

NOTICE OF MEETING

Special Overview and Scrutiny Committee

WEDNESDAY, 12TH JULY, 2006 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Bevan, Davies, Winskill, Cooke, Jones and Newton

Co-Optees: Mr B. Aulsberry and Mrs. I. Shukla (REJCC non-voting representatives), Ms. C. Bhagwandeem plus 2 Vacancies (parent governors), L. Haward plus 1 Vacancy (church representatives)

AGENDA

1. WEBCASTING

Please note: This meeting may be filmed for live or subsequent broadcast via the Council's internet site - at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. The images and sound recording may be used for training purposes within the Council.

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If you have any queries regarding this, please contact the Committee Clerk at the meeting.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

4. HARINGEY TEACHING PRIMARY CARE TRUST (TPCT) FINANCIAL PLAN 2006/7 (PAGES 1 - 16)

(Report of the Chair of Overview and Scrutiny Committee) To report further on the rôle of the Committee in considering the savings proposals that have been made by Haringey Teaching Primary Care Trust in respect of Greentrees and the Family Planning Service.

In accordance with Standing Order 32.6, no other business shall be considered.

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Overview & Scrutiny Committee**On 12 July 2006**Report Title: **Haringey Teaching Primary Care Trust (TPCT) Financial Plan 2006/7**Report of: **Chair of Overview and Scrutiny Committee**Wards(s) affected: **All**Report for: **Non-Key Decision****1. Purpose**

To report further on the role of the Committee in considering the savings proposals that have been made by Haringey Teaching Primary Care Trust in respect of Greentrees and the Family Planning Service.

2. Recommendations

That the Committee consider and comment on the proposals relating to Greentrees and the Family Planning Service as outlined in the attached papers from the TPCT.

Contact Officer: **Rob Mack, Principal Scrutiny Support Officer**Tele: **020 8489 2921**E-Mail: **rob.mack@haringey.gov.uk****4. Reasons for any change in policy or for new policy development (if applicable)**

Not applicable

5. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Haringey Health Scrutiny Protocols
Centre for Public Scrutiny – Substantial Variations and Developments of Health Services

These can be obtained from Robert Mack – Principal Scrutiny Support Officer on 020 8489 2921,
7th. Floor, River Park House

e-mail: rob.mack@haringey.gov.uk

6. Report

- 6.1 As previously mentioned, in common with many NHS trusts, Haringey Teaching Primary Care Trust is currently facing financial pressures and has therefore had to make budget reductions. The Board of Haringey TPCT has been considering a range of proposals during recent months affecting a number of service areas. The options considered by the Board were aimed at minimising the effects on patients. Detailed discussion papers on each area service area affected have been issued. A range of responses have been received and taken into account by the Board in making its final proposals. Any amendments to the proposals would require compensatory savings to be identified elsewhere.
- 6.2 NHS bodies have a requirement to consult with patients and the public, including a specific duty to consult with Overview and Scrutiny Committee. Discussions have taken place with the TPCT on their proposals and, in particular, if any should be described as constituting a “substantial variation or development” to services. Any proposals that are considered to fall into this category are subject to a statutory consultation process with Overview and Scrutiny Committee.
- 6.3 Following detailed discussions with TPCT, it was agreed by the Chair in consultation with the Opposition Lead Member for Overview and Scrutiny, under the urgent action procedure, that the proposals relating to Greentrees and the Family Planning Service were considered by the Committee to constitute “substantial variations” to services.
- 6.4 These two areas have been considered to be “substantial variations” due to their possible affect on accessibility to services, the impact on the wider community, the potential number of patients affected and the changes that the proposals entail to the delivery of local services. There is also concern within the local community about these proposals and it is noted that the Patient and Public Participation Forum for Haringey feels that those in relation to Greentrees constitute a significant service change.
- 6.5 The Board of Haringey TPCT meets on 26 July to finalise its decisions in relation to its budget. Any delay by the TPCT in making its decisions will impact adversely on its financial position and increase the likelihood of further budget reductions being needed. It has been noted that:
- There has been wide consultation undertaken locally by the TPCT with a range of stakeholders and this is still ongoing.
 - The public consultation that will be taking place in addition to the consultation with Overview and Scrutiny Committee has now been extended until 17 July.

