

# **MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON Tuesday, 1st March, 2016, 6.34 - 10.15 pm**

## **PRESENT:**

**Councillors:** Pippa Connor (Chair), Gina Adamou, Eugene Ayisi (Substitute), Dihren Basu (Substitute), Peter Mitchell and Charles Wright (Substitute)

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

## **ALSO PRESENT:**

**Councillors:** Peter Morton, Cabinet Member for Health and Wellbeing, and Gideon Bull (6.55pm – 8.45pm)

### **96. FILMING AT MEETINGS**

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

### **97. APOLOGIES FOR ABSENCE**

It was noted that apologies for absence had been received from:

- Cllr Charles Adje (substituted by Cllr Charles Wright)
- Cllr David Beacham
- Cllr Stephen Mann (substituted by Cllr Dihren Basu)
- Cllr Felicia Opoku (substituted by Cllr Eugene Ayisi)

### **98. URGENT BUSINESS**

There was no urgent business to discuss.

### **99. DECLARATIONS OF INTEREST**

Cllr Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9, 10, 11, 12 and 13 by virtue of her sister working as a GP in Tottenham.

### **100. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None

## **101. MINUTES**

**AGREED:** That the minutes of the meetings held on 18 January 2016 and 11 February 2016 be approved as a correct record.

## **102. AMENDMENT TO THE ORDER OF BUSINESS**

**AGREED:** That item 8, Neighbourhoods Connect, be taken before item 7, Primary Care Update.

## **103. NEIGHBOURHOODS CONNECT**

The Chair welcomed Rupal Shah, Groundwork, Sarah Stamp, Haringey Advisory Group on Alcohol (HAGA), and Charlotte Pomery, Assistant Director Commissioning, to the meeting.

Ms Pomery informed the Panel that the Council and Clinical Commissioning Group (CCG) had commissioned a Neighbourhoods Connect service through the Better Care Fund in 2015. It was explained that the service intended to address social isolation for those needing, or likely to need, interventions from health or from adult social care as part of a preventative approach.

The Panel was informed that HAGA and Groundwork had been commissioned to deliver a Neighbourhoods Connect service in four localities, covering the whole borough, aligned to the primary care collaboratives. It was noted that the service had started in June 2015 and had originally been designed to run for a year. However, given the slow development required to engage effectively with people in localities, the Panel was informed a further six months of funding had been agreed and a full evaluation of the service would start in May 2016. It was noted that Groundwork operated across the West Collaborative while HAGA covered the other three (Central, North East and South East).

During the discussion, reference was made to the following:

- The impact of loneliness and isolation on people's health and wellbeing and the importance of connecting people to social activities, hobbies, well being services, hobbies, community groups and volunteering opportunities.
- Themes contributing to loneliness in Haringey, including loss – through bereavement or people leaving home, lack of money and disability.
- The individual and community level objectives for the project.
- The fact that the service had been delivered through a number of settings including regular sessions at libraries, General Practice, community centres, the Partnership Boards, Whittington Health and North Middlesex NHS Trusts, Sheltered Housing and specific events including the CAB beach event on Ducketts Common.

- The role of community centres, such as the Haringey Irish Cultural and Community Centre, and of ward councillors in developing the project.
- The asset mapping work that was being achieved through information sharing with stakeholders, desk top research, information received from the community and working collaboratively with service providers. It was suggested more needed to be done to ensure NHS 111 was fully aware of the project, especially the asset mapping, to enable appropriate signposting for individuals who use NHS 111 who are lonely and unable to take forward key areas of their lives.
- Contact figures for the services provided by HAGA and Groundwork. It was noted that the Neighbourhoods Connect project worked with people aged 18 plus.

The Panel was informed that the specification for the service was outcomes based meaning HAGA and Groundwork were able to determine how best to seek and engage with people who may not be in touch with services but who could benefit from some interventions.

Ms Shah provided a summary of the approach that had been taken by Groundwork across the West Collaborative. It was noted that Groundwork had:

- Conducted baseline surveys with high priority estates identified by Homes for Haringey in the West of the Borough.
- Partnered with existing organisations and services to offer taster sessions to promote what's on offer across the community.
- Been working with services and teams to encourage referrals to be made for tailored connections to be made.
- Been working with housing schemes to create 'community hubs'. It was noted that these would continue beyond the life of the project.
- Working with residents to develop better connections within their neighbourhoods which would go beyond the life of the project.

