - which also covers Children’s Services

Recent Developments



- Winterbourne
- Care Act
- Better Care Fund
- Health and Social Care Integration

Key Themes

- Health and Social Care integration to deliver improved outcomes
- Close working with Public Health
- Adult Social Care as enabler, supporting development and capacity of the community to self-manage
- Promotion of independence and inclusion
- Cross-Council priorities and joined-up working
- Partnership working

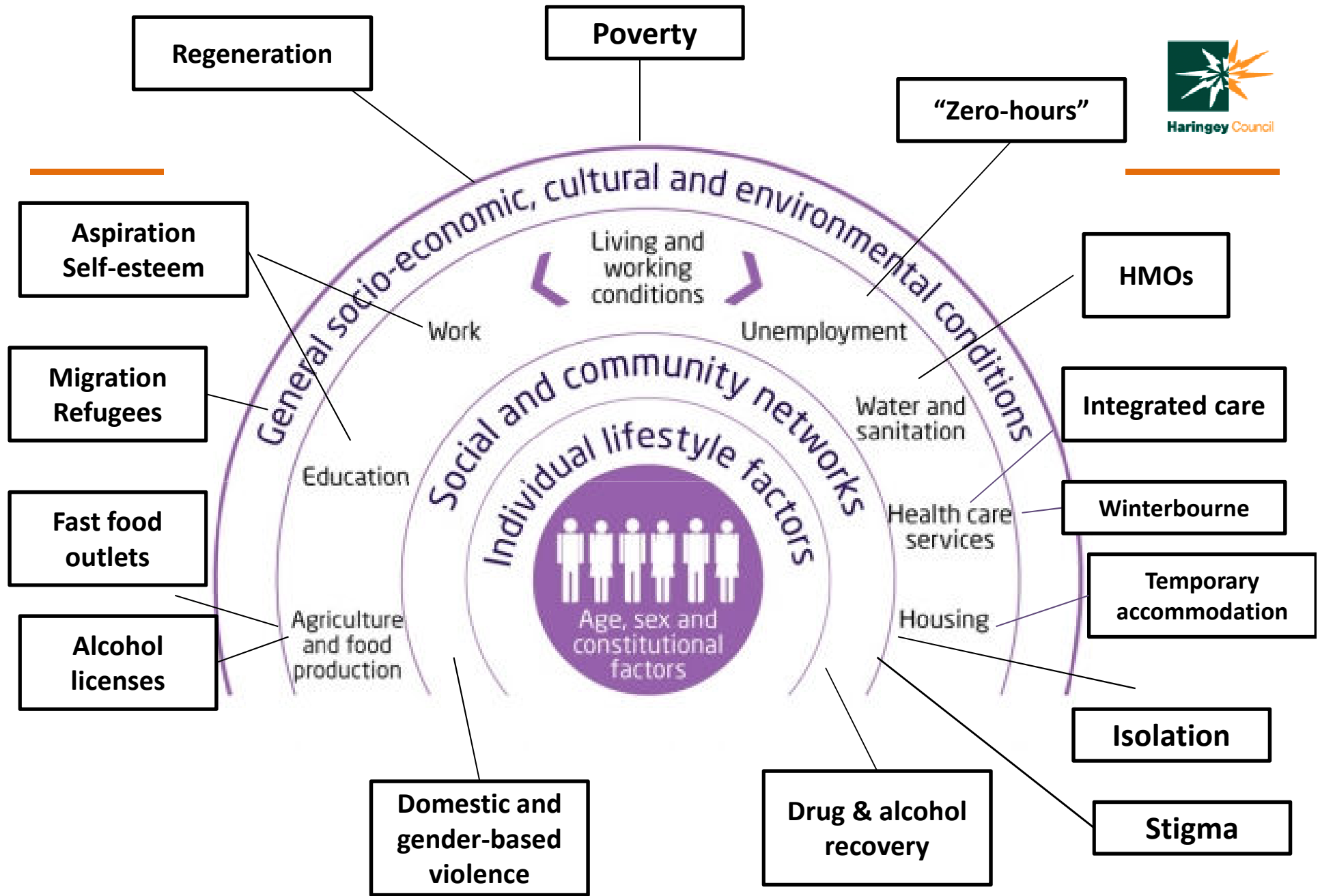
Public Health – an overview

*Adults and Health Overview and Scrutiny
29 September 2014*

Public Health is.....