- Earlier consultation with the Overview and Scrutiny Committee was hampered by the local elections and the “purdah” period.
- 6.6 It has therefore been agreed that there will be a shorter timescale than the full 12 week consultation period with the Overview and Scrutiny Committee that best practice recommends in respect of “substantial variations”. Taking these factors into account, comments must be submitted by the Committee to the TPCT by 25 July in order that they may be taken into account by the Board at their meeting on 26 July.
- 6.7 The meeting of the Committee which took place on 3 July provided the TPCT with an opportunity to put its case for the proposals. This evenings meeting has been arranged to look at the “substantial variations” in more detail. A range of stakeholders have been invited to attend and the Committee will be able to question them on their views. At the time of writing, the Lead Clinician for Medicine for the Elderly at the North Middlesex Hospital and Age Concern have indicated that they will be attending.
- 6.8 The aim of formally consulting the Overview and Scrutiny Committee on “substantial variations” is to consider:
- Whether, as a statutory body, the Committee has been properly consulted within the consultation process;
 - Whether, in developing the proposals for service changes, the Trust has taken into account the public interest through appropriate patient and public involvement and consultation; and
 - whether a proposal for changes is in the interests of the local health service.
- 6.9 Following consideration of all of the issues, the Committee will need to decide on an appropriate response to make to the Trust. The response will need to explain the process that the Committee has undertaken, and the evidence that has been considered, including identifying the witnesses that have attended. If the Committee is unhappy with the process or proposals, and discussion during the consultation process has not enabled the Committee and the Trust to reach agreement, the written response should summarise this and include recommendations and suggestions for reaching a consensus.
- 6.10 The Committee has the power to make referral to the Secretary of State if it feels such action to be appropriate. The Committee is only expected to make a referral as a last resort and after all steps have been taken to try and resolve the issues at a local level.
- 6.11 It should be noted that any proposals *not* considered to be substantial can still be commented upon by the Committee although it will not have the same statutory powers of referral in respect of them.
- 6.12 Papers from the TPCT in respect of Greentrees and the Family Planning Service are attached. The detailed discussion papers in respect of all of the other areas

where changes are proposed can be accessed via the Haringey TPCT website; <http://www.haringey.nhs.uk>.

7. Comments of Head of Legal Services

- 7.1 Regulations under S.7 of the Health & Social Care Act 2001 require NHS bodies to consult relevant Overview and Scrutiny Committees on any proposals for substantial variations in health services. This duty is additional to the duty of involvement or consultation under S.11 which means that other stakeholders should be consulted and involved in addition to OSCs.
- 7.2 Although Cabinet Office guidelines recommend that full consultations should last a minimum of 12 weeks, OSCs and NHS bodies may reach agreement about a different timescale for consultation. Members should therefore satisfy themselves that the quality of consultation and timescale set out in the report are adequate.

8. Equalities Implications

- 8.1 One key area that the Committee will need to consider when making its comments will be whether the proposals by the TPCT affect all members of the community equally.

Discussing Haringey changes for 2006

DISCUSSION PAPER - FAMILY PLANNING SERVICE

1. INTRODUCTION

The family planning service in Haringey currently runs 20 open access and 3 referred access family planning/contraception sessions in 11 community health clinics. Total attendance for the service in 2004/2005 was 17,577 of which 1,400 were young people, attendance from April 2005 to January 2006 was 14,331, of which 1,313 were young people.

The following services are available:

- Contraception
- Specialist Family Planning
- Pregnancy testing
- Fertility guidance
- Termination assessment and referral, and post termination follow up.
- Chlamydia screening
- Cervical smears and referral
- Menopause clinic
- Young people's clinic
- Psychosexual counseling
- Well women's services

Many of the services offered by the family service are also available from GP practices, and the service works closely with the specialist GUM service at St Ann's Hospital. The TPCT wishes to develop a more integrated model of sexual health and family planning provision with a range of basic to specialist family planning and GUM services offered from GP practices, satellite clinics in community health centres and more specialist services from a dedicated centre or hub site. A similar model is being proposed by Enfield PCT, and a merger of the Enfield and Haringey services is currently being considered, and will be subject to further discussion with stakeholders if a decision is taken to proceed.

