

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY, 1ST DECEMBER, 2016, 6.30 - 10.00 pm

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, David Beacham, Eddie Griffith and Peter Mitchell

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health
(6.30pm – 8.15pm)

51. 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.

52. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Cllr Charles Adje and Helena Kania.

53. ITEMS OF URGENT BUSINESS

None

54. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of her son working in the teaching and education sector.

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

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

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

55. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

56. MINUTES

It was noted that the minutes of the Adults and Health Scrutiny Panel held on 17 November 2016 would be reported to the 20 December 2016 meeting.

57. CARE QUALITY COMMISSION - PRESENTATION

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

Mr Haines commenced his presentation by explaining the Care Quality Commission (CQC) was the independent regulator of health and social care in England. It was noted that the purpose of the CQC was to ensure health and social care services provided safe, effective, compassionate, high-quality care, and to encourage services to improve.

Mr Haines provided details concerning information that had been published by the CQC, including performance ratings and the methodology and approach that had been used. The following points were considered in relation to the practicalities of inspection:

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

The Panel was informed that under the new CQC framework, inspectors assessed all health and social care services against five key questions - is a service: safe, effective, caring, responsive to people's need and well-led? Mr Haines explained that a judgement framework supported this assessment, providing a standard set of key lines of enquiry directly relating to the five questions. The panel noted that the new ratings system used the assessment of these five areas to rate services as: outstanding, good, requires improvement or inadequate. This enabled people to easily compare services. The panel was informed that services rated as outstanding were normally re-inspected within 2 years; good services within 18 months; services requiring improvement within a year; and inadequate services within 6 months.

Mr Haines concluded his presentation by providing information on the latest national and local CQC ratings. The Panel was asked to note the overall ratings for Adult Social Care services, summarised below.

	Total	Inadequate	Requires Improvement	Good	Outstanding
National	19,610	597 (3%)	4,886 (25%)	13,924 (71%)	203 (1%)
Haringey	69	2 (3%)	24 (35%)	43 (62%)	0 (0%)

(Source: CQC – 1 October 2016)

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

- The CQC's enforcement powers.
- The fact the CQC was close to completing inspections for all services they regulated and that this had given a unique understanding of quality across the country.
- Lessons learned and themes emerging from national and local inspections.
- Guidance for providers to display ratings.
- The work that had been carried out by the Scottish Care Inspectorate in relation to promoting physical activity in care homes and how this work was being taken forward via the Physical Activity for Older People Scrutiny Project.

The Panel thanked Mr Haines for his attendance and it was agreed that the Care Quality Commission should attend a Scrutiny Panel meeting during 2017/18 to provide an update on their inspection programme for Haringey.

AGREED:

- (a) That the presentation from Martin Haines, Inspection Manager, Adult Social Care Directorate, Care Quality Commission, be noted.
- (b) That the Care Quality Commission be invited to attend a Scrutiny Panel meeting during 2017/18 to provide an update on their inspection programme for Haringey.

58. MAKING SAFEGUARDING PERSONAL - PRESENTATION

Dr Adi Cooper, the Independent Chair of Haringey's Safeguarding Adults Board, provided a presentation on Making Safeguarding Personal (MSP). The presentation was supplemented by information provided by Jeni Plummer, Head of Operations, concerning key messages for Haringey.

Dr Cooper commenced her presentation by explaining safeguarding involved people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure the adult's wellbeing was being promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The Panel was informed that Making Safeguarding Personal, a sector led initiative, was person-led and outcome-focused and aimed to enhance choice, control and quality of life. It was noted such an approach was about:

- Enabling safeguarding to be done with, not to, people.
- A shift from a process supported by conversations to a series of conversations supported by a process.
- Talking through with people the options they have and what they want to do about their situation.
- Developing a real understanding of what people want to achieve (and how).
- Utilising professional skills rather than "putting people through a process".
- Achieving meaningful improvement in peoples' circumstances.

Dr Cooper provided a short history to the MSP initiative and outlined key findings from an evaluation carried out in 2016 by the Association of Directors of Adult Social Services (adass). Key messages included:

- The majority of local authorities had completed the first step of introducing MSP.
- The MSP approach started mainly in safeguarding teams and services but was rapidly spreading out into generic teams.
- There had been an overall increase in agencies' involvement in MSP since the 2015 evaluation but some partners' involvement had actually decreased.
- Most local authorities had rewritten procedures to promote a user-friendly approach.