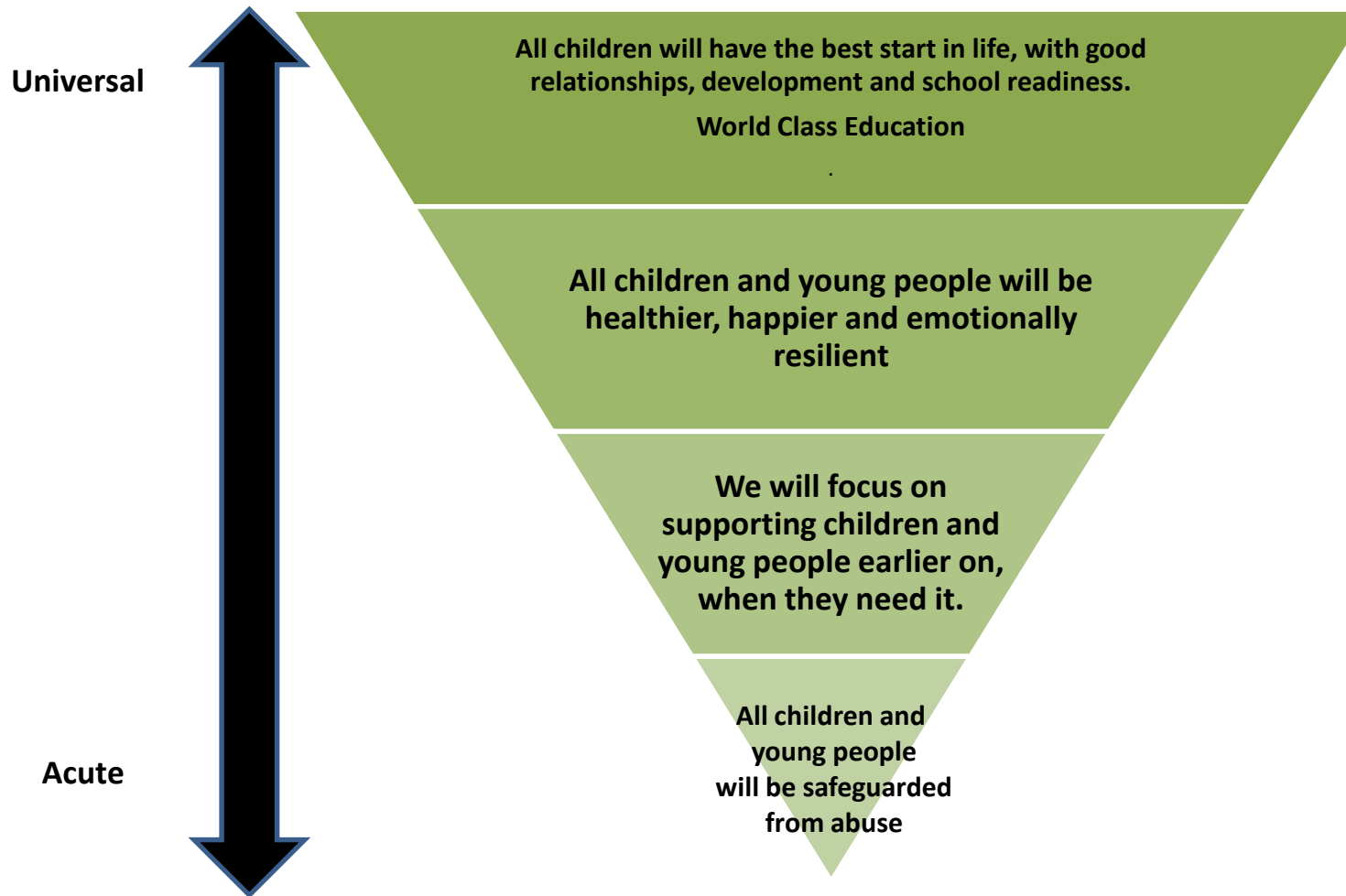


“The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.”