This paper sets out the proposed changes to the Family Planning Service to meet the financial pressures faced by the PCT, which are explained in the TPCT's Strategic Financial Plan for 2006/2007 available on the TPCT's intranet and website. To meet the target set for family planning services it is proposed that the number of family

planning sessions provided will be reduced by 5, and that the service should focus on more specialist provision and be provided from a reduced number of locations. The proposed changes are in line with the service delivery model outlined above and explained in more detail in the paper.

2. WHAT IS THE SAVINGS TARGET FOR OUR DIRECTORATE?

The savings target for the family planning service is £160,000, out of a savings target for the Directorate of £1,000,000. This is in addition to the £20,000 already identified by the service as part of earlier 2006/7 budget setting processes.

3. PROPOSAL FOR ACHIEVING THE REQUIRED SAVINGS

3.1 The service model for GUM and family planning services

The National Strategy for Sexual Health and HIV was published in December 2001, and sets out a model of service that is characterised by more integration of family planning and GUM services and a greater emphasis on the role of primary care. A three tier model of provision was proposed which is described in the table below.

Table 1 Levels of sexual health service provision

Level 1	Level 2	Level 3
Sexual history & risk assessment STI testing for women HIV testing and counselling Pregnancy testing Contraceptive information/services Assessment and referral of men with STI symptoms Cervical cytology screening/referral Hepatitis B immunisation	Intrauterine device insertion Testing and treating STI Vasectomy Contraceptive implant insertion Partner notification Invasive STI testing for men	Specialist GUM services Specialist HIV services Specialised contraception for those with complex medical conditions Coordination of services for sexual assault Services for those with psychological and sexual problems

It was envisaged that, Level 1 services would be provided by primary care teams, Level 2 services by primary care teams with a special interest in sexual health, or Family Planning and GUM services working alongside primary care, and Level 3 services by the specialist Family Planning and GUM service.

The model has been incorporated into the Haringey Sexual Health Strategy, and the three levels or tiers of provision, illustrate how over a period of time, services could be developed in the three locations for provision described in the introduction, GP surgeries, Community or Satellite Clinics, and the main centre or hub site.

A more integrated model of provision will improve the service to patients, enhance opportunities and career progression for staff, improve recruitment and retention, increase the flexibility of the service, and ease the pressure of covering sessions where there is staff absence.

Implications for the family planning service

Implementation of a 'hub and spoke' model has been under discussion in the service for some time. As proposed in the model above the main centre or hub site would offer specialist services such as psychosexual counselling and very specialist contraceptive advice, community/satellite clinics in different locations across Haringey would offer less specialist services such as Intrauterine Device Fittings, with greater emphasis given to the provision of basic family planning services in primary care. The fact that the service offers sessions in so many clinics has caused concern for some time, as it is more difficult to ensure robust management and clinical governance arrangements, covering sessions when there are staff absences is problematic, and the infrastructure and support costs are high. Also, realistically there are limits to the number of centres that can offer the more specialist services.

With the changes that are being proposed in this paper, there will be an overall reduction in both the number of family planning clinics and the number of community clinics offering family planning sessions, and provision in the remaining centres will be reconfigured. The changes will support the integration of family planning and GUM services as proposed in the model above, enable delivery of key targets, ensure that family planning services in Haringey are fit for purpose for the future, and reduce overall expenditure.

Implications for primary care

The National Strategy acknowledges that current provision of family planning and GUM services in primary care is variable, and that services will need to be developed. However according to their contract GP's have a responsibility to provide 'advice and access to contraceptive services', and this is successfully provided by many practices. The proposed reduction in the number of sessions run by the family planning service is predicated on an increase in family planning activity in primary care, and this will need to be monitored carefully, with training and support given where necessary. The Family Planning and GUM service has a strong record of working with primary care in this area.

A merged service with Enfield

As explained in the introduction, the possibility of merging the Enfield and Haringey services is currently being discussed, and there will be further discussion with stakeholders once this proposal is worked up in more detail. The service delivery model that is being proposed for a merged service reflects the discussion above, and envisages that there will be a joint main centre or hub site at the North Middlesex University Hospital, and that each PCT will develop a number of community/satellite clinics. Both PCTs are currently considering 5 community/satellite clinics.

