

# **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON MONDAY, 11TH JULY, 2016, 6.30 - 10.20 pm**

## **PRESENT:**

**Councillors:** Pippa Connor (Chair), Charles Wright, Charles Adje, Felicia Opoku, Barbara Blake and Peter Mitchell

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

## **ALSO PRESENT:**

**Councillors:** Cllr Jason Arthur, Cabinet Member for Finance and Health, and Cllr Eddie Griffith (from 8:55pm)

### **1. 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'.

### **2. APOLOGIES FOR ABSENCE**

It was noted apologies for absence had been received from:

- Cllr Gina Adamou (substituted by Cllr Charles Wright)
- Cllr David Beacham
- Cllr Eddie Griffith (substituted by Cllr Felicia Opoku)
- Cllr Liz McShane (substituted by Cllr Barbara Blake)

*Note – Cllr Griffith was in attendance from 8.55pm but did not take part in the meeting.*

### **3. ITEMS OF URGENT BUSINESS**

The Chair commented that on 6 July the Care Quality Commission (CQC) had informed North Middlesex University Hospital that it needed to make significant improvements to the quality of care provided by its emergency department. With this in mind, the Chair agreed to receive an urgent update on the situation. This was because (i) the CQC report had been published following publication of the scrutiny agenda and (ii) an update was needed to ensure issues raised could be considered before the scrutiny work programme (agenda item 13) was agreed.

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

**AGREED:** That item 14, New Items of Urgent Business, be taken before item 6, the minutes of the meeting held on 1 March 2016.

#### **5. DECLARATIONS OF INTEREST**

Cllr Pippa Connor declared a personal interest in relation to agenda items 3, 7, 8, 9, 10, 11, 12, 13 and 14 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 3, 7, 8, 9, 10, 11, 12, 13 and 14 by virtue of being a member of the Royal College of Nursing.

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

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

None.

#### **7. NEW ITEMS OF URGENT BUSINESS**

Jill Shattock, Director of Performance, Haringey CCG, informed the Panel that following an unannounced inspection by the Care Quality Commission (CQC) in April, the Chief Inspector of Hospitals had published a report in July concerning urgent and emergency care services at North Middlesex University Hospital. The Panel was informed the service had been rated as inadequate.

The following points were noted:

- The inspection, of the emergency department and two of the hospital's medical wards, had been in response to a number of serious incidents which had raised concerns about the standards of care.
- At the time of the inspection, CQC inspectors had raised immediate concerns, and subsequently issued a Warning Notice requiring the trust to significantly improve the treatment of patients attending the emergency department.
- The CQC had been working closely with colleagues at NHS Improvement, NHS England, Health Education England and the General Medical Council to ensure patient safety improved.
- The hospital, together with partners, had launched a new programme, known as "Safer, Faster, Better". It was noted that this had been designed to speed up the flow of patients through A&E and to help achieve the national target of seeing, treating, admitting or discharging 95% of patients within four hours.

- The hospital's A&E department was one of London's busiest, seeing around 500 patients a day. The Panel was informed the hospital had met, or came close to the 95% target, until July 2015.
- The trust had developed an action plan setting out the steps it would take to address concerns identified in the Warning Notice and report.

Ms Shattock advised that the hospital had begun a programme of improvements to address concerns, such as delays in patients seeing a doctor, the need for greater leadership in the Accident and Emergency (A&E) department, and staff morale. This included:

- Appointing a new clinical director of the hospital's A&E department who had started on 27 June.
- Appointing a new nursing lead in A&E who had previously led improvements in other A&E departments.
- Gaining five additional middle grade doctors and consultants on loan from other London trusts to bolster its A&E medical team.
- Improving communication with patients, families and other stakeholders.
- Greater collaboration with community care providers in order to speed up the discharge of patients.

The Panel was informed the hospital would receive support in making further improvements from Royal Free London. It was noted Julie Lowe, Chief Executive, had resigned and that Libby McManus, from the Royal Free and previously interim Chief Executive at Chelsea and Westminster Hospital, had agreed to take on the role of interim Chief Executive at North Middlesex, with David Sloman, Chief Executive of the Royal Free, taking on the role of accountable officer on an interim basis.

In response to questions, Ms Shattock commented the CQC would revisit in September and the Panel was assured that findings would be available for public scrutiny. The Chair advised that the Adults and Health Scrutiny Panel had been invited to attend, and take part in, Enfield's Health Scrutiny Committee on 5<sup>th</sup> October. It was noted Enfield had already agreed to monitor the CQC action plan and it was agreed that working in partnership would avoid duplication of resources.

**AGREED:**

That the urgent update from the Director of Performance, Haringey CCG, be noted.