Dr Cooper concluded her presentation by providing information on recommendations that had been put forward by adass for consideration by local authorities. The following suggestions were discussed:

- *Improve ways of managing the increase in safeguarding alerts and referrals by considering integration of front doors.*
- *Develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a s.42 enquiry.*

- *Directors of Adult Social Services should take stock of where their service stands on the road to full implementation of MSP.*
- *Adult Social Care departments to consider how they can get greater corporate council buy-in to MSP and ensure councillors are aware of it.*
- *Training providers to modify and update their materials in shifting the culture to embed MSP values.*
- *All organisations and SABs to do more to meaningfully engage service users in planning and shaping safeguarding services.*
- *Statutory organisations to enhance prevention by building a pathway into voluntary and community assets.*
- *Adult Social Care and health commissioners to work more closely with independent care providers to MSP into good service quality.*

In response to questions, Ms Plummer provided details on work that had taken place in Haringey to support MSP, including:

- The adapted triage function.
- Improved partnership working between agencies and professionals showing concerned curiosity and due regard.
- Views and desired outcomes being ascertained and recorded before decisions around s42 enquiries were completed.
- Where an Independent Mental Capacity Advocate was required this was requested at the enquiries stage.
- The roll out of s42 enquiries across all services creating an opportunity for enquiries for the adult at risk to be supported by their allocated practitioner.
- Support that was provided to the adult causing harm.
- Quality assurance and improvement and the importance of on-going training.

The Panel went on to discuss a number of issues and considered how a greater sense of Councillors' responsibility for safeguarding could be manifested.

AGREED:

- (a) That the presentations from the Independent Chair of Haringey's Safeguarding Adults Board and the Director of Adult Social Services be noted, and the Principal Scrutiny Officer be asked to send both presentations to all councillors.
- (b) That, to ensure all councillors are kept informed about Making Safeguarding Personal, and developments across this sector led initiative in Haringey, the

Independent Chair of Haringey's Safeguarding Adults Board be asked to prepare an annual briefing note (on one side of A4) for all Members.

- (c) That, to ensure greater buy-in to Making Safeguarding Personal, the Independent Chair of Haringey's Safeguarding Adults Board be asked to consider developing an Adult Safeguarding Charter for Haringey councillors.
- (d) That, the Democratic Services and Scrutiny Manager and Assistant Director, Strategy and Partnerships, in developing the future Member Learning and Development Programme, be asked to look at ways of making adult safeguarding training compulsory for newly elected Members, and ensuring all members undertake annual refresher training.

59. SAFEGUARDING ADULTS BOARD ANNUAL REPORT AND STRATEGIC PLAN

Dr Adi Cooper, Independent Chair of Haringey's Safeguarding Adults Board, introduced the report as set out.

Dr Cooper advised the Haringey Safeguarding Adults Board (HSAB) was a statutory body. The Board ensured that agencies worked together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act 2005 and the Human Rights Act 1998.

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

- Safeguarding principles set out by government in statutory guidance accompanying the Care Act 2014.
- The Board's Strategic Plan 2015-18, focusing on priorities that had been set for 2016-17 and progress that had been made as of November 2016.
- The roles and composition of the Board's sub-group and work that had been undertaken during 2015/16.
- The use of data in relation to safeguarding issues and how this information was monitored locally and nationally. The differences between statutory safeguarding enquiries and non statutory enquiries were also considered.
- The role of the Adult Social Care Integrated Access team (IAT) in terms of providing a single point of access for reporting adults safeguarding concerns.
- Work that was taking place to update policies and procedures to reflect changes in the law as a result of the Care Act 2014.
- The aims and objectives of Haringey's safeguarding Adults Multi Agency Information Sharing Protocol.
- An update on a Section 42 enquiry, undertaken following a BBC London report which reported there had been a lack of care for an elderly lady living at home with dementia. The Panel was informed the enquiry would enable all parties involved to

identify learning and improvements to inform future practice. It was noted the learning from the safeguarding enquiry would be reported to the Safeguarding Adults Board in due course.

In response to questions, Dr Cooper explained the Safeguarding Adults Review (SAR) sub-group had received three referrals for consideration during of 2015/16. Following evaluation of these, against the statutory requirements and in line with the Board's SAR protocol, it was noted HSAB had commissioned one SAR and that this would be reported on during 2016/17.

In terms of abuse location, the Panel was informed that abuse could happen anywhere. For example, in someone's own home, in a public place, in a hospital or a care home. It was noted that abuse could happen when someone lived alone or with others and it was explained that it was important to gain a better understanding of abuse locations and the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others had witnessed abuse and the role of family members and paid staff or professionals.

The Panel supported the granular data analysis, being carried out by the Quality Assurance Sub Group, and agreed that it was important to gain a better understanding of the circumstances of abuse and to establish whether there were locations that should be identified for action or strategy development.