The Haringey Family Planning Consultant is proposing to reduce her hours from the Autumn, and it is anticipated that a merger would facilitate sharing of responsibilities with the Enfield Consultant. Additional cover may be necessary and will be

considered as part of the merger proposals in the context of the overall budget for the service. The appointment of a Nurse Consultant will be given particular consideration.

It is worth noting that there is already some joint provision of services with Enfield through the 4YP clinic and the Chlamydia Screening Programme, and that these have proved examples of successful collaboration.

3.2 Priorities for the revised family planning Service

Implementation of the proposed model, and in particular a reduction in the number of family planning sessions, will enable the family planning service to make efficiency savings. However, the model is predicated on an increase in activity primary care, and there will need to be careful monitoring of demand for services. There has been a discussion about the introduction of eligibility criteria for access to clinics run by the family planning service. The eligibility criteria that have been proposed are:

1. Specialist family planning services/advice
2. Complex medical assessment for contraception
3. Special procedures i.e. IUD & Implant insertion/removal
4. Termination of pregnancy assessment/referrals/follow up
5. Priority to young people
6. Haringey residents only (To reconsider if the merger goes ahead)
7. Patients with male only or no GP

At present it is proposed that these are seen as priorities for the clinics run by the family planning services, and that people who do not meet criteria are encouraged to go to their GP, with the situation kept under review until the impact of the changes has been fully assessed.

Do you agree with the proposed eligibility criteria/priorities for the service?

Given the proposed reduction in the number of sessions run by the family planning service, how do you think we should implement the eligibility criteria/priorities?

3.3 Proposed changes to family planning clinics

	LOCATION	Current clinics	Proposed clinics
1	North Middlesex	2 Sessions	2 Sessions
2	Tynemouth Rd	5 Sessions	5 sessions (2 Nurse led)
3	Stuart Crescent	4 Sessions	2 sessions
4	Crouch End	3 Sessions	3 sessions
5	Laurels general clinic	1 Session	1 session
6	St. Ann's Sexual Health Centre	1 session	1 session
7	St Ann's 4YP	1 Session	1 session
8	St Ann's Psychosexual	1 Session	1 session
9	Lordship lane	1 Session	
10	Lansdowne	1 Session	
11	Fortis Green	1 Session	
12	Bounds Green	1 Session	
13	Burgoyne Road	1 Session	
14	Somerset Gardens (Includes reconfigured Lordship Lane and Lansdowne Rd discussed below)	None currently	2 Sessions
	Total	23 sessions	18 sessions

Fortis Green, Bounds Green and Burgoyne Road – under this proposal clinics currently provided from these locations would close with services being focused in 6 locations: North Middlesex Hospital, Lordship Lane / Somerset Gardens area, St Ann's Sexual Health Centre (SASHC) / Laurels, Stuart Crescent and Crouch End. In this model more specialist services will be provided from SASHC and a termination of pregnancy service (3 sessions) will be provided from Tynemouth Road.

Stuart Crescent – the number of sessions at Stuart Crescent would reduce by two.

Lansdowne Road / Lordship Lane / Somerset Gardens – There are currently 2 clinics running at Lansdowne Road during the rebuild of Lordship Lane Clinic. Due to

the poor condition and environment at Lansdowne Road the TPCT intends to reconfigure these sessions into nurse led sessions and relocate to Somerset Gardens GP practice. A new model of purchasing the administrative functions from Somerset Gardens will release more savings in the longer term. When the new Lordship Lane clinic re-opens in early 2007 the option to relocate one clinic back to Lordship Lane will be reviewed. The proposal is to continue to provide 2 clinical sessions in this locality with options for how this is delivered under review.

A summary of activity and cost data for existing clinics is included in Appendix 1

The proposals outlined above have been based on consideration of a number of factors including current attendance rates, staffing profiles, value for money (i.e. cost per attendance) and future strategic direction.

The service reductions and reconfiguration will release savings of £160,000 from clinical, administrative and non-pay (drugs, disposable items, equipment, etc) costs.

