

MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY PANEL HELD ON THURSDAY, 29TH SEPTEMBER, 2016, 6.30 – 9.25PM

PRESENT:

Councillors Gina Adamou, Gideon Bull, David Beacham, Eddie Griffith and Peter Mitchell (in the Chair)

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

ALSO PRESENT:

Councillor: Charles Wright

18. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Cllr Pippa Connor, Chair of the Panel. As a result, it was **AGREED** that Cllr Peter Mitchell should preside as chairman for the meeting.

The Panel was informed that apologies for absence had also been received from:

- Cllr Charles Adje (substituted by Cllr Gideon Bull);
- Cllr Liz McShane; and
- Cllr Jason Arthur, Cabinet Member for Finance and Health.

19. 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'.

20. ITEMS OF URGENT BUSINESS

None.

21. DECLARATIONS OF INTEREST

None.

22. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

23. MINUTES

AGREED: That the minutes of the meeting held on 11 July 2016 be approved as a correct record.

24. HARINGEY FOOT CARE SERVICES

Charlotte Pomery, Assistant Director, Commissioning, provided an update on Haringey foot care services. It was noted that during 2015/16, the Panel's work programme had focused on ensuring there was sufficient foot care provision in Haringey. It was noted the take up of foot care services by older people was an important measure in preventing falls and treating acute conditions such as poor circulation as a result of diabetes.

During the discussion a variety of issues, highlighted in the report, were considered, including:

- Recent changes that had been made to foot care provision in Haringey, including the development of community-based preventative services following the closure of the Haven Day Centre, and progress that had been made to ensure continuity of service.
- The locations, outlined in 6.4 of the report, where each year over 650 older adults received community-based services. In addition, it was noted that the Foot Care + service had started to visit new locations, previously visited by staff from the Haven Day Centre. In response to questions, Ms Pomery agreed to send Panel Members further information to explain why Larkspur Close had not been used by the Foot Care + service.
- The steps that had been taken to tackle performance issues with the Whittington Health Podiatry and Foot Health Service. The Panel was informed that Haringey and Islington CCGs managed the performance of the service via regular contract performance monitoring meetings. The Panel was informed that both CCGs had identified the need to improve performance and that the service would be developing an action plan to deliver improvements to ensure the service met expected targets.
- The performance of the Podiatry and Foot Health Service at July 2016, outlined in section 7.2 of the report, was noted. Concerns were raised in relation to the number of patients waiting more than six weeks for their first appointment. However, 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 Panel asked Ms Pomery to circulate further information on the performance matrix that was used for the service.
- The work, outlined in section 8 of the report, that was taking place to raise awareness of foot care services across the borough. It was noted this was being done via a variety of channels, including: the nurse and health care assistant

forum; the locality teams; the Haringey Advice Partnership; Patient Advice and Liaison Services; the Integrated Access Team; Haricare; and NHS Choices.

- The information provided by Haricare. The Panel noted the correct information was not always available at the right time to enable citizens, service users and carers to help themselves effectively and to be aware of their own health so they could take steps to manage emerging or existing conditions.
- 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/costs.
- Opportunities to expand the availability of foot care services in Haringey to ensure gaps in service provision were addressed.

The Panel was informed that the Council and Haringey CCG were exploring options with the Whittington Health Podiatry Service and the Bridge Renewal Trust to take advantage of the fact Bridge Renewal Trust Foot Care staff had been trained to deliver nail cutting services to people with diabetes. It was noted that one option, being explored to ensure gaps in provision were addressed, would be to agree an approach where patients referred to the Whittington Service, but who did not meet the service criteria, were signposted to alternative community based options. The panel also suggested more could be done via GP surgeries to help promote/signpost residents to services across the borough.

AGREED:

- (a) That the update, on foot care services across Haringey, be noted.
- (b) That a further update be prioritised for inclusion in the Panel's work programme for 2017/18, focusing on work undertaken to ensure sufficiency of foot care provision in the borough.

