

MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL WEDNESDAY, 18 MARCH 2015

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

Apologies Councillor Bull, Patterson and Kania

AH18. WELCOME AND INTRODUCTIONS

The Chair welcomed members from the Children and Young People's Scrutiny Panel to the meeting to enable joint consideration of the following items:

- Joint Mental Health and Wellbeing Framework (agenda item 6)
- Transition from Child Mental Health Services to Adult Mental Health Services: Adults and Health Scrutiny Panel Project Report (agenda item 7)

AH19. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Councillor G Bull, Councillor Patterson and Helena Kania.

AH20. URGENT BUSINESS

There were no items of urgent business put forward.

AH21. DECLARATIONS OF INTEREST

No declarations of interest were made in relation to items on the agenda.

AH22. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

The Chair informed the panel that a request to speak in relation to NHS 111 and GP Out-of-Hours, agenda item 9, had been received from 38 Degrees and Defend Haringey Health Services. It was noted that this request would be taken as part of agenda item 9.

AH23. JOINT MENTAL HEALTH AND WELLBEING FRAMEWORK

Tamara Djuretic, Assistant Director of Public Health, introduced the draft Joint Mental Health and Wellbeing Framework. The panel was informed the proposed framework had been developed with a range of stakeholders and experts across the local health and social care economy. It was noted that the framework set out a high level vision for mental health and wellbeing in Haringey.

The panel was informed that the total spend on mental health in Haringey (including substance misuse) for 2013-14 was over £51 million. This equated to 11% of the total CCG budget and 6% of the Council's. Tamara Djuretic noted the level of spend going to acute services versus community services was unsustainable moving forward.

The panel discussed the aims of the framework and Tim Deeprose, Assistant Director, Mental Health Commissioning, Haringey CCG, advised that there were four priorities.

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- Promoting mental health and wellbeing and preventing mental ill health across all ages
- Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments and by focusing on transition into adulthood
- Improving mental health outcomes of adults and older people by focusing on three main areas: meeting the needs of those most at risk; improving care for people in mental health crisis; improving the physical health of those with mental-ill health and vice versa
- Commissioning and delivering an integrated enablement model using individuals, families and communities' assets as an approach to support those living with mental illness to lead fulfilling lives

Tim Deeprise commented that recommendations from previous scrutiny reviews, relating to mental health, had been incorporated into the overall framework. The priorities had been shaped in line with these scrutiny recommendations.

The panel was asked to note that consultation feedback had been generally positive although suggestions for improvement, set out in the report to the panel, had been received.

During the discussion, reference was made to the following:

- The national and local policy context
- The role of Haringey's Mental Health and Wellbeing Framework Expert Reference Group
- The mental health needs of Haringey's residents
- Timescales and governance arrangements for delivery of the framework
- Lord Bradley's review (2009) of people with mental health problems or learning disabilities in the criminal justice system
- The mental health needs and the effectiveness of provision for young offenders in custody and in the community.
- Recent mental health inquiries conducted by Select Committees appointed by the House of Commons.
- The importance of having a whole system approach to integration and enablement including the need for effective pathways into employment and housing.
- The impact of population growth and the sources of information that had been used to develop the framework including the local Joint Strategic Needs Assessment on mental health in children, young people, adults and older people; Mental Health HaringeyStat; Public Health England's mental health profiles, and the CCG's and Council's financial information.

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- The importance of ensuring mental health services were appropriate for Haringey's diverse communities
- The redevelopment of the St Ann's Hospital site
- The services available for looked after children
- The use of strength and difficulties questionnaires
- Recent articles in The Times newspaper (12 March, 2015) concerning child mental health
- Services provided by Tavistock Portman
- The work being carried out by Catherine Swaile, Vulnerable Children's Joint Commissioning Manger, Haringey CCG.

The panel was informed that the framework would be finalised for the Health and Wellbeing Board meeting on 24 March 2015. The panel agreed it would be useful to receive an update on the actions outlined in Appendix V of the framework in 6-12 months time.

The Chair thanked Tamara Djuretic, Tim Deeprise and Catherine Swaile for their attendance.

RESOLVED:

1. That the report be noted.
2. That subject to further discussion with the Overview and Scrutiny Committee, the panel agreed an update on the Joint Mental Health and Well Framework, should be included in the scrutiny work programme for 2015/16.

AH24. TRANSITION FROM CHILD MENTAL HEALTH SERVICES TO ADULT MENTAL HEALTH SERVICES: ADULTS AND HEALTH SCRUTINY PANEL PROJECT REPORT

The Chair introduced the project report of the Adults and Health Scrutiny Panel.

It was recognised transition within mental health services at the age of 18 years could be problematic for many reasons. During discussion concerns were raised about the "cliff-edge of lost support". From a point where young people received regular, focused support for their mental health needs it was noted that by turning 18, young people could find themselves on their own, unprepared for the shift from a child-centred developmental approach to an adult care model.

It was explained that evidence had been gathered from a variety of stakeholders including; Barnet, Enfield and Haringey NHS Mental Health Trust, Haringey CCG, Mind in Haringey, Open Door, Young Minds, First Step, Camden and Islington Mental Health Services and importantly Haringey's front line staff in Children's and Adult Mental Health Services.