The proposals outlined above will deliver the required £160k savings target.

Do you think there is a better way to reconfigure the clinics?

As explained previously, the proposals will support the development of a 'hub and spoke' model of integrated provision, and currently 5 community clinics in addition to the hub site are being considered although other models of provision might be possible.

What model of service provision do you think we should be aiming for in the future?

3.4 Implementation and monitoring

As has been noted the proposed changes are predicated on an increase in activity in primary care, and discussions are taking place with the Primary Care Directorate to ensure that where feasible patients affected by the closures have access to services in primary care. However clearly there will need to careful monitoring to ensure that this occurs, and that the impact of the changes is minimized. Particular attention will be given to attendance at family planning sessions by young people and other target groups, and rates of contraception failure, birth rates and numbers of terminations of pregnancy. The changes to the service will also need to well publicized to the General Public.

3.5 Implications for staff

The proposed model is open for discussion, meetings with staff are planned to explore further options.

The reduction the number of clinics will result in a small number of posts being dis-established. It is the TPCTs intention to ensure that redundancies are kept to an absolute minimum where possible, however some staff will be displaced.

The displaced staff will be managed and supported in line with the Managing Organisational Change Policy through the Teaching PCT's Redeployment Policy.

4. How to give feedback on issues raised by the paper

If you have any questions about the proposals for the Family Planning service detailed in the paper, or would like to discuss the issues raised in more detail please contact:

Kim Morgan
Interim Service Manager
Sexual Health & Family Planning

Claire Wright
Assistant Director Children, Young
People and Family Services –

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The discussion period closes on **5th May 2006** so please ensure we receive your comments by that date.

5. Next steps

Final proposals and a formal consultation document for staff affected by these changes will be published at the end of the discussion period.

Appendix 1

Summary of activity and cost data

Location	Day	Time	Total Attn	Av. Attn	% Haringey	% Other	COST	Per pt.
STUART CRESCENT	Monday	6 - 7.30pm	643	14	71	29	£9,535.10	£14.83
CROUCH END	Monday	6 - 8pm	1505	34	76	24	£25,751.00	£17.11
NORTH MID	Monday	9.30 - 11am	699	16	38	63	£26,464.00	£37.86
STUART CRESCENT	Tuesday	9.30 - 11am	933	18	83	17	£10,593.60	£11.35
BOUNDS GREEN	Tuesday	6 - 7.30pm	851	17	37	63	£15,460.00	£18.17
CROUCH END	Tuesday	6.30 - 8pm	1373	27	81	19	£24,234.20	£17.65
NORTH MID	Tuesday	6.30 - 8pm	1056	21	45	55	£18,665.00	£17.68
TYNEMOUTH ROAD	Tuesday	6.30 - 8pm	795	16	85	15	£13,895.00	£17.48
LAURELS	Wednesday	1.30 - 3pm	1310	26	80	20	£29,474.00	£22.50
LANSDOWNE ROAD	Wednesday	5.30 - 7pm	764	15	88	13	£8,709.00	£11.40
STUART CRESCENT*	Wednesday	6 - 7.30pm	143	NA	Unknown	Unknown	£9,667.00	£68.00
BURGOYNE ROAD	Thursday	1.30 - 3pm	1038	20	50	50	£13,364.00	£12.87
FORTIS GREEN	Thursday	6.30 - 8pm	1128	22	58	42	£24,246.00	£21.49
LANSDOWNE ROAD	Thursday	6 - 7.30pm	824	16	100	0	£13,282.00	£16.12
TYNEMOUTH ROAD	Thursday	6.30 - 8pm	961	14	92	8	£13,897.00	£14.46
CROUCH END	Friday	1 - 3pm	1204	26	85	15	£27,880.00	£23.16
TYNEMOUTH ROAD	Friday	9.30 - 11am	909	19	89	11	£16,673.00	£18.34
ST ANN'S CENTRE	Friday	5 - 7pm	854	18	67	33	£17,764.00	£20.80
STUART CRESCENT	Saturday	9.30 - 11am	1148	23	85	15	£14,051.00	£12.24

**Stuart Crescent – Well Woman's clinic figures are from April 2005 to March 2006 as previous figures were not available due to it re-opening in Spring 2005.*

NB. Data for Sexual Health 4YP and 2 ToPs assessment sessions have not been included in the summary activity table as they are separately funded sessions.