25. AN INTEGRATED TARGET OPERATING MODEL TO ENABLE ADULTS IN HARINGEY TO LIVE HEALTHY, LONG AND FULFILLING LIVES

Following discussion at a Members Learning and Development Session on 21 September, John Everson, Assistant Director of Adult Social Services, provided an update on developments concerning Haringey's Integrated Target Operating Model (ITOM). The Panel was asked to note:

- The significant funding and demand challenges facing Adult Social Services, Public Health and Health Services.
- That the Council's vision for adults in Haringey, and the guiding principles for service transformation (agreed by Cabinet on 16th June 2015), placed an emphasis on values that promoted and maximized an individual's independence, dignity, choice and control.

The Panel was informed that the Council's approach, outlined by Priority 2 of the Corporate Plan, was based on a shift from institutional care towards community and home based solutions.

Mr Everson explained that in order to deliver the Council's vision of maximising independence and managing future demand pressures, whilst achieving financial sustainability, the Council had agreed a genuinely transformational approach between Adult Social Services, Public Health and Haringey CCG.

In response to questions, the Panel was informed that the road-map for delivering a new sustainable model of health and care was set out in the ITOM. It was noted that as the model evolved it would support progressively greater integration between all services to deliver the significant change required.

Mr Everson advised, that in order to inform the development of the ITOM, work had been undertaken with service users, carers, staff and partners to ensure the Council was clear about its current service offer (the "As Is"), what people wanted for the future (the "I statements"), and how these may be delivered. It was noted that additional information, concerning service user, partner and carer engagement, had been provided as part of Appendix 1 to the report.

The Panel was informed objectives in Haringey's Corporate Plan had a strong 'whole population' public health focus and would inform the future operating model. Dr de Gruchy, Director of Public Health, went on to provide information on the importance of prevention and various primary, secondary and tertiary prevention strategies. This included consideration of population, community and personal health issues. The Panel also considered the current service offer, outlined on a large process map, including entry and exit points for adult social care and the health and social care pathway.

During the discussion, reference was made to the following:

- The current budget position and the financial performance of Priority 2 Services (Adult Social Care, Commissioning and Public Health). It was agreed that further consideration needed to be given to these issues as part of the Panel's planned Budget Monitoring session on 17 November.
- The importance of mental health services, day opportunities and the support provided by the Community Reablement Service.
- The benefits and flexibility of using a Dynamic Purchasing System to streamline procurement for both suppliers and the Council.
- The schedule for developing the ITOM, as outlined in Appendix 1 to the report.
- Issue relating to the use of personal budgets and direct payments.
- The Council's Equality Duty and use of Equalities Impact Assessments in terms of assessing the impact of any new policies. In addition, the Panel suggested that a

health assessment should be introduced, for all Haringey policies, in order to promote health gains for the local population, reduce health inequalities and to ensure new policies did not actively damage health.

- The options that existed for the ITOM as a result of the council's regeneration agenda, especially in Tottenham and Wood Green. The importance of collective decision making was highlighted.
- The importance of assessing value for money i.e. using the optimal use of resources to achieve intended ITOM outcomes. It was noted there were differences between "Economy" (spending less); "Efficiency" (spending well); and "Effectiveness" (spending wisely).
- The role of carers in terms of delivering a sustainable model of health and care across Haringey. It was noted that Carers Week, an annual campaign to raise awareness of caring, highlighted the challenges carers faced and the contribution they made to families and communities throughout the UK. However, the Panel agreed the importance of carers had not been reflected in the Haringey ITOM and that more needed to be done to ensure adequate support was provided to carers so that they could look after their loved ones. It was also recognised that carers were individuals with needs of their own and that this needed to be picked up in the development of the ITOM.
- The Sustainability and Transformation Plan for North Central London and what this might mean for the development of Haringey's ITOM.