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The Chair highlighted a number of issues, set out in the panel project report, including:

- The need for young people to be supported right through from age 0-25
- The proposed “Heads-Up for Haringey” model
- The need for information sharing across agencies
- Concerns about levels of funding for Child and Adolescent Mental Health Services.

The panel agreed the new Joint and Mental Health Wellbeing Framework (discussed under item 6 on the agenda) was an opportunity to improve mental health services and to improve the mental health and wellbeing outcomes for Haringey residents. The Chair commented that taking the panel’s recommendations forward, as part of the framework, would help ensure there was no “cliff-edge”.

RESOLVED:

That the recommendations, set out in the Transition from Child Mental Health Services to Adult Mental Health Services: Adult and Health Scrutiny Panel Project Report, be agreed and that the final report be considered for approval by the Overview and Scrutiny Committee on 26 March 2015.

AH25. MINUTES

RESOLVED: That the minutes of the meeting held on 22 January 2015 be approved as a correct record.

AH26. NHS 111 AND GP OUT-OF-HOURS

The Chair informed the panel that a request to speak had been received concerning plans to commission an integrated 111 and GP Out-of-Hours service.

Dr Natasha Posner, on behalf of the Defend Haringey Services Coalition and 38 Degrees, addressed the panel and raised a number of points, including:

- Concerns that Clinical Commissioning Groups in Camden, Islington, Haringey, Barnet and Enfield were about to embark on a tendering exercise for a combined 111 and GP Out-of-Hours service across the five boroughs.
- The need to have local services with local GPs
- Concerns that the new service could be provided by a private company.
- The need for a pilot study to ensure the amalgamation of 111 with Out-of-Hours across five boroughs improved services.
- The need for better consultation and engagement with the public.
- Concerns about the proposed length of the contract

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The panel then received a presentation from Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group (CCG), and Dr Sam Shah, Clinical Lead – NHS 111 Governance.

The panel was informed that Haringey CCG had been working with other CCGs in North Central London to integrate the NHS 111 service and the GP Out-of-Hours service to enable both services to work better together.

It was noted that 111 was a free telephone number that helped people with urgent, but not life-threatening, conditions to access the most appropriate service or to receive self-care advice. Ms Shattock advised the panel that between April 2013 and March 2014 an estimated 33,000 calls had been made to 111 from people living in Haringey.

The panel was informed that GP Out-of-Hours services ensured people could access primary care, for urgent problems, when their GP surgery was closed. It was noted that Barndoc provided the service in Barnet, Enfield and Haringey and that GP Out-of-Hours services were accessed via NHS 111.

The following points were discussed:

- GP co-operatives
- Telephone triage services
- The patient journey before 111
- The 111 patient journey

Dr Shah informed the panel that 111 had been introduced, as a pilot, in 2013 and had replaced NHS Direct. The panel was assured that a number of lessons had been learned, including:

- Combining 111 and GP Out-of-Hours services under a single contact had helped patients to get the right services quicker, with less time spent being passed from one call handler to another.
- Early input from a nurse, GP or pharmacist helped patients get the right advice/treatment more quickly.
- 111 could make better use of local community services
- The need for 111 to develop better online/app interfaces
- The majority of users of the 111 service were between 18 and 64 years old.

In terms of the proposal to commission an integrated 111 and GP Out-of-Hours service, Dr Shah advised that there would be an increased clinical mix in 111. This would include:

- The introduction of GP early intervention in 111 calls and rapid clinical reassessment of green ambulance dispositions.

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- GP consultation within Out-of-Hours for the overnight period.
- A pharmacist within 111.
- Better information systems to enable more integrated working.

Dr Shah informed the panel that the model for NHS 111 and GP Out-of-Hours across North Central London would be fully integrated with local health care services. This would enable: direct appointment bookings into other services, including home visits; better information sharing and access to patients' medical histories (for those involved directly in patient care); the immediate dispatch of an ambulance, if needed; and easy access to out of hours GP services, if needed.

The following issues were discussed:

- There was no evidence to suggest increased attendance at A&Es was a result of unnecessary referrals from the 111 service.
- About 47% of onward referrals from NHS 111 in North Central London were to GP Out-of-Hours. It was noted that this provided a strong case for integration.
- Data provided by the Commissioning Support Unit showing 111 caller locations by registered patients. It was noted there were no geographical 'clusters' for users of the 111 service since people did not necessarily call from home, but could access the service anywhere across the five boroughs. Any new model would therefore need to cover the whole North Central London area.
- The integration of IT systems for both services
- The procurement process and the specification. Dr Shah informed the panel that while price was a factor it was essential to ensure the correct balance between this and quality. It was noted that local clinicians had been very involved in developing the service specification for the procurement.
- The importance of contract monitoring and holding service providers to account.

Jill Shattock commented that all CCGs were in the process of developing local engagement plans and Haringey CCG had started a process of involving stakeholders and members of the public and would continue to do so.

The panel was informed that Haringey CCG would welcome the opportunity to meet with Defend Haringey Services Coalition, 38 Degrees, and other local groups, as part of this work.

