

# **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON TUESDAY, 10TH OCTOBER, 2017, 6.30 - 9.35 pm**

## **PRESENT:**

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

## **ALSO PRESENT:**

Councillors: Jason Arthur, Zena Brabazon, Gideon Bull and Bernice Vanier

### **15. 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.

### **16. APOLOGIES FOR ABSENCE**

It was noted apologies for absence had been received from Helena Kania (Non-Voting Co Optee).

### **17. ITEMS OF URGENT BUSINESS**

None.

### **18. DECLARATIONS OF INTEREST**

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

Cllr Gideon Bull declared a personal interest in relation to agenda items 8, 9, 10, 11, 12 and 13 by virtue of being an employee for NHS Improvement.

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

**19. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**20. MINUTES - 6 MARCH 2017**

**AGREED:** That the minutes of the Adults and Health Scrutiny Panel meeting held on 6 March 2017 be approved as a correct record.

**21. MINUTES - 29 JUNE 2017**

**AGREED:** That the minutes of the Adults and Health Scrutiny Panel meeting held on 29 June 2017 be approved as a correct record.

**22. NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE**

Cllr Connor, in her capacity as Vice Chair of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC), provided a verbal update on recent meetings.

The Panel was informed the NCL JHOSC had met twice during September. Cllr Connor explained that on 19 September the Committee had received presentations from:

- Andrew Wright, Director of Strategic Development, Barnet, Enfield and Haringey Mental Health Trust, on the St Ann's Hospital Site Redevelopment. Cllr Connor advised that the full business case would be considered by the NCL JHOSC as soon as it was available.
- Representatives from the Camden and Islington Foundation Trust, concerning the St Pancras Site Redevelopment. Cllr Connor advised that the final business case would be considered by the NCL JHOSC at a future meeting.

During the discussion, the Panel suggested it would be useful for Haringey's Overview and Scrutiny Committee (OSC) to receive an update on the St Ann's Hospital Site Redevelopment. Cllr Connor agreed to discuss this suggestion further with the Chair of OSC, including the option of holding a briefing for all Members.

In response to questions about the NCL JHOSC meeting, held on 22 September, Cllr Connor provided updates on the following:

- The financial position of the Royal Free London NHS Foundation Trust.
- The fact that a site visit would be arranged for the Committee to visit the Chase Farm site.

- The staffing workstream for the Sustainability and Transformation Partnership for North Central London.
- Issues in relation to public engagement concerning the Sustainability and Transformation Partnership for North Central London.

It was noted that consideration had also been given to issues concerning the Dementia Pathway and the approach that was being taken, across North Central London, to commissioning procedures of limited clinical effectiveness.

**AGREED:** That the update on recent NCL JHOSC meetings be noted.

*Clerk's note - the minutes from the NCL JHOSC meetings held on 19 September and 22 September 2017 can be viewed online via <http://democracy.camden.gov.uk/ieListMeetings.aspx?CId=268&Year=0>*

## **23. FUTURE MODEL OF HEALTH AND CARE IN HARINGEY - DISCHARGE PATHWAYS AND MARKET DEVELOPMENT**

John Everson, Assistant Director of Adult Social Services, provided an update on Haringey's Design Framework for Integrating Health and Social Care. Mr Everson commented that his report provided a particular focus on the work that had taken place across health and social care to improve discharge from hospital pathways and market developments to support this.

The Panel was informed that the Haringey Design Framework provided a clear, shared and strategic view across health and care partners, to ensure the independence of all residents. The Panel was asked to note that the Design Framework was underpinned by a number of important principles, including:

- Preventing avoidable health conditions
- Connecting people to their communities
- Maximising independence and wellbeing
- Integrating and joining up health and care to deliver seamless services
- Delivering fair and equal care across the borough
- Co-designing support with citizens to promote choice and control

The Panel was informed there were four patient pathways and that these were based upon the level of support required on leaving hospital. The following points were noted:

Pathway 0	The patient no longer has any additional needs.
Pathway 1	The patient has some additional needs that can be safely met at home – they can be left alone between care visits.
Pathway 2	The patient is unable to return home immediately and cannot be left alone between visits. The discharge may need more planning owing to complexity in the situation or the patient may need an intermediate care bed.
Pathway 3	The patient is unable to return home. They have need of residential or nursing home care and/or may be Continuing Healthcare eligible.

