

MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY PANEL HELD ON MONDAY 18 JANUARY 2016, 6.30 - 9.59 pm

PRESENT:

Councillors: Pippa Connor (Chair), David Beacham, Stephen Mann, Peter Mitchell, Felicia Opoku and Kania

Co-opted Member: Helena Kania (Non Voting Co-optee)

ALSO PRESENT:

Councillors: Peter Morton, Cabinet Member for Health and Wellbeing, Gideon Bull (6.45pm – 9.35pm) and Adam Jogee (8.15pm – 9.00pm)

72. 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.

73. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Cllr Gina Adamou and Cllr Clare Bull.

74. ITEMS OF URGENT BUSINESS

There was no urgent business to discuss.

75. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared a personal interest in relation to agenda items 8, 9, 10, 11, 12 and 13 by virtue of her sister working as a GP in Tottenham.

76. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

77. MINUTES

AGREED: That the minutes of the meeting held on 5 November 2015 be approved as a correct record.

(Clerk's note: It was noted that Helena Kania, although not a formal member of the Panel on the 5 November 2015, had attended and contributed to the meeting.)

78. APPOINTMENT OF NON VOTING CO-OPTED MEMBER

The Chair informed the panel that the Local Government Act 2000 made provision for the co-option of non-elected members to Overview and Scrutiny in order to bring additional expertise/skills to scrutiny work and to increase public engagement with scrutiny.

AGREED:

- (a) That Helena Kania be appointed as a non voting co-opted Member of the Adults and Health Scrutiny Panel for the remainder of the 2015/16 Municipal Year.
- (b) That the appointment of non voting co-opted Members to the Panel be reviewed on an annual basis, at the first meeting of the Municipal Year.

79. HARINGEY FOOT CARE SERVICES

Marco Inzani, Commissioning Lead: Better Care Fund (BCF), updated the Panel on local foot care services and the communications channels that were used to notify residents about services across the borough.

The Chair advised, that in preparing for this item, members of the Panel had received feedback from users of the Bridge Renewal Trust's Foot Care Plus service (clinic and outreach) and had met representatives from the Hornsey Pensioners Action Group.

Mr Inzani commenced his presentation by providing a summary of the foot care services available to Haringey residents. Information was provided on:

- Haringey Locality Teams
- Whittington Health Podiatry and Foot Health Services
- The Haringey Adult Foot Care Service
- The Bridge Renewal Trust who provided affordable Foot Care+ services for older people (aged over 50 years old)

During the discussion a number of issues were considered, including:

- The importance of using various communication channels to ensure clear sign posting and information in relation to foot care. It was noted the Council had commissioned Information Advice and Guidance services from Citizens Advice Bureaux, Age UK and the Law Centre. It was explained that these services could be accessed in the community both face-to-face or via the telephone and that moving forward it would be possible to identify how many people had accessed foot care services in Haringey.
- An online directory for health and social care services, known as Haricare had been produced, and recently re-launched, by the council. Following feedback from

members of the panel it was recognised that since the re-launch there had been a few issues with the directory but these would be addressed moving forwards.

- The information provided by NHS 111 in relation to foot care.
- Concerns were raised in relation to performance issues highlighted in the report in relation to the Podiatry and Foot Health Services provided by Whittington Health NHS Trust. In view of the costs associated with each “did not attend” it was agreed that the panel needed a better understanding of why patients did not attend and the action being taken to reduce the number of patients not attending.
- The panel received information concerning the regular monitoring meetings that were held with the Podiatry and Foot Health Service. It was noted that such meetings covered services provided to residents across Haringey and Islington. Concerns were raised in relation to the number of patients waiting for more than six weeks for their first appointment. In addition, it was suggested that additional monitoring was required in relation to the maintenance of the service (e.g. the time you wait for an appointment once you are in the system).
- The NHS Friends and Family Test was discussed in relation to foot care.
- Further information was requested in relation to the specification for the Podiatry and Foot Health Service provided by Whittington Health NHS Trust in order to better understand the issues with performance outlined in the report.
- Recruitment and retention issues were considered in relation to the Podiatry and Foot Care Health Service.
- The Haringey Adult Foot Care Service, provided by a foot care assistant who provided simple nail cutting and foot care at The Priory, Abyssinia Court, The Haven Day Centre Service, The Crescent, and Woodside.
- Concerns in relation to the number of older people who may have problems carrying out basic foot care, such as nail cutting, by themselves. Consideration was given to the estimated need and unmet need in the borough and the possible cost of unmet need. It was suggested that better data collection was required in order to understand these issues locally.
- It was explained, due to the planned closure of the Haven, that the Foot Care Service was considering options for future delivery from alternative locations. The panel was assured that alternative provision would be in place before the closure of the Haven.
- The Chair noted that feedback on the Adult Foot Care Service had been positive and it was suggested that the Council and The Whittington Health NHS Trust should consider options for increasing the number of staff who were trained in basic foot care. It was also suggested that such training could be rolled out further to carers, friends and family, community groups among others.

