

MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY PANEL HELD ON MONDAY, 6TH MARCH, 2017, 6.30 - 9.51 pm

PRESENT:

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

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

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health

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 that apologies for absence had been received from Cllr Charles Adje.

53. ITEMS OF URGENT BUSINESS

None.

54. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 8, 9, 10, 11, 12, 13 and 14 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 8, 9, 10, 11, 12, 13 and 14 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 8, 9, 10, 11, 12, 13 and 14 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 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 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.

55. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

The Chair informed the Panel that requests to speak in relation to Day Opportunities in Haringey, agenda item 11, had been received. It was noted that these requests would be taken as part of agenda item 11.

56. MINUTES - 1 DECEMBER 2016

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

57. MINUTES - 20 DECEMBER 2016

AGREED: That the minutes of the meeting held on 20 December 2016 be approved as a correct record.

58. AMENDMENT TO THE ORDER OF BUSINESS

AGREED:

- (a) That agenda item 11, Day Opportunities in Haringey, be taken after item 8, Update Regarding General Practice in Haringey.
- (b) That agenda item 9, Cabinet Member Q&A, be taken after item 10, Community Wellbeing Framework Update, and item 12, Osbourne Grove – Verbal Update.

Clerks note – the minutes follow the order of the published agenda.

59. UPDATE REGARDING GENERAL PRACTICE IN HARINGEY

Cassie Williams, Assistant Director for Primary Care Quality and Development, provided an update in relation to Haringey CCG's work on estates.

Ms Williams commenced her presentation by focusing on the Haringey and Islington joint Local Estates Strategy. The Panel was informed that the strategy:

- Highlighted areas of greatest need for estates development as part of regeneration schemes, including Tottenham Hale, Wood Green, Northumberland Park, and Green Lanes.
- Would ensure a strategic approach to estates development. This would help meet local need and ensure the CCG could accommodate the General Practice model of the future.

The Panel went on to consider a range of issues in relation to the General Practice model of the future. The following points were discussed:

- The importance of disability access, including car parking.
- Access to specialist advice when needed without having to go to hospital.
- A practice staff team who specialise in a range of areas to provide a range of services.
- Stop smoking services, befriending, patient self-management.
- Access to social care support, social workers, employment or housing advice.
- Rapid help to prevent hospital admissions and to help people get home.
- High quality service in every practice.
- The importance of prevention.
- The ability to do things online and, importantly, speak to a clinician when required..
- Ensuring a quality support team including district nurses, health visitors, physiotherapists, and community psychiatric nurses.

In terms of meeting the estates challenge, the Panel was informed of three successful bids for the Estates and Technology Transformation Fund: (i) Tottenham Hale; (ii) Green Lanes; and (iii) Wood Green. It was noted that the potential investment was £11 million although it was highlighted there was still work to be done to secure the funding, including:

- Project Initiation Document - successfully completed
- Outline Business Case (OBC) – in progress
- Confirmation of GP practices to be relocated (expected April 2017)
- Ongoing discussions with developers concerning building design
- Full Business Case – initiated subject to OBC approval

The Panel was informed that the work above was progressing well and Ms Williams concluded her presentation by providing an overview of other estates work. The following points were noted:

- Eight practices had submitted expressions of interest for Improvement Grants in 2016 for delivery in 2017/18 and 2018/19.
- These improvements grants would allow buildings to be improved to improve access and support improved disability access, infection control management etc.

The Panel was informed each expression of interest required NCL approval, in order to progress, and that six of the eight practices had been approved. It was noted that four were due to be progressed in 2017/18 while two would progress in 2018/19.

AGREED:

- (a) That the update on Primary Care, focusing on estates, be noted.
- (b) That an item on Primary Care, with information on how far patients travel to see their GP and an update on GP recruitment, be included in the Panel's future work programme for Autumn 2017 (date TBC).

60. CABINET MEMBER Q&A

The Panel received information on the work of the Cabinet Member for Finance and Health, Councillor Jason Arthur.

Councillor Arthur commenced his presentation by providing an update on work that was taking place to progress Haringey's proposals for London's Health and Care Devolution Programme. Councillor Arthur went on to provide an update on a range of issues, including:

- The ongoing work being led by the Haringey Obesity Alliance. In terms of the "No Ball Games" review, the Panel was informed that 150 signs had been removed. In addition, Cllr Arthur explained a number of activities, such as Haringey's Weekend of Play, were planned to raise awareness of problems associated with obesity and to encourage residents to become more active.
- An update on Haringey's Community Sexual Health services. The Panel was asked to note that further information, including reasons for recent decisions, was provided in reports considered by Cabinet in December 2016 and January 2017.
- The fact that Barnet, Enfield and Haringey Mental Health NHS Trust had recently been awarded a national Health Service Journal (HSJ) award for Project Future. The Panel was informed that the service, based in Tottenham, was provided in collaboration with MAC-UK and Haringey Council. The Panel was informed that the project, funded by the Big Lottery Fund, helped young people to get back into education, employment and training, and to engage with mental health services.
- An update on care package reviews. This included an update on review work completed by Capita and the Panel was informed that work in this area was about promoting independence in a sustainable way.