In addition, various issues, including those relating to governance, were discussed in relation to joint commissioning for Haringey CCG and the local authority, including plans for intermediate care, and the development of an accountable care partnership across Haringey and Islington.

Mr Everson concluded his presentation by explaining key steps for developing the ITOM. Based on the Council's vision, understanding of the challenges, the "As Is" and "I Statements", the Panel was informed that opportunities had been identified that would shape both new ways of working and the first phase of the Haringey ITOM. It was noted that the following opportunities (outlined in Appendix 1 of the report) had been identified for further development:

- Integrated Commissioning
- Develop Community Hubs
- Information Integration
- Re-Designed Service Model
- Models of Care for People with LD
- Integrated Out of Hospital Project

The Panel was assured that the comments and suggestions put forward by the Panel, and from the Member Learning and Development Session, would be taken on board before the projects (above) progressed to the scoping stage.

AGREED:

- (a) That the update on the Integrated Target Operating Model be noted.
- (b) That the Chair of the Panel and Assistant Director, Adult Social Services meet, outside the meeting, to consider (formal and/or informal) options for scrutiny input before the scope and timeframes for each Business Critical Project are confirmed.

26. COMMISSIONING FOR BETTER OUTCOMES - PRESENTATION

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 been undertaken in Haringey during February 2015.

To set the scene, Ms Pomery commenced her presentation by providing information on the Department for Health’s Care Markets Work Programme. The Panel was informed that a number of workstrands had been supported by the government in order to support local authorities to achieve the ambitions and statutory requirements for commissioning, market shaping and contingency planning and provider failure set out in the Care Act. Information was provided on the following:

- The Government’s Market Shaping Review
- A CIPFA project on adult social care finance, costs, fees and sustainability
- Local contingency planning.

Following discussion by the Panel in January 2015, it was noted that a key line of enquiry related to promoting a sustainable and diverse market place. With this in mind, the presentation from Ms Pomery, focused on both strengths identified by the Haringey peer review team and areas identified for consideration / action moving forwards.

The Panel was asked no note:

Areas identified by the Peer Review	Action Taken
<ul style="list-style-type: none"> - The generation of positive engagement with provider partners and wider stakeholders 	<ul style="list-style-type: none"> - Strengthening of provider forum - Reinvigoration of Voluntary and Community Sector Forum - Development of co-production

	model
- Significant additional engagement required around next steps of budget consultation, ensuring clarity of options under consideration	- Statutory consultation on proposed service model changes
- People do not feel listened to (providers, carers, service users, staff)	- Co-production model and Steering Group established - Review of Partnership Boards underway - Stronger internal and external communications - Stepping up of user and carer engagement mechanisms
- Training and development for the whole ASC workforce is required (including consideration of resources required)	- Whole staff engagement in Professor John Bolton's thinking on model for social care - Development of Integrated Target Operating Model
- Lack of approach to address inflation up-lift and Fair Fee process	- Building costs of care approach through development of Dynamic Purchasing System - Stronger understanding of current and projected costs of care - National work underway on social care market overall
- Lack of collation of intelligence on the diversity of the market place i.e. what's out there	- Consistent use of CarePlace, development of HariCare - Mapping of community and other assets to inform day opportunities and wider work
- Market intelligence to inform micro and macro-commissioning	- Detailed market analysis across all forms of care and support - Supported Housing Review – needs and market analysis complete - Establishment of brokerage – finance, quality assurance, service finding, value for money and appropriate provisions
- Systematic quality monitoring of	- Brokerage delivering contract

capacity of the market to deliver	monitoring, quality assurance - DPS with contract monitoring functionality, including introduction of electronic call monitoring system for home care - Multi-agency Quality Assurance sub group established and reports to SAB
- Underdeveloped response to the current and future needs of older people and market supply of care	- Needs analysis across all care groups - Confirmation of requirement for more extra care sheltered

During discussion, reference was made to the following:

- The fact care workers had lodged a case at the employment tribunal to complain that a number of contractors had not paid their staff the national minimum wage for work carried out in the borough.
- The Panel was informed that the tribunal was ongoing. However, it was noted the Council had paid contractors enough money through contract fees to ensure all live-in carers could receive the national living wage for 24 hour care provided. In addition, it was noted the council required all contractors to obey minimum wage law, including remuneration for travel time.
- The Panel was advised that the Council no longer had in place any contracts with Sevacare, following serious concerns raised by the Care Quality Commission in April 2016.