Data for Psychosexual session has not been included.

Haringey Teaching Primary Care Trust (HTPCT)

Further Discussion Paper Regarding The Greentrees Unit On The St Ann's Hospital Site

1. Introduction

This paper is a further discussion paper regarding new ways of working on the Greentrees Unit on the St Ann's Hospital site, specifically with regards to rehabilitation. This paper follows on from the previous discussion paper (reference NB/PS 05.04.06). The purpose of this further discussion paper is to invite comments regarding the future of the unit and comments should be forwarded to Layla Hawkins (layla.hawkins@haringey.nhs.uk) B1 Block, St Ann's Hospital, St Ann's Road, Tottenham N15 3TH, by Friday 7th July 2006.

2. Background

Greentrees Unit is a 50-bedded unit. Beech Ward has 24 beds and Cedar Ward has 26 beds. The chart below shows the admission criteria and age range of patients into the four categories of beds within the unit.

<u>Beds</u>	<u>Age Range</u>	<u>Available To</u>
4 Continuing Care Beds	65 years +	All Haringey Residents
2 Respite Care Beds	65 years +	East Haringey Residents
38 General Rehabilitation Beds	65 years +	Enfield & East Haringey Residents
6 Specialist Stroke Beds	50 years upwards	Enfield & Haringey Residents

The Consultants in Medicine for the Elderly at the North Middlesex University Hospital (NMUH) provide medical input. Dr R. Luder has responsibility for Beech Ward and Dr M.Aziz for Cedar Ward.

The admission criteria is, by residence as shown in the above chart and on the basis of clinical judgement that there is the potential for rehabilitation.

3. Proposal

Haringey Teaching Primary Care Trust (HTPCT) are proposing that;

- By improving the throughput/efficiency of both wards in the Greentrees Unit, it will be possible to maintain the current throughput of rehabilitation patients within a reduced number of beds (movement of beds from 38 to 24). These general rehabilitation services should continue to be provided for both Enfield and East Haringey patients.
- The six specialist stroke beds (Acorn Unit) should be maintained and continue to be provided for both Enfield and Haringey patients
- In the medium term respite and continuing care should not be provided on the Greentrees Unit, but there will need to be a phasing period (see below).
- These proposals will weave into a strategy for rehabilitation services which is currently being prepared by HTPCT and which will be available by Autumn 2006.

a) Rehabilitation Beds

There is no effective predictor of an individual's capacity to rehabilitate and so admission to the Greentrees Unit is within the previously agreed criteria and on the basis of the clinical judgement of the multi disciplinary team that the individual has potential for rehabilitation.

It has been acknowledged by all staff members within the Greentrees Unit that over recent months the unit has lost efficiency in a number of ways. An internal working group comprising medical; nursing; managerial; therapy and social services representation are working together in order to bring the Greentrees Unit back up to its previous level of efficiency. There is evidence from other rehabilitation units that this is possible. Areas which the internal working group have actioned or are in the process of actioning are:-

- The Rehabilitation Co-ordinator is critical to the effective management of the unit. This role ensures a rigorous approach to:-
 - a) The selection of patients for admission within the admission criteria
 - b) The ongoing management of patients to keep focus on rehabilitation goals
 - c) Ensuring the discharge planning process commences from the date of the patient's admission
 - d) Clinical challenge within the Multidisciplinary Team
- Renewed emphasis on using the single assessment process to ensure that there is a focus on person centred care and care planning resulting in goal setting for individual patients. Ongoing review of goals and care plan to ensure appropriate changes are made to discharge plan arrangements
- By engagement of all staff on the ward, therapy will be given over the patients' whole day and for all activities of daily living in addition to specialist therapy input.
- The levels and skill mix of staffing for both nursing and therapies are under review.
- The unit will adopt a client and family centred philosophy for their patients. The multidisciplinary team will provide a program of rehabilitation aimed at reducing impairment and encouraging function to enable the patient to reach their own potential.
- The discharge policy will be updated and will include the recently agreed facilitated discharge protocol. The facilitated discharge protocol will assist in reducing delays in a patient discharge particularly when difficulties arise in patients and families choosing assisted living accommodation.
- The internal working group will also continue to work in partnership with the Local Authorities to ensure that there are no delays with regard to the assessment and discharge of patients from the Greentrees Unit.

