

# **MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY PANEL HELD ON THURSDAY, 29<sup>TH</sup> JUNE, 2017, 6.30 – 9.55 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

### **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**

None.

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

Following inspection visits in March, the Panel was informed the Care Quality Commission (CQC) had published a report and rated the overall service at Osborne Grove as inadequate. With this in mind and in view of a Cabinet Member signing on 20 June, approving consultation with residents, carers and other stakeholders on the proposal to close the nursing home, the Chair agreed to receive an urgent update on the situation. It was noted that this would be taken under agenda item 12, New Items of Urgent Business.

### **4. DECLARATIONS OF INTEREST**

Cllr Gina Adamou declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 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 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 5, 6, 7, 8, 9, 10, 11 and 12 by virtue of being a member of the Royal College of Nursing.

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

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

### **AGREED:**

- (a) That agenda item 5, Deputations/Petitions/Presentations/Questions, be taken after item 9, Update and Lessons Learnt from the Physical Activity for Older People Scrutiny Project.
- (b) That agenda item 12, Urgent Business concerning Osbourne Grove Nursing Home, be taken after item 10, Work Programme Development 2017/18.

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

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

The meeting heard a deputation, led by Rod Wells, from Haringey Keep Our National Health Service Public (KONP).

Following a NHS North Central London (NCL) memo, reported in the Guardian on 21 June 2017, Mr Wells outlined KONP's concerns about NCL's Sustainability and Transformation Plan being a cost-cutting exercise. He said that concern had been voiced by chairs of Healthwatch and that there had not been meaningful consultation.

The Panel was asked to consider the following:

- To put the concerns raised by KONP to the NCL Joint Health Overview and Scrutiny Committee (JHOSC) on 7 July 2017.
- To recommend that NCL commissioners and providers attend the NCL JHOSC on 7 July 2017 to explain what the impact would be.
- To host a day of public engagement for Haringey residents so planned changes could be properly debated.
- To recommend to the NCL JHOSC on 7 July 2017 an ongoing programme of public consultation to inform all residents within NCL (with events in all boroughs).

The Chair thanked Mr Wells for his contribution and informed the Panel that the issues raised by KONP would be considered by the NCL JHOSC on 7 July 2017. Moving forwards, it was agreed that the Panel should receive regular updates on the work of the NCL JHOSC.

**AGREED:**

- (a) That the deputation from Haringey Keep Our National Health Service Public be noted.
- (b) That the issues raised by Haringey Keep Our National Health Service Public, including those relating to public engagement and consultation, be considered in more detail by the NCL Joint Health Overview and Scrutiny Committee on 7 July 2017.
- (c) That updates on work undertaken by the NCL Joint Health Overview and Scrutiny Committee be considered by the Panel at each meeting.

**7. MINUTES - 6 MARCH 2017**

It was noted that the minutes of the meeting held on 6 March 2017 would be reported to the next meeting.

**8. TERMS OF REFERENCE AND MEMBERSHIP**

Christian Scade, Principal Scrutiny Officer, introduced the report as set out.

**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 for 2017/18 be noted.

**9. 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 2017/18 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 2018/19 Municipal Year.

**10. UPDATE AND LESSONS LEARNT FROM THE PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY PROJECT**

Jeanelle de Gruchy, Director for Public Health, and Christian Scade, Principal Scrutiny Officer, provided an update on the response to the recently completed Physical

Activity for Older People Scrutiny Project. The Panel was informed the response, set out in Appendix A to the report, had been agreed by Cabinet on 20 June 2017 and the Panel went on to consider lessons learnt from the project.

In terms of process, feedback from officers and Members highlighted the following had worked well:

- Non-political
- Well scoped with clear links to strategic priorities
- Focusing on a theme, rather than an individual service
- Sound methodology incorporating a wide range of evidence/perspectives
- Arrangements enabled discussion and consensus building between key stakeholders.

