

# **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON MONDAY 6<sup>th</sup> JANUARY 2020, 6.30- 8.35pm**

## **PRESENT:**

**Councillors: Pippa Connor (Chair), Patrick Berryman, Nick da Costa,  
Eldridge Culverwell, Matt White**

**Co-opted Members: Helena Kania**

### **35. 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'.

### **36. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Felicia Opoku and Cllr Mike Hakata.

### **37. ITEMS OF URGENT BUSINESS**

None.

### **38. DECLARATIONS OF INTEREST**

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

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

None.

### **40. MINUTES**

Cllr Connor reported that following the agenda item at the previous meeting on St Ann's hospital, she would be meeting with Sarah Mansuralli, Director of Strategic Commissioning at North Central London CCGs, later in the month to discuss this

further. Feedback on St Ann's hospital is also expected at the North Central London Joint Health Overview & Scrutiny Committee meeting due to take place at Haringey Civic Centre on 31<sup>st</sup> January.

Cllr Connor referred to the agenda item at the previous meeting on safeguarding policies and noted that there was a new initiative to look at transitional safeguarding in conjunction with Children's Services, so information on this should be available for next year's report.

Cllr Connor also referred to a suggestion made by a member of the public at the last meeting that neighbourhood watch groups should be provided with a safeguarding guide of what to look for as they are well placed as the largest community group in Haringey to widen the scope of safeguarding. This had not previously been recorded as an action point but it was suggested that a response to this would be welcomed and so Beverley Tarka, Director of Adults and Health, agreed to look into this.

**(ACTION)**

Other action points recorded in the minutes had either already been circulated or would be followed up shortly.

The accuracy of the minutes from the previous meeting was then agreed.

**AGREED: That the minutes of the meeting held on 14<sup>th</sup> November 2019 be approved as an accurate record.**

#### **41. JOINT COMMISSIONING AND INTEGRATED CARE**

Tim Miller, Joint Assistant Director for Vulnerable Adults & Children at Haringey Council & Haringey CCG and Paul Allen, Head of Integrated Commissioning (Integrated Care & Frailty) at Haringey CCG, presented slides to the Panel on joint commissioning and integrated care. The key points covered were:

- The Better Care Fund Plan funds three main elements of a "community-based system":
  - A community-based approach to commissioning and asset building.
  - Multi-agency anticipatory care solutions to manage people who could benefit from a coordinated approach.
  - Crisis and Recovery Pathways.
- A community-based approach to commissioning which is about mobilising all assets within a community to support individuals at an earlier stage with their health and care needs. This requires information, advice and guidance targeted at the right individuals and community navigation (such as Local Area Coordinators) and social prescribing to connect people to community solutions.
- The multi-agency anticipatory care solutions bring together professionals to discuss social and medical needs of people. Examples of this include:

- Haringey Coordination & Prevention Team – this includes nurses, therapists, pharmacists, social care workers and community navigators which manage cases of people with complex needs.
- Multi-disciplinary team (MDT) Tele-conferences for older people – these focus on individuals with multiple A&E or hospital admissions and enable the coordination of a care plan.
- Frailty Care Closer to Home – this focuses on individuals with less complex needs but moderate frailty issues who may need community navigation or a comprehensive geriatric assessment.
- Crisis and Recovery Pathways refers to services that help people to recover their health and independence after an illness/crisis or to avoid a crisis/hospital episode. Examples include:
  - Nurse-led Rapid Response to help people avoid hospitalisation
  - Single Point of Access that triages people into the right solution
  - Home-based reablement to help recover daily living tasks
  - Bed-based rehabilitation to help people with more complex needs
- The jointly provided and commissioned care services for adults with severe mental health conditions or learning disabilities comprise of three main elements:
  - Care teams – such as Haringey Learning Disability Partnership and Mental Health Locality Teams which include doctors, nurses, therapists, social workers and some third sector staff working together as an integrated team to provide individuals with the care and support that they need.
  - Personalised assessment and planning – the team works together with individuals to develop a care plan and some people may have the right to a personal budget to meet any eligible care needs.
  - Care funding – community and preventative services are jointly commissioned by the Council and the CCG. Individual care packages are also jointly funded by the Council and the CCG.