During the discussion a wide range of issues were considered in relation to carers, including support, respite, and the assessment process, and in relation to UNISON's ethical care charter. It was agreed that an update, with input from the CCG, on the support available to carers should be included in the future scrutiny work programme for consideration during 2017/18.

In response to questions, Cllr Arthur explained that in setting a budget for 2017/18 the Council had approved an increase in council tax of 3% relating to the adult social care precept. It was noted the levy would be added to bills in 2017/18 and 2018/19 and would bring in an additional £2.7 million per year that would be ring-fenced. The Panel asked for further information about Haringey's adult social care budget, including the use of the precept, and it was agreed that this should be considered at the next meeting.

In addition, findings from the Supported Housing Review were discussed. The Panel noted that supported housing was funded by two council departments, Housing and Social Care. Cllr Arthur explained that the review had involved obtaining a range of stakeholder views, through quantitative and qualitative means, on current supported housing provision, support models, and built environments across the borough. It was highlighted that this work had been completed in light of a changing housing and social care landscape which emphasised a need to modernise and diversify the housing support offer. The Panel was informed that the findings and recommendations from the review would be considered by Cabinet on 14 March 2017.

AGREED:

- (a) That the update from the Cabinet Member for Finance and Health be noted.
- (b) That the items suggested for future scrutiny, highlighted in the minutes above, be included in the Panel's work programme for 2017/18.

61. COMMUNITY WELLBEING FRAMEWORK UPDATE

Dr Tamara Djuretic, Assistant Director of Public Health, introduced the report as set out. The Panel was informed that there was a growing body of evidence to suggest non-medical interventions such as social prescribing were effective in improving health and wellbeing and reducing health care utilisation through promoting self management.

It was noted that Neighbourhood Connect (a social prescribing project) had piloted in Haringey in 2015. The Panel was informed that its evaluation had suggested some good outcomes however it had failed to demonstrate value for money and it had struggled to engage effectively with certain hard-to-reach communities to reduce social isolation.

Dr Djuretic explained that learning from this project had indicated a bottom-up approach, focusing on local community assets and building on existing local resources and expertise, was more likely to succeed both in improving health and in being cost-effective and sustainable. Furthermore, Dr Djuretic highlighted that a more strategic approach, with the development of an overall Community Wellbeing Framework, was required in order to initiate a community asset approach, integrate health and care services and to concentrate on preventative interventions that could subsequently reduce demand on services and increase the health and wellbeing of Haringey residents.

In response to questions, Dr Djuretic explained that Local Area Coordination was about providing a well integrated and co-ordinated care pathway with a single access point. It was noted that the pathway would be designed locally to address key priority objectives of primary, community and social care, to reduce social isolation, promote social connectiveness and reduce health and care needs.

The following issues were considered by the Panel in relation to social prescribing and Local Area Coordination:

- The Sustainability and Transformation Plan for North Central London, including Care Closer to Home Integrated Networks (CHINs).
- A recent report by the London Healthy Partnership that suggested an opportunity for Haringey CCG to save £20,131,351 by 2021.
- Governance arrangements for the Better Care Fund.

The Panel was informed that the new model would be delivered within existing services (e.g. primary care, libraries, VSC, etc) and would work alongside existing local programmes including Community Hubs. It was noted that an extended stakeholder engagement event would be held during the design phase of the programme to co-develop an evidence based programme that reflected and built upon previous learning and local circumstances and priorities. The Panel was informed that the model would integrate with other community schemes.

In response to questions, Dr Djuretic explained that the model would use a prevention based approach to proactively identify, and target, high risk and hard-to-reach groups, in particular:

- Older people with multiple long term conditions
- Groups identified by NHSE work e.g. falls, diabetes
- People with disabilities
- People that are socially isolated who don't reach out for help before crisis

The Panel was informed that the project would initially be rolled out in areas with high prevalence of poverty, health inequality and poor life expectancy. The service would then be evaluated before being expanded across the borough.

Dr Djuretic explained that local area co-ordinators would be recruited from local communities, would be located in a community hub and be supported by existing networks of care coordinators/navigators (as part of the integrated/locality teams). The Panel was informed that the coordinators would support people in a variety of ways, including:

- People not yet known to services to help build resilience and to remain part of their community (staying strong – avoiding need for services).