**8. MINUTES**

**AGREED:** That the minutes of the meeting held on 1 March 2016 be approved as a correct record.

*Note – although minute 109 was approved as a correct record, it was noted that subsequently the Chair of the Panel had been unable to attend the University of Bedfordshire conference on 27 April and that Cllr Peter Mitchell had attended instead.*

## **9. TERMS OF REFERENCE AND MEMBERSHIP**

In response to questions, concerning his new health responsibilities set out in Appendix C to the report, Cllr Jason Arthur, Cabinet Member for Finance and Health, advised:

- His priority was on delivering outcomes outlined in the Haringey Corporate Plan 2015-18.
- Demand for adult social care services was rising at a time when central government was making considerable cuts to Haringey's budget.
- He was no longer responsible for a number of areas, including Human Resources, Information Technology, Arts and Culture, and Customer Services, among others.

In addition, it was noted a third of Council spending was spent on adult social care. With this in mind, Cllr Arthur advised combining responsibilities for finance and health made sense as changes were needed to ensure the Council could continue to meet the care needs of all Haringey residents while making sure spending was kept under control.

### **AGREED:**

- (a) That the terms of reference and protocol for Overview and Scrutiny be noted; and
- (b) That the policy areas, remits and memberships for each Scrutiny Panel be noted.

## **10. 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 and 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 2016/17 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 2017/18 Municipal Year.

## **11. UPDATE REGARDING GENERAL PRACTICE IN HARINGEY**

Cassie Williams, Assistant Director of Primary Care Quality and Development, provided an update in relation to Haringey CCG's work concerning their statutory responsibility to support quality improvement in General Practice.

Ms Williams commenced her presentation by focusing on the progress that had been made regarding the new practice in Tottenham Hale. The following points were noted:

- A temporary site had been commissioned in response to a large deficit of primary care in Tottenham Hale.
- A three year contract had been agreed with Lawrence House, a local practice, to provide primary care.
- The temporary site had been made available for three years and fitted out by Lee Valley Estates, the developer for Hale Village.
- It was intended that the Welbourne Centre would become the new permanent site at the end of the three year period.

In response to questions, Ms Williams explained the temporary site was due to open shortly. It was noted the opening date had been put back due to technical problems. The panel was assured regular updates would be provided on Council and CCG websites to ensure patients / the public were kept informed. Moving forwards, it was agreed an update on progress, with input from Healthwatch Haringey, should be prioritised as part of the Panel's future work programme for March 2017.

In terms of Estates and Technology Transformation Funding, the Panel was asked to note that there was a £900m fund available over three years for primary care premises across England. The Panel was informed that recent bids from Haringey CCG aimed to address future capacity challenges in priority areas across the borough. It was noted that the advancements Haringey CCG planned to initiate were subject to successful bids (submitted in June, notification of outcome in August 2016). Information was considered in relation to both Haringey's estates and technology bids and a wide range of issues were discussed, including:

- Priority areas for estates development, including current and future shortfall in capacity across Tottenham Hale, Green Lanes, Wood Green/Noel Park, and Northumberland Park.
- Primary Care Estates, including priorities to create new or extend/redevelop current primary care premises and priorities that would create space to improve integration with other services, enable general practice to provide a wider range of services reducing unplanned admissions, and support hub working.
- The aims and objectives of the North Central London Primary Care Strategy.

Ms Williams concluded her presentation by describing changes to the way primary care would be commissioned from April 2017. The Panel was informed that in 2014, NHS England invited CCGs to enter into a new relationship where they took on additional shared responsibility for how local general practice was commissioned. It

was noted that this provided opportunities for greater consistency between primary and other healthcare, to meet local need more effectively. Ms Williams advised Haringey CCG jointly commissioned (level 2) general practice with NHS England and had been invited to consider taking on level 3, delegated commissioning. The impact of taking on delegated commissioning were considered, including:

- Commissioning more joined up across all of healthcare
- Budget responsibilities
- Greater freedom to produce locally aligned incentive schemes
- Contract management of practices

The Panel was informed there were a number of issues to address, including governance issues across North Central London, conflicts of interest and financial risk, and that CCG Member Practices would vote on how to proceed at the end of August 2016.

**AGREED:**

- (a) That the Primary Care Update, focusing on premises and technology, be noted.
- (b) That an update on the Tottenham Hale Medical Practice, with input from Haringey CCG and Healthwatch Haringey, be prioritised as part of the Panel's future work programme for March 2017.

**12. PHYSICAL ACTIVITY FOR OLDER PEOPLE - INITIAL SCOPING**

Following discussion at the Scrutiny Cafe in June, the Panel received a presentation, from Dr. Jeanelle de Gruchy, Director of Public Health, concerning physical activity for older people.

The Chair commented that the aim of the presentation was to help scope a scrutiny project that had realistic aims and objectives, with clear links to council priorities.

