

**MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL  
MONDAY, 29 JUNE 2015**

Councillors Connor (Chair), Adamou, Beacham, Bull, Sahota and Opoku

**AH33. FILMING AT MEETINGS**

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

**AH34. APOLOGIES FOR ABSENCE**

No apologies for absence were received.

**AH35. URGENT BUSINESS**

There were no items of urgent business put forward.

**AH36. DECLARATIONS OF INTEREST**

Cllr Connor declared a personal interest as her sister worked as a GP in Tottenham.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

**AH37. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS**

There were no deputations, petitions, presentations or questions.

**AH38. MINUTES**

**AGREED:** That the minutes of the meeting held on 18 March 2015 be approved as a correct record.

**AH39. TERMS OF REFERENCE - ADULTS AND HEALTH SCRUTINY PANEL**

**AGREED:** That the terms of reference for the Adults and Health Scrutiny Panel be noted.

**AH40. PRIMARY CARE IN HARINGEY UPDATE**

Cassie Williams, Assistant Director of Primary Care Quality and Development, Haringey Clinical Commissioning Group (CCG), provided the panel with an update on the work of the Premises Task and Finish Group (GP access); co-commissioning; and the development of new models of primary care in Haringey.

It was noted the Premises Task and Finish Group had been working to address GP access issues, particularly in the east of the borough and to ensure adequate future provision in regeneration areas, most notably the Tottenham and Wood Green areas.

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During discussion, reference was made to the strategic development plan that had been commissioned by NHS England. It was noted that a draft report had been considered by the Health and Wellbeing Board on 23 June 2015. This had confirmed there was a shortfall in provision in Tottenham Hale and Northumberland Park.

Ms Williams informed the panel that NHS England had been working to resolve these issues in a number of ways. For example, an infrastructure fund had been released for extending GP premises to increase availability of access. In Haringey, six practices had been successful in bidding for this NHS England fund with five of the bids supporting increased access in Northumberland Park and Tottenham Hale. In addition, it was noted that NHS England had been working to commission a new practice in Tottenham Hale. This would offer additional GP and nurse appointments in Hale Village until completion of a new building in 3-5 years time. This provision was intended to be in place during Autumn of 2015 and the panel was informed that longer term solutions had started to be considered with additional capacity being included in local regeneration plans.

In terms of co-commissioning, the panel was informed that during 2014 CCGs had been invited to become more involved in commissioning primary care in collaboration with NHS England. It was noted that this was managed at a north central London (NCL) level and that there were three levels of co-commissioning that CCGs could opt for:

- Level 1: Greater involvement – in decision making
- Level 2: Joint commissioning – joint decision making
- Level 3: Delegated authority – taking on delegated responsibilities

Ms Williams explained that from April 2015 NCL CCGs had entered co-commissioning at Level 1 and as a result NHS England had engaged the CCGs in discussion around decisions. It was noted that from October 2015 NCL would begin joint commissioning (Level 2).

Ms Williams concluded her presentation by providing an update on new models of Primary Care. It was explained that there was a need to increase Primary Care access and to provide more coordinated services. The panel was informed various pilots had been successfully initiated in Haringey where GPs had worked together in new ways. These included Saturday clinics, extended hours telephone consultations, a call centre and personalised care plans for over 75s with long term conditions.

During discussion, reference was made to the following:

- Standards of practice for confidentiality and patient consent to information / data sharing

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- Workforce development, including GP recruitment
- Concerns about the numbers of non-registered patients in Tottenham Hale
- Premises development and building requirements
- Governance arrangements for co-commissioning and the role of the pan-NCL joint commissioning committee
- Issues in relation to the infrastructure fund and how this would be used to expand the premises at the Somerset Gardens Family Healthcare Centre.
- Ensuring members of the panel received a copy of the Strategic Premises Document Plan: Borough of Haringey, considered by the Health and Wellbeing Board on 23 June 2015.

The panel agreed an update on the Premises Task and Finish Group, with input from NHS England, should be prioritised for inclusion in the panel's future work programme (for Autumn 2015). In addition, Ms Williams confirmed she would be happy to return at the end of the 2015/ 16 to provide an update on co-commissioning, the strategic direction for Primary Care in Haringey, and New Models of Primary Care.