- People at risk of becoming dependent on services to remain strong in their own community diverting the need for more expensive “formal service” responses (reduce demand).
- People already dependent on services to become less so and more resilient in their own community.

In terms of the components of the framework, it was noted that the following issues would be very important:

- Asset mapping with an electronic, user friendly application, designed and informed by frontline staff and communities.
- Change in mindset and culture across health and social care frontline staff.
- Co-ordination across the borough.
- The skill-set for the co-ordination role, including empathy, local knowledge, wellbeing coaching skills.
- Having a range of different community interventions to support prevention and independence.

The Panel went on to discuss criteria for evaluating the success of the model. Dr Djuretic highlighted Local Area Coordination had a significant evidence base that had been built up over the past 28 years. It was noted that when designed properly, with input from local people together with strong leadership, there was evidence of consistent and positive outcomes, including reductions in: Isolation; Visits to GP and A&E; Dependence on formal health and social services; Referrals to Mental Health Team and Adult Social Care; Safeguarding concerns; Evictions and costs to housing; Smoking and alcohol consumption; and Dependence on day services. In addition, it was noted that recent independent Social Return on Investment evaluations, in both Derby City and Thurrock Councils, had shown a £4 return for every £1 invested.

In terms of next steps, the Panel was informed that funding from the Better Care Fund had been approved and that a number of activities would take place to develop the model and to design how local area coordinators would operate across Haringey. The Panel was advised that the aim was to move from design phase to implementation by summer 2017 and that two co-ordinators would be employed by the Council for Year 1, increasing to three in Year 2.

AGREED: That the update on the Community Wellbeing Framework be noted and that a further update be considered by the Panel in March 2018.

62. DAY OPPORTUNITIES IN HARINGEY

The Chair welcomed the following representatives from the Adult Social Care Planning and Oversight Group, formerly the Co-Production Steering Group, to the meeting:

- Sharon Grant OBE, Chair Healthwatch Haringey, and Chair of the Oversight Group
- Patrick Morreau, The Lewis and Mary Haynes Trust
- Mary Langan, Autism Partnership Board, Learning Disabilities Partnership Board
- Gordon Peters, Chair of the Older People's Reference Group

Charlotte Pomery, Assistant Director Commissioning, introduced the report, as set out, and it was noted that members of the Panel had recently visited both The Haynes and Ermine Road. With this in mind, and following feedback from service users and carers, the Chair explained that the Panel wanted to consider further the transformation processes underway to develop and implement a new model of day opportunities for people with learning disabilities, including complex needs and autism, for older people and for those living with dementia.

The Panel was informed that the day opportunities project was being managed through the programme structure for Corporate Plan Priority 2, reporting to the Priority 2 Board. It was noted the Adult Social Care Planning and Oversight Group had received regular reports on progress, highlighting a number of issues that needed to be addressed. In response to questions, the Panel was informed that two sub-groups, one from Ermine Road and one for The Haynes, comprising users, carers, staff and other stakeholders had recently been established. This was to ensure carers and service users were meaningfully engaged in the development and implementation of the new model.

During the discussion a wide range of issues were considered, including:

- Literature relating to “co-design” / “co-production” and concerns relating to how this related to the day opportunities model in Haringey.
- Some of the difficulties experienced by service users in relation to the reassessment process and the transition to new forms of provision. This included concerns about the design and functionality of Haricare, Haringey's directory for adults who need care and support.
- The importance of dementia awareness training. The Panel was informed the Council had identified up skilling and training staff as an important outcome and it was noted work had taken place to ensure providers did the same.
- The need for effective communication with users, carers and staff throughout the process. The Panel was informed a variety of formats and channels had been used. This had included using the individual reassessment process, regular coffee mornings with carers and updates to Partnership Boards. However, it was recognised that at times throughout this wide ranging process some carers had highlighted that they would have liked more information about the process. This was acknowledged to be an ongoing need and would be monitored through programme arrangements and the Oversight Group.

- The importance of carers to the new model and the need to ensure support and help was provided to help them care for their loved ones whilst also living a fulfilling life themselves.
- The importance of developing a person centred approach to ensure meaningful and stimulating activities for all service users.

In response to concerns raised about the capacity and sustainability of the new model, the Panel was informed substantial work had been undertaken with local providers to stimulate the day opportunities market for older people and people with learning disabilities. Ms Pomery explained work was also underway to ensure mainstream providers, such as leisure services, supported people to access services. It was noted that this had resulted in the establishment of a number of new provisions with an increased set of choices for users.