Objectives achieving our outcome

Increasing Prevention and Early Help Offer, Reducing Acute Need (e.g. children's health and wellbeing)



Our objectives can be directly linked to services to help and support families in line with the well embedded multi-agency Haringey 'Thresholds of Need and Intervention' Triangle

Three key domains of Public Health



HEALTH IMPROVEMENT

- Sexually Transmitted Infections (STIs) services*
- HIV prevention
- Smoking cessation
- NHS Healthchecks*
- National Child Measurement Programme*
- Substance misuse services
- Public mental health interventions
- Reducing infant mortality, teenage pregnancy, and childhood obesity

HEALTH PROTECTION

- Ensuring programmes are in place for immunisation and screening*
- Support for surveillance of infectious diseases
- Emergency planning and business continuity*

HEALTHCARE PUBLIC HEALTH

- Supporting clinically and cost effective commissioning
- Supporting health and social care integration (e.g. Evidence reviews, service evaluation)
- 'The Core Offer': LBH statutory duty to provide public health support back to the NHS*

* Mandated services

**Joint Strategic Needs Assessment (JSNA)*
Supporting and influencing partners to improve populations health and reduce health inequalities**

Haringey's public health functions and leads

Jeanelle De Gruchy, DPH



Tamara Djuretic

'NHS Core Offer' and support to:
Health and social care integration (incl. mental health commissioning; primary care quality)

PH Intelligence

Health protection and emergency planning

Public mental health

Susan Oti

Commissioning services to support healthy lifestyles – substance abuse & sexual health

Children and young people (incl. early years, healthy schools, school nurses, health visitors)

Marion Morris

Commissioning services to support healthy lifestyles to reduce the LE gap (incl. smoking, physical inactivity, nutrition)

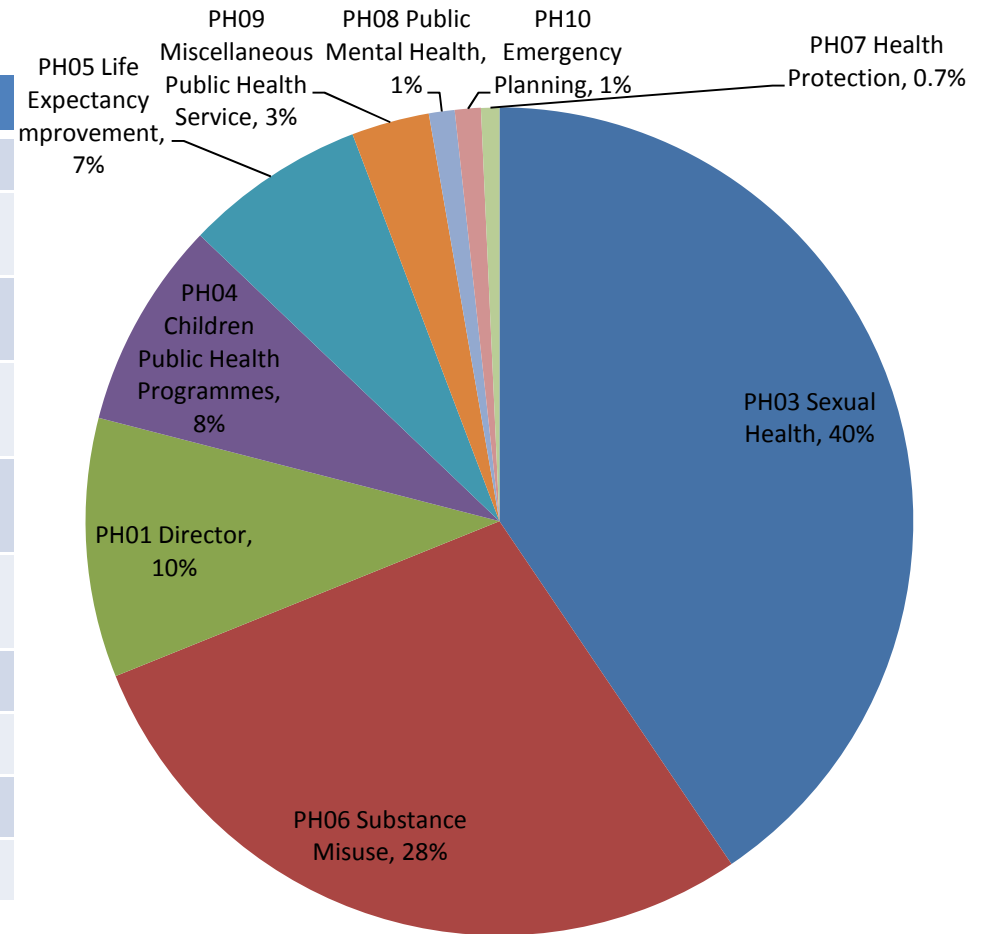
Supporting healthy public policy to influence the wider determinants of health (incl. socio-econ regeneration of Tottenham)