Issues in relation to patient transport and the role of podiatry care in relation to falls prevention were also considered.

AGREED:

- (a) That the range of foot care services in Haringey, provided by statutory and voluntary health and social care organisations, be noted.
- (b) That the performance of the Whittington Health Podiatry and Foot Health Service be noted.
- (c) That the communications channels, used to notify residents about local foot care services, be noted.
- (d) That the Principal Scrutiny Officer be asked to organise an initial evidence gathering session, with commissioners and providers, to consider (i) the issues/concerns outlined above (the minutes) and (ii) how scrutiny could add value moving forward.

80. BETTER CARE FUND UPDATE

Marco Inzani, Commissioning Lead: Better Care Fund (BCF), provided an update on the information that had been presented to the Panel in October 2015.

Mr Inzani explained that continued progress had been made in delivering a reduction in Non-Elective Admissions (unplanned and emergency hospital admissions). The Panel noted that reduction in non-elective admissions was the main target for the BCF.

During the discussion, reference was made to the following:

- The fact that a large proportion of non-elective admissions in the over 65 population were due to falls and/or came from care homes.
- The fact that higher numbers of non-elective admissions placed pressure on care home admissions.
- The increase in permanent residential and nursing home admissions.
- The effects of delayed transfer of care and work the council and partners were doing to improve this.
- The fact that Haringey had the highest number of care home admissions and spend in relation to their comparator group.
- The increase in the length of stay in step down facilities.
- Ambulance callouts requested by healthcare professionals. It was noted that the main reason for callouts was the healthcare professional protocol. This accounted

for 37% of callouts while falls was noted as the second main reason, accounting for 11% of call outs.

- It was noted that non-elective rates by GP Practice were variable. It was also explained that data was missing for half of residential and nursing homes and that as a result there could be up to twice as many admissions from care homes.
- Respiratory, Urinary Tract Infections and Musculoskeletal issues were noted as the top three reasons for non-elective admission from care home.
- The work that was taking place in relation to reviewing Haringey's strategy for intermediate care.

In response to a Care Homes Deep Dive the panel was assured that the following actions/themes had been discussed with key stakeholders:

- Develop a Primary Care Led Care Homes Service Pilot with one GP Practice linked to one care home (three in total). It was noted that this would focus on Priscilla Wakefield, Spring Lane and Osborne Grove and would prioritise falls, Urinary Tract Infections and respiratory.
- Review the impact of winter schemes including 'Living Care at Home'. It was noted that this was a 2 week package of support to stabilise people at home following discharge from hospital.
- Continue to develop the role of social brokerage in developing alternative and cost effective solutions to in-borough care home placements.
- Develop the market for alternatives to residential and nursing care. For example, extra care sheltered accommodation.
- Determine the reasons for higher care costs in Haringey.
- Develop a business case for an integrated discharge team.
- Develop a business case for Step Down support to reduce the need for care home admission.
- Develop a business case to expand the provision of reablement including provision to step-down facilities.
- Undertake community engagement to determine issue that prevent carers from wanting a patient to be discharged home.

The Panel was informed that the actions above would be incorporated into the work programme of the Intermediate Care Group who would monitor implementation.

Mr Inzani went on to provide a summary in relation to the Falls Deep Dive (outlined in the report). The Panel was asked to note:

- There had been a 9% increase in the rate of falls related injuries in the over 65s in Haringey (2013/14 to 14/15).
- There had been a 17% increase in the rate of non-elective admissions falls in the over 65s in Haringey (2013/14 to 14/15).
- Falls were mainly happening to women over 85 in the west of he borough.
- There had been a 7% increase in referrals to the Integrated Community Therapy Team falls service at Whittington Health between 2013/14 and 2014/15.
- 32% of social care clients had been assessed as being at risk of falls, with 54% of these clients receiving housing adaptations or equipment.

In response to the Falls Deep Dive the panel was assured that the following actions would be incorporated into the work programme of the Integration Implementation Group who would monitor their implantation:

- Continue to monitor the balance and strength exercise group
- Continuer to ensure that people at risk of a non-elective admission due to falls are supported by the Locality Team, particularly in the West.
- Review the evidence base regarding the use of falls prevention information resources in primary care.
- Explore the linkage of the falls pathway to hospital discharge.
- Explore the development of a fracture liaison service for Haringey.