Tim Miller and Paul Allen then responded to questions from the Panel:

- Asked how 'crisis' is defined, Paul Allen said that medically this is when an individual's biophysical-social model of health has suddenly dropped to a low level. The rapid response service visits people in their homes in crisis situations which may be able to stabilise someone and prevent the need for them to go to A&E.
- On the monitoring of performance, there are service specifications for the services that have been described and these include performance metrics which are routinely collected by the service and are monitored as part of the contract management process. There is an evaluation of services funded by the Better Care Fund at the end of each year with course correction measures taken if required. The integrated nature of this doesn't lessen the oversight but

can help to avoid individuals from falling through the gaps of services. Asked whether these figures could be provided to the Panel at a future date, this would be possible but there is a large amount of complex data so it may be necessary to select one or two specific areas to examine.

- Asked about seasonal pressures in winter and summer, the NHS has recently moved away from describing 'winter pressures' and now refers to 'system resilience' as there is increased recognition that there can be pressures at other times of the year such as respiratory conditions in August caused by heat for example. The Better Care Fund Plan identifies a number of areas where investment for system resilience needs to be considered all year round.
- Asked about the statistic quoted in paragraph 6.1.2 of the report that 78% of over-65s were at home for 91 days after hospital discharge (as opposed to returning to hospital or being admitted to a care home), Paul Allen confirmed that this is the figure for Haringey and is slightly lower than the national average but that the precise figures could be provided in writing to the Panel **(ACTION)**.
- The Community Navigator Network referred to in paragraph 6.4.1 of the report will be launched in January 2020.
- On the various services referred to in paragraph 5.2.2 of the report, the joint commissioning arrangements had been agreed by the Cabinet and the CCG's governing body. They are each separate but they are all covered by the agreement. Though the Better Care Fund Plan has a different funding stream it runs through the same process. Charlotte Pomery, AD for Commissioning, added that this is a partnership agreement set out under Section 75 of the National Health Service Act 2006. Tim Miller and Paul Allen's managerial roles are both joint appointments and Cllrs James and Brabazon both sit on the Joint Finance and Performance Partnership Board which has significant delegated responsibility.
- The Integrated Brokerage Team referred to in paragraph 6.3.3 of the report secures providers for the care and support that social workers or nurses have determined is required by an individual as part of their support plan. The team is led by the Council but has some CCG staff as part of the integrated arrangements. Asked whether demand for this could drop as a consequence of personal budgets, Tim Miller said that the brokers are busy and that there is no shortage of work. The team also includes the financial assessments team and the direct payment support team so the range of type of care packages is covered. The use of funds is audited so the direct payment support team has oversight on overspending or underspending patterns in personal budgets which may indicate that an individual requires advice or support. John Everson, AD for Adult Social Services, added that there is a schedule of reviews for individuals, who should receive one at least every 12 months, but that if information was received via a different route that an additional conversation was required then this would happen. Asked about the staff carrying out the assessments, John Everson said that there are reviewing officers working

alongside social workers. These reviewing officers may not necessarily have a formal social work qualification but come from a variety of backgrounds and have the right skills and abilities to understand and manage care and support needs.

Cllr Connor thanked Tim Miller and Paul Allen for their presentation and said that there would be a follow-up conversation soon on the next stage of the Panel's scrutiny over joint funding.

