

MINUTES OF ADULTS & HEALTH SCRUTINY PANEL HELD ON Monday, 5th October, 2015, 6.37pm – 9.15pm

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, Raj Sahota and Felicia Opoku

47. 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'.

48. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Cllr David Beacham (Cllr Bob Hare substituted) and Cllr Clare Bull (Cllr Peter Mitchell substituted).

49. ITEMS OF URGENT BUSINESS

There were no items of urgent business put forward.

50. DECLARATIONS OF INTEREST

Councillor Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9 and 10 by virtue of her sister working as a GP in Tottenham.

Councillor Peter Morton, Cabinet Member for Health and Wellbeing, declared a personal interest in relation to agenda item 9 – Haringey Better Care Fund Plan Update – by virtue of being a Council appointed representative for the Bridge Renewal Trust.

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

51. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

There were no deputations, petitions, presentations or public questions.

52. MINUTES

AGREED: That the minutes of the meeting held on 29 June 2015 be approved as a correct record.

53. CARE QUALITY COMMISSION

The panel considered a presentation from Martin Haines, Inspection Manager, Adult Social Care Directorate, Care Quality Commission, London Region.

Mr Haines commenced his presentation by explaining that the Care Quality Commission (CQC) was the independent regulator of health and social care in England. It was explained that the purpose of the CQC was to ensure health and social care services provided safe, effective, compassionate, high-quality care, and to encourage care services to improve. The panel noted that the role of the CQC was to monitor, inspect and regulate services to ensure they met fundamental standards of quality and safety.

Mr Haines provided details concerning the information published by the CQC, including performance ratings, and on the methodology and approach used by the CQC. The following issues were noted in relation to the practicalities of inspection:

- Unannounced except where this would be impractical
- Provider Information Returns (PIR)
- The emphasis that was placed on hearing people's voices
- The use of bigger inspection teams, including specialist advisors and experts by experience

The panel was informed that, under the new CQC framework, inspectors assessed all health and social care services against five key questions - is a service: safe, effective, caring, responsive to people's need and well-led? Mr Haines explained that a judgement framework supported this assessment, providing a standard set of key lines of enquiry directly relating to the five questions. The panel noted that the new ratings system used the assessment of these five areas to rate services as: outstanding, good, requires improvement or inadequate. This enabled people to easily compare services. 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.

Mr Haines concluded his presentation by providing information on the following:

- The fit and proper person requirement to ensure directors or equivalents were accountable for the delivery of care and that they were fit and proper to carry out this role.
- The purpose of special measures to ensure failing services were improved or closed.

During the discussion reference was made to the following:

- The latest national and local CQC ratings, as of September 2015.

- Fundamental CQC standards with a comparison between regulations used since April 2015 and previous regulations.
- The programme of inspection for Haringey and how the CQC worked/communicated with the Council.
- The importance of safeguarding, and issues in relation to the Council's Establishment Concerns Procedure.
- The importance of the CQC taking evidence from, and talking to, the relatives and carers of service users.
- The ways in which members of the scrutiny panel, and members of the public, could receive further details about the CQC including information via the following channels: www.cqc.org.uk; enquiries@cqc.org.uk; and @CareQualityComm.

The panel thanked Mr Haines for his attendance and it was agreed that the Care Quality Commission should attend a Scrutiny Panel meeting in October 2016 to provide an update on their inspection programme for Haringey.

AGREED:

1. That the report and presentation from the Care Quality Commission be noted.
2. That the Care Quality Commission be invited to attend a Scrutiny Panel meeting in October 2016 to provide an update on their inspection programme for Haringey.

54. QUALITY ASSURANCE AND DEVELOPING A PARTNERSHIP APPROACH IN HARINGEY

The panel considered the report, and presentation, of Beverley Tarka, Director of Adult Social Care.

Beverley Tarka commenced her presentation by providing information on the Council's new duties as set out in Sections 5 and 48 of the Care Act 2014. The panel noted the changing landscape for adult social care in terms of both the Care Act and the Council's commissioning intentions, as set out in the Corporate Plan and Market Position Statement. As a result of these changes, it was explained that the Council was strengthening its approach to quality assurance and contract monitoring.

The panel was informed that Quality Assurance was important to ensure local services were safe and of a high standard. It was recognised that everyone, including people who use services, relatives, carers, providers, staff delivering the service, social care staff, health practitioners, safeguarding professionals, and regulatory bodies, had a role to play to ensure improvements could be made to the quality of care provided across Haringey.