To ensure the voices of service users and carers were effectively heard and understood, the Panel was informed that a review, led by Dr Roger Green, Centre for Community Engagement Research, Goldsmiths University of London, had been carried out in 2016. This had focused on Haringey's Adult Services Partnership Arrangements. The aim of the review was to:

- Examine the membership, terms of reference, ways of working, and reporting mechanisms of the Adults Partnership Board, the Learning Disabilities Partnership Board and the Autism Partnership Board.
- Consider the principles and practices of co-production and partnership board 'best practice' elsewhere and how they might possibly inform these partnership arrangements.

In view of concerns raised during the meeting the Panel was informed that a key recommendation from the review, concerning day opportunities, was that a shared commitment and understanding to co-production and co-design should be developed and that the role, purpose, number, modus operandi etc of the various partnership boards should be considered via a community workshop during the spring. With this in mind, the Panel agreed they should be kept informed of developments in this area.

In conclusion, Cllr Arthur, Cabinet Member for Finance and Health, provided an update concerning future transport arrangements for The Haynes . The Panel was informed, following an options appraisal, that the current mini bus model would be retained with a driver employed to collect and deliver residents to and from The Haynes.

AGREED:

- (a) That the update on Day Opportunities in Haringey be noted.
- (b) That further updates on Day Opportunities, including work to stimulate the market and action to ensure effective communication, be considered by the Panel during 2017/18.

63. OSBORNE GROVE NURSING HOME - VERBAL UPDATE

Beverley Tarka, Director for Adult Social Services, and Charlotte Pomery, Assistant Director for Commissioning, provided a verbal update on issues concerning Osborne Grove nursing home.

The Panel was informed the Care Quality Commission (CQC) had carried out an unannounced inspection of the service in December 2016. The inspection team highlighted the service was caring, with people living in the home praising staff and describing them as polite and friendly. However, the CQC concluded, at the time, that overall the service "Required Improvement".

Ms Tarka went on to explain that, as service provider, the council had been served with four enforcement warning notices. These were in respect of safe care and treatment, meeting nutritional and hydration needs, person centred care and good governance.

The issues above concerned the Panel, especially as the previous CQC inspection, carried out in November 2015, had returned an overall service rating of "Good" with all legal requirements being met. In response to questions, Ms Tarka explained that a number of steps had been taken, including:

- The appointment of an experienced nurse consultant in order to provide support in relation to quality issues moving forward.
- The identification of corporate resources to support and deliver service improvements.

In addition, issues relating to Haringey's Quality Assurance Framework, including establishment concern procedures, were considered. To ensure action was completed, and legal requirement met, the Panel was informed that the CQC would carry out a further inspection. These findings would be published, and shared with the Panel, in due course.

Ms Pomery concluded the item by providing information on the future operating model. The Panel was informed that in setting a Medium Term Financial Strategy for 2017-2022 the Council had agreed that an option appraisal should be carried out on how best to achieve a £672,000 savings target while maintaining nursing home provision at Osborne Grove.

The Panel was informed that the first strand of this was to consider whether an alternative provider would offer better quality and better value for money. The second strand was to explore the feasibility of expanding capacity at Osborne Grove. The following points were noted:

- There was significant demand for nursing care and limited capacity in Haringey and locally

- The site had been assessed as underused and offering potential for expansion either to create more nursing beds or extra care sheltered units, both of which were needed locally.

Ms Pomery explained that options for future provision included: a continued in-house operating model, outsourcing to a care provider, the creation of a local authority trading company and the establishment of a joint venture between the council and a care provider. In response to questions, the Panel was informed that Cabinet would consider the option appraisal, with preferred option, in May 2017.

AGREED: That the update concerning Osborne Grove be noted.

64. PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY PROJECT - VERBAL UPDATE

The Chair provided an update on the Physical Activity for Older People Scrutiny Project. It was explained that evidence gathering had been completed and that a draft report had been circulated via email. It was noted that following comments from the Panel the final report would be considered by the Overview and Scrutiny Committee on 27 March 2017.

AGREED: That the verbal update concerning the Physical Activity for Older People Scrutiny Project be noted.

65. WORK PROGRAMME UPDATE

The Chair provided an update on the Panel's work programme for 2016/17, attached at Appendix A to the report, highlighting several outstanding items for consideration during 2017/18.

AGREED: That, subject to the additions, comments and amendments, referred to under agenda items 8, 9, 10, 11 and 12, 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.

66. NEW ITEMS OF URGENT BUSINESS

None.

67. DATES OF FUTURE MEETINGS

It was noted that the schedule of meetings for 2017/18 would be agreed by Full Council on 20 March 2017.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date