#### **42. SCRUTINY OF THE 2020/21 DRAFT BUDGET / 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2020/21 - 2024/25)**

Beverley Tarka, Director for Adults and Health, introduced the report for the 2020/21 draft budget and the Medium Term Financial Strategy (MTFS) for 2020/21 to 2024/25. The MTFS agreed in Feb 2019 had identified a budget gap of £13.1m for 2020/21 that would need to be addressed through further budget reductions. The recent spending review confirmed the social care funding at 2019/20 levels plus an additional £5m. The overall budget gap for 2020/21 has been reduced from £13.1m to £5.5m. Brian Smith, Business Partner, gave further detail on this saying that there was £5m of pre-agreed savings in the 2020/21 budget along with some additional savings to agree this year. The Council budget also has growth of £11.6m, comprising of just over £6m for the London Living Wage and demographic growth of £5.5m, and £9m of additional funding from the social care precept and the external social care grant. Cllr Connor queried why in that case, Appendix B to the report showed the Adults part of the budget as being £83.5m in 2019/20 but £76.1m in the draft budget for 2020/21, a reduction of over £7m. Brian Smith responded that the £83.5m figure may be incorrect and so the finance team would look into this send a corrected figure to the Panel **(ACTION)**.

In response to further questions, Brian Smith clarified that the Adults budget is £4.4m higher in 2020/21 than in the previous financial year. The savings for 2020/21 that had already been agreed in previous years total £4.039m and the new savings relating to Osborne Grove are £1.034m amounting to overall savings in 2020/21 of £5.073m. Asked about the progress on the previously agreed savings, John Everson said that these were currently running slightly behind track but that the likelihood of delivering the savings is high.

Cllr White commented that it would be easier to scrutinise the budget if all of these figures had been included in the report to the Panel and that this ought to be provided in future budget scrutiny reports.

The Panel than moved on to scrutinise the two MTFS budget reduction proposals included in the agenda papers.

## PE01 Public Health Lifestyles

Will Maimaris, Director for Public Health, set the context for this item by stating that the public health grant received by the Council had been reducing for several consecutive years, leading to reductions in services, but was expected to rise next year. There is a budget of £700k used to fund an integrated lifestyles service in areas such as smoking cessation, exercise and NHS Health Checks. The budget reduction proposal aims to make an additional saving of £60k, representing a cut of nearly 10% to the budget which could potentially be partly mitigated by seeking alternative funding from partners such as the CCG. There are a number of options for reducing this budget. Existing services could be targeted at people who need them most and the NHS Health Check offer could be reviewed, as there has been a lack of long-term evidence that they improves cardiovascular disease outcomes. Smoking cessation through GP surgeries could also be reviewed as this had not been shown to be particularly effective.

Asked whether the savings could be achieved without significantly impacting on residents, Will Maimaris said that services will change but the important point is outcomes that are achieved while the risks could be mitigated. Ideally, more money would be invested in services but other previous budget reductions, such as with sexual health services, have not led to a deterioration in outcomes as services have been delivered in different ways.

## PE02 Osborne Grove redevelopment

Beverly Tarka introduced this proposal explaining to the Panel that Osborne Grove nursing home is expected to close in 2021 after which there will be full revenue cost savings totalling £1.034m per year. When Osborne Grove opens again in 2023/24 after the rebuilding, there will be revenue costs of £476k meaning that there will be net savings of £558k per year after that point compared to current costs. The new set up is expected to be more efficient, partly because there are only two residents at present so there is expected to be more revenue coming in from a larger number of residents from 2023/24.

The Panel asked a number of questions to officers:

- On whether the interest costs from the capital borrowing had been factored into the figures, John O'Keefe, Capital Accountant, explained that there is a separate corporate budget for this and that the business case for the rebuilding has to demonstrate that the interest and capital repayment costs can be met when the facility is open. After that has been taken into account, the saving amounts £558k per year.
- Asked whether there will be demand for the 70 beds and what the risk to the budget would be if the beds aren't filled, Charlotte Pomery, AD for Commissioning, acknowledged that operating to capacity is a major issue but

there had been a lot of work done on anticipating the likely demand. The long-term population projections show an increase in the older, frailer group, particularly those from more deprived backgrounds so an increase in demand is anticipated. People are living longer and so the amount of time in nursing care is expected to increase. The new nursing home is also designed to be as flexible and adaptable as possible for different uses.