In terms of outcomes from the project the Panel agreed the following underlined evidence of achievement:

- Findings aligned to Haringey's overall strategic approach
- Recommendations evolved from the best research available
- Suggestions for change took into account the local situation
- The final report promoted opportunities for improvements across the system

The Panel also identified areas for improvement, including:

- The need for further engagement with residents and service users
- The need to ensure the scope for project work translated into each evidence gathering session
- Developing SMART(er) recommendations by sharing findings with officers and Cabinet Members earlier in the process
- The need to give greater consideration to resources and funding implications to ensure all recommendations put forward are achievable
- The importance of having due regard to the Council's Public Sector Equality Duty

In conclusion, the Panel agreed that overall the positive response from Cabinet demonstrated the potential of the Overview and Scrutiny function, especially in terms of making improvement across a system.

**AGREED:**

- (a) That the update from the Director for Public Health and Principal Scrutiny Officer be noted.
- (b) That Cabinet's response to the Physical Activity for Older People Scrutiny Project, attached at Appendix A to the report, be noted.
- (c) That an update on the implementation of the recommendations be considered by the Panel in March 2018.

**11. WORK PROGRAMME DEVELOPMENT 2017/18**

Christian Scade, Principal Scrutiny Officer, introduced the report and advised that the 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 agreed that issues set out in Appendix A of the report should be included in the Panel's work programme for 2017/18. The Panel also agreed the following should be considered:

- Meals on Wheels - feedback on the consultation exercise that was agreed by a Cabinet Member signing in June
- Health issues/concerns relating to the Haringey Development Vehicle
- Disability Related Expenditure - feedback on the consultation exercise that was agreed by a Cabinet Member signing in June 2017
- Issues, highlighted in the minutes from other agenda items including the deputation and urgent business

In addition, the Panel was informed of project work being led by the Housing and Regeneration Scrutiny Panel (HRSP) and the Environment and Community Safety Scrutiny Panel (ECSSP):

- The impact of tall buildings and high density development on residents way of life, including public health (HRSP)
- The conditions and attitudes towards social housing in Haringey (HRSP)
- Parks and Open Spaces (ECSSP)

It was recognised work in these areas would be cross-cutting and that as a result the Panel would be able to contribute (if they wanted). The Panel was informed that further information was available from the Scrutiny Support Team.

**AGREED:** That, subject to the additions, comments and amendments, referred to above, the items outlined in Appendix A of the Work Development Report be approved and recommended for endorsement by the Overview and Scrutiny Committee on 17 July 2017.

## **12. PRIORITY 2 - TRANSFORMATION UPDATE**

The Panel received a presentation on the funding and resources available for Corporate Plan Priority 2.

Beverley Tarka, Director, Adult Social Services, commenced the presentation by explaining that the vision for Priority 2 (P2) was to enable all adults to live healthy, long and fulfilling lives. The Panel was informed the P2 Transformation Programme supported this vision by driving the delivery of MTFs savings, with an overall strategy to maximise the independence and wellbeing of residents and managing future demand for services and associated budgets. It was noted that work in this area involved working with key stakeholders and building on evidence from across the sector and was informed by the Design Framework for Integrated Health and Care.

Ms Tarka went on to provide information on the following:

- The P2 budget for 2017/18, totalling £95.4 million
- The total budget for adults social care, totalling £80.5 million
- Care packages by provision, totalling £63.1 million
- Care packages by age and primary support reason

In terms of the social care precept, the Panel was informed that the precept had been levied at 3% in 2017/18 with a total value of £2.7 million. The Panel was informed that this money would be used to protect social care services and the Council would improve outcomes for people by working in close partnership with the NHS in order to enable all adults to live healthy, long and fulfilling lives. It was noted that the Council would use the precept to develop a sustainable adult health and social care system through the following projects: Prevention; Stronger in Communities; Intermediate Care; Operations and Commissioning; Market and Brokerage. Further information was then provided on each project.

John Everson, Assistant Director, Adult Social Services, advised that Haringey's Design Framework for Health and Social Care set the foundations for full integration of health and social care by 2020. In response to questions, Mr Everson outlined the importance of the Better Care Fund (BCF) and highlighted both achievements and areas for improvement following a review of work carried out during 2016/17.