The Panel was informed that discharge to access was a change to NHS and Social Care procedures, moving all non-essential processes, including assessments of long term care needs, out of the acute setting. Mr Everson went on to provide clarity on the discharge to access statement of principles:

- **Home First:** The Panel was informed every effort would be made to enable people to go home and that creative solutions would be used to keep the person at home following discharge. It was noted that readmission would be the last resort.
- **Simplification:** The Panel was advised of the importance of providing one number for wards to ring (Single Point of Access) and for not insisting on lengthy or duplicating assessments before a patient left hospital. The importance of making discharge pathways as simple as possible and taking as many discharge-related tasks out of the hands of ward staff was also noted.
- **Responsiveness:** The Panel was informed care needs would be assessed in a residents home within two hours of discharge. It was noted any necessary equipment would be provided on the same day or the day following assessment. The importance of providing necessary care packages and putting in place wrap-around support to keep the patient at home longer, reducing reliance on long term care services in the future, was also highlighted.

In response to questions, Mr Everson explained there were benefits to patients (reduced risk of deconditioning and hospital-acquired infection), staff (more time to focus on patient care) and hospital and social care (more bed capacity and reduction in longer term social care packages).

Mr Everson concluded his presentation by outlining a number of case studies which highlighted improved outcomes across each of the pathways.

In terms of market development, Charlotte Pomery, Assistant Director for Commissioning, answered a number of questions in relation to section 3.5 of the report.

The Panel was informed Haringey's reablement service was a key component of the Design Framework. This ensured people were supported home in a timely manner and received the care they needed to recover their independence. However, it was noted that additional capacity and market development was also required in order to manage new ways of working. In response to questions, Ms Pomery explained that by changing the commissioning approach for home care – now supplied through a Dynamic Purchasing System – the Council had ensured sufficient local capacity to meet need, had stabilised the home care market across the borough, had decreased local provider reliance on zero hour contracts and were now in a position to redesign the model of home support more fundamentally.

Ms Pomery advised that work was ongoing with partner authorities across North Central London in order to safeguard capacity for the local health and care economy, particularly in respect of nursing care. Due to the considerable demand for this type of provision, and with limited supply, the Panel was informed the Council was working on ways to stimulate and develop the market so it was better tuned to meet demand.

During this discussion, a number of issues were considered in relation to the consultation which had taken place in relation to a proposal to close Osborne Grove Nursing Home, following concerns about the quality of care and safety of residents. The Chair advised that these issues would be addressed fully under the Cabinet Member Q&A (item 11 on the agenda). This was agreed and the Panel went on to consider a range of issues in relation to:

- Work that was taking place through the Providers' Forum.
- Ways to develop additional home based reablement capacity.
- The Home from Hospital Service, provided by the Bridge Renewal Trust.
- The commissioning of additional intermediate care beds to support different levels of need.

In conclusion, Mr Everson commented that the approach, reflected in Haringey's Design Framework, had resulted in significant improvements to the experience of residents and in their outcomes. The Panel was informed that decisions about residents' short and long term care needs were now no longer made for them from a hospital bed, but alongside them in an environment more like, or that was, home. The following points were considered in relation to the reablement service:

- It was noted that the service could now respond within 24 hours of a resident's discharge, providing opportunities for 849 residents to benefit from reablement intervention in 2016/17, compared to 459 in 2015/16.
- The fact that refocusing and re-specifying the service had helped to reduce unit costs from £45 to £23 per person.
- The facilitation, on average, of 10 discharges per week through reablement from March 2017 to October 2017. It was noted that this had reduced the time that residents spent in hospital by saving 2-3 bed days per discharge.

- That, on average, since April 2017, 76% of people with complex needs who had been supported by reablement had recovered sufficiently from their crisis situation in hospital and did not require a long-term social care service. It was noted that this potential cost avoidance to Adult Social Care, attributed to transforming reablement, was reported at £1.1 million.

**AGREED:**

- (a) That the update on Haringey's Design Framework for Integrating Health and Social Care be noted.
- (b) That an item on Haringey's Design Framework for Integrating Health and Social Care, with further information provided on targets, outcomes and the financial implications for each discharge from hospital pathway, be included in the Panel's future work programme for 2018/19 (date TBC).

**24. PRIMARY CARE UPDATE**

Cassie Williams, Assistant Director of Primary Care Quality and Development, introduced the report as set out. This provided an update on Care Closer to Home and Primary Care Estates.

The Panel was informed partners involved in the Health and Social Care Sustainability and Transformation Plan (STP) had identified various priority areas, including Care Closer to Home. As set out in sections 1.1 – 1.3 of the report, the Panel was informed key areas of the workstream included: Extended Primary Care Access; Care Closer to Home Integrated Networks (CHINs); and Primary Care Quality Improvement Support Teams (QISTs). Ms Williams provided further information on each of these and informed the Panel that Haringey CCG was working with partners to deliver the various goals, set out in the report.

In terms of estates, the Panel was informed that in November 2016 Haringey CCG had been advised that they had been provisionally successful in three bids to the NHS England Estates and Technology Transformation Fund. The Panel was informed that this could potentially provide £11 million of capital for the development of new primary care facilities in Wood Green, Tottenham Hale and Green Lanes. It was noted that these areas had previously been identified as high priorities in Haringey CCG's estates strategy.