Dr. de Gruchy commenced her presentation by outlining key issues relating to physical inactivity in Haringey, including:

- Priorities outlined in both the Council's Corporate Plan (2015-18) and Haringey's Health and Wellbeing Strategy (2015-18).
- Findings from the Sport England Active People Survey. The Panel was informed that 1 in 4 Haringey residents were physically inactive and that inactivity in Haringey had remained at a similar rate since 2012.
- The benefits of physical activity for both adults and older adults. It was noted that even small amounts of activity could lead to health gains and supported people to self manage long term conditions.

- By 2031 there would be a 40% increase in the number of people over the age of 80 living in London.

In response to questions, Dr de Gruchy explained that new models of social care, which encouraged people to do more for themselves, were needed to help reduce social care costs. In addition, the Panel was informed participation in physical activity declined with age. It was noted that this impacted on an older adults ability to remain independent and maintain social contacts.

The following points were discussed concerning Haringey's approach to increasing physical activity:

- Population level interventions, including investment in cycling and walking infrastructure, and active ageing through design.
- Community level interventions, including Haringey's Year of Walking campaign, and active travel through the Smarter Travel team.
- Interventions through services, such as Silver Fit and One You Haringey.

It was noted that a potential area of enquiry for scrutiny related to creating/designing environments that encouraged physical activity. However, it was felt that the work on the Adults and Health Scrutiny Panel should, at least initially, focus on:

- Making the most of every day interactions of front line staff who engage with residents (Making Every Contact Count); and
- Community asset mapping and engaging older people to find out what types of physical activity they liked.

Cllr Barbara Blake provided information on how she had helped establish a successful netball group for women living in St Ann's. It was noted the group had encouraged women living on the Edgecot, Victoria, Culvert and Kerswell Estates to get some exercise, make new friends and have some fun.

Before finalising the scope and terms of reference for the review it was agreed that the following issues should be considered:

- Further analysis of the Sport England Active People Survey (2015) in order to gain greater insight into the population cohort who had been identified as being physically inactive. It was also agreed that it would be useful to receive a breakdown of the primary support needs and age band of contacts receiving care packages over the last two to three years.
- The importance of gathering evidence from residents, service users, carers, residents associations and community groups, in addition to talking to front line staff.
- Looking at how physical activities were marketed, communicated and sign posted to residents.

- The work being undertaken by the Bridge Renewal Trust in terms of community asset mapping.
- The barriers to physical activity and the importance of looking for solutions that could be introduced, facilitated or supported by the Council and/or its partners in order to get older residents more active.

It was also agreed that the challenge of engaging older people from hard to reach groups should be addressed as part of the review. The Chair commented specifically that consideration needed to be given to those living in care homes and supported living environments; those from minority communities; and those who were socially excluded.

**AGREED:**

- (a) That the presentation from Dr. Jeanelle de Gruchy, Director of Public Health, concerning physical activity for older people, be noted.
- (b) That Christian Scade, Principal Scrutiny Officer, be asked to scope a scrutiny review to assist Haringey's approach to increasing physical activity amongst older adults, taking account of the issues outlined in the minutes above.
- (c) That the scoping, agreed at (b), and initial evidence gathering take place during August and September, with scoping documents submitted to the Overview and Scrutiny Committee in October for final approval.

**13. ADDRESSING COMMUNITY WELLBEING: TAKING FORWARD THE FINDINGS OF THE EVALUATION REPORT OF NEIGHBOURHOODS CONNECT**

Dr Tamara Djuretic, Assistant Director of Public Health, advised that the Council and Haringey CCG had jointly commissioned a Neighbourhoods Connect service through the Better Care Fund in 2015. It was noted the service had intended to address social isolation for those needing, or likely to need, interventions from health or adult social care as part of a preventative approach.

The Panel was informed that following the evaluation of the Neighbourhoods Connect pilot that the CCG and Council had agreed the importance of commissioning a model that would address community health and wellbeing and co-ordinate the range of community based services across the borough.

In response to questions, Dr Djuretic explained that a decision had been made to pause any decision on whether to re-commission the Neighbourhoods Connect service itself. This was in order to agree an overarching strategic framework for community based approaches to health and wellbeing and to determine the precise nature of the service to be commissioned.

During the discussion, reference was made to the following:



- The evaluation of the Neighbourhoods Connect service attached at Appendix 1 to the report. A variety of issues were discussed in relation to the pilot including issues and concerns relating to service objectives, value for money and the methodology that had been used.
- Emerging thinking concerning social prescribing locally and work that was taking place in other boroughs, including Tower Hamlets.
- Budget pressures faced by both the Council and CCG and the importance of co-ordinating resources, for example via the Better Care Fund, and adopting a strategic approach across the borough.
- The variety of community-centred approaches linked to health and wellbeing, including the diagram attached at Appendix 2 to the report.
- Key stakeholders in relation to the emerging model, including the asset mapping work that was being undertaken by the Bridge Renewal Trust.
- The importance of providing clarity in terms of how outcomes from the model would be measured.