BCF Review 2016/17 –

Achievements	Areas for Improvement
More support for people with dementia through dementia navigators	Increase impact on non-elective admissions
Over 1600 people discussed in multi-disciplinary teleconferences to improve their health and social care packages	Increase referrals into Locality Team
Successful falls prevention workshop across Haringey, Camden and Islington	Work with frequent callers to London Ambulance Service / frequent attenders at A&E
Implementation of an Advanced Care Planning Facilitator in care homes supporting end of life	Increase the scale of Discharge to Access across all hospitals
Expansion of Rapid Response providing urgent health and social care within 2 hours, 7 days a week	Improve non-emergency patient transport and medication on discharge from hospital
Successful implementation of simplified discharge pathway from hospital led by reablement, being used as a model across NCL	Develop further work to support health and wellbeing in care homes
Implementation of reablement flats in Protheroe House – winning national housing award	Develop demand and capacity plans for intermediate care
180 patients supported to self-manage their Long Term Conditions via “Expert Patient” type groups	Build capacity of organisation to deliver information, advice and guidance
Approved funding for Local Area Coordination	Supporting the attitudes, behaviours and culture to embed integrated working
Secured funding for an Integrated Digital Care Record Across NCL	Implement an Integrated Digital Care Record

Moving forward, the Panel was informed that national guidance for the BCF had not been published and that as a result plans for 2017/18 had not been finalised yet. The following points were considered:

- Targets for BCF Outcomes
- The fact 24 different services received funding and that all previous BCF services would continue to be commissioned following a service review and prioritisation
- The fact that four national conditions for the BCF had been met i.e. a jointly agreed plan; maintenance of social care; funding out of hospital services; and managing transfers of care.

In response to questions about the Health and Wellbeing Board, the Panel was informed that the BCF maintained rigorous and inclusive governance arrangements.

Charlotte Pomery, Assistant Director, Commissioning, provided an update on Day Opportunities Transformation. In addition, and following an invitation from the Chair, Mary Langan, Autism Partnership Board, Learning Disabilities Partnership Board provided an update on developments at Ermine Road Day Centre, including some of the challenges faced by service users and carers.

In setting the scene, Ms Pomery commented that the challenge for day opportunities, in order to deliver MTFs savings, was to transition out of a buildings based service model and to improve day services for people with dementia and learning disabilities. It was noted that the vision was to develop a decentralised, hyper-local, highly connected community resource and a responsive marketplace that connected people with the things they wanted to do.

The Panel was reminded that an initial co-production workshop had highlighted a need to focus on:

- Developing the day opportunities market – having more providers to support people’s needs
- Testing Care Navigation – working with users to help them make the right choice to meet their needs
- Making the most of the Haynes and Ermine Road as community hubs
- Making sure people can find information that they need about day opportunities

With this in mind, Ms Pomery went on to outline work that had been done in relation to market development, care navigation, developing community hubs, and access to information. The following points were noted:

- Market development
  - o The work that had taken place with the community sector and private suppliers in order to gauge capacity and to increase choice for service users
  - o The setting of clear expectations concerning fees and quality as part of externally commissioned provision
  - o The development of a Day Opportunities Provider Quality Assurance Framework
- Care navigation
  - o The use of support plan meetings to bring as much information as possible about different options to help service users navigate the market
  - o Once support plans had been completed, Brokerage had worked to identify services to meet identified outcomes
  - o All transitions had been completed and 6 week reviews had taken place
- Haynes and Ermine Road Hubs
  - o The Hub Service Specification which had been developed through Co-production Groups
  - o The appointment of Hub Managers

- The development of a new model on both sites
- Access to information about day opportunities
  - The work that had taken place to improve and refine Haricare in order to make it easier to use and more user-focused
  - Options for a new digital offer which would bring together assessments, information, advice, guidance and local knowledge

During the discussion the Panel was informed that a number of lessons had been learnt. For example, navigating lots of different options could be complex and that matching outcomes to the provider offer was very personal. In addition, work was needed to facilitate participation in “universal” activities such as leisure activities. The Panel went on to consider next steps for the project, including:

- The fact that the hubs at the Haynes and Ermine Road would be piloted in house for 6 months before a decision on a future provider was taken
- The work that would continue to develop a range of opportunities in the community, including improved access to universal services
- The monitoring of day opportunities provision, including externally commissioned services under the Quality Assurance Framework
- The need to capture user and carer feedback in order to help address gaps in the market
- Using intelligence from quality assurance in order to support market development
- Work to expand the use of Personal Assistants
- Developing work with the Dementia Action Alliance on access to universal services

In response to questions, the Panel informed that consideration would also be given to introducing a Dynamic Purchasing System for Day Opportunities Providers.