In terms of outcomes from the West Collaborative the Panel was asked to note the following:

- 1125 initial and post surveys distributed.
- 85 people had attended events and taster sessions.
- 11 people had completed well being assessments.
- 24 referrals received – both self referrals and from professionals.
- 124 individuals had been connected through the project.
- 27 connections made with partners and organisations.

- The support that was being provided to two housing schemes to create 'community hubs'.

Ms Stamp then provided a summary of the approach that had been taken by HAGA across the other three primary care collaborative areas in Haringey. The following issues were discussed:

- The drop-ins held in community locations.
- The public and community events that had taken place.
- The brief and extended interventions that had been used to support behaviour change.
- Social prescribing.
- Motivational interviewing techniques.
- The importance of partnership working.
- The taster sessions that had taken place at Shine Enterprise Centre.
- The five ways to well-being workshop and time credits.

In terms of outcomes the Panel was informed HAGA measured: engagement in community activities; the use of A&E; participation in employment, training and volunteering; referrals to other services, groups or projects; and client goals. It was noted that wellbeing was measured using the Warwick Edinburgh scale.

The Panel was asked to note that the following would be considered when evaluating the success of the project:

- The number of people engaged, connections made, follow up surveys completed.
- The quality of experience for individuals.
- How the service had impacted well being, quality of life and future outcomes.
- How organisations and services were benefiting.
- The success of the community hubs.

Moving forward, the Panel agreed it would be useful to receive an update on the Neighbourhoods Connect project, at their September 2016 meeting. The Panel requested that this provide clarity in terms of how outcomes from the project are measured, and asked for further information concerning other work that was taking place, across the Council, to tackle social isolation.

## **AGREED:**

- (a) That the work to deliver a Neighbourhoods Connect service across the borough be noted.
- (b) That an update on the Neighbourhoods Connect Project be prioritised as part of the panel's future work programme for September 2016. This should provide clarity in terms of how outcomes from the project are measured and outline other work, taking place across the Council, to tackle social isolation.

## **104. PRIMARY CARE UPDATE**

Cassie Williams, Assistant Director, Primary Care Quality and Development, Haringey Clinical Commissioning Group (CCG), provided an update on developments in Primary Care.

The Panel was informed the CCG was working with NHS England and local practices to ensure high quality general practice in Haringey. It was noted Haringey CCG was Co-commissioning at Level 2 i.e. working in collaboration with NHS England to commission primary care and making decisions about how national priorities should be focused for the local community.

In response to questions, Ms Williams provided information on the following issues:

- The Primary Care Strategy that had been developed across North Central London.
- Accessible care and at scale working, including the development of a pan-Haringey federation to enable practices to provide an equitable offer to all patients across the borough for evening and weekend appointments and the ongoing work to improve the use of technology to support better access.
- National guidelines in terms of GP surgery accessibility for disabled people, including the accessibility of the building and accessibility of services offered. It was suggested GP surgery accessibility in Haringey might be an area for further investigation, possibly by Healthwatch, during 2016/17.
- GP provision in Seven Sisters.
- Coordinated Care. It was noted that work was continuing to enable care to be coordinated around individuals. For example, the Better Care Fund, which coordinated work between health and social care, supporting the development of multidisciplinary Locality Teams who provided joined up care for those most in need, including those with long term conditions and those most at risk of admission to hospital.
- The future role of pharmacists in primary care.
- Proactive Care. The Panel was informed that in 2015-16 a new local incentive scheme had been developed to support increased case finding of those most at risk. It was noted that this was a key area of focus in relation to Priority 2 of the

Council's Corporate Plan (2015-18). It was explained that Haringey had higher than expected numbers of strokes occurring within its population with lower than expected identified cases of atrial fibrillation (irregular heart beat) and hypertension (high blood pressure), two medical conditions known to be risk factors for stroke. Various issues, and schemes, in relation to atrial fibrillation and hypertension were discussed.

The arrangements for early supported discharge after stroke, across North Central London, were discussed, along with the scrutiny of such arrangements that had been carried out by the Joint Health Overview and Scrutiny Committee. It was agreed this was an issue for further consideration when developing the future scrutiny work programme.