(Clerk's note: The Chair requested a written response in relation to a number of detailed questions that had been set to Charlotte Pomery, Assistant Director Commissioning, via email)

AGREED:

- (a) That the progress in delivering a reduction in Non-Elective Admissions be noted.
- (b) That the themes and actions from the Care Homes Deep Dive be noted.
- (c) That the themes and actions from the Falls Deep Dive be noted.
- (d) That an update on the Better Care Fund, including progress in relation to the themes/actions from the Care Homes Deep Dive and the Falls Deep Dive, be prioritised as part of the panel's future work programme for June/July 2016. It was agreed that this should include information on the costs / cost savings associated with the actions.

81. 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.

Councillor Morton provided an update on the following issues:

- An update on priorities set out in Haringey's Health and Wellbeing Strategy 2015-18. This included information on two successful bids for government funding relating to health prevention projects/pilots concerning (a) supporting people to remain in / getting back into employment and (b) creating healthy communities.
- The work of the Haringey Obesity Alliance.
- Information was provided on a new national Sugar Smart campaign. It was explained that children from Stamford Hill Primary School had launched a new innovative app that would help parents and children to see how much sugar was in everyday food and drink.
- An update on the "No Ball Games" signs review including work that was taking place with Homes for Haringey and residents associations to raise awareness of problems associated with obesity and to encourage children to be more active.
- The impact of fast food outlets on health and new planning ideas that had been outlined in the Council's Local Plan Making documents. It was explained that these proposals would ban new hot food takeaways from opening within 400 meters of primary and secondary schools.
- GP access in Tottenham, including an update in relation to the progress of the Premises Task and Finish Group. It was noted that planned service commencement, in Tottenham Hale, was expected during late February 2016.
- The fact that Haringey, like most other London Borough, had seen continuing increases in the demand for Adult Social Care services as a result of an ageing population and market demand leading to increased provision costs. As a result, Councillor Morton explained that the Council was consulting on a proposal to apply a 2% social care council tax precept to the 2016/17 budget. It was noted that further information on these issues could be found in the 19th January 2016 Cabinet papers.
- The outcome of an open tender process for the award of a contract to The Bridge Renewal Trust to be the Council's strategic partner for the Voluntary and Community Sector.
- An update on the facilities and plans for Protheroe House.

During the discussion that followed reference was made to a number of issues, including:

- The launch of Earlham Primary School's walking bus scheme.
- The process for care and support needs assessments in relation to changes to adult care services.
- The finance and risk modelling that had been undertaken in relation to day opportunities transformation and changes that had occurred as a result of this work. For example, it was noted that savings of approximately £3.6 million had been moved back from years 1 to 2 in terms of the Council's Medium Term Financial Strategy.
- Issues in relation to purchasing care, the costs of care packages and carers' assessments.
- The consultation process for the 2016/17 budget, including the proposed 2% social care precept. It was noted responses to these proposals would be fed into budget papers and considered by Cabinet and Full Council in February 2016. Concerns were raised that it was difficult to find the budget consultation online via www.haringey.gov.uk It was suggested that a link should be made available via the home page to ensure this information was made as accessible as possible.
- The significant forecast out-turn variance for Adult Social Services of a £12.9 million overspend. It was noted that factors leading to the variances and the actions being taken to address the issues and solutions to them would be considered by the Adults and Health Scrutiny Panel at a meeting on 11 February 2016.
- The process/timetable for co-production in relation to decisions made by Cabinet in November 2015 concerning changes to adult care services. The panel suggested that moving forward there should be flexibility in adult care budgets to support the outcomes of co-production exercises.
- The role of the Stakeholder Steering Group, chaired by Healthwatch, in relation to the co design of new opportunities in relation to adult care services.
- Issues in relation to community provision and support for carers in relation to concerns raised in relation to dementia care in the east of the borough.
- Issues in relation to personal budgets and direct payments.
- The importance of providing clear advice, signposting and information to service users and carers in relation to changes to adult care services, including proposals in relation to the 2% social care council tax precept.
- The work that was being carried out by the Corporate Delivery Unit in relation to the supply and demand of adult care services.
- Concerns in relation to the future use of buildings once services, such as the Haven Day Centre, had been closed.

AGREED:

- (a) That the update from the Cabinet Member for Health and Wellbeing be noted.
- (b) That an update in relation to the co design of new opportunities in relation to changes to adult care services be prioritised as part of the panel's future work programme for June/July 2016. This should include input from the Stakeholder Steering Group.