The Panel was informed that in order to secure the money, it was necessary to submit project initiation documents (PIDs) and, if successful, business cases would be developed. Ms Williams explained PIDs had been submitted during quarter 1 of 2017/18 and that outline business cases would be submitted for approval before the end of October 2017. It was noted that the goal was for each site to be built by 2020/21.

In response to questions, Ms Williams informed the Panel that whilst these three sites were the highest priorities for Haringey, it was acknowledged there were also other areas requiring estates solutions over the next 3-5 years.

During the discussion a range of topics were considered, including:

- Various issues in relation to GP registration, practice boundaries, and the registration criteria for new patients.
- Issues relating to primary care and estate regeneration.
- Extending access, including GP appointments for Haringey residents at weekends and evenings.

**AGREED:**

- (a) That the Primary Care Update, on Care Closer to Home and Estates, be noted.
- (b) That an update on Primary Care be included in the Panel's future work programme for 2018/19 (scope and date TBC).

**25. CABINET MEMBER Q&A**

The Chair welcomed Cllr Jason Arthur, Cabinet Member for Finance and Health, and Cllr Bernice Vanier, Cabinet Member for Adult Social Care and Culture, to the meeting.

In response to questions concerning portfolio responsibilities for Corporate Plan Priority 2, Cllr Arthur explained that he was responsible for Public Health; Health Devolution Pilots; Health and Social Care Integration; and working with the CCG and NHS. Cllr Vanier confirmed that the following areas of responsibility related to her portfolio: Adult Social Care; Adults with Disabilities and Additional Needs; and Safeguarding Adults.

Cllr Arthur provided an update on issues relating to protecting Haringey home care workers. The Panel was informed that the Council had recently signed up to UNISON's ethical care charter. It was noted that this set out a series of commitments to protect the rights of home care workers'. Cllr Arthur explained that under the charter, the Council was committed to replacing zero hours contracts with guaranteed hours, and to make full payment for travel time between home care visits. In response to questions, the Panel was informed that the new code would mean the commissioning of home care visits would always be shaped by what was best for the person being cared for and the care worker, not by the need to meet a certain quota of visits or complete care duties in a set timeframe.

Cllr Arthur went on to provide updates on a number of issues, including:

- The work that was taking place across Haringey to support "Stoptober", a campaign, backed by Cancer Research and the British Heart Foundation, aimed at encouraging the nation's 8 million smokers to give up.
- Sexual health services in Haringey and across London. The Panel was informed of recent improvements with information, advice, testing and treatment for a range of

conditions available online 24 hours a day, as well as a host of services at clinics, pharmacies and GP practices.

- Better Care Funding, including details of an open letter, written in partnership with Islington Council, to Jeremy Hunt, Secretary of State for Health. Cllr Arthur explained he had submitted a letter, in partnership with Cllr Janet Burgess MBE, Islington Council's Executive Member for Health & Social Care, to highlight the vital role played by the Better Care Fund and to raise concerns about a series of changes which had been made to the conditions attached to the release of the funding.

Cllr Arthur also provided an update on the Haringey and Islington Wellbeing Partnership, including work that was taking place to engage local residents, while issues were also considered in relation to the Sustainability and Transformation Partnership for North Central London.

Cllr Vanier provided an update on a number of issues, including:

- The Disability Related Expenditure Disregard Proposal. It was noted that a report would be considered by Cabinet in November 2017. It was explained that this report would set out the findings of the consultation and would contain recommendations with regards to the proposal to bring disability related expenditure disregard more in line with other London Boroughs by April 2018.
- The fact the Council was working with Haringey CCG to develop a draft respite policy. The Panel was informed that the policy intended to provide clarity for carers, service users and practitioners around a joint approach to respite care provision in the borough for children, young people and adults.
- An update concerning the Meals on Wheels Service. In response to questions, the Panel was informed that as set out in the Medium Term Financial Strategy, the Council was considering withdrawing subsidy from the Meals on Wheels Service. It was explained that a report would be considered by Cabinet in October 2017. This report would outline findings from the public consultation.

In response to questions, concerning savings and costs associated with day care closures, the Panel was informed that further information would be provided as part of the Panel's special meeting on budget monitoring, scheduled for 16 November 2017. The Panel also received an update on a feasibility study, that was being prepared by Property Services, concerning the future use of the Haven Day Centre site.

The rest of the Q&A session was spent considering issues relating to the proposal to close Osborne Grove Nursing Home following concerns about the quality of care and safety of residents. It was noted the home provided accommodation, personal and nursing care for adults over 65 with complex health needs and had capacity for 32 beds across 4 units and that there were currently 18 occupants.