During the discussion, reference was made to the governance arrangements that were in place and information was provided in relation to how quality would be assured in respect of safeguarding, social work practice, provider services and

commissioning, and in relation to the opportunities that were available to develop a community wide partnership approach to assuring quality across Haringey's Health and Social Care system.

The panel considered the information contained in Appendix 1 and Appendix 2 of the report and a number of issues were discussed, including:

- Whistle-blowing policies and protocols for social workers, care staff and external service providers.
- The aims and objectives of the Safeguarding Adults Board (SAB) and the purpose of the Adult Social Services Quality Assurance Board. The panel agreed that it would be useful for the Director of Adult Social Care to provide members of the scrutiny panel with a diagram to clarify the governance arrangements for Quality Assurance and Adult Safeguarding in Haringey
- The roles and responsibilities of various stakeholders, including elected councillors, and looking at ways in which the Adults and Health Scrutiny Panel could add value to adult safeguarding and quality assurance issues.
- Definitions for quality and the Care Quality Commission's framework for quality – safe, effective, caring, responsible, well led.
- Measurements of quality including issue relating to contract monitoring, complaints, compliments and other feedback.
- The shared strategic focus that was provided through the Health and Wellbeing Board, SAB's Quality Assurance sub-group and Quality Workshops.
- The Adult Social Care and Improvement and Quality Action Plan for 2014/15 and 2015/16 concerning the actions listed in relation to work enhancing the quality of life for people with care and support needs.
- Haringey's Market Position statement, published in June 2015. It was explained that this set out Haringey's plans to work with providers to develop diverse high quality care locally to meet local need and the Council's strategic priorities whilst delivering value for money.

AGREED:

- (a) That the content of the report and presentations, outlining Haringey's approach to Quality Assurance and ambition to develop a community wide partnership approach to assuring quality across the Health and Social Care system, be noted.
- (b) That the Director of Adult Social Care be asked to provide members of the scrutiny panel with a diagram to clarify the governance arrangements for Quality Assurance and Adult Safeguarding in Haringey.
- (c) That a member briefing be arranged, by the Principal Scrutiny Officer, to enable panel members to further consider how the Adults and Health Scrutiny Panel could

best contribute to adult safeguarding and quality assurance issues. It was agreed that this should take place during November 2015.

55. HARINGEY BETTER CARE FUND PLAN UPDATE

The panel considered the report of Marco Inzani, Commissioning Lead for the Better Care Fund (BCF).

Mr Inzani informed the panel that the BCF was a transformational programme for complex system integration. It was explained that the vision for Haringey's BCF was for people to have more control over the health and social care they received, for it to be centred on their needs, supporting independence and locally provided wherever possible.

The panel noted that the pooled budget for the Haringey BCF in 2015/16 was £22 million, with £16.4 million from Haringey CCG and £5.6 million from Haringey Council.

Mr Inzani informed the panel that Haringey CCG and Haringey Council had approved plans for the use of the BCF pooled budget. It was noted this would be used to review and deliver up to 20 different services organised into four schemes.

A number of issues were discussed in relation to Scheme 1: Admission Avoidance, including:

- The Locality Team. The panel was informed that this service had been implemented as a Test and Learn Pilot with two GP practices (Lawrence House and Morris House). It was noted that patients at risk of an emergency hospital admission would be supported by a multi-disciplinary team to identify health and social care goals that would promote self-care and self-management to improve health and well-being.
- Falls Prevention. The panel was informed that this service provided a strength and balance exercise programme to help prevent falls in older people.

The panel was informed that Scheme 2: Effective Hospital Discharge included the following services: Reablement; Step Down; and Home From Hospital. It was noted that these services facilitated discharge from hospital as quickly, safely and effectively as possible.

In terms of Scheme 3: Promoting Independence, the panel was informed that the BCF would help to deliver services that would build community capacity to reduce isolation and improve health and wellbeing. The following services were discussed: Neighbourhood Connects; Palliative Care; Supported Self-Management (Generic); and Supported Self-Management (Diabetes).

Mr Inzani explained that Scheme 4: Integration Enablers would help to deliver services to support the implementation of the first three schemes. The panel considered information relating to Interoperable IT; Workforce Development; Disabled Facilities; and Care Act Responsibilities.