The presentation concluded with an update on the Priority 2 Performance Dashboard. It was noted further information about the Dashboard could be found online via: <http://www.haringey.gov.uk/local-democracy/policies-and-strategies/building-stronger-haringey-together/p2>

**AGREED:**

- (a) That the presentation outlining the funding and resources available for Corporate Plan Priority 2 be noted.
- (b) That an update on Haringey’s Design Framework for Health and Social Care be considered by the Panel at its next meeting (10 October 2017).

### 13. NEW ITEMS OF URGENT BUSINESS

Following inspection visits in March, the Panel was informed the Care Quality Commission (CQC) had published a report and rated the overall service at Osborne Grove as inadequate. With this in mind and in view of a Cabinet Member signing on 20 June 2017, approving consultation with residents, carers and other stakeholders on the proposal to close the nursing home, the Chair agreed to receive an urgent update on the situation.

The Panel was informed that in November 2015 a decision had been taken by Cabinet to retain Osborne Grove as a nursing and residential provision. It was noted that the site in Stroud Green comprised a 32-bedded nursing unit, with a day centre space and a large car park.

In response to questions, the Panel was informed that since this decision the nursing home had been subject to a local authority led “Establishment concerns” process in order to manage a number of essential improvements to service user safety and the quality of care. Alongside this, it was noted the CQC had inspected the home in December 2016, and again in March 2017, and that the home continued to be under special measures with its overall CQC rating being “Inadequate”.

Beverley Tarka, Director for Adult Social Services, explained that an embargo was in place and that 18 residents were currently living on the site (down from 32 at full occupancy). The Panel was informed that issues at Osborne Grove were entrenched and linked to ineffective management and significant competency and performance issues. Ms Tarka advised that despite significant resource investment from the Council it was likely, given the lack of improvements, that the current range of issues would remain for the foreseeable future.

Given the above, including protracted staffing issues which were impacting adversely on the standards required to ensure compliance, the Panel was informed, based on quality of care and safety grounds, that the proposal for Osborne Grove was closure.

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

- Questions around nursing home capacity both within Haringey and across North Central London.
- The requirement for a period of consultation with residents, family members and other stakeholders before any final decision was made.
- The need to set out a range of options was considered and the Panel was informed, given the severity of the situation, that the primary concern had to be the quality of care offered to patients. It was noted that Cabinet would have the final decision on the outcome of the proposals.
- The fact that there was an option to continue the previous Cabinet decision (November 2015) to develop additional reablement and intermediate care provision on site in partnership with the NHS. However, the on-going concerns with quality of care and resident safety had made this position untenable

In response to questions, officers advised significant resources had been put into bolstering management and service delivery at Osborne Grove and that there was always an option to retain use of the facility if, for instance, a further CQC inspection reported significant improvements in care standards. The Panel was informed further information about the CQC's findings could be found online via the following web-link:

- [Date of publication - 30 May 2017](#)
- [Date of publication - 7 February 2017](#)

The Panel asked where patients would go if the site was closed and when information would be available. Officers advised that they would be speaking to patients and their families on an individual basis and would seek their input as to what type of provision they would like to receive. Officers also reiterated that patients affected would receive a further reassessment of need in the eventuality that the nursing home was closed . It was acknowledged that there would be further conversations with patients independent of the outcome of the consultation and that this was normal practice given peoples' needs changed over time.

In conclusion, the Chair thanked Sharon Grant OBE, Chair Healthwatch Haringey, for contributing to the discussion on this item. The Panel also agreed that Healthwatch Haringey should be involved in developing proposals for Osborne Grove moving forward.

**AGREED:**

- (a) That the urgent update concerning Osborne Grove nursing home be noted.
- (b) That further updates on Osborne Grove be considered by the Panel, with the timing of the next update to be confirmed as part of the agenda planning process for 2017/18.

**14. 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 .....