- Asked about the Equalities Impact Assessment (EqIA) referred to in the report, Charlotte Pomery said that a paper on the closure of Osborne Grove nursing home would be submitted to Cabinet and an EqIA would be attached to that.
- On how redundancy costs had been factored in, Beverley Tarka said that these costs would be met corporately.

In considering the recommendations that the Panel could make about the budget and the savings proposals, Cllr Connor said that it had been difficult to scrutinise the budget given the lack of clarity about some of the figures. The Panel determined that it would not therefore make any recommendations at this stage and would instead wait for more detail from the finance officers over the next few days and then consider again what recommendations would be appropriate.

### Capital proposals

John O’Keefe, Capital Accountant, and Charlotte Pomery informed the Panel about the four capital proposals outlined in the report:

- In relation to proposal 217, a Cabinet decision had been taken to acquire Burgoyne Road and the Council was currently in the process of exchanging contracts. A budget of £3m had been made available, including investment from the GLA, to refurbish or rebuild it but decisions on this have yet to be taken as a detailed feasibility study is to be carried out first. Burgoyne Road will be used as a refuge for families and the current refuges that they will be transferred from will be repurposed for general needs housing or supported living.
- Proposal 218 provides funding as an allowance for social, emotional and health (SEMH) provision within the borough. The funding allocated is a high-level estimate of potential costs as the requirements for this provision is not yet known.
- Proposal 219 provides a block allowance for Additional Supported Living to enable the Council to be more opportunistic in acquiring properties by having the funding quickly available.
- Proposal 220 provides the funding for the rebuilding of Osborne Grove as discussed earlier in the meeting under the budget reduction proposal PE02. The overall costs had increased significantly since the original budget proposal which had been a high level estimate based on the expected costs of a

standard building. However, the current cost estimate includes the specialist construction and equipment that will be required and additional supporting living on the site. The business case makes clear that savings are expected to be made overall after paying back the debt.

Charlotte Pomery and John O’Keefe then responded to questions from the Panel as follows:

- The timeframes for the detailed business cases for each proposal (those that haven’t already had one) will differ and there are likely to be a number of different stages at which the Cabinet will need to make decisions.
- The interest costs for the schemes are taken into account in the Council’s corporate treasury budgets. Each scheme will have a number of gateway reviews to assess whether the business case still stacks up and whether the investment should proceed.
- The funding for proposal 217 (Burgoyne Road) comes from an existing capital budget from 2019/20. The property is just being acquired and then a feasibility study from architects and the subsequent review and report to Cabinet might take around six months. The Cabinet would then need to agree to the contract for the construction works. Further information on the scheme would therefore become publicly available through these Cabinet reports.
- On proposal 219 (Additional Supported Living), the unallocated budget of £6.42m described in the report is a balance left over from the supported living budget set in 2019/20 after the costs for Linden House had been allocated. It is therefore possible to reallocate this leftover balance to fund additional supported living.

Panel Members acknowledged that though some of the information about the capital budget is still high level as some schemes are at an early stage, the information that the Panel had received was more detailed than in previous years which was welcome. The Panel agreed to note the information received on the capital budget.

#### **43. WORK PROGRAMME UPDATE**

Cllr Connor drew the Panel’s attention to the latest work programme, noting that the commissioning project was continuing with dates for several evidence sessions currently held in the diary. The next full Panel meeting in February 2020 is due to receive reports on a review of service improvement within the Adults & Health directorate and an update on Canning Crescent.

Cllr Culverwell raised concerns around staffing issues at Osborne Grove Nursing Home. Cllr Connor suggested that he raise this directly with Beverley Tarka and to then bring this back to the Panel if he still had further concerns about this.

#### **44. DATES OF FUTURE MEETINGS**

- 25<sup>th</sup> February 2020

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

This page is intentionally left blank