**AGREED:**

1. That the report be noted.
2. That a copy of the Strategic Premises Document Plan: Borough of Haringey, considered by the Health and Wellbeing Board on 23 June 2015, be circulated to members of the panel for information.
3. That an update on the Premises Task and Finish Group (Access to GPs) be prioritised for inclusion in the panel's future work programme (for Autumn 2015) and discussed further under item 11 on the agenda – Work Programme Development.
4. That an update on Co-Commissioning, the strategic direction for Primary Care in Haringey, and New Models of Primary Care be prioritised for inclusion in the panel's future work programme (for March 2016) and discussed further under item 11 on the agenda – Work Programme Development.

**AH41. THE PRINCIPLES AND METHODOLOGY THAT WILL SUPPORT THE CONSULTATION AND CO-PRODUCTION PROCESS FOR PROPOSED CHANGES TO ADULT CARE SERVICES**

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Cllr Peter Morton, Cabinet Member for Health and Wellbeing, informed the panel that throughout the consultation for the Medium Term Financial Strategy (2015-2018), he had given a commitment to come back to service users and carers to consult on any detailed proposals for adult care services.

Cllr Morton commented that the current model for adult social care in Haringey did not do enough to prevent care and support needs escalating, and was unsustainable in the long-term. It was noted that in 2014/15, for every £3 the council spent, £1 went on adult social care. The panel was informed that while demand for services continued to rise, the money available to fund them had reduced. Cllr Morton advised that on 16 June 2015 Cabinet had agreed to carry out specific consultation and further engagement with residents and partners on issues including:

- Increasing the Council's capacity to deliver re-ablement and intermediate care service;
- Increasing the Council's capacity to provide Supported Living Accommodation and Shared Lives schemes;
- Increasing the availability and flexibility of specialist services within the borough meeting the individual needs of residents.

Beverley Tarka, Interim Director of Adult Social Services, explained that the consultation process would commence on 29 June 2015 and close after 90 days, reporting back to Cabinet in November 2015. The panel was informed that this process would be an opportunity to: (a) explain in detail specific proposals and the likely impact of the service offer and (b) seek views and understand concerns about how to shape and implement services for the future.

During the discussion, reference was made to the following:

- Lessons that had been learnt from the Medium Term Financial Strategy and Corporate Plan (2015-2018) consultation period.
- Ensuring information provided to service users and carers was accessible and provided in accessible formats.
- The Council's statutory responsibilities to provide services to meet the assessed needs of adults.
- The Council's commitment to safeguard adults at risk and commitment to work with service users and their families and carers in the design of services.

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- Equality Impact Assessments that had been undertaken as part of the proposals for the Medium Term Financial Strategy (2015-2018). It was noted that these would be reviewed, updated and monitored.
- Risks, and concerns, associated with the transfer of social care services to social enterprises and ensuring any risks were managed.
- The importance of gathering information / insight on how social enterprises had been used to deliver health and social care in other parts of the country to ensure Haringey could benefit from any lessons learned.
- The implications of the Public Services (Social Value) Act (2012).
- The importance of contract monitoring and quality assurance when commissioning services.

In response to questions, Charlotte Pomery, Assistant Director Commissioning, informed the panel that the Council had set aside £20,000 for independent advocacy to help support individuals and carers to understand the proposals and ensure they could fully take part in the consultation process. The panel discussed the schedule of consultation meetings and it was agreed that once finalised this should be circulated to panel members. Anne Carswell, Interim Programme Manager, informed the panel that workshops and feedback sessions would be made available for users of the affected services, as well as their carers. It was noted that these sessions would be made available within the affected day centres and residential homes across the borough to ensure accessibility to all key stakeholders.

Ms Pomery informed the panel that independent facilitation would support service users and carers in the co design of new models for Older People dementia day opportunities, Learning disability day opportunities and alternative support for Linden residents. The co-production principles, outlined below, were noted by the panel:

- Improving outcomes for residents;
- Transparency about parameters;
- Respect for others' perspectives;
- Ability to test ideas and thinking;
- Trust and understanding;
- Space to acknowledge the challenge of working differently;
- Advocacy for users;

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- Willingness to think through ideas and to change our minds, within the parameters; and
- Steadfast adherence to the values and principles of the Corporate plan

The panel was informed that a report on the co-production activity and outcomes would be provided as an appendix to the November (2015) Cabinet report. In addition, the panel agreed that an update on how the consultation and co-production process had been conducted, in relation to proposed changes to adult care services, should be prioritised in the panel's future work programme (for October 2015).