In terms of workforce development, the Panel was informed that the CCG worked closely with health providers and adult social care in a network called the Community Education Provider Network (CEPN). It was noted that the CCG was looking to work with the council, and other partners, to support the development of the workforce across the borough; considering how quality staff could be attracted and retained.

Ms Williams concluded her presentation by providing an update on the Primary Care Estates Strategy. It was noted that the strategy, previously considered by the Panel, had identified the following areas as needing additional GP capacity: Green Lanes, Noel Park/Wood Green, Northumberland Park and Tottenham Hale.

The Panel was informed Tottenham Hale had particular need and agreement had been achieved from NHS England to establish a new GP practice in the area. Ms Williams explained that a temporary site was in development in Hale Village and would be able to take up to 7,00 patients while a permanent site was built. It was explained the new site was due to open during April 2016 although there was a risk that work to re-specify the demountable may result in a small delay. Ms Williams advised the permanent site/s for the new GP practice had yet to be confirmed. However, it was explained a number of locations were being considered as part of a feasibility study for the area and that this would be completed in March 2016.

In response to questions, Ms Williams advised that the Wellbourne Centre could be a primary care site in the future with the potential to accommodate at least 20,000 patients. It was noted that other areas, across the borough, had also been identified as long term building solutions. It was explained that in order to minimise the potentially significant uplift in rate and rents reimbursements that the CCG would be liable for when developments completed, work was ongoing to bid for Primary Care Transformation Fund money. The Panel was asked to note that this could potentially release capital to support building new premises which could then be used as GP practices at affordable rents.

**AGREED:**

- (a) That the updates regarding developments in Primary Care be noted.

- (b) That an item on the arrangements for early supported discharge (after stroke) across North Central London be considered for inclusion in the Panel's work programme for 2016/17.

## **105. MENTAL HEALTH AND WELLBEING FRAMEWORK - PRIORITY 2**

Catherine Swaile, Commissioning Manager – Vulnerable Children, Haringey Council and Haringey Clinical Commissioning Group, provided an update in relation to Priority 2 of the Mental Health and Wellbeing Framework: “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”.

Ms Swaile commenced her presentation by explaining that in 2015 the Department of Health had published “Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing”. The Panel noted that this report contained five key themes: Promoting resilience, prevention and early intervention; Improving access to effective support; Care for the most vulnerable; Accountability and transparency and; Developing the workforce.

The Panel was informed that the £280 million Transformation Funding for CAMHS, announced in the Autumn budget, had been top sliced to support a number of pilots and national developments. It was noted that Haringey had received £163,000 as part of these initiatives in 2015/16. Additionally, it was explained that each area had been given a proportion to implement local transformation plans. Ms Swaile advised that Haringey’s allocation for 2015/16 was £515,302 and that in order to access this funding every CCG had to go through a rigorous assurance process.

Ms Swaile explained that the aims and objectives of the Haringey Transformation Plan were:

- To develop and implement a joint commissioning model to develop a whole system approach to child and adolescent mental health and emotional wellbeing.
- To ensure evidence-based, quality assured services that promote participation of children, young people and their families in all aspects of prevention and care.
- To develop an early intervention approach that is embedded across the whole system.
- To transform the model of care to improve access, deliver seamless care, improve outcomes and promote enablement.
- To ensure that all groups of children and young people are able to access appropriate support, and that those where there are higher vulnerabilities have tailored support to their needs.
- To promote the recognition of emotional health and wellbeing across the wider children and young people’s workforce.

In response to questions, Ms Swaile provided information on the following local priority schemes:

- The development of a participation strategy for both Children and Young People and Parents/Carers;
- The development of IT infrastructure;
- Resource mapping and the development of an early intervention pathway;
- CAMHS in GP surgeries - pilot extension – where it was noted clinicians offered brief psychological interventions for patients who would not meet the criteria for Tier 3 CAMHS;
- The development of mental health links in schools and the piloting of a new approach to mental health support for young carers;
- The development of a borough-wide attachment pathway and extending the use of the successful How to BE Tool – Anchor Project;
- The development of an early intervention approach to self-harm and eating disorders support;
- Scoping, and piloting, the extension of CAMHS Access to improve access to CAMHS by providing a non-stigmatised, face to face, community asset based approach to triage;
- Peer support for children and young people and parents, including for eating disorders and self harm;
- The development of an out of hours support model that was safe, supportive and cost efficient;
- The Looked After Children (LAC) Service Pilot;
- Improving transition from CAMHS through the development of a co-produced creative life skills course for 14-21 year olds;
- The recruitment of a CAMHS worker into the Youth Offending Service;
- Post-diagnostic psychological support for ASD and neurodevelopmental assessment;
- The commissioning of resources to contribute to North Central London's development of a sexual assault pathway and to support transformation implementation;
- Training and resources for the wider children's workforce in addressing mental health issues; and



- The roll-out and embedding of the Children and Young People's Improving Access to Psychological Therapies partnership.