The Panel was informed that the Council's Corporate Plan set the overarching vision and the strategic framework for the emerging community approach to prevention. However, additional outcomes had been identified, including:

- Reduction in inequalities across the borough
- Improved wellbeing and social connectivity
- Reduced social isolation
- Increased patient/resident/service user satisfaction
- Reduced levels of service use (whether in primary or secondary health care, social care or other statutory provision)
- Changing type of services used e.g. increased use of the voluntary and community sectors
- Increased self-management and self-support
- Prescribing of specific medications reduced (to be defined)
- Supported primary, community and social care.

Dr Djuretic concluded by explaining the new model was being developed at pace and would be informed by a multi-agency workshop being held during July. It was noted that work in this area would align with the work to develop a new model for day opportunities in the borough.

**AGREED:**

- (a) That an update on the Community Wellbeing Model be prioritised as part of the panel's future work programme for March 2017.
- (b) That the Assistant Director of Public Health, and Assistant Director of Commissioning, be asked to look at ways to involve non-executive members in the development of the Community Wellbeing Model, allowing opportunities to scrutinise how outcomes would be measured prior to the model being finalised.

**14. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR FINANCE AND HEALTH**

The panel received an update from Cllr Jason Arthur, Cabinet Member for Finance and Health, concerning his work and priorities for 2016/17.

Cllr Arthur commenced his presentation by outlining the importance of (i) actively supporting independence and wellbeing; (ii) early help and building community resilience, and (iii) ensuring spending was under control, in terms of delivering priorities outlined in the Corporate Plan 2015-18.

The following issues were discussed:

- The on-going demand for services, the impact of public sector reform and on-going funding reductions in terms of the financial performance of services provided by Adult Social Care, Commissioning and Public Health. It was noted the Quarter 1 financial position would be reported to Cabinet in September.
- An update on plans aimed at increasing flexibility and availability of day services within the borough. This included information being provided on work being facilitated by FutureGov who had worked with adult social care and dementia clients in order to test a devolved service where users decided what happened during their day instead of going to a generic day centre.
- The progress that had been made in relation to scoping and evidence gathering in relation to the Haringey devolution prevention pilot. The role of public health in relation to air pollution was also discussed.
- Framework considerations, and associated projects, concerning the development of a Target Operating Model (TOM) to enable "Healthy, Long and Fulfilling Lives". It was noted that an all Member briefing would take place before the Scrutiny Panel looked at the TOM in more detail in September.
- Caring responsibilities and assessments following the consultation on a proposed new model for carers' services in Haringey. The role of carers and families in relation to the TOM were also considered.
- The Haringey and Islington Wellbeing Partnership. It was noted that this was a partnership being formed between NHS organisations and local authorities in Haringey and Islington. Issues were also considered in relation to the

Sustainability and Transformation Plan (STP) for North Central London (NCL). It was noted that further STP scrutiny would be undertaken by the NCL Joint Health Overview and Scrutiny Committee throughout 2016/17.

- Joint commissioning intentions for Haringey CCG and the local authority, including plans for intermediate care, as outlined in a report considered by the Health and Wellbeing Board in May 2016.

In addition, Cllr Arthur advised the Panel of the priority work that was taking place to review care packages. It was noted all reviews would be completed before the end of September 2016.

**AGREED:**

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

**15. WORK PROGRAMME DEVELOPMENT**

The Chair advised that Haringey's Overview and Scrutiny Committee was responsible for developing an overall work programme, including work for its standing scrutiny panels. The Panel was informed that in putting this together, the Committee would have regard for suggestions put forward by each Panel, their capacity to deliver the programme, and officers' capacity to support them in that task.

It was noted that:

- Under agenda item 9, the Panel had requested an update on General Practice, focusing on Tottenham Hale, for consideration in March 2017.
- Under agenda item 11, the Panel had requested an update on the community wellbeing model, for consideration in March 2017. It was agreed that March would also be a good time to receive updates on the Better Care Fund and Day Opportunities.

In addition, and as agreed under agenda item 10, the Panel would undertake an in-depth review focusing on Physical Activity for Older People.

**AGREED:**

That, subject to the above, the areas outlined in Appendix A to the report be prioritised for inclusion in the 2016/17 scrutiny work programme and recommended for approval to the Overview and Scrutiny Committee on 21 July.

**16. LONG MEETING**

Prior to 10.00pm, during consideration of the Work Programme Development 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.

**17. 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 .....