Community safety (incl. DV, offender health)

2014/15 Overall Budget Profile



Services	Budget
PH03 Sexual Health	£7,163,200
PH06 Substance Misuse	£4,701,100
PH01 Public Health Director	£1,986,088
PH04 Children Public Health Programme – S Otitis	£1,361,100
PH05 Life Expectancy Improvement	£1,277,500
PH09 Other PH Services	£310,500
PH094 Prescribing costs	£275,000
PH08 PH Mental Health	£197,300
PH10 Emergency Planning	£195,000
PH07 Health Protection	£125,000
TOTAL BUDGET	£17,591,800



Summary of highs and lows



- A marked reduction in teenage pregnancy
- Infant mortality is reducing
- Life expectancy is improving generally

BUT

- Childhood obesity is high
- The overall trend in life expectancy gap within Haringey for men and women has not changed substantially
- On average, women live the last 20 years of their life in poor health, mostly due to long-term conditions and mental illness
- 1 in 5 of all deaths are attributable to smoking
- Alcohol-related admissions to hospital remain high

Future opportunities (...and challenges)



- Redesign of public health services:
 - Re-tendering to promote integrated commissioning approach;
 - Reduce spend on treatment and shift focus on prevention (e.g. STIs) and recovery (e.g. Substance misuse);
- Transfer of health visiting workforce in 2015;
- Further developing healthy public policy to influence wider determinants of health.

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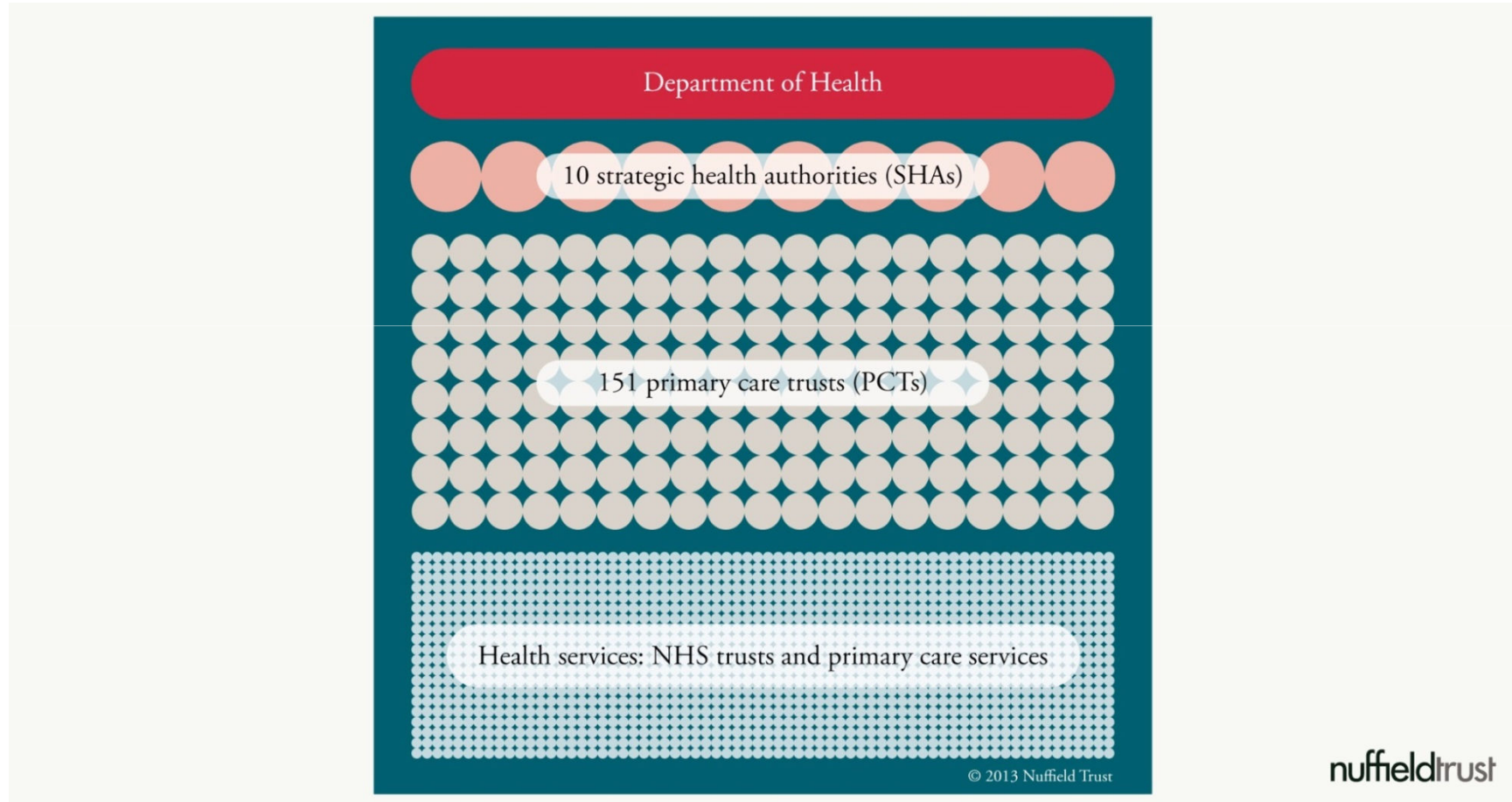
Introduction to Haringey CCG