The Panel was informed that Haringey services had significantly longer lengths of interventions than Child Outcomes Research Consortium (CORG) comparator services. Moving forwards, it was explained delivery of interventions across services needed to be more focused and outcomes routinely used as part of case supervision, with approaches regularly reviewed to ensure they were meeting the desired outcomes. In addition, it was explained that expectations would be managed by services so that children and young people and their families were clear that their engagement with CAMHS was a focussed time-limited piece of work, in line with recovery and enablement principles. In response to questions, Ms Swaile explained that it would not be appropriate to set a time limit on these interventions as the prescribed length would depend on the modality and complexities of the presentation, however changes to practice would help to reduce the average and median lengths of intervention.

Ms Swaile concluded her presentation by explaining that enablement would be promoted through improving access to step down provision. The Panel was informed that a workshop had been held with providers across child and adult mental health services, and other key stakeholders, to look at transition issues and how previous Overview and Scrutiny recommendations would be taken forward. It was noted that a specific action plan around transition would be completed to include:

- The mapping of different cohorts with a focus on pathways for specific groups including LAC and children and young people with learning disabilities.
- Delivering a more integrated approach through establishing a joint multi-agency forum to discuss children and young people approaching transition age where the pathway is not clear and creating virtual networks around the young person from April 2016.
- Considering the development of a 0-25 model for CAMHS with adult health commissioners through a more detailed look at the outcomes from the Suffolk and Norfolk, Birmingham and Oregon models.

**AGREED:**

- (a) That the update in relation to Priority 2 of the Mental Health and Wellbeing Framework be noted.
- (b) That an update on Haringey's Transformation Plan, including the work of the Transformation Sub Group and Transition Action Plan, be prioritised as part of the Panel's future work programme for March 2017.
- (c) That an update on the Mental Health and Wellbeing Framework, including Priority 2, be prioritised as part of the Panel's future work programme for Autumn 2017.

## **106. ADULT SAFEGUARDING UPDATE**

Beverley Tarka, Director of Adult Social Services, informed the Panel that the adult safeguarding update had been drafted in relation to a BBC London report which had reported there had been a lack of care and support for an elderly lady living at home with dementia.

In order to respect the confidentiality of the individual, and due to data protection considerations, Ms Tarka advised, at the time of the meeting, she was unable to comment on the details of the case. However, the Panel was informed that adult services had been in frequent contact with the resident, and had increased her care packages, while promptly investigating issues that had been raised.

Cllr Morton, Cabinet Member for Health and Wellbeing, commented that the Council was committed to caring for all residents that received adult care and support noted the case was unacceptable. The Panel was informed that as soon as the lady's circumstances had been brought to Cllr Morton's attention, the Council took steps to deal with the matter.

During the discussion, reference was made to the following:

- The work that was taking place to ensure the care that the resident received met her assessed needs and was in her best interests.
- Consideration of current and long term support arrangements for the service user, outlined in 6.3 – 6.4 of the report. It was noted adult social services were in the process of taking appropriate and proportionate steps that were required by them pursuant to the relevant provisions within the Carer Act 2014 and the Mental Capacity Act 2005, to safeguard and make welfare decisions that needed to be made for the individual concerned, in her best interest.
- The fact that the Care Act 2014 provided an important framework to address the issues under consideration in relation to the case, including the process for a Section 42 enquiry.

In response to questions, Ms Tarka explained that a Section 42 enquiry was currently underway, as outlined in section 6.1 of the report, and was looking at a number of potential areas. The Panel was informed that this would enable all parties involved to identify learning and improvements to inform future practice. Ms Tarka advised that the learning of the safeguarding enquiry would be reported to the Safeguarding Adults Board (SAB) in due course, likely to be June 2016.

### **AGREED:**

- (a) That the adult safeguarding update be noted.
- (b) That the learning arising from the Section 42 enquiry be presented to the Adults and Health Scrutiny Panel, during Summer or Autumn 2016, for review.