The Panel went on to discuss, more generally, the pros and cons of various service delivery options including shared services, outsourcing, and “insourcing”, among others. It was commented that any model that moved away from direct provision raised questions about democratic accountability. In response to questions, the Panel was informed, that as part of the options appraisal process, an in-house option was developed as standard practice. The Panel was informed that each option was considered to assess whether they could improve investment, modernise services, enhance organisational capacity, achieve efficiencies and achieve regeneration and other social benefits such as reducing inequality, generating employment and improving the environment.

AGREED: That the Commissioning for Better Outcomes (Update on Actions) presentation be noted.

27. HOME CARE MARKET UPDATE

Charlotte Pomery, Assistant Director, Commissioning, provided an update on the home care market across Haringey. Ms Pomery outlined how the Council was working

with providers to ensure the development of a diverse, effective and high quality local market.

The following issues were discussed:

- The various pressures on local government finances and the need to make better use of resources.
- The fragility of the home care market, including demand and capacity issues facing national providers, pressures on staffing and the impact of Brexit on the sector.
- The role and responsibilities of the Care Quality Commission and the Haringey Safeguarding Adults Board.
- The work being carried out across London via the Care Act Commissioners Network.
- The fact the Council was focusing much more on outcomes. It was noted that this was highlighted by Haringey's outcomes based framework for Home Care.
- The benefits and flexibility of using a Dynamic Purchasing System to streamline procurement for both suppliers and the Council.
- Transfer of undertakings (TUPE) regulations in relation to the home care sector, including local issues relating to Sevacare.

Alternative, longer term, models for Home Care were also considered as part of this item.

AGREED: That the update on the Home Care Market across Haringey be noted.

28. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2016/17 municipal year.

During the discussion, reference was made to:

- The fact the Panel had been invited to attend, and take part in, Enfield's Health Scrutiny Committee on 5th October. The Panel was informed that this was an opportunity to monitor developments at the North Middlesex University Hospital following a Care Quality Commission report, published in July, relating to urgent and emergency care services and concerns about standards of care.
- The dates for budget scrutiny for 2016/17. It was noted the Panel would meet on 20th December to consider budget proposals relating to Corporate Plan Priority 2 (P2).
- The roles and responsibilities of scrutiny in relation to budget monitoring. It was noted that the Panel would hold a special meeting, on 17 November, to consider

an update on the financial performance of P2 services (Adult Social Care, Commissioning and Public Health). The Panel requested information about performance against forecast savings.

- The meeting schedule for the scrutiny review into Physical Activity for Older People.

In addition, it was noted that:

- Under agenda item 7, the Panel had requested an update on Foot Care Services, for consideration during 2017/18.
- Under agenda item 8, the Panel had agreed the Chair of the Panel would meet the Assistant Director, Adult Social Services, outside the meeting, to consider (formal and/or informal) options for scrutiny input before the scope and timeframes for each Business Critical Project were confirmed for the Integrated Target Operating Model.

AGREED:

- (a) That, subject to the additions, comments and amendments, referred to above, the items outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee on 17 October 2016.
- (b) That the scope and terms of reference, attached at Appendix B to the report, for the Panel's review on Physical Activity for Older People be approved and recommended for endorsement by the Overview and Scrutiny Committee on 17 October 2016.

29. NEW ITEMS OF URGENT BUSINESS

None.

30. DATES OF FUTURE MEETINGS

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

CHAIR:

Signed by Chair

Date