In terms of BCF Governance, it was noted that each BCF Scheme linked to a working group and that the working groups reported to the Operational Group – Adults. The panel was informed that this included membership from: Haringey CCG; Haringey Council; HAVCO; Healthwatch; North Middlesex Hospital Trust; and Whittington Hospital Trust. Mr Inzani explained that any issues from this group were escalated to the Health and Care Integration (HACI) Board that reported to the Health and Well-being Board. The panel was informed that once a quarter all finance and performance was overseen by the Finance and Performance Partnership Board. It was noted that the HACI Board and the Finance and Performance Partnership Board were the only meetings that were exclusively for senior managers from Haringey Council and Haringey CCG.

During the discussion, reference was made to: how the BCF budget had been assigned; how the main target of a reduction in emergency hospital admissions had been progressing; how outcomes were progressing; how the public had been engaged; how national conditions were being met; how key milestones were being delivered; how risks had been identified and managed; and how the programme was being governed.

The panel was informed that the BCF was expected to deliver fewer emergency hospital admissions (Non-Elective admissions or NELs) over 2015/16.

Mr Inzani explained that Haringey CCG measured hospital activity on Non-Elective Admissions (NELs) using Secondary Uses Service (SUS) data. It was noted that this was the single, comprehensive repository for healthcare data in England. The panel was informed that SUS data for Total NELs had approximately 1000 specialties (e.g. trauma and orthopaedics; neurosurgery; palliative medicine). It was noted that NHS England recommended using a subset of NELs for the BCF. This recommended subset excluded a number of specialties including well-babies and oral surgery. It was noted that Haringey CCG and Haringey Council had decided to adopt this definition so it more closely aligned to the BCF programme of work for 2015/16. The panel considered the information on NELs and NEL performance as outlined in sections 5.8 – 5.13 of the report.

In addition to NELs, it was noted that the Haringey BCF was measured according to the following five outcomes:

- Permanent admissions of older people to residential and nursing care homes, per 100,000 population.
- Proportion of older people who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services.
- Delayed transfers of care (delayed days) from hospital per 100,000 population.
- Injuries due to falls in older people per 100,000 population.
- GP Patient Survey: In the last 6 months, has the Service User received enough support from local services (not just health) to manage their long term condition(s)?

The panel raised concerns in relation to both Care Home Outcomes (30% over target) and Falls Outcome (23 over target). In response to questions, Mr Inzani explained that the factors that contributed to these outcomes were varied and complex. As a result, the panel was informed that a thorough analysis (deep dive) had been undertaken to examine a range of supporting data to determine whether an appropriate response could be explored.

During the discussion it was noted that several risks had been identified for the delivery of the BCF Plan. The highest risk related to emergency hospital admissions not being reduced. It was explained that this was the main target for the BCF and that the release of the contingency fund was dependent on this performance. Other risks and issues included: Joint working structures; the fact that future budgets and targets for the BCF had not been confirmed by NHS England beyond April 2016; Data quality and sharing; and the fact that the existing culture of the workforce in health and social care could be a barrier to integration and access of services.

AGREED:

- (a) That the updates on the Haringey Better Care Fund be noted:
- (b) That an update on the Haringey Better Care Fund, focusing on Non-Elective admissions and the thorough analysis (deep dive) in relation to Care Home and Falls Outcomes, be prioritised in the panel's future work programme (for January 2016) and discussed further under item 10 on the agenda – Work Programme Update.

56. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed scrutiny work programme for the remainder of the 2015/16 municipal year.

It was agreed that the following items, discussed under items 7, 8 and 9 on the agenda, should be prioritised for inclusion in the panel's future work programme:

- The Care Quality Commission should be invited to attend a Scrutiny Panel meeting in October 2016 to provide an update on their inspection programme for Haringey.
- An update on the Haringey Better Care Fund, focusing on Non-Elective admissions and the thorough analysis (deep dive) in relation to Care Home and Falls Outcomes, should be prioritised in the panel's future work programme (for January 2016).
- A member briefing should be arranged, by the Principal Scrutiny Officer, to enable panel members to further consider how the Adults and Health Scrutiny Panel could best contribute to adult safeguarding and quality assurance issues. It was agreed that this should take place during November 2015.

AGREED:

That, subject to the additions, comments and amendments, referred to above, the items outlined in Appendix A of the Work Programme Update report were agreed and recommended for endorsement by the Overview and Scrutiny Committee on 19 October 2015.

57. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

58. DATES OF FUTURE MEETINGS

The Chair referred Members present to Item 12 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date