## 107. HIGH LEVEL PROJECT PLAN FOR DAY OPPORTUNITIES TRANSFORMATION

Beverley Tarka, Director of Adult Social Services, and Charlotte Pomery, Assistant Director Commissioning, provided an update in relation to the project plan for Day Opportunities Transformation.

The Panel was informed that the traditional role of adult social care was changing. It was noted for every £3 the council spent, £1 went on adult social care. It was recognised that without significant changes this figure would rise, especially with an increase in residents aged over 65 years.

In response to questions, Ms Tarka explained the Council wanted to see a greater emphasis on promoting independence, dignity and choice – with care and support shifting away from institutional care towards community and home base support. Ms Tarka went on to provide an update in relation to:

- Day opportunities for older people with frailty and dementia, including: the closure of The Haven and The Grange, the redesign of day opportunities model through co-design, and seeking an alternative provider for the Haynes.
- Day opportunities for learning disabled working age adults (employment, education and training) including: the closures of Allways, Birkbeck Road and Roundways, design of day opportunities model through co-design, and seeking an alternative provider for Ermine Road.

Ms Pomery provided an update on various actions in relation to Day Opportunities for older people, including:

- The mapping work that had been completed in terms of engaging with existing provision for community based day opportunities and the mapping of current and future need and demand.
- The work that was getting underway in term of the co-design of new provision, including service users, carers, family etc using advocacy and Futuregov, who had been procured for this purpose. It was noted a Stakeholder Steering Group, led by HealthWatch, would oversee the process.

Officers reiterated that closures would not happen until satisfactory alternative provision had been identified and outlined key dates and actions in relation to the closure of The Haven (September 2016) and The Grange (October 2016). Various issues were discussed in relation to assessments of service users, staff consultation, transition planning, reviews that would take place to ensure service users' new plans were successful, and the co-design process for creating a new day opportunities model. It was noted that the delivery of day opportunities at The Haynes, through an alternative provider, would go live in April 2017.

In response to questions, Ms Pomery provided information on actions relating to the work streams for Day Opportunities for People with leaning disabilities, including:

- The ongoing communication that had taken place with service users and other stakeholders.
- The mapping work that had been completed in terms of existing provision for community based day opportunities.
- The work that was getting underway in terms of the co-design of new provision, including service users, carers, family etc using advocacy and Futuregov.

Various issues were considered in relation to the closure of Allways, Roundways and Birkbeck Road (December 2016) and the actions that would be taken to refurbish Ermine Road, based on an assessment of existing use and future need. The Panel was informed that the delivery of day opportunities at Ermine Road, through an alternative provider, would go-live in June 2017.

During the discussion, reference was made to the following:

- The governance arrangements for day opportunities transformation, including the roles and responsibilities of the Priority 2 Operational and Strategic Board and the Adult Transformation Board.
- The work of Area 51, an Independent Specialist Provider for young people with severe, complex or profound learning difficulties. It was noted Area 51 delivered full-time courses in preparation for life and work, enabling young people to make a successful transition from childhood to adulthood.
- The training and volunteering opportunities that were available at the Wolves Lane Garden Centre for those with physical and / or learning difficulties.
- The opportunities provided by community centres across the borough, including services provided by Haringey Irish Cultural and Community Centre, the Cypriot Community Centre, and the G.R.A.C.E Organisation, among others.
- The importance of keeping service users/carers informed, as various workstreams developed, to ensure residents were fully aware of services available across the borough.

**AGREED:**

- (a) That the update in relation to the high level project plan for Day Opportunities Transformation be noted.
- (b) That an update on Day Opportunities Transformation, with input from the Stakeholder Steering Group, be prioritised as part of the Panel's future work programme for September 2016.