82. PROMOTING A SUSTAINABLE AND DIVERSE MARKET PLACE IN LIGHT OF THE CARE ACT AND FOLLOWING THE COMMISSIONING FOR BETTER OUTCOMES PEER REVIEW

Charlotte Pomery, Assistant Director Commissioning, provided an update on issues arising for the Council in relation to promoting a sustainable and diverse market place in light of the Care Act and following the Commissioning for Better Outcomes Peer Review that had recently been undertaken.

The panel was informed that, in January 2015, Haringey had put itself forward as one of the Commissioning for Better Outcomes Peer Challenge pilots, led by the Local Government Association. The panel was asked to note that the peer challenge process was not an inspection but designed to help an authority, and its partners, to assess current achievements, areas for development and capacity to change in a constructive way.

Charlotte Pomery explained that work carried out by the peer review team in relation to the domain of the requirement to promote a sustainable and diverse market place had contributed to the development of the Council's work in this area.

The panel was informed that the peer review team had found that the Council had a number of strengths, including: strong and responsible leadership around the budget; data and analysis being looked at systematically to drive discussions around value for money; having a developed policy on anticipating and responding to provider failure; and positive engagement from providers to engage with the Council and deliver innovative services; among others.

It was noted that the review had also identified a number of areas for consideration by the Council moving forward, including:

- Significant additional engagement required around next steps of budget consultation, ensuring clarity of options under consideration.
- Lack of clear approach to address inflation up-lift and Fair Fee process.
- An underdeveloped response to the current and future needs of older people and market supply of care.
- Lack of collation of intelligence on the diversity of the market place and of how this was being used to inform and assist micro and macro commissioning.

During the discussion, reference was made to the following:

- The fact that the Council had established a brokerage function, on a pilot basis, to micro-commission services for individuals following assessment and support planning.
- Issues in relation to the National Living Wage and work that was being done to address inflation up-lift and to enact a Fair Fee process.
- The Council's Market Position Statement.
- Information and analysis of Haringey's local provider market for residential and nursing care in the borough.
- The Voluntary and Community Sector Commissioning Framework.
- The limited capacity for nursing care home placements available locally.
- The decision to maintain Osborne Grove Nursing home as a nursing home, delivered through an NHS provider.
- The CarePlace initiative (a software system) that enabled participating authorities to compare rates paid for care and support services. It was noted that this information placed local authorities in a stronger negotiating position with providers.

Charlotte Pomery advised the review findings had helped to shape areas of work that the Council had been developing and the Council had acted in response to each of the areas identified for consideration (as outlined in sections 5.7 – 5.9 of the report).

AGREED:

- (a) That the Commissioning for Better Outcomes Peer Review and the actions taken in response to its findings with regard to the market be noted.
- (b) That the continued work to maintain positive relationships with and to develop the provider market be noted.
- (c) That an update on promoting a sustainable and diverse market place, including areas identified for consideration by the peer review team, be prioritised as part of the panel's future work programme for Autumn 2016.

83. THE MULTI AGENCY APPROACH TO SAFEGUARDING AND QUALITY ASSURANCE IN RELATION TO THE PROVIDER MARKET

Charlotte Pomery, Assistant Director Commissioning, provided an update on the work that was being carried out to develop a multi-agency approach to safeguarding and quality assurance, with particular reference to the provider market,

During the discussion, reference was made to the following:

- Sections 5 and 48 of the Care Act 2014
- Haringey's commissioning intentions as set out in the Council's Corporate Plan and Market Position Statement
- Haringey's Provider Failure Policy
- The roles and responsibilities of the Safeguarding Adults Board
- The methodologies/measures the Council and partners used to assure quality of services for local residents
- The new Pan London Safeguarding Policy and Procedures

The panel was informed that the Council would be strengthening its approach to quality assurance and contract monitoring across all provision to ensure a continued focus on quality of provision.

It was noted that the previous approach to quality assurance had been largely inward looking and whilst holding providers to account this had relied on the Council being the primary agency in the process. Ms Pomery informed the panel that the new model reflected the multi-agency requirements of the Care Act, and where assuring the quality of services, it was explained that this would be carried out in partnership with a range of stakeholders, including providers, to enable greater understanding, a richer response and wider ownership of the process.

In order to take this work forward it was noted that a new sub-group of the Haringey Safeguarding Adults Board had been established to ensure local quality assurance and safeguarding arrangements were effective across all partners. The panel was informed that this would be supported by a revised Quality Assurance Framework and an annual work plan.

AGREED:

That the work to develop a multi-agency approach to quality assurance and safeguarding in relation to the provider market be noted.

84. WORK PROGRAMME UPDATE

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

AGREED:

That the work programme, set out in Appendix A to the report, be noted.

85. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

86. DATES OF FUTURE MEETINGS

The Chair referred Members present to Item 15 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