The following milestones were noted:

- Public engagement: February – June 2015
- Establishing a reference group to inform the procurement process (with local Healthwatch organisations and patient representatives) – March 2015.
- Procurement process: April 2015 – March 2016

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- New service to start April 2016

The panel thanked Jill Shattock and Dr Shah for their attendance and encouraged Haringey CCG to fully engage with local groups to help improve 111 and Out-of-Hours GP services for Haringey.

RESOLVED: That the presentation by Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group (CCG), and Dr Sam Shah, Clinical Lead – NHS 111 Governance, be noted.

AH27. CARE QUALITY COMMISSION INSPECTION OF HARINGEY ADULT SOCIAL CARE SERVICES

Beverley Tarka, Interim Director of Adult Social Services, introduced the report and outlined key aspects to the new inspection regime and the findings of the Reablement inspection carried out in July 2014 and reported in December 2014.

During the discussion, reference was made to the following:

- The new approach that had been taken by the Care Quality Commission (CQC) to regulating, inspecting and rating adult social care services.
- CQC's new approach included the use of Intelligent Monitoring to decide when, where and what to inspect.
- Under the new framework, inspectors would assess all health and social care services against five key questions: is a service: safe; effective; caring; responsive to people's need; and well-led?
- The Key Lines of Enquiry (KLOE).
- The work that had been facilitated by Gerald Pilkington Associates to help inform high levels proposals in relation to reablement.

The panel was informed that overall the Haringey Community Reablement Service had been rated as a good service. However, it was recognised areas for improvement had been highlighted in relation to KLOE 5 – "Is the service well led?" It was noted an improvement plan had been put in place to address identified areas and the panel discussed the progress that had been made in delivering the action plan. A variety of issues were discussed including staff supervisions, quality assurance tasks and processes.

It was noted, to date, that 979 adult social care services had been rated by CQC nationally under the new framework, with 1.2% being rated outstanding, 63.6% rated as good, 27.6% requiring improvement and 7.6% rated inadequate. The panel was informed that services rated as outstanding were normally re-inspected within 2 years; good services within 18 months; services requiring improvement within a year; and inadequate services within 6 months.

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RESOLVED: That the report be noted and an update report (progress made in delivering the improvement plan) be prepared for consideration by the Adults and Health Scrutiny Panel during the 2015/16 Municipal Year.

AH28. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR HEALTH AND WELLBEING

The panel received a verbal update on the work of the Cabinet Member for Health and Wellbeing, Councillor Peter Morton.

The following issues were discussed: :

- Haringey's approach to implementing Part 1 of the Care Act 2014. The panel was informed that proposals, agreed by Cabinet in March 2015, paid particular attention to new eligibility criteria and deferred payment arrangements.
- The work of the Health and Wellbeing Board in relation to improving Primary Care in Haringey. An update was provided on work being led by Haringey CCG and NHS England in relation to addressing access to primary care across the borough.
- The work that had taken place with a range of stakeholders and experts across the local health and social care economy to set a high level vision for mental health and wellbeing in Haringey.
- The importance of ensuring mental health services were appropriate for Haringey's diverse communities and ensuring appropriate monitoring arrangements were in place for the Joint Mental Health and Wellbeing Framework.
- The challenge of having a reduced budget and the need to find new and different ways to build more resilient communities supported by services that made evidenced and sustained improvement.
- The work that would need to take place over the coming months, including public consultation, to ensure priorities and outcomes outlined in the Council's Corporate Plan were delivered to "empower all adults to live healthy, long and fulfilling lives".
- Feedback on a recent Cabinet Member site visit to "Bringing Unity Back into the Community" (BUBIC). The panel was informed that BUBIC was an award winning community based organisation that provided peer support for drug users, ex-drug users, their family and friends. It was suggested scrutiny members should be invited to take part in similar site visits moving forward.
- The work that had been taking place to address childhood obesity and teenage pregnancies. It was noted data from the Office for National Statistics showed that between 2012 and 2013, the most up-to-date figures available, teenage pregnancies in Haringey had dropped by 37% falling faster than both the London and national averages. The panel agreed that the Council's approach to dealing with teenage pregnancy should be shared to enable improvements to be made across other service areas.

In addition, Cllr Morton provided an update concerning the Protect Our Women (POW) project that helped raise awareness of the dangers of gender-based violence. It was

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explained that this had been developed by the charity Solace Women's Aid in partnership with Haringey Council. It was noted that a group of young people had recently been recognised for completing this educational project.

RESOLVED: That the update from the Cabinet Member for Health and Wellbeing be noted and used to develop the work plan for the Adults and Health Scrutiny Panel for 2015/16.

AH29. WORK PLAN

RESOLVED: That the outstanding items from the panel's work plan for 2014/15 be noted.

AH30. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

AH31. DATES OF FUTURE MEETINGS

It was noted that the schedule of meetings for 2015/16 would be agreed by Full Council on 23 March 2015.

AH32. DURATION OF MEETING

18:35 hrs to 21:15 hrs

Clr Pippa Connor

Chair