## 108. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR HEALTH AND WELLBEING

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

Councillor Morton provided an update on the following issues:

- The continuing work of the Haringey Obesity Alliance including an update on the “No Ball Games” signs reviews that was taking place with Homes for Haringey and resident associations to raise awareness of problems associated with obesity and to encourage children to be more active.
- The work of The Bridge Renewal Trust, Haringey’s Strategic Partner for the Voluntary and Community Sector, in terms of helping the Council to forge stronger partnerships with the sector.
- The importance of developing a local social prescribing approach for Haringey in order to improve access to primary and community care and enriching the local offer of interventions that were community based. It was noted that the concept wasn’t new for Haringey and that a range of interventions were already in place that would form part of the network for the local model. For example, Neighbourhoods Connect, Time Credit, Welfare hubs in GP practices, Locality co-ordinators, among others.
- The work that was taking place to develop a recruitment and retention strategy for the Adults Social Services workforce.
- The early progress that had been made in relation to the Haringey Devolution Prevention Pilot. The Panel was informed the Pilot featured two overarching objectives:
  - Healthy Environment – maximising licensing and planning powers to tackle alcohol, fast food, gambling and tobacco, and seeking new powers to create enhancing environments where the healthier choice is the easy choice.
  - Sustainable Employment – integrating health and employment systems to intervene earlier to prevent the mutually reinforcing issues of ill-health and unemployment.
  - Cllr Morton explained the pilot was a partnership initiative and that the pilot declaration had been signed by the Council, Haringey CCG, police and Healthwatch. It was noted that the Health and Wellbeing Board would provide ultimate governance for the pilot.

In addition, updates were provided on the construction work that was taking place at Lorenzo House and Protheroe House. The Panel was informed that Haringey’s new supported living housing, for older people, would enable more than one hundred older Haringey residents to live in state-of-the-art affordable accommodation, with a specialist team onsite for their care and support needs.

## **AGREED:**

That the update from the Cabinet Member for Health and Wellbeing be noted.

### **109. WORK PROGRAMME UPDATE**

The Chair provided an update on the work programme, including items that had been prioritised for 2016/17, and an overview of the Panel's work in relation to adult safeguarding.

The following points were noted:

- Following discussion at the Scrutiny Cafe, at the start of the municipal year, the Panel had taken a keen interest in adult safeguarding, especially in view of changes to adult care services.
- Various issues in relation to adult safeguarding, and Haringey's ambition to develop a community wide partnership approach to quality assurance, had been scrutinised by the Panel during 2015/16.
- Evidence gathering sessions had been held with representatives from the Care Quality Commission (CQC) and the Panel had met informally with Dr Adi Cooper, the Independent Chair of Haringey's Safeguarding Adults Board (SAB). It was acknowledged that this had given opportunities to learn more about the roles and responsibilities of the SAB and CQC and to consider the SAB's Annual Report.
- The Panel would meet on the 18th March 2016 to coordinate their response to Haringey's Safeguarding Adults Board Strategic Plan 2015-18 Consultation.
- Further member development activities (site visits, briefings, conferences etc) would take place to help develop the future scrutiny work programme. It was recognised that such activities would help panel members to consider the role of scrutiny in this complex area and give opportunities to learn from best practice.
- A site visit had been arranged with representatives from Enfield (on 17<sup>th</sup> March) to learn about their (gold standard) Making Safeguarding Personal programme.
- A Member Learning Development session (on 10<sup>th</sup> March) had been organised for all Haringey members.
- The Chair of the Panel would be attending a conference at the University of Bedfordshire on 27 April in relation to Making Safeguarding Personal

Moving forward, and subject to further discussion as part of work programme development for 2016/17, it was agreed that scrutiny activity in this area should focus on "what does good look like for an adult at risk?"

In addition, Christian Scade, Principal Scrutiny Officer, provided an update on the work that was taking place by the Barnet, Enfield and Haringey Sub Group of the

North Central London Joint Health Overview and Scrutiny Committee. It was noted the Quality Accounts (Annual Reports) from both the Barnet, Enfield and Haringey Mental Health NHS Trust and North Middlesex University Hospital NHS Trust, and related issues, would be scrutinised by the Sub Group on 13 May 2016. Mr Scade concluded by providing information on the evidence gathering sessions, with commissioners and providers, that had taken place, and were planned, in relation to foot care services. It was noted that an update on these issues would be considered by the Panel in September 2016.

**AGREED:**

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

**110. LONG MEETING**

Prior to 10.00pm, during consideration of the Work Programme Update item, the panel considered whether to adjourn the meeting at 10.00pm or continue to enable further consideration of the case in hand.

The panel **AGREED** to suspend standing orders (Part 4, Section B, Committee Procedure Rules 18) to continue the meeting beyond 10.00pm.

**111. NEW ITEMS OF URGENT BUSINESS**

There were no new items of urgent business.

**112. 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 .....