The Panel was informed that on 6 and 7 December 2016, a Care Quality Commission (CQC) inspection had highlighted serious concerns around the care of residents in Osborne Grove. These included but were not limited to the areas of:



- Medicine management and administration.
- Record keeping and documentation.
- The moving and handling of residents.

In response to questions, the Panel was advised that four enforcement warning notices had been issued against the council for breaches of the legal requirements relating to the quality of care and support with compliance deadlines of 17 February and 31 January. The following points were noted by the Panel:

- The council had developed a clear action plan to address areas of concern highlighted within the stated timescales.
- A number of improvement measures were implemented and a joint improvement steering group assembled to closely examine progress and compliance.
- Further CQC inspections on 22 and 30 March 2017 noted that despite the service improvement plans and interventions, the service had failed to meet compliance standards and progress has not been made at the pace that is expected.

In response to questions, the Panel was informed that consequently, on 20 June 2017, a decision was taken at a Cabinet Member signing to undertake a period of consultation with Osborne Grove residents, their families and carers on the proposal to close the nursing home.

In addition, it was noted that on 26 and 27 July, the CQC had conducted an unannounced inspection at Osborne Grove. The Panel was advised that significant improvements had been made since the last CQC inspection in March 2017. It was noted that Osborne Grove had complied with the following three of the four warning notices served:

- Safe care and treatment
- Meeting nutritional and hydration needs
- Good governance

The Panel agreed that they were happy to hear about these improvements and noted work that had been undertaken by both operational and corporate staff. However, the Panel was informed that whilst some improvements were being realised, as evidenced in the recent CQC inspection report, with the level of resourcing and management oversight required to achieve these, concerns remained that the pace and sustainability of these improvements remained a considerable risk moving forward. The following points were noted by the Panel:

- Although the home was no longer in special measures, it was rated 'requires improvement' in three of five areas covered by the comprehensive inspection, namely safe, responsive and well-led.

- The CQC rating for Osborne Grove fell below commissioning standards set by the council and staffing levels had not been reduced despite a reduction in occupancy of residents by almost 50%.
- The 2017/18 Quarter 1 Finance Report Cabinet paper reflected that the measures required to secure service improvements had come at a cost – with the projected overspend in excess of £700,000.

In response to questions, the Panel was informed, in light of the recent CQC inspection report, that the Council had agreed to extend the consultation period by one month. This was to ensure residents, their families and carers had sufficient time to make an informed decision on the proposals.

The Panel raised a number of concerns and were informed that the proposal to cease operating the home had not been arrived at easily. The Panel was informed that the Council expected residents in care settings to be treated with utmost professionalism and dignity at all times, and that standards at Osborne Grove were still below the high benchmark that was demanded.

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

- A suggestion, from the Panel, that neighbouring authorities and partner authorities be asked to contribute to service improvements at Osborne Grove to help safeguard capacity for the local health and care economy across North Central London.
- In response to questions about the cost of beds, the Panel was informed that the cost per bed at Priscilla Wakefield House was lower when compared to Osborne Grove.
- The fact that various issues at the home were entrenched and linked to ineffective management and significant competency and performance issues.
- The importance of communicating the outcome of the consultation and Cabinet's final decision on the proposal relating to Osborne Grove to residents, their families and carers. The Panel was informed that Cabinet was expected to make a decision on the proposal before Christmas.

In response to questions, a brief update was provided on the proposals outlined in the 5 year MTFS for 2017/18 – 2021/22. This included an update on the options appraisal for Osborne Grove.

**AGREED:**

- (a) That the update from the Cabinet Member for Finance and Health be noted.
- (b) That the update from the Cabinet Member for Adult Social Care and Culture be noted.

- (c) That update concerning Osborne Grove Nursing Home be noted and the commitment to carry out an options appraisal be supported by the Panel.
- (d) That the Cabinet Member for Adult Social Care and Culture be asked to consider the concerns raised by the Panel (outlined in the minutes above) and the suggestion that further input be sought from neighbouring/partner authorities before Cabinet be asked to make a decision on the proposal to close Osborne Grove Nursing Home.

**26. WORK PROGRAMME UPDATE**

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2017/18 municipal year. During the discussion it was agreed that the Haringey Development Vehicle item, listed under “future items to be confirmed”, should be updated to read “to consider health related issues and concerns relating to estate regeneration”.

**AGREED:** That subject to the additions, comments and amendments, referred to under agenda items 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.

**27. FOOT CARE UPDATE**

The Chair informed the Panel that Andrea Cronin, Commissioning Manager, Haringey CCG, had been provided an update, for noting, on the Whittington Health Podiatry and Foot Health Service.

**AGREED:** That the update on the Whittington Health Podiatry and Foot Health Service be noted.

**28. NEW ITEMS OF URGENT BUSINESS**

None.

**29. 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 .....