In response to questions, following a ruling by the Supreme Court in 2014 that Haringey's consultation on its Council Tax Reduction Scheme had been unlawful, Ms Tarka explained that the documents, to be used during the consultation and co-production process for proposed changes to adult care services, had been agreed with legal services and independently verified by a barrister.

**AGREED:**

1. That the principles and methodology to support the consultation and co-production process for proposed changes to adult care services, outlined in the report, be noted.
2. That an update on how the consultation and co-production process had been conducted, in relation to proposed changes to adult care services, be prioritised in the panel's future work programme (for October 2015) and discussed further under item 11 on the agenda – Work Programme Development.
3. That, once finalised, a copy of the schedule of consultation meetings with independent advocates be circulated to members of the panel.

**AH42. QUALITY ASSURANCE AND THE CARE QUALITY COMMISSION IN HARINGEY**

The panel considered the report of the Interim Director of Adult Services, and Assistant Director for Commissioning, setting out the Council's approach to quality assurance and its relationship with the Care Quality Commission (CQC).

During the discussion, reference was made to the following:

- Sections 5 and 48 of the Care Act 2014.
- The roles and responsibilities of the Safeguarding Adult Board.

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- Ensuring links between quality assurance and safeguarding were made, understood and followed through when delivering value for money commissioned services.
- The Council's plans, set out in the Corporate Plan and Market Position Statement, for transforming adult social care that placed greater emphasis on supporting people to manage their own care through personalisation, early intervention and prevention.
- The need for effective quality assurance to be informed by good feedback and engagement, notably from users and carers, but also from wider stakeholders including the CQC, providers and staff, Healthwatch, the CCG and other agencies.
- Options for keeping scrutiny informed of CQC inspections. It was noted that nationally the CQC had indicated a keenness to work with the scrutiny function of local authorities in a more proactive and joined up way. It was proposed that the CQC should be invited to attend scrutiny on an annual basis to: set out their inspection programme; talk through any emerging themes; and to ensure awareness of the standards and approach being adopted.
- The progress that has been made in delivering an improvement plan (set out in Appendix A to the report) in relation to the CQC Inspection of Haringey's Community Reablement Service.
- Work that was underway with Sevacare in light of a recent CQC inspection that had found people using the service were at significant risk of receiving inappropriate or unsafe care.

Charlotte Pomery, Assistant Director for Commissioning, informed the panel that Sevacare, a large home care agency, had a block contract with the Council until 31 March 2011. It was noted that this contract had expired and the Council no longer had a contract with Sevacare. However, it was explained Sevacare had remained a high volume provider in the borough, albeit with diminishing volumes of work.

Beverley Tarka, Interim Director of Adult Services, advised that the most recent CQC inspection of Sevacare had taken place in December 2014. The CQC had found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It was noted the CQC would take enforcement action against the registered persons and would report further on this once completed.

The following points were noted:

- Following the announcement of the inspection results, the Council's Establishment Concern Procedure had been instigated and as a

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result an immediate suspension of new care packages with Sevacare had been put in place.

- Referrals to Sevacare would remain formally suspended for the foreseeable future.
- New referrals would be made to alternative providers.
- The roles and responsibilities of the Safeguarding Adults Team in relation to activity in respect of Sevacare.
- Haringey funded clients would be reviewed and if they wanted to change their contract to receive care from a different provider the Council would support them to do this. However, it was noted that not everyone using the Sevacare service may want to change, especially if they were satisfied with their individual carer(s).
- An Improvement Board had been established with senior managers from the Council and Sevacare as well as appropriate local branch officers, to implement a robust improvement plan.
- The senior management team of Sevacare had removed their local branch manager and had brought in a Quality Assurance manager and a Director of Operations to oversee implementation of the improvement plan.

In developing the 2015/ 16 scrutiny work programme the panel agreed that they should contribute to quality assurance activity of care providers operating across the borough. It was agreed that input from the CQC at their next meeting would help with this task.

### **AGREED:**

1. That the Council's overall approach to Quality Assurance and specific updates regarding recent CQC inspections of Sevacare and of Haringey's Community Reablement Service, outlined in the report, be noted.
2. That the CQC be invited to attend scrutiny on an annual basis, to set out their inspection programme, and that this be discussed further under item 11 on the agenda – Work Programme Development.