It should be noted that the beds on Greentrees are not subject to the imposition of fines under the Delayed Discharge Act. Therefore, there is a different imperative for Local Authorities with regards to the discharge of patients from community hospitals as opposed to discharge from an Acute Hospital Trust.

It is essential therefore that partnership working with the Local Authorities continues at an intensive rate.
- The role of case manager for patients on the Acorn Unit has been successful in showing a person centred approach and ensuring timely progress to rehabilitation goals and hence discharge. This model will be extended to all patients with complex needs as a key worker will ensure a co-ordinated case management ensuring delays are minimised.

b) Acorn Unit (Specialist Stroke Beds)

It is proposed that the Acorn Unit remains as it is, with 6 beds admitting patients for specialist stroke services from Enfield and Haringey from the age of 50 years upwards.

Historically the Acorn Unit has had a higher level of therapy input than rehabilitation beds and as an action from the internal working group it has been agreed that not only will rehabilitation be integrated into all activities of daily living, but therapy services should be more evenly distributed across the whole unit, to maximise rehabilitation benefits.

c) Continuing Care/Respite Beds

Greentrees Unit currently has two continuing care patients within its beds and 5 patients who come into the unit for respite care from home. The issue of continuing care/respite provision needs to be considered firstly with regards to future cohorts of patients and secondly with regards to the current cohort of patients.

Future Provision Of Continuing Care/Respite Patients

Virtually all continuing care/respite can now be provided within nursing homes and HTPCT would for future patients provide continuing care/respite care within such nursing home settings, as this is felt to be a more appropriate environment for long term care rather than a community hospital ward.

Current Cohort of Continuing Care/Respite Patients

There are currently two patients receiving continuing care placement on the Greentrees Unit and 5 patients coming into the unit for respite care. All such patients should be assessed as appropriate (as least annually) and subject to the outcome of assessment and with the agreement of patients and their carers, it may be possible for the current cohort of patients to transfer to a nursing home setting. Until assessment processes are completed and discussions held with patients/carers, two continuing care beds will continue to be provided on the Greentrees Unit for the two current patients. Additionally (for the current cohort of 5 respite patients only), a bed will be opened on the unit to provide respite care as required and previously agreed.

4. Rehabilitation Strategy

HTPCT in partnership with the London Borough of Haringey is currently developing a five year strategy for rehabilitation and intermediate care. The strategy will review the needs of Haringey's diverse population in relation to rehabilitative services. It will also review the requirements for these services within the context of Practice based Commissioning, Payment by Results, demand management and other relevant strategies and policies. The strategy will map current service provision, and scope future service provision, so that it meets the demand to manage long term conditions appropriately, and maximise the independence of local people.

5. Consultation with Staff

The staff on the Greentrees Unit have been continually appraised of the proposals regarding the Greentrees Unit via staff meetings etc. The TPCT is committed to full consultation with staff and their representatives regarding changes to working practices/skill mix review etc. A formal staff consultation process will therefore run from Wednesday 7th June 2006 to Friday 7th July 2006.

6. Summary of Proposal

- The 38 rehabilitation beds should reduce to 24 beds. The current throughput of patients will be maintained by increasing efficiency/reducing length of stay.
- The 6 specialist stroke beds (Acorn Unit) will be maintained. Enfield and Haringey residents aged 50 years+ will continue to be eligible for admission to the Acorn Unit (i.e. the current admission criteria will be maintained).
- The 4 continuing care beds should reduce to 2 beds to accommodate the current cohort of patients. Patients requiring continuing care in the future should have that care provided within a nursing home setting.
- The 2 respite beds should be closed and opened only as required to provide respite for the current cohort of 5 patients who use this facility within the Greentrees Unit. Patients requiring respite care in the future should have that care provided within a nursing home setting.

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