The Panel went on to discuss a number of issues and it was

AGREED:

- (a) That the criteria for when the Safeguarding Adults Review (SAR) Sub Group must, or may, commission a SAR should be circulated to Panel members by the Independent Chair of Haringey's Safeguarding Adults Board.
- (b) That, following consideration by the Haringey Safeguarding Adults Board, a summary of the learning arising from the Section 42 enquiry, undertaken following concerns about a local care provider and self neglect, should be circulated to Panel members by the Independent Chair of Haringey's Safeguarding Adults Board.
- (c) That the Assistant Director for Commissioning be asked to provide Panel Members with further information, via email, to clarify how information concerning "how to raise a concern" is shared with care homes, domiciliary care, nursing homes and residential homes.
- (d) That, the Panel supported the granular data analysis being carried out by the Quality Assurance Sub Group concerning "abuse locations". The Panel agreed that this work was very important to ensure a better understanding of the circumstances of abuse and to establish whether there were locations e.g. the alleged victims own home that should be identified for action or strategy development.

- (e) That the findings from the “abuse location” granular data analysis, and any actions taken as a result, be reported back to the Adults and Health Scrutiny Panel as part of the Safeguarding Adults Board Annual Report and Strategic Plan item for 2016/17.

60. TRANSFORMING CARE IN HARINGEY

Charlotte Pomery, Assistant Director for Commissioning, provided an update on two areas where transformational approaches were being used to address need, manage demand and achieve outcomes, within reducing resources.

Ms Pomery commenced her presentation by providing an update on work that was taking place to transform care for children, young people and adults with a learning disability and/or autism, with behaviour that challenges, including those with a mental health condition through the North Central London Transforming Care Programme.

In response to questions, Ms Pomery explained the programme’s objectives were to:

- Reduce the number of people with learning disabilities and/or autism in hospitals by half by March 2019.
- Reduce the average length of stay.
- Eliminate the use of out of area placements.
- Eliminate existing health inequalities.
- Transform care and support to be designed around the individual.
- Improve the quality of life for people with learning disabilities and/or autism and reduce behaviour that challenges.

During the discussion, consideration was given to a variety of issues, including:

- Governance arrangements for the North Central London Transforming Care Partnership.
- Actions to support and managing the discharge of long term patients.
- The importance of designing and investing in new community services.
- The use of Personal Integrated Care Budgets.
- Plans to establish “At Risk of Admission Registers” with enhanced care for people at risk of hospital admission.
- Performance monitoring arrangements and the importance of understanding admissions

- Feedback from a Crisis Intervention Workshop, held on 27 September 2016, highlighting key areas for improvement and resourcing moving forwards.

Ms Pomery went on to highlight work that was taking place to transform Haringey's day opportunities offer for people with learning disabilities and older people with dementia. It was noted that Haringey's approach to day opportunities represented a move away from services delivered through building based provision to those that were more personalised to individual needs and preferences. The Panel was informed that, within the new model, service users would be able to access a range of community based opportunities and would be able to access provision in the appropriate Community Hub – whether at the Haynes (for people with dementia) or at Ermine Road (for people with learning disabilities and/or autism).

During the discussion, consideration was given to a variety of issues, including:

- The work of FutureGov, including research that had been carried out with users, carers, staff and stakeholders. It was noted that a co-production workshop, held during August 2016, had helped to identify what worked and what needed to happen next to make the “to be” user journey work for learning disabilities and dementia.
- The importance of stimulating and managing the market to ensure a range of providers supported people's needs.
- Care navigation and the importance of ensuring stakeholders knew where day opportunities were located, how much they cost and how to access them.
- The importance of accessible and reliable transport.
- Making the most of Ermine Road and the Haynes as community hubs.

At the conclusion of the item, the Chair informed the Panel that site visits would be arranged to The Haynes and Ermine Road before 6 March 2017, when Day Opportunities would be considered further by the Panel.

AGREED:

- (a) That the presentations from the Assistant Director for Commissioning, concerning (i) the North Central London Transforming Care Partnership and (ii) Day activities for people with learning disabilities and older people with dementia, be noted.
- (b) That the Principal Scrutiny Officer be asked to organise site visits to The Haynes and Ermine Road before 6 March 2017, when Day Opportunities would be considered further by the Panel.

61. 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.

AGREED: That subject to the additions, comments and amendments, referred to under agenda items 7, 8, 9 and 10 the areas of inquiry outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee.

62. NEW ITEMS OF URGENT BUSINESS

None

63. 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: Councillor Pippa Connor

Signed by Chair

Date