### **AH43. WORK PROGRAMME DEVELOPMENT**

The Chair informed the panel that throughout May and June a number of activities had been employed to support the development of the scrutiny work programme. This included a public survey, a Scrutiny Cafe event, and informal meetings with Cabinet Members and Senior Officers. In addition, Haringey's Obesity Conference, held on the 25 June 2015, had provided a



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useful networking opportunity to discuss a number of issues raised in section 8 of the report.

Jeanelle de Gruchy, Director of Public Health, informed the panel that over 200 delegates had attended the conference. In addition a new Haringey Obesity Alliance had been formed by a wide range of partners including the Council, the local NHS, Homes for Haringey, the Tottenham Hotspur Foundation, and local schools. It was noted that the aim of this alliance was to help reduce obesity in Haringey by supporting more people to eat well and be physically active.

During the discussion on obesity, reference was made to the following:

- Looking at how scrutiny could engage and involve local communities in helping the Council to better understand the challenges and barriers to creating an environment where the healthiest choice was the easiest
- Looking at how scrutiny could support local community groups to help change behaviour, fostering interconnections between settings
- The role of schools and Children's Centres
- The influence of race, ethnicity, and culture on childhood obesity
- Asset based approaches within healthcare
- The work the council was doing to review all "No Ball Games" signs
- Enfield's use of Health Trainers to help people wanting to improve their general health and to make healthy choices
- Information from scrutiny work elsewhere, including Tackling Childhood Obesity in Birmingham (2014)
- The importance of any scrutiny work in Haringey being carefully scoped to ensure it was manageable and established clear questions to be investigated

The following issues were discussed in relation to themes that had emerged from the Scrutiny Cafe, outlined in section 8 of the report:

- The importance of prioritising and selecting issues for scrutiny involvement that complimented Corporate Priority 2 – "Enable all adults to live healthy, long and fulfilling lives"
- Access to GPs and looking at how scrutiny could engage and involve local GPs and other local healthcare providers in their work

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- The importance of scrutiny monitoring the impact of proposed changes to adult care services
- Adult Safeguarding
- Haringey's Reablement Service
- Paediatric A&E attendances and admissions
- Suggestions in relation to loneliness and isolation. This included a suggestion that the panel should look at Neighbourhood Connects towards the end of 2015/ 16 to ensure it was delivering agreed objectives and tackling issues associated with loneliness and isolation across the borough.

In addition, it was agreed that the following items, discussed under items 8, 9 and 10 on the agenda, should be prioritised for inclusion in the panel's future work programme:

- An update on the Premises Task and Finish Group (Access to GPs) – with input from local GPs and NHS England (Autumn 2015)
- An update on Co-Commissioning, the strategic direction for Primary Care in Haringey, and New Models of Primary Care (March 2016)
- An update on how the consultation and co-production process had been conducted in relation to proposed changes to adult care services (October 2015)
- That the CQC be invited to attend scrutiny on an annual basis to set out their inspection programme

The panel agreed the suggestions above should be used to assist members of the panel to scope a potential scrutiny project for 2015/ 16.

**AGREED:**

1. That, subject to the additions, comments and amendments, referred to above, the items outlined in section 8 of the report be prioritised for inclusion in the 2015/ 16 scrutiny work programme and recommended for endorsement by the Overview and Scrutiny Committee on 27 July 2015;
2. That, as appropriate, the Chair of the Panel meet with appropriate Cabinet members and senior officers to further clarify the work programme.
3. That a briefing be arranged with panel members (during August / early September 2015) to: (a) discuss the Adults and Health Scrutiny Panel's

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work programme, and (b) scope a potential scrutiny project for 2015/ 16 based on suggestions put forward by the panel including work relating to obesity, paediatric A&E attendances / admissions, and tackling issues associated with loneliness and isolation.

**AH44. NEW ITEMS OF URGENT BUSINESS**

There were no new items of urgent business.

**AH45. DATES OF FUTURE MEETINGS**

The Chair referred Members present to agenda Item 13 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

**AH46. DURATION OF MEETING**

18:31 hrs – 20:52 hrs

**Clr Pippa Connor**

**Chair**