Sarah Price

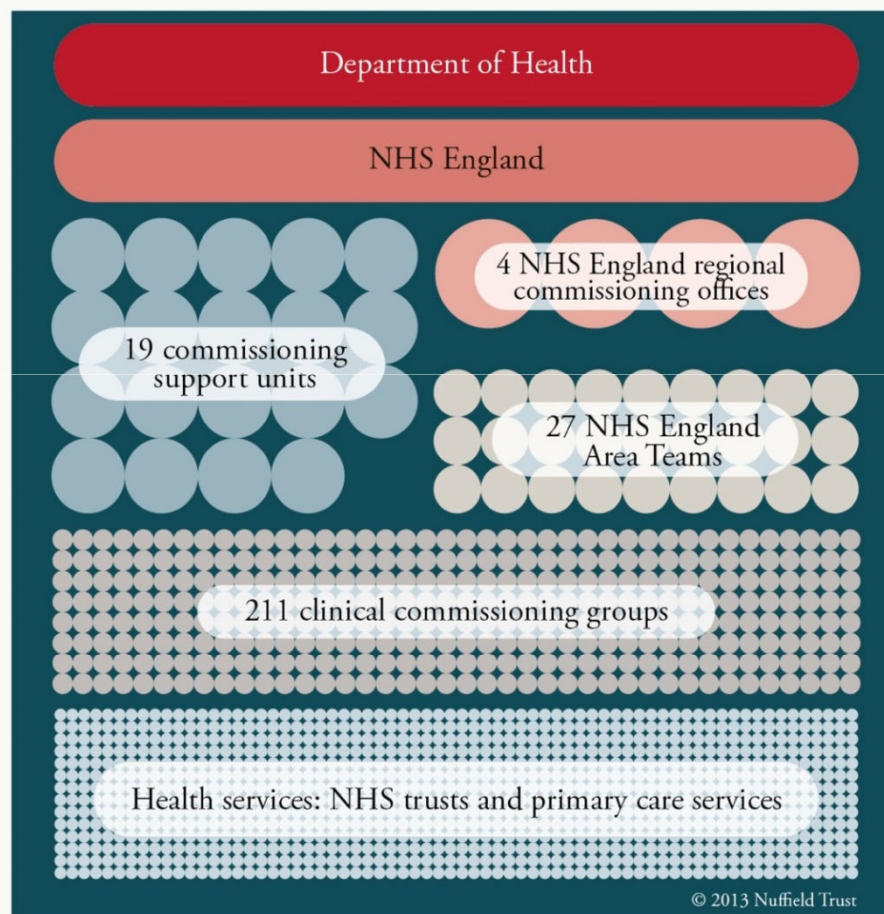
Chief Officer

Haringey CCG

The NHS in England before the reforms



The NHS: April 2013 onwards



CCGs

- There is CCG in each local area.
- All GP practices belong to a CCG, which include other health professionals, such as nurses.
- CCGs commission most services for their local populations, including:
 - planned hospital care
 - rehabilitative care
 - urgent and emergency care (including out-of-hours)
 - most community health services
 - mental health and learning disability services
- Both NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

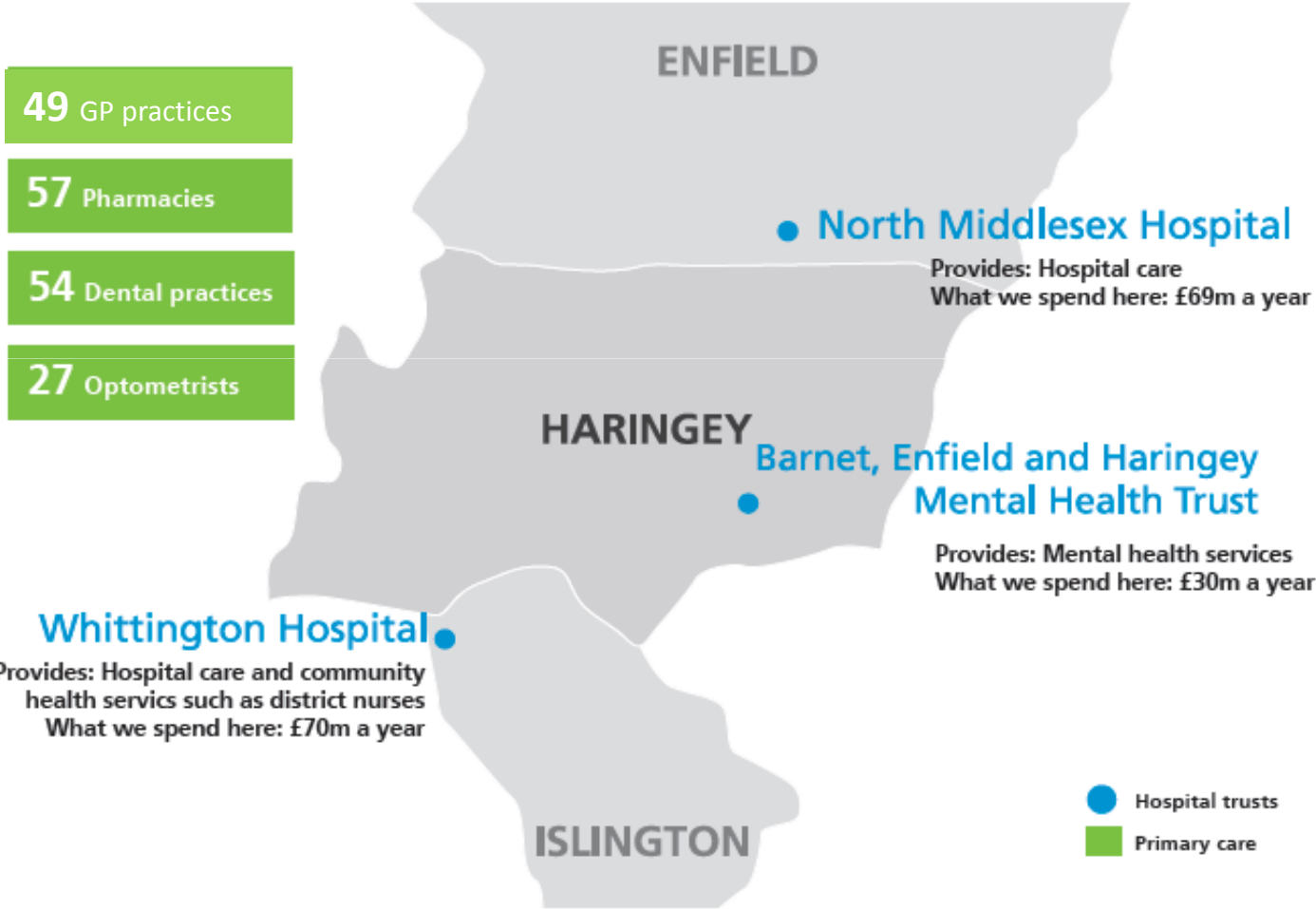
NHS England

- Oversees the operation of Clinical Commissioning Groups
- Allocates funds to Clinical Commissioning Groups
- Commissions primary care (GPs, pharmacists, opticians)
- Commissions specialised services (e.g. rare cancers, HIV, secure mental health, burns)

Other changes

- **Public health** – the local public health function is now within local authorities.
- **Commissioning Support Units** – provide support to a number of CCGs e.g. contract management, back office functions
- **Health and Wellbeing Board** - every local authority now has a Health and Wellbeing Board as a forum for local commissioners across the NHS, social care, public health and other services

Our main providers



What we spend our money on

In 2013-14, the CCG's budget was £316 million and was spent on:

